The Ohio State University Project Team

Education Services for Military Dependent Children with Special Needs: Phase II

Final Project Report

Submitted to the Department of Defense

Deputy Assistant Secretary of Defense

Military Community and Family Policy

December 14, 2011

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Executive Summary

Background

The United States Department of Defense (DoD) engaged the Ohio State University (OSU) to conduct Phase II of the *Education Services for Military Dependent Children with Special Needs* project. Phase I, completed December 2010, reviewed the availability of and access to evidence-based educational practices (EBP) for school age military dependent children with autism spectrum disorder (ASD) in California, Georgia, North Carolina, Texas, and Virginia. Phase II expanded the review to include 10 additional states (Arizona, Colorado, Florida, Hawaii, Kansas, Louisiana, Maryland, Missouri, New York, and Oklahoma); two more disabilities (intellectual disability (ID) and emotional/behavior disability (E/BD)); and early intervention (EI) services. OSU researched educational trends nationally and in each of the 15 states. School districts and early intervention providers serving military families in these states were surveyed. The Advisory Panel, established for this study, was composed of nationally recognized experts, DoD Education Activity (DoDEA) Autism Consultants, and EI specialists from the Military Services, provided feedback on project activities and findings. Findings are summarized in the final report that includes recommendations for DoD's consideration. Project data will also be used to update the current online directory and to create a similar directory for early intervention services.

School Age Review (Ages 3-21)

National Trends

1. Researchers are continuing to define criteria for establishing educational practices as EBPs but are limited by challenges encountered with conducting special education research.

2. The total number of students with disabilities has declined since 2005. The number of students identified with E/BD and ID has also decreased, but the number of students with ASD continues to increase dramatically.

3. Applied Behavior Analysis (ABA) is the most extensively researched EBP for ASD. Its effectiveness for some deficit areas and for generalization of skills has been questioned but proponents counter it is effective if properly planned and implemented. EBPs for ID and E/BD receive less research emphasis and are often defined more broadly than EBPs for ASD.

4. Outcome data for individuals with ASD is limited but suggests relatively few individuals live independently or are fully employed. Students with E/BD demonstrate a high dropout rate, relatively low employment, and more frequent legal issues. Students with ID demonstrate limited academic achievement but research suggests they are more successful academically, including in post-secondary settings, if they receive instruction with general education curricular materials in the general education classroom. Students with ID demonstrate limited employment, community participation, and independent living.

State Review Summary. Most of the 15 states use education disability definitions based on those contained in the Individuals with Disabilities Education Act (IDEA). All states reported serving higher numbers of students with ASD in 2010 while most states reported declines in the number of students

with ID and E/BD served. Ten states have convened statewide ASD task forces, four have disability scholarship programs, and two have statewide disability clearinghouses. Two states have created ASD-specific Medicaid service waivers and nine states have increased private insurance coverage of ASD-related services. All states but Georgia and New York are members of the Military Interstate Children's Compact Commission (MIC3).

School District Survey Response Summary. The majority of responding districts are located in either city or suburban settings. Students with disabilities were 12.7% of the total enrollment of these districts. ASD and ID identification rates were consistent with national averages while E/BD identification was lower. Functional Behavior Assessment (FBA), Visual Supports, Sensory Supports and Prompting were frequently identified EBPs for ASD. Positive Behavior Support (PBS) and Academic Modifications were frequently identified for E/BD and ID. The two most common service placements for all three disabilities were the *regular classroom with support* and *removed from the regular classroom for more than 60% of the day*. Over half reported providing their professional staff with more than 15 hours annually of special education training. Training for paraprofessionals showed more variability. Sixty percent of responding districts indicated they either employed or had access to a Board Certified Behavior Analyst (BCBA). Districts identified insufficient funding, personnel shortages, and limited family/community services as challenges they encounter in providing special education services. While many districts reported no challenges with serving military families, some identified issues such as family mobility, policy variations among states, and the impact of deployment. Parent training activities and parent support groups were resources districts provided to families of children with disabilities.

Early Intervention Review (Birth to 3)

National Trends

1. Outcome data indicate that the majority of children receiving EI services experience positive outcomes as do their families.

2. The number of children served by EI providers has increased significantly in recent years which is straining state resources and contributing to an EI personnel shortage. In response, some states have narrowed their EI eligibility criteria and attempted to increase access to public and private insurance funds.

3. EBPs for EI generally focus on the types of supports provided to children and their families as well as the locations in which the services are provided. Integrated team-based service models that support the role of families in their children's development are being increasingly implemented by providers. National data indicate that most children are served in home or community settings.

4. Recent research has focused on methods for identifying children with ASD at younger ages although some question whether this may lead to over-identification. Identifying appropriate strategies to use with these children is an issue since most research has focused on older children.

State Review Summary. Most of the 15 states selected their Department of Health as the EI lead agency. Nearly all states are reviewing or have changed their EI eligibility criteria in response to the significant

increase in number of children served. States have a wide variety of systems for administering EI services. The most common model was the lead agency contracting with regional/county providers. Few states provide services for children identified as at-risk but not eligible for EI services. Seven states have a family cost participation program.

EI Provider Survey Response Summary. Providers reported an average of 721 children served with most children served in natural settings. Challenges to providing EI services included limited funding, family characteristics, and difficulty scheduling multiple providers. Identified EBPs included ABA, the Primary Service Provider model, and Routines Based Interventions. Most staff members receive annual training beyond what the state mandates with the most frequent topics being *ASD* and *service models*. Most providers completed the eligibility determination and Individual Family Service Plan (IFSP) development process on time; challenges included high caseloads and family scheduling issues. Children with an out-of-state IFSP usually require eligibility to be re-established prior to services being provided. Providers reported mixed success in completing the transition to school age services on time. Factors contributing to delays included scheduling issues and parental perspectives of school district services. Challenges with serving military families included limited TRICARE service coverage and difficulty accessing military installations to provide services in the child's home.

Conclusion

Current trends related to school-age children identified with ASD, ID, and E/BD were presented along with an overview of EBPs. EI developments were reviewed and emerging trends related to DoD highlighted. As efforts continue to identify effective methods for meeting the comprehensive needs demonstrated by military-connected children with disabilities, their implementation is challenged by a growing resource shortage at the state and local levels.

BACKGROUND

This report summarizes Phase II outcomes for the *Education Services for Military Dependent Children with Special Needs* project conducted by the Ohio State University (OSU) for the Department of Defense Office of Community Support for Military Families with Special Needs (OSN). Phase I, completed December 2010, reviewed the availability of and access to evidence-based educational practices (EBP) for school-age military dependent children with autism spectrum disorder (ASD) in five states: California, Georgia, North Carolina, Texas and Virginia. Phase I products included an EBP comparison chart and an online education directory.

PHASE II OBJECTIVES

Phase II defined the following objectives:

- Update ASD data collected in Phase I;

- Review issues and service trends in 10 additional states: Arizona, Colorado, Florida, Hawaii, Kansas, Louisiana, Maryland, Missouri, New York, and Oklahoma;

- Review issues and trends related to Intellectual Disabilities (ID) and Emotional/Behavioral Disorders (E/BD), including secondary transition;

- Review issues and trends related to early intervention (EI) services;

- Revise the current school-age directory;

- Create an early intervention online directory for children ages birth to 3 years old;

- Submit a final project report to DoD.

An interim progress report was submitted in May 2011. As with Phase I, DoD schools were not included in this review.

OSU PROJECT TEAM

- Principal Investigator: Dr. Cynthia Buettner, Director of *The Ohio Collaborative, Research and Policy for Schools, Children, and Families*;

- Co-Principal Investigator: Dr. David Andrews, formerly of OSU and now Dean of the College of Education at Johns Hopkins University;

- Project Coordinator: Greg Maloney, former State Director of Special Education for Alaska and Ohio;

- Additional support was provided by the Ohio Center for Autism and Low Incidence (OCALI).

Advisory Panel. The Advisory Panel, composed of nationally recognized experts, DoD Education Activity (DoDEA) Autism Consultants, and EI specialists from the Military Services, provided feedback on project activities and findings. Panel members and biographical statements are provided in Appendix A.

PROJECT STRUCTURE

National and state issues related to ASD, ID, E/BD, and EI were researched. EBPs were also reviewed as were DoD-related trends and resources related to these disabilities. Selected school districts and EI agencies were surveyed regarding the services they provide to military-connected families in the 15 states.

Data Sources. Much of the data pertaining to disability prevalence rates and special education financial issues were obtained through federal sources such as the Data Accountability Center (https://www.ideadata.org/default.asp) and U.S. Department of Education, Office of Special Education Programs (OSEP) reports (http://www2.ed.gov/about/offices/list/osers/osep/index.html).   Additional data sources are cited throughout the report in footnotes and in the selected bibliography starting on page 31.

NATIONAL REVIEW: School-Age Special Education Services

This section summarizes findings related to school-age special education services. For consistency, the following disability terms are used throughout the report:

- _autism spectrum disorder_ (ASD) includes autism and related disorders;
- _intellectual disability_ (ID)includes mental retardation, cognitive disability/delay, etc.;
- _emotional/behavioral disorder_ (E/BD) includes emotional disturbance, behavior disorder, etc.

Background

Prevalence. Peaking at 6.7 million in 2005, the total number of students with disabilities ages 3-21 has declined by 2.4% to the current 6.56 million reported for 2010. This is 40% higher than the number reported in 1990. Disability categories with increased enrollments since 2005 include ASD, Other-Health Impaired (OHI), and Early Childhood Developmental Delay (ECDD). Since 2005, the total number of identified children with disabilities 3-5 years old increased 5%.

Funding. For FY 2011, $11.43 billion in federal funding was allocated to states and territories to serve students with disabilities, ages 6-21, which is similar to the $11.5 billion allocated in both FY 2009 and 2010. For comparison, $2.14 billion was allocated in FY 1994. Much smaller amounts are allocated to serve children 3-5 years of age (approximately $374 million). State expenditures on special education are not systemically reported.

Secondary Transition. Outcomes for students with disabilities are less positive than those for their non-disabled peers. IDEA requires districts to define secondary transition goals and activities for each student 16 and older and to update these annually (Fig. 1). According to the 2009 Annual Performance Report (APR), only 15 states met the federal compliance standard of having 95%-100% of individual education programs (IEPs) contain appropriate transition planning.

> **Fig. 1 IDEA-Secondary Transition**
> Beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP Team, and updated annually thereafter, the IEP must include:
>
> - Appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, employment and, where appropriate, independent living skills;
> - The transition services (including courses of study) needed to assist the child in reaching those goals; and
> - Beginning not later than one year before the child reaches the age of majority ..., a statement that the child has been informed of the child's rights under Part B, if any, that will transfer to the child on reaching the age of majority...

Medical Diagnosis vs. Special Education Eligibility. Students that are medically/clinically diagnosed with a disability do not automatically qualify for special education services. Under the Individuals with Disabilities Education Act (IDEA), an eligibility team must also determine the disability produces an adverse educational effect that requires specialized instruction and related services. While children diagnosed with conditions such as ASD are frequently determined eligible for special education services, this issue has resulted in disagreements among medical professionals, school staff, and families.

Evidence-Based Practices (EBPs)

Definition of EBPs. Both the No Child Left Behind (NCLB) legislation and IDEA 04 encourage the use of EBPs but do not define them. Researchers have attempted to develop EBP criteria, but conducting special education research is often difficult due to the:

- number of IDEA disability categories;
- range of prevalence rates among disability categories;
- variability of student needs; and
- variability of educational settings.[1]

Another challenge is creating guidelines for determining whether the research supporting a practice is sufficient. The Council for Exceptional Children (CEC) and the *What Works Clearinghouse* (WWC)[2], for example, have created widely-cited guidelines and lists of EBPs. The complexity of establishing categorical determinations of

> [EBPs are] practices that are supported by multiple, high-quality studies that utilize research designs from which causality can be inferred and that demonstrate meaningful effects on student outcomes.
> - *Cook & Cook, 2011*

EBPs has led some to view *evidence-based* as a continuum that defines the degree to which practices are evidence-based.

Use of EBPs. The extent to which EBPs are used in classrooms is unknown although it is widely believed to be limited. One factor affecting usage is whether EBP information and resources are readily available to teachers. Another is whether EBP materials (i.e. manuals, forms) are designed to allow teachers to implement EBPs easily given their time constraints. Some believe strategies should also have practice-based evidence to be considered an EBP. To increase usage, many suggest EBP content must be further embedded into pre-service/in-service teacher preparation programs. Organizations such as the WWC and the National Professional Development Center for ASD (NPDCASD) have developed EBP training modules and supports to encourage usage.

Eclectic Approach. Teachers often use components of interventions to create a student's IEP. Critics suggest this eclectic approach results in no intervention being implemented as designed, which reduces its effectiveness. They further question whether school personnel have received sufficient training to implement multiple practices. Proponents suggest this approach allows school staff to create programs to meet each student's individual needs.

Secondary Transition. The National Secondary Transition Technical Assistance Center (NSSTAC) provides ratings of secondary transition practices that include *evidence-based, research-based*, *promising*, and *unestablished* in order of rigor. They have also organized EBPs according to the skill level being emphasized such as functional life skills or community participation, many of which are functional and very specific (i.e. purchasing skills).

Autism Spectrum Disorder (ASD)

Definitions. The Diagnostic and Statistical Manual, Fourth Edition, Text Revision (DSM-IV-TR) lists *autism* under pervasive developmental disorders (PDD). Diagnosis is based on deficits in *Social Impairment*,

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[1] Samuel L Odom et al, "Research in Special Education: Scientific Methods and Evidence-Based Practices" *Exceptional Children;* 71, 2; (Winter 2005); pg. 137-148.

[2] The WWC is part of the U.S. Department of Education's Institute of Education Sciences.

Speech/Communication Deficit, and *Repetitive Behaviors & Restricted Interests*. The International Classification of Diseases (ICD-10) uses similar criteria. The IDEA definition is relatively broad but incorporates the same components (Fig. 2).

Prevalence. The Centers for Disease Control & Prevention (CDC) reported an ASD prevalence rate of 1 child per 110 children based on 2006 data.[3] However, a 2007 study using the same data reported a rate of 1 in 91.[4] Males are 3-4 times more frequently identified than females. Students from under-represented populations and lower socio-economic status (SES) are more frequently identified at later ages and are more likely to have had a different prior diagnosis. Siblings of children with ASD are much more likely to be diagnosed than their peers without such siblings. The number of military-connected children with ASD is not publicly documented although the Organization for Autism Research (OAR) reported a ratio of 1 in 88 based on its review of 2005 data obtained from the DoD.[5]

The 2010 IDEA federal child count reported 419,262 children with ASD ages 3-21; an 87% increase since 2005. ASD is now the 5th largest disability category. Students with ASD account for 6.4% of all children with disabilities and 0.85% of all school children. Some believe ASD is still under-identified since children with ASD-like characteristics may be served under other categories. Others think the increased identification may partially result from ASD being preferred by parents to other disability labels and their belief that the ASD identification may result in more services for the child.

Educational Services. EBPs for children with ASD are researched intensively. The *National Professional Development Center for ASD* (NPDCASD), the *National Autism Center* (NAC), and the *Center for Medicare and Medicaid Services* (CMMS) developed widely-cited lists of EBPs for ASD. Applied Behavior Analysis (ABA) is the most extensively researched practice. Some view ABA as a category of practices that includes shaping, extinction, chaining, etc. while others equate ABA with discrete trial training (DTT). ABA's effectiveness for deficits such as speech/language delays and generalization of skills has been questioned. Proponents counter that ABA is effective when properly planned and implemented.

Service time for ABA is widely debated. Some believe children with ASD should receive up to 40 hours per week while others, including many school personnel, suggest service time should be individualized based on student data. Teacher training requirements for ASD continue to be reviewed. Delaware, for example, now requires teachers assisting children with ASD to have an ASD endorsement.

Outcomes. Surprisingly limited data on post-school outcomes for children with ASD is available. Most ASD research focuses on identification, assessment, and treatment. Existing outcome studies suggest

> **Fig. 2 IDEA-Autism**
> ...means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.
>
> (ii) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of this section.
>
> (iii) A child who manifests the characteristics of autism after age three could be identified as having autism...

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[3] Catherine Rice, "Prevalence of Autism Spectrum Disorders --- Autism and Developmental Disabilities Monitoring Network, United States", 2006, available online at http://www.cdc.gov/ncbddd/autism/data.html.

[4] Michael D. Kogan, et al., "Prevalence of parent-reported diagnosis of autism spectrum disorder among children in the US. *Pediatrics* 24 (4): 1-10.

[5] Organization for Autism Research and the Southwest Autism Research & Resource Center, "Life Journey through Autism: A Guide for Military Families, p. 8, available online at http://www.researchautism.org/resources/reading/documents/MilitaryGuide.pdf.

relatively few individuals live independently or sustain full-time employment. Similarly, few attend and even fewer complete post-secondary programs. As with all disabilities, effective secondary transition planning is critical.

Resource Capacity. Dr. Michael Ganz of Harvard University calculated that ASD expenditures total at least $35 billion annually and that an individual with ASD may require lifespan services totaling over $3 million.[6] To identify service gaps and duplication, the federal Interagency Autism Council (IAAC) was formed which includes representatives from the Department of Education and seven Department of Health & Human Services programs. Many states have formed similar entities and some have identified a lead agency for ASD. Public and private funding for ASD-related projects continues to increase. The National Institutes of Health (NIH) provides approximately $200 million per year to ASD-related research projects, including funding six ASD Centers for Excellence (ACE) and five ACE Networks. These funds typically focus on research rather than services. The DoD's *Congressionally Directed Medical Research Program* (CDMRP) budgeted $6.4 million for FY2011 for ASD-related research. According to *Autism Votes*, 42 states currently have passed or have pending legislation to increase private insurance coverage for autism-related services. Approximately 50% of states have Medicaid waivers that help fund services for developmental disabilities, which may include ASD, while at least 7 have ASD-specific waivers.

Emotional/Behavior Disorder (E/BD)

Definitions. DSM-IV-TR does not categorically define E/BD, but does define associated conditions (i.e. anxiety disorder, depression/bi-polar disorders). IDEA's definition (Fig. 3) focuses on five domains and does not require a clinical diagnosis. The phrases *long period of time* and *to a marked degree* are subjective but frequently operationalized as occurring for at least 6 months and across multiple settings (i.e. school, home, and community).

Prevalence. The 2010 IDEA federal child count reported 387,556 children ages 3-21 identified with E/BD; a decrease of 18.3% since 2005. Children with E/BD account for approximately 6% of students with disabilities and 0.8% of all school-age students. Some researchers suggest this is statistically low and should be closer to 3%-6% of all students. Males are more frequently referred and identified than females. Children from under-represented populations and families with low SES are more likely to be identified than their White peers which some link to limited cultural/linguistic appropriateness of assessment procedures.

Outcomes. Students with E/BD experience few positive educational outcomes. Although many spend time in general education classrooms, it is typically less than those with other disabilities. Classroom accommodations like extended time for tests are frequently provided but these students are less likely to receive academic supports such as tutoring. While their reading and math skills are frequently closer to grade level than peers with other disabilities, they frequently earn lower grades

> **Fig 3. IDEA- E/BD**
> ...means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:
>
> (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
>
> (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
>
> (C) Inappropriate types of behavior or feelings under normal circumstances.
>
> (D) A general pervasive mood of unhappiness or depression.
>
> (E) A tendency to develop physical symptoms or fears associated with personal or school problems.
>
> (ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted...

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[6] Michael Ganz, "The costs of autism", in *Understanding Autism: From Basic Neuroscience to Treatment*, S.O. Moldin and J.L.R. Rubenstein, Editors. 2006, Taylor and Francis Group: Boca Raton, FL.

(14% earned mostly D's and F's compared to 8% for other disabilities). A significant number experience learning disabilities resulting in a cycle of both academic and emotional deficits contributing to overall school failure. Students with E/BD demonstrate the highest dropout rate (55%) and few (20%) pursued post-secondary education. Only 30% were employed within three years of leaving school; much lower than the rate for students with learning disabilities. Students with E/BD are more likely to become involved with the legal system.

Educational Services. EBPs for students with E/BD receive less research than those for ASD and are defined more broadly. Both individual and school-wide interventions, such as Positive Behavior Support (PBS), are often used to address behavioral concerns. Assistive Technology (AT) tools ranging from low to high tech (checksheets to Wii systems) are used as instructional tools or rewards/reinforcers.

Intellectual Disability (ID)

Definitions. The American Association on Intellectual and Developmental Disabilities (AAIDD) defines intellectual disability as

> *…characterized by significant limitations both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18.*[7]

This is similar to the IDEA definition (Fig. 4). Adaptive behavior domains include communication, self-care, social skills, etc.

> **Fig.4   IDEA- ID**
> …means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance

Until recently, the term *mental retardation* (MR) was used in IDEA and by some states.[8] The change to *intellectual disability* represents, for many, a paradigm shift. Wehmeyer and others suggest the *ID construct* emphasizes the fit between a student's capacities and the demands placed on them, as well as the supports the student requires for self-determination.[9]

Prevalence. The IDEA 2010 federal child count reported 457,286 children ages 3-21 identified with ID; a decrease of 19.5% since 2005. Children with ID account for approximately 7% of students with disabilities and 1% of all school-age students. Contributing factors to the decline include: improved academic instruction and supports; improved assessment measures; a shift away from focusing on IQ scores; and, a preference for less stigmatizing labels (ASD, LD, OHI). Males are more frequently identified than females and children from under-represented populations and from families with low SES are more likely to be identified than their White peers.

Outcomes. Students identified with ID demonstrate limited educational achievement. General education curriculum classes account for just 50% of their programs followed by vocational education classes and non-academic classes. Only a small percentage enrolls in post-secondary education programs. Employment is low with only 31% employed three years after leaving high school. Earned

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[7] See http://aaidd.org/content_100.cfm?navID=21
[8] The change occurred with the passage of Rosa's Law in 2010.
[9] Michael Wehmeyer et al (2008). "The intellectual disability construct and its relation to human functioning." *Intellectual and Developmental Disabilities*, 46(4), 311–318.

wages were generally low suggesting that this population may be under-employed. Relatively low rates of community participation and independent living were also reported.

Educational Services. Educational programs for students with ID have emphasized functional skill development and often been provided in segregated special education settings. While many believe functional skills are important, data increasingly suggests that students with ID demonstrate improved academic achievement when provided quality instruction using general education curricular materials in the general education classroom. Similarly, data suggests that students with ID can be successful in post-secondary education settings. The U.S. Department of Education's Office of Post-Secondary Education (OPE) has established the *Transition Programs for Students with Intellectual Disabilities* (TPSID) program to promote their enrollment. One project outcome is the realization these students are often poorly prepared for post-secondary education activities.

EBPs for students with ID include ABA, Instructional Matching, Functional Communication, and self-management strategies. Some are concerned with implementation fidelity and advocate for increased EBP content, particularly emphasizing accessing the general curriculum and adapting curricular materials, in teacher pre-service/in-service preparation programs. Universal Design for Learning (UDL) principles and incorporating assistive technology (computer-based learning, I-PADS, Wii's) are also being promoted as important foundations and supports for these students. Effective secondary transition planning is critical. A process which includes the student to the degree appropriate, such as person-centered planning, promotes the student's self-determination.

STATE SYSTEMS OVERVIEW: School-Age Special Education Services

Special education service trends and support systems among the 15 states were reviewed and are summarized below. Individual state summaries are provided in Appendix B.

Educational Definitions of Disabilities. Most states reference IDEA definitions in state policies. Many are replacing *mental retardation with intellectual disability* or are already using terms such as *cognitive delay*. Some states specify functional levels, such as mild, moderate, severe, and profound, for ID. Multiple terms for E/BD are used including *emotional disturbance, severe emotional disturbance, emotional disability,* and *significant identifiable emotional disability*.

Number of Students with Disabilities Served. Between the Fall 2009 and 2010 child counts, eight states reported decreases in total numbers of students served and two others reported no significant change. All states reported higher numbers of students with ASD and 11 states reported increases of 10% or more. ASD ranked 3rd-7th among eligible children served. The number of students with ID declined in 12 states and ID ranked from 4th-7th in terms of numbers served. The number of students with E/BD declined in 14 states and ranged from 4th-6th among disability categories.

Support Services. Larger states typically use a regional support system that may include education service agencies (TX), special education regional support agencies (CA), or even regional state special education offices (NY). Some states fund or have partnerships with institutes of higher education to provide assistance to professionals and family members.

Task Forces. Ten states have convened statewide ASD task forces to review state capacity and make recommendations for effectively meeting the needs of individuals with ASD.

Disability Clearinghouses. Texas and Virginia have statewide disability clearinghouses. Other states have entities, often university-based, that provide information and resources. Some have implemented behavioral support initiatives.

*Disability Scholarship Program*s. Four states have disability scholarship programs supporting school choice for students with disabilities. Several others had legislation unsuccessfully introduced.

TRICARE-Approved ABA Providers. TRICARE requires reimbursable ABA services to be provided by Behavior Analysts (Supervisors) or Assistant Behavior Analysts (Tutors) authorized by TRICARE. Supervisors are required to have a current unrestricted State issued license or certificate to provide ABA services or current certification through the Behavior Analyst Certification Board (BACB) where such State issued license or certification is not available. Tutors work under the direct supervision of Supervisors and require completion of 40 hours of classroom training in ABA techniques in accordance with the BACB Guidelines for Responsible Conduct for Behavior Analysts (http://www.bacb.com) in addition to a criminal background check as well as other educational and experience requirements. More detailed information is available from the TRICARE Operations Manual 6010.56-M, February 1, 2008, Chapter 18, Section 8. TRICARE estimated that the total number of supervisors and tutors increases 10-12% per quarter. California had the most supervisors (334) while Oklahoma had the fewest (9).

Parent Training and Information (PTI) Centers. Every state has at least one federally-funded PTI center. Larger states often have more and some states have established additional support programs for parents of children with disabilities.

Public & Private Insurance. Many states have recently reviewed their state Medicaid plan and private insurance coverage guidelines. Two (Colorado & Maryland) have created autism-specific Medicaid service waivers. According to *Autism Votes*, nine have revised their state statutes to increase private insurance coverage of ASD-related services and four have pending legislation.

Military Interstate Children's Compact Commission (MIC3). Of the 15 states included in this project, all states except Georgia and New York are members of the Compact.

Military Education Resource Pages. Six states have created military-specific resource pages on their state education agency websites.

Secondary Transition. Most states have developed secondary transition support activities and designated a lead staff person. The National Secondary Transition Technical Assistance Center (NSTTAC) maintains a central listing on its website.[10]

SCHOOL DISTRICT SURVEY RESPONSE SUMMARY

School districts that serve military families in the 15 states were surveyed regarding special education services. Working from a list provided by DoD, each district was informed of the survey and its intended purpose. Districts indicating they did not serve military families were excluded. A total of 163 districts were surveyed and 152 responded (93.2%), although not all districts responded to all questions. Responses are summarized below. The survey is provided in Appendix C.

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[10] Available at http://www.nsttac.org/content/transition-map.

Population classifications. Based on criteria from the *U.S. Department of Education's Institute of Education Sciences (IES)*, districts were grouped by size in Table 1.

Table 1. Size of Responding Districts

City	34%
Suburban	34%
Town	15%
Rural	18%

The majority of districts are either city or suburban suggesting they have access to school and community resources to meet the needs of families with children with disabilities.

Average district enrollment. The average district enrollment was 25,877 students. Average disability enrollments are presented below.

Table 2. Average Disability Enrollments of Responding Districts

Enrollment Area	3-21	Percent of Total Enrollment
Total Disabilities	3288	12.7%
ASD	251	1%
E/BD	163	.6%
ID	243	.9%

Children with disabilities represent 12.7% of the total enrollment, which is consistent with the national average. ASD enrollment equates to 1 in 100, which is also consistent with national estimates, while ID and E/BD enrollments were lower, particularly E/BD.

Educational Services & Placements

Services & Settings. Districts were asked to list the educational services and placement settings they provide. Summaries for each disability are presented below.

Table 3. Educational Services for Children with ASD

Service	Percent of Districts Using
Functional Behavior Assessment	90%
Visual Supports	89%
Sensory Supports	88%
Prompting	88%
Picture Exchange Communication System (PECS)	86%
Social Narratives	81%
Augmentative/Alternative Communication Device	80%
Social Skills Training	77%
Computer-Aided Instruction	76%
Applied Behavior Analysis (ABA)	72%

As in Phase I, Functional Behavior Assessment (FBA) was the most frequently reported practice. Visual and sensory supports were ranked higher than in Phase I. ABA ranked lower although the usage percentage was consistent. Comments indicated that teachers frequently utilize an eclectic approach.

Table 4. Educational Services for Children with E/BD

Service	Percent of Districts Using
Positive Behavior Support	87%
Academic Modifications	85%
Crisis Management & Intervention	85%
Social Skills Training	83%
Computer-Aided Instruction	80%

Practices for E/BD tend to be more broadly defined in comparison to ASD. Positive Behavior Support (PBS), for example, can be applied on an individual, classroom, or school-wide basis.

Table 5. Educational Services for Children with ID

Service	Percent of Districts Using
Academic Modifications	88%
Positive Behavior Support	86%
Independent Living Skills	85%
Assistive Technology	85%
Computer-Aided Instruction	80%
Functional Communication Strategies	79%

Again, these practices are relatively broadly defined but demonstrate the emphasis on functional skill development.

Table 6. Rank Order of Educational Placements for Children with ASD, E/BD, & ID

Placement	ASD	E/BD	ID
Regular classroom with support:	2	1	2
Removed from regular class less than 21% of the day:	3	3	3
Removed from regular class more than 60% of the day:	1	2	1

The most frequently reported placement for students with ASD was *removed from the regular classroom for more than 60% of the day*, although a significant number were also served in the regular classroom with supports or limited pull-out services. This may reflect services provided to higher functioning children, services provided in inclusive settings, and/or districts becoming more successful at serving children in typical school environments. The result for students with E/BD was somewhat surprising given the national data. Removal from regular class for more than 60% of the day for students with ID is consistent with national trends and raises the issue of whether they are receiving instruction based on the general education curriculum. The number of students served in the regular classroom with support may reflect schools that use inclusive practices and/or that progress is being made for serving these students in more typical settings.

Secondary Transition Services. Districts were asked for the types of secondary transition services they provide. In rank order, they are
- Preparation for Post-Secondary Education & Training;
- Referrals to Community Agencies;
- Functional Vocational Assessments/Career Planning;
- Vocational Training/Job Coaching;
- Person-Centered Planning/Family-Centered Life-Skills Planning.

District Personnel

Professional development. Districts were asked for the amount of professional development related to special education they provided annually to their professional and paraprofessional staff.

Table 7. Annual Hours of Professional Development

Annual Hours of PD	Professional	Paraprofessional
1-5 hours	4%	26%
6-10 hours	15%	21%
11-15 hours	10%	21%
More than 15 hours	52%	21%

Some districts do not track training hours their staff receive resulting in the response percentages under *Professional* not adding to 100%. Over half responded they provide more than 15 hours, which is significant. Paraprofessional training hours reported indicates over 60% received more than 6 hours annually. District staff were the most common training facilitators (59%) followed distantly by educational service agency staff, consultants, and state education personnel.

Training Topics. Districts were asked to identify the specific educational practices for which their staff received training. Table 8 provides the rank order responses for each disability area.

Table 8. Special Education Training Topics

ASD	E/BD	ID
Functional Behavior Assessment	Positive Behavior Support	Functional Behavior Assessment
Visual Supports	Crisis Management/Intervention	Academic Modifications
Sensory Supports	Academic Modifications	Positive Behavior Support
Picture Exchange Communication System	Social Skills Training	Computer-Aided Instruction
Social Narrative	Computer-Aided Instruction	Assistive Technology
Prompting		Independent Living Skills
Augmentative/Assistive Communication Devices		Functional Communication
Applied Behavior Analysis		
Social Skills		

Comments suggested districts often conduct informal training related to individual student needs.

Access to Board Certified Behavior Analysts (BCBA). Districts were asked to identify whether they currently employed or had access to services provided by BCBAs. Of the 144 that responded, 39 indicated they employed BCBAs and 47 responded they did not employ them but did have access. Fifty-eight districts indicated they did not currently access BCBAs.

Service Challenges

Districts were asked to identify challenges they experienced in providing services to children with disabilities. Themes that emerged, in rank order, are

1. Insufficient state and local funding;
2. Personnel shortages and turnover;
3. Limited family and community services;
4. Parent/Family issues (participation and follow through, mobility, low SES);
5. Limited general education teacher support of special education processes;
6. Limited time for planning/collaboration;
7. Lack of services in rural or isolated setting;
8. Difficulty providing services and the continuum of placements for students with intensive needs.

Districts were asked to share challenges they experienced serving military dependents and their families. Themes that emerged, in rank order, are

1. No challenges;
2. Mobility/transition of military families (school disruptions, obtaining school records, communicating with parents);
3. Different services/eligibility criteria in different states and DoDEA;
4. Impact of deployment on children (stress, communication with parents);
5. Communicating information to parents about services and resources;
6. Difficulty meeting student/family needs in rural settings (limited resources, longer drives).

Comments included appreciation for support provided by Exceptional Family Member Program (EFMP) staff, the need for families to understand the difference between a medical diagnosis and special education eligibility, and a desire to increase communication/partnerships with EFMP base personnel.

Resources

Districts were asked to list the local parent/family resources available in their districts. Rank ordered responses were

1. Parent education/training;
2. Parent support groups;
3. Library with disability-related materials;
4. Parent mentors.

Districts were also asked to list other resources that might be available to parents/families but relatively few were identified and no trends emerged.

NATIONAL REVIEW-Early Intervention (EI) Services

This section summarizes findings related to EI services, also referred to as Part C (of IDEA) services. For this report, the term *provider* refers to the agency or organization responsible for providing EI services.

EI Services. A frequently cited definition is *a system of coordinated services that promotes the child's growth and development and supports families during the critical early years*.[11]

Key Components. Eligibility is based on delays among five developmental domains or an established condition (Fig. 5). States define the degree of delay and the specific eligible medical conditions, and may choose to serve at-risk children. EI services support children and families in natural environments (typically home or community setting), to the maximum extent appropriate, based on the child's needs. Part C does not guarantee free services for families. It was intended to help coordinate resources as demonstrated by regulatory language stating Part C is the payer of last resort. States are allowed to implement family cost participation systems.

EI Outcomes. Based on 2009-10 state data, a high percentage of children receiving EI services demonstrated greater than expected growth across all measured domains. Over half of the children demonstrated skills within age expectations after completing EI programs. Parents also reported positive gains and experiences from EI services.

> **Fig. 5 IDEA: Part C Eligibility**
> Infant or toddler with a disability.
> (a) Infant or toddler with a disability means an individual under three years of age who needs early intervention services because the individual--
> (1) Is experiencing a developmental delay, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
> (ii) Cognitive development.
> (ii) Physical development, including vision and hearing.
> (iii) Communication development.
> (iv) Social or emotional development.
> (v) Adaptive development; or
> (2) Has a diagnosed physical or mental condition that--
> (i) Has a high probability of resulting in developmental delay; and
> (ii) Includes conditions such as chromosomal abnormalities; genetic or congenital disorders;
> sensory impairments; ...
> The term may also include, at a State's discretion, children from birth through age two who are at risk of having substantial developmental delays if early intervention services are not provided.

National Trends

Prevalence. For the IDEA 2010 federal child count, states reported 342,821 infants and toddlers receiving EI services. Though a slight decrease from 2009, it is a 76% increase since 1990. According to the National Early Intervention Longitudinal Study (NEILS), families from under-represented populations had more difficulty learning about EI services and having services initiated.

Funding. Federal funding has remained approximately $439 million annually since 2004. During this period, the number of children served increased approximately 25%. One Part C Coordinator reported annual state EI service costs are increasing by nearly 19%. IDEA requires states to maintain their special education funding levels[12] which has helped maintain state EI budgets. However, this requirement is currently under regulatory review, partially due to the difficulty some states have in complying with it. IDEA allows states the option of using Part B special education funds to pay for EI services provided to children after their third birthday through entrance into kindergarten.

According to the Infant and Toddler Coordinators Association (ITCA) *2011 Tipping Points Survey*, 8 states increased EI funding while 12 reduced funding. Some states also
- narrowed their EI eligibility criteria, including eliminating services for at-risk children;
- increased inter-agency collaboration;

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[11] The Bright Tots webpage (http://www.brighttots.com/early_intervention.html), for example, uses this definition.
[12] Referred to as Maintenance of Effort under IDEA.

- reduced provider reimbursements;
- attempted to increase access to public insurance (i.e. Medicaid) and private insurance; and,
- implemented or revised family cost participation programs, although 21 states still do not require family cost participation.

Eight states reportedly considered withdrawing from Part C, citing costs and program growth.

EI Personnel Shortage. Nearly all states report EI personnel shortages. The National Early Childhood Technical Assistance Center's (NECTAC) 2010 Part C APR analysis indicated 81% reported a significant shortage of speech-language therapists, with similar shortages reported for occupational and physical therapists. "Personnel Shortages" was the most common reason given for not providing EI services in a timely fashion. Contributing factors included non-competitive salaries, large service areas and caseloads, and state fiscal climates (i.e. hiring freezes).

Evidence-Based Practices. Service providers such as speech-language therapists rely on professional associations for recommended practices. EBP research for EI has focused on the types of supports offered to children and their families as well as the locations in which the services are provided. NECTAC convened a workgroup that developed the *7 Principals and Practices in Natural Environments* (Fig 6). These indicate a shift towards an integrated team-based model that supports the role of families and creates natural learning opportunities for children. Proponents suggest this helps ensure service needs are addressed and reduces the number of professionals with whom families interact. The Primary Service Provider (PSP) model identifies one team member to provide all services in consultation with other professionals. Supporters such as Dr. Robin McWilliams of Vanderbilt University believe this model provides similar child outcomes, improves family outcomes, and is more cost-effective than the traditional dedicated service model. Creating functional outcomes for children that stress their strengths as well as deficits is also emphasized. Routines Based Interventions (RBI) is a family-centered model that embeds learning opportunities throughout the child's daily activities. Proponents suggest this aids skill acquisition and generalization.

Fig. 6 NECTAC 7 Principals & Practices
1. Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children's learning and development.
3. The primary role of the service provider... is to work with and support the family members and caregivers in a child's life.
4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.
5. IFSP outcomes must be functional and based on children's and families' needs and priorities.
6. The family's priorities needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.

Natural Environments. Fall 2010 data indicates 87% of eligible children were served in home/community settings. Forty-six states reported rates of 90% or higher.

Transition from EI to School Age Services. IDEA requires the transition from Part C to Part B (school age) services be completed by a child's 3rd birthday. States are improving although only 25% completed all transition conferences on time. A number of reasons for delays have been cited including late referrals, staff shortages, scheduling issues, and family circumstances.

Infants & Toddlers with ASD. Research suggests children may be reliably identified with ASD earlier than the current approximate average of 48 months. A recent study suggested ASD characteristics can be

reliably identified as young as 12 months and a stable diagnosis made between 18-36 months.[13] Proponents believe early identification allows children to receive services earlier, which promotes more typical skill development. Others suggest that focusing on early identification may lead to over-identification. Strategies to use with young children with ASD are an issue since most research has focused on older children.

STATE SYSTEMS OVERVIEW: Early Intervention

EI service trends and support systems for the 15 states were reviewed and the results summarized below. Individual state summaries are provided in Appendix B.

Lead Agency for Part C Services. IDEA requires states to identify a lead state agency to administer Part C services. Three states use their Department of Education while the majority use their Departments of Health (titles vary among states).

Eligibility Criteria. Many states have revised or are reviewing their eligibility criteria. The level of developmental delays that resulted in EI eligibility ranged from 25%-50% among the states. Eligible established conditions also varied.

Number of Children Served.   For the IDEA 2010 child count, 12 states reported increases in children served. States demonstrated a wide range of children served: New York and California reported more than 30,000 while Hawaii reported less than 2,000.

EI Program Structure. States use a variety of systems to administer EI services. The most common has the lead agency contracting with regional entities to provide services. The state oversees the contracts and often provides professional development for the contractors. Other states use regional/county-based offices that contract with private direct service personnel.

Initial Family Contact. Most states have designated the county/regional provider as the initial point of contact. Some have also established a centralized statewide referral process to assist families.

Services for At-Risk Children. Few states have specific service systems for at-risk children. Several have provisions for tracking the development of these children and providing resource information to parents. Within states, some locales may have access to services not available in others, such as Early Start, Judy Centers, and Parents as Teachers.

Family Cost Participation. Seven states have family cost participation programs. The majority use income levels below the 200% Federal Poverty Guidelines as the threshold. Most use a sliding fee scale while others use a flat fee.

Parent Training and Information (PTI) Centers. The PTIs are the same for both Part B and Part C services. However, the lead agencies in all states have created parent resource pages on their websites related to EI.

State EI Resources. IDEA requires each state to create a central directory of service providers and resources that is available to the public. States typically list this directory on the lead agency's website.

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[13] Karen Pierce, et. al. "Detecting, Studying, and Treating Autism Early: The One-Year Well-Baby Check-Up Approach", *The Journal of Pediatrics* Volume 159:3 (September 2011): 458-465. Published online April 29, 2011.

EI PROVIDER SURVEY RESPONSE SUMMARY

EI providers that serve military families in the 15 states were surveyed. Seventy providers (agencies/organizations) were identified and sixty-six responded (94.3%). Due to variability among state EI systems, responders included state staff, provider agency administrators, and contract personnel. Surveys were individualized for some states due to their data collection methods and one state could not produce data for some items. Not all providers answered all questions. The survey is included in Appendix C.

EI Services. Nearly all responding agencies provide service coordination, referral, screening, evaluations and assessments, and Individualized Family Support Plan (IFSP) development. More variation was demonstrated regarding direct services, with 76% indicating they provide these services. The remainder indicated services were provided by private contractors, school district staff, or other state/county agency personnel.

EI Provider Profile. For the 2010 child count, EI providers reported an average of 721 children served, with responses ranging from 66 children served to 5100. This reflects the diverse nature of EI provider systems. Twenty-four providers indicated they served at least one child identified with ASD; most indicated they do not track this information.

Natural Environments. Providers were asked for the percentage of children served in natural environments. All but 2 reported over 90%, most were over 95%, and 100% was most frequent.

Challenges to Implementing Effective Practices in Natural Environments. Providers were asked to identify their challenges with implementing the seven principles identified by the NECTAC workgroup listed on page 11. Themes, in rank order, are
- Limited funding;
- Family characteristics, including availability, desire to participate, preference for medical model of service, alternative parenting (grandparents, foster parents), culture/language, SES;
- Difficulty scheduling multiple providers;
- Provider awareness and support of principles;
- Insurance coverage predicated on medical model rather than integrated services.

EBPs for EI. Providers were asked for the types of EBPs they utilized. Themes, in rank order, are
- ABA;
- Primary Service Provider Model/Coaching;
- Routine Based Interventions;
- PBS;
- Naturalistic Teaching;
- Social Emotional Foundations for Early Learning (SEFEL) Pyramid.

Specific challenges to implementing EBPs for EI included:
- Consistent implementation when multiple individuals are providing services;
- Limited time to learn about EBPs;
- Lack of training on EBPs;
- Resistance to change on part of some providers.

Professional Development. Providers were asked whether their staff received additional training aside from what the state agency provided or required. The majority (80%) did provide additional training and the most frequent topics were *ASD* and *Service Models*.

Financial Considerations. Service coordination, evaluations and assessments, and IFSP development are generally available to families at no charge. Providers were asked for the types of public and private funding resources they accessed to cover direct services and the challenges they encountered.

- Family Cost Participation: 32 providers reported there was a cost to families for services;

- Medicaid: 44 providers reported accessing Medicaid. Sometimes the provider agency bills Medicaid and sometimes the contracted providers bill Medicaid directly;

- Private Insurance: 33 providers indicated they accessed a family's private insurance under state guidelines. As with Medicaid, contracted service providers often bill insurance directly;

- TRICARE: 30 providers indicated they accessed TRICARE funds. Again, contracted service providers often bill TRICARE directly.

Timeliness. IDEA requires providers to complete eligibility determination and IFSP development within 45 days. The survey asked providers for their success in meeting this requirement; 49 responded and averaged 95% compliance. The most frequent response was 100%. The two most cited factors leading to delays were:
- High caseloads/staff shortage; and,
- Family scheduling issues, including families not showing up for meetings.

Implementing IFSPs from Other Locations. Providers indicated they typically accept IFSPs created in-state. Children with IFSPs from other states generally need to have eligibility re-established according to the receiving state's criteria before services are provided. If a child's eligibility has been established within six months, most indicated the assessment data could be used for the new eligibility process.

Transition to School-Age Services. Providers were asked to provide the percentage of children who completed the transition to school-age services by their 3rd birthday. Only 37 providers responded primarily because of state variation in data collection. Responses ranging from 2% to 100% were reported, with the average being 53%. Reasons cited for delays in rank order are
- Scheduling issues with parents and school district personnel;
- Parental perspectives of school district services;
- Non-attendance by school district staff;
- Delay in determining child's eligibility for Part B services;
- Communication/Records Sharing;
- Residency determination and late referrals.

Procedural Safeguards. Most providers received no mediation requests, complaints, or due process hearing requests. Total requests reported were
- Mediation: 12
- Complaints: 8
- Due Process: 0

This may suggest a high level of parental satisfaction with providers which is consistent with positive EI outcomes discussed earlier. It may also suggest parents are not aware of or are reluctant to use these protections.

Serving Military Families. Providers were asked for challenges they experienced in serving military-connected children and families. Themes, in rank order, were

- Limited TRICARE service coverage and confusing TRICARE procedures;
- Difficulty accessing military installations to provide services in the child's home;
- Mobility of military families;
- Availability of community services in rural areas;
- Communication with parents who are deployed.

DoD-RELATED TRENDS

Enrollment in EI Service Programs and Public Schools. Military-connected children with disabilities in the U.S. are largely served by public EI providers and public school systems. No estimate of the total number of military-connected children who require EI services was located. It is also not known how many military-connected children with disabilities are served by school districts. However, there are approximately 1.2 million school-aged military-connected children, of which only 85,000 attend DoD schools. Using the national IDEA disability rate of approximately 13%, it can be estimated that approximately 145,000 military-connected children receive special education support.

Impact of Mobility. An average military family moves an estimated three times more often than non-military families. Military children often enroll in up to nine different school districts between kindergarten and 12th grade. The average military student relocates at least twice during high school. Recent research suggests three educational barriers families experience when relocating:

1. Establishing services, which may delay their children receiving services;
2. Obtaining comparable services, which is the most consistently reported obstacle and often reflects differences in eligibility and services between states; and,
3. Utilizing military supports during relocation, including concern that the EFM office did not always communicate transitions in advance.

Impact of Deployment. An estimated 116,000 children have a deployed parent and 75,000 have a parent who has deployed multiple times. Since 2001, an estimated 2 million military-connected children have parents who deployed. Research suggests that deployment impacts children, families, and the EI providers/schools that serve them.

Support Activities. The impact of family mobility/deployment has prompted numerous support efforts. The Military Interstate Children's Compact Commission (MIC3) seeks to provide students with the same opportunity for educational success during their relocation. A list of DoD/DoD-related initiatives, including some that are ASD-specific, is provided in Appendix D. In January, 2011 the *Strengthening Our Military Families: Meeting America's Commitment* report was released and included commitments made by federal agencies to support military families. School districts are developing partnerships with military installations to support military families. For example, a Texas school district uses video-conferencing to allow staff from the sending and receiving schools and the families to communicate

directly before a family arrives at a new location.   The American Association of School Administrators (AASA) created a tool kit focusing on the needs of military children and families for schools.

CONCLUSION

Current trends related to school-age children identified with ASD, ID, and E/BD were presented along with an overview of EBPs. EI developments were reviewed and emerging trends related to DoD highlighted. As efforts continue to identify effective methods for meeting the comprehensive needs demonstrated by military-connected children with disabilities, their implementation is challenged by a growing resource shortage at the state and local levels.

RECOMMENDATIONS

1. Develop a process for identifying the number of military-connected children receiving EI and school-aged special education services from state EI agencies and public school districts.

   Rationale: Knowing the number of children identified overall and the number of children in each of the categories will help schools, state agencies, and DoD identify trends and plan more effectively for meeting the needs of these children.

2. Develop a process for collecting feedback from military-connected parents of children with disabilities to identify satisfaction levels with services, feedback on relocation processes, and suggestions/feedback on support efforts;

   Rationale: Very limited systemic data is available describing military parent reactions to the topics listed above although anecdotal data suggests there may be significant issues. Having an ongoing data collection process will allow more effective planning and supports to be created.

3. Add information and resources related to ASD, ID, E/BD, EI, EBP, and secondary transition to the Clearinghouse for Military Family Readiness.

   Rationale: Adding this content will enhance the role of the clearinghouse and provide families with easier access to information.

4. Develop a new or adapt an existing resource, such as the Clearinghouse or Military OneSource, to provide specific information, personalized support, and easy to use transition tools for families that are relocating or experiencing deployment.

   Rationale: The impact of mobility/deployment is becoming widely-studied and recognized. DoD in general and each Service branch have developed tools and resources but the sheer number of tools may be difficult for many families to navigate. Having a single streamlined reference point designed in conjunction with families and marketed effectively could provide significant benefit. A centralized resource for families to call similar to an EI referral entities such as Hawaii's H-KISS would also be beneficial.

5. Collect examples of effective EI Agency/School District partnerships and encourage military installation personnel, such as school liaisons, to collaborate with EI/District staff to create similar agreements.

Rationale: The large number of military-connected children being served by non-DoD schools and EI providers combined with the unique characteristics of military life that can impact military-connected children (mobility, deployment) suggests that effective partnerships are essential. Many districts and base personnel have already established effective working relationships and their examples could help other sites do the same. Memoranda of Agreements could be created that outline agreed upon procedures and shared responsibilities.

6. Encourage military installations to provide easier on-base access to EI providers serving military children and families residing on base.

   Rationale: EI providers are required to provide EI services in natural environments, typically the home. Time spent waiting to get on base not only impacts services to military-connected families but also reduces the time available to serve their remaining caseload.

TRICARE ISSUES and RECOMMENDATIONS RELATED TO EARLY INTERVENTION SERVICES

In the course of completing this project, project staff contacted state lead agency personnel and conducted a general survey of EI providers in the 15 selected states regarding the types of EI services provided and challenges they experienced. TRICARE coverage of EI services emerged as an issue and was the top challenge reported on the survey of EI providers serving military families. Specific areas of concern included the following:

1. **Limited Access To TRICARE Reimbursement**
   a. Obtaining reimbursement from TRICARE was described as inconsistent or a "mixed bag."
      i. Some sites reported serving large numbers of military children but were unable to access TRICARE reimbursement which is straining state and local resources.
      ii. Some sites report they are able to access TRICARE reimbursement while other sites are not.
         1. Those sites unable to obtain reimbursement reported being unsure of why they were denied.
         2. Some providers stated that an effective strategy for obtaining TRICARE reimbursement is to advocate with the base commander.
      iii. Different TRICARE regions seem to have different requirements.
   b. One state indicated that the potential impact of TRICARE reimbursement on a family's lifetime cap was a reason it does not pursue TRICARE reimbursement.
   c. One respondent indicated that the requirement to have a physician enter information in an online system in order for TRICARE to authorize services was a challenge.
   d. Some indicated that TRICARE covers only limited services (OT. PT, Speech/Language) although *TRICARE and PART C* manual lists a range of covered services.

2. **TRICARE Reimbursement Rates**
   a. Reimbursement rates were described as relatively low.
      i. Speech/Language services rates were particularly noted.
         1. One respondent indicated that TRICARE pays $46 for speech/language therapist visit while Medicaid pays $150 for the same visit.
         2. The local EI agency is required to make up the difference.
      ii. Travel costs rates were also listed as low.
   b. TRICARE does not cover education or service coordination costs, but Medicaid does.

3. **TRICARE Provider Network Characteristics**
   a. Some providers indicated they were unable to join the TRICARE Network.
      i. One provider was told that new providers were no longer being accepted.
      ii. Another agency indicated they had no providers who could get approved for the TRICARE network.
   b. Some shared that it can be difficult to find providers who will work with TRICARE or who are in the TRICARE network.

    c. One respondent shared that its state insurance program was not in the TRICARE network which limited access to reimbursement.

4. **TRICARE Resources**

    a. Providers asked whether an updated version of *TRICARE and PART C* that was published in 2000 was available.

    b. Providers asked whether other resources for providers and families regarding TRICARE coverage of EI services were available.

5. **TRICARE Administrative Issues**

    a. TRICARE services are provided in a clinical setting which does not fit with the team-based EI service model.

    b. TRICARE does not cover services in the home unless the primary physician includes it in the prescription.

    c. Military families relocating to another state must see an in-state doctor and get a prescription/order before services such as physical therapy can begin. It was reported that it can take up to 30 days for this to occur due to the time it takes to assign a new Primary Care Manager and time to get a doctor's appointment (person mentioned a TRICARE regulation of 27 days for an appointment).

    d. One respondent had an issue with orders being sent to the correct provider and having reimbursement payments sent directly to the therapy provider rather than the public health agency.

TRICARE Review of Issues. TRICARE staff reviewed the issues listed above and provided the following clarifications:

- The benefit is the same across the Military Health System, however, implementation can reflect contractor-unique requirements and/or operational issues (*Issue 1a*);

- There is no "lifetime cap" for military healthcare benefits. The Extended Care Health Option[14] does have a $36,000 per fiscal year cap. (*Issue 1b*);

- Because the Federal Interagency Coordinating Council (FICC) no longer exists, the referenced document (*TRICARE and PART C*) is out of date, and, it does not represent definitive policy in all circumstances (*Issue 1e and 4a*).

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[14] According to the TRICARE website, *The Extended Care Health Option (ECHO) is a supplemental program to the basic TRICARE program. ECHO provides financial assistance for an integrated set of services and supplies to eligible active duty family members (including family members of activated National Guard or Reserve members).* For more information see (http://www.tricare.mil/mybenefit/ProfileFilter.do;jsessionid=P9pWmfxs36WGNh9PJqLFVpbvZBgRn2ybyQSQ2s81 H0RZJgKQvhgJ!-294135028?puri=%2Fhome%2Foverview%2FSpecialPrograms%2FECHO).

- TRICARE Reimbursement rates are based on the maximum allowable amount which is not linked to reimbursement systems by others. TRICARE does not have a travel reimbursement system except under certain circumstances (*Issue 2a*);

- TRICARE is a statutory program based on specific entitlement; it does not follow the regulations of other federal or State programs (*Issue 2b*);

- "Insurance programs" are not health providers so are not eligible to be part of the TRICARE network (*Issue 3c*);

- TRICARE does not have a unique home-based benefit for EI services (*Issue 5b*);

- TRICARE does not reimburse public health agencies (*Issue 5d*);

- Services cost-shared through the ECHO may be provided by an authorized institutional or individual professional provider on an inpatient or outpatient basis and rendered in the beneficiary's natural environment. This includes at home, at school, or other location that is suitable for the type of services being rendered. Beneficiaries must be registered in ECHO and provide medical records, as determined necessary by the MCSC or TAO Director which demonstrate that the Active Duty Family Member (ADFM) has a qualifying condition and who otherwise meets all applicable ECHO requirements. The MCSC determines eligibility and provides the authorization. The authorization shall specify the services by type, scope, frequency, duration, dates, amounts, requirements, limitations, provider name and address, and all other information necessary to provide exact identification of approved benefits (*Issue 5*).

Recommendations:

1. Convene a work group that includes representatives of state agency EI staff, local EI providers, EFMP staff, and TRICARE to further define and clarify issues related to TRICARE coverage of EI services.

2. Develop a resource that outlines TRICARE coverage of EI services similar to the *TRICARE and PART C* publication that has been discontinued.

Glossary

Autism: developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three. IDEA definition provided on page 5.

Autism Spectrum Disorders (ASD): categorical term that encompasses the various syndromes related to autism. Often used interchangeably with autism and pervasive developmental disorders.

Board Certified Behavior Analyst (BCBA): behavior analyst certified through the Behavior Analysts Certification Board.

Department of Defense Education Activity (DoDEA): field activity of the Office of the Secretary of Defense that has the mission to plan, direct, coordinate, and manage the education programs for eligible dependents of U.S. military personnel and civilian personnel of the DoD.

Department of Defense Office of Community Support for Military Families with Special Needs (OSN): guides policy development and oversight in support of military families with special needs.

Diagnostic & Statistical Manual of Mental Disorders (DSM): publication of the American Psychiatric Association (APA) that contains the diagnostic criteria for all mental health disorders for children and adults, including autism. DSM-IV-TR is the current edition and DSM-V is expected to be published in 2013.

Dispute Resolution: under the Individuals with Disabilities Education Act (IDEA), parents have the right to request mediation, file an administrative complaint, or request a due process hearing to resolve special education conflicts with school districts.

Early Intervention: a system of coordinated services that promotes the child's growth and development and supports families during the critical early years.

Emotional Disability: characterized by significant limitations in behavior, feelings, and interpersonal relationships. IDEA definition provided on page 6.

Evidence Based Practices (EBP): educational practices supported by research findings and/or demonstrated as being effective through a critical examination of current and past practices.

Exceptional Family Member Program (EFMP): component within the military that provides support to military families that include members with exceptional needs, including ASD. Each branch of the military administers its own EFMP for its members.

Individuals with Disabilities Education Act (IDEA): federal law that requires public school districts to identify children with disabilities and provide them with a free and appropriate public education in the least restrictive environment.

Infant and Toddler Coordinators Association (ITCA): not-for-profit corporation organized to promote mutual assistance, cooperation, and exchange of information and ideas in the administration of Part C and to provide support to state and territory Part C coordinators.

Intellectual Disability (ID): characterized by significant limitations both in intellectual functioning and in adaptive behavior, which includes many everyday social and practical skills. This disability originates before the age of 18. IDEA definition provided on page 7.

Military Interstate Children's Compact Commission (MIC3): created to address education transition issues faced by military families when they are reassigned so they are afforded the same opportunities for educational success as other children.

National Early Childhood Technical Assistance Center (NECTAC): support center funded by the U.S. Dept of Education, Office of Special Education Programs.

OCONUS Directory of Special Needs: provides information about the level of special education services available in overseas military communities.

Pervasive Developmental Disorder (PDD): categorical term that encompasses several developmental disorders, such as autism or Asperger Syndrome, characterized by severe deficits in social interaction and communication or by the presence of repetitive, stereotyped behaviors.

State Performance Plan (SPP)/Annual Performance Report (APR): IDEA requirement for each state to evaluate its implementation of IDEA and provide improvement strategies. The SPP is based on 20 indicators for Part B and 14 for part C. The SPP is required to be posted on the state's Web site. States must also annually report on progress made towards improvement, which is the Annual Performance Report. More information is available at http://therightidea.tadnet.org/articles.

TRICARE: health care program serving active duty service members, National Guard and Reserve members, retirees, families and survivors worldwide. Specific information describing the requirements for TRICARE-authorized ABA providers is contained in TRICARE Operations Manual 6010.56-M, February 1, 2008, Chapter 18, Section 8.

Universal Design for Learning (UDL): principles for curriculum development that give all individuals equal opportunities to learn

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Appendix A: Project Personnel

Project Staff:

Dr. Cynthia Buettner: Principal Investigator

Dr. David Andrews: Co-Principal Investigator

Greg Maloney: Project Coordinator

Additional support provided by the Ohio Center for Autism and Low Incidence (OCALI).

Advisory Panel Members:

- Ms. Nerissa Patrice Keeler, United States Air Force

- Dr. Joseph McBreen, United States Navy

- Dr. Naomi Younggren, United States Army

- Dr. Joyce Downing, University of Central Missouri

- Mr. Bill East, National Association of State Directors of Special Education (NASDSE)

- Dr. Rebecca Landa, Kennedy Krieger Institute

- Dr. Laura Maddox, Barkley Autism Project

- Dr. Samuel Odom, National Professional Development Center for ASD

- Ms. Evelyn Foard Shaw, National Early Childhood Technical Assistance Center (NECTAC)

- Dr. Brenda Smith-Myles, National Professional Development Center for ASD

- Dr. Terry Scott, University of Louisville

- Dr. Michael Wehmeyer, Kansas University Center on Developmental Disabilities

- Dr. Susan Wilczynski, Ball State University

- DoDEA Area Autism Consultants: Jennifer Baldwin, Jennifer Binkley, Chuck York, Jill Kleinheinz, Margaret Murray, Terry Dutton, and Deborah Cureton.

Biographical summaries are included below.

Dr. Cynthia K. Buettner: Principal Investigator

Dr. Buettner is an Assistant Professor in the Department of Human Development and Family Science at The Ohio State University and the Director of the Ohio Collaborative, a research and policy analysis center for children, schools, and families. A former Director of Research for the OSU College of Education and Human Ecology, Dr. Buettner's research and outreach activities have focused on at-risk children and youth, their families, and the educational and human service systems that serve them. Specifically, her work has included projects on the use of data and evidence-based practices in academic and behavioral prevention and intervention efforts, coaching-based professional development systems for schools, and strategies for implementing evidence-based practices in the educational and mental health professions. In addition to serving as the Principal Investigator for the Department of Defense (DoD) Early Childhood Virtual Laboratory School Project and the DoD-funded program review of educational services available to military dependent children with Autism Spectrum Disorder (ASD) and other special needs, Dr. Buettner is the Principal Investigator for the evaluation of Step Up To Quality, Ohio's Quality Rating and Improvement System for early childhood care and education programs.

Dr. David W. Andrews: Co-Principal Investigator

David W. Andrews became dean of The Johns Hopkins University School of Education on September 1, 2010. Dean Andrews, the founding dean of Ohio State University's College of Education and Human Ecology, has been committed throughout his career to improving academic and behavioral outcomes for at-risk children and youth.

Education
B.S. Psychology, Auburn University
M.S. Child Development, Kansas State University
Ph.D. Child Development, Florida State University

Professional experience:
2008 September 2010 — Professor of Human Development and Family Science, College of Education and Human Ecology, The Ohio State University

2006-2008 — Dean, College of Education and Human Ecology, and Professor of Human Development and Family Science, the Ohio State University

1998-2006 — Dean, College of Human Ecology, and Professor of Human Development and Family Science, The Ohio State University
- Instrumental in developing an innovative partnership with the public schools in Columbus, Ohio, to establish a model world-class early childhood laboratory in low-income area of city.
- Created and evaluated international, national, state, and local initiatives designed to improve schools and enhance well-being of children and youth, particularly those in urban areas with vulnerable populations.
- Led large diverse academic communities in establishing multidisciplinary approaches to meeting the educational and developmental needs of children from birth through young adulthood.
- Enhanced school's research portfolio by ambitious faculty recruitment effort.
- Helped build an EdD program to complement the school's long-standing PhD program, allowing the school to maintain its focus on high-quality research while continuing to prepare practitioners for leadership roles in education.
- Led effort to merge two large and highly successful colleges at Ohio State, resulting in the creation of the College of Education and Human Ecology. He was subsequently appointed dean of the merged school.
- Administered longitudinal research studies funded by National Institute of Mental Health and National Institute of Drug Abuse focusing on prevention of adolescent and young adult problem behavior.
- Founded Center for Learning Excellence of the John Glenn Institute at The Ohio State University.

Prior to joining Ohio State, Andrews held positions at Oregon State where he served as associate professor and chair in the Department of Human Development and Family Studies, and at the University of Oregon where he was an adjunct associate professor in the Department of Psychology.

Greg Maloney: Project Coordinator

Greg Maloney is the owner of G & L Services Ohio which provides a variety of consultation services. Currently working on projects with The Ohio State University, Penn State University, and the Department of Defense, Maloney also works with the Education Service Center of Central Ohio (ESCCO) to administer a county-based education support program for students in foster care. Recent projects include conducting quality reviews for school districts and educational entities, administering a coaching program for an urban school district, securing grant funds, providing school improvement and special education support services, and conducting professional development activities. Maloney previously served as the State Director of Special Education in both Alaska and Ohio and administered an outreach program for homeless individuals and families in Hawaii. He has taught post-secondary courses in psychology, special education, and behavioral intervention. Maloney earned B.S. degrees in psychology and political science from the University of Oregon and his Education Specialist degree in school psychology from Western Illinois University. He served over two years in the Peace Corps in the Philippines.

Captain Joseph McBreen

Captain Joseph McBreen reported for his second tour at Naval Hospital Camp Lejeune in August 2009. A native of Spirit Lake, Iowa, he enlisted in the Navy in 1976. After completing Boot Camp and Hospital Corps School, McBreen was stationed at Naval Hospital Corpus Christi, Texas for duty as a ward corpsman. In 1977 he reported to Advanced Laboratory Technician School, Naval Hospital Corps School, San Diego, California. Upon completion of training in 1978 Hospital Corpsman Second Class McBreen received an Associates of Science Degree from George Washington University and was transferred to the Naval Regional Medical Center San Diego. Assigned to the Department of Clinical Chemistry, he was selected as an outstanding clinical instructor every year from 1978 to 1982. He received an Honorable Discharge as a Hospital Corpsman First Class in 1982. Captain McBreen then enrolled at the University of Minnesota and completed a Bachelors Degree in Physiology in 1984. He was accepted to the Uniformed Services University of the Health Sciences, F Edward Ebert School of Medicine, commissioned as an Ensign in the United States Navy Reserve. He was graduated in 1989, promoted to Lieutenant, augmented to the United States Navy and ordered to Naval Hospital San Diego for Internship and Residency in Pediatrics. He was a member of the Residency Training Committee. In 1992 he reported to Naval Hospital Rota, Spain, as a general pediatrician and became a member of the NASA remote landing site Space Shuttle Support Team, Chairperson of the Family Advocacy Committee, and Chairman of the Elementary School Advisory Committee. He was promoted to Lieutenant Commander in 1995 and transferred to the US Naval Academy for duty under instruction at the University of Maryland for Fellowship training in Behavioral and Developmental Pediatrics.

Upon completion of Fellowship in 1998 he was assigned as Head of the Educational and Developmental and Intervention Service at the National Naval Medical Center, Bethesda, Maryland. In 2001 he received promotion to Commander and reported to Naval Hospital Camp Lejeune as Head of Pediatrics, and subsequently Assistant Director of Primary Care and Director of Branch Clinics. He was a member of the Executive Steering Committee, the Executive Committee of the Medical Staff, Chairperson of the Credentials Committee, Head of the Educational and Developmental and Intervention Service, Head of the Operational forces Medical Liaison Service, Head of the Independent Duty Corpsman Program, and Head of Hospital Corpsman Sick Call Screeners Program. In 2006 he was transferred to the Bureau of Medicine and Surgery to be Director of Health Care support where he oversaw the Patient Administration Department, TRICARE Operations Department, Veterans Affairs/Department of Defense Department, Health Information Management / Coding Department, Educational and Developmental Services / Overseas Screening Department / Exceptional Family Member Program, Risk Management / Quality Management Department, Infection Control Department, Dental Health Care Support Department, Ancillary Services Department. He was promoted to Captain in 2007.

Captain McBreen holds a Medical Doctorate Degree with current licensure in Maryland, is a Fellow of the American Academy of Pediatrics, and a member of the Association of Military Surgeons of the United States, The American Academy of Pediatrics, The Society for Developmental and Behavioral Pediatrics. His personal awards include the Navy and Marine Corps Overseas Service Ribbon, Military Outstanding Volunteer Service Medal, National Defense Service Medal, Navy Good Conduct Medal, Navy/Marine Corps Achievement Medal, Navy/Marine Corps Commendation Medal, Meritorious Service Medal, and Legion of Merit.

Dr. Naomi Younggren

EDUCATION   Doctorate (Ph.D.) August 2005: Walden University; Early Childhood Special Education
Specialist Degree (Ed.S.) February 1997: St. Cloud State University
Master's Degree (M.S. Ed.) December 1985: University of North Dakota
Bachelor's Degree (B.S.) December 1984: University of North Dakota

WORK EXPERIENCE

Educational and Developmental Intervention Services (EDIS)
January 2008 - Present; Landstuhl, Germany

Comprehensive System of Personnel Development (CSPD) Coordinator
Serves as the US Army Medical Command (MEDCOM) Educational and Developmental Intervention
Services (EDIS) Early Intervention Comprehensive System of Personnel Development (CSPD) Manager.
Plans, develops, implements, coordinates and monitors the CSPD.

Central Texas College - Europe Campus
July 2005 - Present; Heidelberg and Ramstein, Germany

Adjunct Early Childhood Instructor
Adjunct instructor in the Early Childhood program. Approved to teach all early childhood program
courses. Courses taught include Children with Special Needs; Physical Development and Disorders in
Children; Instructional Techniques for Children with Special Needs; Creative Arts for Early Childhood;
Families, Schools and Community; Emergent Literacy for Early Childhood; The Infant and Toddler;
Administration of Programs for Children; and Math and Science in Early Childhood.

A more complete list of Dr. Younggren's work experience and publications is available upon request.

Dr. Joyce Downing

Joyce Anderson Downing, Ph.D. currently is Professor of Special Education and Associate Dean of the College of Education at the University of Central Missouri. With more than 30 years experience in education, she has taught students in public and private schools, and worked with young people in community corrections and mental health settings. Downing is author of the textbook "Students with Emotional and Behavioral Problems: Assessment, Management, and Intervention Strategies" published by Merrill/Prentice Hall. She currently serves as administrative director of the Midwest Center for Autism Spectrum Disorders, and is the principal investigator for THRIVE, a grant-funded post-secondary program for students with Intellectual Disabilities on the UCM campus.

Theron (Bill) East, Jr.

Dr. Bill East has over 40 years experience in the fields of education and mental health. He has been a high school teacher, supervisor in the Alabama mental health system, an adjunct college professor and an educational specialist in the Alabama State Department of Education. Dr. East was the state director of special education in Alabama from 1990-1998, and was honored by the Alabama Federation Council for Exceptional Children (CEC) as the outstanding special educator in Alabama. During his tenure as Alabama's State Director of Special Education, he represented the Department of Education as a member of the Alabama Institute for Deaf and Blind Board of Trustees. Dr. East served as president of the National Association of State Directors of Special Education (NASDSE), a membership organization representing states and federal jurisdictions responsible for implementing the Individuals with Disabilities Education Act (IDEA). In 1998, he joined NASDSE as the deputy executive director and was appointed the position of executive director in 1999. During his tenure at NASDSE, Dr. East has made numerous speeches across the nation on educational policy, special education implementation and other related matters. In addition to serving as the principal investigator for NASDSE's IDEA Partnership, Personnel Improvement Center (recruitment and retention), and Forum projects, he oversees a number of initiatives including NASDSE's professional development series and the organization's annual conference. Dr. East serves on several advisory groups in support of education for all students. Special areas of interest include transition from school to college and careers; Response to Intervention (RTI); school-based mental health and school safety; services for individuals with low-incidence disabilities; and communities of practice. Dr. East holds a BS degree in education from Jacksonville State University; masters and educational doctorate degrees from the University of Alabama; and a post-doctorate master's degree in educational leadership from Auburn University at Montgomery.

Dr. Laura L. Maddox

Laura L. Maddox received her Ph.D. in Special Education from the University of Nebraska-Lincoln and is the Assistant Director of the Boys Town Institute for Child Health Improvement. In this role, Dr. Maddox directs various grant-funded research and service projects that positively impact children and youth with disabilities and special health care needs. From 2008-2011, she co-directed the Barkley Autism Project, a university-based research and training project examining effective practices for young children with autism spectrum disorders (ASD) in inclusive settings. As the State Coordinator of the Nebraska ASD Network from 2003-08, she coordinated statewide educational training and technical assistance related to ASD. Her professional interests include the enhancement of educational policy and practice, early intervention, and the examination and implementation of evidence-based educational services in inclusive settings for children with ASD. Dr. Maddox has more than 18 years of experience as an administrator, consultant and teacher working with children and youth with disabilities.

Dr. Samuel L. Odom

Samuel L. Odom is the Director, Frank Porter Graham Center and Professor, School of Education, University of North Carolina at Chapel Hill.

<u>EDUCATION</u>

University of Tennessee Knoxville	Psychology	1967-1971	B.S.
University of Tennessee Knoxville	Special Education	1975-1976	M.S.
University of Tennessee Knoxville	Ed. Psych.	1978-1979	Ed.S.
University of Washington	Special Education	1979-1982	Ph.D.

<u>POSITIONS AND EMPLOYMENT</u>

2006-Present	Director, FPG Child Development Institute	UNC-Chapel Hill
	Professor, School of Education	
1999- 2006	Otting Professor of Special Education	Indiana University
1996-1999	William Friday Professor of Education	UNC-Chapel Hill
1986-1996	Professor (Assistant, Associate, Full) of Spec.Ed.	Vanderbilt University
1984-1986	Training Coordinator and Adjunct Professor	Indiana University
1982-1984	Research Associate, Department of Psychiatry	University of Pittsburgh
1979-1982	Doctoral Student and Project Coordinator	University of Washington
1976-1979	Special Education Teacher	Knoxville, TN

Dr. Odom has published extensively and a list of publications is available upon request.

Dr. Terrance M. Scott

Terrance M. Scott is a Professor, Chair of the Department of Special Education, and Distinguished University Scholar at the University of Louisville. Having received his Ph.D. in Special Education at the University of Oregon in 1994 (with an emphasis on emotional and behaviors) he has previously been a faculty member at the Universities of Kentucky, Florida, and Oregon. He has over 75 published articles, books, chapters, and training media on a variety of issues in the areas of behavioral disorders and behavioral support systems and has conducted over 600 presentations and training activities throughout the U.S., Canada, Ireland, and Australia. Dr. Scott has successfully competed for more than $5 million in federal research grant funding and, in 2004, received the Distinguished Early Career Award from the Research Division of the International Council for Exceptional Children. As a former counselor and teacher of students with seriously challenging behaviors, his research interests focus on school-wide prevention systems, the role of instructional variables in managing student behavior, functional behavior assessment/intervention, and scientific research in education.

Ms. Evelyn Shaw

Ms. Shaw is an Educational Consultant with the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill. Her research interest focuses on the translation of research on evidence-based interventions and practices to implementation of these practices at multiple levels (e.g. home, community, provider, program and state). She recently completed work on a grant funded by the Institute of Educational Sciences (IES) to evaluate comprehensive treatment models for young children with autism in which she monitored fidelity of implementation of the treatment model. As part of her current work with the National Professional Development Center on Autism Spectrum Disorders, funded by the US Department of Education, Office of Special Education Programs, she works with states to develop training, technical assistance and on-going coaching for their demonstration sites in early intervention and/or school programs for children and youth with ASD. The emphasis is on increasing the quality of the program environment, scaling functional, measurable IFSP outcomes or IEP goals in order to measure individual child progress, and implementation of specific evidence-based practices with fidelity. She provides coaching to state and local technical assistance providers who, in turn, coach teachers or interventionists. In the early intervention program sites, providers are supported to use a coaching process with the caregivers as a way to increase caregivers' use of evidence-based practices with their toddler. As a technical assistance specialist with the National Early Childhood Technical Assistance Center, funded by the US Department of Education, Office of Special Education Programs, translating knowledge and implementation of evidence-based practices to state early intervention and preschool programs for children with disabilities allows her to provide links between scientifically based knowledge, practice and policy development at a state infrastructure level.

Ms. Shaw earned undergraduate degrees in psychology and sociology, and her master's degree in special education from the University of North Carolina at Chapel Hill. A list of her peer-reviewed publications is available on request.

Dr. Brenda Smith-Myles

Brenda Smith Myles Ph.D., a consultant with the Ziggurat Group and the Education and Treatment Services Project for Military Dependent Children with Autism, is the recipient of the Autism Society of America's Outstanding Professional Award, the Princeton Fellowship Award, and the Council for Exceptional Children, Division on Developmental Disabilities Burton Blatt Humanitarian Award. Brenda has made over 600 presentations all over the world and written more than 175 articles and books on ASD including *Asperger Syndrome and Difficult Moments: Practical Solutions for Tantrums, Rage, and Meltdowns* (with Southwick) and *The Hidden Curriculum: Practical Solutions for Understanding Unstated rules in Social Situations.* In addition, she served as the co-chair of the National ASD Teacher Standards Committee and was on the National Institute of Mental Health's Interagency Autism Coordinating Committee's Strategic Planning Consortium. Myles is also on the executive boards of several organizations, including the Organization for Autism Research and ASTEP – Asperger Syndrome Training and Education Program. In addition, in the latest survey conducted by the University of Texas, she was acknowledged as the second most productive applied researcher in ASD in the world.

Dr. Michael L. Wehmeyer

Michael L. Wehmeyer, Ph.D. is Professor of Special Education; Director, Kansas University Center on Developmental Disabilities; and Associate Director, Beach Center on Disability, all at the University of Kansas. Dr. Wehmeyer is engaged in teacher personnel preparation in and has directed federally funded projects totaling in excess of $25 million conducting research and model development pertaining to the education and support of youth and adults with intellectual and developmental disabilities. He is the author of 270 peer-reviewed journal articles or book chapters and has authored or edited 28 books on disability and education related issues, including issues pertaining to self-determination, transition, access to the general education curriculum for students with severe disabilities, and technology use by people with cognitive disabilities. He is Past-President of the Board of Directors for and a Fellow of the American Association on Intellectual and Developmental Disabilities (AAIDD); a past president of the Council for Exceptional Children's Division on Career Development and Transition; a Fellow of the American Psychological Association, Intellectual and Developmental Disabilities Division (Div. 33), and former Editor-in-Chief of the journal *Remedial and Special Education*. He is a co-author of the AAIDD Supports Intensity Scale, and a co-author the 2010 AAIDD Intellectual Disability Terminology, Classification, and Systems of Supports manual. In 1999 Dr. Wehmeyer was the inaugural recipient of the Distinguished Early Career Research Award from the Council for Exceptional Children's Division for Research, and he has received research awards from CEC's Division on Autism and Developmental Disabilities and Division on Career Development and Transition, Region V of the AAIDD, and the Kansas Federation of CEC and, in 2004, from the University of Kansas School of Education, as well as receiving the 2003 AAIDD National Education award. Dr. Wehmeyer is a frequent speaker, including internationally, and holds undergraduate and Master's degrees in special education from the University of Tulsa and a Masters degree in experimental psychology from the University of Sussex in Brighton, England, where he was a Rotary International Fellow. He earned his Ph.D. in Human Development and Communication Sciences from the University of Texas at Dallas.

Dr. Susan Wilczynski

Dr. Wilczynski is the Plassman Family Distinguished Professor of Special Education and Applied Behavior Analysis. Before joining the faculty at Ball State University, she served as the Executive Director of the National Autism Center, where she chaired the National Standards Project. She developed the first center-based treatment program in the state of Nebraska while on faculty at the University of Nebraska Medical Center. She has edited multiple books and manuals on evidence-based practice and autism and has published scholarly works in the Journal of Applied Behavior Analysis, Behavior Modification, Focus on Autism and Other Developmental Disabilities, and Psychology in the Schools. She is a licensed psychologist and a board certified behavior analyst.

Ms. Jennifer Binkley

LICENSURE

Nevada Teaching License # 0000011358 - 2015

Indiana Teaching License #988576 - August, 2012

BCBA certification in progress- Estimated Completion January, 2012

DODEA Teaching License-8/21/12

TESOL Endorsement- In Process

DEGREES

University of Nevada Las Vegas- Master or Education- December, 2004

Saint Mary-of-the-Woods College- Bachelor of Science- May, 1992

Florida Institute of Technology-BCBA coursework-Aug-December 2011

WORK EXPERIENCE

DODEA/DDESS: August 2010-PRESENT

ISS –AU- Provide training and technical assistance to parents and teachers relating to students with Autism other behavioral needs. Developed training modules for staff and parents relative to evidence based interventions and collaborated with District Special Education Coordinators and EFMP coordinators to ensure access to appropriate services for students identified as having an ASD, consulted with general education teachers on strategies to include children with ASD into the classroom.

Sierra Nevada College- Las Vegas, Nevada; 1/2010- Present

Adjunct Instructor- Autism Program- Developed and taught courses required for Autism endorsement in Nevada, courses taught include Language Development and Autism (ASD 503) and Autism and Behavior (ASD 502)

UNLV Center for Autism- Las Vegas, Nevada; ***1/2010- Present***

Volunteer Presenter- Designed and Implemented presentations for parents and providers specific to Token Economy Systems, Visual Supports and Reinforcement Strategies. Assisted in data collection relating to Autism Research

Positive Behavior Supports of Nevada; 1O/2009-Present

Volunteer PBS Trainer-Conducted provider and parent trainings related to positive behavior supports, provided behavior consultation services for young children and adults identified as having Autism or Developmental Delays.

Clark County School District- Las Vegas, Nevada; 8/2009-Present

Early Childhood Instructional Interventionist- Duties included Staff Development and training specific to curriculum, IEP Development, Functional behavior Assessments, Behavior plan writing, Room Arrangement, PECS, and Non Violent Crisis Prevention Intervention, Creative Curriculum,

Additional information regarding Ms. Binkley's work experience is available upon request.

Ms. Jill Kleinheinz

EDUCATION

Autism Certification, University of Central Florida, 2010

M.A., Education and Human Development, George Washington University, Washington, D.C., 1995

B.A., Marketing, Kent State University, Kent, OH, 1988

U.S. Peace Corps Training, Small Business Development Concepts and Application, Cross-Cultural Studies, Spanish, June 1988-September 1988

EMPLOYMENT

Autism Consultant- DoDDS Pacific DDESS Guam; March 2006-present; September 2000-June 2003

- Provide educational support, professional development and consultation to DoDDS Pacific DDESS Guam schools
- Develop educational and behavioral plans for individual students
- Provide staff development to service providers, parents and community members at the school and district levels
- Serve as principal consultant to the District Special Education Coordinators regarding the best practices and programming needs for students with an Autism Spectrum Disorder (ASD)
- Develop individual After Action Reports outlining specific strategies and recommendations to support students and ensure highest student achievement
- Ensure early resolution of conflicts by taking a proactive role when working with the teachers, Case Study Committees and District Special Education Coordinators
- Participate as a member of special education monitoring teams to ensure that performance-driven, efficient management systems are in place at the school level
- Advise Case Study Committees on pre-referral activities, observation techniques, and development of appropriate assessment plans
- Provide in-home support to the families of the students with ASD
- Collaborate with Educational Development Intervention Services (EDIS) and Exceptional Family Member Program (EFMP) to support the parents of students with ASD
- Conduct EFMP overseas screenings for families of students with special needs
- Case manage special education students diagnosed with ASD who are in the Non-DoDDs Schools Program (NDSP)
- Procure curricular materials and resources for program development
- Disseminate information regarding current educational best practices, trends, and methodologies to teachers, parents and community organizations (EFMP, EDIS)
- Co-authored DoDEA's Reaching and Teaching Children with Autism Spectrum Disorders: A Best Practices Guide

Additional information regarding Ms. Kleinheinz's work experience is available upon request.

Appendix B: State Summaries

Summaries of the early intervention and school age special education service systems in each state are presented next. The states are arranged alphabetically with the EI summary presented first followed by the school age summary.

ARIZONA: EI

I.   *Lead Agency for Early Intervention (EI) Services*. The [Arizona Early Intervention Program](#) (AzEIP) is located within the Arizona Department of Economic Security.

II.   *Eligibility Criteria for EI Services*. Early intervention services are available to:
 "a child between birth and 36 months of age who is developmentally delayed or who has an established condition which has a high probability of resulting in a developmental delay, as defined by the State."

Definition of Developmental Delay: A child is considered to be developmentally delayed when s/he has not reached 50% of the developmental milestones, expected at her/his chronological age, in one or more of the following areas:

- cognitive development;
- physical development;
- communication development;
- social or emotional development; and,
- adaptive development.

Established conditions which have a high probability of developmental delay include, but are not limited to, those listed at [AzEIP Eligibility](#).

III.   *Number of Children Served.* 5,301 infants and toddlers were reported served for the 2010 AzEIP child count.

IV.   *Support Service Structure*. The AZ Dept. of Economic Security administers the AzEIP through a network of 12 contractor agencies that provide service coordination, referral, screening, evaluation, IFSP development, and direct services. AzEIP uses a primary service provider model with coaching provided by other team members. More information is available at [Team-Based Model](#).

V.   *Initial Family Contact.* The local AzEIP offices serve as the initial point of contact for families. Referral and contact information is available at [AzEIP Referral/Contact Information](#).

VI.   *Services for At-Risk Children*. Families with children who are at-risk but not eligible for AzEIP may be able to obtain support through [First Things First](#), a statewide program serving children birth to 5. Information on additional resources may be obtained from the local AzEIP agency, the PTI agency listed below, and the Resource Directory listed below.

VII.   *Family Cost Participation.* Families earning 200% or more of the Federal Poverty Guidelines will be required to pay a percentage of the early intervention services they receive. Families do not pay for service coordination, evaluations, or IFSP development or for services covered by public or private insurance. More information is available at [Family Cost Participation](#).

VIII.   *Insurance Coverage for ASD Services*. AZ requires insurers to cover some services for children with ASD. See [AZ Insurance](#) for more information.

IX. ***Parent Training and Information (PTI) Center.*** Raising Special Kids is the PTI for Arizona. Additional support for parents in Cochise, Gila, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, and Yuma counties is provided by Pilot Parents of Southern Arizona through a partnership with Raising Special Kids.

X. ***Early Childhood School Services Information***. Information regarding school services for children ages 3-5 in Arizona is available from the local school district, the local AzEIP agency, and the PTI. Additional information is available at AZ Early Childhood Education or by contacting the

Arizona Dept. of Education
Phone: (602) 364-1948

XI. ***State EI Resources.*** A central directory of information and resources related to early intervention services is available at AZ Resource Directory.

ARIZONA: School Age

I.   *Educational Definitions of Disabilities*

   A. Autism (ASD): Consistent with IDEA.

   B. Intellectual Disability (ID): Definition is consistent with IDEA and further defines mild, moderate, and severe levels of impairment;

   C. Emotional/Behavioral Disorder (E/BD): Uses *emotional disability* and definition is consistent with IDEA.

   More detailed information is available at Disability-Related Information.

II.   *Numbers of Students with Disabilities Served*. For the 2010 child count, AZ reported the following numbers of students:

   A. ASD: 7, 542, 6th highest among disability populations and 13% higher than 2009;

   B. ID: 7,870, 5th highest among disability populations and 5% lower than 2009;

   C. E/BD: 7,982, 4th highest among disabilities populations and 2% lower than 2009.

III.   *Support Service Structure*. The AZ Department of Education, Exceptional Student Services (ADE/ESS) sponsors the Parent Information Network Specialists (PINS). PINS are located throughout the state and provide a wide range of services for parents and school staff, including phone consultation, training, and resource information. Locations and contact information for PINS is available at PINS Contact Info.

IV.   *Task Forces.* Legislation creating the Autism Spectrum Disorder Task Force was enacted in 2010. Its purpose is to review the coordination of services; identify problems and recommend solutions regarding the availability of services; identify current funding sources; recommend opportunities for the sharing of resources and services; identify evidence-based treatments and best practices; and identify state models and service systems for persons with autism spectrum disorder.

   AZ also created the Best Practices in Special Education and Behavior Management Task Force. Its purpose was to examine, evaluate and make recommendations concerning best practices for managing the behavior and discipline of pupils with disabilities. Its report, including recommendations, is available at Best Practices in Special Education & Behavior Mgmt. Report.

V.   *Statewide Disability Clearinghouse*. AZ does not have a statewide disability clearinghouse.

VI.   *Disability Scholarship Programs*. The AZ Empowerment Scholarship Accounts Program (ESA) program provides eligible families of children with disabilities with funds to purchase educational supports, including private school tuition, curriculum materials, tutoring, etc. The ESA replaces the Arizona Scholarship for Pupils with Disabilities. An additional corporate tax credit program, called *Lexie's Law,* funds school-choice scholarships for students with disabilities. More information available at School Choice Programs.

VII.   *Insurance Coverage for ASD Services*. AZ requires insurers to cover some services for children with ASD. See AZ Insurance for more information.

VIII.   *TRICARE-Approved ABA Providers*. As of June 30, 2011, AZ had 34 supervisors (direct service providers) and 153 tutors (assistants requiring supervision to provide services).

IX.   *Secondary Transition Resources*. Information and resources related to secondary transition in AZ is available at AZ Secondary Transition.

X.   *Parent Training and Information (PTI) Centers.* Raising Special Kids is the AZ PTI. Additional support for parents in Cochise, Gila, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, and Yuma counties is provided by Pilot Parents of Southern Arizona through a partnership with Raising Special Kids.

XI.   *Military Interstate Children's Compact Commission (MIC3).* AZ is a member of the MIC3.

XII.   *Special Education Resources*. Information on resources available to parents in AZ is available from the local school district, the local PINS, and the parent agencies listed above. Additional information and resources are available at Special Education Resources or by contacting the

ADE/ESS Parent Information Network
Phone: (928) 679-8106 or 1-800-352-4558

CALIFORNIA: EI

I.   ***Lead Agency for Early Intervention (EI) Services***: California's Early Start program is administered by the Department of Developmental Services, Children and Family Services Branch.

II.   ***Eligibility Criteria for EI Services***. Infants and toddlers from birth to 36 months may be eligible for early intervention services if through documented evaluation and assessment they meet one of the criteria listed below:

1. [They] have a developmental delay in either cognitive, communication, social or emotional, adaptive, or physical and motor development including vision and hearing and are under 24 months of age at the time of referral, with a 33% delay in one or more areas of development or are 24 months of age or older at the time of referral, with a 50% delay in one area of development or a 33% delay in two or more areas of development; or

2. [They] have an established risk condition of known etiology, with a high probability of resulting in delayed development.

Complete eligibility criteria are available at CA EI Eligibility.

III.   ***Number of Children Served***. 30,754 infants and toddlers were reported served for the 2010 child count.

IV.   ***Support Service Structure***. The CA Dept. of Developmental Services, Children and Family Services Branch administers the Early Start program through a network of 21 regional centers that provide service coordination, referrals, screenings, evaluations and assessments, and IFSP development. These centers also provide or arrange for the provision of direct services.
Additional support is provided through 47 Family Resource Centers (FRC) that are staffed by parents of children with special needs and provide information and parent-to-parent support.

V.   ***Initial Family Contact***: Families should call 1-800-515-BABY (2229) or access the online Early Start Central Directory to identify the service provider for their area.

VI.   ***Services for At-Risk Children***. Families who have concerns regarding their child's development should call 1-800-515-BABY (2229) or access the online Early Start Central Directory to learn more about available services and support.

VII. ***Family Cost Participation***. As of July 1, 2011, parents whose adjusted gross family income is at or above 400% of the federal poverty level based upon family size will be charged a participation fee of $200.There is no cost for evaluation, assessment and service coordination. Public or private insurance is accessed for medically necessary therapy services including speech, physical and occupational therapies. California also has the Family Cost Participation Program (FCPP) for families who have children receiving day care, respite, and/or camping services Family Cost Participation.

VIII. ***Insurance Coverage for ASD Services***. CA requires insurers to cover some services for children with ASD. See CA Insurance for more information.

IX.   ***Parent Training and Information (PTI) Center(s).*** California has three sets of family support groups:
- 7 PTI Centers;
- 5 Community Parent Resource Centers (CPRCs) that provide support for parents from under-represented populations; and
- 14 Family Empowerment Centers (FECs), that includes the 7 PTIs.

Organizational information and contacts are provided at [CA Parent Organizations](#).

X.   ***Early Childhood Special Education Services***. Information about early childhood special education in California is available from the local school district, the local regional center, and the various parent organizations. Additional information is available from [Early Childhood Special Education](#) or by contacting the

California Dept. of Education
Phone: (916) 327-3702

XI.   ***State EI Resources***. A comprehensive listing of early intervention resources is available at [Early Start Central Directory](#).

CALIFORNIA: School Age

I. *Educational Definitions of Disabilities*

  a. Autism (ASD): uses *autistic-like behaviors* definition is consistent with IDEA.

  b. Intellectual Disability (ID): Definition is consistent with IDEA.

  c. Emotional/Behavioral Disorder (E/BD): Uses *serious emotional disturbance* and definition is consistent with IDEA.

  More detailed eligibility information is available at Eligibility Categories.

II. *Numbers of Students with Disabilities Served*. For the 2010 child count, California reported the following numbers of students:

  a. *ASD:*   65,815; 3rd highest among disability populations and 9.7% higher than 2009;

  b. *ID:*   42,342; 5th highest among disability populations and slightly higher than 2009;

  c. *E/BD:*   26,438; 6th highest among disabilities populations and 3% lower than 2009.

III. *Support Service Structure*. Special Education Local Plan Areas (SELPAs) provide regional special education support to member districts. Currently, 119 SELPAs provide services in California. Three Regional Diagnostic Centers also provide support to local districts and families for assessing children with autism and other disorders.

IV. *Task Forces.* The California Superintendent of Public Instruction's Autism Advisory Committee was created in 2006 and composed school personnel, service providers, medical personnel, and other stakeholders. The group completed a statewide review of ASD policies in California in 2007.

V. *Statewide Disability Clearinghouse*. CA does not have a statewide disability clearinghouse.

VI. *Disability Scholarship Program*. CA does not have a disability scholarship program.

VII. *Insurance Coverage for ASD Services*. CA requires insurers to cover some services for children with ASD. See CA Insurance for more information.

VIII. *TRICARE-Approved ABA Providers*. As of June 30, 2011, CA had 334 supervisors (direct service providers) and 3,327 tutors (assistants requiring supervision to provide services).

IX. *Secondary Transition Resources*. Information and resources related to secondary transition in CA is available at CA Secondary Transition.

X. *Parent Training and Information (PTI) Centers.* CA has three sets of family support groups:

  * 7 PTI Centers;
  * 5 Community Parent Resource Centers (CPRCs) that provide support for parents from under-represented populations; and
  * 14 Family Empowerment Centers (FECs), that includes the 7 PTIs.

Organizational information and contacts are provided at [CA Parent Organizations](#).

XI.   ***Military Interstate Children's Compact Commission (MIC3).*** CA is a member of the MIC3.

XII.   ***Special Education Resources***. Information on resources available to parents in CA is available from the local school district, the local SELPA, and the parent agencies listed above. Additional information and resources are available at [Family Involvement & Partnerships](#) and at [Disability Resources](#).

XIII.   ***Military Education Resources***. Information and resources specifically identified for military-connected families in MD may be found at [CA Military Education Resources](#).

COLORADO: EI

I. ***Lead Agency for Early Intervention (EI) Services***. The Early Intervention Colorado program is administered by the Department of Human Services, Division for Developmental Disabilities.

II. ***Eligibility Criteria for EI Services***. To be eligible for EI services, a child between birth through 2 years of age living in Colorado must meet one or both of the following criteria:

1. Developmental Delay. Your child may be determined eligible because he or she has a significant delay in one or more of these developmental areas:
    - Adaptive or self-help skills, such as feeding and dressing;
    - Cognitive skills, such as thinking, learning, and reasoning;
    - Communication skills, such as understanding and using sounds, gestures, and words, pointing, understanding your words, expressing thoughts;
    - Physical development, such as vision, hearing, movement and health; and
    - Social-emotional development, such as getting along with others, expressing feelings, developing relationships.

2. Established Physical or Mental Condition.   Your child may be determined eligible because he or she has been diagnosed with a physical or mental condition that has a high probability of resulting in a significant delay in development as your child gets older, even though he or she may not currently have an observable delay or disability. More information is available at CO Referral & Eligibility.

III. ***Number of Children Served***. 5,394 children were reported served for the 2010 child count.

IV. ***Support Service Structure***. The Department of Human Services contracts with 20 Community-Centered Boards (CCB) to provide service coordination, referrals, screenings, evaluations and assessments, and IFSP development. They also provide or arrange for the provision of direct services for children.

V. ***Initial Family Contact***. The local CCB serving a specific geographic area is the initial contact for families seeking early intervention services.   The Community Centered Board serving a specific area can be found at CCB Directory.

VI. ***Services for At-Risk Children***. Information regarding supports and services for children who demonstrate at-risk characteristics is available from The Resource Exchange. The local CCB and the PTI listed below can also provide information.

VII. ***Family Cost Participation***. CO does not require parents to pay a fee for services. Public and private insurance may be accessed with parental permission. More information is available at Funding EI Services.

VIII. ***Insurance Coverage for ASD Services***. CO requires insurers to cover some services for children with ASD. See CO Insurance for more information.

IX.   ***Parent Training and Information (PTI) Centers***. The Peak Parent Center is Colorado's statewide PTI agency. Additional support for parents in the Denver area is provided by the Denver Metro Community Parent Resource Center .

X.   ***Early Childhood Special Education Services***. Information about early childhood special education in Colorado is available from the local school district, the local regional center, and the various parent organizations. Additional information is available from Early Childhood Initiatives or by contacting the

Colorado Dept. of Education
Phone: (303) 866-6720

XI.   ***State EI Resources***. A comprehensive listing of early intervention resources for families is provided at Parent/Family Resources.

COLORADO: School Age

I. **Educational Definitions of Disabilities**

   a. Autism (ASD): Consistent with IDEA definition.

   b. Intellectual Disability (ID): Uses *Significant Limited Intellectual Capacity* (SLIC) and definition is consistent with IDEA.

   c. Emotional/Behavioral Disorder (E/BD): Uses *Significant Identifiable Emotional Disability* (SIED) and definition is consistent with IDEA.

   More detailed information is available at Specific Disabilities.

II. *Numbers of Students with Disabilities Served*. For the 2010 child count, CO reported the following numbers of students:

   a. *ASD:*   3,786; 5th highest among disability populations and 19.2% higher than 2009;

   b. *ID:*   2,986; 6th highest among disability populations and 2% lower than 2009;

   c. *E/BD:*   6,679; 4th highest among disabilities populations and 5 % lower than 2009.

III. *Support Service Structure*. The CO Dept. of Education oversees the special education services provided by school districts and specialized programs. More information is available at CO Special Education.

IV. *Task Forces.* The CO Autism Commission was created in 2008 to review issues related to Autism and to create a 10 year strategic plan. Its report is available at Autism Commission Report.

V. *Statewide Disability Clearinghouse*. CO does not have a statewide disability clearinghouse.

VI. *Disability Scholarship Program*. CO does not have a disability scholarship program.

VII. *Insurance Coverage for ASD Services*. CO requires insurers to cover some services for children with ASD. See CO Insurance for more information.

VIII. *TRICARE-Approved ABA Providers*. As of June 30, 2011, CO had 50 supervisors (direct service providers) and 185 tutors (assistants requiring supervision to provide services).

IX. *Parent Training and Information (PTI) Centers.* The Peak Parent Center is CO's statewide PTI agency with additional support provided by the Denver Metro Community Parent Resource Center .

X. *Secondary Transition Resources*. Information and resources related to secondary transition in CO is available at CO Secondary Transition.

XI. *Military Interstate Children's Compact Commission (MIC3).* CO is a member of the MIC3.

XII. *Special Education Resources*. Information on resources available to parents in CO is available from the local school district and the parent agencies listed above. Additional information and resources is available from Parent Information & Resources.

FLORIDA: EI

I. ***Lead Agency for Early Intervention (EI) Services***: The Early Steps program is located within the Florida Department of Health, Children's Medical Services (CMS).

II. ***Eligibility Criteria for EI Services***: A child under the age of three is eligible for services if he/she has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay or has developmental delay. If the child has an established condition that has a high probability of resulting in a developmental delay [the child may also be eligible].

1. Developmental delay meets or exceeds 1.5 standard deviations below the mean in two or more developmental domains or 2.0 standard deviations below the mean in one or more of the following developmental domains:

- Cognitive
- Physical (including vision and hearing)
- Communication
- Social or Emotional
- Adaptive

2. Established conditions fall into one of the following areas:

- Genetic and metabolic disorders
- Neurological disorder
- Autism Spectrum Disorder
- Severe attachment disorder
- Significant sensory impairment (vision/hearing)
- Infants who weigh less than 1,200 grams at birth.

More information is available at Eligibility Criteria.

III. ***Number of Children Served***. 14,205 children were reported for the 2010 child count.

IV. ***Support Service Structure***. The CMS oversees a network of Local Early Steps agencies that are regionally located and serve children based on the child's physical address. These agencies provide service coordination, referral, screening, evaluation and assessment, and IFSP development. They also either provide or arrange for the provision of direct services to children.

V. ***Initial Family Contact***. The local Early Steps agency is the initial contact for families. To identify and contact the appropriate agency, families can use the Early Steps Directory. Families can also call (800) 654-4440 for more information or to make a referral.

VI. ***Services for At-Risk Children***. A variety of supports for at-risk children who do not meet the EI criteria may be available. Families may contact the local Early Steps agency or the PTI organizations listed below for specific information about available services in their area.

VII. ***Family Cost Participation***. Florida does not have a cost participation program. Provider agencies and/or direct service providers may access private insurance, Medicaid and TRICARE with parental permission.

VIII. *Insurance Coverage for ASD Services*. FL requires insurers to cover some services for children with ASD. See FL Insurance for more information.

IX. *Parent Training and Information (PTI) Center(s).*   Florida has 5 PTI agencies:

- Central Florida Parent Center (serves 30 counties in central and northeast Florida);
- Parent Education Network Project (serves Dade, Broward, Palm Beach, Monroe, Collier, Lee, Hendry, Martin, and Glades counties)
- Parent to Parent of Miami Inc. (serves Miami, Dade and Monroe counties)
- Parents of the Panhandle Information Network (serves Northwest Florida from Escambia County to Alachua County)
- VISIONS (serves Native American families and as a resource for Parent Centers and others.)

X. *Early Childhood School Services Information*. Information about early childhood special education in Florida is available from the local school district, the local Early Steps agency, and the PTI centers. Additional information is available from Early Childhood Special Education or by contacting the

Florida Dept. of Education
Phone: (850) 245-0478

XI. *State Resources*. A comprehensive list of state and local resources is available at Florida's Central Directory or (800) 654-4440. Additional information is available from The Family Cafe which sponsors a statewide annual conference for service providers and those impacted by disabilities.

FLORIDA: School Age

I.   **Educational Definitions of Disabilities**
   a. *Autism (ASD)*: Consistent with IDEA definition.
   b. *Intellectual Disability (ID)*: Consistent with IDEA.
   c. *Emotional/Behavioral Disorder (E/BD)*: Consistent with IDEA.

   More detailed information is available at FL Eligibility.

II. *Numbers of Students with Disabilities Served*. For the 2010 child count, FL reported the following numbers of students:
   a. *ASD:*   19,276; 7th highest among disability populations and 14.8% higher than 2009;
   b. *ID:*   28,451; 4th highest among disability populations and 4.5% lower than 2009;
   c. *E/BD:*   22,850; 6th highest among disabilities populations and 10.1% lower than 2009.

III. *Support Service Structure*. The Florida Dept. of Education-Bureau of Exceptional Education and Student Services (FDOE) provides oversight for the special education services provided by school districts. It also utilizes the FL Diagnostic and Learning Resources System (FDLRS), which consists of 19 regional centers that provide diagnostic, instructional, and technology support for families of children with disabilities and district exceptional education programs. The FL Legislature provides funding for the Centers for Autism & Related Disabilities (CARD) that consist of 7 university-based programs to provide information and consultation for children and adults, and their families.

IV. *Task Forces.* The Governor's Task Force on Autism Spectrum Disorder was established in 2008 and submitted its final report and recommendations in March 2009. More information including the final report is available at FL ASD Task Force.

V.   *Statewide Disability Clearinghouse*. FL does not have a statewide disability clearinghouse, although the Governor's Task Force on ASD recommended the implementation of a "Statewide Autism Website."

VI. *Disability Scholarship Program*. The McKay Scholarship Program is a school-choice program for eligible parents of children with disabilities.

VII. *Insurance Coverage for ASD Services*. FL requires insurers to cover some services for children with ASD. See FL Insurance for more information.

VIII. *TRICARE-Approved ABA Providers*. As of June 30, 2011, FL had 232 supervisors (direct service providers) and 519 tutors (assistants requiring supervision to provide services).

IX. *Parent Training and Information (PTI) Centers.*   Florida has 5 PTI agencies:

   • Central Florida Parent Center: http://www.cflparents.org/ (serves 30 counties in central and northeast Florida);
   • Parent Education Network Project: http://www.fndfl.org/projects/pen/index.asp (serves Dade, Broward, Palm Beach, Monroe, Collier, Lee, Hendry, Martin, and Glades counties)

- Parent to Parent of Miami Inc.: http://www.ptopmiami.org (serves Miami, Dade and Monroe counties)
- Parents of the Panhandle Information Network: www.fndfl.org/popin.htm (serves Northwest Florida from Escambia County to Alachua County)
- VISIONS: http://www.fndvisions.org (serves Native American families and as a resource for Parent Centers and others).

X.   ***Secondary Transition Resources***. Information and resources related to secondary transition in FL is available at FL Secondary Transition.

XI.   ***Military Interstate Children's Compact Commission (MIC3).*** FL is a member of the MIC3.

XII.   ***Special Education Resources***. Information on resources available to parents in FL is available from the local school district, the local FDLRS, and the parent agencies listed above. Additional information and resources are available at BEESS Resource & Information Center. Families may also call the Agency for Persons with Disabilities at 1-866-273-2273 for information and referrals.

XIII.   ***Military Education Resources***. Information and resources specifically identified for military-connected families in MD may be found at FL Military Education Resources.

GEORGIA: EI

I. ***Lead Agency for Early Intervention (EI) Services***: Babies Can't Wait *(BCW)*, Georgia's statewide early intervention program, is located within the Georgia Department of Public Health, Maternal and Child Health Programs.

II. ***Eligibility Criteria for EI Services***: Children between birth and 36 months of age who reside in Georgia are eligible if they are

CATEGORY 1 - Infants and Toddlers with Established Risk for Developmental Delay
Children who have an established risk of developmental delay due to a diagnosed physical or mental condition of known etiology and significant developmental consequences are considered to have a Category 1 condition, regardless of whether a delay is manifested at the time of identification. Please refer to the Category 1 Conditions List for eligible diagnoses.

CATEGORY 2 - Infants and Toddlers with a Significant Developmental Delay
… A delay is considered significant when standardized measures yield a score of 2 standard deviations below the mean in one or more of the five developmental domains or at least 1.5 standard deviations below the mean in two or more of the five developmental domains and/or the child's developmental issues interfere with their functional ability when compared with peers.

III. ***Number of Children Served***. 6,015 infants and toddlers were reported served for the 2010 child count.

IV. ***Support Service Structure***. The Georgia Dept. of Public Health administers BCW through 18 district offices located throughout the state. These provide service coordination, referrals, screening, evaluations and assessments, and IFSP development. They also provide or arrange for the provision of direct services. BCW uses the Primary Service Provider model in which an IFSP team member is the primary service provider for a family using coaching from other IFSP team members. The district BCW office that serves a family's physical location can be located using the Coordinator Directory.

V. ***Initial Family Contact***. Children 1st, also a part of the Georgia Dept. of Public Health, serves as the initial point of contact for families. It has 18 district offices and refers families to appropriate programs to meet their children's needs, including local Baby Can't Wait offices.

VI. ***Services for At-Risk Children***. Children 1st provides support services for at-risk children who do not meet EI eligibility criteria. Participation is voluntary and there are no financial requirements for participation. Additional information is available from the local BCW agency or the PTI listed below.

VII. ***Family Cost Participation***. GA has recently amended its family cost participation program so that families are now charged a flat fee per month. Families that earn an annual adjusted gross income at or above 200% of the federally established poverty level will be charged, based on a sliding fee schedule, somewhere between $5 and $100 monthly for services. The monthly fee increases 50% for each additional child receiving services. Service coordination and eligibility assessments are provided at no cost. More details are available at Family Cost Participation.

VIII. ***Insurance Coverage for ASD Services***. GA does not require insurers to cover some services for children with ASD. See ASD Insurance Coverage for more information.

IX. ***Parent Training and Information (PTI) Center***. Parent to Parent of Georgia Inc. is the statewide PTI.

X. ***Early Childhood School Services Information***. Information regarding school services for children with disabilities ages 3-5 is available from the local school district, the local BCW office, and the PTI. Additional information is available at GA Special Education or by contacting the

Georgia Dept. of Education
Phone: (404) 657-9965

XI. ***State EI Resources***. Parent to Parent of Georgia Inc. maintains the statewide BCW resource directory. The directory may be accessed at Resource Directory or by calling (800) 229-2038 for assistance.

GEORGIA: School Age

I. **Educational Definitions of Disabilities**

    a. *Autism* (ASD): Consistent with IDEA definition.

    b. *Intellectual Disability* (ID): Definition consistent with IDEA but also specifies four levels of impairment: Mild, Moderate, Severe, and Profound.

    c. *Emotional/Behavioral Disorder* (E/BD): Definition is consistent with IDEA.

    More detailed information is available at <u>Eligibility Categories</u>.

II. ***Numbers of Students with Disabilities Served***. For the 2010 child count, CO reported the following numbers of students:

    a. *ASD:*   11,271; 7th highest among disability populations and 9.2% higher than 2009;

    b. *ID:*   17,866; 5th highest among disability populations and 5.1% lower than 2009;

    c. *E/BD:*   15,658; 6th highest among disabilities populations and 7.4% lower than 2009.

III. ***Support Service Structure***. The <u>GA Learning Resource System</u> is comprised of 17 regional resource centers that provide training and resources to parents and school staff.

IV. ***Task Forces.*** GA does not have a disability task force. Legislation was introduced in 2010 to establish a task force but it did not pass*.*

V. ***Statewide Disability Clearinghouse***. GA does not have a statewide disability clearinghouse.

VI. ***Disability Scholarship Program***. The <u>GA Special Needs Scholarship Program</u> is a parent-choice program for parents of children with disabilities. Scholarship amounts average $6,000 per year and range from $2,500 to $13,000.

VII. ***Insurance Coverage for ASD Services***. GA does not require insurers to cover some services for children with ASD. See <u>ASD Insurance Coverage</u> for more information.

VIII. ***Insurance Coverage for ASD Services***. GA does not require insurers to cover some services for children with ASD. See <u>ASD Insurance Coverage</u> for more information.

IX. ***TRICARE-Approved ABA Providers***. As of June 30, 2011, GA had 46 supervisors (direct service providers) and 107 tutors (assistants requiring supervision to provide services).

X. ***Parent Training and Information (PTI) Centers.***   <u>Parent to Parent of Georgia Inc.</u> is the statewide PTI.

XI. ***Secondary Transition Resources***. Information and resources related to secondary transition in GA is available at <u>GA Secondary Transition</u>.

XII. ***Military Interstate Children's Compact Commission (MIC3).*** GA is not a member of the MIC3.

XIII. ***Special Education Resources***. Information on resources available to parents in GA is available from the local school district, the regional GLRC, and the parent agency listed above. Additional information and resources is available from Special Needs Resources.

HAWAII: EI

I.   *Lead Agency for Early Intervention (EI) Services*: The Hawaii Department of Health, Early Intervention Section (EIS) is the lead agency for Part C.

II.   *Eligibility Criteria for Early Intervention Services*: Eligibility criteria include Developmentally Delayed and/or Biologically at-risk.
Developmentally Delayed means a delay in one or more of the 5 areas of development:

- Physical
- Cognitive
- Communication
- Social or emotional
- Adaptive

Biologically At-Risk means a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay if early intervention services are not provided. Types of eligible conditions are described at HI EI Eligibility.

III.   *Number of Children Served*. 1,926 infants and toddlers were reported for the 2010 child count.

IV.   *Support Service Structure*. The EIS administers the early intervention program in Hawaii through a network of public and privately contracted agencies. Staff and contracted personnel provide service coordination, referral, evaluation and assessment, IFSP development, and direct services on Oahu and neighboring islands.

V.   *Initial Family Contact*. The EIS has established H-KISS (Hawaii Keiki Information Service System) to serve as the initial contact for families and may be contacted at 1-800-235-547.

VI.   *Services for At-Risk Children*. A variety of services may be available to children who do not qualify for early intervention services and families are encouraged to contact H-KISS for more information.

VII.   *Family Cost Participation*. Hawaii does not charge families for early intervention services, although it does bill Medicaid and private insurance with parental permission.

VIII.   *Insurance Coverage for ASD Services*. HI does not require insurers to cover services for children with ASD. See ASD Insurance Coverage for more information.

IX.   *Parent Training and Information (PTI) Center*. The Learning Disabilities Association of Hawaii (LDAH) is the state's PTI agency.

X.   *Early Childhood School Services Information*. Information regarding early childhood education services for children ages 3-5 in HI is available from the local school, H-KISS, and the PTI. Additional information is available through the HI Dept. of Education's Operation Search or by contacting the
Hawaii Dept. of Education
Phone: (808) 203-5560

XI.   *State EI Resources*. The EIS website contains a large number of early intervention family resources.

HAWAII: School Age

I.   **Educational Definitions of Disabilities**

   a.   *Autism* (ASD): Consistent with IDEA definition.

   b.   *Intellectual Disability* (ID): Categorical definition consistent with IDEA but specifies that deficits in two adaptive skill areas must be identified.

   c.   *Emotional/Behavioral Disorder* (E/BD): Uses *emotional disability* and definition is consistent with IDEA.

   More information is available at HI Eligibility Regulations, starting at *8-60-39: Eligibility Criteria*.

II.   *Numbers of Students with Disabilities Served*. For the 2010 child count, HI reported the following numbers of students:

   a.   *ASD:*   1,298; 3rd highest among disability populations and 5% higher than 2009;

   b.   *ID:*   1,196; 5th highest among disability populations and 5% lower than 2009;

   c.   *E/BD:*   1,251; 4th highest among disabilities populations and 13% lower than 2009.

III.   *Support Service Structure*. Hawaii's education organizational is unique in that all 7 school districts (Central, Hawaii, Honolulu, Kauai, Leeward, Maui, and Windward) are part of the Hawaii Department of Education (HDE) and not separate local educational agencies. Special education services are coordinated by HDE's Special Education Section. A more detailed description of HI's special education organizational structure is provided at HI Special Education.

IV.   *Task Forces.* In 2008, HI convened the Autism Spectrum Disorders (ASD) Benefits and Coverage Task Force. The resulting 2009 ASD Task Force Report provided recommendations regarding health insurance coverage, medical therapies, community-based services, and family support.

V.   *Statewide Disability Clearinghouse*. HI does not have a statewide disability clearinghouse.

VI.   *Disability Scholarship Program*. HI does not have a disability scholarship program.

VII.   *Insurance Coverage for ASD Services*. HI does not require insurers to cover services for children with ASD. See ASD Insurance Coverage for more information.

VIII.   *TRICARE-Approved ABA Providers*. As of June 30, 2011, HI had 38 supervisors (direct service providers) and 447 tutors (assistants requiring supervision to provide services).

IX.   *Parent Training and Information (PTI) Centers.*   The Learning Disabilities Association of Hawaii (LDAH) is the state's PTI agency.

X.   *Secondary Transition Resources*. Information and resources related to secondary transition in HI is available at HI Secondary Transition.

XI.   *Military Interstate Children's Compact Commission (MIC3).* HI is a member of the MIC3.

XII.   ***Special Education Resources***. Information on resources available to parents in HI is available from the local school district and the parent agency listed above. Additional information and resources are available from the [Special Parent Information Network](#).

XIII.   ***Military Education Resources***. Information and resources specifically identified for military-connected families in HI may be found at [HI Military Education Resources](#) and [HI Dept. of Ed Military Information](#).

KANSAS: EI

I. ***Lead Agency for Early Intervention (EI) Services***: The Kansas Department of Health and Environment, Infant-Toddler Services (ITS) is the lead agency for Part C in Kansas.

II. ***Eligibility Criteria for EI Services***. Children ages birth through two who are developmentally delayed or are at established risk for developmental delay are eligible for early intervention services. These delays are defined as:

   A. Developmental Delay: Children ages birth through 2, when measured by appropriate diagnostic instruments and procedures in one or more developmental areas [Cognitive, Physical , Communication ,Social or emotional, and Adaptive] will be identified as developmentally delayed when:

   1. There is a discrepancy of 25% or more between chronological age after correction for prematurity, and developmental age in any one area;

   2. Child is functioning at 1.5 standard deviations or more below the mean in any one area;

   3. Delays of at least 20% or at least 1 standard deviation below the mean in 2 or more areas are determined; or

   4. Clinical judgment of the multidisciplinary team ….

   B. Established Risk for Developmental Delay: Children ages birth through two with a diagnosed mental or physical condition that has a high probability of resulting in developmental delay, or based on informed clinical opinion, are eligible for early intervention services. A list of conditions and more detailed eligibility information is available at ITS Eligibility.

III. ***Number of Children Served***. Kansas reported 3,942 children for the 2010 child count.

IV. ***Support Service Structure***. The ITS uses a network of 37 contract providers located throughout the state. Each provides service coordination, referral, screening, evaluation and assessment, and IFSP development. They also provide or arrange for the provision of direct services. Locations served and contact information is available at ITS Network.

V. ***Initial Family Contact.*** Parents should contact the local ITS provider using the information available at ITS Network. Parents may also contact the state office at (785) 296-6135 or toll free (800) 332-6262.

VI. ***Services for At-Risk Children***. A variety of services may be available for children who do not qualify for ITS services but demonstrate at-risk characteristics. Families may contact their local ITS provider or the PTI listed below for more information.

VII. ***Family Cost Participation.*** Families are not required to pay a fee for ITS services. Medicaid and private insurance may be accessed with parental permission.

VIII.   ***Insurance Coverage for ASD Services***. KS requires the state employees' health insurance program to cover some services for children with ASD. See KS Insurance for more information.

IX.   ***Parent Training and Information (PTI) Center***. Families Together Inc. is the Kansas PTI.

X.   ***Early Childhood School Services Information***. Information regarding school services for children ages 3-5 in Kansas is available from the local school district, the local ITS agency, and the PTI. Additional information is available at KS Early Learning or by contacting the

Kansas Dept. of Education
Phone: (785) 296-1944

XI.   ***State EI Resources***. A comprehensive listing of EI resources is available at EI Resources. Kansas also produces the comprehensive Kansas Resource Guide.

KANSAS: School Age

I. **Educational Definitions of Disabilities**

a. *Autism* (ASD): Consistent with IDEA.

b. *Intellectual Disability* (ID): Consistent with IDEA.

c. *Emotional/Behavioral Disorder* (E/BD): Uses *emotional disturbance* and is consistent with IDEA.

More detailed information is available at Eligibility Definitions.

II. *Numbers of Students with Disabilities Served*. For the 2010 child count, KS reported the following numbers of students:

a. *ASD:* 2,802; 7th highest among disability populations and 10% higher than 2009;

b. *ID:* 3,880; 5th highest among disability populations and 2.8% lower than 2009;

c. *E/BD:* 3,102; 6th highest among disabilities populations and 7% lower than 2009.

III. *Support Service Structure*. The KS Dept. of Education special education section provides oversight and guidance to the special education services provided by school districts. Seven regional centers and twenty-three special education cooperatives provide additional support to some school districts.

IV. *Task Forces.* The *KS Autism Task Force* was created in 2007 to evaluate the needs of and services for individuals with autism. In 2008 it issued its Final Report

V. *Statewide Disability Clearinghouse*. KS does not have a formal statewide disability clearinghouse.

VI. *Disability Scholarship Program*. KS does not have a disability scholarship program. Legislation was introduced in 2009 to establish an autism services scholarship but it failed to pass.

VII. *Insurance Coverage for ASD Services*. KS requires the state employees' health insurance program to cover some services for children with ASD. See KS Insurance for more information.

VIII. *TRICARE-Approved ABA Providers*. As of June 30, 2011, KS had 20 supervisors (direct service providers) and 109 tutors (assistants requiring supervision to provide services).

IX. *Parent Training and Information (PTI) Centers.* Families Together Inc. is the Kansas PTI. Additional supports for parents are provided by the KS Parent Information Resource Center.

X. *Secondary Transition Resources*. Information and resources related to secondary transition in KS is available at KS Secondary Transition.

XI. *Military Interstate Children's Compact Commission (MIC3).* KS is a member of the MIC3.

XII.   ***Special Education Resources***. Information on resources available to parents in KS is available from the local school district and the parent agencies listed above. Additional information and resources are available from [Special Education Information & Resources](#).

I.   ***Lead Agency for Early Intervention (EI) Services***: Louisiana's Early Steps program is located within the Office for Citizens with Developmental Disabilities, Department of Health and Hospitals.

II.   ***Eligibility Criteria for EI Services***. Children are eligible for Early Steps if they demonstrate

1. Developmental Delay—suspected developmental delay in at least one area of development. Children under the age of three who have a developmental delay of at least 1.5 standard deviations (SD) below the mean … in one of the following developmental areas or specified sub-domains are eligible for EarlySteps:

   a. Cognitive Development

   b. Physical Development (Fine/Gross motor)

   c. Communication Development (Receptive/Expressive Language)

   d. Social or Emotional Development

   e. Adaptive skills development (also known as self-help or daily living skills)

<div align="center">-OR-</div>

2. Established Medical Condition—diagnosis of a medical condition associated with developmental delay. EarlySteps utilizes [a list] medical conditions which have a high probability of developmental delay for eligibility (see Established Conditions). More detailed information is available at EarlySteps Manual.

III.   ***Number of Children Served***. 9,375 infants and children were reported for the 2010 child count.

IV.   ***Support Service Structure***. The EarlySteps state office oversees a network of 10 System Points of Entry (SPOE) agencies that are funded to provide service coordination, screening, referrals, evaluation and assessment, and IFSP development. Direct services are provided by agency staff or by contracted providers.

V.   ***Initial Family Contact***. Parents should contact the SPOE serving their location, which can be identified by calling 1-866-EarlySteps (1-866-327-5978) or through the SPOE Directory. Information can also be obtained from the regional service coordinator serving a family's location which is available at Regional Coordinator Directory.

VI.   ***Services for At-Risk Children***. A wide variety of services may be available for children who are at-risk but not eligible for early intervention services. Families should contact their local SPOE, regional coordinator, or PTI agency listed below for more information.

VII.   ***Family Cost Participation***. Families are not required to pay a fee for EarlySteps services. Medicaid is accessed to help pay the costs of services with parental consent.

VIII.   ***Insurance Coverage for ASD Services***. LA requires insurers to cover some services for children with ASD. See LA Insurance for more information.

IX.   ***Parent Training and Information (PTI) Center***. The [Louisiana Parent Training and Information Center](#) is the statewide PTI. The Pyramid Community Parent Resource Center provides support for parents in the greater New Orleans metro area.

X.   ***Early Childhood School Services Information***. Information and resources related to school services for children 3-5 years of age is available from the local school district, the SPOE, and the PTI. Information is also available at [Early Childhood Education](#) or by contacting the

Louisiana Dept. of Education
Phone: (225) 342-0576

XI.   ***State EI Resources***. A wide variety of information and resources is available at [EI Resources](#). Information may also be obtained from the SPOE and the PTI, and families may use the [EI Matrix](#) tool to research available services.

LOUISIANA: School Age

I.   Educational Definitions of Disabilities

    a.   *Autism* (ASD): Consistent with IDEA definition.

    b.   *Intellectual Disability* (ID): Consistent with IDEA definition.

    c.   *Emotional/Behavioral Disorder* (E/BD): Uses *emotional disturbance* and is consistent with IDEA definition.

    More detailed information is available at LA Special Education Code (page 77).

II.   *Numbers of Students with Disabilities Served*. For the 2010 child count, LA reported the following numbers of students:

    a.   ASD: 3,627; *10.*2% higher than 2009;

    b.   ID: 7,709; 3.7% lower than 2009;

    c.   E/BD: 1,978; 2.5% lower than 2009.

III.   *Support Service Structure*. The LA Dept. of Education's Students with Exceptional Needs section oversees the special education services provided by districts. Additional support is provided by a network of 8 Regional Service Centers.

IV.   *Task Forces.* LA does not have a task force related to these disabilities.

V.   *Statewide Disability Clearinghouse*. LA does not have a statewide disability clearinghouse.

VI.   *Disability Scholarship Program*. In 2010, LA established the School Choice Pilot Program for Certain Students with Exceptionalities which provides tuition assistance to eligible families with children with exceptionalities, including those identified with ASD, ID, E/BD, to attend non-public schools.

VII.   *Insurance Coverage for ASD Services*. LA requires insurers to cover some services for children with ASD. See LA Insurance for more information.

VIII. *TRICARE-Approved ABA Providers*. As of June 30, 2011, LA had 14 supervisors (direct service providers) and 35 tutors (assistants requiring supervision to provide services).

IX.   *Parent Training and Information (PTI) Centers.* The Louisiana Parent Training and Information Center is the statewide PTI. The Pyramid Community Parent Resource Center provides support for parents in the greater New Orleans metro area.

X.   *Secondary Transition Resources*. Information and resources related to secondary transition in LA is available at LA Secondary Transition.

XI.   *Military Interstate Children's Compact Commission (MIC3).* LA is a member of the MIC3.

XII. *Special Education Resources*. Information on available special education resources is available from the local school district, the regional service center, and the parent agency listed above. Additional information is available from

- [Office for Citizens with Developmental Disabilities Resources](#)
- [State Library Resource Listings](#)
- [Dept. of Education](#)

I.   *Lead Agency for Early Intervention (EI) Services*. The [Maryland Infant and Toddlers Program](#) (MITP) is located in the Maryland Dept. of Education, the Part C lead agency.

II.   *Eligibility Criteria for EI Services*. Children from birth through 2 years old who:

(a) Are experiencing at least a 25 percent delay…in one or more of the following developmental areas:

> (i) Cognitive development,
>
> (ii) Physical development, including vision and hearing,
>
> (iii) Communication development,
>
> (iv) Social or emotional development,
>
> (v) Adaptive development; or

(b) Manifest atypical development or behavior, which is demonstrated by abnormal quality of performance and function in one or more of the above specified developmental areas, interferes with current development, and is likely to result in subsequent delay (even when diagnostic instruments or procedures do not document a 25 percent delay); or

(c) Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay, with examples of these conditions including chromosomal abnormalities, genetic or congenital disorders, severe sensory impairments, inborn errors of metabolism, disorders reflecting disturbance of the development of the nervous system, congenital infections, disorders secondary to exposure to toxic substances, including fetal alcohol syndrome, and severe attachment disorders.

III.   *Number of Children Served*. 7,697 infants and children were reported for the 2010 child count.

IV.   *Support Service Structure*. The MD Dept. of Education has established the Early Childhood Intervention and Education System of Services for Children with Disabilities (Birth through 5). Located within this system is the Maryland Infants and Toddlers Program. The state office provides general oversight and support for 24 local Infant and Toddler Programs located throughout the state. These provide service coordination, referral, screening, evaluation and assessment, and IFSP development. They also either provide or arrange for the provision of direct services.

V.   *Initial Family Contact.* The local Infant and Toddler Program that serves a family's location serves as the initial contact for families. Contact information is available at [Infant and Toddler Program List](#).

VI.   *Services for At-Risk Children*. A variety of services for at-risk children may be available, including Early Head Start, Head Start, Healthy Families, and the [Judy Centers](#). Information about specific services is available from the local ITP agency as well as the PTI listed below.

VII.   *Family Cost Participation*. Families are not charged a fee for early intervention services. Providers do access Medicaid funds if parents provide permission.

VIII.   *Insurance Coverage for ASD Services*. Maryland does not require insurers to cover services for children with ASD. See ASD Insurance Coverage for more information.

IX.   *Parent Training and Information (PTI) Center*. The Parents' Place of Maryland is the PTI for Maryland.

X.   *Early Childhood School Services Information*. The Early Childhood Intervention and Education System of Services for Children with Disabilities includes children who are 3-5 years old. Information describing services and resources can be found at MD Preschool Services. Families may also contact the

Maryland Dept. of Education
Phone: (410) 767-0234 or (410) 767-0261

XI.   *State EI Resources*. Birth To 3: A Family Guide To Early Intervention Services in Maryland contains a comprehensive listing of resources. Information is also available at MITP Resource Page.

I.   **Educational Definitions of Disabilities**

a.   *Autism* (ASD):   consistent with IDEA..

b.   *Intellectual Disability* (ID): Consistent with IDEA.

c.   *Emotional/Behavioral Disorder* (E/BD): Uses *emotional disability* and is consistent with IDEA definition.

More detailed information is available at Maryland Disability Definitions.

II.   ***Numbers of Students with Disabilities Served***. For the 2010 child count, MD reported the following numbers of students:

a.   *ASD:*   8,828; 4th highest among disability populations and 7.9% higher than 2009;

b.   *ID:*   5,293; 7th highest among disability populations and 3% lower than 2009;

c.   *E/BD:*   7,460; 5th highest among disability populations and 7.3%% lower than 2009.

III.   ***Support Service Structure***. The MD Dept. of Education-Division of Special Education/Early Intervention Services (MDE) provides oversight of the special education services provided by school districts. The MDE also administers the Partners for Success Centers program, located in each district, to help parents become effectively involved in the special education process and to provide parents with information and resources. A related program, *Preschool Partners*, provides parents with assistance for the transition from early intervention to school age services.

IV.   ***Task Forces.*** MD does not have a specific disability task force. In 1998, one of the nation's first autism task forces was established and its 2004 Autism Task Force Report contained data and recommendations that continue to guide ASD services. In 2010, MD established the *Task Force to Explore the Incorporation of the Principles of Universal Design for Learning (UDL) into the Education Systems in Maryland*. Its 2011 report entitled *A Route for Every Learner* provides recommendations for increasing the use of UDL through the education system.

V.   ***Statewide Disability Clearinghouse***. MD does not have a statewide disability clearinghouse. However, the Kennedy-Krieger Center hosts the Center for Autism & Related Disabilities and the Maryland Center for Developmental Disabilities.

VI.   ***Disability Scholarship Program***. MD does not have a disability scholarship program.

VII.   ***Insurance Coverage for ASD Services***. Maryland does not require insurers to cover services for children with ASD. See ASD Insurance Coverage for more information.

VIII. ***TRICARE-Approved ABA Providers***. As of June 30, 2011, MD had 32 supervisors (direct service providers) and 102 tutors (assistants requiring supervision to provide services).

IX.   ***Parent Training and Information (PTI) Centers.*** The Parents' Place of Maryland is the statewide PTI for Maryland.

X.   ***Secondary Transition Resources***. Information and resources related to secondary transition in MD is available at MD Secondary Transition.

XI.   ***Military Interstate Children's Compact Commission (MIC3).*** MD is a member of the MIC3.

XII.   ***Special Education Resources***. Information on available resources is available from the local school district, the local Partner for Success Center, and the PTI agency listed above. Additional information and resources are available from MD Family Support Services and specific ASD-related information from AutismConnect MD.

XIII. ***Military Education Resources***. Information and resources specifically identified for military-connected families in MD may be found at MD Military Education Resources.

MISSOURI: EI

I. *Lead Agency for Early Intervention (EI) Services*. Missouri's [First Steps](#) is located in the MO Department of Elementary and Secondary Education (DESE).

II. *Eligibility Criteria for EI Services*. The following conditions meet the definition of "diagnosed physical or mental condition with a high probability of resulting in a developmental delay":

1. Conditions diagnosed at birth or within 30 days post birth (newborn conditions)
2. Conditions diagnosed (Neonatal/Infant/Toddler Conditions)

    a. Genetic Conditions known to be associated with mental retardation or developmental disabilities;

    b. Additional conditions known to be associated with mental retardation or developmental disabilities;

    c. Other conditions known to be associated with mental retardation or developmental disabilities to be considered for eligibility must be based upon informed clinical opinion by Board-certified neonatologists, pediatricians, geneticists, and/or pediatric neurologists.

State Definition of Developmental Delay: A developmental delay is defined as a child who is functioning at half the developmental level that would be expected for a child developing within normal limits and of equal age. In the case of infants born prematurely, the adjusted chronological age (which is calculated by deducting one-half of the prematurity from the child's chronological age) should be assigned for a period of up to 12 months or longer if recommended by the child's physician. The delay must be identified in one or more of the following areas: a) cognitive development; b) communication development; c) adaptive development; d) physical development, including vision and hearing; and e) social or emotional development.

Detailed eligibility information, including eligible conditions, is available at [First Steps Eligibility](#).

III. *Number of Children Birth to 3 Served*. 4,539 children were reported for the 2010 child count.

IV. *Support Service Structure*. DESE administers First Steps through 10 regional provider agencies, known as System Points of Entry (SPOE). SPOEs provide service coordination, process referrals, and develop IFSPs. They also provide or arrange for evaluations and assessments, as well as direct services.

V. *Initial Family Contact*. Families should contact the SPOE serving their region [SPOE](#). Families can also call the statewide information line at 866-583-2392 or refer to the First Steps [Brochure](#).

VI. *Services for At-Risk Children*. A variety of services may be available for at-risk children, depending upon their location.   Families may contact their local SPOE and the PTI listed below for more information. One statewide resource may be [Parents as Teachers](#), which may provide home visits, group connections, screenings, and access to their resource network.

VII. *Family Cost Participation*. Families that earn an annual adjusted gross income at or above 200% of the federally established poverty level will be charged, based on a sliding fee schedule, between $5 and $100 monthly for services. Service coordination and all evaluation/assessment activities are provided at

no cost. More details are available at [MO Family Cost Participation](#). The state contracts with a Central Finance Office to solicit third-party reimbursements, payments from Medicaid, and private insurers as permitted.

VIII.   *Insurance Coverage for ASD Services*. MO requires insurers to cover some services for children with ASD. See [MO Insurance](#) for more information.

IX.   *Parent Training and Information (PTI) Center*. [Missouri Parents Act](#) (MPACT) serves as Missouri's PTI agency.

X.   *Early Childhood School Services Information*. Information about education services for children 3-5 years of age is available from the local school district, the SPOE, and the PTI. Additional information is available at [DECE Early Childhood](#) or by contacting the

Missouri Dept. of Elementary & Secondary Education
Phone: (573) 751-4909

XI.   *State EI Resources*. Information and resources related to early intervention services is available at [DECE EI Resources](#), as well as by contacting the local SPOE and the PTI center listed above.

MISSOURI: School Age

I.   Educational Definitions of Disabilities

    a. Autism (ASD): Consistent with IDEA definition.

    b. Intellectual Disability (ID): Consistent with IDEA definition.

    c. Emotional/Behavioral Disorder (E/BD): Uses *emotional disturbance* and is consistent with IDEA definition.

    More detailed information is available at [Eligibility Definitions](#).

II.   *Numbers of Students with Disabilities Served*. For the 2010 child count, MO reported the following numbers of students:

    a. ASD: 7,304;   5th highest among disability populations and 11.4% higher than 2009;

    b. ID: 10,339; 4th highest among disability populations and 3.1% lower than 2009;

    c. E/BD: 6,621;   6th highest among disabilities populations and 5.2% lower than 2009.

III.   *Support Service Structure*. The [MO Dept. of Elementary & Secondary Education](#)'s special education section provides oversight and guidance for the special education services provided by school districts. School districts also receive professional development through the Regional Professional Development Centers Network and [Project ACCESS](#) located at Missouri State University provides district personnel with information, training, and support for ASD.

IV.   *Task Forces.* In 2007, the MO legislature created the MO Blue Ribbon Panel on Autism to review ASD support systems and make recommendations for improvement. Its [Final Report](#) contained recommendations that led to the establishment of the MO Commission on ASD and the MO Office of ASD located in the MO Dept. of Health. The Office of ASD compiled and published the [Navigating Autism Services](#).

V.   *Statewide Disability Clearinghouse*. MO does not have a statewide disability clearinghouse.

VI.   *Disability Scholarship Program*. MO does not have a disability scholarship program. Legislation was unsuccessfully introduced in 2010 to establish the MO Special Needs Scholarship Tax Credit Program.

VII.   *Insurance Coverage for ASD Services*. MO requires insurers to cover some services for children with ASD. See [MO Insurance](#) for more information.

VIII.   *TRICARE-Approved ABA Providers*. As of June 30, 2011, MO had 12 supervisors (direct service providers) and 15 tutors (assistants requiring supervision to provide services).

IX.   *Parent Training and Information (PTI) Centers.* MO's PTI is [Missouri Parents Act](#) (MPACT).

X.   *Secondary Transition Resources*. Information and resources related to secondary transition in MO is available at [MO Secondary Transition](#).

XI. ***Military Interstate Children's Compact Commission (MIC3).*** MO is a member of the MIC3.

XII. ***Special Education Resources***. Information on available resources is available from the local school district and the parent agency listed above. Additional information and resources are available from [Parent Resources](#).

I.   *Lead Agency for Early Intervention (EI) Services*. The North Carolina Infant-Toddler Program (ITP) is coordinated by the N.C. Department of Health and Human Services, Division of Public Health, Early Intervention Branch.

II.   *Eligibility Criteria for EI Services*. Children from birth to age three (3) are eligible for early intervention services … if they have been determined …to meet the criteria of one of the two following categories:

1. developmental delay; or
2. established conditions.

Developmental Delay. A child is considered to have developmental delay if the child's development is delayed in one or more of the following areas: Cognitive Development; Physical Development, including fine and gross motor function; Communication Development; Social-Emotional Development; or Adaptive Development.

The specific level of delay shall be:

- documented by scores of 2.0 standard deviations below the mean of the composite score (total test score) on standardized tests in at least one of the above areas of development; or
- documented by a 30 percent (30%) delay on instruments which determine scores in months in at least one of the above areas of development, or
- documented by scores of 1.5 standard deviations below the mean of the composite score (total test score) on standardized tests in at least two of the above areas of development, or
- documented by a 25 percent (25%) delay on instruments which determine scores in months in at least two of the above areas of development.

Established Conditions. A list of eligible conditions is available at Established Conditions.

III.   *Number of Children Served*. 9,842 infants and toddlers were reported for the 2010 child count.

IV.   *Support Service Structure*. The NC Early Intervention Branch administers the ITP through a network of 17 local Children's Developmental Service Agencies (CDSA) located throughout the state. They provide service coordination, referrals, screenings, evaluation and assessments, and IFSP development. Each agency also provides or arranges for the provision of direct services for the child. Funding is also provided to the Family Support Network, which has regional offices that provide information and resources to families of children with disabilities.

V.   *Initial Family Contact*. Families should contact the CDSA serving their location for more information or to make a referral. A CDSA directory listing locations served and contact information is available here.

VI.   *Services for At-Risk Children*. A variety of services may be available for children who are considered at-risk but do not meet the ITP eligibility criteria. Specific information is available from the local CDSA or from the PTI centers listed below.

VII.   *Family Cost Participation*. NC has established a family cost participation system for families earning 200% or more above federal poverty guidelines. Costs are based on a sliding fee scale. Families unable

to pay for needed services will not be denied services. Medicaid is billed for services as well as other insurance, with the family's permission. More information is available from [Family Cost Participation](#).

VIII. *Insurance Coverage for ASD Services*. NC does not require insurers to cover services for children with ASD. See [ASD Insurance Coverage](#) for more information.

IX. *Parent Training and Information (PTI) Center*. The [Exceptional Children's Assistance Center Inc.](#) (ECAC) is the statewide PTI agency. Additional support for Catawba, Caldwell, Alexander, Burke, and McDowell counties is provided by the [Hope Parent Resource Center](#).

X. *Early Childhood School Services Information*. Information about special education services for children ages 3-5 is available from the local school district and the local CDSA. Additional information and resources are available from the NC Department of Education's [Office of Early Learning](#) or by contacting the

NC Dept. of Public Instruction & Exceptional Children's Program
Phone: (919) 855-6855

XI. *State EI Resources*. The Family Support Network maintains a [Resource Directory](#) for families of children with special needs. Families can access the directory online or by calling 800-852-0042**.** Additional information is available at [EI resources](#).

NORTH CAROLINA: School Age

I.   Educational Definitions of Disabilities

a.   *Autism* (ASD): Consistent with IDEA definition.

b.   *Intellectual Disability* (ID): Consistent with IDEA definition but further defines four levels of impairment: mild, moderate, severe and profound.

c.   *Emotional/Behavioral Disorder* (E/BD): Uses *serious emotional disturbance* and is consistent with IDEA definition.

More detailed information is available at Policies Governing Services for Children with Disabilities.

II.   *Numbers of Students with Disabilities Served*. For the 2010 child count, NC reported the following numbers of students:

a.   *ASD:*   12,041; 5th highest among disability populations and 10.1% higher than 2009;

b.   *ID:*   19,062; 4th highest among disability populations and 5.6% lower than 2009;

c.   *E/BD:*   6,692; 6th highest among disability populations and 7%% lower than 2009.

III.   *Support Service Structure*. The NC Dept. of Public Instruction, Exceptional Children Division (DPI) oversees special education services provided by districts. DPI also administers the Autism Spectrum Disorders Program, which provides individual consultation and training on ASD for school staff. Similar supports have been established for severe/profound disabilities and for behavioral support.

IV.   *Task Forces.* NC does not have a disability task force.

V.   *Statewide Disability Clearinghouse*. NC does not have a statewide disability clearinghouse.

VI.   *Disability Scholarship Program*. NC has implemented NC Special Education Expenses Credit Program that provides a personal tax credit for special education expenses.

VII. *Insurance Coverage for ASD Services*. NC does not require insurers to cover services for children with ASD. See ASD Insurance Coverage for more information.

VIII. *TRICARE-Approved ABA Providers*. As of June 30, 2011, NC had 63 supervisors (direct service providers) and 236 tutors (assistants requiring supervision to provide services).

IX.   *Parent Training and Information (PTI) Centers.* The Exceptional Children's Assistance Center Inc. (ECAC) is the statewide PTI agency. Additional support for Catawba, Caldwell, Alexander, Burke, and McDowell counties is provided by the Hope Parent Resource Center.

X.   *Secondary Transition Resources*. Information and resources related to secondary transition in NC is available at NC Secondary Transition.

XI.   *Military Interstate Children's Compact Commission (MIC3).* NC is a member of the MIC3.

XII.   ***Special Education Resources***. Information on available resources is available from the local school district and the parent agencies listed above. Additional information and resources are available from DPI Parent Resources and Family Support Network.

XIII.   ***Military Education Resources***. Information and resources specifically identified for military-connected families in NC may be found at NC Military Education Resources.

I.   *Lead Agency for Early Intervention (EI) Services*. New York's Early Intervention Program (EIP) is located in the New York Department of Health, Bureau of Early Intervention.

II.   *Eligibility Criteria for EI Services*. EIP eligibility criteria are

1. a diagnosed physical or mental condition with a high probability of resulting in developmental delay; or,

2. The presence of a developmental delay which affects functioning in one or more of the following domains of development: cognition, physical (including vision, hearing and oral motor feeding and swallowing disorders), communication, social-emotional, or adaptive development; and …documented as:

   a.   a twelve month delay in one domain; or

   b.   a 33% delay in one domain or a 25% delay in each of two domains; or

   c.   if appropriate standardized instruments are individually administered in the evaluation process, a score of at least 2.0 standard deviations below the mean in one domain or a score of at least 1.5 standard deviation below the mean in each of two domains; or

   d.   … for children who have been found to have a delay only in the communication domain, delay shall be defined as a score of 2.0 standard deviations below the mean in the area of communication…

   Please see NY EI Eligibility for more detailed eligibility criteria.

III.   *Number of Children Served*. 30,982 infants and toddlers were reported for the 2010 child count.

IV.   *Support Service Structure*. The New York Dept. of Health administers the EIP through a network of county based Early Intervention Offices (EIO) headed by Early Intervention Officials. These provide service coordination, referral, screening, evaluation and assessment, and IFSP development. They also provide or arrange for the provision of direct services. Service coordination is of two types: initial and ongoing. The initial service coordinator is appointed by the EIO and helps families with the initial referral and evaluation process. Once the IFSP is developed, families select an ongoing service coordinator who stays with the family until the completion of services.

V.   *Initial Family Contact*. The EIO serves as the system point of entry for the EIP. The EIO Contact List provides a list of these offices and their contact information.

VI.   *Services for At-Risk Children*. A component of New York's EIP is Child Find, which consists of county-based efforts to identify at-risk children. Staff of the Child Find agency monitor a child's skills through developmental screens and provide parents of at-risk children with information about community resources. Parents may contact the local EIO for information about these services. Additional information and resources is available at NY Family Resources.

VII.   ***Family Cost Participation***. There is no direct cost to families for early intervention services. Reimbursement is sought from third party payers such as Medicaid or private insurance, but by law, they cannot affect a family's insurance lifetime cap or any deduction.

VIII.   ***Insurance Coverage for ASD Services***. NY does not require insurers to cover services for children with ASD. See ASD Insurance Coverage for more information.

IX.   ***Parent Training and Information Center***. Three parent resource agencies provide services in New York City's 5 boroughs: Bronx, Brooklyn, Manhattan, Queens, and Staten Island. (check this)

- Advocates for Children of New York
- Resources for Children with Special Needs Inc.
- Sinergia/Metropolitan Parent Center
- Parent Network of WNY provides parental support and resources for Erie, Niagara, Orleans, Wyoming, Genesee, Chautauqua, Cattaraugus, and Allegany counties.

X.   ***Early Childhood School Services Information***. For information about school services for children ages 3-5, families may contact their local school district, the local EIO, or the PTIs . Information is also available from NY DOE Early Education page or by contacting the

New York Dept. of Education, Office for Special Education
Phone: (518) 473-2878

XI.   ***State EI Resources***. A comprehensive list of resources is available at NY Family Resources and at EI Family Information. Also, the NY Dept. of Education sponsors 15 Early Childhood Direction Centers statewide that provide information about programs and services for young children, ages birth through five, who have physical, mental, or emotional disabilities. These centers help families obtain services for their children. Information and resources are also available from the local EIO and PTI agencies listed above.

NEW YORK: School Age

I.   Educational Definitions of Disabilities

a. *Autism* (ASD): Consistent with IDEA definition.

b. *Intellectual Disability* (ID): Consistent with IDEA definition.

c. *Emotional/Behavioral Disorder* (E/BD): Uses *emotional disturbance* and is consistent with IDEA definition.

More detailed information is available at [Eligibility Criteria](#) (starting at page 14).

II.   *Numbers of Students with Disabilities Served*. For the 2010 child count, NY reported the following numbers of students:

a. *ASD:*   22,284; 5th highest among disability populations and 4.5% higher than 2009;

b. *ID:*   11,884; 7th highest among disability populations and 6% lower than 2009;

c. *E/BD:*   30,920; 4th highest among disabilities populations and 9.7% lower than 2009.

III.   *Support Service Structure*. The [NY State Dept. of Education's Office for Special Education](#) (NYSED) provides oversight and guidance for the special education services provided by school districts. Additional support is provided by 7 [Regional Quality Assurance Centers](#) that monitor services provided by school districts. They also provide parents and schools with information and technical assistance. The Dept. of Education also funds a network of 13 [Special Education Parent Centers](#) to provide parents with information, strategies, and resources.

IV.   *Task Forces.* In 2007, the New York State Office of Mental Retardation and Developmental Disabilities (OMRDD) created its *Autism Platform* that included a variety of suggested steps for improving statewide support for ASD. This led to the Interagency Task Force on Autism that published its [Final Report](#) in 2010.

V.   *Statewide Disability Clearinghouse*. NY does not have a single statewide disability clearinghouse but does have a number of [Technical Assistance Centers](#), including the [Center for Autism and Related Disabilities](#) (CARD).

VI.   *Disability Scholarship Program*. NY does not have a disability scholarship program.

VII.   *Insurance Coverage for ASD Services*. NY does not require insurers to cover services for children with ASD. See [ASD Insurance Coverage](#) for more information.

VIII.   *TRICARE-Approved ABA Providers*. As of June 30, 2011, NY had 9 supervisors (direct service providers) and 36 tutors (assistants requiring supervision to provide services).

IX.   *Parent Training and Information (PTI) Centers.* Three parent resource agencies provide services in New York City's 5 boroughs: Bronx, Brooklyn, Manhattan, Queens, and Staten Island.

- [Advocates for Children of New York](#)
- [Resources for Children with Special Needs Inc.](#)

- Sinergia/Metropolitan Parent Center
- Parent Network of WNY provides parental support and resources for Erie, Niagara, Orleans, Wyoming, Genesee, Chautauqua, Cattaraugus, and Allegany counties.

X. ***Secondary Transition Resources***. Information and resources related to secondary transition in NY is available at NY Secondary Transition.

XI. ***Military Interstate Children's Compact Commission (MIC3).*** NY is not a member of the MIC3.

XII. ***Special Education Resources***. Information on available resources is available from the local school district, the Quality Assurance Centers, and the Special Education Parent Centers listed above, as well as the PTI agencies. Additional information and resources are available at
- NYSED's Assistance for Parents
- NYSED Parent & Student Resources

OKLAHOMA: EI

I.   ***Lead Agency for Early Intervention (EI) Services***:   The OK SoonerStart early intervention program is a component of the OK Department of Education.

II.   ***Eligibility Criteria for EI Services***: Below are OK's EI eligibility criteria:

1. Between the ages of birth to 36 months;

2. Exhibit a delay in their developmental age compared to their chronological age of fifty percent (50%) in one or twenty-five percent (25%) in two or more of the following developmental areas: adaptive, cognitive, communication, physical or social emotional development; or

3. Have a diagnosed physical or mental condition that has a high probability of resulting in a delay.

III.   ***Number of Children Served***: 2,770 infants and toddlers were reported served for the 2010 child count.

IV.   ***Support Service Structure***. The OK Dept. of Education administers the SoonerStart EI program through 26 contracted service agencies, mostly county health agencies that are divided into 8 regions and serve all 77 counties in OK. Each agency provides service coordination, referrals, screening, evaluations and assessments, and direct services.

V.   ***Initial Family Contact***. The EI service agency serving a family's county location is the initial contact for families. Contact information is available at SoonerStart EI Agency Contacts.

VI.   ***Services for At-Risk Children***. The Oklahoma Department of Health administers the Child Guidance Program which provides services to children birth to 13 years old based on a sliding fee schedule. Additional support may be available through the OPAT (OK Parents as Teachers) and Early Head Start. Specific information may be obtained from the local SoonerStart agency and the PTI agency listed below.

VII. ***Family Cost Participation***: There is no direct cost to families for EI services, regardless of income. Services are funded through various state and federal sources, including Medicaid.

VIII. ***Insurance Coverage for ASD Services***. OK does not require insurers to cover services for children with ASD. See ASD Insurance Coverage for more information.

IX.   ***Parent Training and Information Center***. Oklahoma Parents Center Inc. serves as the statewide PTI.

X.   ***Early Childhood Special Education Services***. Information about early childhood special education services is available from the local Sooner Start Agency, the PTI, and the local school district. Additional information may be obtained from OK Early Childhood Special Education or by contacting the

OK Dept of Education
Phone: (405) 522-4513

XI.   ***State EI Resources***. Information and resources related to early intervention services is available at OK Family Resources and at OK EI Resources. The Center for Learning and Leadership at the University of

Oklahoma has recently developed the [Guide to Community Services](). Additional information is available from the local SoonerStart agency and the PTI center listed above.

OKLAHOMA: School Age

I.   **Educational Definitions of Disabilities**

    a.   *Autism* (ASD):   consistent with IDEA.

    b.   *Intellectual Disability* (ID): Consistent with IDEA.

    c.   *Emotional/Behavioral Disorder* (E/BD): Uses *emotional disability* and is consistent with IDEA
      definition.

    More detailed information is available at OK Disability Definitions (starting on page 84).

II.   *Numbers of Students with Disabilities Served*. For the 2010 child count, MD reported the following
    numbers of students:

    a.   *ASD:*   3,051; 7th highest among disability populations and 15% higher than 2009;

    b.   *ID:*   5,547; 5th highest among disability populations and 3% lower than 2009;

    c.   *E/BD:*   4,482; 6th highest among disability populations and not significantly different from 2009.

III.   *Support Service Structure*. The OK Dept. of Education-Special Education oversees the special education
    services provided by school districts.

IV.   *Task Forces.* In 2001, the OK Dept. of Human Services convened the Autism Working Group which
    produced *The Individuals with Autism and Their Families Oklahoma Plan* in 2003. One element of the
    plan was the establishment of the OK Autism Network which continues to update the plan.

V.   *Statewide Disability Clearinghouse*.   OK does not have a statewide disability clearinghouse.

VI.   *Disability Scholarship Program*.   In August 2011, OK implemented the Lindsey Nicole Henry Scholarship
    for Students with Disabilities Program which allows parents of students with disabilities the option to
    enroll them into private schools.

VII.   *Insurance Coverage for ASD Services*. OK does not require insurers to cover services for children with
    ASD. See ASD Insurance Coverage for more information.

VIII. *TRICARE-Approved ABA Providers*. As of June 30, 2011, OK had 7 supervisors (direct service providers)
    and 53 tutors (assistants requiring supervision to provide services).

IX.   *Parent Training and Information (PTI) Centers.*   Oklahoma Parents Center Inc. is the statewide PTI.

X.   *Secondary Transition Resources*. Information and resources related to secondary transition in OK is
    available at OK Secondary Transition.

XI.   *Military Interstate Children's Compact Commission (MIC3).* OK is a member of the MIC3.

XII.   *Special Education Resources*. Information on available resources is available from the local school district and the PTI agency listed above. Additional information and resources are available from

- [Community Resource Directory](#)
- [Resources for Parents](#)
- [Special Education Resources](#)

I. *Lead Agency for Early Intervention (EI) Services*. The Texas Early Childhood Intervention ECI program is a division of the Texas Dept. of Assistive and Rehabilitative Services (DARS).

II. *Eligibility Criteria for EI Services*. The ECI eligibility criteria were modified effective September 1, 2011. ECI determines eligibility for infants and toddlers based on

   a. Developmental Delay: [Children who have] a delay of at least 25% in one or more areas of development (motor, communication, cognition, social-emotional or self-help). For example, a child who is 16 months of age would have to have a delay of four months or more to be eligible. This is slightly more delay than would have been required in the past (in this example, three months).

   b. Medically Diagnosed Condition: Children who have a medically diagnosed condition that has a high probability of resulting in developmental delay, [including those listed at medical diagnoses].

   c. Auditory or Visual Impairment: Children who have an auditory or visual impairment as defined by the Texas Education Agency rule at 19 TAC Section 89.1040.

III. *Number of Children Served*. Texas reported 28,895 infants and toddlers for the 2010 child count.

IV. *Support Service Structure*. DARS administers the ECI program through the ECI Program Network which consists of 51 contractors located throughout the state. These contractors provide service coordination, referrals, screening, evaluations and assessments, IFSP development, and direct services.

V. *Initial Family Contact*. The local ECI programs are the initial contact for early intervention services. Families can locate their local program by using the online ECI Program Locator or calling the DARS Inquiries Line at 800-628-5115.

VI. *Services for At-Risk Children*. A variety of services may be available to children who demonstrate at-risk characteristics but do not meet the ECI eligibility criteria. Information about available services in specific areas can be obtained from the local ECI program, the PTI agency listed below, or by referring to the EI Resources listed below.

VII. *Family Cost Participation*. TX has implemented a family cost participation requirement for families with annual incomes at or below 200% of the Federal Poverty Level. These families are charged a monthly fee based on a sliding-scale ranging from $10-$175. More information is available at ECI Family Cost Share or by contacting the local ECI program.

XII. *Insurance Coverage for ASD Services*. TX requires insurers to cover some services for children with ASD. See TX Insurance for more information.

VIII. *Parent Training and Information Center*. The Partners Resource Network has 3 agencies that provide regional support to families:
   PATH: serves Dallas, Fort Worth, Austin, Wichita Falls, Southeast and East Texas.
   PEN: serves Amarillo, Lubbock, Abilene, San Angelo, and El Paso.
   TEAM: serves San Antonio, Houston, Corpus Christi, Rio Grande Valley, and Laredo.

Additional support is provided by the Children's Disability Information Coalition for families in the El Paso area and by Special Kids, Inc for families in the Houston area.

IX.   ***Early Childhood School Services Information***. Information and resources related to school services for children 3-5 years of age is available from the local school district, the local ECI program and the PTI agencies. Additional information is available from the TX Education Agency or by contacting the

Texas Education Agency
Phone: (512) 463-9414

X.   ***State EI Resources***. Information about EI resources is available from the local ECI Program or from the PTI. An online Resource Directory provides additional information.

TEXAS: School Age

I.   Educational Definitions of Disabilities

a.   *Autism* (ASD):   Consistent with IDEA.

b.   *Intellectual Disability* (ID): Consistent with IDEA.

c.   *Emotional/Behavioral Disorder* (E/BD): Consistent with IDEA definition.

More detailed information is available at TX Eligibility Criteria.

II.   *Numbers of Students with Disabilities Served*. For the 2010 child count, MD reported the following numbers of students:

a.   *ASD:*   32,897; 4th highest among disability populations and 11.4% higher than 2009;

b.   *ID:*   32,190; 5th highest among disability populations and 5.6% higher than 2009;

c.   *E/BD:*   27,489; 6th highest among disability populations and 5% lower than 2009.

III.   *Support Service Structure*. The Texas Education Agency-Special Education Section (TEA) provides oversight for the special education services provided by school district. TEA also utilizes a network of 20 Texas Regional Education Service Centers that provide education support services for school districts. While all ESCs support all disability areas, specific ESCs are designated to lead specific disability support efforts. For example, Region 13 ESC is the ASD lead ESC and coordinates the Texas Statewide Leadership for Autism program and provides training and other resources for school districts, including the *Texas Autism Resource Guide for Effective Teaching (TARGET)*.   Region 4 ESC in Houston is the lead for the TX Behavior Support initiative that focuses on creating a positive behavior support network in Texas. Additional information is provided at TX ESC Special Education Leadership.

IV.   *Task Forces.* The TX Council on Autism and Pervasive Developmental Disorders advises state agencies and the legislature on ASD issues, and produces an annual report focusing on ASD lifespan issues.

V.   *Statewide Disability Clearinghouse*. The Texas Autism Research and Resource Center (TARRC) has recently been established as the Texas ASD clearinghouse.

VI.   *Disability Scholarship Program*.   TX does not have a disability scholarship program.

VII.   *Insurance Coverage for ASD Services*. TX requires insurers to cover some services for children with ASD. See TX Insurance for more information.

VIII.   *TRICARE-Approved ABA Providers*. As of June 30, 2011, TX had 95 supervisors (direct service providers) and 335 tutors (assistants requiring supervision to provide services).

IX.   *Parent Training and Information (PTI) Centers.* The Partners Resource Network has 3 agencies that provide regional support to families:

PATH: serves Dallas, Fort Worth, Austin, Wichita Falls, Southeast and East Texas.

PEN: serves Amarillo, Lubbock, Abilene, San Angelo, and El Paso.

TEAM: serves San Antonio, Houston, Corpus Christi, Rio Grande Valley, and Laredo.

XIII. **Secondary Transition Resources**. Information and resources related to secondary transition in TX is available at TX Secondary Transition.

X. **Military Interstate Children's Compact Commission (MIC3).** TX is a member of the MIC3.

XI. **Special Education Resources**. Information on available resources is available from the local school district, the regional ESC, and the PTI agencies listed above. Additional information and resources are available from TX Project First.

XII. **Military Education Resources**. Information and resources specifically identified for military-connected families in Texas may be found at Texas: TX Military Education Resources.

I.   *Lead Agency for Early Intervention (EI) Services*. The Infant and Toddler Connection of Virginia is located within the Department of Behavioral Health and Developmental Services (DBHDS).

II.   *Eligibility Criteria for EI Services*. Infants and toddlers, birth to three years old, and their families are eligible for early intervention supports and services through the Infant & Toddler Connection of Virginia if the multidisciplinary team determines… that the child meets one or more of the following criteria.

1. Developmental Delay: Children who are functioning at least 25% below their chronological or adjusted age in one or more of the following areas: Cognitive development; Physical development, including fine motor and gross motor; Communication development; Social or emotional development; or Adaptive development.

   For children born prematurely (gestation < 37 weeks), the child's adjusted age is used to determine developmental status. Chronological age is used once the child is 18 months old.

2. Atypical Development: Children who manifest atypical development or behavior, which is demonstrated by one or more of the following criteria (even in the absence of a 25% developmental delay):
   a. Atypical or questionable sensory-motor responses;
   b. Atypical or questionable social-emotional development;
   c. Atypical or questionable behaviors that interfere with the acquisition of developmental skills.

3. Children who have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

   For full eligibility criteria including a list of specific conditions see Infant Toddler Connection Eligibility.

III.   *Number of Children Served*. 7,378 infants and toddlers were reported for the 2010 Child Count.

IV.   *Support Service Structure*. The DBHDS provides state level oversight of the Infant and Toddler Connection program and contracts with 40 local lead agencies to deliver services locally, including service coordination, referrals, screening, evaluations and assessments, and IFSP development. Direct services (physical therapy, speech/language therapy, etc.) may be provided by agency staff or contracted personnel.   Local interagency coordinating councils assist the local lead agencies.

NOTE: In Virginia, families of children who are or will be 2 years old by September 30 and are eligible for EI services may choose to receive special education services from the local school district.

V.   *Initial Family Contact*. Each county has a Central Point of Entry contact for families which may be identified by calling 1-800-234-1448. Families may also use the VA Infant-Toddler Local Providers by clicking on their country of residence to identify the Central Point of Entry.

VI.   *Services for At-Risk Children*. A variety of services may be available to families with children considered at-risk but do not meet the Infant and Toddler Connection eligibility criteria, depending upon a family's

location. Information about these services may be obtained from the Central Point of Entry described above or from the PTI listed below.

VII.   *Family Cost Participation*. Service coordination, evaluations and assessments, and IFSP development are provided at no cost. For other services, families are asked to pay a monthly fee, based on a sliding scale reflecting a family's income and number of children receiving services. Fees currently start at a taxable income of $55,001 for a family with 3 or fewer children. Medicaid, private insurance, and TRICARE can be used for payment with a family's permission.

The Family Cost Fee Scale lists the maximum amounts that families would be asked to pay monthly. A fee appeal procedure is available if the amount of the maximum monthly cap determined by the sliding fee scale creates a financial hardship for families. For more information, families can contact the Central Point of Entry for their area or the state office at (804) 786-3710. Additional information is available at VA Family Cost Participation.

VIII.   *Insurance Coverage for ASD Services*. VA recently passed legislation that requires insurers to cover some services for children with ASD. See VA Insurance for more information.

IX.   *Parent Training and Information (PTI) Center*. The Parent Educational Advocacy Training Center is VA's PTI.

X.   *Early Childhood Special Education Services Information*. Families can contact their local school district or their local lead agency for more information regarding early childhood special education services. Additional information is available from the VA Dept. of Education (VDOE) at VDOE Early Childhood Special Education or by contacting the

Virginia Dept. of Education
Phone: (804) 225-2675

XI.   *State EI Resources*. A comprehensive list of resources related to early intervention in VA is available at Infant and Toddler Connection Resources.

I.   Educational Definitions of Disabilities

a. *Autism* (ASD):   Consistent with IDEA.

b. *Intellectual Disability* (ID): Consistent with IDEA.

c. *Emotional/Behavioral Disorder* (E/BD): Uses *emotional disability* and is consistent with IDEA definition.

More detailed information is available at Specific Disabilities.

II.   *Numbers of Students with Disabilities Served*. For the 2010 child count, VA reported the following numbers of students:

a. *ASD:*   11,703; 4th highest among disability populations and 16%% higher than 2009;

b. *ID:*   9,934; 5th highest among disability populations and consistent with 2009;

c. *E/BD:*   9,589; 6th highest among disability populations and 5.3% lower than 2009.

III.   *Support Service Structure*. The VA Dept. of Education-Special Education Section (VDOE) provides oversight for the special education services provided by school districts.   VDOE also sponsors the Training & Technical Assistance Network that provides regional special education support services for districts and families.

IV.   *Task Forces.* In 2009, the Virginia Joint Legislative Audit and Review Commission (JLARC) published the Assessment of Services for Virginians with Autism Spectrum Disorders that contained a comprehensive review of ASD services in VA as well as recommendations for improvement .

V.   *Statewide Disability Clearinghouse*. The VA Autism Council serves as the ASD statewide clearinghouse. The Council has also implemented the Positive Behavior Support (PBS) Project which includes a PBS facilitator endorsement program.

VI.   *Disability Scholarship Program*.   VA does not have a disability scholarship program.

VII.   *Insurance Coverage for ASD Services*. VA recently passed legislation that requires insurers to cover some services for children with ASD. See VA Insurance for more information.

VIII.   *TRICARE-Approved ABA Providers*. As of June 30, 2011, VA had 66 supervisors (direct service providers) and 200 tutors (assistants requiring supervision to provide services).

IX.   *Parent Training and Information (PTI) Centers.*   The Parent Educational Advocacy Training Center is VA's PTI.

X.   *Secondary Transition Resources*. Information and resources related to secondary transition in VA is available at VA Secondary Transition.

XI.   *Military Interstate Children's Compact Commission (MIC3).* VA is a member of the MIC3.

XII. ***Special Education Resources***. Information on available resources is available from the local school district, the regional T-TAC Centers, and the PTI agency listed above. Additional information and resources are available from [Special Education for Parents](#) and [Specific Disability Information & Resources](#).

Appendix C: EI Provider & School District Surveys

The surveys used to obtain information from EI providers and school districts are included in this section.

Review of Educational Services for Students with Special Needs Project

The Ohio State University

470 Glenmont Avenue - Columbus, OH 43214

Early Identification and Early Intervention

Survey

Thank you for completing this brief survey focusing on early intervention services provided to children eligible under Part C in your location.

1. What is the name of your organization? _____

2. Is your organization the initial contact for families who have concerns about the development of their infant or toddler?

Yes_____   No_____

- If "No", what organization should families contact first? _____

Comments: _____

_____

3. Please indicate which of the following early intervention services your organization provides:

- Service Coordination_____
- Referral_____
- Screening_____
- Evaluation & Assessment_____
- IFSP Development_____
- Direct Services_____
- Other_____

For those services your organization does not provide, please indicate which local organization is responsible for:

- Service Coordination_____
- Referral_____
- Screening_____
- Evaluation/Eligibility Determination_____
- IFSP Development_____
- Direct Services_____
- Other_____

Comments: _____

_____

4. How many eligible children under Part C did your organization report serving for the 12/01/2010 child count? _____

      a. If available, how many Part C children served were identified with the following?

            a. Autism Spectrum Disorder (ASD)_____

            b. Developmental Disabilities_____

      b. If available, how many of the Part C children your organization served were military dependents?_____

Comments: _____

_____

5. What percentage of all eligible children under Part C were served in natural settings (i.e. home or community settings) based on the Program Settings data your organization submitted to your state Part C agency in 2010? _____

Comments: _____

_____

6. Listed below are the *7 Principles and Practices in Natural Environments* recently developed by the National Early Childhood Technical Assistance Center (NECTAC) workgroup. Please describe any supports or challenges your organization experiences related to each one *(i.e. available resources, training, recruiting personnel, policies and regulations, etc.*).

      a. Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.

Supports:_____

_____

Challenges:_____

_____

      b. All families, with the necessary supports and resources, can enhance their children's learning and development.

Supports:_____

_____

Challenges:_____

_____

      c. The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child's life.

Supports:

Challenges:

d. *The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.*

Supports:

Challenges:

e. *IFSP outcomes must be functional and based on children's and families' needs and priorities.*

Supports:

Challenges:

f. *The family's priorities needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.*

Supports:

Challenges:

g. *Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.*

Supports:

Challenges:

Comments:

7. Below is a list of early intervention services. Please indicate which services are available to families through Part C in your service area:

assistive technology_____   audiology_____

family training/counseling/home visits_____   health services_____

nursing services_____   nutrition services_____

occupational therapy_____   physical therapy_____

psychological services_____   respite services_____

service coordination_____   social work services_____

special instruction_____   speech/language services_____

transportation and related costs_____   vision services_____

Other:_____

Comments: _____

8. Please list any specific Evidence Based Practices (EBPs) utilized or sponsored by your organization for eligible children eligible under Part C.

_____

_____

_____

Comments: _____

9. Please list any EBPs utilized or sponsored by your organization specifically for children eligible under Part C identified with:

- Autism Spectrum Disorder (ASD):_____

_____

- Developmental Disabilities:_____

_____

Comments: _____

10. Aside from professional development activities sponsored and/or required by your state-level Part C lead organization, did your staff receive additional training in 2010?

Yes_____   No_____

    a. If "Yes", how many additional hours of training were provided?_____

    b. If "Yes", what topics were covered?_____

_____

Comments: _____

11. Please respond to each of the items below related to financial responsibility for services. Please also share any comments related to each of the components.

       a. Is there a cost to parents for their children to receive Part C services?

          Yes_____   No_____

          If "Yes", how much is the cost?_____

          Comments:_____

          _____

       b. Does your organization bill Medicaid for early intervention services?

          Yes_____   No_____

          Comments:_____

          _____

       c. Does your organization bill private insurance for early intervention services?

          Yes_____   No_____

          Comments:_____

          _____

       d. Does your organization bill TRICARE (military health insurance program) for early intervention services provided to military families?

          Yes_____   No_____

          Comments:_____

          _____

       Additional Comments: _____

       _____

12. What local or statewide services are available for children who are considered at-risk but do not meet the Part C eligibility requirements in your state?

_____

_____

Comments: _____

_____

13. What percentage of children eligible under Part C served by your organization had their evaluation, assessment and initial IFSP meeting conducted within Part C's 45-day timeline?

_____

a. For those children for which the 45 day timeline was not met, what was the average number of days by which the timeline was exceeded? _____

b. What were factors that led to the delay?_____

_____

_____

_____

Comments: _____

_____

14. What is your organization's policy regarding the acceptance and implementation of IFSPs from other locations?

_____

_____

_____

15. What percentage of children served under Part C by your organization transitioned to Part B school-age special education services by their 3rd birthday"_____

16. Please indicate which, if any, challenges below your organization experiences related to children served under Part C transitioning to Part B services by their 3rd birthday?

- Scheduling issues with parent and school district:_____
- Parent's perspective of the school district:_____
- Attendance of the school district at the conference:_____
- Sharing information with the school district in a timely manner:_____
- Determining that a child has a disability that would qualify for Part B services: _____
- Other: _____

Comments: _____

_____

17. Has your organization been the subject of a mediation process, written complaint or due process hearing since 2008?

Yes_____   No_____

a. If "Yes", please provide the number of:
Mediations_____
Written Complaints_____
Due Process Hearings_____

b. What were the issues involved?_____

_____

Comments: _____

18. Please provide any specific issues or challenges your organization has experienced or is aware of in regards to serving military families:

_____

_____

_____

19. Please provide any additional comments related to this survey or early intervention services in your location that you think would be helpful:

_____

_____

_____

Thank you for completing the survey!

Educational Services for Students with Special Needs
(Autism Spectrum Disorders (ASD), Intellectual Disabilities & Emotional Disorders)

School District Survey

Thank you for completing this brief survey describing educational services for students with special needs in your district. Please feel free to add any comments related to the items.

I.   DISTRICT ENROLLMENT

1. **Please provide the name of your school district:**

2. **Please provide the following information about students with disabilities in your district for the 2010-11 school year:** (please complete each item):

    a. What is the **_total_** enrollment of students in your district:

    b. How many students with disabilities **_ages 3-5_** years old, are in your district:

    c. How many students with disabilities **_ages 6-21_** are in your district:

    d. How many students with **_ASD_** are enrolled in your district:

    e. How many students with **_Intellectual Disabilities_** are enrolled in your district:

    f. How many students with **_Emotional Disorders_** are enrolled in your district:

    Comments:

II.   EDUCATIONAL SERVICES

3. **Please indicate the current number of students with <u>ASD</u> that are served in each of the following settings:**

    a. Regular classroom with no additional support:

    b. Regular classroom with support:

    c. Removed from regular class less than 21% of the day:

    d. Removed from regular class more than 60% of the day:

    e. Day treatment program:

       i. In district:

       ii. Out of district:

f. Residential Treatment Program:

    i. In state: _____

    ii. Out of state: _____

g. Other (please specify setting and number of students): _____

    Comments:

4. **Which of the following practices are typically utilized in your district for students with <u>ASD</u>:**

Functional Behavior Assessment	Picture Exchange Communication System (PECS)
Sensory Supports	Prompting
Visual Supports	Applied Behavior Analysis
Social Narratives	TEACCH Interventions
Computer-Aided Instruction	Social Skills Training Group
Systematic Use of Differential Reinforcement	Augmentative Communication Device

Other: _____

Comments:

5. **Please indicate the current number of students with <u>Intellectual Disabilities</u> in your district that are served in each of the following settings:**

a. Regular classroom with no additional support: _____

b. Regular classroom with support: _____

c. Removed from regular class less than 21% of the day: _____

d. Removed from regular class more than 60% of the day: _____

e. Day treatment program:

    i. In district: _____

    ii. Out of district: _____

f. Residential Treatment Program:

    i. In state: _____

    ii. Out of state: _____

g. Other (please specify setting and number of students): _____

    Comments:

6. **What types of practices are typically utilized in your district for students with <u>Intellectual Disabilities</u>:** (Please check all that apply)

Academic Modifications	Assistive Technology
Computer-Aided Instruction	Functional Communication Strategies

Independent Living Skills   Positive Behavior Supports

Other:_____

Comments:

7. **Please indicate the current number of students with <u>Emotional Disorders</u> in your district that are served in each of the following settings:**

   a. Regular classroom with no additional support: _____

   b. Regular classroom with support: _____

   c. Removed from regular class less than 21% of the day: _____

   d. Removed from regular class more than 60% of the day: _____

   e. Day treatment program:

      i. In district: _____

      ii. Out of district: _____

   f. Residential Treatment Program:

      i. In state: _____

      ii. Out of state: _____

   g. Other (please specify setting and number of students): _____

   Comments:

8. **What types of practices are typically utilized in your district for students with <u>Emotional Disorders</u>:** (Please check all that apply)

   Academic Modifications   Computer-Aided Instruction

   Crisis Management & Intervention   Positive Behavior Supports

   Social Skills Training

   Other: _____

   Comments:

<div align="center">

DISTRICT PERSONNEL

</div>

9. **Does your district employ or have access to behavioral analysts certified by the Behavioral Analyst Certification Board (BACB)?**

   Yes_____   If yes, how many does the district employ?_____

                                  If yes but not employed by the district, who employs them?

   _____

   _____

No_____

     Comments:

10. Who is primarily responsible for providing professional development activities for your staff?
(please check one)

    a.   District staff   _____

    b.   External consultants hired by the district   _____

    c.   State Department of Education staff   _____

    d.   Educational Service Agency personnel   _____

    e.   ASD Support Agency   _____

    f.   University Personnel   _____

    g.   Other (please specify)   _____

       Comments:

11. How many hours of professional development are provided *annually* to your special education professional staff? (please select one)

    a.   1-5 hours   _____

    b.   6-10 hours   _____

    c.   11-15 hours   _____

    d.   More than 15 hours_____

       Comments:

12. How many hours of professional development are provided <u>*annually*</u> to paraprofessionals?
(please select one)

    a.   1-5 hours   _____

    b.   6-10 hours   _____

    c.   11-15 hours   _____

    d.   More than 15 hours_____

       Comments:

13. For which of the following topics related to <u>ASD</u> have district personnel received training during the past two school years: (please check all that apply)

Functional Behavior Assessment	Picture Exchange Communication System (PECS)
Sensory Supports	Prompting
Visual Supports	Applied Behavior Analysis
Social Narratives	TEACCH Interventions

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Computer-Aided Instruction   Social Skills Training Group

Systematic Use of Differential Reinforcement   Augmentative Communication Device

Other:_____

Comments:

14. **For which of the following topics related to <u>Intellectual Disabilities</u> have district personnel received training during the past two school years**: (please check all that apply)

Academic Modifications   Assistive Technology

Computer-Aided Instruction   Functional Communication Strategies

Independent Living Skills   Positive Behavior Supports

Other:_____

Comments:

15. **For which of the following practices related to <u>Emotional Disorders</u> have district personnel received training during the past two school years**? (please check all that apply)

Academic Modifications   Computer-Aided Instruction

Crisis Management & Intervention   Positive Behavior Supports

Social Skills Training

Other: _____

Comments:

RESOURCES & CHALLENGES

16. **What types of post-secondary transition support services does your district provide?** (please check all that apply)

   a. Preparation for Post-Secondary Education or Training *(identifying opportunities, completing applications, completing financial aid applications)*

   b. Referrals to Community Agencies/Wrap-Around Service Planning

   c. Functional Vocational Assessments/Career Planning

   d. Vocational Training/Job Coaching (*job shadowing, volunteer opportunities, internships*)

   e. Person-Centered/Family-Centered Life Skills Planning (*PATHS, MAPS, etc.)*

   f. Other (please specify): _____

      Comments:

17. **Which of the following resources are available to family members of students with disabilities in your district?** (check all that apply)

a. Parent mentors

b. Parent support group(s)

c. Parent education or training

d. Sibling groups

e. Library of disability-related materials that families may check out

f. Other (please specify):_____

   Comments:

18. **What are 3 additional resources (financial or otherwise) available to your district or to families within your district that help support educational services for students with disabilities?** (please complete)

19. **What are 3 specific challenges or barriers your district experiences in serving students with ASD, Intellectual Disabilities, and Emotional Disorders?** (please complete)

20. **Please describe any issues specific to military dependents with disabilities that you believe may affect their access to educational services?** (please complete)

CLOSING

21. **Please provide any additional comments you think would be helpful:**

22. **Please identify the person completing the survey:**
    a. Name:
    b. Title:
    c. Email address (if different from our original district contact):
    d. Number of Years with District:

Thank You!

Appendix D: DoD Support Initiatives

<u>DoD SUPPORT ACTIVITIES</u>

The Department recognizes the importance of supporting all families with children with disabilities. This section highlights specific programs DoD has initiated to provide this support.

1. **The Office of Community Support for Military Families with Special Needs (OSN)**: In September 2010, the OSN was established in DoD by Section 563 of the FY 2010 National Defense Authorization Act (Public Law 111-84) which added Section 1781C to Title 10, United States Code. This office guides policy development and oversight in support of military families with special needs.

2. **Exceptional Family Member Program (EFMP)**: The EFMP supports military families with special medical and educational needs. The program has three important components: 1) identification and enrollment; 2) assignment coordination, and 3) family support.

- *Identification and Enrollment*: The DoD criteria for identifying family members with special educational and medical needs, as outlined in DoDI 1315.19[15], is uniform across Services;

- *Family Support*: EFMP Family Support assists families with special needs by helping them identify and access available services. The program also assists families with relocating to a new duty station during a Permanent Change of Station (PCS). This "warm handoff" may include introducing families to the EFMP service provider in the new location and providing information about the communities, schools and educational resources near the installation;

- *Assignment Coordination*: The personnel assignment coordination process established in all Military Services identifies and screens family members who have special medical and/or educational needs. The purpose is to assist the military personnel systems in making overseas assignments to locations where DoDEA and the military medical departments have pre-established programs for family members with special needs.

OSN is currently updating its policies to incorporate the required provisions of the NDAA'10 to include stabilization of families (extending military tours at a location for up to four years) when there is a documented educational or medical need.

3. **Educational Services for Children with Disabilities**: DoD has developed two directories to provide families with information about educational services for children with special needs.

- *Directory of Services Outside of the Continental United States (OCONUS)* identifies the levels of support in overseas communities. It assists the medical and educational assignment coordinators in identifying those military communities overseas with pre-established programs for children with special education needs.   The military departments and DoDEA use the directory to provide recommendations to personnel offices regarding the assignment of

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[11] DoD Instruction 1315.19, "Authorizing Special Needs Family Members Travel Overseas at Government Expense," December 20, 2005 incorporating CH 1, 2/16/2011

sponsors of children with disabilities to overseas locations. Civilian personnel offices may also use the directory to provide information to employees about the availability of services OCONUS.

- *Directory of Services in the Continental United States (CONUS)*: This online tool assists families with children with autism spectrum disorder (ASD) with making a smooth transition from one public school district to another within the United States. The Directory currently identifies the demographics, available services, and best practices offered in schools in the five states that are most heavily impacted by military-connected students; California, Georgia, Texas, North Carolina and Virginia. The site includes a "Tools for Making a Smooth Transition" section to assist families during relocation. The directory was an outcome of the *Education Services for Military Dependent Children with Disabilities* project described below in Item 5.

4. **Functional Analysis**: The OSN is analyzing the policies and procedures used by each Service for families with special needs under the EFMP. Effective practices will be identified and, as mandated by 10 U.S.C. § 1781c, Section 563, a single DoD program will be established to centralize record keeping, reporting and continuous monitoring of available resources for military families with special needs.

5. **Research Studies**. DoD has partnered with several land grant universities through a memorandum of understanding (MOU) with the United States Department of Agriculture to conduct research. Through this MOU, the OSN is sponsoring the following research projects:

- *Education Services for Military Dependent Children with Disabilities*. Beginning in October 2009 the Ohio State University (OSU) conducted a comprehensive review of the access and availability of EBP in public school districts for military-connected children with ASD in the states of California, Georgia, North Carolina, Texas, and Virginia. One outcome was the creation of the CONUS Directory described in Item 3. Phase II will expand the review of ASD educational services into ten additional states. It will also include a review of early intervention services in all 15 states and the availability of services for children with intellectual and emotional/behavioral disorders. The CONUS directory will be updated and an additional directory focusing on early intervention services will be created.

- *Benchmark Study*. Cornell University and the Beach Center of the University of Kansas are conducting a benchmark study to identify the concerns of military families with special needs, the support they require, and the systems that have been effective in providing services. The research team will study civilian and military populations, including military family focus groups, from all branches of Service. The project will result in recommendations to DoD for expanding community support programs.

- *Medicaid Study*. West Virginia University is reviewing Medicaid availability and accessibility for military families with special needs. Concerns with lengthy wait lists for Home and Community Based Services waivers, as well as challenges with accessing these waivers, have been raised by military families. Project outcomes will assist OSN in better understanding the pervasiveness of the issues and formulating recommendations.

6. **Family Member Input**: OSN will meet periodically with members of military families with special needs from each Service and the Reserve component to gather input on the challenges and successes they experience in obtaining support services, including educational services. The first meeting is scheduled for September 2011.

7. **The Clearinghouse for Military Family Readiness** (www.militaryfamilies.psu.edu): The Clearinghouse, developed in partnership with Penn State, is creating an electronic research database to provide military families with information and resources on topics such as relocation, deployment, and disability-related issues. Currently under development, an Exceptional Family Member Program (EFMP) page will house resource information for families with special needs and contain links to web-based resources.

8. **MilitaryHOMEFRONT** is the DoD website for official Military Community and Family Policy (MC&FP) program information, policy and guidance designed to help troops and their families, leaders, and service providers. The website has a comprehensive section specifically for military families with special needs. Information about education and medical services on or within the vicinity of the installation, family support programs, and links to state resources such as Medicaid and Medicare, Early Intervention Services, and Vocational Rehabilitation programs. Specific features include

*   *Plan My Move* and *MilitaryINSTALLATIONS*. These tools provide automated relocation information to military personnel and their families. Specialized content helps families with special needs find relevant information about their new installation and coordinate their move.

*   *HOMEFRONT Connections*. This is a social networking forum that allows military families with children with special needs to communicate via discussion forums, private messaging, or email.

9. **myDoDmobile**: This is a new smartphone application powered by the Defense Manpower Data Center (DMDC) that features a 'frequently asked questions' (FAQ) section for families with special needs. Future design will link it to Military HOMEFRONT, and OSN and DMDC are exploring other ways this application can serve military families.

MILITARY-RELATED ASD RESOURCES

This section provides a selection of resources sponsored by DoD and agencies outside of DoD available to military families with children with ASD.

DoD and military-related support for families of dependents with ASD. DoD provides a number of resources for families with military dependents with ASD including:

1. The *Military Interstate Children's Compact Commission (MIC3)* was created to address education transition issues faced by military families when they are reassigned. By working with member states and territories, the Compact seeks to make transition easier for children of military families so they are afforded the same opportunities for educational success as other children and are not penalized or delayed in achieving their educational goals when transferring from

DoDEA or another state. Thirty-five states have joined the Compact, including California, North Carolina, Texas, and Virginia.

2. The *TRICARE Enhanced Access to Autism Services Demonstration Project* provides families of military dependents with ASD up to $36,000 annually for ABA services. Currently, ABA is the only practice that TRICARE includes in its demonstration project. TRICARE requires services to be provided by Behavior Analysts (Supervisors) or Assistant Behavior Analysts (Tutors) certified by the Behavior Analyst Certification Board (BACB) and enrolled in TRICARE. According to TRICARE, 985 Supervisors and 4,924 Tutors were enrolled as of November 2010. Compared to figures from December 2009, the number of Supervisors has more than tripled while the number of Tutors has more than doubled. Certification is not required to implement ABA practices in schools and ABA practices are commonly used in schools by educational professionals. The demonstration was scheduled to expire in March 2010 but was granted a two year extension through March 2012, partly due to lower-than-expected utilization by military families.

3. *Reaching and Teaching Children with Autism Spectrum Disorders: A Best Practices Guide,* published by DoDEA, provides practical information about appropriate educational strategies and programming for family members and providers working with children with ASD (http://www.dodea.edu/curriculum/special_ed/pdf/AutismGuide.pdf);

4. The Military HOMEFRONT online resource contains:

   - information for navigating public school systems;

   - HOMEFRONT Connections, a social networking tool;

   - *The DoD Special Needs Parent Toolkit* (http://www.militaryhomefront.dod.mil/).

5. *Military OneSource* provides a 24/7/365 call center for information and referral, and access to special needs specialty consultants. Military OneSource also provides information on a variety of issues related to special needs including webinars and an online library with eBooks on ASD. (www.militaryonesource.com).

Resources created by agencies outside of DoD include:

1. The *Organization for Autism Research (OAR)* developed a website specifically for military families with ASD dependents entitled *Operation Autism* (www.operationautismonline.org) and published *Life Journey Through Autism: A Guide for Military Families* that contains educational information for military families; (http://www.researchautism.org/resources/reading/documents/Military%20Guide_WEB.pdf).

2. *Exceptional Parent* magazine created a section on its website devoted to military families;

3. *STOMP* (Specialized Training of Military Families) is the federally-funded Parent Training and Information (PTI) center for the military and provides a variety of support services to military families with special needs, including ASD. The role of PTIs is discussed below.