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34 Special Education Services

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Upon completion of this chapter, the reader will

- Be aware of the history of special education services
- Understand the components of an individualized education program
- Be familiar with the Individuals with Disabilities Education Improvement Act of 2004 and other legislation pertaining to education for children with disabilities
- Be knowledgeable about services and support available for children with disabilities

Special education is defined by the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004; PL 108-446) as “specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability” (§ 602[29]). Special education includes direct educational instruction by a special education teacher, language therapy, physical therapy, paraprofessional support, or consultation from the special education professional to the general education teacher. All special education services are individualized to provide the instruction necessary to reach each child’s goals. IDEA 2004 guarantees a free appropriate public education (FAPE) for all children with disabilities ages 3–21. A zero-reject provision mandates that even students who have severe and multiple impairments have the right to FAPE in the least restrictive environment (LRE).

Before the date of enactment of the Education for All Handicapped Children Act of 1975 (PL 94-142) the educational needs of millions of children with disabilities were not being fully met because they did not receive appropriate educational services, were excluded entirely from the public school system and from being educated with their peers, had undiagnosed disabilities that prevented them from having a successful educational experience, or had a lack of adequate resources within the public school system to find services outside of the public school system (PL 108-446 § [601][c][2]). Since the

1970s, a series of legislation has attempted to address each of these issues. Figure 34.1 summarizes the history of educational law prior to the current law, IDEA 2004. A major change in the current law is that it requires special education teachers to be highly qualified—that is, state certified in both special education and general education unless the teacher only teaches students who will take alternative assessments (Council for Exceptional Children [CEC], 2004; see Table 34.1).

JOHN

John did not walk or speak his first word until 18 months. As a toddler, John received speech therapy in his home once per week in accordance with an individualized family service plan (IFSP) provided under Part C (Infants and Toddlers with Disabilities) of IDEA. These services were designed to help John’s parents facilitate their son’s communication skills. When John entered kindergarten, he was soon identified as having significant delays as compared with his classmates and in need of assessment for special education services. His parents gave permission for testing, which showed him to be functioning in the range of mild intellectual disabilities and thus eligible for special education services.

An individualized educational program (IEP) was developed with input from a team consisting

of a psychologist, a general education and a special education teacher, a speech-language pathologist, and John's parents. The IEP identified the goals John would work toward, the amount of time he would spend receiving special education services, and the **related services** that would be provided to support his educational progress.

The IEP team reviewed information from his most recent evaluation as well as teacher data collection, parental input, and IEP team discussion to determine the most appropriate setting for providing special education services for John. The IEP team determined that the most appropriate placement was in an inclusive environment, a class that was co-taught by a general education teacher and a special education teacher. The class contained children with and without disabilities. The two teachers worked together so that all children could have access to the same core curriculum, with differentiated instruction and **modifications** to the schoolwork. The team also decided that John would require related services from a speech-language pathologist. Sometimes this therapist would teach all or part of the class a lesson; at other times she would work with John individually.

John made good progress in this program and was reassessed on an ongoing basis so that adjustments to his IEP could be made. When John was 16 years old, he began the transition planning process mandated by IDEA. With his input during a transition-planning inventory, an **individualized transition plan (ITP)** was developed as part of his IEP. John was very interested in cooking, often preparing creative meals at home. He chose to attend prevocational food service classes in addition to his academic courses. The high school offered career cluster experiences in culinary arts, and John continued taking vocational classes, honing his skills as a chef. With the help of a job coach provided by the Bureau of Vocational Rehabilitation, John secured a summer job at a local restaurant. He continued in his school program through age 21 because special education legislation mandates services through this age for students with disabilities who 1) have not earned all of their credits toward graduation, 2) need additional transition services, or 3) are earning an alternative certificate rather than a general education diploma. Beginning in eleventh grade, when John was 19, he worked half days at the restaurant while continuing to attend school part time. At 20 years old, he enrolled in culinary classes at a com-

munity college as part of his ITP. At 21, he completed his public education, receiving a diploma, and has subsequently been hired full time as an assistant chef at the restaurant.

LEGISLATION THAT DEFINES DISABILITY

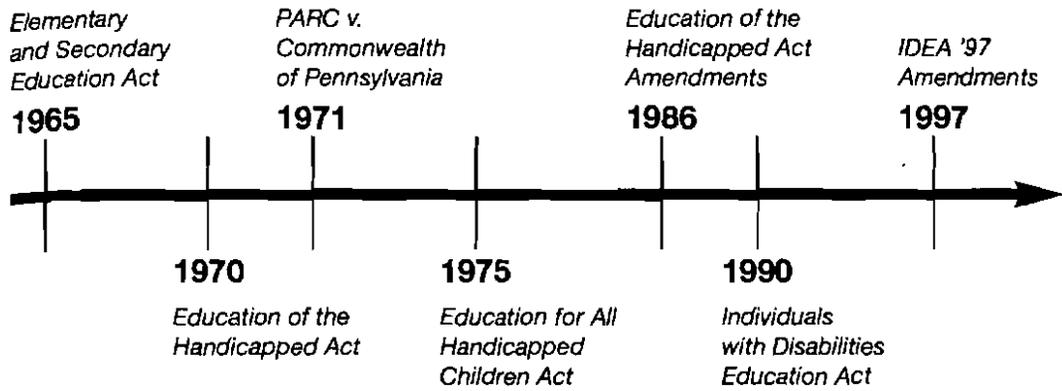
One might expect that IDEA 2004, as a special education law, contains a definition of disability. Other laws, however, also define this concept.

Individuals with Disabilities Education Improvement Act of 2004

For a child to receive special education services, he or she must have a physical, cognitive, or behavioral impairment that interferes with the ability to benefit from instruction in the general classroom curriculum. The specific disabilities recognized by IDEA 2004 legislation fall under the following categories: mental retardation (intellectual disability), hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), emotional disturbances, orthopedic impairments, autism, traumatic brain injury, other health impairments (including attention deficit/hyperactivity disorder), and specific learning disabilities (multiple disabilities and developmental delays) for children ages 3–9 (§ 602[3] [a]). Among these impairments, autism is the fastest growing segment of the special education population, with an almost fifteen-fold increase (from 5,415 reported students to 78,749 reported students) between the school years 1991–1992 to 2000–2001 (U.S. Department of Education, 2002).

Other Legislation

The basic concept of IDEA is that of *zero reject*—in other words, that every child with disabilities should be accommodated within the public school system. If a child does not satisfy the IDEA 2004 criteria for disabilities, he or she may still receive special education services through Section 504 of the Rehabilitation Act of 1973 (PL 93-112) or through the Americans with Disabilities Act (ADA) of 1990 (PL 101-336), the objectives and language of which are very similar. These two acts are intended to establish a “level playing field” by eliminating barriers that exclude people with disabilities from participation in the community and work-



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Elementary and Secondary Education Act of 1965 (PL 89-10)	Attempted to correct unequal educational opportunities that resulted from a child's economic condition
Education of the Handicapped Act (EHA) of 1970 (PL 91-230)	Amendment to earlier legislation that established a core grant program for local education agencies (LEAs) to provide services for children with disabilities
Pennsylvania Association of Retarded Citizens (PARC) v. Commonwealth of Pennsylvania (1971)	<p>PARC proved</p> <ul style="list-style-type: none"> All children with intellectual disability are capable of benefiting from a program of education and training Education cannot be defined as only the provision of academic experiences for children Having undertaken to provide all children with a free appropriate education (FAPE), the state could not deny students with intellectual disability access to FAPE The earlier students with intellectual disability are provided education, the better the predictable learning outcomes (Yell, 1998).
Education for All Handicapped Children Act of 1975 (PL 94-142)	<ul style="list-style-type: none"> Provided FAPE to all school-age children, regardless of their disability Was a funded program Defined the disabilities that would be covered and established guidelines for fair evaluation and assessment
Education of the Handicapped Act Amendments of 1986 (PL 99-457)	<ul style="list-style-type: none"> Extended special education services to infants and preschoolers Developed an individual family service plan (IFSP) for infants and toddlers in early intervention programs (Mercer, 1997)
Individuals with Disabilities Education Act (IDEA) of 1990 (PL 101-476)	<ul style="list-style-type: none"> Used person-first language and replaced the word <i>handicap</i> with <i>disability</i> Arranged for transition planning to occur to help students progress from high school into adulthood (Mercer, 1997) Emphasized meeting the needs of ethnically and culturally diverse children with disabilities Indicated early Intervention programs to address the needs of children who were exposed prenatally to maternal substance abuse (Mercer, 1997)
Individuals with Disabilities Education Act Amendments of 1997 (IDEA '97; PL 105-17)	<ul style="list-style-type: none"> Strengthened the role of parents Gave increased attention to racial, ethnic, and linguistic diversity to prevent inappropriate identification and mislabeling Ensured that schools are safe and conducive to learning Encouraged parents and educators to work out their differences by using nonadversarial means

Figure 34.1. History of educational law prior to the current law, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004; PL 108-446).

place. The acts try to eliminate hurdles and discrimination from participation, be they physical (e.g., steps instead of ramps) or programmatic (e.g., exclusion of a child with HIV from the classroom).

The definition of disability is broader under Section 504 than under IDEA 2004. Although Section 504 covers all students covered by IDEA 2004, the reverse is not the case. Specifically, Section 504 protects all people who

is that of zero re- very child with dis- iodated within the ild does not satisfy isabilities, he or she education services Rehabilitation Act ough the Americans) of 1990 (PL 101- guage of which are are intended to es- ld" by eliminating le with disabilities mmunity and work-

Table 34.1. Summary of requirements to be a highly qualified special education teacher per the Individuals with Disabilities Education Improvement Act of 2004 (PL 108-446)

Category of special education teachers	Requirements
All special education teachers—general requirements	Hold at least a Bachelor of Arts degree Must obtain full state special education certification or equivalent licensure Cannot hold an emergency or temporary certificate
New or veteran elementary school teachers teaching one or more core academic subjects only to children with disabilities held to alternative academic standards (most severe cognitive disabilities)	In addition to the general requirements listed above, may demonstrate academic subject competence through a High, Objective, Uniform State Standard of Evaluation (HOUSSE) process
New or veteran middle or high school teachers teaching one or more core academic subjects only to children with disabilities held to alternative academic standards (most severe cognitive disabilities)	In addition to the general requirements, may demonstrate "subject matter knowledge appropriate to the level of instruction being provided, as determined by the State, needed to effectively teach to those standards"
New teachers of two or more academic subjects who are highly qualified in math, language arts, or science	In addition to the general requirements, has 2-year window in which to become highly qualified in the other core academic subjects and may do this through the HOUSSE process
Veteran teachers who teach two or more core academic subjects only to children with disabilities	In addition to the general requirements, may demonstrate academic subject competence through the HOUSSE process (including a single evaluation for all core academic subjects)
Consultative teachers and other special education teachers who do not teach core academic subjects	Only meet general requirements
Other special education teachers teaching core academic subjects	In addition to the general requirements, meet relevant requirements for new elementary school teachers, new middle or high school teachers, or veteran teachers

have a physical or mental impairment that substantially limits one or more major life activities, have a record of such impairment, or are regarded as having such an impairment. The following are examples of students who may be covered by Section 504 to receive special education services but are not covered by IDEA 2004: students with communicable diseases (e.g., HIV); students who are addicted to drugs, including alcohol; students with temporary disabilities resulting from accidents who may need short-term hospitalizations or homebound recovery; students with attention disorders without significant academic deficiencies; and students with Tourette syndrome.

NONDISCRIMINATORY ASSESSMENT AND ELIGIBILITY

Public schools are obligated to provide a non-discriminatory evaluation for any child suspected of having a disability. This includes children enrolled in private schools and children

ages 3–5 years who are not yet registered for school. The implementation of this requirement varies from state to state, but in addition to having access to official preschool Child Find (early intervention) programs, generally parents can bring their child to the local school district and request an evaluation. The stated purpose of the initial evaluation is to determine whether a child has a disability and, if present, to establish the educational needs of the child (PL 108-446, §§ 612 [a][10][A][iii] and § 614[a][1][A]).

Parental consent is required prior to an evaluation. This consent, however, does not serve as consent for placement of the child in a special education program; this must be obtained separately. A child is usually evaluated by a multidisciplinary team consisting of a psychologist and one or more of the following education professionals: speech-language pathologist, occupational therapist, physical therapist, and social worker. The evaluation team should use a comprehensive assessment process to ad-

dress the child's strengths, interests, goals, and needs in order to determine whether and which special education services are required. The typical evaluation may include tests of intelligence, academic skills, memory, visual-motor integration, adaptive behavior, reading, math, social-emotional skills, motor skills, sensory integration, and language. For children whose cognitive functioning is at a preschool level, testing focuses on communication, social, and adaptive skills.

The multidisciplinary team must follow specific guidelines during the evaluation of the child. These guidelines were created in response to certain faulty evaluation practices in the past, which had led to many children (especially minority children; see the Overrepresentation section) being incorrectly placed in special education. These children were often labeled "mentally retarded" on the basis of one test, typically an IQ test. With this in mind, a number of mandates for nondiscriminatory evaluation procedures were put in place as part of IDEA 2004. The key mandates are that a number of tests must be used to determine if the child has a disability and that parental input must be included. Specific guidelines include use of a variety of assessment tools and strategies, consideration of information provided by the parent, use of multiple procedures to determine whether a child has a disability, use of multiple procedures to determine an appropriate educational program for the child, use of technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors, and use of the child's native language in all evaluation procedures (PL 108-466, § 614[a][2][A-C] and 614[b][3][A]).

With increasing concerns about the rising number of students classified as having a learning disability, IDEA 2004 prohibits eligibility decisions from being made based on a lack of instruction or as a result of limited English proficiency (PL 108-446, § 614 [b][5][A-C]). Re-evaluation of a child with a disability is required to take place no more than once per year or less than once every 3 years unless the parent and local education agency (LEA) agree that the time lines should be altered.

Overrepresentation

One of the purposes of IDEA 2004 is to reduce the overrepresentation of minorities in special

education. African Americans have the highest level of overrepresentation. This is most pronounced in the areas of intellectual disability and emotional disturbances. African American students make up 34% of the intellectual disability population in public schools, although they represent only 14% of the population (U.S. Department of Education, 2002). Two factors have been found to be the best predictors of receiving a diagnosis of intellectual disability or emotional disturbances: poverty and being African American (Hosp & Resehily, 2004). African American students are also significantly overrepresented in receiving special education services for 60% or more of the day, or 31% compared with 15% of Caucasian students (U.S. Department of Education, 2001).

SERVICES PROVIDED BY SPECIAL EDUCATION TEACHERS

Special education teachers provide the majority of services to students with disabilities. The task of the special education teacher is to provide the educational instruction and support necessary for each child to achieve his or her personal best and to prepare the child for life after school. Special education teachers collaborate with general education teachers to instruct students in a general education setting. However, a more substantial amount of time is spent directly instructing children with disabilities. Teachers develop lessons for each child that are uniquely designed to meet the student's needs.

Special education teachers give direct instruction in academic, functional, and behavioral areas. In academics, they may teach the same material that is taught in the general education setting but with an emphasis on specific areas of need. Alternately, the special education teacher may teach similar academic subject matter but using simplified materials. Special education teachers instruct in functional skills such as reading environmental signs (e.g., those that say "Stop" or "Exit"), learning their address and telephone number, or counting money to make purchases. For older students, the teacher may instruct in vocational skills such as filling out an employment application or setting tables at a restaurant. Students with disabilities often have social skill impairments and benefit from explicit social skills instruction. The special education teacher develops lessons for skills such as joining a game, resolving conflicts, or appropriately getting the teacher's attention.

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One of the most beneficial outcomes from special education services comes from instruction in strategies. Students are taught tactics for learning, remembering, and responding to material that has been taught in the general education setting. They may learn how to look for key words and highlight important information (e.g., the operation in a math assignment) or to use mnemonic devices to help them remember information (e.g., for a science test). They may also be taught how to sketch out their ideas to help them organize their thoughts before answering an extended question on a test.

RELATED SERVICES

In addition to the academic services provided by the teacher, children with disabilities are eligible to receive related services. The term *related services* is defined as "transportation and such developmental, corrective, and other supportive services . . . as may be required to assist a child with a disability to benefit from special education" (PL 108-446, § 601[26]). According to IDEA 2004, these services include speech-language pathology and audiology services; psychological services; physical and occupational therapy; recreation, including therapeutic recreation; social work services; counseling services, including rehabilitation counseling; orientation and mobility services, interpreting therapeutic recreation; medical services; and nurse services (PL 108-446, § 602[26]).

These services can be provided in or outside of the classroom. Services provided in the classroom have the advantage of allowing teachers to know what is going on with their students by integrating the special education services into the general academic curriculum and preventing the children from missing material during a period outside the classroom. In recognition of these benefits, the principle of LRE requires that related services be provided in the classroom whenever appropriate.

One type of related services category that is changing significantly is medical services. As a result of the 1999 U.S. Supreme Court ruling in the case of *Cedar Rapids Community School District v. Garret F. and Charlene F.* (526 U.S.66-1999), cost cannot be a consideration in providing needed medical-related services for a child to receive FAPE. Thus, children who use technology assistance (see Chapter 36) must be provided the medical supervision necessary for their attendance in public schools. See Table 34.2 for some overall examples of related services.

THE INDIVIDUALIZED EDUCATION PROGRAM

The IEP is a written plan that maps out the goals that the child is expected to achieve over the course of the school year. According to IDEA 2004, these goals must be developed based on the strengths of the child; the concerns of the parents; the results of the most recent evaluation of the child; and the academic, developmental, and functional needs of the child (§ 614[d][3][A]). A new IEP must be written at least once per year and should be modified as often as needed based on an assessment of the child's progress; however, pilot programs have been commissioned to develop an IEP that lasts up to 3 years. In addition, an IEP can now be amended when changes are necessary (as opposed to rewriting the entire IEP) if the changes are covered within the time frame of the original IEP (CEC, 2004).

A team that consists of professionals and the child's parents creates the IEP (see the Participants section). The child is also encouraged to participate in the process, when appropriate. To ensure that parents are active participants, certain arrangements may be made: parents who are not well versed in education law can bring a surrogate to the IEP planning meeting; parents whose native language is not English and who have difficulty understanding or speaking English must be provided a translator for the meeting; and parents who are unable to comprehend, for any reason, aspects of the disability or IEP must be given explanations they can understand. The following sections describe the process of developing an IEP, the provisions that must be covered, and examples of IEPs for children with varying disabilities.

Participants

Members of an IEP team include the parent(s), the child (when appropriate), the special education teacher, representatives of related services, the general education teacher (if the student is likely to participate in the general education environment), a representative of the LEA, and an individual who can interpret evaluation results (PL 108-446, § 614 [d] [1][B] [i-vii]).

Under IDEA 2004, certain changes to IEP team procedures were enacted. A parent may give written permission for a member of the IEP team to be excused from attending the IEP meeting if that individual's specific area of curriculum or related services is not being modified or discussed. In addition, a parent can con-

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Table 34.2. Examples of disabilities and typical related services provided

Disability	Services									
	Speech- language pathology	Audiology	Behavior support and counseling	Physical therapy	Occupational therapy	Vision (orientation and mobility)	Social work	Assistive technology	Transportation	Medical services
Vision impairment	X		X	X	X	X	X	X		
Hearing impairment	X	X	X				X	X		
Intellectual disability	X		X				X			
Autism	X		X		X		X			
Attention-deficit/hyperactivity disorder			X				X			
Learning disabilities			X				X			
Cerebral palsy	X		X	X	X	X	X	X	X	X
Traumatic brain injury	X		X	X	X	X	X	X	X	X

sent to excuse a member of the IEP team, in whole or in part, even when the meeting involves a modification to or discussion of the member's area of the curriculum or related services if 1) the parent and local school system consent and 2) the member submits (in writing and to the parents and team) input into the development of the IEP prior to the meeting (§ 614[d][1][c][i-ii]). Finally, the parent and the local school district may agree not to convene an IEP meeting for the purposes of making changes to the child's IEP after the annual IEP meeting for the school year has occurred. Instead, they may develop a written document to amend or modify the child's current IEP (§ 614 [d][3][D]).

Contents

The law is very specific about what to include in an IEP. According to IDEA 2004, an IEP must contain the following items (PL 108-446, § 614 [d][1][A]):

- A statement of the child's present level of academic achievement and functional performance
- A statement of measurable annual goals, including academic and functional goals
- A description of how the child's progress toward the annual goals will be measured
- A statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, that will be provided to the child or on behalf of the child and a statement of modifications or supports for school personnel that will be provided for the child
- An explanation of the extent, if any, to which the child will not participate with children who do not have disabilities in the general education classroom
- A statement of any individual modifications that are needed for the child to participate in state- or districtwide assessments of student achievement
- A statement of the projected date for the beginning of the services and modifications, along with descriptions and an indication of the anticipated frequency, location, and duration of those services and modifications

- A statement for students 16 years or older of postsecondary goals based on age-appropriate transition assessments related to training, education, employment and, when appropriate, independent living skills

Development of Annual Goals and Benchmarks

IDEA 2004 requires the development of measurable annual goals to enable parents and educators to determine a student's progress. These goals should address both academic and non-academic concerns and be based on the student's current education and behavior level. Parents of children with disabilities are to be informed of their child's progress as often as are parents of children without disabilities. Therefore, if general education report cards are distributed quarterly, reports on goal progress must also be distributed quarterly. Progress toward reaching annual goals does not necessarily require a letter grade but can be performance based or criterion referenced and can be rated on a spectrum—for example, from “no progress” to “goal met.” In addition to goals, students who participate in alternative assessments require benchmarks that delineate smaller steps that are needed to meet the goal (CEC, 2004). For example, a child with a goal of writing personal information might have the benchmarks of 1) writing first and last name, 2) writing street address, and 3) writing city and state.

Individualized Transition Plan

An adolescent with a disability needs to start preparing for life in the community. According to IDEA 2004, the transition plans (ITPs) for meeting this goal may include preparing for “post-secondary education, vocational training, integrated employment (including supported employment), competitive employment, continuing and adult education, adult services, independent living, or community participation” (§ 602[30][A]). Beginning when the child is age 14, a formal ITP must be part of the IEP and should be based on the individual student's needs, interests, and choices. A transition planning inventory can be helpful in beginning this process. The inventory identifies comprehensive aspects for planning, such as the likely postschool environment, vocational interests, further training needs, daily living skills, future living arrangements, recreation and leisure in-

years or older of an age-appropriate related to training and, when appropriate, skills

Remarks

Development of measurements by parents and educators to track progress. These are academic and non-academic based on the student's behavior level. Measurements are to be included as often as are needed. There are direct cards are designed to show goal progress early. Progress is to be not necessarily be performance and can be rated from "no progress" to goals, situational assessments include smaller steps goal (CEC, 2004). Annual writing performance: the benchmarks are: 1) writing fluency and state.

Transition Plan

Transition needs to start early. According to transition plans (ITPs) for preparing for vocational training, including supported employment, community services, independent participation when the child is age 18 or the IEP and individual student's A transition plan is in beginning this identifies comprehensive such as the likely educational interests, living skills, future employment and leisure in-

terests, transportation or mobility needs, legal planning, health and medical concerns, interpersonal relationships, financial resources, existing supports and those needed for the future, and links to outside agencies. A transition plan will map out "instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation" (§ 602[30][C]).

The specific items to be included within the IEP relating to transition are as follows (PL 108-466, § 614[d][1][A][viii]):

- Beginning at age 16, and updated annually, a statement of the child's transition service needs (e.g., participation in advanced-placement courses or a vocational education program) that focuses on the child's course of study
- Beginning at age 16 (or younger, if determined appropriate by the IEP Team), a statement of needed transition services for the child, including, when appropriate, a statement of the interagency responsibilities or any needed linkages
- Beginning at least 1 year before the child reaches the age of majority under state law, a statement that the child has been informed of the rights that will transfer to him or her on reaching the age of majority

FEDERAL FUNDING OF SPECIAL EDUCATION SERVICES

Federal funding for IDEA 2004 services is received by the state education agency and then distributed to the LEA. It should be noted, however, that federal funds cover only about 10% of the total cost of special education services; the remainder is funded by the state and local school districts (Advocacy Institute, 2002). Furthermore, the federal government caps the number of students in special education in each state to 12% of the total number of school-age students. Thus, although IDEA 2004 is the law of the land, the federal government supports but a fraction of the total costs of special education and related services. This level of funding accounts to some extent for the variability of its application across states and districts. At the federal level, there are ongoing discussions and proposed plans for fully funding IDEA.

ESTABLISHMENT OF THE LEAST RESTRICTIVE ENVIRONMENT

IDEA 2004 emphasizes that the general education curriculum is presumed to be the appropriate beginning point for planning an IEP. Only when participation in the general education curriculum can be demonstrated as not beneficial to the student should an alternative curriculum be considered. There has been a great improvement in reducing the time students spend in special education environments. Between 1984-1985 and 1998-1999, the percentage of students with disabilities receiving services outside of the general education environment for less than 21% of the day almost doubled, from 24.6% to 47.4%. It should be emphasized that many variables go into making a decision about placement (e.g., what the parents want for their child, what the child wants, what cultural and ethnic issues affect the decision).

Approaches for Providing Services in the Least Restrictive Environment

If those evaluating the IEP determine that a child has a disability that interferes with his or her ability to benefit from the general education curriculum without adaptations, modifications, or support, the multidisciplinary team must determine the level and approach to providing special educational services. The principle of LRE requires that students with disabilities should be educated as much as possible with their peers who do not have disabilities. Table 34.3 summarizes the different approaches and environments for providing special education services and the distribution of students within these environments.

Although the inclusiveness of the environment is a factor in a student's academic or social success, the classroom environment and quality of instruction also are of great importance. The most effective interventions for a student with disabilities have the following components: 1) a case-by-case approach to decision making about the student's instruction and placement, 2) intensive and reasonably individualized instruction combined with close cooperation between the general and special education teachers, and 3) careful and frequent monitoring of the student's progress (Hocutt, 1996; Kauffman, 1995).

Inclusion Practices

A number of practices have been developed to accomplish the goal of inclusion. One is *coopera-*

Table 34.3. Levels of educational placement, from least to most restrictive

Environment	% of all students with disabilities	Means of service provision
0% of the day spent in a special education setting	All Disabilities 28	<i>General education class:</i> The child with a disability has been determined to need no services at this time and receives no special help or materials from the teacher or any other service provider.
	Learning Disabilities 20	
	Speech/Language Impairments 55	
	Emotional Disturbance 16 Intellectual Disability 7	
1%–21% of the day spent in a special education setting	All Disabilities 18	<i>Modified general education class:</i> The child receives services from a special education teacher and/or related service provider (e.g., physical therapist, occupational therapist, speech-language pathologist) outside of the general education setting.
	Learning Disabilities 25	
	Speech/Language Impairments 31	
	Emotional Disturbance 11 Intellectual Disability 6	
22%–60% of the day spent in a special education setting	All Disabilities 29.8	<i>General education class with resource services:</i> The child joins a small group of students in a separate classroom (21%–60% of the school day) to work on areas of need with a special education teacher.
	Learning Disabilities 40	
	Speech/Language Impairments 8	
	Emotional Disturbance 23 Intellectual Disability 29	
61%–100% of the day spent in a special education setting	All Disabilities 19.5	<i>Self-contained environment:</i> The child is in a separate special education class for the majority (61%–100%) of the school day but typically has lunch and nonacademic classes with peers without disabilities.
	Learning Disabilities 14	
	Speech/Language Impairments 5	
	Emotional Disturbance 32	
	Intellectual Disability 51	
	All Disabilities 2.9	<i>Special day school:</i> The child attends a school that serves only children with disabilities, and he or she spends no time during the school day with children without disabilities.
Multiple Disabilities 26 Deaf Blind 38		
0.7	<i>Residential school:</i> The child attends an overnight special education program.	
0.5	<i>Hospital or home instruction:</i> The child is unable to attend school and is educated in the hospital during a hospital stay or is educated at home.	

Sources: Mercer (1997); U.S. Department of Education, Office of Special Education and Rehabilitative Services (2002); U.S. Department of Education, Office of Special Services (2002); Ysseldyke & Algozzine (1995).

tive learning, a term used to describe a range of team-based learning strategies (Jenkins, 2003). Students are divided into small teams with varying abilities and are assigned a task that they complete together. Team members monitor, assist, and provide feedback to each other. Methods such as direct instruction, small-group instruction, and independent practice can be combined with cooperative learning to teach

skills and information. This strategy may be helpful in teaching both academic and social skills.

Another strategy is peer tutoring, in which one student acts as a teacher, providing instruction to a peer. A third strategy involves the use of instructional tools. These may include mnemonic devices, flow charts, study guides, and role-playing activities. Content enhancement

routines that combine an interactive instructional sequence with instructional tools can be particularly helpful when combined with strategies of instruction that assist students in becoming self-regulated learners (Fisher, Schumaker, & Deshler, 1995).

Accommodations and Modifications to the General Curriculum

Students with disabilities can be supported within the general education curriculum in many different ways, including through the provision of accommodations, curriculum modifications, and adaptations. Accommodations are defined as changes that are made in how a student has access to the curriculum or demonstrates learning. Accommodations provide equal access to learning, do not substantially change the instructional level or content, are based on individual strengths and needs, and may vary in intensity or degree. An example of this would be reducing a spelling list that teaches the concept of the *-it* ending from 10 words to 5 words. The student with a disability is responsible for learning the same material as the students without disabilities, although with a reduced output. Modifications to curriculum provide material that substantially changes the general education curriculum. An example of this would be a student working on addition when his classmates are working on multiplication. Some examples of adaptations include reading directions to the student, providing extended time to complete assignments, providing study aids, giving frequent reminders of rules, providing taped texts, and giving note taking assistance.

In addition to supporting students through accommodations and/or modifications, instruction can be differentiated to meet the needs of high-, low-, and average-achieving students with disabilities in the classroom. As each student with a disability has individual interests and learning styles, differentiating instruction is also a way to meet the needs of a diverse class and engage everyone in the learning process (Smith et al., 2001; Tomlinson, 2000). Instructional elements that can be differentiated include content, process, product, and learning environment. Successful differentiation involves ongoing assessment that is closely tied to the curriculum, creating quality work that is interesting and appealing and using flexible groupings that give students the opportunity to work in a variety of environments and with a mix of their peers (CEC, 1993).

ROLE OF THE SPECIAL EDUCATION TEACHER IN THE GENERAL CURRICULUM

It is the responsibility of special education teachers to support students who qualify for special education services during instruction in the general education classroom. The amount of support needed depends on the individual needs of the child. The special education teacher may take on one of two roles, that of a collaborator or of a co-teacher. As a collaborator, the special education teacher must familiarize the general education teacher with the adaptations and modifications that will be necessary to enable the child to benefit from instruction in the general education classroom. The two teachers then discuss who will be responsible for which aspects of the student's instructional needs. For a student who needs only limited support, the special education teacher might create modified tests and check on the student at the end of the day to make sure that all of the homework assignments have been written down. On the advice of the special education teacher, the general education teacher might assign only even-numbered test problems or give the student extended time. For a student who needs more extensive supports, the special education teacher may supply adapted assignments that cover the same content as the general education lesson but are at the student's functional level.

As a co-teacher, the special education teacher shares the classroom with a general education teacher. The two teachers take joint responsibility for all of the students in the class, regardless of ability, and take turns teaching lessons. While one teaches the entire class, the other helps any students in need. The two teachers may divide the class into small groups for instruction, but grouping is not made according to disability. Research has found this method to be successful for students with a specific learning disability (see Chapter 25). It was found that students who participated in a co-teaching environment earned higher grades and performed higher on nationally normed standardized tests (Rea et al., 2002).

PARTICIPATION IN STATE- AND DISTRICTWIDE ASSESSMENTS

Congress passed the No Child Left Behind Act (NCLB) of 2001 (PL 107-110) with the goal of setting standards that would improve education for all students. This legislation requires that all

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students in public schools take a standardized assessment annually in Grades 3–8, 10, and 11 in the areas of English language arts, mathematics, and science. IDEA 2004 requires that all students with disabilities be included in these state- and districtwide assessments. The IDEA requirement is intended to “improve opinions about people with disabilities in general, improve access to the general education curriculum for students with disabilities, and improve instruction in special education programs” (Browder & Cooper-Duffy, 2003; Browder et al., 2003). Browder noted that if students are left out of accountability systems, they also will be left out of policy decisions.

The majority of students with disabilities participate in the same assessment as their peers without disabilities. If modifications or accommodations are necessary, they are included in the IEP. The basic intention is that all students should have the opportunity to demonstrate what they have learned. Some examples of modifications or accommodations to this testing include dictation to a scribe, oral reading of assessment, use of a calculator or manipulatives, testing over multiple sessions, and taking tests in a small group.

A small percentage of students with disabilities (typically 1%–2%) participate in an alternative assessment. These include students 1) with the most severe disabilities, who cannot complete a standardized test even with assistance (e.g., a scribe or some other type of facilitator), and 2) who will earn a differentiated diploma or certificate of completion.

Alternative assessment methods vary from state to state. One common method is to collect a portfolio of student achievement and artifacts that demonstrate mastery. According to IDEA 2004, alternative assessments must be aligned with the state’s challenging academic content standards and/or adopted alternated academic achievement standards (§ 612[a][16][C][ii]). For example, in Maryland, the Maryland School Assessment (MSA) program has an alternative assessment that includes goals that align to the state’s regular or extended reading and mathematics content standards and measures a student’s progress in five domains: 1) personal management, 2) community functioning, 3) career/vocational skills, 4) leisure/recreation skills, and 5) communication and decision-making skills. The Maryland State Department of Education (2007) provides examples of how this would be done.

Other states, such as Missouri, measure the progress of students with severe to profound intellectual disabilities using curriculum-based measurement. The teacher designs tasks that allow the student to demonstrate the application of skills aligned to state academic standards. For example, the state standard “understanding numbers, ways of representing numbers, relationships among numbers and number systems” might be fulfilled by the skill “recognize a collection of 1 to 2 items (e.g., pointing to 1 or 2 items)” (Missouri Department of Elementary and Secondary Education, 2005). Each skill is assessed a number of times over the testing period, which, in Missouri, lasts for 3 months.

The goal of alternative assessments is to ensure that the child is achieving his or her personal best and that the child continues to achieve at progressively higher levels. To accomplish this, the student’s curriculum should fit his or her needs, rather than having the student fit into a particular existing curriculum. The intention of IDEA 2004 is that the child’s special education and related services are in addition to and affected by the general curriculum, not separate from it.

IDEA 2004 addresses the issue of accountability by making assessment data public. States are required to report the number of children with disabilities who are participating in general assessments and in alternate assessments and their overall performance on these evaluations. States are also required to publish graduation rates, as well as postsecondary education and employment rates. These rates are to be compared with and reported in the same amount of detail as those of students without disabilities (PL 108-446, §§ 664(3)(4)(B) and 612(a)(16)(D)(i), respectively). The purpose of gathering and reporting this information is to increase efforts toward attaining improved student results and has implications for funding streams at the school, district, and/or state level.

PROCEDURAL SAFEGUARDS: DUE PROCESS

Identifying a child with a disability, planning his or her program, and choosing a placement is a complicated legal process. To ensure that the rights of the students and parents are respected, IDEA 2004 regulates procedural safeguards that are to be used during all special education decision making. IDEA mandates that parents are given a copy of their procedural rights at

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their child's annual IEP. Parents are part of the team making IEP decisions, but they occasionally disagree with the school's decision regarding their child. When parents disagree with the school about any aspect of an IEP decision, there is a legal proceeding that allows them to challenge the decision. This is called an impartial due process hearing (PL 108-446, § 615[a][b][c][d][e][f]).

In cases of extreme disagreement, parents may feel that the public school cannot meet their child's FAPE needs. Under these circumstances, the parents may be able to send the child to private school at the public school's expense. If the school does not agree that the student does not have access to FAPE at his or her current placement, the two parties will enter a due process hearing. The possibility of the public school paying for a private school education can only exist if three important steps are followed. First, the parents must notify the school at the most recent IEP meeting that they are rejecting the proposed placement, as it does not provide FAPE for their child. Second, the parents must notify the school in writing of their intent to send their child to a private school at least 10 business days before enrolling their child in a private school. Finally, the parents must have made the child available for any evaluations the school identified as necessary for providing FAPE.

THE SCHOOL-PARENT CONNECTION

One of the keys to positive results for students with disabilities is the teamwork between the school and family. Educators only see one facet of a child's abilities—his or her performance at school. Parents, conversely, see the whole child. For example, a parent might know of a special interest or enjoyable activity that the educator might provide as a motivator for the child's school performance. Goals and placements also need to be decided jointly by the parents and the special education team. It is encouraging to note that parent attendance at IEP meetings is strong. A federal longitudinal study (Special Education Elementary Longitudinal Study, or SEELS) found that 92% of parents of students with disabilities attended their child's IEP meeting (SRI International, 2004).

The close partnership between special educators and parents has another direct benefit: the parents understand and appreciate the efforts being made for their children. The SEELS

study found that 93% of parents believed that IEP goals were challenging and appropriate, and 90% were satisfied with special education services provided. In contrast, only 75% of those parents were satisfied with the school as a whole (SRI International, 2004).

OUTCOME

In 2000, more than \$77 billion was spent on students with disabilities, an average of \$12,474 per student as compared with \$6,556 per general education student (Advocacy Institute, 2002). With this level of expenditure, it is important to evaluate outcomes. As one marker of success, the high school graduation rate with a standard diploma for students receiving special education services increased from 51.9% in 1994 to 57.4% percent in 1999 (Advocacy Institute, 2002; U.S. Department of Education, 2002). This ranges from 75% for students with visual impairments to 42% for those with intellectual disability and emotional disturbance (U.S. Department of Education, 2002). This compares favorably with the nationwide average that shows 68% of general education students graduating (Swanson, 2004). In addition to the 57% who obtain standard diplomas, 11% of students with disabilities earn alternative credentials (Goldstein, 2003).

Although graduation rates are an important indicator of positive educational outcomes, the outcome for many students with disabilities is more adequately represented through other means. The National Longitudinal Study-2 (National Center on Secondary Education and Transition, 2003) surveyed outcomes of young adults with disabilities in many areas. As an example, 83% liked their job very much or fairly well. One of the goals of education is to provide students with the tools they need to succeed in life. Individuals who have benefited from their education should feel positively about their future. Table 34.4 represents the percent of students who feel hopeful about the future, broken down by disability. The results are quite positive, with over half of students with a wide range of disabilities indicating that they are hopeful about the future a lot or all of the time.

SUMMARY

Special education and related services are mandated by federal law to be provided to all students with defined disabilities. IDEA 2004 em-

Table 34.4. How often youth felt hopeful about the future (Item np2V2d): Overall and by primary disability category

	Total	Learning disability	Speech impairment	Mental retardation	Emotional disturbance	Hearing impairment	Visual impairment	Orthopedic impairment	Other health impairment	Autism	Traumatic brain injury	Multiple disabilities	Deaf/blindness
(1) Rarely or never	12.3%	11.8%	11.8%	17.1%	10.4%	6.6%	8.2%	8.1%	14.5%	7.1%	12.2%	13.6%	*
(2) Sometimes	24.3%	22.9%	30.2%	29.6%	22.8%	28.4%	20.2%	21.9%	27.7%	30.2%	31.1%	24.3%	*
(3) A lot of the time	22.8%	23.3%	19.9%	24.4%	18.1%	28.3%	25.4%	23.1%	21.1%	28.8%	10.0%	25.7%	20.8%
(4) Most or all of the time	40.6%	41.9%	38.2%	28.8%	47.7%	36.8%	46.2%	47.0%	36.7%	33.9%	46.8%	36.4%	56.3%
n	3,303	396	357	257	305	263	314	400	454	208	137	164	48

From National Center on Secondary Education and Transition, Institute on Community Integration. (2003). *NLTS2 Wave 2 Parent/Youth Survey Youth Report of Youth Social Involvement Table 340 Estimates*. Retrieved January 26, 2007, from http://www.nlts2.org/data_tables/tables/8/np2V2dfm.html.

*Too few to reliably report (fewer than 10 in a cell or 20 in a column)

phasizes student participation in the general education curriculum and stresses that students with disabilities are entitled to a free and appropriate public education in the least restrictive environment to the greatest possible extent. A more collaborative relationship between general education and special education teachers is also implied by this law. The most popular approach to providing this service is by inclusion. Whether this is the best approach for all children with disabilities is still unclear, and there remains a spectrum of approaches and strategies to provide special education services. Outcome is best when support services are provided early and in the quantity and quality required for progress to be made. The IEP guides this process, and assessment of progress at regular intervals is critical for success.

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