



Final Report of the Special Education Services Analysis for the New Paltz Central School District

**Authored By: Michael Neiman, Ph.D.
John McGuire, M.Ed.
Richard LaBrie, M.A.
Shanna DelPrete, M.S.**

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INTRODUCTION

EXECUTIVE SUMMARY

The leadership of the New Paltz Central School District (hereafter, referred to as NPCSD or the District) commissioned this review of specific areas that support struggling learners. In conducting this analysis, the review team employed proprietary methodology from a pre-established paradigm (i.e., an Educational Services Analysis), which triangulates information gleaned from qualitative and quantitative information.

The qualitative analyses comprised: (1) a series of interviews with special and general education teachers, related service providers, paraprofessionals, central office administrators, and school-based administrators; (2) a review of documents (i.e., IEPs) to determine the degree and appropriateness of educational programming and services; and (3) site visits to District programs to ascertain the continuum of services and programs.

Quantitative analyses included: (1) multidimensional analyses of information contained within the IEPs; (2) comparative analyses of staffing and corresponding workloads; and (3) financial data pertaining to programmatic expenditures (e.g., personnel and transportation) and revenues (i.e., Medicaid program).

GLOSSARY OF ABBREVIATIONS

AIS:	<i>Academic Instructional Supports</i>
ARI:	<i>Availability Ratio Index</i>
ASD:	<i>Autism Spectrum Disorder</i>
BOCES:	<i>Boards of Cooperative Educational Services</i>
CSE:	<i>Committee on Special Education</i>
CPSE:	<i>Committee for Preschool Special Education</i>
FAPE:	<i>Free and Appropriate Public Education</i>
FTE:	<i>Full-time equivalent</i>
ICT:	<i>Integrated Co-Teaching</i>
IEP:	<i>Individualized Education Program</i>
LRE:	<i>Least Restrictive Environment</i>
OOD:	<i>Out of District Placements</i>
OT:	<i>Occupational Therapist or occupational therapy services</i>
PD:	<i>Professional development</i>
PLAAFP:	<i>Present Levels of Academic Achievement and Performance (from an IEP)</i>
PT:	<i>Physical Therapist or physical therapy services</i>
RtI:	<i>Response to Intervention</i>
S-LP:	<i>Speech-Language Pathologist or speech-language pathology services</i>



SWDs: *Students with Disabilities*

504: Section 504 of the Rehabilitation Act of 1973 / Americans with Disabilities Act of 1990

GLOSSARY OF TERMS

Continuum

Of Supports: The range of programs, personnel, and resources to support all students.

Effectiveness: The degree to which the services under review promote optimal educational outcomes and student access to the curriculum.

Efficiency: The degree to which the special education services and personnel under review are responsibly, uniformly, and optimally utilized to ensure District resources are being expended in a fiscally sound manner.

Horizontal

Alignment: Practices that correlate special education instruction to grade-level expectations.

Vertical

Alignment: The degree to which the transition of SWDs as they progress from one grade, school, or program to another, is seamless.

DOCUMENT ORGANIZATION

The staff of Futures is pleased to provide this report of the comprehensive analysis of the programs and services conducted in March of 2014. The primary purpose of this analysis was to describe, and to provide suggestions to improve, specific areas within its education delivery system that included:

- (1) Related Services
- (2) Utilization of Para-Professional Supports
- (3) Out of District Placements
- (4) Continuum of Services
- (5) Organizational Structure and District Coordination of Programs and Services
- (6) District Finances Related to Recoupment of Medicaid and Special Education Transportation



For ease of presentation, the document is divided into the sub-constructs of *Programmatic Review* (comprising components 1-5 as above) and *Financial Review*. Given its depth and breadth, the Financial Review reports are provided as companion documents. The document concludes with a global consideration of the services under review and options District leadership may consider to maximize the expenditure of finite resources and dollars in the most programmatically and fiscally responsible manner that supports all students.

As detailed in the agreed upon work plan, the methodology entailed: a review of educational documents (Individualized Education Programs), descriptive and inferential statistical analyses, school site visits, and confidential interviews with a representative number of stakeholders that allowed for a variety of perspectives. Given the number of data points, the results that are reported within this document represent recurring themes from the interviews (outlying comments were not included as part of the primary findings) coupled with quantitative data.

Additionally, the authors would like to recognize and commend specific schools for developing outstanding practices, processes and programs to serve students with disabilities as well as other students who are struggling to attain academic success. However, due to the fact that the focus of this analysis takes into consideration multiple sources of information and utilizes a methodology based upon triangulated data to identify general themes, the identification of specific individuals, schools and programs will be kept to a minimum to avoid the unintentional slighting of those programs not observed or mentioned. Similarly, in order to maintain confidentiality and to avoid identifying specific schools where improvement is needed, these locations and individuals shall not be identified.

ACKNOWLEDGEMENTS

The authors wish to acknowledge NPCSD staff and school personnel. This project necessitated a great amount of effort in facilitating logistics and in securing documents; the team is grateful for the efforts of all central office and school-based staff. It is the authors' hope that the recommendations provided within this document will assist the District leadership in optimizing services for its students as part of its short- and long-term strategic planning.

CULTURE, CLIMATE, AND ORGANIZATIONAL CONSIDERATIONS

OVERVIEW

Educational research has validated the importance of effects of climate, culture, and personnel capacity and their collective effect on student achievement (MacNeil, Prater, and Busch, 2009). By extension, the climate, culture, and personnel capacities are integral and essential ingredients to the success of a District's special education program. Consequently, this component of the analysis intentionally addresses these issues first.

FINDINGS

Culture and Climate

- Respondents reported ownership SWDs as good among the majority of NPCSD staff; perhaps greater at the elementary level than at the secondary. There was also a perception that some administrators in the district saw special education as a separate entity from general education, and that this had implications regarding ownership of SWDs for them and among their staff. As anticipated, ownership of SWDs was perceived as greater among those general education teachers who had been directly involved as partners with special education teachers in co-teaching or consultant teacher situations.
- Least Restrictive Environment (LRE) was reported as either overtly discussed or implicit in the deliberations at Committee on Special Education (CSE) meetings. Understanding and acceptance of the concepts of LRE and a Free Appropriate Public Education (FAPE) was seen by those interviewed as wide-ranging; with staff generally understanding and accepting better than parents.

It was noted, however, that both staff and parents had tended, on occasion, to a “more is better” mindset; advocating for a rich array of supports. Some staff reported that in response to this advocacy, a practice of acquiescence to these requests developed via the CSE process. They described the district as still having to cope with the ramifications of that practice.

- A historical review of “where” SWDs within the District are receiving their instruction corroborates the qualitative data of a pervasive culture and climate of inclusion and ownership. With respect to the Educational Environment (which measures the average amount of time students ages six through twenty-one receive their special education or services in settings with, or apart from, their non-disabled peers), a five year longitudinal review reveals that the District is well-above State targets. Moreover, the CSE stakeholders are to be commended for actualizing a culture of “celebration” when discussions of dismissal from special education services are proposed.
- Professional development (PD) opportunities provided within the District were generally looked positively upon by the staff. Despite the perception by multiple respondents of a need for more PD with thematic relevance to special education, it is notable that the District has made a concerted effort to provide a unified and comprehensive PD curriculum that: (1) is geared toward all educators; (2) addresses training to support students with more significant needs (e.g., autism); and (3) aligns to the ever-changing mandates of education (e.g., “unpacking the standards”).

Organizational Considerations

- The District’s special education organizational structure included a Director of Pupil Personnel Services, as well as, two Special Education Coordinators; one each at the elementary (K–5) and secondary (6–12) levels. The Coordinators also serve as CSE chairpersons and 504 administrators. Those interviewed indicated a generally collaborative relationship between central administrators in special education and building level

administrators (principals). The administrative organizational structure of the PPS department is efficient; due to this structure principals found PPS administrators responsive to special education needs in their buildings.

- The District had recruited knowledgeable and experienced CSE chairpersons, mitigating toward uniformity of process and procedure. Despite this, the perception was consistently shared that equity did not exist with respect to access to services, as a direct function of gaps and inconsistencies in the district’s continuum of services. This will be elaborated upon in the subsequent component of this report.
- This functional relationship included shared responsibilities with respect to the teacher appraisal process; with special education administration accomplishing some of the formal observations of teachers, while building principals maintain ultimate responsibility for the teacher evaluations.
- It is suggested that the oversight of 504 plans be re-assigned to school-based personnel. This will enhance the Coordinators’ time, and therefore, their ability to provide school-based personnel with additional technical assistance, embedded professional development, modeling, problem solving, as well as support for instructional and behavioral strategies.

RECOMMENDATIONS

Culture and Climate

- Enhance the District’s website as a resource for parents of SWDs and the community to learn more about special education. As noted in the companion document (Parent Surveys), inasmuch as the 62 respondents (approximately 15% of the special education parental-guardian population) can be considered a valid representation of parental perceptions, there is a strong degree of confidence in the abilities of the CSE teams, special education personnel, and programs across the District. More specifically, aside from the question about the quality of the District’s website being a valuable resource, the combined “agree” and “strongly agree” categories were well above 50% for all of the other questions.

Although the number of topics is virtually limitless, it may be beneficial to begin these informational opportunities by posting descriptions of the disabling condition of autism, given the increasing incidence of this particular disability (as depicted in Figure 1) and the need for parents to help generalize skills at home.

Figure 1: Prevalence of Students with Autism in New York 2004 vs. 2012



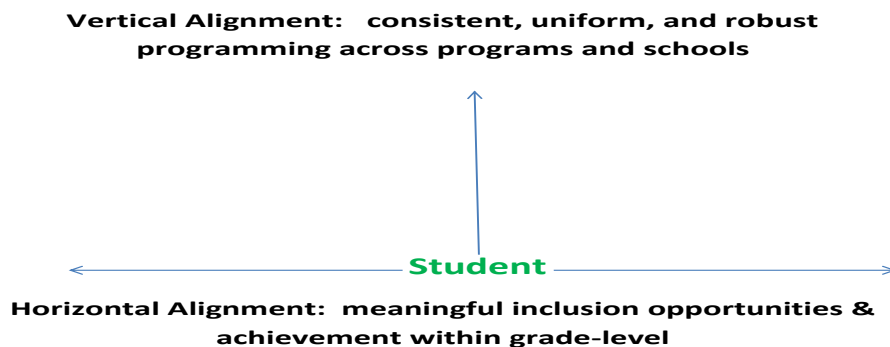
CONTINUUM OF SUPPORTS

OVERVIEW

Although the term “continuum of services” is associated with special education, it is useful to broaden this definition to “continuum of supports” because it can be used to conceptualize a system of instructional and programmatic provisions for all students (i.e., students with and without disabilities). Ideally, this continuum provides programming, personnel, and resources to appropriately address the educational needs of students in the general education classrooms; or, if needed, in special education programs designed to be closely integrated to the general education environment.

The other framework that is inherent in a programmatic discussion encompasses the student-centric constructs of *horizontal alignment* and *vertical alignment*. Horizontal Alignment refers to practices that correlate special education instruction and supports to grade-level expectations; it can be measured academically by student achievement and more broadly by the quantity and quality of opportunities that SWDs have with their typical peers. Vertical Alignment is the degree to which the transition of SWDs as they progress from one grade, school, or program, is seamless; vertical alignment requires consistent, uniform, and robust programming that ensures the needs of SWDs are consistently met until they graduate or are deemed ineligible to receive special education services.

Figure 2: The two-dimensions of alignment



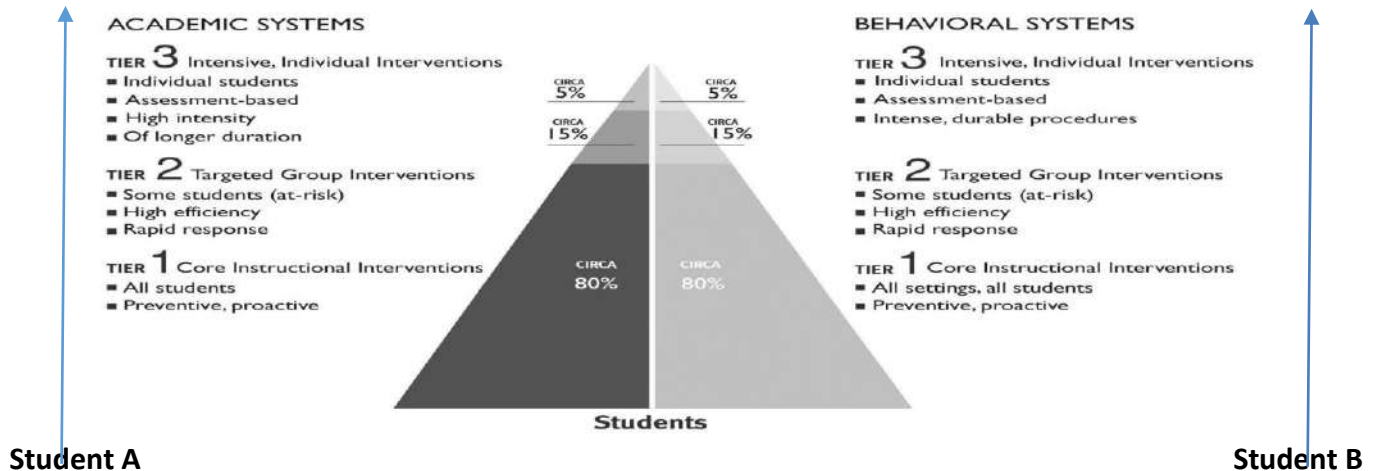
FINDINGS

Non-Mandated Services: Response to Intervention and 504 Plans

- It may be helpful to conceptualize the efficacy of Response to Intervention (RtI) using two practical examples. Using the traditional RtI as illustrated in Figure 3 below, consider two students who may require supports in two separate domains: academic (student A) and behavior (student B). In either case, the base of the pyramid is meant to serve these students, as with all students, with interventions that are: (1) explicitly linked to curriculum; (2) proactive; and (3) delivered in the general education setting. With the

assumption that the students are not responding to the Tier 1 instruction, each subsequent tier becomes more targeted, intense, and individualized in the domain that the student is requiring support with

Figure 3. The RtI Framework



- Interviewees described RtI as in its very early stages of development, and variable from site to site and across levels within the district. Progress toward RtI was reported as greater at the elementary level than at the secondary, although tiered interventions, particularly Tier II and Tier III, were reported as not yet in place at any level.
- Some interviewees expressed concern over the RtI process at Duzine elementary school, noting that a tendency to wait too long to recommend to CSE may result in gaps in numeracy and literacy. Moreover, these same interviewees perceived that the RtI at Duzine is a “wait and see” approach to struggling students, as opposed to advocating early-identification and intervention. Perhaps relatedly, it was indicated the 24 of the 36 SWDs at the primary building have been assigned either a 1:1 teacher aide, or a shared teacher aide.
- One of the “meta” indicators of the overall success of a District-wide RTI process is to compare the District’s disability classification rate to other Districts in the State of New York: The District’s current classification rate of approximately 13.9% is in line with the state average. Another important longitudinal indicator is to compare the special education population across 5 years’ time to determine if interventions have resulted in an attenuation of the classification rate. An analysis of the data reveals that the special education population of 13.9% compares to its rate of 13.04% in 2007. It is notable, from a statistical perspective, that 50 new classified students enrolled in the District in 2013; this has increased the percentage by .5%.
- As excerpted from Appendix B, a substantial increase in the number of students receiving 504 supports is noted over the past 3 academic years. Students found eligible for a 504 Plan have increased by 42% since 2011-2012 (2011-2012, 101; 2012-2013, 127; 2013-2014, 144). The most often referenced primary impairments included AD/HD (6), visual perceptual and/or tracking deficits (6), and specific medical

diagnoses (5). Several students presented with multiple areas of impairment, such as ADHD, anxiety, and sensory processing.

Continuum of Services for SWDs

- In addition to its fulltime ICT program, the intermediate school has self-contained 15:1 but no resource room services. The middle school was reported as maintaining resource room, self-contained 15:1 and ICT in all four content areas; the high school has ICT in only grade nine, a 15:1 math class; and one section of grade 10 science. The high school also had a 12:1:1 Life Skills class which was serving approximately 4--5 students, though it was reported that no transition planning component existed.¹

With specific regard continuum of services, placement appears to be inconsistent mostly across the population students with a primary educational disability either of Specific Learning or Speech/Language. In evaluating the IEPs, we could not establish a consistent pattern or patterns of student profiles for the settings (i.e., integrated, 12:1:1, 15:1:1). Students with similar learning and deficit profiles are placed in settings in either an integrated or pull-out setting, seemingly without proper evidence-based justification.

- Regarding the continuum of special education services in the vertical “plane,” it was perceived by respondents as incomplete and, in some instances, illogical. For example, the District appeared to provide more intensive special education services at the intermediate and middle schools than at the primary building; seemingly inconsistent with the concepts and efficacy of early-intervention. For example, the primary building is moving toward an ICT model, while the intermediate school continued to have a fulltime co-teaching model in place.
- Several interviewees reported that the district had experienced an influx of SWDs in the past year; several moving in from neighboring districts that had experienced significant reductions in staff and programs. Not surprisingly, the District served SWDs with mild to moderate needs, while placing those with more significant or severe disabilities in out of district programs; particularly those provided by BOCES. Respondents indicated a sense that the out of district programs were appropriate to the needs of the students served by them, yet, expressed concern that more students were not served within the District. There was expressed support to the idea of a “bring back” initiative; particularly with respect to some SWDs on the autism spectrum, who were currently in out of district programs.
- With respect to the 44 out of District placements, the demographics are as follows:
 - Private Residential=4
 - Private Day=13
 - Public (mostly BOCES)=27
 - Emotional Disability (17)

¹ Interestingly, it was reported that SWDs at the high school had performed well on the various mandated NYS assessments

- Largest OOD disability grouping; relatively small in-district numbers (about 21)
- Cohort of about 12 HS students in BOCES programs

The 44 students represent an expected 13% of the entire special education population, and a review suggests either a strong emotional component or ASD component to the student profiles.

- For those students for whom non-traditional programs seemed indicated, the district had turned to BOCES as the primary provider of choice. These program offerings included half--day academic classes, coupled with an array half--day career and technical education programs (CTE).

Staffing

- It is not possible to consider the efficacy of the District's continuum of services and the concomitant horizontal and vertical alignment without an understanding of the current staffing models. To this end, the personnel under review available to support special education students was gauged by benchmarking the number of full-time equivalent (FTE) staff members to this overall in-District special education population of 336 students (as per the most recent data). In essence, this statistic is an "availability ratio index (ARI)" and allows an equivalent comparison of other districts with respect to staffing from a "macro" perspective

Table 1. A Comparison of Actual FTEs to Expected FTE Across Disciplines

Discipline	Actual FTE	Actual Ratio of SWDS to Personnel	Expected Ratio-National Averages
<i>Special Education Teachers</i>	30	11.2	10:1
<i>Speech-Language Pathologists</i>	4.3	78:1	50-80:1
<i>Occupational Therapy</i>	2.2	152:1	185:1
<i>Physical Therapy</i>	1	336:1	350:1
<i>Para-educators</i>	44	7.6:1	8:1
<i>Psychologists**</i>	2	1,275:1	700-1,000:1 (all students)

**inclusive of a FTE Occupational Therapy Assistant*

***note that the ratio of all 14.2 behavioral health providers (2 psychologists; 4 social workers, and 5 guidance counselors) equates to a ratio of 1 behavioral health professional to every 31 SWDs, which is lower than expected levels. However, as with many districts with a relative paucity of school psychologists, they are used as exclusively diagnosticians in the District.*

- Although the numbers of staff are generally expected levels, there are a number of points that warrant consideration.
 - Although the number of S-LPs are generally within expected levels, the IEP Review presented in Appendix A and Workload Analysis presented in Appendix C suggest the potential to make the S-LPs more selective, and hence productive; that is, the use of a refined frequency chart (as explicated in the Recommendations section) will ensure that students receiving S-LP services will receive no more or less than is necessary.
 - The 44 FTE paraprofessionals funded through special education equates to a generous ARI of 7.6:1. This is reflective of a tendency for some staff to deviate from the standardized protocol for the assignment of 1:1 or shared (i.e., those not assigned to the 6:1:1, 8:1:1, 12:1:1, or 15:1:1 classrooms) para-professionals.

RECOMMENDATIONS

Non-Mandated Services: Response to Intervention and 504 Plans

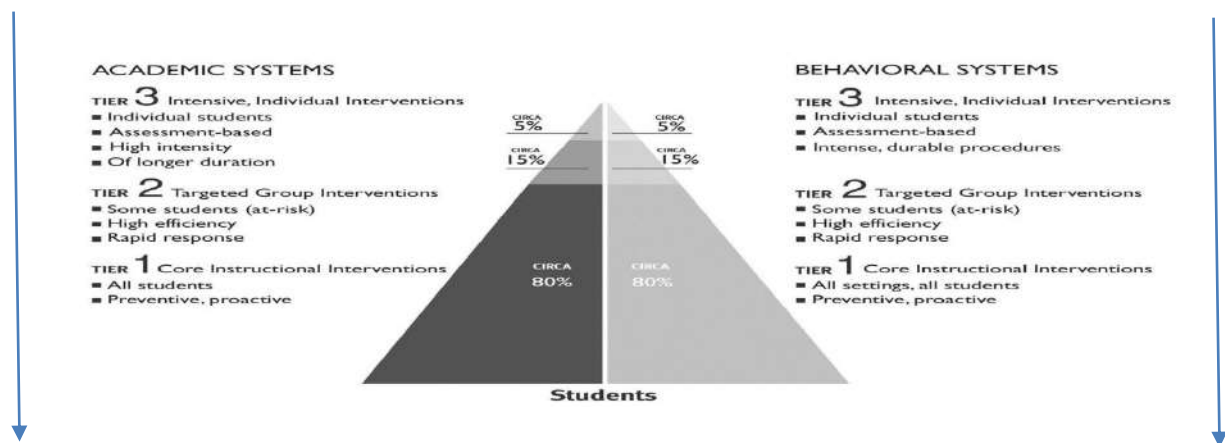
- In order to increase school-based capacity, awareness, and implementation of the RtI framework the following is suggested: At periodic meeting, staff will share and discuss: (1) data on how students are performing in core instruction (Tier 1) as well as those receiving additional instruction and support in Tiers 2 and 3.
- As part of the parent outreach, continue to educate parents on the continuum of supports outside the singular purview of special education programs and personnel. In this manner, further understanding will be fostered to ensure that parents, advocates, and other community members correctly view special education as just one option along a continuum to support all learners. In particular, this important communication will help attenuate ill-will at those IEP meetings where some stakeholders may see the IEP an entitlement or a never-ending service – regardless of eligibility or ongoing need, and not just one of the many services the District offers to support all students.
- Coordinate all District options for interventions (academic, behavioral, AIS, summer programs, after school programs, homework clubs, tutoring, parent involvement, volunteer programs, etc.) and develop a coordinated system to provide support for all students.
- RtI processes and procedures at all schools should be reviewed to determine the extent to which they are effective and consistent with the District model. As necessary adjustments to these processes and procedures should be implemented to ensure consistency and continuity throughout the District. Interventions, and those who provide those interventions, should be reviewed at all schools to determine the fidelity of implementation and the efficacy of the current service delivery model. School master schedules, instructional priorities, and staffing, should be reviewed to ensure sufficient time is allocated for students needing additional time and intensity of instruction. Adjustments should be implemented as necessary to replicate best practices (effective and efficient) at all schools.

- Once RtI is more systematic and operational across all schools with respect to processes and procedures (e.g., timely/effective interventions, use of data to evaluate/problem-solve issues of student learning) it may be “reversed” (i.e., the RtI pyramid is in effect inverted) as a systematic step-down for students who are no longer eligible for IEPs. This is best illustrated by revisiting our two hypothetical students. In this scenario, assuming the students were deemed eligible for exiting an IEP, the tiers comprising the RTI model may be used to support the students in academic (Student A) and behavioral (Student B) domains. In this sense, the robust nature of RTI is illustrated because it provides a platform to address student needs, irrespective of their previous special education status.

Figure 4. Utilization of the “Step Down” from an IEP

Student A

Student B



The expansion of RtI processes as a step-down approach will provide students with needed supports that not need be under the domain of special education, and perhaps appropriately reduce the number of students in special education.

- It should be noted that 504 plans are designed to ensure access to the educational programs of the school district, and should be outside of the programmatic, legal, and cultural purview of special education unless absolutely necessary. Most of what is being provided should fall under differentiated instruction and in-class accommodations (e.g., seating, teaching strategies, interventions, etc.). In short, the spirit of a 504 plan is to allow a student to receive accommodations and modifications within the classroom and should be far less intensive than an IEP.

To this end, The District should provide intensive professional development related to the appropriate use of section 504 thereby ensuring that staff understand of how these plans should be developed. Once this is firmly established in the district, it is essential that parents be made aware of the appropriate use of section 504 accommodations. Special education and related services should not be provided through 504 plans and students who have educational deficits, but not a disability that substantially interferes with life functions, should not receive 504 accommodations.

Continuum of Services

- In order to support the vertical alignment of the continuum of services and programs, and thus their ultimate success in providing students with the best possible education, services, and experiences, it is recommended that the following priorities be established:
 - Provide greater definitions and descriptions for each special education program and offering, with level of need and educational profile being the primary determinants. In this manner: (1) students with similar levels of need can be more effectively supported with services, interventions, and programming; (2) it will be easier for the CSE teams to ensure appropriate transition to subsequent programs; (3) students will be placed in the least restrictive environment; and (4) parents and other stakeholders will have a better understanding of guidelines that will necessitate either the same level or a change of programming.
 - In order to enhance communication among the self-contained staff, and thus vertical alignment in consistency and continuity of programs, it will be beneficial to provide them designated times throughout the year to collaborate.
 - Establish clear vertical alignment for the special education programs from kindergarten to 12th grade so that students have access to consistent frameworks and curriculum as they progress. To this end, it is suggested that there be a “vertical alignment task force.” Although the authors defer to District leadership regarding the composition of this team, it is suggested that it be led by the Assistant Superintendent for Educational Programs, with school principals, the director of PPS, coordinators of special education, and other required team members. Furthermore, it is suggested that the Vertical Alignment team work within the following parameters:
 - Meet monthly
 - Produce a written product to the Superintendent every two to three months
 - Share progress at board meetings quarterly
 - At the end of the 2014-2015 school year, produce a document detailing the expected alignment of programs and services for posting on the District’s website
 - The forthcoming discussion regarding severity matrices and associated eligibility criteria for the speech-language, occupational therapy, physical therapy, and paraprofessional supports should be used for District students in OOD placements when drafting an IEP. This will promote student independence and result in significant cost-avoidance for those programs that are “a la carte.”

Staffing

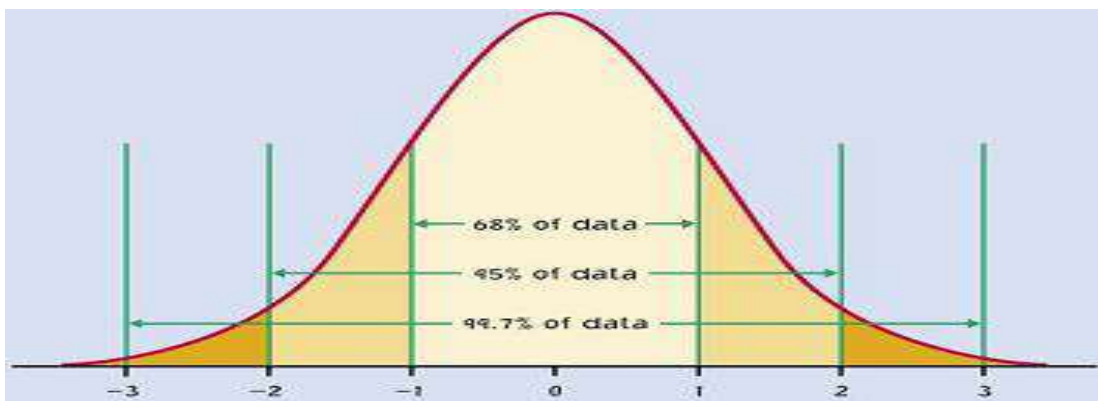
- Considering enactment of the severity matrix, the following IEP-directed time for students requiring speech-language services is based on the following normal distribution model and accompanying assumptions.²

Of All Students Falling Below 1 and 1 ½ SD Below the Mean (7%)

Those Falling Between 1 ½ and 2 SDs 68%

Those Falling Between 2 and 2 ½ SDs 25%

Those Falling Below 2 ½ SDs: 7%



Projections

<u>Students</u>	<u>Number</u>	<u>Units**</u>	<u>Totals</u>
Between the 1 ½ and 2 standard deviations	86	1	86
Students falling between 2 and 2 ½ SD	32	2	64
Students falling under 2 ½ SD	10	3	30
<u>Students on Speech Improvement Plans</u>	<u>24 (baseline)</u>	<u>1</u>	<u>24</u>

Grand Total: 204 Units (102 hours of weekly services)

**** a unit is 30 minutes of student directed time**

² The statistical cut-off scores of 1.5 standard deviations below the mean advocated by states (Colorado, 2001; Tennessee, 2003; Virginia, 2006; Idaho, 2007; New Jersey, 2007; South Dakota, 2007; and Connecticut, 2008). Other states such as Wisconsin (a 1.75 standard deviation standard) have more stringent criteria.

- The “true” number of paraprofessionals, especially 1:1 paraprofessionals, needs to be based on objective student need, Least Restrictive Environment, and enhancing student independence. However, should the number of 1:1 paraprofessionals be appropriately attenuated based on these legal and programmatic parameters, the District may consider re-allocating these finite monies to other needs within the District—whether special- or general education.

The District may consider adding quantitative parameters for eligibility for para-professional supports. In this manner, further parity and equalization of access to services can be ensured for the students across the District, irrespective of the level of parental or legal advocacy. As per a best practices *modus operandi*, the District’s “default” model will be to assign paraprofessionals to teachers and programs and not to specific students.

If paraprofessional supports are deemed necessary beyond the programmatic assignment of the paraprofessional, it is recommended that objective, measurable, and explicit IEP goals specifying corresponding functional skills that will allow attenuation (if not complete discharge of the paraprofessional supports) be included as a featured component of the IEP. The authors will provide District leadership with a sample rubric that encompasses all of these parameters. This will promote student independence and self-sufficiency and maximize the use of the District’s resources.

SUMMARY AND FINAL COMMENTARY

In essence, the challenge facing the District is that of virtually all others: How to provide mandated (i.e., special education) services in the face of the perfect storm of dwindling federal, state, and local revenues with a growing and increasingly complex student population. The authors have presented recommendations that will result in greater programmatic and financial outcomes. We reiterate those, according to the related constructs of *Best Practices* and *Fiscal Efficiencies* that will have the most immediate impact on the fiscal and programmatic components of the District’s special education services.

1. With existing resources, continue to enhance building-level capacities to support SWDs and staff.
2. Improve the processes, procedures, and oversight of the RtI process in order for it to become a more effective and uniform method to support all learners.
3. Continue to enhance the vertical articulation of in-district programs to support students as an alternative to out of district placements and to create a simultaneous platform for a “keep in program” with requisite staff, programs, and resources.
4. Re-calibrate criteria and roles for the related service providers, allowing them greater flexibility to support all areas of the District’s delivery system.

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APPENDIX A: IEP REVIEW

Related Services

- Quantitative and qualitative analyses of 100 district IEPs reviewed direct and indirect service time, service delivery models, goals and objectives, and internal consistency of information pertaining to the related service areas of speech-language pathology (S-LP), occupational therapy (OT), physical therapy (PT), and behavioral health (BH). Information gleaned from the analyses will assist in the development of recommendations intended to facilitate program effectiveness, enhance student achievement, maximize student learning, and capitalize upon staffing and cost effectiveness.
- An analysis of the District's implementation of types of service models suggests that the District is relying heavily upon direct pull-out services, thus limiting the maximization of student participation within the general education curriculum, and minimizing therapist-teacher collaboration.
- The relationship between direct and indirect service time within the District reflects an underutilization of the indirect service model. At least in accordance with the District's legal obligations as put forth in the IEPs, a very small amount of time is devoted to teacher-therapist consultation across all four related service disciplines included in this analysis. The indirect delivery of services (i.e., direct consultation with teachers and other related service providers) is invaluable to a collaborative team effort, as well as the generalization of skills across a student's curriculum.
- Similarly, push-in services, whereby the related service providers deliver intervention within the general education classrooms, is also an underutilized service within the District. This model enables teachers, paraprofessionals, and students to maximize a student's generalization of targeted skills across her/his academic environment. Additional benefits include a service provider's ability to model and consult with classroom staff.
- A weak negative correlation (-.27) between total service minutes (SL-P, OT, and PT) and student age suggests poor adherence to the front loading model. This model describes a framework whereby the greatest intensity of services are focused on younger students, and as students advance in age, service minutes gradually decline.
- The data show greater than expected service time across the mean, median and mode for all three related service disciplines (S-LP: 85, 90, 100; OT: 46, 50, 50; PT: 50, 50, 50). The interpretation of these data as being higher than anticipated is supported by trends of elevated service times at the individual student level. Of the 82 students receiving SL-P, OT, and/or PT, nearly 33% (27 students)

were determined to be receiving more treatment minutes than was deemed appropriate given the student's stated needs and targeted skills. This is most notably occurring for speech/language services and especially prevalent at the middle school level. The intensity of speech/language minutes for all 20 middle school students in the sample is poorly aligned student need. While some do not meet the commonly accepted eligibility criteria reviewed later in this document, many others in this cohort are receiving service minutes incongruent with stated areas of need and skill areas targeted. Quite contrary to the front loading model, speech/language service intensity appears to increase as the students move from elementary school to middle school. The number of direct weekly speech/language service minutes per middle school student averages 94, while elementary students analyzed are receiving an average of 77 minutes per week.

- Of the 82 students with S-LP, OT, or PT, 13% (11) of students were determined to be receiving at least one related service for which the need was not supported by evidence. In many of these cases, standardized scores suggested that students were performing in the average range or slightly below the average range (above 1.5 standard deviations below the mean), yet still receiving the service. When considering eligibility for related services, a commonly accepted parameter is comprised of a considerable deficit (as defined by a standardized score at least 1.5 standard deviations below the mean) which significantly impacts a student's ability to access the academic curriculum.
- The implementation of appropriate eligibility criteria is a concern for students receiving behavioral health interventions. For a substantially sized subset of the 48 students receiving counseling services, the IEPs did not contain information substantiating the need for such interventions, such as evidence that suggested a significant social, emotional, or behavioral deficit that adversely impacted the student's access to the curriculum.
- The integrity and internal consistency of the IEPs were also evaluated. Particular attention was paid to measurability of goals and objectives, the extent to which information within the PLAAFP was consistent with services rendered, and the alignment of goals to the curriculum. Although overall measurability was judged to be adequate, there was a subset of goals that were vague, confusing or unable to be measured in quantitative terms. Although not true for all IEPs, a relatively restricted set of speech/language goals is used, and therefore the target of interventions for some students may not be maximally aligned with areas of need.

Academics

- The analysis was comprised of the IEPs of 65 students carrying a primary educational disability of Specific Learning, Speech/Language, or Emotional. This specific analysis was conducted in order to collect information regarding the District's qualification criteria for special education services and selection of educational disabilities. The analysis revealed specific trends, as well as discrepancies between the expected and actual qualification criteria utilized by the District.

- Per the statutes and regulations of IDEA 2004, several factors must be considered in the determination of eligibility. Special education services can only be provided if the educational Team has determined: 1) the presence of an educational disability; 2) ineffective academic progress resulting from the disability; and 3) the need for specialized instruction.
- A main component to determining the presence of an educational disability (e.g., Specific Learning Disability, Speech/Language) lies in the findings from a comprehensive set of assessments, often including, but not limited to, cognitive testing, achievement testing, and speech/language testing. Although the federal law does not specify in normative testing terms what qualifies as an educational disability or what qualifies a student for specialized instruction, a commonly accepted criterion of standardized scores falling 1.5 standard deviations below the mean (with the mean equaling 100 with a standard deviation of 15 standard points) indicates that a disability may be present.
- In consideration of this standard, the educational Teams across the District exhibited inconsistent adherence when determining eligibility for services and qualification under Specific Learning Disability. Of particular note was the substantially-sized group of students for whom the information presented in the IEP did not support eligibility for special education, academic services, and/or related services (i.e., standardized scores were not 1.5 standard deviations below the mean or lower and no other deficits were described to substantially impact the student's ability to access the curriculum).
- Specific Learning Disability and Speech/Language Disability comprise a large percentage of the District's overall special education population; however, our analysis reveals a substantially sized number of students that do not meet the standards necessary to qualify for special education services. This subset of IEPs report results from cognitive, achievement and/or speech/language assessments within the average, low average or mildly below average ranges (i.e., definitively above 1.5 standard deviations below the mean).
- Contradictory information regarding a student's present level of need or functioning adversely impacted the internal consistency of the individual student documents and overall placement decision. For example, a student's cognitive and achievement scores may fall within the average range, yet the PLAAFP reports a significant need for support in mathematics and service delivery grid reflects an integrated placement.
- IEPs of students with a primary education disability of Emotional contain well-written and well-aligned counseling goals and services; however, the alignment of the academic services reflected by the IEP tends to be poor, as both placements and interventions are noted to be inconsistently aligned with student academic need. For example, while some students presenting with average academic skills, as evidenced by standardized test scores, have academic goals, other students show documented academic deficits and do not have goals targeting these skill areas.

- Another notable trend is the changing availability of academic services spanning across the ages. Based on the analysis of the IEPs, placement tended to move from integrated academics at the elementary level, to a combination of 15:1:1, integrated and resource services at the middle school level, and typically resource only services within the high school setting.

Para-professionals

- Students within the District receive 1:1 paraprofessional support for a variety of needs, including medical/safety, academic, attention/focus, transition, and behavior. Evaluated IEPs of students who receive this service reflect a variation in necessity. While some 1:1 paraprofessional support was well-substantiated, other IEPs either do not present an adequate amount of information needed to evaluate necessity, or did present information that does not support the need for all-day 1:1 support. There are a couple of excellent examples of IEPs that suggest the Team plans to fade 1:1 paraprofessional supports and increase student independence.
- Shared paraprofessionals are especially prevalent at the elementary level, and an overall reduction in access to these services is observed as students increase in age. The analysis suggests many instances in which access to a shared aide is warranted. Many students who are deemed to be receiving this support unnecessarily are in fact the aforementioned students who appear not to qualify for any special education services.

APPENDIX B: 504 REVIEW

- A review of a subset of 30 504 Plans was conducted in order to evaluate the accommodations and services rendered via the current Plans. Reviewed students ranged in age from 6 to 18, with a mean age of 12.5 years.
- A substantial increase in the number of students receiving 504 supports is noted over the past 3 academic years. Students found eligible for a 504 Plan have increased by 42% since 2011-2012 (2011-2012, 101; 2012-2013, 127; 2013-2014, 144).
- The most often referenced primary impairments included AD/HD (6), visual perceptual and/or tracking deficits (6), and specific medical diagnoses (5). Several students presented with multiple areas of impairment, such as ADHD, anxiety, and sensory processing.
- Half of students in the subsample were receiving accommodations only. This group was comprised almost entirely of students with medical needs, students with visual processing, perceptual and/or tracking deficits, and students with AD/HD. Common accommodations included extra time for the completion of classroom assignments and testing, frequent breaks, access to a word processor, refocusing and redirection, special seating arrangements, and other organizational supports.
- The remainder of the students received direct or indirect services from at least one related service provider, such as a speech/language pathologist (1 direct), occupational therapist (0 direct), physical therapist (1 direct, gross motor deficits were not defined), counselor (5 direct), or hearing specialist (1 direct). Many students had received direct occupational therapy services at one point, but all had been dismissed from direct services.
- The most notable subgroup, ranging in age from 12 to 15 years, was the students diagnosed with an autism spectrum disorder (4). The disorder was typically identified as Asperger's syndrome, thus suggesting that these students are statistically more likely to possess better academic skills than their counterparts enrolled in substantially separate classrooms; however, these particular students were described as having social language deficits, perseverative behaviors that were a distraction during class, executive functioning deficits, and/or sensory integration needs. Two students were receiving a direct service (speech/language intervention and counseling). One student at the time of his/her 504 meeting was hospitalized due to significant behavioral/mental health concerns.
- Two additional students presented with impairments that may warrant services rendered under the umbrella of special education. One student was receiving direct hearing services within the classroom setting every other day for 40 minutes. The student presented with a profound hearing loss in one ear and a mildly to moderately severe loss in the other. An additional student whose

impairment was identified as stuttering was receiving neither direct nor indirect speech/language services. Accommodations for extended time on oral presentations were provided. Stuttering was described to “substantially limit” the student’s participation in class. Given this language, consideration for a special education referral may be appropriate.

APPENDIX C: WORKLOAD ANALYSIS

Discipline Workload Summary - Speech and Language Pathology

Total Hours Analyzed	146.5	
Number of Staff	5	
Number Full Time Equivalent (FTE) Staff	4.2	
Total Hours Minus Testing	145.5	
Total Testing Hours (% in italics)	1	0.7%
Total Direct Service Hours (% in italics)	86.5	59.5%
Individual	23.5	27.2%
Group	58.5	67.6%
Consult	4.5	5.2%
Total Indirect Service Hours (% in italics)	59	40.5%
Travel	4.75	8.1%
Other	54.25	91.9%

Therapist Caseload Ranges

	MIN	MAX
caseload	10	38
weighted case	11	38

Therapist Workload Percentages

	MIN	MAX
group	58	83
individual	13	42
consult	0	12
direct	48	67
testing	0	3
other	22	46
travel	0	11



	AVG	units/caseload
caseload	25.6	3.09
weighted case	31.2	
units	79	

Individual Breakdown of Weekly Workload by Therapist

SLP Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	2.5	3	3	1.5	3	13	0.58	38.00	38.00	97.00
individual	2	1.5	1.5	3	1.5	9.5	0.42			
consult	0	0	0	0	0	0	0.00			AIS
direct	4.5	4.5	4.5	4.5	4.5	22.5	0.67			10
testing	0	0	0	0	0	0	0.00			
other	2.25	2.25	2.25	2.25	2.25	11.25	0.33			
travel	0	0	0	0	0	0	0.00			
Total Hours	6.75	6.75	6.75	6.75	6.75	33.75	1.00			
SLP Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0	2.5	0	2.5	0	5	0.83	10.00	38.00	20.00
individual	0	0.5	0	0.5	0	1	0.17			
consult	0	0	0	0	0	0	0.00			AIS
direct	0	3	0	3	0	6	0.67			7
testing	0	0	0	0	0	0	0.00			
other	0	1	0	1	0	2	0.22			
travel	0	0.5	0	0.5	0	1	0.11			
Total Hours	0	4.5	0	4.5	0	9	1.00			
SLP Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	2.5	2.5	2.5	2.5	2.5	12.5	0.75	11.00	11.00	56.00
individual	0.75	0	0.75	0	0.75	2.25	0.13			
consult	0	0.75	0	1	0.25	2	0.12			AIS
direct	3.25	3.25	3.25	3.5	3.5	16.75	0.48			
testing	0	0	0	0	0	0	0.00			
other	3	3	3	2.75	2.75	14.5	0.41			
travel	0.75	0.75	0.75	0.75	0.75	3.75	0.11			
Total Hours	7	7	7	7	7	35	1.00			
SLP Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	3.5	2.5	3	3	2.5	14.5	0.65	38.00	38.00	121.00
individual	1	2	1	1.5	1.5	7	0.31			
consult	0	0	0.25	0.25	0.25	0.75	0.03			AIS
direct	4.5	4.5	4.25	4.75	4.25	22.25	0.66			7
testing	0	0	0.5	0	0.5	1	0.03			
other	2.25	2.25	2	2	2	10.5	0.31			
travel	0	0	0	0	0	0	0.00			
Total Hours	6.75	6.75	6.75	6.75	6.75	33.75	1.00			



SLP										
Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	2	3.5	2.5	3.5	2	13.5	0.71	31.00	31.00	101.00
individual	0.75	0.75	0.75	0.75	0.75	3.75	0.20			
consult	0	0	0.75	0.25	0.75	1.75	0.09			AIS
direct	2.75	4.25	4	4.5	3.5	19	0.54			
testing	0	0	0	0	0	0	0.00			
other	4.25	2.75	3	2.5	3.5	16	0.46			
travel	0	0	0	0	0	0	0.00			
Total										
Hours	7	7	7	7	7	35	1.00			



Discipline Workload Summary - Psychologists

Total Hours Analyzed	70	
Number of Staff	2	
Number Full Time Equivalent (FTE) Staff	2.0	
Total Hours Minus Testing	32.5	
Total Testing Hours (% in italics)	37.5	53.6%
Total Direct Service Hours (% in italics)	2.5	7.7%
Individual	0	<i>0.0%</i>
Group	0	<i>0.0%</i>
Consult	2.5	<i>100.0%</i>
Total Indirect Service Hours (% in italics)	30	92.3%
Travel	3.5	<i>11.7%</i>
Other	26.5	<i>88.3%</i>

Therapist Caseload Ranges

	MIN	MAX
caseload	NR	NR
weighted case	NR	NR

Therapist Workload Percentages

	MIN	MAX
group	0	0
individual	0	0
consult	0	100
direct	0	7
testing	43	64
other	33	43
travel	3	7



Individual Breakdown of Weekly Workload by Therapist

Psych Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0	0	0	0	0	0	0.00	200.00	200.00	NR
individual	0	0	0	0	0	0	0.00			
consult	0.5	0.5	0.5	0.5	0.5	2.5	1.00			AIS
direct	0.5	0.5	0.5	0.5	0.5	2.5	0.07			
testing	3	3	3	3	3	15	0.43			
other	3	3	3	3	3	15	0.43			
travel	0.5	0.5	0.5	0.5	0.5	2.5	0.07			
Total Hours	7	7	7	7	7	35	1.00			

Psych Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0	0	0	0	0	0	0.00	NR	NR	NR
individual	0	0	0	0	0	0	0.00			
consult	0	0	0	0	0	0	0.00			AIS
direct	0	0	0	0	0	0	0.00			
testing	4.5	3.5	5.5	4.5	4.5	22.5	0.64			
other	2.5	3	1.5	2.5	2	11.5	0.33			
travel	0	0.5	0	0	0.5	1	0.03			
Total Hours	7	7	7	7	7	35	1.00			



Discipline Workload Summary - Occupational Therapy

Total Hours Analyzed	70	
Number of Staff	2	
Number Full Time Equivalent (FTE) Staff	2.0	
Total Hours Minus Testing	67	
Total Testing Hours (% in italics)	3	4.3%
Total Direct Service Hours (% in italics)	39	58.2%
Individual	24	61.5%
Group	14.5	37.2%
Consult	0.5	1.3%
Total Indirect Service Hours (% in italics)	28	41.8%
Travel	1	3.6%
Other	27	96.4%

Therapist Caseload Ranges

	MIN	MAX
caseload	33	46
weighted case	33	46

Therapist Workload Percentages

	MIN	MAX
group	29	44
individual	56	69
consult	0	3
direct	50	61
testing	0	9
other	37	40
travel	1	1



Individual Breakdown of Weekly Workload by Therapist

OT										
Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0.5	0.5	2	2	0	5	0.29	33.00	33.00	55.00
individual	2	3.5	1	1.5	4	12	0.69			
consult	0	0.5	0	0	0	0.5	0.03			AIS
direct	2.5	4.5	3	3.5	4	17.5	0.50			
testing	1.5	0	1	0.5	0	3	0.09			
other	3	2.5	3	3	2.5	14	0.40			
travel	0	0	0	0	0.5	0.5	0.01			
Total Hours	7	7	7	7	7	35	1.00			

COTA										
Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	2	2.5	2.75	1.25	1	9.5	0.44	46.00	46.00	70.00
individual	2	2.5	2	3.5	2	12	0.56			
consult	0	0	0	0	0	0	0.00			AIS
direct	4	5	4.75	4.75	3	21.5	0.61			
testing	0	0	0	0	0	0	0.00			
other	3	2	2.25	2.25	3.5	13	0.37			
travel	0	0	0	0	0.5	0.5	0.01			
Total Hours	7	7	7	7	7	35	1.00			

AVG		units/caseload
caseload	39.5	1.58
weighted case	39.5	
units	62.5	



TVI										
Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0	0	0	0	0	0	0.00	4.00	4.00	17.00
individual	1	2	2	2	2.75	9.75	0.76			
consult	1	0.25	0.25	1	0.5	3	0.24			AIS
direct	2	2.25	2.25	3	3.25	12.75	0.38			
testing	0	0	0	0	0	0	0.00			
other	4.75	4.25	4.5	3.75	3	20.25	0.60			
travel	0	0.25	0	0	0.5	0.75	0.02			
Total Hours	6.75	6.75	6.75	6.75	6.75	33.75	1.00			

PT										
Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	1	1	1	2	0.5	5.5	0.29	21.00	21.00	42.00
individual	3	3	2.5	1.5	3	13	0.68			
consult	0	0	0	0	0.5	0.5	0.03			AIS
direct	4	4	3.5	3.5	4	19	0.54			
testing	0	0	0.5	0	0	0.5	0.01			
other	2	2.5	2.5	3	2	12	0.34			
travel	1	0.5	0.5	0.5	1	3.5	0.10			
Total Hours	7	7	7	7	7	35	1.00			