DELAWARE’S CONTINUOUS IMPROVEMENT SELF-ASSESSMENT

Interagency Coordinating Council  
Part C

General Supervision

Family-Centered Services

Public Awareness and Child Find

Early Childhood Transition

Early Intervention Services in Natural Environments

Partners Council for Children with Disabilities  
Part B

General Supervision

Parent Involvement

Secondary Transition

Free Appropriate Public Education in the Least Restrictive Environment

Prepared by the Delaware Co-Steering Committee  
with Support from Birth to Three Early Intervention System,  
Delaware Health and Social Services,  
and the Exceptional Children & Early Childhood Group,  
Curriculum and Instructional Improvement Branch,  
Delaware Department of Education

December 2000
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Document No. 95-01/ 00/ 12/ 06
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INTRODUCTION

The Office of Special Education Programs (OSEP) of the U.S. Department of Education is responsible for assessing the impact and effectiveness of State and local efforts to implement the mandates of the Individuals with Disabilities Education Act Amendments of 1997 (IDEA ‘97). The process by which impact and effectiveness are determined is referred to as the “Continuous Improvement Monitoring Process.” It reflects a comprehensive approach to overseeing a State’s ability to implement IDEA.

As part of the federal Continuous Improvement Monitoring Process, Delaware was selected by OSEP in the spring of 2000 to conduct a Statewide Self-Assessment regarding the provision of early intervention and special education services in the State. The Self-Assessment is intended to identify both strengths and areas of improvement, and/or potential compliance issues. Delaware’s Self-Assessment will yield information to form the basis for a State Improvement Plan.

OVERVIEW OF DELAWARE’S SELF-ASSESSMENT PROCESS

Delaware’s Self-Assessment began with the formation of a Co-Steering Committee with broad representation from stakeholders in Early Intervention Services (Part C) and Special Education Services (Part B). Because Delaware already had formed the core of such a committee and did not want to duplicate representation, existing Part B and Part C committees were expanded to include required stakeholders. Thus, the expanded Partners Council for Children with Disabilities (PCCD) became the Part B Steering Committee and the expanded Interagency Coordinating Council (ICC) became the Part C Steering Committee. Together they formed the Co-Steering Committee.

The Co-Steering Committee was charged with overseeing the development of the State’s Self-Assessment. This Co-Steering Committee worked in partnership with the Delaware Department of Education, Delaware Health and Social Services, and OSEP throughout the Continuous Improvement Process. Delaware’s Co-Steering Committee included representatives from:

- Parents of children with disabilities;
- Special education staff representing local school districts;
- General education staff from local school districts;
- Charter school representatives;
- Related service staff, public and private;
- Individuals with disabilities;
- Higher education faculty and staff;
- Governor’s Advisory Council for Exceptional Citizens members;
- Interagency Coordinating Council members;
- Early Intervention Program staff, including direct service providers, evaluators, service coordinators, and administrators;
- Childcare providers, Early Head Start, and child care training/referral agency personnel;
- Medicaid and Medicaid Managed Care Organization representatives;
- Parent Information Center representatives;
- Members of advocacy organizations;
- Department of Education staff;
- Delaware Health and Social Services staff;
- Public and community agency representatives; and
- Pediatricians.
Family members, public and community agencies, organizations, school districts, advocacy groups and other interested parties were invited to participate on the Co-Steering Committee. Each stakeholder was asked to commit for at least six months to assist in the development of the State’s Self-Assessment. Every effort was made to ensure diversity within this group and to include individuals who have been outspoken in their views of early intervention and special education. In order to ensure participation, support was provided by way of stipends and reimbursement of expenses through federal resources for parents and educators. In cases where representation was low, i.e. students, special focus groups were held to solicit input. Six Part C Focus Group meetings were held for families, providers, and service coordinators to obtain data unique to Part C. A complete list of the Co-Steering Committee membership may be found in Appendix A. A matrix reflecting the representation and diversity of the Co-Steering Committee is also included.

The work of the Co-Steering Committee was also supported by two out-of-State consultants. Ms. Ethel Bright of the Mid-South Regional Resource Center (MSRRC) assisted the Part B Steering Committee, and Ms. Cindy Oser of the National Early Childhood Technical Assistance System at Zero to Three (NECTAS) assisted in the Part C Steering Committee.

**Phase 1: Review of the data and development of the draft Self-Assessment.**

After the formation of the Co-Steering Committee, a general meeting was held to orient Committee members to the federal monitoring process. In order to expedite the process, cluster workgroups were established at this time to collect and review the data supporting strengths and areas of improvement. Part C cluster workgroups expanded upon existing ICC Committees and other groups already addressing these issues, wherever possible. Five Part C Cluster Groups were managed by the ICC-Part C Steering Committee:

- General Supervision (GS)
- Comprehensive Public Awareness and Child Find System (CC)
- Family-Centered Services (CF)
- Early Intervention Services (EIS) in Natural Environments (CE)
- Early Childhood Transition (CT)

There were four Part B Cluster Groups managed by the PCCD-Part B Steering Committee:

- General Supervision (GS)
- Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE) (BF)
- Parent Involvement (BP), and
- Transition from School to Post-School (BT)

Findings by cluster workgroups were subsequently brought to their respective Steering Committees. The results of these Part B and Part C meetings were later shared with the full Co-Steering Committee, which reviewed all of the findings and identified strengths and concerns. The Co-Steering Committee also provided a preliminary rating concerning their willingness to publicly support the findings.
The following is a summary of the PCCD-B, ICC-C and Co-Steering Committee meeting schedule.

<table>
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<tr>
<th>Date</th>
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| **June 21, 2000**| PCCD Part B and ICC Part C Co-Steering Committee  
Approximately 125 members attended this initial orientation to the federal monitoring process. The Delaware OSEP Team of Lois Taylor, Sheila Freedman, and Alma McPherson participated via conference call. |
| **July 13, 2000**| PCCD Part B Steering Committee  
Orientation to data and other information sources - a.m.  
Cluster subcommittees - p.m. |
| **July 25, 2000**| ICC Part C Steering Committee  
Shared preliminary findings and feedback from Early Childhood Transition and Family-Centered Services Clusters. |
| **August 22, 2000**| ICC Part C Steering Committee  
Preliminary findings and feedback from Public Awareness and Child Find System, General Supervision, and EIS in Natural Environments Clusters. |
| **August 23, 2000**| PCCD Part B Steering Committee  
Review of preliminary findings from General Supervision, Parent Involvement, and Secondary Transition. A presentation by Charles Smailer from the Office of Civil Rights regarding the status of the agreements with Delaware school districts. |
| **September 13, 2000**| PCCD Part B Steering Committee  
Review of preliminary findings from FAPE in the LRE Cluster. |
| **September 26, 2000**| PCCD Part B and ICC Part C Co-Steering Committee  
| **October 24, 2000**| ICC Part C Steering Committee review of Focus Groups and Provider Survey, both incorporated into the recommendations from five cluster groups. |
| **November 20, 2000**| ICC Part C Steering Committee  
Review of Public Focused Discussion Meetings and identification of cross-cluster strengths and areas of improvement from the five cluster areas. |
November 28, 2000  PCCD Part B Steering Committee
Review of Public Focused Discussion Meetings, Special Focus Groups and Parent Satisfaction Survey; identification of cross-cluster strengths and areas of improvement from the four cluster areas.

December 5, 2000  Co-Steering Committee meeting to review the major findings and provide final input on Self-Assessment Report.

Copies of Co-Steering Committee and Steering Committee meeting summaries and evaluations are provided in Appendix F.

Phase 2 – The validation process.

A Parent Satisfaction Survey was conducted at the request of the Parent Involvement Cluster. The survey was distributed through building level administration to all parents of students receiving special education services (approximately 16,000). To date 1,721 have been returned. A summary report based on 1,298 responses is included in Appendix J.

Public Focused Discussion Groups were scheduled during the month of October and early November to obtain input from the general public. Seven evening meetings were held across the State and facilitated by trained staff from the Conflict Resolution Center of the University of Delaware. Additional facilitators received training from Center staff on September 11 and 19. Two of the meetings were conducted in Spanish with translators available for English-speaking participants. Interpreters for individuals with hearing impairments were available at all meetings.

The Public Focused Discussion Groups were held on the following dates and locations:

- Thursday, October 5; William Penn High School Auditorium, New Castle;
- Thursday, October 12; M.L. King Elementary School, Wilmington;
- Thursday, October 19; William Henry Middle School, Dover;
- Tuesday, October 24; West End Neighborhood House, Wilmington (meeting conducted in Spanish);
- Thursday, October 26; Sussex Central High School, Georgetown;
- Monday, October 30; Sterck School for the Deaf, Newark; and
- Thursday, November 2, Sussex Central High School, Georgetown (meeting conducted in Spanish).

These public discussions were advertised in the media and posted on a number of websites. Additionally, 1,100 notices were sent in September to families with children eligible for Part C services, early intervention providers, and to agencies and organizations listed in the Delaware Central Directory of Services for young children with special needs. Flyers were sent to all parents of school-aged children with disabilities.
A total of 95 participants attended the various Public Focused Discussion Groups. Of these, 49 were parents and 46 were other interested stakeholders. Thirteen of the attendees at the discussions attended Part C sessions. The rest attended Part B sessions. A summary of the recommendations generated by the Public Focused Discussion Groups are included in Appendix G.

These meetings used questions developed by OSEP as guides for public input. The comments generated by participants at these meeting were used by the various Part B and C clusters to identify concerns that the Co-Steering Committee may have missed, to validate the findings by the Co-Steering Committee, and to provide data to help prioritize areas in terms of the State Improvement Plan.

Several key stakeholder groups were invited to participate in additional focused discussion meetings. Forty-five students with disabilities participated in meetings held in five Delaware high schools to discuss their experiences in special education. Mr. Mark Chamberlin and Ms. Regina Greenwald of the Transition Quality Management Project facilitated these meetings. The questions used with the students were taken from the OSEP Guide and adapted for students. A summary of the discussions and comments are included in Appendix H.

Also during the months of October and November, invited focused discussions using the OSEP questions and the trained facilitators were conducted with the following groups:

- Regular and special education teachers invited by way of the Delaware State Education Association (two meetings where approximately 25 regular and special education teachers participated);
- School administrators from the Delaware Association of School Administrators Executive Board (17 participated);
- Delaware Autistic Program parents and staff (21 participated); and
- The State Council for Persons with Disabilities (19 participated). The State Developmental Disabilities Council was also invited to participate in this discussion but only the Executive Director attended.

Summaries of these meetings are included in Appendix G.

**Phase 3 – Review of the additional public input and finalization of the Self-Assessment Report.**

Following the conclusion of the public meetings, the cluster work groups reviewed the feedback and incorporated it into their final summaries. The Part B and the Part C Steering Committees subsequently reviewed their respective cluster reports. Cross cluster summaries were developed before being presented to the full Co-Steering Committee in early December for final approval.
Summary of Commonalities Across Cluster Findings – Part C

Overview of Part C Steering Committee

The Part C Steering Committee met a total of four times in half-day meetings beginning in July 2000. This Committee was derived from the statewide Interagency Coordinating Council (ICC) with other stakeholders added. The complete membership of the Part C Steering Committee may be found in Appendix A. The Part C Steering Committee's purpose was to provide feedback and comment to the Part C Cluster Workgroups and assist them in developing their conclusions and reports. The functions of the Part C Steering Committee were to provide support and feedback to the Cluster Workgroups, arrive at a consensus on the findings of the Part C Self-Assessment, and oversee the Self-Assessment process for Part C. The committee also provided guidance for the implementation of the Focus Groups, Public Meetings, and the Provider Survey.

The primary objective of the Self-Assessment is to examine the data and make decisions about the strengths and areas of improvement. Strengths include innovative projects and promising practices promoted by the Birth to Three Early Intervention System. Areas of improvement include ways to expand and enhance the Birth to Three Early Intervention System. The Part C Cluster Summaries report an overview of these findings, and further details are documented in the Part C Cluster Worksheets. The cluster workgroups also identify some potential improvement strategies.

The Part C Steering Committee meetings were facilitated by support staff from the National Early Childhood Technical Assistance System (NECTAS) at Zero To Three (Cindy Oser) who assisted the committee in evaluating and synthesizing feedback from the presentations of each cluster workgroup. Feedback for the cluster workgroups was provided in oral comments at the meetings, in cluster-specific written comments through the use of input sheets, and through review of cluster worksheets and executive summaries. The facilitator also provided written meeting summaries and evaluations of committee meetings. These may be found as attachments to minutes from these meetings (see Appendix F). Feedback was also solicited from stakeholders through their independent review of draft versions of the Part C Data Book, Cluster Worksheets and Cluster Summaries.

The ICC will continue the work of the Delaware Continuous Self-Assessment, through existing ICC committees and through collaboration with the Partner's Council for Children with Disabilities (PCCD). PCCD is inclusive of Part C representation and has the responsibility to develop Delaware's State Improvement Plan. Improvement strategies will be further developed within ICC Committees that address cluster issues, and action plans with timelines will be established. The ICC Committees, which address the specific cluster areas, are referenced within the overview section of each Part C Cluster Summary.

Part C Data Book

Preparation of the Part C Data Book for the Self-Assessment consisted of a range of collaborative efforts between the data analyst, under contract with the Center for Disability Studies, University of Delaware, the Birth to Three office, and the Part C Cluster Workgroups. Initial tasks for each workgroup entailed identifying potential data sources that were available both internally and externally. A complete list of data sources and referenced materials are included as an Appendix titled Part C Data Book Cross Reference Index. The Part C Data Book is an exhibit to Delaware's Continuous Improvement Self-Assessment Report. The Part C Data Book is organized with figures,
tables, and appendices by Cluster Area. Part C Cluster Worksheets refer directly to the data sources in the Part C Data Book. Examples of the data sources include:

- Family Survey Reports (1997-2000) – an annual survey completed in cooperation with the Center for Disability Studies at the University of Delaware
- Chart audits - quality management data collected as part of the on-going State Lead Agency (LA) and local Child Development Watch (CDW) programs’ monitoring process. Periodic reviews of case records are completed by CDW staff and annually by the Part C Birth to Three Early Intervention System staff
- Interagency Agreements, Memoranda of Understanding (MOUs), vendor/provider agreements, and Department and Division level policies/procedures documents
- Training records and public awareness materials distribution records from the Part C Birth to Three Early Intervention System
- State Part C Grant applications
- ICC Meeting minutes
- Part C Annual Reports
- Children with Special Health Care Needs Survey and Report (Ratledge, 2000)
- Internal compilations of division level data for internal evaluation processes
- CDW Monthly Monitoring Reports (aggregate summary data from ISIS)
- Reports submitted to OSEP (e.g., December 1 Reports)
- Queries of ISIS data

Additional data gathered during the Self-Assessment included a Provider Survey of early intervention providers (both administrative and direct service personnel), and input through a series of Public Meetings and from targeted Focus Groups. These data are discussed in further detail in the Data Book or in the appendices to this report.

From these data sources, specific data were identified, tabulated (as needed), and analyzed using both quantitative and qualitative approaches. Quantitative data were typically prepared using descriptive measures for analysis while qualitative data were textually summarized for inclusion in the data book. Further quantitative analysis included preparation of summary graphs and/or tables. Aggregation of data, and/or data analyzed by geographic areas of the state was completed using Excel spreadsheets. For comparison purposes, data were analyzed for trends over time, in comparison with national data, and across data sources when possible. Presentations of data, analyses, conclusions, recommendations, and findings were completed by each cluster workgroup. The Part C Steering Committee and the Delaware Co-Steering Committee provided feedback on additional data sources, analyses, and recommendations. The Data Book was typically revised on a daily basis through the addition of new data, refinement of summary data, and feedback from cluster workgroup participants.
Consolidated Part C Cluster Areas Strengths and Areas of Improvement

The Part C Steering Committee met on November 20, 2000, for the purpose of developing a unified set of strengths and areas of improvement across the Part C Cluster Workgroups. Each cluster workgroup presented a summary of their overall findings within cluster areas to the Part C Steering Committee. Categorical descriptions of these findings were then utilized to identify common themes across the Part C clusters. The cluster(s) that identified these themes as strengths or areas of improvement are indicated in the parentheses. The Co-Steering Committee gave additional input to these findings at their final December 5th meeting.

The following are the consolidated strengths across Part C Clusters:

- **Outreach**: Outreach to families, hospital and community referral sources, and providers enables the Birth To Three Early Intervention System to identify eligible children through multiple sources and at an early age. (CC, CF)

- **Collaboration**: Collaboration in identifying eligible children, and integrating funding mechanisms creates opportunities for effective service coordination and service provision. (CC, CF, CE, CT, C-GS)

- **Evaluations**: Comprehensive evaluations of children enhance effective service delivery. Both children and families' strengths and concerns are addressed on the Individualized Family Service Plan. Families report that they are partners with staff in conducting evaluations. (CE)

- **System Evaluation and Improvements**: Program monitoring and evaluation for system improvement provides opportunities for data based decision-making. An ongoing evaluation plan examines family satisfaction and developmental outcomes of eligible children, and targets specific issues as needed, such as transition planning, or other concerns that arise from local monitoring. (C-GS)

- **Natural Environments**: Efforts to build capacity of services in natural environments is coordinated within the larger early care and education system. (CE)

- **Personnel Development**: Training that includes parents as members of the team and also focuses on specific topics (e.g., transition, child care) allows for a range of personnel development opportunities. (CF, CE, CT)

- **Family Participation**: Families participate in the oversight of Part C and are involved in the process of meeting the needs of their children. Participation in early intervention strengthens the families' abilities to care for their children. The Part C Birth to Three Early Intervention System is effective in providing comprehensive services. (CF, CE)

- **Family Satisfaction**: Families express a high level of family satisfaction with services received. Families are actively engaged with the Part C Birth to Three Early Intervention System. (CC, CF, CE, CT, C-GS)
• **Access to Services**: Access to services enables eligible children and their families to utilize appropriate Part C and Part B services. (CC, CF, CT)

The following are the consolidated **areas of improvement** across Part C Clusters:

- **Natural Environments** (NE): There are barriers to early intervention services in natural environments including: funding services in NE, limits on the capacity to provide services, availability of services in NE, and a need to improve communication and training in NE. A focus for training and technical assistance should include identification of child and family needs and embedding activities that support these needs into the daily routines of children and their families. Continued efforts to improve an understanding of early intervention in natural environments is needed among families, early intervention providers, service coordinators, physicians, public and private health insurance, and community early care and education providers. (CE)

- **Diversity**: Diversity of staff within the Part C system, training in cultural competence, and identification of all eligible children across cultural groups need to increase. (CC, CF, CE)

- **System Evaluation and Improvement**: Improvements in the comprehensiveness of and systematic approach to system evaluation and monitoring need to occur. Increased monitoring may need to focus on documentation that Individualized Family Service Plans are signed within the 45-day timeline, and services are provided within natural environments. One focal point for program improvement is an evaluation of service coordination caseloads. (CE, C-GS)

- **Collaboration**: Improvements are needed in transition collaboration between Part C and Part B. Increased communication and linking the identified needs of children and families to service planning will foster improved collaboration among families, providers, service coordinators, physicians and other health care professionals, and child care and community agencies. Increased efforts and linkages among all partners are needed to improve recruitment of early intervention personnel (CT, C-GS).

- **Access to Services**: Awareness of due process/procedural safeguards should occur at times of need. Access to transition services becomes more difficult in late spring and summer and to children who are not eligible for Part B services. Some barriers in accessing services may include geographic availability of services and sufficient number of service providers. There is a need for an improved informational materials distribution process. (CC, CF, CT, C-GS)

- **Tracking**: Improvements and refinements are needed in the tracking system and demographic data available on at-risk children. Tracking and data collection is needed on transitioning for children who are eligible for Part B services and for those children who are not eligible for Part B and transition to other services. (CC, CF, CT)

- **Outreach**: The Child Find System will be enhanced by a higher level of coordination that systematically informs and provides materials to physicians, health care professionals, and community providers. (CC)
It was recommended that these strengths and areas of improvement are considered further when developing improvement strategies in terms of an administrative, service delivery, and outcomes based perspective. It was the opinion of the Part C Steering Committee that these three areas may be useful in organizing and implementing improvement strategies. Improvement strategies derived from the Areas of Improvement will enhance the entire Part C Birth to Three Early Intervention System. It should also be noted that the Committee realizes the Part C Cluster Worksheets and Part C Cluster Summaries provide valuable guidance in the development of specific improvement strategies.
Summary of Commonalities Across Cluster Findings – Part B

Background

Part C and Part B clusters met and summarized their findings, revising initial findings to include recommendations obtained from other sources such as Public Focus Discussion Groups and the Parent Satisfaction Survey, as noted above. Subsequently, the various clusters presented their findings to their respective Steering Committees, which in turn, after deliberation, identified a number of strengths and areas of improvement.

The cluster workgroups included both strengths and areas of improvement in their final summaries. Because the clusters focused on identifying system improvements, it may appear as if areas of improvement are the sole focus of this report. They are not, and many strengths have been identified. In fact many areas of improvement noted reflect a concern about the continuation and improvement of programs already started. For example, stakeholder groups commended the federally funded TQM project. However, they stressed the importance of continuing the effort once the federal model project money has ended, a rapidly approaching deadline. The co-steering committee members concluded that if these areas are not mentioned as an area for improvement, the project’s accomplishments might disappear. To applaud success is not to imply the work is done.

The cluster work groups also invested time in generating improvement strategies. Although they are not reported in the self-assessment report, they are included on the cluster worksheets (See Appendix E) and will be very valuable in the development of the State Improvement Plan.

The Part B findings have been grouped into seven topical areas which are detailed in the next section. These include: Student Performance, Least Restrictive Environment (including funding issues), Interagency, General Supervision, Training and Technical Assistance, Personnel, and Data Collection and Analyses. Across all of these areas several themes emerge.

The first relates to Delaware’s standards-based, school reform efforts. The Delaware initiative is based on a commitment to being inclusive of all children. The reform is also comprehensive and holds students, educators, schools and districts accountable for student performance. It is critical, however, to note that school reform is based on a continuous improvement model. For example, performance goals and indicators have been established for all components. However, the rewards and consequences do not begin until 2001 for schools and districts, 2002 for students and 2003-04 for educators.

The second theme relates to the current status of available data in Delaware. The State is implementing a new comprehensive student database. The work of the Co-Steering Committee was based on available data concerning children with disabilities. The richness of the database allowed them to address most of the indicators identified by OSEP. This work also helped to clarify the areas where data are clear and where data need to be refined to answer specific questions. In a few cases data sources need to be developed.
As the work groups learned to use the data available, the questions became more focused; consequently, the self-assessment highlighted the need to continue probing in order to develop effective improvement strategies. Some findings revealed data already clear enough to point the way to improve outcomes for students with disabilities. These will be the major focus areas in the State Improvement Plan that will be developed during the first half of 2001.

The third theme reflects the changes and refinements needed to improve the Department’s procedures for managing and supervising its responsibilities under the IDEA. Many of these are already in the planning stages as a result of IDEA ’97. Most significant for this process is the relationship between the local districts and the monitoring process. Throughout the self-assessment, feedback has been obtained regarding the essential components for an improved monitoring process needed to revise the current Comprehensive Compliance Monitoring System (CCMS). A summary of the findings and recommendation from the Co-Steering Committee will be available in January 2001.

What follows are the findings obtained from across the clusters and presented to the Co-Steering Committee. At the December 5, 2000, meeting the Co-Steering Committee reviewed all of these findings and agreed they could publicly support them. In the next section, Cluster sources are indicated in parenthesis after each finding. Unlike strengths, areas of improvement have been presented individually as these will form the basis of the State Improvement Plan. The work on the State Improvement Plan is scheduled to begin in January 2001.

STUDENT PERFORMANCE

**Strengths**

The performance of students with disabilities on the DSTP is trending upwards. In part, this is a result of the emphasis in training and State-developed materials on how to access the general education curriculum. Vocational opportunities for students have also increased with the recent emphasis on transition. The extensive list of accommodations available for the DSTP is an effective guarantee that most students with disabilities will be appropriately included in the State test, as well as policy and accountability decisions. The stakeholder group of parents, teachers, and administrators responsible for development of the accommodations is an example of an effective task force model linked to good outcomes for students. The portfolio assessment for students in functional curriculum is tied to high standards and will ensure that the most vulnerable of our students are in programs based on good educational practice. The emphasis in the recent regulation changes on improving the instructional support team process to better link evaluation and instructional interventions are a step toward ensuring effective and meaningful instruction for students with disabilities.

**Areas of Improvement**

- Based on the results of the Delaware State Testing Program (DSTP), students with disabilities are performing primarily below the standard at all grade levels in all categories. (BF)
- The State assessment system may not adequately measure all students with disabilities. There was a special concern for students who do not qualify for the Delaware Alternate Portfolio Assessment, which is based on the functional life skill standards, and yet cannot meet the high academic standards on which the DSTP is based. (BF)
- Curricular options may be inadequate at the middle school and high school level to meet the needs of students with disabilities. (BT)
- The Developmental Delay category is not available to all preschool students. Therefore, children in need of services may not qualify under the categories available to school-aged students. (BF)
- Students with disabilities drop out and fail to complete high school at higher rates than general education students. (BF)
- Students with emotional disturbance and learning disabilities are disproportionately represented in the dropout and “missing” categories. (BT)
- Students with disabilities have higher offender rates than general education students. (BF)
- Students with disabilities who are African American have the highest offender rates when compared to their representation in the overall student population. (BF)
- Generally, students with learning disabilities are over-identified when compared to national norms. (BF)
- African-Americans in special education are over-represented as mentally disabled, learning disabled, and emotionally disturbed when compared to their representation in the overall student population. (BF)
- African-Americans in special education are under-represented as students with autism and speech-only when compared to their representation in the overall student population. (BF)

**LEAST RESTRICTIVE ENVIRONMENT**

**Previous Compliance Finding**

OSEP cited Delaware in their March 6, 1995 Monitoring Report on a number of issues. All issues have been addressed to OSEP’s satisfaction with the exception of the Least Restrictive Environment requirements. To date OSEP has supported our continuing efforts to meet the LRE requirements through the Inclusion Project, but does not yet consider the State in compliance with this important pillar of the law. As indicated below, the Co-Steering Committee agreed but felt that the work being done was on the right track and should be continued and expanded to other districts.

**Strengths**

The Inclusion Project has been a positive, capacity building effort offering training and technical assistance to districts to ensure that students with moderate and severe disabilities are served in the least restrictive environment. Lifting the 12.5 hour barrier for preschool students has allowed effective consultative, collaborative models to flourish with preschool students learning side-by-side with typical peers in natural environments. The new IEP form has clarified how settings are determined and will ensure a more accurate data collection in this area. The Department has partnered with other advocacy committees such as the Developmental Disabilities Council and the ARC to offer a yearly statewide conference for educators that has focused on effective inclusion strategies for students with disabilities.

The State assumes approximately 70% of all education costs and the current unit funding system is predictable and strong. It is a reliable system even during tough financial times. Additional funding is available for students perceived to be the most in need as determined by their classification status.
Areas of Improvement

General LRE

- Monitoring data, parent surveys, and public comment indicate placement decisions are not always based on child’s needs but may be made on the basis of category or classification; children may not be educated with their non-disabled peers to the greatest extent possible. (BF)

Funding – LRE

- The State regulation for full-time special education students requires that they must be instructed by a special education teacher for a minimum of twelve and a half hours per week. This 12.5 hour rule is a barrier to regular class placement. (BF)
- The current funding system provides more resources to children placed in specialized settings. (BF)
- The State funding structure is tied to the identification and classification of students. (BF)
- There is no unit funding attached to the developmental delay classification nor is this classification available to all preschool students. Unit funding is not dedicated to preschool programs and is, therefore, a barrier to building strong community-based programs in natural environments. (BF)

Funding - Other

- Extended school year funding (ESY) is inadequate because of restricted use of extra time funds (which is the source of ESY funds). (BF)
- Funding for assistive technology and other related services are inadequate. (BF)

INTERAGENCY

Strengths

The Department of Education has a long history of working effectively with other agencies. The constellation of the stakeholder group for this self-assessment is one example. There are many cooperative agreements that are indicators of the commitment to interagency collaboration. The early childhood system offers many examples of interagency cooperation in areas such as child find, material development, joint training and shared staff members.

Areas of Improvement

- Collaboration with mental health agencies, rehabilitation agencies, public transportation and institutions of higher education is limited. (BT)
- Interagency agreements, including Memos of Understanding for court-committed youth, are limited. (GS) (BT)
- The State transition advisory council, regional councils, and local transition teams are at risk of being lost with the end of the federally funded TQM Project. (BT)
GENERAL SUPERVISION

**Strengths**

There is a generally, well-understood and efficient monitoring system currently in place that focuses primarily on compliance, parental rights and procedural safeguards. The data indicate that in those areas, there are relatively few problems. Upwards of 94% of parents indicated through the parent survey that they receive copies of rights and procedural safeguards. Ninety-seven percent of parents indicate they are appropriately notified about IEP meetings and 96% stated that they are involved in the development of their child’s IEP.

**Areas of Improvement**

- Policies and procedures are not adequate to support transfer of rights at the age of majority. (BT)
- The State has not yet finalized performance goals and indicators for school and district accountability. (GS)
- Current monitoring does not effectively examine performance goals and indicators for students and programs. (GS)
- About one tenth of parents surveyed report not understanding their rights. (BP)
- Statewide initiatives and committees sometimes do not include parents. (BP)
- A consistent process to ensure follow-up for due process, mediations and administrative complaints is missing. (GS)
- FAPE is inconsistently provided for court-committed youth. (GS)
- Transition services for court-committed youth returning to their home schools are inadequate. (GS)
- The monitoring system for out-of-State programs that serve court-committed youth are inadequate to ensure Free Appropriate Public Education (FAPE). (GS)
- Communications and transition services for students placed out-of-district are limited. (GS)

TRAINING & TECHNICAL ASSISTANCE

**Strengths**

Many current initiatives are viewed as positive and in need of expansion and continuation. The training and coaching that are part of the Inclusion Project and Positive Behavior Support project are noteworthy for the system change they have begun. The State has particularly focused on students with moderate and severe disabilities with concurrent capacity building changes in districts. The TQM project has been equally effective in the focus it has brought to schools on linking curriculum and program to positive outcomes for students when they leave school.

**Areas of Improvement**

- Much of current training offered by the State focuses on low incidence or severe disabilities; similar options are needed for high incidence disabilities such as learning disabilities. (BP)
- Professional development continues to rely primarily on traditional workshops with limited expansion to provide comprehensive workshops with follow-up and on-site coaching. (BP)
• Findings from the monitoring process are not always addressed by professional development. (GS)
• Training provided sometimes does not include all programs, e.g., charter schools, vendor-operated youth rehabilitation programs. (GS)
• The need for the following training topics were identified:
  
  • Family support services (BF),
  • Instructional Support Teams (BF) (BP),
  • LRE/Inclusion (BF),
  • Assistive technology (BF),
  • Positive behavior supports including functional assessment and behavioral support plans (BF),
  • Hearing officers, investigators, & mediators (GS),
  • Student and parent involvement (BT),
  • Best practices in transition (BT),
  • Transfer of rights (BT),
  • Career development and counseling (BT),
  • Transition planning in the IEP process (BT), and
  • Self-determination (BT).

PERSONNEL

Strengths

Data reveal that currently most special educators have full certification. A few have been identified with limited or temporary certification. Recent changes in certification requirements for speech pathologists have been commended as a good first step in addressing this critical area of need. The parent group was particularly pleased with some recent needs assessments that have asked questions of staff about working with parents effectively.

Areas of Improvement

• Current transition staff are supported by targeted federal funding that is scheduled to end in 2002. (BT)
• Personnel to support needs of families are limited. (BF)
• There is a growing concern regarding an aging educator work force and the projected inadequate supply of educators in the future. (BF)
• Efforts to recruit and retain educators, especially minorities, are perceived as limited, as well as efforts to recruit speech pathologists and school psychologists. (BF)
• Guidelines for certification of paraprofessionals do not exist. Although the Department has developed a plan, no funding has been provided for a career pathway for paraprofessionals. (BF)

DATA COLLECTION & ANALYSES

Strengths

The stakeholder group was pleased with the extensive data available. The DOE web page was noted repeatedly as a significantly positive mechanism in making data available to parents and educators. On a number of occasions, cluster groups agreed that good baseline data exist. The ability to disaggregate at a number of levels was also positively viewed.
Areas of Improvement

- The current data collection system is limited in answering questions about children with disabilities in alternative schools.
- The current data collection system is limited in answering questions about discipline incidents by children with disabilities. (BF)
- Data available are limited in providing information about the variety of ways in which students are served across the LRE placements. (BF)
- Data are not available to track students with disabilities as they transition into post-secondary education. (BT)
- Data were not always usable to answer questions required for reporting or decision-making. (GS)
- Surveys regarding parental satisfaction and other parent issues are limited. (BP)
- The scope of available Child Mental Health services and their adequacy in light of current needs cannot be determined based on available data. (GS)

The following two sections summarize the strengths and areas of improvement by cluster for Part C and Part B.
FINDINGS

Cluster Summaries Part C

Comprehensive Public Awareness (CC)

Overview

The Comprehensive Child Find and Public Awareness Cluster (CC Cluster) addresses the objective that all infants and toddlers with developmental delays and/or disabilities are identified, evaluated, and referred for services.

This cluster workgroup was originally derived from the existing Public Awareness, Advocacy, and Outreach sub-committee of the Interagency Coordinating Council (ICC). This sub-committee had previously finished a project and had not been actively meeting. When it was decided to use this group for the cluster, it was discovered that many of its members were also on other sub-committees of the ICC and were needed for other cluster workgroups. Attempts were made to recruit other key stakeholders for this workgroup, but were unsuccessful in finding people able to fully commit to attend the number of meetings required. Those key stakeholders who agreed to participate via mailings included a person from the Office of Child Care Licensing, a Child Find Coordinator from a school district, and a staff member from the Department of Education’s Exceptional Children’s Group. It was decided that a small core group would be formed that could meet and share the work completed with the other members. This core group consisted of two parents, one pediatrician, one service provider, and one staff from the Birth to Three office.

The process used by all of the Part C Cluster Workgroups was to examine each component with their accompanying indicators, and identify data sources that helped answer the questions driven by the indicators. Additional work was completed to incorporate related information from the Public Meetings, Focus Groups, and Provider Survey. All of this information was shared with the Part C Steering Committee for input and then incorporated into the worksheets. The larger Co-Steering Committee was provided with this information and they provided input to the workgroup.

When examining the data sources, the workgroup used the worksheets developed by the Co-Steering Committee to identify indicators, data sources, strengths, and areas of improvement and potential improvement strategies. This workgroup, as well as others, recommended a question for the Focus Groups. Although the primary objective was to examine the data and make decisions about the strengths and areas for improvement in Delaware in terms of Child Find and Public Awareness for Part C, the group also documented some potential improvement strategies.

The components examined by the Child Find and Public Awareness Cluster are:

- All eligible infants and toddlers and their families are identified and evaluated for services through implementation of a comprehensive, coordinated Child Find System.
- Access to culturally relevant materials, which inform families of the availability of Early Intervention Services (EIS), promotes the identification and referral of eligible infants and toddlers and their families to the Child Find System.
The workgroup believed that our objective was to see if the community, especially parents of various backgrounds and cultures, was given opportunities to be informed about the Birth to Three Early Intervention System (also referred to as the Birth to Three System and Part C) through the use of relevant informational materials, and through various avenues of communication. If so, were children entering the system (being identified) and being evaluated when appropriate?

The cluster workgroup was able to review relevant data showing the number of Community/Public Awareness Activities that had occurred over the past several years, including the location, type of activity, and who the targeted audience was. There are also data on the number of children referred, at what age, their ethnicity, and the referral source. The cluster workgroup examined the current Birth to Three Early Intervention System/Child Development Watch (CDW) informational materials and examined how these items are used, who they target, and agreed upon some potential ideas to revise or develop new materials.

The Co-Steering Committee achieved consensus on the following summary of strengths and areas of improvement for the CC Cluster.

**Summary of Findings**

**Strengths**

**Child Find System**

The single point of entry (Central Intake) to the Birth to Three Early Intervention System through the Division of Public Health’s (DPH) local CDW programs is a strength. DPH is part of Delaware Health and Social Services (DHSS), which is the lead agency for Part C. Central Intake serves as intake for all Maternal and Child Health referrals. This allows for referral linkages for infants and toddlers who are at-risk but not eligible for Part C. A statewide Home Visiting Program for First Time Parents, specialty services, and Public Health Community Services are all a part of Central Intake and make referrals when children are identified. Along with collaboration within other divisions of DHSS, the Department of Education (Birth Mandate programs) and the Department of Services for Children, Youth and Their Families (DSCYF), Division of Families Services (DFS), Christiana Care Health Systems, and DuPont Hospital for Children, the system is considered comprehensive. The Integrated Service Information System (ISIS), which is Part C’s data system, tracks all referrals into the system.

Referrals into the system come from a range of sources as supported by CDW monthly report data. The three primary referral sources are hospitals, parents, and physicians (see Graph C-1). Data indicates those referrals have consistently increased.

The total number of children identified and referred through Central Intake has consistently increased (see Graph C-2). The workgroup believes this can be attributed to many things including: the number of public awareness activities conducted, the Growing Together Portfolio project, the relationship between local Child Development Watch teams and the hospitals, and the link between home visiting organizations and Central Intake.
Growing Together Portfolio

The Growing Together Portfolio project was recognized as a major strength in the Child Find and Public Awareness area. This project provides referral information to all parents who give birth in Delaware, as well as to early care and education providers. The parent packet is distributed through hospitals in Delaware, and provides developmental, health and safety, nutrition, and immunization information to parents by means of a developmental calendar. If a parent has concerns about their child’s development, ages birth to five, appropriate referral information is provided within the calendar. The User's Guide for Early Care and Education providers is distributed through the Office of Child Care Licensing, and the Family and Workplace Connection (the state's resource and referral agency for child care). This provides information about the Early Intervention System, as well as a bibliography and listing of available resources throughout the state. This project uses combined funds from Part B and Part C, along with supplemental funding from the Child Care
Development Block Grant, and The Healthy Children’s America’s Campaign (CISS grant) through the Division of Public Health.

**Families' Access to Part C**

After reviewing the Family Survey Reports data, the committee believed that another strength was that over the three year period at least 86.8% of the families surveyed believed it was easy to access Part C (see Graph C-3). That number increased in 1999 and remained at the higher level in 2000.

**Families' Participation in Part C**

Families who participate in the local Child Development Watch programs are comparable to the general population in Delaware. Although Delaware's Part C system serves slightly more African-Americans and Hispanics than is representative of the State as a whole, this was not a major concern. When compared to the United States, it shows that Delaware Part C serves approximately 12% more African-Americans and 6% fewer Hispanics than the national average (see Table C-1). The Committee has recommended that Delaware’s December 1 data be broken down even further into disability and economic categories to see if health and environmental factors contribute to any of these percentages.
Table C-1: Race/Ethnicity of Part C Population Compared to 0-3 Population

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>*1999 December 1 Race/Ethnicity, Part C, Delaware</th>
<th>1999 0-3 Race/Ethnicity Population Estimates, Delaware</th>
<th>**1998 December 1 Race/Ethnicity, Part C, United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native American/Aleutian Islander</td>
<td>0%</td>
<td>0.1%</td>
<td>2%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>1%</td>
<td>2.7%</td>
<td>3%</td>
</tr>
<tr>
<td>African-American/Black</td>
<td>28%</td>
<td>22.6%</td>
<td>16%</td>
</tr>
<tr>
<td>Hispanics</td>
<td>8%</td>
<td>6.5%</td>
<td>14%</td>
</tr>
<tr>
<td>White</td>
<td>52%</td>
<td>68.1%</td>
<td>54%</td>
</tr>
<tr>
<td>* 11% not reported</td>
<td>** 11% not reported</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Areas of Improvement**

**Systematic Distribution of Public Awareness Materials/Activities**

Although the workgroup was pleased with the number of public awareness activities that occurred over the past several years, and satisfied with the number of referrals consistently increasing, there are some definite areas of improvement to address regarding public awareness, outreach, and material development and dissemination. The current public awareness plan has been in place for five years and needs to be reviewed and modified. Several key areas were identified for improvement:

- Develop an ongoing systematic way to educate physicians and other health care professionals about Early Intervention and to provide them with materials they can distribute to families. Although physicians are the third highest referral source in Delaware, this need was confirmed from Public Meeting, Focus Group and Provider Survey data;
- Coordinate needs of target population and material development. Public Awareness materials are available in Spanish, but not in other languages or that target specific under-represented populations;
- Develop materials in alternative formats such as large print, Braille, and audio-tape;
- Create a systematic way to distribute program brochures to a variety of locations on a consistent basis;
- Explore targeting grass roots community locations such as laundromats, grocery stores, and malls for the distribution of public awareness materials;
- Increase involvement from Interagency Coordinating Council members.
Identifying Eligible Children

The Committee also recommended that new data be gathered to capture the number of children being identified in the 3-5 year old population that were not identified by the Birth to Three Early Intervention System. Since Birth to Three is serving more children in Delaware than the national average (2.65% vs. 1.63%), data regarding children identified at a later age has not been systematically collected and analyzed. There should be a mechanism in place to capture this information.

Below is a summary of the strengths and areas of improvement identified in more detail in the CC Cluster Worksheet.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Areas of Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware has a comprehensive Child Find System that is centrally coordinated under Delaware Health &amp; Social Services, through the Division of Public Health’s Child Development Watch.</td>
<td>Need a systematic method for distributing public awareness materials to a variety of locations, and sources on a routine basis.</td>
</tr>
<tr>
<td>Based on December 1 data, Delaware serves 2.65% of the 0-3 population versus the 1.63% US Average. This exceeds the 2% target rate.</td>
<td>No system in place to ensure that children enrolling in the Children’s Community Alternative Disability Program (formerly Disabled Children’s Medicaid) and the Delaware Healthy Children’s Program (CHIP) are referred to Child Development Watch if potentially eligible.</td>
</tr>
<tr>
<td>The Growing Together Portfolio project for all new parents and early care and education providers provides referral information to a large population of Delawareans.</td>
<td>Public awareness video, “Delaware’s Doorway to Early Intervention” is only available in English and open-captioned.</td>
</tr>
<tr>
<td>Delaware’s Central Directory is available in English and Spanish and through the internet.</td>
<td>Public awareness products are only available in print, video, and on the internet.</td>
</tr>
<tr>
<td>The total number of children identified and referred have consistently increased.</td>
<td>Do not have unique materials developed that target under-represented groups besides the Spanish speaking.</td>
</tr>
<tr>
<td>Family Survey data indicates that over a three-year period at least 86.8% of the families surveyed believed it was easy to access Part C.</td>
<td>Ongoing need to collaborate with other programs to build capacity for at-risk children (Early Head Start, Division of Family Services, etc.).</td>
</tr>
</tbody>
</table>
### Strengths

The Birth to Three Early Intervention System has conducted at least 20 Public Awareness Events per year since 1996.

All public awareness informational documents developed need final approval from the ICC, which includes family members, providers, and other key stakeholders.

The Birth to Three Early Intervention System has strong linkages with the Parent Information Center, the Family and Workplace Connection (the state child care resource and referral agency), and hospitals to assist with information dissemination.

Gender comparison shows that Delaware’s gender ratios compare to national data.

### Areas of Improvement

Families in poverty may need more targeted public awareness to promote access into early intervention.
Family-Centered Services Cluster (CF)

**Overview**

The Family-Centered Services Cluster (CF Cluster) addresses the objective that outcomes for infants and toddlers and their families are enhanced by family-centered supports and systems of services.

The task of this cluster workgroup was to explore and assess data documenting that child and family outcomes were enhanced. The Family-Centered Services Cluster was comprised of the members of the Child Change Committee, three parents of children with special needs, and a Child Development Watch (CDW) family support specialist for a total of eleven people. The Child Change Committee was already involved in exploring strategies for the monitoring of outcomes for children and families. The Child Change Committee originated in 1997 when CDW initiated a project in collaboration with the Center for Disability Studies (CDS) at the University of Delaware to “develop an on-going, dynamic, outcomes-based evaluation process” (p. 1, 1998, Gamel-McCormick & Lovett, *Family Survey Report*).

The process utilized was similar to all of the Part C Cluster Workgroups. Meetings were held monthly and included large and small group interactions. The cluster workgroup first reviewed the components and indicators, then identified what data sources were needed to verify outcomes. All group input was collected on worksheets (see CF Cluster Worksheet) and summaries of meetings were recorded.

The four components examined by the Family-Centered Services Cluster are:

- Community outreach is provided in family-centered language, locations, and formats.
- The needs of families with eligible infants and toddlers are identified and addressed through the family-centered orientation of policies, procedures, and practices.
- Families' capacities to meet the developmental needs of their eligible infants and toddlers are enhanced through training/education and information dissemination, including informal community supports.
- Early Intervention Services, including transition, are family-centered because of the active involvement of families with eligible infants and toddlers.

The Co-Steering Committee achieved consensus on the following summary of strengths and areas of improvement for the CF Cluster.

**Summary of Findings**

**Strengths**

**Outreach to Families**

A strength noted for Delaware’s Part C Birth to Three Early Intervention System is that Delaware is serving a higher percentage of eligible Part C children and their families compared to the national average (see Graph C-4). This statistic alone demonstrates that Delaware has been successful in
outreach efforts and successful in identifying eligible children. Delaware is also serving children from multicultural and diverse backgrounds. Even though Delaware does not serve at-risk children, the requirement for a 25% delay in any one of the five domains enables children to be served through Part C who would otherwise not be served in some states. Central Intake and Home Visiting for First Time Parents data indicates an increase in the number of referrals. This demonstrates that a thorough and comprehensive referral process is in place, with the general public being made aware of various services and referrals being sent to appropriate resources for intervention. The Central Directory is available in English and Spanish. It is distributed statewide and available on the internet.

![Percent of 0-3 Population Served in Part C, Delaware and US](Graph C-4: Source OSEP Report to Congress, 1999)

**Family Participation in Birth to Three System**

A noted strength is that Delaware’s parent representation on the Interagency Coordinating Council (ICC) consistently exceeds the 20% Federal requirement (see Graph C-5). Delaware’s families are also involved in media outreach, program planning and implementation, development and evaluation of program materials, and other committees. Another major strength is that family-centered outreach activities are planned and funded based on family input obtained through the Family Survey, Family Forum, and Family Needs Assessments. Numerous family support/educational activities are planned through the role and coordination of Family Support Specialists. The implementation of the Transdisciplinary Service Delivery Model is reported as being very flexible and responsive to families’ needs.
Training to Meet Families’ Needs

An area of strength involves the amount of training provided to staff at CDW as well as to outside providers on culturally competent services and family-centered practices. Family Forums meetings are held monthly throughout the state and are offered at a variety of times and locations. Some meetings are conducted for specific disability groups and/or specific ethnic groups. Parent input is used to select topics and speakers that best meet the needs of the families. Parents also act as facilitators and trainers at many of these meetings. The number of meetings from 1996 to 2000 has increased yearly.

Families’ Access to Services

Infants and toddlers in Delaware have access to culturally competent services in their local geographical area through a variety of interpreters, bilingual service coordinators and media language services (see Graph C-6). A detailed Transition Guide exists as a resource and was developed with the direction of the ICC and involvement of parents and STEPS Team participants (Sequenced Transition to Education in the Public Schools). This guide is distributed through CDW and preschool programs and is currently being translated into Spanish. Parent Information Center of Delaware is also available for families for support and training on transition issues.
Areas of Improvement

Improvements in Demographic and At-risk Data

An area of improvement includes the clarification, expansion, and collection of demographic data that can give more information on the needs and uniqueness of Part C eligible children and their families. There is also concern regarding the tracking of at-risk children at the time of central intake referral process. A system for tracking and monitoring at-risk children should be enhanced with the eventual goal being the possible expansion of services within the larger early care and education system.

Meeting Families’ Needs

There is a need to explore ways of providing training that includes families and staff together. The amount of training to community groups regarding the needs of infants and toddlers is an area that can be improved. Another area to address involves measuring a family’s capacity to meet the developmental needs of their child(ren). A more uniform and systematic collection of family needs, including identification, tracking, and evaluation, will help to assure that all services are present in the system to address those needs.

Families’ Access to Services

One immediate concern is to improve and expand the awareness and availability of respite services. A method for evaluating families’ respite needs and tracking the availability of services should be developed. Input from families should be solicited through the Family Survey regarding respite services.
The repeated concerns from parents in cluster workgroups and Public Meetings indicate the number, type, accessibility, and availability of services for children with special needs in Northern and Southern Delaware are not equal. A statewide assessment of available services should be initiated and a method to evaluate possible inequalities should be developed. The availability of services based on geographical location is also an area that needs further exploration and tracking.

An area of improvement is to assess the cultural make-up of the Part C families and the assessment of the availability of resources and providers to serve the Part C population. Data from the Public Meetings indicate that translation services may be insufficient for families in need of this service. There is a need for promoting increased recruitment of diverse provider staff. There is also a need to increase the communication between Part C, Part B, and families going through transition to ensure families are aware of the full range of options for their children after age three.

**Distribution of Materials to Families**

There is a need for inclusion of Part C materials in more naturally occurring locations so that families from all cultural populations are aware of services. The distribution of materials regarding the services for eligible children should also be placed in more local areas, such as pediatric offices, schools, and playgroups.

Below is a summary of the strengths and areas of improvements identified in more detail in the CF Cluster Worksheet.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Areas of Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware serves a higher percentage of Part C participants than the national average.</td>
<td>Collection of more specific demographic data is needed to clarify and expand information of the Part C population (e.g., income, disability type).</td>
</tr>
<tr>
<td>Delaware has been successful in serving a culturally diverse population.</td>
<td>Methods for tracking at-risk children need improvements.</td>
</tr>
<tr>
<td>Central Intake and Home Visiting data indicates an increase in the number of children referred.</td>
<td>An increase in the availability of public awareness materials in naturally occurring environments is indicated.</td>
</tr>
<tr>
<td>Delaware has a comprehensive distribution process for their Central Directory and Birth to Three public awareness materials, which are available in English and Spanish.</td>
<td>There is a need for a more systematic material distribution process.</td>
</tr>
<tr>
<td>Family-centered outreach activities are planned and funded based on family input obtained through the Family Survey, Family Forum, Family Needs Assessment, and other avenues.</td>
<td>Solicit more ideas and input from families to meet family needs.</td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td><strong>Areas of Improvement</strong></td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Delaware's parent representation on the Interagency Coordinating Council (ICC) consistently exceeds the 20% Federal mandate.</td>
<td>Further work is indicated to ensure the identification of families’ needs.</td>
</tr>
<tr>
<td>Delaware's families are also involved in media outreach, program planning and implementation, development and evaluation of program materials, and other committees.</td>
<td>Determine cultural diversity of provider staff as well as location and availability of services.</td>
</tr>
<tr>
<td>Medical Home Training Project is in place and ongoing.</td>
<td>Data entered in ISIS needs improvements in consistency, reliability, accuracy, and accessibility.</td>
</tr>
<tr>
<td>Training has been provided to staff at Child Development Watch as well as to outside providers on culturally competent services and family-centered practices.</td>
<td>Evaluation and assessment of family-centered outcomes needs to be explored.</td>
</tr>
<tr>
<td>Family Survey data indicates that families are pleased with the accessibility of services.</td>
<td>Respite collaboration, coordination, and cooperation needs improvement.</td>
</tr>
<tr>
<td>Family Survey data indicates parents are pleased with transition.</td>
<td>Additional ways to measure a family’s capacity to meet developmental needs of their child(ren) need to be explored.</td>
</tr>
<tr>
<td>Birth to Three Early Intervention System provides support to families throughout the transition process, including CDW/DOE transition liaisons.</td>
<td>Increase joint training opportunities for families and staff.</td>
</tr>
<tr>
<td>A Transition Guide exists.</td>
<td>Training to local community groups about the needs of infants and toddlers in their communities needs expansion.</td>
</tr>
<tr>
<td></td>
<td>Assess the cultural make-up of Part C population and assess the availability of resources and providers to serve the Part C population.</td>
</tr>
<tr>
<td>Strengths</td>
<td>Areas of Improvement</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------</td>
</tr>
<tr>
<td></td>
<td>Ways to increase communication between Part C, Part B, and families going through transition is necessary to ensure families are aware of the full range of options for their child after age three.</td>
</tr>
<tr>
<td></td>
<td>Explore ways to incorporate strengths of families and their children when making recommendations for service provision.</td>
</tr>
<tr>
<td></td>
<td>Improve transition process to include more anticipatory guidance by Part C and Part B:</td>
</tr>
<tr>
<td></td>
<td>• identify family issues at transition</td>
</tr>
<tr>
<td></td>
<td>• increase family awareness of service options after age three</td>
</tr>
<tr>
<td></td>
<td>• increase family awareness of family rights.</td>
</tr>
</tbody>
</table>
Early Intervention Services in Natural Environments (CE)

Overview

The Early Intervention Services in Natural Environments Cluster (CE Cluster) addresses the objective that eligible infants and toddlers and their families receive early intervention services (EIS) in natural environments (NE) appropriate for the child.

The cluster workgroup is comprised of twenty-two stakeholders. Representatives are from the only two Early Head Start programs in Delaware, the state representative for the Early Childhood Assistance programs (state funded four year old programs using Head Start standards), representative from family child care providers, two inclusive child care centers, the child care resource and referral agency, higher education, Medicaid and Medicaid Managed Care Organization, service coordinators, a program evaluator, early intervention providers, and a parent. The cluster workgroup brought together representation from two existing committees which were already addressing EIS in NE: the Interagency Coordinating Council (ICC) Committee on Building Capacity in Natural Environments and the Transdisciplinary Pilot Steering Committee, which oversees the implementation of the Transdisciplinary Pilot Project. Six half-day meetings were held through November.

The four components examined by the EIS in NE cluster are:

- Family-centered service coordination is available that effectively facilitates ongoing, timely early intervention services in natural environments.

- Appropriately trained public and private providers and paraprofessionals provide early intervention services in natural environments.

- The needs of eligible infants and toddlers and their families are determined through appropriate evaluations.

- Appropriate early intervention services and supports that address the unique needs of eligible infants and toddlers and their families are provided in natural environments.

In other words, service coordinators, evaluators, and providers need to be well qualified and trained; evaluations need to be comprehensive and timely; and early intervention services need to be provided in natural environments and address the unique needs of eligible infants and toddlers and their families. Providing early intervention services in natural environments by well-trained staff will lead to better outcomes for eligible children and their families.

The process used was similar to that of all the Part C Cluster Workgroups. The cluster workgroup reviewed data sources including: service coordination caseloads for 1997-1999; results from four years of family surveys; summaries of training opportunities and information disseminated; results of the initial provider survey; Personnel Standards and Guidelines Matrix; and reports of personnel development initiatives. Data were examined from state monitoring, local chart audit monitoring, as well as monthly progress statistics. Data were also reviewed from several innovative projects or initiatives which promote early intervention in natural environments, such as the Transdisciplinary Pilot Project; Growing Together - User's Guide for Early Care and Education Providers; collaboration
with the Child Care Capacity Grants; SpecialCare Curriculum and Including Children with Disabilities in Child Care.

The cluster workgroup referenced data compiled in the Part C Data Book. The cluster group also recommended the questions outlined in the CE Cluster Worksheet to be asked in the six Part C Focus Groups. The results are included as Appendix "Focus Group Summaries." Furthermore, the workgroup reviewed all comments from the Public Meetings, and incorporated these into the CE Cluster Worksheet and summary findings. All findings from the cluster group were shared, discussed, and revised with input from the Co-Steering Committee.

The Co-Steering Committee achieved consensus on the following summary of strengths and areas of improvement for the CE Cluster.

**Summary of Findings**

*Strengths*

**Family Satisfaction**

Overall, families convey a high level of satisfaction, as demonstrated consistently with four years of family surveys. Families report that they are linked with an increasing number of services. Families indicate high levels of satisfaction with perceptions of change in self/family; positive family-program relations; decision-making opportunities; and accessibility and receptiveness in local Child Development Watch (CDW) programs (see Graph C-7).

**Comprehensive Training and Personnel Development**

Delaware has initiated a statewide comprehensive training approach for personnel working in early care and education. The State Lead Agency is a part of a wide variety of initiatives that encompass all personnel in early care and education. Early Success is a long term initiative for an early care and education system to serve all of Delaware's children. Early Success will impact training and personnel development, quality of child care, and funding for early care and education. The SpecialCare Curriculum and Including Children with Disabilities in Child Care are targeted efforts to train child care providers. These training programs are a part of the existing state system for training and capacity.
building for all child care. New SCRIPTS is a recent project initiated by the State Lead Agency, higher education, providers, and families focusing on pre-service preparation. The Partner’s Council for Children with Disabilities acts as the statewide Comprehensive System for Personnel Development, and is inclusive of Part C and Part B stakeholders.

### Comprehensive Evaluations

Evaluations for determining eligibility are increasing. Data from monthly statistics indicate that evaluations are data-based and include informed clinical opinion (see Graph C-8). Furthermore, results from family surveys and chart monitoring indicate that both children’s and families’ strengths and concerns are addressed on the IFSP (see Graph C-9). On the most recent family survey, families were specifically asked about evaluations. Over 92% indicated that they felt they are partners with staff in conducting evaluations. More than 97% of families indicated that they understood results from the evaluations. Furthermore, there are preliminary results from the CDW Child Change Evaluation, Phase II, which uses the Play Assessment Scale (PAS) to track eligible children’s rates of development over six to ten months. There was indication that eligible Part C children’s rates of development were greater than expected in both motor, mental, and play skills. This finding held true for all children in the sample, including those living in poverty, with sensory disorders, and with severe motor disorders.

### Collaboration to Increase Opportunities within Natural Environments

Collaboration supports services being provided in natural environments, and is in evidence at all levels of the Birth to Three System - the State Lead Agency, local CDW programs, early intervention providers, and at the funding levels. For example, the Child Care Development Block Grant in FY2000 supported Growing Together - User’s Guide for Early Care and Education Providers developed by the State Lead Agency. Medicaid Managed Care Organizations (MCOs) supported the eighteen-month Transdisciplinary Pilot Project (TD), funding both primary and consultative early intervention services in natural environments. The MCOs have agreed to continue to fund TD as an ongoing service model, based on an evaluation that demonstrates cost effectiveness; positive developmental outcomes; and increased communication among families, service coordinators, and providers in planning and carrying out early intervention services in natural environments.

![Part C Eligibility Graph](https://example.com/graph_c8.png)

* Assessment = Developmental delay as determined by assessment; **Established Condition = Established condition (diagnosis); ***Clinical Judgement = Eligibility determined by clinical judgement only.
Areas of Improvement

Service Coordination Caseloads

While families indicate satisfaction with early intervention services and staff, there is indication from caseload data that actual service coordinator caseloads are higher than targeted (see Graph C-10). Comments from Public Meetings and Focus Groups raise questions as to the impact of these caseloads. There is a need to re-examine caseloads and various strategies to improve the facilitation of services in natural environments.
**IFSP Signed within 45-day Timeline**

It is not clear that all IFSPs are signed within the 45-day timeline. Further monitoring needs to examine the documentation on extenuating circumstances that affect the timeline. Monitoring indicates improvements since 1998 in timeliness of obtaining signatures on the IFSP (see Graph C-11). The IFSP is an ongoing process. There is a need for enhanced communication among families, service coordinators, providers, and other community partners, with a primary focus on the development of the IFSP.

![Graph C-11: IFSP Signed within 45 Days](chart)

**Increasing Services within Natural Environments**

While there is a great deal of collaboration to enhance services in natural environments, the Birth to Three System is not satisfied that all services are being provided in natural environments when appropriate for the child. There is a need to establish baseline data describing the number of early intervention services in natural environments, the range of options of natural environments, and the ways in which early intervention is embedded into daily routines. Expanded efforts are needed to increase the child care system’s capacity to serve eligible infants and toddlers, targeting family child care. Furthermore, there is a need to foster increased communication, training, resources, and technical assistance with early intervention personnel on ways to work within natural environments. Increased work needs to include public and private insurance in order to address the barriers in funding early intervention services in natural environments. Furthermore, training with families, physicians, private and public health insurance, and providers needs to promote the necessity of personnel with expertise in serving infants, toddlers, and their families.

**Enhancements to Monitoring Process**

Enhancements to the current monitoring process are indicated. Enhancements include more monitoring (state, local, and providers), as well as providing ongoing feedback to all members of the Birth to Three System, with particular attention to timelines for evaluations, IFSPs, and services. There is a need to institute quality reviews of IFSPs to increase monitoring for natural environments. Results from the Provider Survey and from chart monitoring confirmed the need to
explore alternative methodologies to assist families in identifying family and child strengths and resources, as well as how to improve documentation of the process and incorporation of the information into IFSP development.

**Increased Efforts in Diversity**

Reflecting the changing diversity of Delaware, there is concern about meeting the needs of families with diverse backgrounds. There is a need to expand training and recruitment efforts for more diverse early intervention personnel, especially bilingual workers. Furthermore, Focus Group discussions and the Provider Survey indicate that changes in personnel working with the child and their family create problems for families since the relationship with individual early intervention personnel is essential to positive outcomes. Further work needs to be conducted to develop strategies to improve retention and consistency of early intervention personnel.

Below is a summary of the strengths and areas of improvements identified in more detail on the CE Cluster Worksheet.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Areas of Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall family satisfaction is high, as demonstrated consistently with four years of family surveys.</td>
<td>Program evaluation efforts need to be expanded to include family satisfaction with early intervention services in natural environments.</td>
</tr>
<tr>
<td>Families in local CDW programs are served by a single service coordinator. Service coordination is supported by state funding across divisions of DHSS, and includes a range of disciplines and staff across several State Departments to meet the unique needs of eligible children and families.</td>
<td>Actual service coordinator caseloads are higher than targeted. There is a need to re-examine caseloads and various strategies to improve the facilitation of services in natural environments.</td>
</tr>
<tr>
<td>There are multiple opportunities and resources for comprehensive training available to service coordinators and providers.</td>
<td>Monitoring indicates that further documentation is needed on extenuating circumstances that affect IFSPs signed within 45 days.</td>
</tr>
<tr>
<td>Early Intervention personnel are required and trained to meet current criteria of the Birth to Three System Personnel Standards and Guidelines Matrix.</td>
<td>There is a need for enhanced communication among families, service coordinators, providers, physicians, and other community partners, with a primary focus on the development of the IFSP.</td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td><strong>Areas of Improvement</strong></td>
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</tr>
<tr>
<td>Delaware has initiated a statewide comprehensive training approach for personnel working in early care and education. The State lead agency is a part of all these efforts.</td>
<td>The current monitoring process needs to be enhanced to include more monitoring (state and local), as well as ongoing feedback to all members of the Birth to Three System, with particular attention to timelines for evaluations, IFSPs, and services.</td>
</tr>
<tr>
<td>Families indicate that their children's evaluations are written understandably and that they are partners in the evaluation process.</td>
<td>Quality reviews of IFSPs are needed to increase monitoring for natural environments.</td>
</tr>
<tr>
<td>Children's eligibility into early intervention is based on data.</td>
<td>Improvements are needed in assessing behavior needs of children and the availability of appropriate interventions.</td>
</tr>
<tr>
<td>Both family surveys and monitoring of IFSPs indicate that children and families' needs are addressed in early intervention.</td>
<td>Current Birth to Three System Personnel Standards and Guidelines Matrix needs to be refined to better address skills in conducting evaluations and skills/competencies for working within natural environments.</td>
</tr>
<tr>
<td>The CDW Child Change Evaluation indicates that children's rates of development were greater than expected in both motor, mental, and play skills. This finding held true for all children in the sample, including those living in poverty, with sensory disorders, and with motor disorders.</td>
<td>Personnel development efforts need to be coordinated within the larger system of early care and education, and address the individual training needs and competencies/skills needed to provide early intervention services in natural environments.</td>
</tr>
<tr>
<td>Collaboration supports services being provided in natural environments, and is in evidence at all levels of the Birth to Three System - the State lead agency, early intervention programs and providers, and at the funding levels. For example, the Child Care Development Block Grant in FY2000 supported Growing Together - User's Guide for Early Care and Education Providers. Medicaid Managed Care Organizations support the Transdisciplinary Pilot Project (TD) and continuing TD as a service model option.</td>
<td>Reflecting the changing diversity of Delaware, there is concern about meeting the needs of families of diverse backgrounds. Training and recruitment efforts for more diverse early intervention personnel, especially bilingual workers, need to be expanded.</td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td><strong>Areas of Improvement</strong></td>
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<tr>
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</tr>
<tr>
<td>The TD model of service delivery promotes increased communication among families, service coordinators and providers in planning and carrying out early intervention services, and positive developmental outcomes.</td>
<td>Changes in personnel working with the child and their family create problems for families since the relationship with individual early intervention personnel is essential to positive outcomes for children and families. Strategies need to be developed to improve retention and consistency of early intervention personnel.</td>
</tr>
<tr>
<td>Trends indicate from 1998-99 that there is an increase in service settings with typical children and an increased discussion with families about natural environments. In many cases families indicate they receive services in natural environments.</td>
<td>Increased training is needed for families, providers, and service coordinators in ongoing assessments and their impact on development of the IFSP.</td>
</tr>
<tr>
<td>Multiple supports are available for families to enhance families' access into Part C, when needed, and to other services, when appropriate, such as Early Head Start and Parents As Teachers.</td>
<td>Increasing primary care physician involvement in IFSP development may help to promote increased awareness of Part C and its benefits.</td>
</tr>
<tr>
<td></td>
<td>Alternative methodologies should be explored to assist families in identifying family and child strengths and resources, as well as how to improve documentation of the process and incorporation of the information into IFSP development.</td>
</tr>
<tr>
<td></td>
<td>Efforts to increase the child care system’s capacity to serve eligible infants and toddlers need to be supported and expanded, including expanded efforts with family child care.</td>
</tr>
<tr>
<td></td>
<td>Natural Environments guidelines developed by the State lead agency and ICC need to be reviewed, strengthened, and refined to reflect the larger early care and education system.</td>
</tr>
<tr>
<td></td>
<td>Efforts to provide all services in natural environments whenever appropriate for the child need to be expanded.</td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td><strong>Areas of Improvement</strong></td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td>Increased communication, training, resources, and technical assistance for all early intervention personnel to work within natural environments and embed activities into daily routines need to be fostered.</td>
</tr>
<tr>
<td></td>
<td>Work with public and private insurance to address barriers in funding early intervention services in natural environments needs to continue.</td>
</tr>
<tr>
<td></td>
<td>Service initiation data from providers may need to be gathered and reviewed for gaps and delays in service delivery.</td>
</tr>
</tbody>
</table>
Early Childhood Transition Cluster (CT)

The Early Childhood Transition Cluster (CT Cluster) addresses the objective that children exiting Part C receive the services they need by their third birthday, when appropriate.

Overview

This cluster workgroup is comprised of sixteen stakeholders: four teachers, all with Child Find responsibilities in their respective school districts; four Head Start administrators, including one Early Head Start Program Coordinator; five service coordinators, including both DOE Liaisons; a social worker from a major provider of private, center-based EI services, and a speech pathologist/administrator from a major Prescribed Pediatric Extended Care (PPEC) and itinerant EI provider in the state; and a representative from the Family and Workplace Connection, the resource and referral agency for child care in the state. The stakeholders come from across the state. Three are parents of children with special needs.

The composition of the cluster workgroup was based on the New Castle County (NCC) STEPS Transition Team (Sequenced Transition to Education in the Public Schools), a standing stakeholder group dealing with early childhood transition issues in the state. Nine participants are regular members of STEPS, or have received training in the STEPS model. Additional service coordinators and stakeholders were recruited to widen demographic representation of the group.

Preliminary identification of potential data sources began at the regular June NCC STEPS meeting, by way of introducing our local group to the charge and their role in the federal self-assessment process. This preliminary work was then presented to the full cluster group at the June 21st Co-Steering Committee meeting. The cluster workgroup held periodic half-day meetings to continue to identify and analyze data sources, and to begin to identify improvement strategies. This information was gathered in the CT Cluster Worksheet.

This cluster workgroup has only one component (services by age three, when appropriate). Its seven indicators speak to (a and b) the interagency training provided to ensure that transition planners can effectively facilitate transitions; (c) the increased efficiency of transition over time; (d and e) provisions for, and capacity building for non-eligible children; and (f) increasing parent satisfaction. Properly trained transition planners effectively facilitate smooth and timely transitions to public preschool services, when appropriate; or, they make appropriate provision for at-risk children who do not qualify for public preschool services.

With these themes in mind, the cluster workgroup reviewed data concerning the training of local interagency groups in the STEPS transition system development model, STEPS sponsored transition training events, and transition related products, and other agreements, events and products not sponsored by STEPS that facilitate transitions for families in Delaware. The workgroup also compared the available data from Part B and Part C December 1 counts. The cluster workgroup then collected and analyzed information about public and private efforts that increase the capacity of early care and education providers to meet the needs of children not eligible for Part B who may be at-risk. Finally, the group examined the available parent surveys on transition.
The final step in the group’s process was to factor in the feedback received from the Part C and Co-
Steering Committees, Public Meetings, Focus Groups, Provider Survey, and the Governor’s
Advisory Council for Exceptional Citizens. In general, the comments of these stakeholders support,
and do not contradict, the major findings of the cluster workgroup. Nor do they identify any major
new sources of data. They fall into three broad categories: training (parent training on differences
between EI and preschool service delivery models, parental rights, etc.); structure of Part C/Part B
systems (e.g., assignment of service coordinators to districts, continuation of EI services to age five,
etc.); and communication (increased private provider participation in IFSPs; improved
communication with physicians).

The Part C Co-Steering Committee achieved consensus on the following summary of strengths and
areas of improvement for the CT Cluster.

**Summary of Findings**

**Strengths**

**The STEPS Process, Training and Products**

One notable area of strength is the early implementation in Delaware of the STEPS model of
community-wide transition system development. In addition to local training and team building, this
process includes ongoing self-assessment of current transition practices. Many of the transition
related training events and products listed on the CT Cluster Worksheet come out of the local
STEPS process.

**Timely Transitions**

Another area of strength is the fact that, according to the 1999 data, most eligible children exiting
Part C are beginning their Part B preschool services by or shortly after (within 30 days) their third
birthday--or by the date at which they are eligible to matriculate (see Graphs C-12 and C-13).
Delaware has an Interagency Agreement that allows children who turn three after May 1 to continue
their EI services until the fall; and children who turn three between September 1 to December 31 to
start on the first day of school. Delaware is also a state with Birth Mandate programs for children
with visual and/or hearing impairments, and autism.
Family Satisfaction

According to the 1999 Part C telephone survey of parents of recently transitioned children, rates of parent satisfaction with their role in the transition process, their level of involvement in the process, the quality of the information they received on transition, and other indicators are extremely high (over 90%). The comments of parents in that survey, like some of the comments from Public Meetings and Focus Groups, indicates areas where improvement can continue, but the available measures of overall satisfaction are very high.

Efforts to Improve Child Care

A number of promising public and private efforts are underway to improve the quality of child care in Delaware and thereby, services for non-eligible Part B children. Chief among these is the Early Success initiative.

Areas of Improvement

Data Collection and Coding, Within and Across Systems

The current tracking systems are inadequate to accurately answer the central question regarding the number of children exiting Part C and who are eligible and receiving services from Part B by their third birthday. There are significant differences in the way closing data are coded and entered in ISIS between the local CDW programs. Meanwhile, the Part B December 1 counts for the past four years have been maintained on three different computer systems, and only the 1999 data are presently extractable.

Availability of Local School District Staff During The Summer

The major barrier to timely early childhood transitions is the unavailability of local school district/Early Choices personnel over the summer months to process children for the fall. The 12-month Part C system is preparing many of its (over 300) referrals at the time when the 9-10 month Part B preschool system is ending for the summer. The number of days of contract summer funding for preschool personnel is inadequate, and the rate of pay (and absence of benefits) is lower than for the regular school year. There is no incentive for school personnel to work in the summer.
Designated Part B Lead at Transition

In districts that contract their preschool services (and Child Find responsibilities) to Early Choices, there continues to be confusion as to who is the lead agency, Early Choices or the district. This problem in identifying where a child is in the process of referral and transition is greatly exacerbated during the summer months, for the reasons stated in the previous paragraph.

Availability of Assessment Reports for late Summer Evaluations

In recent years, transitions have sometimes been delayed by the unavailability of assessment reports for children being reevaluated in late summer by Part C contract providers.

Transfer of Third Party Records

Unresolved issues over the transfer of third party medical records also occasionally delay transitions, particularly for physically impaired and medically involved children.

Resource Availability for Spring Transitions

There is a perception on the part of some stakeholders that resource availability, and therefore services available for late spring transitions may be an issue, particularly in areas of high demographic growth. Some of the comments made in the Public Meetings and Focus Groups would seem to support this perception.

Coordinate Timelines between Part C and Part B

There is a perception of a lack of fit between the Part C and Part B timelines in the Interagency Agreement. The arbitrary ending date for Part C (August 31 for children turning three after May 1) does not correspond to the first pupil day or first program day in most districts. The increasing number of early starts with Part B (children not yet three from September 1 - December 31) may contribute to the winter/spring resource availability issue described in the previous paragraph.

Awareness and Tracking of Services for Non-eligible Children

Finally, the awareness and tracking of services for children not eligible for Part B is a growing area of concern within the system. On the plus side, the capacity to track this data (in ISIS) already exists. Unfortunately, the entry of the data that will enable us to track this issue in the future is as yet inconsistent, and some service coordinators and educators do not yet believe that adequate support is available to provide parents with information on alternate options for non-eligible/at-risk children.

Below is a summary of the strengths and areas of improvement identified in more detail in the CT Cluster Worksheet.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Areas of Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEPS process, training and products support community-based transition.</td>
<td>Data collection and coding, within and across systems needs to be consistent.</td>
</tr>
<tr>
<td>Most eligible children are currently starting before, on, or shortly after age 3.</td>
<td>Availability of district and/or Early Choices staff over the summer is inadequate.</td>
</tr>
<tr>
<td>Strengths</td>
<td>Areas of Improvement</td>
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<tr>
<td>-----------------------------------</td>
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</tr>
<tr>
<td>Parent satisfaction measures are high.</td>
<td>There is some confusion as to whom within the school districts/ Early Choices system takes the lead when making transition decisions.</td>
</tr>
<tr>
<td>Promising public/ private efforts to improve child care are underway (e.g., Early Success).</td>
<td>Availability of assessment reports for August evaluations is sometimes delayed.</td>
</tr>
<tr>
<td></td>
<td>Transfer of third party records can result in delays in transition.</td>
</tr>
<tr>
<td></td>
<td>Lack of fit between Part C and Part B timelines creates barriers to effective transition.</td>
</tr>
<tr>
<td></td>
<td>Resource availability for spring transitions is perceived as limited.</td>
</tr>
<tr>
<td></td>
<td>Tracking of services for children non-eligible for Part B is inconsistent.</td>
</tr>
</tbody>
</table>
General Supervision Cluster, Part C (GS)

Overview

The General Supervision Cluster (Part C, GS Cluster) addresses the objective that effective general supervision of the implementation of the Individuals with Disabilities Education Act is ensured through the state education agency’s (SEA) and lead agency’s (LA) development and utilization of mechanisms and activities, in a coordinated system, that results in all eligible children with disabilities having an opportunity to receive a free appropriate public education (FAPE) in the least restrictive environment (LRE), and all eligible infants and toddlers and their families having available early intervention services (EIS) in the natural environments (NE) appropriate for the child.

The cluster workgroup is comprised of sixteen stakeholders. These individuals represent parents, state agencies, educators, private providers, and a former legislator. The majority of the cluster workgroup members are participants in the Interagency Task Force of the ICC, a standing committee that reviews the Interagency Agreement, examines funding, and interagency work of the Birth to Three Early Intervention System. Half-day, monthly meetings continued through November. In order to enable 100% participation, comments from non-attendees were shared through electronic and/or land mail and integrated into the monthly cluster changes.

The cluster workgroup process was one similar to the other Part C Cluster Workgroups.

The two components examined by the General Supervision Cluster Committee are:

• Early intervention services (EIS) and free appropriate public education (FAPE) for children with disabilities are ensured because the State’s systems for monitoring, and other mechanisms for ensuring compliance, and parent and child protections, are coordinated, and decision-making is based on the collection, analysis and utilization of data from all available sources (GS.1);
  a. Parents and eligible youth with disabilities are aware of, and have access to, their right to effective systems for parent and child protections.
  b. The provisions of EIS and FAPE to children with disabilities is advanced by the timely resolution of complaints, mediations, due process hearings, and methods for ensuring compliance that correct identified deficiencies.
  c. Systemic issues are identified and remediated through the analysis of findings from complaint investigations, due process hearings, and information and data collected from all available sources.

• Appropriate and timely services are ensured through interagency coordination and assignment of fiscal responsibility (GS.2).

The cluster workgroup reviewed: survey results regarding family satisfaction and family/child rights, the Quality Management information, chart audits and monitoring reports. The group discussed the Interagency Agreement, Operation Agreements, Memos of Understanding, Provider Agreements, and current collaborative techniques that afford cooperation between departments, divisions, and public and private service providers in the Part C Birth to Three Early Intervention System.
The Co-Steering Committee achieved consensus on the following summary of strengths and areas of improvement for the Part C, GS Cluster.

**Summary of Findings**

**Strengths**

**Monitoring and Evaluation of Birth to Three System**

Evaluation is a part of the overall system (supported by the Interagency Resource Management Committee, the IRMC is a State cabinet level committee). Surveys have been distributed to evaluate family satisfaction, such as the Family Survey, the Transition Survey, and recently the Provider Survey. A team from the Birth to Three Office has completed monitoring of each of the CDW programs. The local CDW programs monitor their local contracts and their service coordinators’ compliance with IDEA through chart audits.

**Collaboration**

Collaboration and cooperation between early intervention provider agencies and State Departments and Divisions contributes to the satisfaction of families and reduces the risk of complaints (see Graph C-7). The sharing of financial responsibilities and utilization of service coordinators across Departments and Divisions has built a better system for families. The relationship the family develops with their Service Coordinator provides them with the ongoing support needed to flow through the system. When complaints do arise, the Service Coordinator and/or Clinic Manager is able to manage the problem in a timely and efficient manner. The number of service providers for children birth to three continues to increase. As of November 2000, there are over 40 provider agreements within Part C (see Graph C-14).
Due Process and Procedural Safeguards

There have only been four formal complaints since 1996. One due process hearing was requested, and the request was withdrawn by the family before the hearing was to take place. In 1999, the majority of families surveyed indicated that they received information and understand their rights, and will exercise them as needed (see Graph C-15).

Funding of Services

The local CDW programs are also assertive in their efforts to resolve billing issues at the local level. Policies exist to provide a mechanism for payment of services pending the resolution of disputes. Service coordinators advocate to insurance companies, Medicaid, and the Managed Care Organizations for payment of services. Future presentations to the insurance providers should increase awareness regarding the importance of covering early intervention services to young children with disabilities (i.e., assistive technology in Natural Environments). With the implementation of the Transdisciplinary Pilot Project (TD) in 1999, the Birth to Three Early Intervention System found TD to be a cost-effective way of providing Early Intervention services. The Medicaid Managed Care Organizations have agreed to support the Transdisciplinary model of services as one of the service options for eligible children. Plans are underway to work with other providers and partners to expand these services.

Areas of Improvement

Monitoring and Evaluation of the Birth to Three System

There have been some inconsistencies in monitoring, and it has been determined there is a need for an enhanced system to ensure compliance of all parties participating in the Birth to Three System. To improve in the area of monitoring and evaluation, the Quality Management Committee will need to resume in early 2001 with new membership. The committee will identify specific goals from the
self-assessment results along with the results from previous evaluation and monitoring. The findings will be used as a guide for system development and improvement. Service provider monitoring will also be incorporated into the plan to ensure quality of service.

Collaboration

Recent Focus Groups indicate a need to recruit more providers for speech/language therapy in the Southern part of Delaware. It is the consensus of the cluster workgroup that the Birth To Three Early Intervention System needs to further expand recruitment efforts in collaboration with early intervention providers in the State.

Due Process and Procedural Safeguards

A system of informal complaint tracking needs to be developed within the local CDW programs for monitoring purposes.

The cluster workgroup, in identifying potential improvement strategies thus far, has utilized the information gathered in this process. All of the findings from the cluster workgroup have been shared with the other Part C Cluster Workgroups. Findings closely parallel with those of other clusters.

Below is a summary of the strengths and areas of improvement identified in more detail in the Part C, GS Cluster Worksheet.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Areas of Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation (supported by the IRMC) is a part of the overall system (i.e., family survey, transition survey and the monitoring of contracts at the local CDW level).</td>
<td>An improved system of ongoing monitoring with performance goals, indicators, and timelines is needed.</td>
</tr>
<tr>
<td>Part C has a shared process for mediation and hearings with Part B.</td>
<td>Chart audits need to be completed on a more consistent basis.</td>
</tr>
<tr>
<td>There have only been four formal complaints received by the Birth to Three Office since 1996.</td>
<td>The Quality Management Committee needs to resume with defined goals for program evaluation.</td>
</tr>
<tr>
<td>Formal complaints and the one hearing request never went to the hearing level for a court decision.</td>
<td>Improve the system for families to access information regarding their rights in varied formats.</td>
</tr>
<tr>
<td>Local CDW programs have resolved the ten informal complaints that came through the local CDW offices during this past year.</td>
<td>Inform families of rights throughout the process, and especially at time of complaint.</td>
</tr>
</tbody>
</table>
## Strengths

- Local CDW programs assume responsibility for solving informal complaints in a timely manner.
- Through Surveys, families have reported:
  - understanding their rights,
  - feeling involved in the IFSP process, and
  - being involved in the transition for their child.
- Collaboration of many State and private agencies providing early intervention services is well established.
- Provider Agreements and contracts stipulate that services may be provided in the Natural Environment.
- Medicaid has determined that the TD model is cost effective.
- The local CDW programs continue in their efforts to resolve billing issues to ensure timely service delivery.
- Policies exist providing a mechanism for payment of services pending the resolution of disputes.

## Areas of Improvement

- Develop a tracking system for informal complaints for monitoring purposes.
- Need to formalize and improve the system of communication across the state with partner agencies.
- Some families report there is a need for service providers to provide families with more consistent services.
- Consistent monitoring of service providers needs to be developed.
- Increased recruitment of providers for services that are in high demand, such as speech/language therapy, is needed.
- Expand the TD program to other service providers to provide families with choice.
- Work closely with the insurance providers to educate on the benefits of covering EI services.
FINDINGS

Cluster Summaries Part B

The Part B cluster work groups chose to work through each individual component with the accompanying indicators to identify potential data sources to help answer the questions driven by the indicators. The Department of Education (DOE) compiled an Individual Resource Book with many data sources. Other data sources were identified and examined by the individual cluster groups and are listed in the data matrix. (See Appendix C.)

When examining data sources, the cluster work groups used worksheets developed by DOE staff to identify indicators, data sources, strengths, potential areas of improvement, and improvement strategies. Although the primary objective was to examine the data and make decisions about the strengths and potential areas of improvement in Delaware, the stakeholders felt that strategies for improvement should also be captured at this time which will help develop the State Improvement Plan.

General Supervision

Overview

The General Supervision Cluster membership was composed of individuals who had expertise as mediators, hearing officers, public and private agency administrators, district directors of special education, State education agency staff, and a parent. The objective of this broad based group was to examine issues for effective general supervision of the implementation of the Individuals with Disabilities Education Act. This would ensure that State education agencies (SEA) and lead agencies (LA) develop and utilize mechanisms and activities, in a coordinated system that results in all eligible children with disabilities having an opportunity to receive a free appropriate public education (FAPE) in the least restrictive environment (LRE).

The three components examined by the General Supervision Cluster are related to the provision of a free appropriate public education (FAPE) to children with disabilities served in:

- Special education programs and services operated by DE school districts;
- Appropriate special education and related service programs provided in juvenile and adult correctional facilities within the State; and
- Appropriate special education and related service programs provided in out-of-district placements (e.g., non-public, consortium, etc.) under district direction and supervision, and in State operated programs.

Free appropriate public education (FAPE) is ensured for these groups through the State’s comprehensive compliance monitoring system (CCMS), coordinated parent and student protections and decision-making based on the collection, analysis and utilization of data from all available sources.
The Cluster examined numerous data sources, including, in part, CCMS reports and corrective action plans, SPARC Mediation End of Year Report, Delaware’s Special Education Due Process Systems Report, DOE’s Public Focused Discussion Document, Parent Survey 2000 data, Age of Majority Report, the Administrative Manual for Special Education Services (AMSES), data from due process hearings and complaint findings, Parent Information Center (PIC) information, Governor’s Advisory Council for Exceptional Citizens (GACEC) input to Delaware’s Continuous Improvement Self-Assessment, Interagency Agreements, and Self-Evaluation of ICT Report.

Overall Findings
In reexamining the body of work done over the past six months, the Cluster workgroup consolidated the findings in terms of identified strengths and areas of improvement.

Strengths

Monitoring
A review of CCMS reports finds that districts and agencies are monitored on a regular schedule and reports are issued in a timely manner. Corrective action plans (CAPs) are developed and monitored so that there is a clear connection between findings and CAPs. Systemic issues with FAPE have been identified through the monitoring process. Needed professional staff development has been identified as part of the CCMS process, along with the DOE/district monthly information sharing meetings that have focused on identified areas.

Due Process
An independent consultant report based on interviews with individuals involved with the due process and mediation systems concluded that due process systems generally received favorable reviews.

Court Committed Youth
In terms of juvenile and adult correctional facilities, the Cluster group found that the State has recently assigned responsibility for educational programs to the DOE for students served in adult facilities. Incarcerated youth receive services up to age 21 or graduation with a diploma. The Department for Services to Children, Youth and their Families (DSCYF) has developed a Provider Manual to ensure contractors are aware of the need to provide FAPE. There has been increased linkage between district of residence and DSCYF-placed students. A draft Memo of Understanding (MOU) between DOE and DSCYF has been initiated.

Out of District Placements
The Cluster found that all students placed out-of-district have IEPs, are receiving services, take the DSTP, and for students placed by DOE, will have their progress monitored by a DOE staff member.

Areas for Improvement

Monitoring
The State has not yet established performance goals and indicators to be used in monitoring programs. Professional development inconsistently incorporates information from monitoring reports. Data produced by the monitoring system has not always been usable for decision-making.
Due Process
A consistent process is needed to ensure reporting and follow-up for due process, mediations and administrative complaints. Improved training is needed for hearing officers, investigators, and mediators.

Court-Committed Youth
FAPE is inconsistently provided to court committed youth placed both in and out-of State. The monitoring is inadequate for out-of-State programs serving court committed youth. Services for court committed youth transitioning back to their home schools are inadequate.

Out-of-District Placements
Training and technical assistance is needed for staff in all programs (i.e., alternative education, charter schools, vendor operated programs). The scope and adequacy of services available through Child Mental Health are undetermined.

The chart below summarizes the strengths and areas of improvement identified by the General Supervision Cluster across the cluster components.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Areas of Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Districts and agencies are monitored on a regular schedule. CCMS reports are issued in a timely manner. Whenever needed, Corrective Action Plans (CAPs) are developed and monitored by the Department of Education (DOE). Clear connection between findings and CAPs.</td>
<td>CCMS/ due process/ complaint results need to be directly linked to CSPD.</td>
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<tr>
<td>DOE has issued a completely rewritten AMSES, which is more user friendly.</td>
<td>Need to establish goals and performance indicators.</td>
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<tr>
<td>DOE and districts meet monthly to exchange information and address priority areas.</td>
<td>New information (AMSES) needs to be disseminated to parents. More outreach needed, to ensure parent/ student awareness of rights and how system is to work.</td>
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<tr>
<td>Questions remain as to how DOE and local districts will be able, with current resources, to monitor and provide needed technical assistance (TA) to the array of charter schools, prison education program, alternative schools, etc.</td>
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<tr>
<td><strong>Strengths</strong></td>
<td><strong>Areas of Improvement</strong></td>
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</tr>
<tr>
<td>Consultant study found due process systems in Delaware received generally favorable reviews.</td>
<td>Not currently getting reports of results from mediation, and settlements prior to due process hearing. Need exists for annual report of areas of concern distilled from due process/mediation/administrative complaint. Explore using data from PIC, ARC, etc.</td>
</tr>
<tr>
<td></td>
<td>45 days for due process determination not occurring.</td>
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<td></td>
<td>Need to improve training for hearing officer panels.</td>
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<td></td>
<td>Need to examine policies issues related to CCMS findings in a systematic way and to share this information with the public.</td>
</tr>
<tr>
<td></td>
<td>Need parent and student brochure explaining transfer of rights and other issues per IDEA ’97 processes. Expanded training capacity needed.</td>
</tr>
<tr>
<td></td>
<td>Training needed for regular education teachers and assistant principals</td>
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<tr>
<td>During school year, 60 days for administrative complaint resolution is being met.</td>
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<tr>
<td>Mediators available in a timely manner.</td>
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<tr>
<td>Many issues that trigger a due process request are resolved prior to actual hearing.</td>
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<tr>
<td>Consistently small numbers of appeals reviewed by DOE legal staff: System changes have been initiated as a result of appeals.</td>
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<tr>
<td>Compliance enforcement procedures are available if needed. 9/30 unit audit has led to reduced funding, as well as audit of prison program, due to non-compliance. Operation of adult prison program changed as a result of audits.</td>
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<tr>
<td>DOE has developed a proposal to address age of majority issue.</td>
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<tr>
<td>Collaboration for training exists Statewide, i.e., DOE, PIC, TQM, CEC.</td>
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<tr>
<td>DOE Website and calendar allows for sharing information training.</td>
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<tr>
<td><strong>Strengths</strong></td>
<td><strong>Areas of Improvement</strong></td>
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</tr>
<tr>
<td>Since 1999, all teacher preparation programs in the State have included a component on special education for non-special education teachers.</td>
<td>Parent training needed on all areas of IDEA '97, including referral, identification, evaluation, and placement.</td>
</tr>
<tr>
<td>DOE conducts special education leadership institutes and topical conferences for special education administrators and regular education principals.</td>
<td>Need to address issue of child not yet eligible and their rights to identification and evaluation. - 10% of PIC calls on this topic.</td>
</tr>
<tr>
<td>PIC has active system to provide training.</td>
<td>School handbooks, newsletters, bulletins, calendars, etc. need to be reviewed per general information on identification/evaluation, accessing/availability of services, ADA, and 504 Plans.</td>
</tr>
<tr>
<td>Student Connections and self-determination training projects operational.</td>
<td>Provide for greater awareness of available (self) advocacy materials, etc., as well as training for parents.</td>
</tr>
<tr>
<td>All students placed out-of-district are being provided services. DSCYF has in-State system to get IEP’s and progress reports from home district.</td>
<td>School districts are hard pressed to monitor DSCYF out-of-State placed students.</td>
</tr>
<tr>
<td></td>
<td>Detention centers operated by DSCYF are over capacity. May be impacting FAPE.</td>
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<tr>
<td><strong>Strengths</strong></td>
<td><strong>Areas of Improvement</strong></td>
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<tr>
<td>This past year, DOE visited Glen Mills as part of DSCYF CCMS monitoring.</td>
<td>How to monitor progress for out-of-district placements very complex. Use of DSTP is problematic. Need to develop an accountability component for ICT and DSCYF placed kids.</td>
</tr>
<tr>
<td>New staff member from DOE to manage ICT placements. DSCYF will be utilizing Dec. 1 IDEA funds for visitations to out-of-State placements.</td>
<td>Little monitoring of DSCYF contractors per special education YRS needs training on checking compliance during annual student visits for out-of-State placed children.</td>
</tr>
<tr>
<td>DSCYF has developed a Provider Manual to ensure contractors are aware of need to provide FAPE.</td>
<td>Alternative schools do not offer all courses and extra curricular options compared to regular schools.</td>
</tr>
<tr>
<td>Legislature has moved education programs for adult facilities under direct control of DOE.</td>
<td>Students placed in some out-of-district placements through DSCYF are served in groups with broad range of ages and instructional levels. These students should be instructed in small groups with students of comparable ages and instructional levels.</td>
</tr>
<tr>
<td>All incarcerated youth may receive services up to age 21 or graduate with a diploma.</td>
<td>Unsure as to how DSCYF contractors are monitored.</td>
</tr>
<tr>
<td></td>
<td>During past year, program in adult correctional facilities has faltered. Need current status report on students served in adult facilities.</td>
</tr>
<tr>
<td></td>
<td>Technical assistance needs to be provided to both juvenile and adult prison systems, per AMSES.</td>
</tr>
<tr>
<td>Strengths</td>
<td>Areas of Improvement</td>
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<tr>
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</tr>
<tr>
<td>All DSCYF educational staff meet DOE certification requirements. YRS Level 4 contractual program has certified staff.</td>
<td>Difficulty remains per transitioning back to home school.</td>
</tr>
<tr>
<td>Increased linkage between district of residence and students placed in DSCYF facilities (in and out-of-State).</td>
<td></td>
</tr>
<tr>
<td>All students in DSCYF system have a case manager.</td>
<td>Various MOU’s need to be updated, signed and disseminated.</td>
</tr>
<tr>
<td>All students in DSCYF operated programs take DSTP.</td>
<td>Need exists to review availability of mental health services for children and their families.</td>
</tr>
<tr>
<td>DOC/DOE just signed Memo of Understanding (MOU). Though MOU remains unsigned, DSCYF has incorporated recommendations in vendor contracts.</td>
<td>Eligibility and system for enrollment of homeless students are not well defined, resulting in exclusion of students from educational programs.</td>
</tr>
<tr>
<td>Child Mental Health initiative has received federal funding.</td>
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</table>
Free Appropriate Public Education in the Least Restrictive Environment

**Overview**

The Free Appropriate Public Education in the Least Restrictive Environment (FAPE in the LRE) cluster addressed a single objective, namely, that all children with disabilities receive a free appropriate public education (FAPE) in the least restrictive environment (LRE) that promotes a high quality education and prepares them for higher education, employment, or independent living after they exit school.

The ten components examined were:

- The needs of children with disabilities are determined based on information from an appropriate evaluation.
- Special education and related services are available to meet the unique individual needs of children with disabilities.
- Appropriately trained administrators, teachers, paraprofessionals and related service personnel provide services to children with disabilities.
- Appropriate special education and related services are provided to children with disabilities served by the public agency.
- Appropriate services are provided to address behavioral needs of children with disabilities.
- Appropriate special education and related services are provided by the public agency at no cost to the parent, including children placed out-of-district by the agency.
- Children with disabilities make continuous progress within the State’s system for education accountability.
- All placement options are available to meet the individual needs of children with disabilities.
- Appropriate special education and related services are provided to children with disabilities in the educational setting determined to be the least restrictive environment.
- To the maximum extent appropriate, children with disabilities are educated and participate in activities and services with non-disabled peers.

The cluster group was comprised of approximately 24 stakeholders, 16 teachers and administrators, four parents, and four other interested members of the advocacy community. A number of full and half days meetings were held beginning in June and continuing through November. The cluster group was separated into two work groups so that this very large component could be divided in a sensible way.

In general, the cluster looked at data to ascertain if sufficient numbers of qualified personnel are providing children with disabilities appropriate services at no cost to their parents. Appropriate progress was evaluated by looking at a number of indicators such as drop out and high school completion rates. Judgments about the quality of personnel were made by looking at the number of teachers with limited or temporary certification. In addition, the group looked at the system for training teachers as well as the training they received. Data from CCMS (Comprehensive Compliance Monitoring System), the Due Process system and Parent Information Center provided further information about children receiving appropriate services. The data associated with the
Delaware State Testing Program was examined when looking at the continuous improvement of students. A number of data sources were examined for LRE, including December 1 LRE data and various reports from the Inclusion Project. Particular attention was paid to the current funding structure used for special education especially as it relates to the preference the structure seems to give specialized settings. Finally, data from the October 2000 Parent Survey and comments from the public focused discussion groups were examined to validate the findings, which are listed below.

Overall Findings

**Strengths**

**Identification of Children**
Generally, the State is in line with national percentages of identification. In some areas, such as emotionally disturbed, the percent of identified children is smaller than the national average. The data examined indicates that the majority of children are receiving appropriate evaluations and that the child find system is working and children are being located, identified and evaluated.

**Personnel Needs**
The data indicate a very small percentage of teachers holding a limited or temporary certification. A recent change in the requirements for speech pathologists was viewed as positive and is a first step in helping with this often cited personnel need.

**Training and Technical Assistance**
The recent efforts through the Inclusion Project as well as other Statewide conferences that have had an emphasis on severe disabilities were positively reviewed. The training efforts and products such as the Standards for Functional Life Skills programs that have been developed as a result of the Alternate Portfolio Assessment were also seen as strengths. Efforts that have focused on higher incidence disabilities such as the pilot Instructional Support Team project were also noted as positive in terms of the training and technical assistance staff received. The addition of another Statewide training and technical assistance project on Positive Behavior Supports was also noted as a strength.

**Extended School Year**
The reports reviewed showed that most students who need extended school year services are receiving them. Additionally it appeared that all categories of disability were being considered.

**Student Performance**
The accommodations available to students for the DSTP developed through the stakeholder group called the DSTP Disability Task Force were commended. The Delaware Alternate Portfolio Assessment is on schedule and ready for full implementation. There have been significant steps made in ensuring that the State accountability system includes all students. Additionally the IEP form was praised for the prompts that will promote discussion of appropriate accommodations needed. The State support for assistive technology initiatives was also noted as positive.
Data Collection and Analysis

There is a good data collection system in place. There is the ability to disaggregate student data on many levels to answer a variety of questions. The collection of accommodations used by students was noted as a positive step that will assist with future analysis.

LRE

The new IEP form was cited as a strength in refining our data regarding placement of students. Analyses of evaluations from the Inclusion Project show positive trends for students with moderate and severe disabilities in terms of serving students in less restrictive environments.

Funding

The current funding system has many strengths including being predictable. The State assumes approximately 70% of the cost associated with education. Students assumed to be the most needy, historically the lower incidence disabilities, are funded at higher levels than other categories of students.

Areas for Improvement

Over-identification

Students identified as learning disabled are identified at a higher rate when compared to national data. The first column in the chart below illustrates the percent of children ages 6-21 identified nationally as learning disabled based on resident population. The second column illustrates the percent of children ages 6-21 in Delaware identified as learning disabled based on resident population. The last column represents the percent of children ages 6-21 in Delaware public schools identified as learning disabled.

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![Percentage of Children Ages 6 - 21 Identified with a Learning Disability](chart.png)
Over-representation

More students with disabilities drop out of high school or do not complete high school when compared to the general population of students. This finding is discussed with more detail in the section on secondary transition. Students with disabilities are over represented in the discipline data. This collection of data is specific to House Bill 85, a State law that identifies certain incidents of student conduct that must be reported such as assault, extortion, offensive touching, terroristic threats, possession of dangerous instruments or weapons and possession of uncontrolled substances.

**Percentage of Special Education Offenders in HB85**

*Incidents 1998-1999 School Year*

<table>
<thead>
<tr>
<th>Regular Education</th>
<th>Special Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>70%</td>
<td>30%</td>
</tr>
</tbody>
</table>

African American Offenders in Regular Education represent 50%. African American Offenders in Special Education represent 61%.

Over-representation of minorities

Students who are African America are over-represented in the mentally disabled category where they are 50.8% of students identified and in the learning disabled category where they are 42.9% of those identified whereas, students who are African American represent approximately 30.7% of students enrolled in Delaware public schools. Students who are African American are over represented in the discipline data.

Personnel needs

Speech pathologists and psychologists continue to be cited as a personnel need through CSPD surveys and other personnel tables. Data are inconsistent in identifying gaps in teachers. Current numbers of teachers with temporary or limited certification are small but concerns have been raised about an inadequate supply of teachers as retirement of an aging population looms. Data from the State Improvement Grant also indicates that of these teachers who are expected to retire, a significant number of them are African American. A theme that emerged from several different sources is the need for personnel who can work directly with families and offer other kinds of support. Surveys done through CSPD indicate the need for training and help in working effectively with families. The public comment also indicates that families have a certain degree of frustration in how they are viewed or accepted as full participants in their child’s education. Personnel surveys typically do not ask districts if they have a need for school social workers or other family support personnel. The program through the Department of Children Youth and their families that places
“Family Crisis Therapists” in some elementary schools has been evaluated as successful but is limited in scope. Many needed related service personnel positions have no specific funding attached.

Training and Technical Assistance

There are many identified areas in need of training including positive behavior supports, functional behavior assessments, LRE/inclusion, the Instructional Support Team Process and assistive technology. The parent survey indicates that family support services have a lower level of satisfaction than many other components. Additionally, there was strong support for a training and technical assistance emphasis on “high incidence” disabilities such as learning disabilities. The recent emphasis on low incidence and severe disabilities is commendable, but a similar effort needs to be made for the higher incidence disabilities including continuous coaching and on site technical assistance.

Extended School Year

There are concerns that funding is inadequate and that all services may not be available statewide.

Student Performance

Students with disabilities are performing primarily below the standard at all grade levels and in all categories. The level of analysis did not address specific instructional problems such as reading, or pinpoint other related problems such as grade levels, (e.g., eighth graders reading on a third grade level) disability categories or other relevant variables. This analysis should be done when improvement strategies are addressed and will be an important part of district and school level monitoring. There are students who are not being adequately measured through the DSTP, the students who fall into the so-called gray area in the assessment system. There is a concern that these students will not pass the high academic standards as measured on the DSTP but are not in a functional, life skills curriculum.

Data Collection and Analysis

Although there are good systems in place for data collection, there continue to be questions that cannot be answered. For example, the discipline data and the data about alternative schools cannot be adequately analyzed regarding special education.

LRE

The co-steering committee agrees that although some progress is being made in this area, data collected through the Comprehensive Compliance Monitoring system indicates placement continues as an issue in some districts. Public comment and the parent survey both validate that placement issues are a concern. The data available through the December 1 count are inadequate to analyze all of the variety of ways in which students are served.

Funding

This area is one that has been identified as a potential non-compliance issue. The current system of funding favors specialized placement, providing more resources for students in a separate special school program than for a similarly classified student who is being served in a less restrictive setting. There are barriers to serving students in more normalized settings such as the requirement that students be with a special education teacher 12.5 hours per week in order to have full time status and
the funding that follows that status. Additionally, a concern has been raised that IEP teams feel constrained at times to identify needed services such as assistive technology or other related services because of funding considerations.

The following presents a detailed account of the strengths and areas of improvement based on the examination of the ten components. The complete detail including references to specified data sources can be found in the work sheets.

<table>
<thead>
<tr>
<th><strong>Strengths</strong></th>
<th><strong>Areas of Improvement</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of students identified is generally in line with national data that indicate that students are being appropriately evaluated.</td>
<td>Although it is difficult to do direct comparisons with national data, Delaware identifies students as learning disabled at a higher rate than the national average and students with emotional disturbance at a lower rate.</td>
</tr>
<tr>
<td>The system for data collection is a good one. There is an ability to disaggregate data and it appears that the State is collecting a significant amount of data.</td>
<td>The Developmental Delay category is not available to all preschool students. Some students who need services will not meet eligibility criteria under other categorical labels that are more appropriate for school-aged children. The result is children once eligible for services at age three may no longer be eligible at age four.</td>
</tr>
<tr>
<td>Data collected on personnel needs suggest that there are sufficient numbers of personnel. The numbers of teachers with limited or temporary certification is very small.</td>
<td>There is a concern about the over representation of minority students in special education. There is not a clear understanding of why there is over representation.</td>
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<tr>
<td></td>
<td>Fine-tuning of the data system should continue so that all questions can be answered about students with disabilities.</td>
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<tr>
<td></td>
<td>Data reviewed from the SIG suggest that there will be personnel shortages in the near future, especially minority teachers.</td>
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<tr>
<td></td>
<td>There are some comments in recent surveys that suggest the need for more personnel who can work with families and perform other social work duties.</td>
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<tr>
<td><strong>Strengths</strong></td>
<td><strong>Areas of Improvement</strong></td>
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<tr>
<td>A recent change in regulations may increase the availability of speech pathologists.</td>
<td>The need for speech pathologists and psychologists continues to be an identified need. Surveys do not always address or ask about all potential needs. For example, there are many related service personnel for whom there are no data.</td>
</tr>
<tr>
<td>The proposed “master teacher” in the State Improvement Grant was also mentioned as an effort to enhance teachers’ skills.</td>
<td>The status of Delaware vis-à-vis reciprocity agreements with other States is not clearly defined.</td>
</tr>
<tr>
<td>The focus on the testing accommodations and modifications needed by students has been greater. This focus has been driven primarily by the Delaware Student Testing Program and the recent attention paid to accommodations for the test.</td>
<td>Although there are some preliminary upward trends in some grades in some areas, a significant number of special education students and/or minority students are performing poorly on the State-test and are below the standard.</td>
</tr>
<tr>
<td>Data are beginning to be collected on the use of accommodations on the State test.</td>
<td>Protocols do not exist for the administration of all accommodations on the State test.</td>
</tr>
<tr>
<td>DSTP data are collected on all students and are disaggregated on several levels.</td>
<td>There is a concern about the participation rate data and how that information is being used. If test scores are invalid, how will those students be measured?</td>
</tr>
<tr>
<td>The IEP form promotes the discussion of the State test and the need for appropriate accommodations yearly.</td>
<td>Data are still new and the cluster is unable to see consistent trends looking at similar cohorts of children who were tested under similar conditions because the allowable accommodations have changed.</td>
</tr>
</tbody>
</table>
**Strengths**

The Delaware Alternate Portfolio Assessment, an assessment system for students with moderate to severe cognitive disabilities who participate in a functional life skills program, has been developed and implemented and training has been provided to over 550 educators in the State.

The Standards for Functional Life Skills Curriculum, approved by the State Board of Education, provide access to the general education curriculum for these students and is the framework for this assessment system.

The assessment system in place is inclusive when measuring progress in these standards.

Initiatives such as the Curriculum Cadre, enhance teachers understanding of the standards and have included special educators.

**Areas of Improvement**

There may still be students falling in the “gap” between the DSTP and the Delaware Alternate Portfolio Assessment (DAPA).

The numbers of special education students and/or minority students who are dropping out or not completing High School are too high. These data are not complete. For example, the data on students in alternative schools do not disaggregate those who are receiving special education services.

A number of students are missing from the drop out data; it is, therefore, difficult to get a clear picture of students who may not be completing school.

There are no data that reports on the training of special educators and the State standards or training in other areas.
## Strengths

<table>
<thead>
<tr>
<th>Areas of Improvement</th>
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<tbody>
<tr>
<td>In general it appears that most students who need extended school year services are receiving them.</td>
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<tr>
<td>There has been some support for assistive technology by providing additional resources to districts and ensuring there is a contact in every district.</td>
</tr>
<tr>
<td>All schools in Delaware contain an instructional support team (or a student assistance team) to assist in potential instructional strategies or solutions for academic or behavior problems. Brandywine School District has piloted extensive training and implementation of an Instructional Support Team during the 1999-2000 school year including an evaluation of the pilot. It appears that fewer children are being identified as needing special education when the focus is on the instructional support needed.</td>
</tr>
<tr>
<td>There are K-3 Early Intervention Programs in 24 schools to target students with behavior problems (1997-98 school year). The results of the report on these early intervention programs indicate they are successful.</td>
</tr>
<tr>
<td>There is documented concern in the report that adequate funding for ESY is not available especially because of the restricted use of extra time funds. A more generalized concern beyond just ESY has been expressed that because of personnel shortages, all services needed by students may not be available or that parents are paying for some services often due to personnel shortages.</td>
</tr>
<tr>
<td>There is a need for continued development of extended time programs to target students who are identified at risk of being identified special ed.</td>
</tr>
<tr>
<td>Surveys and needs assessments continue to cite assistive technology as a training need.</td>
</tr>
<tr>
<td>The group agreed more data are needed on the Instructional Support Team process.</td>
</tr>
<tr>
<td>Throughout the State each district operates its student assistance teams differently including training, membership, roles, responsibilities, etc. There is a need for funding to support these teams within districts. Ongoing training on various issues is needed including positive behavior support, functional behavioral assessments, instructional strategies, etc.</td>
</tr>
<tr>
<td>The State needs a stronger, more consistent data collection system for reporting and analyzing discipline data.</td>
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<tr>
<td><strong>Strengths</strong></td>
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<td>--------------</td>
</tr>
<tr>
<td>Delaware has provided for children with challenging behaviors a continuum of services as evident through Intensive Learning Centers and Alternative Schools.</td>
</tr>
<tr>
<td>During 1999-2000 the Positive Behavior Support Training Initiative was begun. A State team was formed with 15 members representing interagency membership and involvement including the director of the Child Mental Health/ICT Grant Initiative. National consultants trained the team and a collaboration was formed by DOE and University of Delaware’s Center for Disabilities Studies. Seven training modules were developed for Positive Behavior Support Training. Six districts took part in the initial PBS training year and six new districts will be trained during 2000-01. Technical Assistance continues to be provided to trained districts.</td>
</tr>
<tr>
<td>Delaware has a strong, predictable system of funding. The State of Delaware assumes approximately 67% percent of the total K-12 costs from general fund revenue. Local funding provides about 24% percent and federal funds about 9% of total revenue. The basic State funding mechanism is the Unit Funding System, which is based on a September 30 enrollment count. Units are provided based on the number of children in given categories.</td>
</tr>
<tr>
<td>The current funding system is based strictly on the categorical label, not on the level of need of the child.</td>
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<tr>
<td><strong>Strengths</strong></td>
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<tr>
<td>Special education units are weighted for higher risk pupils by varying the number of pupils in the unit according to the handicapping condition. A tuition system is in place for low incidence populations who attend special programs/schools. Preschoolers are exempt from the 12.5 full time special education rule.</td>
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<tr>
<td><strong>Strengths</strong></td>
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<tr>
<td>The Department of Education has developed a new IEP form that is consistent throughout the State in determining LRE and is reported in percentage of time spent in regular education settings. The form is also designed to reflect access to the general curriculum. 1997-98 data show a 5% increase in the percentage of children with disabilities, ages 6-21 served in placements with non-disabled peers for 80-100% of the day. The Delaware Inclusion Project currently involves 8 school districts. The goals and objectives of the project center around training and technical assistance in providing services to children with moderate to severe cognitive disabilities in the least restrictive environment. There has been a strong focus on students with severe disabilities at the State level through a number of initiatives including support of statewide conference and technical assistance projects.</td>
</tr>
</tbody>
</table>
Parent Involvement

Overview

The federal objective for the Parent Involvement Cluster is the facilitation of a free appropriate public education (FAPE) for children and youth with disabilities by having parents involved in special education services.

The three components examined by the parent involvement cluster are:

- Parent Involvement is advanced through training and information dissemination to parents, youth with disabilities and staff.
- Appropriate services, including transition services, are received by children with disabilities when parents and youth with disabilities are actively involved.
- Programs and services for children with disabilities are improved because parents are actively involved in program improvement activities.

In other words, when information is widely disseminated and when parents are systematically included in training, they are better informed and likely to be more involved. When better-informed parents are more involved, programs and services are improved and therefore will lead to better outcomes for children.

The cluster group was comprised of sixteen stakeholders, thirteen of whom are parents. Several members also represented positions in the field of disability. For example, two members are also special education teachers in public schools and one member directs the Educational Surrogate program.

During July, August and September the work group reviewed data about training opportunities and information disseminated such as the Comprehensive System of Personnel Development needs assessments, conference evaluations and the DOE website. Parent involvement was measured by looking at participation rates in committees and work groups. The group was also charged with developing a parent survey to be widely disseminated with results included in this self-assessment.

Reviewing results of surveys done through the Comprehensive Compliance Monitoring System and data from the Parent Information Center assessed understanding of parental rights and satisfaction levels. Other projects or initiatives that have included parent involvement such as the Inclusion Project were reviewed. The group looked at the input from the public focused discussion groups, which included 49 parents and the preliminary data from the parent survey done during October 2000 in order to validate the findings. The data examined from the survey was based on a count of 322 surveys. The summary report is based on a count of 1,298 surveys and can be found in Appendix J. The data from the final report remained essentially the same as the preliminary data examined. The Department is continuing to accept surveys and a final report will be issued in March 2001. The Parent Involvement Cluster felt comfortable that those data validate the primary issues identified.
Overall Findings

After examining these and other data sources (see cluster worksheets in Appendix E) there were a number of strengths as well as areas of improvement identified:

**Strengths**

Training and Information Dissemination

The data indicates that there are multiple training opportunities available. The group was positive about recent surveys done through CSPD that asked questions specific about working with families. A number of different data sources confirm that parents are receiving copies of their rights and procedural safeguards.

Services

![Pie chart showing satisfaction levels](chart.png)

The data indicates that, generally speaking, parents are satisfied with the services received by their children with approximately 89% of parents indicating they are very or somewhat satisfied with the special education services their child receives. (See chart above) There were also high levels of satisfaction in a number of areas around IEP development and the quality of personnel.

Parent Involvement

The parent group applauded efforts to systematically include parents in work groups and committees. They noted that having a time limited commitment and receiving stipends were very beneficial in allowing participation. They also saw strengths in some of the draft materials for IEP development. They particularly noted the use of the parent input form as a positive step to include parents.
**Areas for Improvement**

**Training and Information Dissemination**

The data indicate that although traditional training opportunities are available through workshops and conferences, many parents may not be participating. Additionally, the state-wide emphasis on low incidence or severe disabilities may not be addressing all needs. Many suggestions were offered to measure parent satisfaction and to engage parents in effective training opportunities. A varied approach for information dissemination (such as the DOE web site noted as a strength) and conceptualizing training as more than conferences or workshops is needed. The group supports an ongoing and systematic effort to identify training and information needs of families.

**Services**

There is a lower level of satisfaction with services around use of assistive technology, accommodations, instructional support, access to technology and extracurricular activities. Family support services are also cited as an area with a lower satisfaction level. Data indicates that procedural safeguards and parental rights are being observed by districts but the percentage of parents who fully understand those rights is not as high as those who indicate receiving a copy of their rights.

**Parent Involvement**

The group concluded that inviting parents to be members should be an expectation for any DOE sponsored committee or task force. Additionally, the group noted that it is not always possible to measure the effect of parent involvement on student outcomes. However, they did note that more varied efforts need to be made to involve parents and offered many improvement strategies.

The chart below summarizes the strengths and areas of improvement identified across the Parent Involvement Cluster.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Areas of Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are numerous training activities, often in the form of Statewide conferences. Focus has been on low incidence populations and severe disabilities. The Inclusion project has also offered technical assistance around low incidence and severe disabilities.</td>
<td>There needs to be a similar focus on higher incidence disabilities such as learning disabilities.</td>
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<tr>
<td></td>
<td>The October 2000 survey indicates that many parents do not participate in training opportunities.</td>
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<td>Training needs to be in the form of coaching, mentoring and learning problem solving and advocacy skills; not just conferences.</td>
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<tr>
<td><strong>Strengths</strong></td>
<td><strong>Areas of Improvement</strong></td>
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<tr>
<td>Recent surveys through the Comprehensive System of Personnel Development (CSPD) have had some focus on working effectively with families. Included, for example, have been questions to teachers about working with parents.</td>
<td>There does not appear to be an adequate system through CSPD of identifying training needs of parents. CSPD surveys have not included parents in the population assessed. There was universal agreement that a greater number of parents need to be surveyed more often and that questions need to go beyond compliance issues.</td>
</tr>
<tr>
<td>Existing data including the parent survey disseminated in October 2000 indicate that parents are informed of their rights and procedural safeguards. The DOE web site was noted as a good source of information for parents.</td>
<td>There is a note of caution however in that the data available indicate some disparity between receiving written copies of rights (94% surveyed indicated yes) and understanding them (10% surveyed indicated no). An additional area in need of improvement was ensuring that materials are available in other languages.</td>
</tr>
<tr>
<td>Another strength identified included current State initiatives such as the Delaware Student Testing Program (DSTP) Disability Task Force and the Inclusion Project that have, from their inception, included parents. Recent work groups and other initiatives such as this self-assessment work group consciously have included parents in a more proactive way and consequently have had good representation. Stipends were specifically mentioned as a strength in ensuring parent participation.</td>
<td>There does not however seem to be any official guidance or expectation that parents are included systematically in State task forces, committees or projects.</td>
</tr>
<tr>
<td>The accommodations available for the Statewide test are a result of the DSTP Disability Task Force in which a large percent of parents participated thus having a direct affect on programs and services for students.</td>
<td>The group agreed that it is not clear about how to measure the impact of parental involvement on good results for children.</td>
</tr>
<tr>
<td>The group agreed that there are good systems in place to collect data and the data in the Biennial Report is good baseline data.</td>
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</tbody>
</table>

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### Strengths

The group was positive about the IEP form that has more written prompts for including parental input. They also noted that the parent input form could be very helpful in including parents. The TQM or transition project is also seen as a strength.

Surveys that do exist including the October 2,000 Parent Survey are generally positive. This recent survey indicates 89% of parents are either very or somewhat satisfied with their child’s overall special education program.

### Areas of Improvement

There was concern about ensuring that information about the TQM project is readily available to everyone.

The parent surveys done through the Compliance Monitoring System, although generally producing positive results, reflect a relatively small sample and are primarily focused on compliance issues.

In general, the October 2000 survey indicates there is a lower level of parental satisfaction with several components including; IEPs that reflect the concerns of the parents, family support services, access to technology, assistive technology, accommodations and instructional support services. Finally, parents have not been as highly satisfied with the opportunity to discuss having their child receive special education services in the regular class.
Secondary Transition

Overview

The Secondary Transition Cluster addresses the objective that all youth, beginning at age 14, and younger when appropriate, receive individualized, coordinated transition services, designed within an outcome-oriented process, which promotes movement from school to post-school activities.

The two components examined by the secondary transition cluster are:

- Appropriate services are provided to prepare youth with disabilities for employment, postsecondary education, independent living, community participation, and life skills.
- Youth with disabilities are actively involved in appropriate transition planning.

The components indicate that when youth are involved in long-range planning, when educational programs and services are designed to prepare students for adult living, and when linkages to supports in the adult community are provided before students exit secondary school, postsecondary outcomes are improved.

The secondary transition cluster group was comprised of over twenty members from various stakeholder groups. State and local education agencies, institutions of higher education, adult service agencies, the Independent Living Center, the Parent Information Center, the Department of Services to Children, Youth and their Families, the Client Assistance Program, the Governor's Advisory Council for Exceptional Citizens, parents, employers and students were all represented in the cluster group.

The secondary transition group examined the indicators for both components and proceeded to identify data sources that measured progress toward achieving results. Other information sources were also identified and used throughout the meetings to draw conclusions regarding strengths and areas of improvement. The group looked at the Biennial Performance Report, which gave information on graduation and dropout rates for students receiving special education services. The State Transition Systems Change Grant (TQM Project) also supplied the group with an Educational Status Report for the Classes of 1998 and 1999. This information followed all students who entered 9th grade in 1994 and 1995 and determined their educational status four years later. For further data analysis, the group asked for that status by disability, which gave very useful information in determining areas of improvement around school completion. Other agencies supplied information to the group related to post-school outcomes. The Divisions of Mental Retardation and Vocational Rehabilitation provided information regarding employment outcomes for youth in transition. The TQM Project piloted a Graduate Follow-Up Survey, giving more information on outcomes.

In the middle of November, the group examined feedback from public discussion groups and the parent survey. Also, information from Student Focus Group discussions was examined. This new information was considered by the group to validate findings and to identify additional strengths and areas for improvement. The Secondary Transition Cluster felt the findings were validated by the additional information. The primary issues the group identified are consistent with the work done by the other Part B clusters. Issues related to General Supervision, Free and Appropriate Public Education and Parental Involvement all pertain directly to concerns presented by the Secondary Transition Cluster.
Overall Findings
After examining these and other data sources (see Secondary Transition Worksheets), there were a number of strengths as well as areas of improvement identified:

**Strengths**

**Interagency Collaboration**
Data indicate improved outcomes for students who have linked with the Division of Vocational Rehabilitation (DVR) and the Division of Mental Retardation (DMR). There are existing Cooperative Agreements with these two agencies, and those agreements are being revised to reflect improved systems changes over the last few years. DVR now places counselors in high schools Statewide on a regularly scheduled basis to meet with students, parents and staff. The Department of Education (DOE) is sharing data with these agencies to better track students who receive DVR or DMR services. A State Secondary Transition Advisory Council, two regional advisories and local transition teams have been developed over the last four years to further improve interagency collaboration.

**Program Structures**
There are model high school programs that demonstrate improved outcomes for students with disabilities. Delaware has established a three-tiered diploma, allowing multiple exit options for all students. Also, career pathways have been established in all high schools, permitting students to explore career interests during their high school experience. A stakeholder group has made recommendations to the State regarding the transfer of rights at age of majority.

**Training and Information Dissemination**
The TQM Project has provided significant amounts of quality training on student and parent involvement in transition, self-determination, career development and counseling, transition planning in the IEP process, and best practices in transition. Information has been disseminated through regular State and regional newsletters, articles in other existing newsletters, a newly developed SMART MOVES Transition Resource Kit, and numerous other ways. The Parent Information Center of DE, Inc. and DVR have also provided training and information on secondary transition issues over the last four years.

**Data Collection**
Education Status Reports, Graduate Follow-Up Surveys, reports to school districts on meeting transition requirements, parent surveys, adult agency outcome information and other data have recently been gathered by DOE. This has provided rich information on involvement of students in transition planning and outcomes for students receiving special education services.

**Areas for Improvement**

**Interagency Collaboration**
Although data indicate that more students are linking with post-school supports from DVR, students who have dropped out are not linking with DVR services. Transportation for students in community and work experiences continues to be a problem. There is a lack of coordination with mental health and education agencies. The Department of Education does not have permanent staff to focus on secondary transition issues. Also, there are local districts whose interagency transition
teams are not currently meeting. Although the State’s adult and higher education institutions have numerous opportunities for students, there are no data to indicate how many students go on to postsecondary education opportunities, indicating the need for improved collaboration among these education agencies.

**Program Structures**

Students with emotional disturbance and learning disabilities are disproportionately represented in the dropout and missing categories when analyzing education outcomes for students. The following charts show the distribution for these populations of students.

Educators report a lack of coordination between middle and high school programs. The three vocational/technical districts have very successful programs for students with disabilities. Students and educators report, however, that there are not enough vocational programs to meet the demand. Also, the vocational course offerings at the comprehensive high schools are limited. Although recommendations have been given to DOE on the transfer of rights at age of majority, policy guidelines and materials have not been developed.

**Training and Information Dissemination**

Much information has been disseminated around secondary transition issues to stakeholders, but parents and other stakeholders continue to identify lack of information regarding community resources as a concern.
**Data Collection**

An identified strength has been improved data to determine outcomes for students, but data to track certain transition outcomes, such as students with disabilities in postsecondary education, is lacking. Data is not regularly shared across agencies that may provide transition services to students. The cluster group determined that continued refinement, evaluation and use of outcome information is needed to improve programming for youth receiving special education services.

Below is a more detailed summary of strengths and areas for improvement identified by the Secondary Transition cluster:

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Areas of Improvement</th>
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<tbody>
<tr>
<td>There is a data collection system in place to track graduation, retention</td>
<td>Students with Emotional Disturbance and Learning Disabilities are disproportionately</td>
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<td>and dropout rates of students with disabilities.</td>
<td>represented in the dropout and missing categories.</td>
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<td></td>
<td>Data is not regularly shared across agencies to track student outcomes. Data to track</td>
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<td></td>
<td>quality of life outcomes and post-secondary education is lacking. There are no individual</td>
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<td></td>
<td>identification links across agencies and systems.</td>
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<tr>
<td>Two years of baseline collection indicates an increase in graduation and</td>
<td>There is a lack of coordination between middle and high school programs.</td>
</tr>
<tr>
<td>retention rates, including minority students. The State is now tracking</td>
<td>Stakeholders from around the State report that there is a lack of availability of,</td>
</tr>
<tr>
<td>post-school outcomes through a Graduate Follow-Up Survey. These and other</td>
<td>access to, and supports in vocational programs. There also is a lack of curricular</td>
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<tr>
<td>sources of information will allow the State to continue to collect,</td>
<td>matches for students with a wide variety of academic skills and vocational needs.</td>
</tr>
<tr>
<td>evaluate and use data.</td>
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<tr>
<td>Delaware has established a 3-tiered diploma option for students. Career</td>
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<td>pathways are a part of all high school programs.</td>
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<tr>
<td>There are model programs around the State that provide quality vocational</td>
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<tr>
<td>offerings.</td>
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<td></td>
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<tr>
<td>State has recognized need for a variety of accommodations on the state-</td>
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<td>testing program (D STP).</td>
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<tr>
<td>Legislated student accountability mandates access to and tracking of</td>
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<tr>
<td>students with special needs in general education curriculum.</td>
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<tr>
<td><strong>Strengths</strong></td>
<td><strong>Areas of Improvement</strong></td>
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<tr>
<td>Adult service agencies (DVR and DMR) show an increase in student involvement and employment outcomes.</td>
<td>Dropouts have not been linked with DVR supports. Availability of rehabilitation agency supports in schools is lacking.</td>
</tr>
<tr>
<td>There are a variety of adult education programs, including open enrollment in community colleges for students.</td>
<td>Transportation for community and work experiences continues to be a problem for school programs.</td>
</tr>
<tr>
<td>The DVR/DOE/LEA and DMR/DOE Cooperative Agreements are in place.</td>
<td>There is a lack of coordination with mental health agencies, Industrial Affairs at the Department of Labor, and other vocational rehabilitation agencies.</td>
</tr>
<tr>
<td>State DVR and DMR have specialist positions specifically for transition.</td>
<td>DOE does not have permanent staff to focus on secondary transition issues.</td>
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<tr>
<td>Six school districts have identified a full-time transition specialist to improve networking around the State.</td>
<td>Not all districts have full-time transition specialists. Many districts do not have professionals with time to devote to transition planning.</td>
</tr>
<tr>
<td>Collaboration between the Parent Information Center and DOE is improving training and dissemination of information.</td>
<td>There is not enough information dissemination to all stakeholders regarding available community resources.</td>
</tr>
<tr>
<td>Community representation on Transition Advisory Councils is expanding. State and Regional Advisories are in place.</td>
<td>There is concern about continued support for council activities at DOE. The councils may be lost after TQM Project funding.</td>
</tr>
<tr>
<td>Data on student attendance at IEP meetings are being collected.</td>
<td>Not enough students are currently involved in their transition planning.</td>
</tr>
<tr>
<td>Strengths</td>
<td>Areas of Improvement</td>
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<tr>
<td>Numerous trainings to students, schools, agencies, parents and others have been conducted by DOE, DVR, PIC. Materials, such as newsletters, Transition Guidelines and the Smart Moves Resource Kit have given significant amounts of information to stakeholders. A Report to DOE with recommendations on the Transfer of Rights at Age of Majority has been developed.</td>
<td>Policy guidelines and materials to constituents on the Transfer of Rights at Age of Majority have not been developed.</td>
</tr>
</tbody>
</table>