Appendix F.1

Study to Measure the Delivery of Services in Accordance with the Individualized Education Programs of Students with Disabilities

Submitted to:

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Executive Summary

Overview

This document presents the results from a study to measure the District's progress towards meeting the goals in Outcome #13 of the Modified Consent Decree. This is the second year of a three year study about the delivery of special education services in the Los Angeles Unified School District. The outcome states that the District must provide evidence of at least 93% of service delivery by June 2006. The benchmark for 2004-05 is 80%. This is true for all disabilities combined excluding Specific Learning Disability (SLD) and for SLD individually. By June 2006 the agreement between IEPs and log frequency and duration must be 85%. For 2004-05, the benchmark is 75%.

Therefore, the following three questions will be answered by this study:

(1) Was there evidence of service?

(2) Did the student receive service at the frequency (i.e., how often the service was provided) stated on the IEP?

(3) Did the student receive service for the duration (i.e., amount of time service was provided) stated on the IEP?

These questions were answered by examining the agreement between IEPs and service delivery logs over an eight-week period. The benchmarks or performance outcomes determined whether the District is implementing IEPs in compliance with the law. An IEP-site visit comparison was also conducted to help validate the findings.

The study consists of two parts: 1) the comparison between student IEPs and service delivery logs and 2) the comparison between student IEPs and the actual delivery of service. An over-sample of 4500 students was selected from the special education population with the hopes of receiving 3300 IEPs. Welligent online-entered IEPs were requested from the District in an extract whereas other IEPs were requested directly from

the schools. Useable IEPs were received from 4134 students. Logs are the official record of service and therefore should reflect the services that are occurring in the District. Based on the IEPs, 5318 logs were requested from the District. A subsample of 460 students was drawn for the observation study. The observation study consisted of unannounced visits to the schools to see if services were occurring as planned.

Summary of Findings

Table 1 illustrates the findings on the percent of agreement between the information noted on the students' IEP and the information provided on the service logs by disability category. Students with Specific Learning Disabilities (SLD) are not included in this table (see Table 2). Table 1 also shows the degree of agreement between the IEP and the information observed through the site visits.

The findings for the percent of agreement were converted into a districtwide population estimate. The results indicate that the service provision agreement was 93.2 percent for the IEP-log estimate (column A). This means that the data employed showed strong evidence of exceeding the 80 percent benchmark for 2005 as set by the IM. The 93.2 percent population estimate is for service provision for all students with disabilities (except SLD) in LAUSD.

Service provision rates by disability ranged from a low of 81.1 percent for Emotional Disturbance to a high of 98.2 percent for Multiple Disability/Deaf-Blind (column A). Therefore, not only did all disability categories combined meet the 80 percent benchmark but they did so individually as well.

Table ES1
IEP-Log and IEP-Site Visit Service Analyses by Disability

	A	B	C	D
	IEP-Log Service Agreement		**IEP-Site Visits Service Agreement**	
Disability Category	% of services for which there was evidence of service provision	Total No. of Logs	% of observed services provided	Total No. of Service Obs
Autism	94.9%	528	74%	35
Deaf/Hard of Hearing	94.9%	546	82%	38
Emotional Disturbance	81.1%	306	77%	30
Mental Retardation	95.8%	385	88%	25
Multiple Disability/Deaf-Blind	98.2%	432	71%	35
Orthopedic Impairment/ Traumatic Brain Injury	92.8%	693	47%	36
Other Health Impairment	83.7%	416	95%	19
Speech and Language Impairment	95.0%	338	69%	26
Visual Impairment	97.6%	630	74%	47
Overall Population Estimate	**93.2% <1>**	**4,274**	**77.2% <2>**	**291**

<1> The 95 percent confidence interval for the population estimate using the IEP-log service agreement rates is 90.5 to 96.0 percent.
<2> The 95 percent confidence interval for the population estimate using the IEP-site visit service agreement rates is 60.0 to 94.4 percent.

The IEP-site visitation estimate of 77.2 percent (column C) fell slightly short of meeting its 2005 goal of service provision (80%) for all students with disabilities (except SLD) in LAUSD. The site visitation data was designed to be a validation of the IEP-log comparison. However, because of the smaller sample this data can not be generalized to the population in the same degree of precision.

The IEP-site visitation data ranged from a low of 47.0 percent for Orthopedic Impairment/Traumatic Brain Injury to a high of 95 percent for Other Health Impairment (column C). In fact, Other Health Impairment, Mental Retardation, and Deaf/Hard of Hearing each met the 80% benchmark.

Table ES2
IEP-Log and IEP-Site Visit Service Analyses by Specific Learning Disability

	A	B	C	D
	IEP-Log Service Agreement		**IEP-Site Visits Service Agreement**	
Disability Category	% of services for which there was evidence of service provision	Total No. of Logs	% of observed services provided	Total No. of Service Obs
Specific Learning Disability	**72.8% <3>**	**723**	**79% <4>**	**34**
Total		**723**		**34**

<3> The 95 percent confidence interval for the point estimate using the IEP-log service agreement rate is 69.6 to 76.4 percent.
<4> The 95 percent confidence interval for the point estimate using the IEP-site visit service agreement rate is 63.6 to 94.4 percent.

Since SLD had its own benchmark and goal, it is looked at separately. It is much lower for the IEP-log agreement (72.8%) than the other disabilities. One of the problems we had was in getting RSP logs from the schools. However, SLD comes close to making the benchmark based on the IEP-site visit agreement. Table 3 displays this same data by service category.

Table ES3
IEP-Log and IEP-Site Visit Service Analyses by Service

	A	B	C	D
	IEP-Log Service Agreement		**IEP-Site Visits Service Agreement**	
Service	% of services for which there was evidence of service provision	Total No. of Logs	% of observed services provided	Total No. of Service Obs
Adaptive PE	98.8%	977	89%	46
Deaf/Hard of Hearing	99.7%	390	75%	36
Language and Speech	95.8%	1,075	87%	38
LRE	85.3%	197	35%	20
Mental Health	87.5%	409	84%	32
Non-Public Agency	94.5%	55	65%	20
Occupational Therapy	98.3%	402	78%	37
Physical Therapy	100.0%	131	46%	24
Pre-School	100.0%	75	71%	7
RSP	65.2%	959	83%	30
Visual Impairment	99.4%	327	69%	35
Total		**4,997**		**325**

Based on the IEP-log comparison, all of the services but RSP were over 80% and two services were 100% in agreement (Physical Therapy and Pre-School). Table 4 displays the agreement between IEPs and frequency and duration as specified on the logs.

Table ES4
IEP-Log Frequency and Duration Analyses by Disability

	A	B	C	D
	IEP-Log Frequency Agreement		**IEP-Log Duration Agreement**	
Service	% of services with frequency at least equal to the IEP	Total No. of Logs	% of services with duration at least equal to the IEP	Total No. of Logs
Autism	56.3%	458	58.1%	458
Deaf/Hard of Hearing	57.8%	486	59.9%	484
Emotional Disturbance	49.0%	206	65.0%	200
Mental Retardation	53.6%	348	55.1%	345
Multiple Disability/Deaf-Blind	60.1%	363	60.4%	359
Orthopedic Impairment/ Traumatic Brain Injury	66.9%	543	67.5%	542
Other Health Impairment	56.4%	305	59.2%	299
Specific Learning Disability	52.3%	442	55.6%	435
Speech and Lang. Impairment	48.8%	289	50.7%	288
Visual Impairment	60.4%	571	63.1%	567
Total	**57.2%**	**4011**	**59.9%**	**3977**

Agreement between IEPs and frequency and duration of services was also an outcome. None of the disability categories met the benchmark of 75% in either frequency or duration.

Conclusions

Except for SLD, there was high agreement between IEPs and logs on evidence of service. In fact, the June 2006 outcome of 93% has been achieved. SLD did not meet the benchmark this year. It is unknown whether SLD students were not receiving services or that the problem was the lack of logs provided by the schools. None of the disabilities met the benchmark agreement between the IEPs and logs for frequency and duration this year. As the District continues to move towards better documentation and a central

database for IEPs and logs we would expect there to be better accountability and agreement.

Recommendations

Although there were improvements in IEPs and logs from last year, the following recommendations are very similar to those specified by AIR in the Year 1 report:

1. The District must maintain accurate IEP records. All IEPs should be put on Welligent for ease of data analyses and accountability. Personnel should be trained on how to use the system properly and additional safeguards should be put into the system so that items on one page match the other pages. Personnel should have to complete all of the parts before the IEP is considered complete. For instance, personnel should have to enter frequency and duration before the system can close. Where possible, pull-down menus should be used. For example, there should be a pull-down field for TSAs where District job titles should be listed. Next year we expect to have more online-entered Welligent IEPs. With experience and training we expect there to be an improvement in their overall quality.
2. All providers should use the same log format and symbols should be standardized. Some service providers are already using the Welligent system for their logs. However, the providers need clear instructions on how to enter data. For example, if a service is not occurring (e.g., provider absent because of illness, student absent because of assembly, school closed) it should be clearly marked. We expect this to improve as well as more logs are entered into the Welligent system. Again, with experience and training there should be improvement.

3. Providers must be made aware that they are required to keep logs. This is especially true for RSP. We received phone calls from schools stating that they were not required to keep logs. Also, it appeared that some logs were written after we made the request. Logs should be completed as close to the delivery of service as possible.
4. We are concerned about flexibility in services. There should be some flexibility of services around student schedules and needs; however, too much flexibility prevents accountability. Many of the IEP goals had no frequency and duration listed or had large ranges listed. The District must develop a system that includes tracking these kinds of services.
5. The District should clearly define what constitutes service. Providers are using their time to go to IEP meetings, trainings, entering data, and attempting to phone parents. This takes time away from the students. If a student is supposed to receive 30 minutes of service every week in order to reach his/her performance goal, we suspect that time spent apart from working with the student does not facilitate his/her reaching that goal.

Introduction

Purpose of the Study

This is the second year of a three-year study on Outcome #13 of the Modified Consent Decree (MCD). The focus of this outcome is to measure the District's delivery of services as compared to the students' Individualized Education Programs (IEPs). During 2003-04, the American Institutes for Research (AIR) conducted the first year study in order to provide information leading to outcome measures and a research methodology. Based on AIR's findings, baselines and outcome measures for Outcome #13 were established. During 2004-05, the Program Evaluation and Research Branch (PERB) of the Los Angeles Unified School District (LAUSD) conducted the study building on the methodology from the AIR study.

History of the Modified Consent Decree

In 1996 a suit on behalf of Chanda Smith was brought against LAUSD, alleging that LAUSD was in violation of the Individuals with Disability Education Act. This resulted in a 10-month comprehensive study of the District's special education program and the Chanda Smith Consent Decree. The District was ordered to develop plans to improve its special education system. In 2001, the parties resumed negotiations due to plaintiff dissatisfaction with the District's progress. In 2003, the Modified Consent Decree replaced the Chanda Smith Consent Decree but unlike the original consent decree, the new consent decree has quantifiable outcomes. The District is required to meet these outcomes by June 2006 to be disengaged from the consent decree. The District is required to provide plans as to how the outcomes will be met (June 2004 and 2005) and to establish annual benchmarks towards the targets. The parties agreed to

establish an Independent Monitor (IM) who is responsible for overseeing the progress of the District towards the outcomes, verifying the accuracy of District data and determining disengagement from the Modified Consent Decree.

Outcome #13

Outcome #13 specifically targets whether the District is delivering special education services as stated in the students' IEPs. The outcome states the following:

> *The Independent Monitor, in consultation with the parties, shall establish a performance outcome to measure the District's delivery of services in accordance with a child's Individualized Education Programs. The performance outcome will seek to determine whether the District is implementing Individualized Education Programs in substantial compliance with the law. In order to establish and monitor this outcome measure, the following shall occur:*
>
> *a. The baseline criteria and subsequent benchmarks shall be based on scientific sampling techniques that gather data representative of the disability population in the District.*
> *b. The Independent Monitor shall, with the assistance of one or more entities and with input from the District's Program Evaluation and Research Branch, design the sampling methodology to establish criteria and subsequent benchmarks. The chosen entity will also verify the validity of the sampling technique as well as the accuracy of the findings during the first year. Such entity shall be chosen by the Independent Monitor.*
> *c. In subsequent years, the District shall conduct these studies in accordance with the design. The Independent Monitor shall verify the accuracy of the findings. Any modifications to the study design must be approved by the Independent Monitor.*

In June 2004, after discussions between the parties, the following outcomes were established:

> *By June 30, 2006, 93% of the services identified on the IEPs of students with disabilities in all disability categories except specific learning disability will show evidence of service provision. In addition, by June 30, 2006, 93% of the services identified on the IEPs of students with specific learning disability will show evidence of service provision.*
>
> *By June 30, 2006, the District will provide evidence that at least 85% of the services identified on the IEPs of students with disabilities have a frequency and duration that meets IEP compliance. For the purposes of assessment of frequency, provider absences will not constitute evidence of non-provision of service if such*

absence is the result of short-term (maximum two consecutive weeks) illness, family emergency or jury duty. Student absences/no shows will not constitute evidence of non-provision of service. For the purposes of assessment of duration, sessions not completed as the result of conflicts with a student's school schedule or late arrival/early departure by student will not constitute evidence of an incomplete session.

In the 2004-05 Annual Plan, the benchmarks for Outcome #13 were:

80% of the services identified on the IEPs of students with disabilities in all disability categories except specific learning disability will show evidence of service provision. In addition, 80% of the services identified on the IEPs of students with specific learning disability will show evidence of service provision.

The District will provide evidence that at least 75% of the services identified on the IEPs of students with disabilities have a frequency and duration that meets IEP compliance.

Brief Description of the Study

This study consists of two parts: 1) the collection and comparison of student IEPs and service delivery logs, and 2) the comparison between student IEPs and the actual delivery of services. IEPs are supposed to identify the Designated Instruction and Services (DIS) and/or Resource Specialist Services (RSS or RSP) a student is to receive as well as the frequency (i.e., how often) and duration (i.e., how long) of the service. Provider services should directly reflect what is stated on the IEPs and the service providers are required to keep accurate logs to document these services. In this study, the information from the student IEPs was directly compared to service provider logs and to actual services provided. In part one of the study, we measured whether or not the students were receiving services. A log counted as evidence of service. Last year AIR looked at logs for four weeks. This year logs for eight weeks were collected and examined. We also measured whether there was frequency and duration agreement between the IEP and the log. The second part of the study consisted of site visits on a

subsample of students to determine if the services were actually being provided. The site visitation study served as a validation of the IEP and log comparison.

This study was conducted in accordance with the design of the first year. However, PERB adapted aspects of the first year's design with the assistance and approval of the IM. These changes are discussed throughout the report.

The LAUSD and the Division of Special Education were instrumental in getting this study completed. It is with their assistance that we were able to get the pieces needed to do the IEP-log comparison. We would also like to thank the school personnel for allowing us into their schools and providing us with necessary information.

Methodology

Sampling

The special education student population in LAUSD was derived from the District's Student Information Services (SIS) data gathered on "Norm Day," October 8, 2004. This database contained 78,801 cases. A sample was drawn from this population to be used for the IEP and log comparison, and a subsample was drawn for the field observations. For purposes of this study two categories of special education students needed to be removed from the database -- non-public school students and students under the age of three. Therefore, we trimmed the population to 78,511. Tables 1 and 2 describe the trimmed database according to disability and service codes.

Table 1
Disability Codes (Population)

	Frequency	Percent
Not Identified	1,200	1.5%
Aphasic (APH)	77	.1%
Autistic (AUT)	4,265	5.4%
Blind (BL)	103	.1%
Deaf – Blindness (DBL)	8	.0%
Deafness (DEA)	444	.6%
Developmental Delay (DD)	1,306	1.7%
Developmentally Impaired (DI)	172	.2%
Emotional Disturbance (ED)	1,586	2.0%
Established Medical Disability (EMD)	43	.1%
Hard of Hearing (HOH)	980	1.2%
Mentally Retarded (MR)	4,686	6.0%
Multiple Disabilities – Generic (MDG)	341	.4%
Multiple Disabilities – Hearing (MDH)	73	.1%
Multiple Disabilities – Orthopedic (MDO)	1,132	1.4%
Multiple Disabilities –Vision (MDV)	146	.2%
Orthopedic Impairment (OI)	823	1.0%
Other Health Impairment (OHI)	3,975	5.1%
Partially Sighted (PS)	48	.1%
Specific Learning Disability (SLD)	46,779	59.6%
Speech and Language Impairment (SLI)	10,007	12.7%
Traumatic Brain Injury (TBI)	148	.2%
Visual Impairment (VI)	169	.2%
Total	**78,511**	**100%**

Table 2
Service Codes (Population)

	First Service Listed	Second Service Listed	Third Service Listed	Fourth Service Listed	Fifth Service Listed
Audiology	483	208	21	2	
Blind/Partially Sighted Itinerant	177	85	42	15	2
Transition Services	7	1	1		
Pupil Counseling	3046	399	79	13	7
Deaf/Hard of Hearing Itinerant	737	221	60	18	2
Special Nursing	379	250	135	47	15
Orientation Mobility for Blind	78	75	12	6	
Adapted PE	4,974	1,947	490	93	16
Language and Speech	14,014	2,394	459	129	32
Programs for the Physically Disabled					
Inclusion	104	59	46	24	9
Physical Therapy	190	196	142	65	24
Nonpublic Agency Services	242	172	121	60	13
Home/Hospital	1	1			
Occupational Therapy	1,553	1,370	648	152	36
Parent Counseling	7	2	1		
Vision Services and Therapy	15	7	9	5	1
School Mental Health	1,631	112	22	4	1
Least Restrictive Environment Counselor	325	269	147	53	13
Assistive Technology	4	5	4	6	
RSP-Itinerant	62	11	2	2	
NPA-Speech	971	193	46	18	6
Pre-Kindergarten Itinerant	1,042	305	50	12	3
LAS-27	29	9	3		
Extended Day Language/Speech	1	1			
Saturday Language and Speech					
Licensed/Credentialed Counselor					
After School Early Education Program (ASEEP)	356	27			
Phonological After School Program (PHONO)	204	19			
Intensive Language After School Program (ILEAP)	43	1	1		
Pre-School Kindergarten Itinerant Teacher Head Start (PKIT-HS)	374	4			
Total	**31,049**	**8,343**	**2,541**	**724**	**180**

Note. Students may have multiple DIS or RSP services or no DIS or RSP services.

In the trimmed file 1,200 had no disability codes. Even though in many of these cases the missing information could be inferred from information that was recorded, only cases with a specific disability code recorded were selected. In conference with the IM,

we decided that only the "first service listed" field would be used to pick the sample for the field observations[1].

Stratification of Sample: First Stage (for IEP-Log Comparisons). The disability codes were collapsed into 10 categories identified by AIR last year (see Table 3). This method combined disability categories that were similar in nature as well as consolidating low-incidence categories. Our categories are slightly different than those used by AIR. Developmentally Disabled (DD) and Developmentally Impaired (DI) were moved to Mentally Retarded (MR), and Multiple Disability Vision (MDV) was moved to Visually Impaired (VI). These changes were deemed appropriate by the IM.

The goal was to have 330 students in each of the 10 categories (total of 3300). Last year AIR found approximately 15% errors and 15% attrition/transciency in the data so it was determined that we should over-sample by approximately 30% to reach our goal of 3300. We used a quota sampling approach to provide representation. We wanted to be able to make statements regarding the whole population as well as specific disabilities and services. By mutual agreement with the IM we randomly selected 380 cases in each category except SLD. In the SLD code we randomly selected 1080 cases, for a grand total of 4500 cases. The rationale for increasing SLD cases was that SLD had a disproportional impact on the outcomes in Year 1 because it comprised the largest population of students. In fact, SLD comprised approximately 60% of the population disability distribution this year. Therefore, each disability represented 8.4% of the sample except for SLD which represented 24%.

[1] Not all service codes were used because some of them had no students, were not observable, or did not have logs.

Table 3
Collapsed Disability Categories (Sample)

	Maps To	n
DD, DI, MR	1. MR	380
DEA, HOH	2. DHH	380
APH, SLI	3. SLI	380
BL, PS, VI, MDV	4. VI	380
ED	5. ED	380
OI, TBI	6. OI/TBI	380
EMD, OHI	7. OHI	380
SLD	8. SLD	1,080
DBL, MDG, MDH, MDO	9. MD/DBL	380
AUT	10 AUT	380
Total		**4,500**

The service codes were collapsed into 11 categories as described in Table 4. Again, services similar in nature were combined and categories were collapsed to minimize low-incidence services. There was one difference from the codes used by AIR. Non-Public Agency (NPA)-Speech was moved to NPA. Similar to last year, Nursing was removed as there were only 5 services listed in our sample thus making any analysis inconclusive. Pre-School services were not included last year but were included in the study this year. All 3 and 4 year olds were added to the study.

Resource Specialist Program (RSP) comprised the largest representation with 1176 cases and Physical Therapy (PT) comprised the smallest representation with 47 cases. We also included in this sample some of the cases where no service code was recorded. These cases were not used for the field observations, but they were included in the first-stage sample so that tests could be made for the supplemental studies, i.e., special transportation and temporary support aides.

Table 4
Collapsed Service Categories (Sample)

Service Category	Maps To	n
Adapted PE	1. Adaptive PE (APE)	611
Audiology Deaf/Hard of Hearing Itinerant	2. Deaf & HOH (DHH)	244
Language and Speech LAS-27	3. Language and Speech (LAS)	627
Inclusion Least Restrictive Environment Counselor	4. Least Restrictive Environment (LRE)	66
Occupational Therapy	5. Occupational Therapy (OT)	111
Physical Therapy	6. Physical Therapy (PT)	47
Pupil Counseling Parent Counseling School Mental Health	7. Mental Health (MH)	284
Blind/Partially Sighted Itinerant Orientation Mobility for Blind Vision Services and Therapy	8. Visual Impairment (VI)	160
RSP (Class Code), RSP Itinerant	9. Resource Specialist Program (RSP)	1,176
Pre-Kindergarten Itinerant, ASEEP, PHONO, ILEAP, PKIT-HS	10. Pre-School (PreS)	95
Non-Public Agency Services NPA-Speech	11. Non-Public Agency (NPA)	63
Eligibility and/or service codes not identified		1,016
Total		**4,500**

Stratification of Sample: Second Stage (for Site Visitations). A subsample from the 4,500 cases described above was selected for field observation. In order to have enough examples of each category for generalization, we determined that there should be at least 30 cases representing each disability and each service. The sample size had to be large enough to generate useful estimates. A subsample of 40 was generated for all of the service categories except APE and RSP. For APE and RSP the subsample was increased to 50. This method yielded at least 30 cases total in each of the disability categories. Table 5 shows the makeup of the resulting subsample.

Table 5
Subsample Observations: Disability by Service

		Service											
		APE	**DHH**	**LAS**	**LRE**	**OT**	**PT**	**MH**	**VI**	**RSP**	**PreS**	**NPA**	**Total**
Disability	**MR**	10	1	6	1	6	0	0	1	0	6	5	36
	DHH	0	36	4	0	0	0	0	0	2	0	2	44
	SLI	1	0	13	0	0	1	1	0	1	26	13	56
	VI	8	0	2	1	4	5	0	36	1	0	1	58
	ED	1	0	1	3	2	0	30	0	4	0	0	41
	OI/TBI	10	1	1	27	4	14	0	0	3	1	0	61
	OHI	3	0	2	5	5	0	3	0	9	2	1	30
	SLD	1	0	3	1	0	0	5	0	27	2	3	42
	MD/ DBL	10	2	2	1	7	20	0	3	0	0	1	46
	AUT	6	0	6	1	12	0	1	0	3	3	14	46
	Total	**50**	**40**	**40**	**40**	**40**	**40**	**40**	**40**	**50**	**40**	**40**	**460**

As observers discovered students who had moved out of LAUSD or students whose services were changed by an IEP meeting, we selected the next student in the sampling list until a student was found whose service could be observed. We also tracked students who had moved to other LAUSD schools and observed the service provision in their new schools.

Data Collection

Since data collection methods varied somewhat from last year we decided to conduct three pilot tests to determine the feasibility of the new methods. Last year the IM collected the IEPs for AIR. They requested most of the IEPs directly from the schools and obtained some from the newly created Welligent system. Welligent, the web-based management system, was too recent to provide the bulk of the IEPs at that time. This year PERB was in charge of collecting the IEPs. The central database was used to extract student information whenever possible. However, not all IEPs were entered on Welligent IEPs and of those that were entered into the database, some were entered individually (online) and others were batch-entered. To test the viability of using the Welligent system to generate a usable extract, we chose a sample of 200 students.

One hundred batch-entered cases were randomly selected and one-hundred online-entered cases were randomly selected. An extract of these same cases was also run for comparison. Two of the pilot tests were conducted on this data to answer the following questions: 1) Are the online- and batch-entered Welligent IEPs usable in an extract form? and 2) Are IEP pages 4 and 5 consistent with IEP pages 6, 8, and 12?

Pilot 1. Last year AIR found that a problem existed with current IEPs referring to past IEPs instead of recording all of the information on the new IEP. Therefore, if the extract was only giving us the current IEPs and amendments we could be missing important information. We were especially concerned about the batch-entered IEPs. ITD was able to locate 91 of the batch-entered IEPs. As seen in Table 6, some pages on the IEPs were either missing altogether or referred us to another document. This was especially true for p. 4 of the IEPs where the services were listed (23%). Based on this data, it was determined that we would not use these batch-entered IEPs. The same analysis was repeated on the online-entered IEPs. ITD was able to locate 93 Welligent online-entered IEPs. There were only a few pages missing altogether and a few referrals; therefore, it was deemed appropriate to use the extract for online IEPs. In conclusion, the number of online IEPs with missing data or data referencing some prior IEP was low and did not threaten reliability of this data set. These results were confirmed by an independent analysis conducted by AIR for the IM.

Table 6
Pilot 1: A Comparison of Online- and Batch-Entered IEPs

	Batch-Entered			Online-Entered		
IEP Page	There	Refer	Missing	There	Refer	Missing
1	100%	0%	0%	100%	0%	0%
4	77%	21%	2%	99%	1%	0%
5	95%	3%	2%	99%	0%	1%
8	89%	7%	4%	97%	2%	1%

Pilot 2. Since we decided to use only online IEPs the second analysis only refers to these IEPs. Some IEP pages were not practical for an extract because they contained narrative information. It was feared that we might lose too much information by using only an extract. An analysis of selected sections of pages 6, 8, and 12 of IEPs from the online samples indicated overall consistency with Eligibility (p.4) and Goals and Objectives (p. 5), however, some irregularities did occur. The most troublesome of these irregularities was when the narrative section, p. 12, did not match the "weekly frequency/total weekly minutes" of Goals and Objectives, p. 5. Furthermore, it was unclear which of the two pieces of information was more accurate. For instance, the narrative might indicate that the student should have received SLI services 5 times a week for 30 minutes, whereas on the goal pages, it might indicate that the student should see the SLI teacher for three different goals 5 times a week for 30 minutes with each goal marked 5 X 30. The true picture probably would be that all three goals are worked on in the daily 30 minute session rather than having three 30-minute sessions daily but there is no way to know for sure from the IEP which piece of information was correct. We were aware of this problem and had the data enterers interpret the goals on p. 5 using rules when there was more than one.

Pilot 3. A third pilot study was conducted to determine whether using the SIS database to draw the observation sample would provide us with accurate information about where the student was attending school. From a randomly sampled list of 100 LAUSD special education students, phone calls were made to their schools to determine whether the student was still enrolled as a special education student at that school and, if so, whether the track information for the student was correct. These calls were made

October 21-25, 2004. In some cases schools refused to give the information over the phone, and FAX requests were submitted. The phone survey produced a 100% response rate. The findings from this phone survey were the following: 11% of the students were no longer enrolled at the school and of those enrolled 2% were on a different track and 5% did not have a track indicated in SIS. This was confirmed by an analysis conducted by the IM.

IEP Data Collection and Entry

A list of the 4,500 students was provided to District personnel who identified which ones were online IEPs, which ones were batch IEPs, and which ones did not have Welligent IEPs. We then requested the online IEPs in an extract form including both current IEPs and the amendments. Multiple tests directly comparing IEPs to the extract were conducted to make sure the extract was pulling the correct information. District personnel were also asked to verify the accuracy of the data provided to us. As we could not use the batch-entered IEPs and the ones not entered into Welligent, those IEPs were requested directly from the schools. A letter was sent to the principals dated November 17, 2004 requesting that they send us current IEPs and amendments for specific students by December 17, 2004. Letters were sent to 457 schools requesting data on 2,060 students. A second request was made at the beginning of January 2005 to 60 schools that had not sent us any information. Letters were also sent to schools that had missing or incomplete student data. If a student transferred to another District school we attempted to contact the new school. Follow-up calls were also made to the school from which we received no data or incomplete data. In mid-January a list of the 23 schools that had provided no information was given to the Division of Special Education. By the end of

January we received information from all but 4 schools. Information was received for 1991 of the 2060 students (97%). The extract information was downloaded into a FileMaker database. Data entry staff were hired to add the paper IEP information into this database. Information from the IEP and the amendments were both entered into the database, targeting the same pages as the Welligent extract for consistency of information. An effort was made to ensure that the information on pages 4 and 5 matched since p. 4 was used to request the logs.

Log Data Collection and Entry

Based on p. 4 of the IEPs, a list was generated of all of the services the students were supposed to receive. Since RSP is not often listed as a service, RSP students were identified if they had RSS checked on p. 8 or DIS Code 24 listed on p. 4. On February 15, 2005 a request was made to District DIS personnel requesting service logs for an eight-week period. They collected the logs from the service providers and then provided them to us. Based on student track, different sets of weeks were requested; however, due to students going on and off tracks and holidays, these eight weeks were not always consecutive weeks. The following identifies the eight weeks selected per track:

Single Track – December 13 to 17, January 10 to February 25
3A – October 4 to November 26
3B – January 3 to February 25
3C – January 3 to February 25
4A – October 4 to November 26
4B – January 3 to February 25
4C – December 6 to 17, January 3 to February 11
4D – January 3 to February 25

As some services are monthly services, we asked for complete months even though the focus was on the specific eight weeks in January and February. If there were not eight weeks of school attendance in those months we counted backwards. This

practice affected single track and Track 4C students. If the student was off track in January and February we chose October and November instead. The logs were due March 22, 2005 but they were accepted until mid-April. A second request was made to District personnel once we discovered which logs were missing. This gave them a second opportunity to find logs or to provide us with information as to why there was no log. Since the Division of Special Education chose not to request RSP logs, we requested RSP service logs for specific students and months at 397 schools. The letter request was dated February 15 with a return data of March 15. A list of schools that did not provide us with any information on a student by the due date was sent to the Division of Special Education for follow-up. We accepted logs until April 15. Some schools telephoned or wrote us as to why there was no RSP log. Unfortunately, if we did not get a RSP log we could not state conclusively whether no log meant no service was provided or just that the school chose not to send us a log.

Data personnel entered log information into the same FileMaker database as the IEPs. The lack of uniformity made logs hard to interpret. There were problems with multiple log formats, a wide range of symbols, illegible logs (handwriting or poor copy quality), and no IEP frequency and duration information. Some used characters like dots and dashes, some used non-standard characters, and others had no information listed as to when a service was completed. Some schools called and said they did not keep logs. Others created logs after we made the requests and some sent us attendance records instead of logs. All of these things made log interpretation challenging.

Although an attempt was made by the District to have more uniform logs and symbols this year we still faced many of the same problems with data entry that AIR

faced last year. Due to these issues, it was decided to use a different data entry approach than was used by AIR during Year 1. AIR, in an attempt to minimize data entry judgment, had their data personnel enter the log information exactly as is and latter added the information electronically. We chose to have our data entry personnel use the IEP information, the logs, and the provider notes to determine if service was provided. Because interpretation was sometimes difficult due to the different log formats and characters there was the possibility for inconsistency even though rules where given to the data entry personnel. AIR's method was probably more consistent since a program decided what to count and what not to count. Our method had the chance for more inconsistency but probably was closer to the truth since we used all of the information together to make our decisions.

Research Questions

The following are the three research questions based on Outcome #13:

1) Was there evidence of service? If there was evidence of a log for any month during the study framework (October through February), this was counted as a yes. Since we did not have everyone's track information, track information may have been incorrect, or track information could have changed, this seemed like the safest approach. If no log was provided to us, it counted as no evidence of service. In some instances the District provided information as to why there was no log. If the excuse seemed valid (e.g., the student left the District), the student was dropped from this analysis. Since we did not hear from many schools with regard to RSP logs, one could assume some of these students also may have been dropped.

2) Did the student receive service in the frequency stated on the IEP? This question was asked only if the student got a yes on question #1. Again, the responses were yes, no, or drop. Based on the IEP it was determined how many times the student should have received service during the eight weeks or two months. For instance, if the IEP said service was to be provided once a week we would expect service to occur eight times over the eight weeks. An additional category had to be added because sometimes we couldn't determine if service was provided or not. In most of the cases, this occurred because no frequency was stated in the IEP. In some instances, we could not interpret the data on the log. Some students received a yes on question #1 but then had to be dropped from question #2. For instance, a log was provided for January but then the student left the District. This showed evidence of service but we couldn't calculate if they met the frequency or not because we only had one month of service.

3) Did the student receive service in the duration stated on the IEP? To replicate AIR, frequency and duration were calculated as two separate analyses. Like the question on frequency, only if the student received a yes on question #1 was this question asked. Again, the responses were yes, no, can't determine, or drop. Duration refers to the amount of time service was to occur as set forth on the IEP. The minutes stated on the logs were added together and compared to the IEP over the eight weeks to determine if the provider met the duration measure. Again, we had to provide rules to interpret unclear data. Some logs indicated exact time but others just used symbols. For example, if the services were provided in a class in a middle school or high school, the services were counted as full time. This was especially true for RSP and APE because RSP and APE are usually classes.

Site Visit Data Collection

Site visits were a two-step process. The first step was a call to the school to determine scheduling information. Administrators, special education coordinators, or IEP (special education) clerks were contacted at each of the schools where sample students were enrolled. A priority was established so that schools with multiple-tracks having students who were about to go off track would be contacted first. A Site Visitation Calling Form was used by the data gatherer to document whether the student in the database was still at the school, whether or not he or she was receiving special education services, the required frequency and duration of current IEP services, and scheduling information. Service data were further coded as to whether the frequency and duration were flexible or fixed. Flexible meant that no specific day and/or time could be given. For example, we were told services occur on Tuesday or Thursday in the morning. Fixed meant they gave us a specific day and time. For example, we were told services occurred Fridays at 9 o'clock.

We inquired about all of the specific Designated Instructional Services (DIS) or Resource Specialist Programs (RSP) listed on the IEP so that the schools would not know the specific focus of our visit. No attempt was made to set up a visit time. We simply asked appropriate school personnel for the days of the week or month and the time of day on which the services were offered. In some extremely flexible cases (fewer than 50) we did have to speak directly to the service provider. In those cases we asked the service provider for his or her service plan for this student for the next month. We further inquired about the specific date and time when that service would occur; however, we did not commit to any appointed observation time.

If a student was no longer receiving the service selected by the random sample, we did not attempt to visit any other service for that same student. In most cases, we simply replaced the student with the next student on the list from which the sample was taken.

The second step was the actual visit to the school. Upon arrival at the school, the data collector would identify himself or herself and ask to be escorted to where the student would receive the service. The escort was further asked to identify the student and the service provider. In cases where there was no escort, the service provider was asked to identify the student. The following codes were used to record a visit:

1. Service provided. Session completed.
2. Service provided. Session incomplete.
3. Service not provided because the provider was absent due to illness, jury duty, or family emergency. Student was present at school.
4. Service not provided because the provider was in a meeting. Student was present at school.
5. Service not provided even though provider was available and on-site because the student was absent due to illness or physician appointment, etc.
6. Service not provided even though provider was available and on site because the student was unavailable for service due to school assembly, etc.
7. Service not provided because the provider was absent due to an unknown reason and the student was present at school.
8. Service not provided for questionable reasons, e.g., services were never initiated or service was discontinued without calling an IEP meeting.

There were some instances when an observation had to be repeated. For example, neither the provider nor the student was present in school.

Also, in four cases, students were not receiving services because of disputes between the District and parents regarding services. These cases were not assigned a code.

Some of the service observations had to be made from remote locations, such as in counseling sessions where the observer would sit outside the room. The nature and quality of the service itself were not part of the study so this was not a problem.

In all cases the data were submitted to PERB from the data collector by electronic means. Confidentiality was strictly maintained. Even though the data collector and the PERB office team knew who the student was, these data were never divulged to anyone else.

Supplemental Analyses: Temporary Support Aide and Special Transportation

In order to replicate the first year study, two supplemental studies on areas not covered in the outcomes were also conducted. They were Temporary Support Aide (TSA) services and Special Transportation services. Last year AIR also did studies on Assistive Technology and Individual Transition Plans. These two were dropped from the study this year as the Individual Transition Plan has its own outcome and there is no central database on Assistive Technology to use for comparisons. Data from the IEPs were compared to District databases for TSAs and transportation. IEP data came from p. 8 on whether the student should receive transportation and/or additional support services. No observation data was collected.

Results

Of the 4,500 students in the sample we were able to obtain interpretable IEPs for 4,134 students. Some schools never sent us IEPs and some students had to be dropped from the sample because they left the District, exited Special Education, moved to a Non-Public School setting, or graduated. However, our overall goal of 3,300 students was met. See Table 7 for the distribution by disability. Our goal of 330 IEPs per disability was met except for Speech and Language Impairment which was slightly lower at 318. The distribution is very similar to the original distribution in the sample. SLD was by far the largest at 23.9% with the remainder ranging from 7.7% to 8.8%.

Table 7
Disability Category Distribution of the Sample

	Students with IEPs	
Disability	**n**	**Percent**
Autism	358	8.7%
Deaf/Hard of Hearing	353	8.5%
Emotional Disturbance	331	8.0%
Mental Retardation	359	8.7%
Multiple Disability/Deaf-Blind	364	8.8%
Orthopedic Impairment/Traumatic Brain Injury	357	8.6%
Other Health Impairment	348	8.4%
Specific Learning Disability	989	23.9%
Speech and Language Impairment	318	7.7%
Visual Impairment	357	8.6%
Total	**4,134**	**100%**

Students could receive no service, one service, or multiple services depending on their particular needs. Based on the IEPs of 4,134 students, we requested 5,318 service logs. See Table 8 for the number of logs per service. Language and Speech (20.9%), Adaptive PE (19.4%), and RSP (19.3%) comprised the largest number of logs whereas Non-Public Agency (1.3%) and Pre-School (1.6%) were the smallest categories.

Table 8
Number of Logs Requested by Service

Type of Service	n	Percent
Adaptive PE	1,031	19.4%
Deaf/Hard of Hearing	395	7.4%
Language and Speech	1,113	20.9%
LRE	210	4.0%
Mental Health	470	8.8%
Non-Public Agency	71	1.3%
Occupational Therapy	419	7.9%
Physical Therapy	153	2.9%
Pre-School	87	1.6%
RSP	1,027	19.3%
Visual Impairment	342	6.4%
Total	**5,318**	**100%**

Log Analysis

IEP-Log Discrepancy Analysis: Was there evidence of service? Since a log was considered a record of a service, if a log was obtained we assumed a service was provided. Nineteen logs were dropped because they represented double services. For instance, a student could not have both DIS Code 26 and 44 because they are the same service but in a different location.

Of the remaining requests, 4,513 (85.2%) had logs, 484 had no log (9.1%), and another 302 student services were dropped from the analyses based on information provided by the District (5.7%). Based on the log information, students were dropped from a service if they left the District, exited Special Education, or exited the service. Only those in the first two categories were included in the analysis (4,997). See Tables 9, 10, and 11 for differences by disability and service.

Overall, we received 93.3% of the logs we requested for all disabilities except SLD which had the lowest evidence of service of any of the disabilities. For SLD students, we only received 72.8% of the logs. All of the disabilities except Specific

Learning Disability had IEP-log agreement over 80%. It is also important to note that all of the disability categories had higher IEP-log agreement than last year, including SLD. However, the three lowest disability categories last year were also the three lowest this year (i.e., Specific Learning Disability, Emotional Disturbance, and Other Health Impairment).

Table 9
IEP-Log Discrepancy Analysis: Number and Percentage of Services Provided and Those with No Evidence of Provision by Disability

Disability	Service Provided		No Evidence of Provision		Total
Autism	501	94.9%	27	5.1%	528
Deaf/Hard of Hearing	518	94.9%	28	5.1%	546
Emotional Disturbance	248	81.1%	58	19.0%	306
Mental Retardation	369	95.8%	16	4.2%	385
Multiple Disability/Deaf-Blind	424	98.2%	8	1.9%	432
Orthopedic Impairment/ Traumatic Brain Injury	643	92.8%	50	7.2%	693
Other Health Impairment	348	83.7%	68	16.3%	416
Speech and Language Impairment	321	95.0%	17	5.0%	338
Visual Impairment	615	97.6%	15	2.4%	630
Total *	**3,987**	**93.3%**	**287**	**6.7%**	**4,274**

*Please note that since SLD is a separate outcome the total does not include SLD.

Table 10
IEP-Log Discrepancy Analysis: Number and Percentage of Services Provided and Those with No Evidence of Provision by Disability (SLD Only)

Disability	Service Provided		No Evidence of Provision		Total
Specific Learning Disability	526	72.8%	197	27.2%	723

Differences in discrepancy were also examined across services. As can be noted in Table 11, overall, 90.3% of the logs were provided. We received 100% from Physical Therapy and Pre-School. All were over 94% except LRE, Mental Health, and RSP. The lowest was RSP with only 65.2% of the logs being provided.

Table 11
IEP-Log Discrepancy Analysis: Number and Percentage of Services Provided and Those with No Evidence of Provision by Service

Type of Service	Service Provided		No Evidence of Provision		Total
Adaptive PE	965	98.8%	12	1.2%	977
Deaf/Hard of Hearing	389	99.7%	1	0.3%	390
Language and Speech	1,030	95.8%	45	4.2%	1,075
LRE	168	85.3%	29	14.7%	197
Mental Health	358	87.5%	51	12.5%	409
Non-Public Agency	52	94.5%	3	5.5%	55
Occupational Therapy	395	98.3%	7	1.7%	402
Physical Therapy	131	100.0%	0	0.0%	131
Pre-School	75	100.0%	0	0.0%	75
RSP	625	65.2%	334	34.8%	959
Visual Impairment	325	99.4%	2	0.6%	327
Total Services	**4,513**	**90.3%**	**484**	**9.7%**	**4,997**

Frequency Analysis

IEP-Log Discrepancy Analysis: Did the student receive service in the frequency stated on the IEP? The first question asked if there was evidence of service or not. The second question examined if the service was being provided with the frequency specified in the IEP. The analysis was based only on those students who had a log. The information was coded as met or exceeded frequency, didn't meet frequency, couldn't determine frequency, or needed to be dropped from the analysis. Sometimes we could not determine frequency because no frequency was listed on the IEP and in some instances we couldn't determine frequency based on the log. Some students were dropped from this analysis because they left and therefore we couldn't expect full frequency. Therefore, they were included in the first question but not the second and third questions.

Tables 12 and 13 present the data by disability. Overall, the frequency of services delivered was met for 57.8% of the logs (excluding SLD). SLD was slightly lower with frequency being met for 52.3% of the logs. All of the disabilities were well below the

benchmark of 75%. These numbers are very similar to last year. Last year, the total including SLD was 57.2% and SLD was 51.1%. It is important to note that last year the frequency analysis was based on one month and this year it was based on eight weeks.

Table 12
IEP-Frequency Discrepancy Analysis: Number and Percentage of Services With and Without Discrepancies by Disability

Disability	Frequency Does Not Meet IEP		Frequency Does Meet IEP		Total
Autism	200	43.7%	258	56.3%	458
Deaf/Hard of Hearing	205	42.2%	281	57.8%	486
Emotional Disturbance	105	51.0%	101	49.0%	206
Mental Retardation	165	47.4%	183	53.6%	348
Multiple Disability/Deaf-Blind	145	39.9%	218	60.1%	363
Orthopedic Impairment/ Traumatic Brain Injury	180	33.2%	363	66.9%	543
Other Health Impairment	133	43.6%	172	56.4%	305
Speech and Language Impairment	148	51.2%	141	48.8%	289
Visual Impairment	226	39.6%	345	60.4%	571
Total*	**1507**	**42.2%**	**2062**	**57.8%**	**3569**

*Total does not include SLD.

Table 13
IEP-Frequency Discrepancy Analysis: Number and Percentage of Services With and Without Discrepancies by Disability (SLD Only)

Disability	Frequency Does Not Meet IEP		Frequency Does Meet IEP		Total
Specific Learning Disability	211	47.7%	231	52.3%	442

Frequency was also examined by service category (see Table 14). Pre-School, LRE, and Non-Public Agency had over 75% agreement between the IEP and the log.

Table 14
IEP-Frequency Discrepancy Analysis: Number and Percentage of Services With and Without Discrepancies by Service

Type of Service	Frequency Does Not Meet IEP		Frequency Does Meet IEP		Total
Adaptive PE	289	32.4%	604	67.6%	893
Deaf/Hard of Hearing	139	38.4%	223	61.6%	362
Language and Speech	564	58.4%	401	41.6%	965
LRE	29	20.0%	116	80.0%	145
Mental Health	174	54.7%	144	45.3%	318
Non-Public Agency	8	20.5%	31	79.5%	39
Occupational Therapy	165	45.0%	202	55.0%	367
Physical Therapy	28	38.9%	44	61.1%	72
Pre-School	10	19.6%	41	80.4%	51
RSP	199	40.0%	299	60.0%	498
Visual Impairment	113	37.5%	188	62.5%	301
Total Services	**1718**	**42.8%**	**2293**	**57.2%**	**4011**

Duration Analysis

IEP-Log Discrepancy Analysis: Did the student receive service in the duration stated on the IEP? Overall, duration was met for 60.4% of the logs across disabilities (excluding SLD). Duration for SLD was met 55.6% of the time. Students identified as Orthopedic Impairment/Traumatic Brain Injury were the mostly likely to receive services in the duration set by their IEP (67.5%). See Tables 15 and 16 for duration by disability.

Table 15
IEP-Time Discrepancy Analysis: Number and Percentage of Services With and Without Discrepancies by Disability

Disability	Duration Does Not Meet IEP		Duration Does Meet IEP		Total
Autism	192	41.9%	266	58.1%	458
Deaf/Hard of Hearing	194	40.1%	290	59.9%	484
Emotional Disturbance	70	35.0%	130	65.0%	200
Mental Retardation	155	44.9%	190	55.1%	345
Multiple Disability/Deaf-Blind	142	39.6%	217	60.4%	359
Orthopedic Impairment/ Traumatic Brain Injury	176	32.5%	366	67.5%	542
Other Health Impairment	122	40.8%	177	59.2%	299
Speech and Language Impairment	142	49.3%	146	50.7%	288
Visual Impairment	209	36.9%	358	63.1%	567
Total Services*	**1,402**	**39.6%**	**2,140**	**60.4%**	**3542**

*Total does not include SLD.

Table 16
IEP-Time Discrepancy Analysis: Number and Percentage of Services With and Without Discrepancies by Disability (SLD Only)

Disability	Duration Does Not Meet IEP		Duration Does Meet IEP		Total
Specific Learning Disability	193	44.4%	242	55.6%	435

Duration was also examined by service category. Pre-School (86.3%), Non-Public Agency (83.3%), and LRE (79.9%) were mostly likely to meet or exceed the duration set on the IEP. See Table 17 for duration by service.

Table 17
IEP-Time Discrepancy Analysis: Number and Percentage of Services With and Without Discrepancies by Service

Type of Service	Duration Does Not Meet IEP		Duration Does Meet IEP		Total
Adaptive PE	288	32.7%	593	67.3%	881
Deaf/Hard of Hearing	131	36.3%	230	63.7%	361
Language and Speech	533	55.6%	426	44.4%	959
LRE	29	20.1%	115	79.9%	144
Mental Health	119	38.0%	194	62.0%	313
Non-Public Agency	7	16.7%	35	83.3%	42
Occupational Therapy	162	44.4%	203	55.6%	365
Physical Therapy	29	40.3%	43	59.7%	72
Pre-School	7	13.7%	44	86.3%	51
RSP	189	38.8%	298	61.2%	487
Visual Impairment	101	33.4%	201	66.6%	302
Total Services	**1,595**	**40.1%**	**2,382**	**59.9%**	**3,977**

Site Visit Analysis

As indicated in Table 18, 74% of services were provided according to requirements of the most recent version of the IEP at the time of observation. "Service provided" encompassed five codes. These codes included:

1. Session completed
2. Service provided but session incomplete
3. Provider absent (illness, emergency, jury duty)
4. Student absent but provider present
5. Student no show but provider present.

Service was not provided in the remaining 26% of cases. "Service Not Provided" encompassed three codes:

1. Provider in meeting but student present
2. Provider absent (reason unknown) but student present
3. Service not provided.

Table 18
Number and Percentage of Observations by Session Status

Status of Session	Observations	Percent
Service Provided	**242**	**74%**
Code 1. Session completed	185	
Code 2. Service provided but session incomplete	23	
Code 3. Provider absent (illness, emergency, jury duty)	9	
Code 5. Student absent/ provider present	22	
Code 6. Student no show/ provider present	3	
Service Not Provided	**83**	**26%**
Code 4. Provider in meeting/ student present	10	
Code 7. Provider absent (reason unknown)/ student present	41	
Code 8. Service not provided	32	

Data collectors completed 325 observations. These observations are delineated in the two tables which follow. Table 19 presents the data by service and Table 20 presents the data by disability. The greatest number of observations completed in service categories was APE (46) and LAS (38). The fewest service observations were in Pre-School (7), which was discontinued, LRE (20), NPA (20), and PT (24). These categories provided too few observations to generalize any conclusions.

The greatest number of observations in the disability categories was in VI (47). Those categories with too few observations to generalize any conclusions were OHI (19), MR (25), and SLI (26).

Table 19
Number and Percentage of Observations by Service

Service	Observations	Percent
APE	46	14.2%
DHH	36	11.1%
LAS	38	11.7%
LRE	20	6.2%
MH	32	9.8%
NPA	20	6.2%
OT	37	11.4%
PT	24	7.4%
PreS	7	2.2%
RSP	30	9.2%
VI	35	10.8%
Total	**325**	**100%**

Table 20
Number and Percentage of Observations by Disability

Disability	Observations	Percent
AUT	35	10.8%
DHH	38	11.7%
ED	30	9.2%
MR	25	7.7%
MD/DBL	35	10.8%
OI/TBI	36	11.1%
OHI	19	5.8%
SLD	34	10.5%
SLI	26	8.0%
VI	47	14.5%
Total	**325**	**100%**

The tables which follow (Tables 21 to 24) delineate the number of observations in which service was provided or not provided in service categories and in disability categories. Categories with too few observations to make generalizations are shaded in the tables. Tables 25 and 26 indicate if duration was met or not met (Codes 1 and 2 only).

Table 21

IEP-Site Visit Observations by Service: Session Status of Service Observations (Counts)

	Service Provided						Service Not Provided				
	Service Provided Total	Code 1 Session Completed	Code 2 Session Not Complete	Code 3 Provider ill, etc.	Code 5 Student Absent	Code 6 Student No Show	**Service Not Provided Total**	Code 4 Provider in Meeting	Code 7 Provider Absent	Code 8 Other Not Provided	**Total**
APE	41	26	9	1	5	0	5	2	3	0	46
DHH	27	24	2	0	1	0	9	2	3	4	36
LAS	33	26	1	0	5	1	5	0	2	3	38
LRE	7	5	0	0	2	0	13	0	9	4	20
MH	27	20	0	2	4	1	5	2	2	1	32
NPA	13	8	2	3	0	0	7	0	2	5	20
OT	29	23	2	2	2	0	8	1	5	2	37
PT	11	10	0	0	1	0	13	0	4	9	24
PreS	5	3	1	0	1	0	2	0	1	1	7
RSP	25	20	5	0	0	0	5	1	2	2	30
VI	24	20	1	1	1	1	11	2	8	1	35
Total	**242**	**185**	**23**	**9**	**22**	**3**	**83**	**10**	**41**	**32**	**325**

Note. Shading indicates too few observations upon which to generalize findings.

Table 22

IEP-Site Visit Observations by Service: Session Status of Service Observations (Percentages)

	Service Provided						Service Not Provided				
	Service Provided Total	Code 1 Session Completed	Code 2 Session Not Complete	Code 3 Provider ill, etc.	Code 5 Student Absent	Code 6 Student No Show	**Service Not Provided Total**	Code 4 Provider in Meeting	Code 7 Provider Absent	Code 8 Other Not Provided	**Total**
APE	89%	57%	20%	2%	11%	0%	11%	4%	7%	0%	100%
DHH	75%	67%	6%	0%	3%	0%	25%	6%	8%	11%	100%
LAS	87%	68%	3%	0%	13%	3%	13%	0%	5%	8%	100%
LRE	35%	25%	0%	0%	10%	0%	65%	0%	45%	20%	100%
MH	84%	63%	0%	6%	13%	3%	16%	6%	6%	3%	100%
NPA	65%	40%	10%	15%	0%	0%	35%	0%	10%	25%	100%
OT	78%	62%	5%	5%	5%	0%	22%	3%	14%	5%	100%
PT	46%	42%	0%	0%	4%	0%	54%	0%	17%	38%	100%
PreS	71%	43%	14%	0%	14%	0%	29%	0%	14%	14%	100%
RSP	83%	67%	17%	0%	0%	0%	17%	3%	7%	7%	100%
VI	69%	57%	3%	3%	3%	3%	31%	6%	23%	3%	100%
Total	**74%**	**57%**	**7%**	**3%**	**7%**	**1%**	**26%**	**3%**	**13%**	**10%**	**100%**

Note. Shading indicates too few observations upon which to generalize findings.

Table 23

IEP-Site Visit Observations by Disability: Session Status of Service Observations (Counts)

	Service Provided						Service Not Provided				
	Service Provided Total	Code 1 Session Completed	Code 2 Session Not Complete	Code 3 Provider ill, etc.	Code 5 Student Absent	Code 6 Student No Show	**Service Not Provided Total**	Code 4 Provider in Meeting	Code 7 Provider Absent	Code 8 Other Not Provided	**Total**
AUT	26	20	3	1	2	0	9	1	6	2	35
DHH	31	28	2	0	1	0	7	1	3	3	38
ED	23	16	1	2	4	0	7	1	2	4	30
MR	22	14	3	0	4	1	3	1	0	2	25
MD/DBL	25	16	2	0	7	0	10	0	3	7	35
OI/TBI	17	14	1	0	2	0	19	2	11	6	36
OHI	18	13	2	1	2	0	1	0	1	0	19
SLD	27	22	4	0	0	1	7	2	4	1	34
SLI	18	12	2	3	0	1	8	0	2	6	26
VI	35	30	3	2	0	0	12	2	9	1	47
Total	**242**	**185**	**23**	**9**	**22**	**3**	**83**	**10**	**41**	**32**	**325**

Note. Shading indicates too few observations upon which to generalize findings.

Table 24

IEP-Site Visit Observations by Disability: Session Status of Service Observations (Percentages)

	Service Provided						Service Not Provided				
	Service Provided Total	Code 1 Session Completed	Code 2 Session Not Complete	Code 3 Provider ill, etc.	Code 5 Student Absent	Code 6 Student No Show	**Service Not Provided Total**	Code 4 Provider in Meeting	Code 7 Provider Absent	Code 8 Other Not Provided	**Total**
AUT	74%	57%	9%	3%	6%	0%	26%	3%	17%	6%	100%
DHH	82%	74%	5%	0%	3%	0%	18%	3%	8%	8%	100%
ED	77%	53%	3%	7%	13%	0%	23%	3%	7%	13%	100%
MR	88%	56%	12%	0%	16%	4%	12%	4%	0%	8%	100%
MD/DBL	71%	46%	6%	0%	20%	0%	29%	0%	9%	20%	100%
OI/TBI	47%	39%	3%	0%	6%	0%	53%	6%	31%	17%	100%
OHI	95%	68%	11%	5%	11%	0%	5%	0%	5%	0%	100%
SLD	79%	65%	12%	0%	0%	3%	21%	6%	12%	3%	100%
SLI	69%	46%	8%	12%	0%	4%	31%	0%	8%	23%	100%
VI	74%	64%	6%	4%	0%	0%	26%	4%	19%	2%	100%
Total	**74%**	**57%**	**7%**	**3%**	**7%**	**1%**	**26%**	**3%**	**12%**	**10%**	**100%**

Note. Shading indicates too few observations upon which to generalize findings.

Table 25
IEP-Site Visit Agreement by Service: Session Duration Met and Not Met

Type of Service	Duration Met		Duration Not Met		Total
APE	26	57%	9	20%	35
DHH	24	67%	2	6%	26
LAS	26	68%	1	3%	27
LRE	5	25%	0	0%	5
MH	20	63%	0	0%	20
NPA	8	40%	2	10%	10
OT	23	62%	2	5%	25
PT	10	42%	0	0%	10
PreS	3	43%	1	14%	4
RSP	20	67%	5	17%	25
VI	20	57%	1	3%	21
Total	**185**	**57%**	**23**	**7%**	**208**

Note. Based on Codes 1 and 2 only.

Table 26
IEP-Site Visit Agreement by Disability: Session Duration Met and Not Met

Type of Disability	Duration Met		Duration Not Met		Total
AUT	20	57%	3	9%	23
DHH	28	74%	2	5%	30
ED	16	53%	1	3%	17
MR	14	56%	3	12%	17
MD/DBL	16	46%	2	6%	18
OI/TBI	14	39%	1	3%	15
OHI	13	68%	2	11%	15
SLD	22	65%	4	12%	26
SLI	12	46%	2	8%	14
VI	30	64%	3	6%	33
Total	**185**	**57%**	**23**	**7%**	**208**

Note. Based on Codes 1 and 2 only.

Overall Population Estimate

In this report, we estimated the degree of discrepancy between the IEPs and provider logs by category of disability and type of service. It was also important to calculate an overall discrepancy estimate for the population. The population discrepancy estimate represents an overall estimate of the percentage of IEP services that were provided to students with disabilities in LAUSD. The overall estimate was obtained by assigning a weight to the discrepancy rate of each disability category. Table 27 shows

the population and sample size of each disability category. Please note that the SLD category is being presented as a separate outcome.

The probability shown in column C represents the probability that each student had of being selected into the sample. In order to obtain this probability, we divided the sample size by the population size for each disability category. For example, to calculate the probability of each student with Autism being selected is equal to 7.2% (305/4,265). Column D depicts the *probability weight*, which is obtained by dividing one by the probability of being selected into the sample. The *probability weight* shows the number of students in the population represented by each student in the sample. For example, each student who was deaf or hard of hearing in the sample represents approximately four students with this disability in the population.

Table 27
Probability and Weights of First-Stage Sample (Excluding SLD)

Disability Categories	**Population (SIS)** A	**First-Stage Sample** B	**Probability** C	**Weight** D
Autism	4,265	305	0.072	14.0
Deaf/Hard of Hearing	1,424	346	0.243	4.1
Emotional Disturbance	1,586	278	0.175	5.7
Mental Retardation	6,164	260	0.042	23.7
Multiple Disability/Deaf-Blind	1,554	245	0.158	6.3
Orthopedic Impairment/Traumatic Brain Injury	971	333	0.343	2.9
Other Health Impairment	4,018	294	0.073	13.7
Speech and Language Impairment	10,084	283	0.028	35.6
Visual Impairment	466	336	0.721	1.4
Total	**30,532**	**2,680**		

Table 28 depicts the population and sample size for the SLD category separately. Because SLD is a unique outcome required by the IM, we calculated a point estimate[2] in place of the population estimate. This category of disability is very large in the LAUSD population. In fact, SLD students account for about 60% of the special education population in LAUSD.

Table 28
Probability and Weight of First-Stage Sample (SLD only)

Disability Categories	Population (SIS) A	First-Stage Sample B	Probability C	Weight D
Specific Learning Disability	46,779	645	0.014	72.50
Total	**46,779**	**645**		

As shown in Table 29, using the IEP-log rates by category of disability from Table 9, we used the weights in Table 27 to obtain an overall population service compliance estimate of 93.2% percent with a 95 percent confidence interval of 90.5 to 96.0. That is, 93.2 percent of all IEP services appear to be provided to students with disabilities in LAUSD (except SLD), based on data from the sample of service logs provided for this study. For SLD students we used the IEP-log rates by SLD from Table 10 to calculate the point estimate of the service compliance (72.8%). The SLD point estimate is about 20% lower than the overall population service compliance estimate. The 95 percent confidence interval for this point is 69.6 to 76.4.

The benchmark of 80% was met and exceeded for the percentage of services received by all students with disabilities (except SLD) in LAUSD. The benchmark of 80% for the percentage of students with SLD was not met. In part, this may have been

[2] A point estimate is one specific estimate of the parameter of interest (SLD). This estimate is imprecise in that it potentially contains a larger amount of error than the population estimate. We are presenting it for an approximate comparison to the other estimates.

due to the lack of logs received or inconsistent record-keeping at the school sites. These two factors make it unclear whether it was an actual lack of services.

Table 29
Overall Population Estimate and Confidence Intervals

	Overall Population Estimate of Service Provision	Discrepancy Rate of Service NOT Provided
Percentage of services received by all students with disabilities in LAUSD – Using log data (Does not include SLD)	93.2% <1>	6.8%
Percentage of services received by students with Specific Learning Disabilities in LAUSD – Using log data	72.8% <2>	27.2%
Percentage of services received by students with disabilities in LAUSD – Using site visitation observation data (Does not include SLD)	77.2% <3>	22.8%
Percentage of services received by students with Specific Learning Disabilities in LAUSD – Using site visitation observation data	79.0% <4>	21.0%

<1> The 95 percent confidence interval for the population estimate (not including SLD) using the IEP-log service agreement rates is 90.5 to 96.0 percent. See the year one report for the definition of a confidence interval.
<2> The 95 percent confidence interval for the point estimate for SLD students using the IEP-log service agreement rate is 69.6 to 76.4 percent.
<3> The 95 percent confidence interval for the population estimate (not including SLD) using the IEP-site visit service agreement rates is 60.0 to 94.4 percent.
<4> The 95 percent confidence interval for the point estimate for SLD students using the IEP-site visit service agreement rate is 63.6 to 94.4 percent.

Another way to examine the service provision agreement was to use data from the site visits. The IEP-site visit agreement by disability was 77.2%. Because the IEP-site visit agreement estimate resulted in much smaller sample sizes than those contained in the sampled LAUSD data set, they are less likely to be representative of the distribution of services within each disability category, even though they reflect actual service provision.

The results indicate that the estimate of the IEP-site visit agreement was much lower than the estimate of services received by all students with disabilities in LAUSD (excluding SLD). The confidence interval for the IEP-site visit population estimate (excluding SLD) contained more possible sampling error (60.0% to 94.0%). The IEP-site

visit agreement point estimate by disability for only students with SLD was 79.0% with a 95 percent confidence interval of 63.6% to 94.4%. The site visitation data provided similar estimates for the population estimate and point estimate regardless of the inclusion or exclusion of SLD student service agreements. Additionally, the site visitation point estimate for SLD students was slightly higher than the point estimate for the IEP-log data.

Similar to last year, population estimates and confidence intervals were not used for the frequency and duration analyses. It was determined that there were too many inconsistencies with the log formats and characters again this year. However, they will be calculated next year once all of the logs are standardized in the Welligent system.

Supplemental Analyses: Temporary Support Aide and Special Transportation

The following two supplemental studies are a comparison of IEP information with District databases indicating service.

Temporary Support Aide (TSA). Some students require a one-on-one aide as stated on their IEP to help them with daily tasks in the classroom, outside of the classroom, and/or the bus. Some examples of this kind of aide are temporary support aides, health care assistants, paraprofessionals, Braille notetakers, and sign language interpreters. Based on information found on p. 8 of the IEP, students were identified as requiring an aide. Since additional supports is a narrative section of the IEP, staff entering the data do not always use the proper terminology to identify aides. The Division helped us to understand if what was written in “additional supports” was a TSA or not. Comparisons were made between the data on the IEP and a District database containing TSA assignments. Last year 125 students and this year 472 students were supposed to

have a TSA. According to the District database 57% were assigned a TSA last year and 71% were assigned one this year. This is an increase from last year (see Table 30). It is important to note that some of the differences between the IEPs and the database may be a result of the time lapse between data collection and the database. For instance, IEPs may have been updated and the TSA removed after the IEPs were sent to us.

Table 30
Number and Percentage of Students Whose IEP Required TSA Services

	2003-04 n	2003-04 %	2004-05 n	2004-05 %
Students Who Had a TSA	71	57%	334	71%
Students Who Did Not Have a TSA	54	43%	138	29%
Total Assigned a TSA	**125**	**100%**	**472**	**100%**

By looking at this data by disability category one can see that students in some categories rarely need a one-on-one aide (see Table 31). Due to the small sample sizes in some cells these numbers are only descriptive and therefore should not be generalized to the entire population.

Table 31
Number and Percentage of Students Whose IEP Required TSA Services and Who Did/ Did Not Receive a TSA by Disability

	Did Receive TSA	%	Did Not Receive TSA	%	Total
Autism	65	77%	19	23%	84
Deaf/Heard of Hearing	5	28%	13	72%	18
Emotional Disturbance	21	55%	17	45%	38
Mental Retardation	34	79%	9	21%	43
Multiple Disabilities	59	66%	30	34%	89
Orthopedic Impairment/Traumatic Brain Injury	75	82%	17	18%	92
Other Health Impairment	30	88%	4	12%	34
Specific Learning Disability	12	80%	3	20%	15
Speech and Lang. Impairment	2	100%	0	100%	2
Visual Impairment	31	54%	26	46%	57

Special Transportation. Some students are eligible for transportation services above and beyond Permit With Transportation (PWT) or Magnet transportation services.

Any student that had transportation checked on p. 8 was counted as getting Special Transportation services. If they did not receive transportation, it is unknown if the District was unable to provide services, if the parents/guardians decided to transport their children instead of using District services, or if transportation stopped for another reason. Again, some differences may be due to changes in IEPs after our request. As you can see from Table 32 there was an increase (84% to 87%) from Year 1 to Year 2.

Table 32
Number and Percentage of Students Whose IEP Required Special Transportation

	2003-04 n	2003-04 %	2004-05 n	2004-05 %
Students Who Received Transportation	1166	84%	1,583	87%
Students Who Did Not Receive Transportation	224	16%	247	13%
Total Assigned Transportation	**1,390**	**100%**	**1,830**	**100%**

Table 33 shows transportation broken down by disability. Numbers ranged from a low of 55% (SLD) to a high of 95% (DHH) for those receiving transportation. AIR also found SLD as least likely to receive this service but their sample was very small.

Table 33
Number and Percentage of Students Whose IEP Required Special Transportation and Who Did/Did Not Receive Special Transportation by Disability

	Did Receive Transportation	%	Did Not Receive Transportation	%	Total
Autism	175	85%	31	15%	206
Deaf/Heard of Hearing	181	95%	10	5%	191
Emotional Disturbance	116	84%	22	16%	138
Mental Retardation	236	87%	34	13%	270
Multiple Disabilities	305	88%	41	12%	346
Orthopedic Impairment/Traumatic Brain Injury	206	90%	24	10%	230
Other Health Impairment	53	72%	21	28%	74
Specific Learning Disability	42	55%	34	45%	76
Speech and Lang. Impairment	27	73%	10	27%	37
Visual Impairment	242	92%	20	8%	262

Conclusions and Recommendations

The first part of the study consisted of a comparison between IEPs and service delivery logs. The goal was to have 3300 students in the comparison. After over-sampling from the special education population we requested IEPs for 4500 students. We received usable IEPs for 4134 students. Some schools did not send us IEPs and some students had to be dropped from the study because they left the District, exited special education, moved to a Non-Public School, or were in the middle of a dispute. Logs were requested for 5318 services. Per their IEP, not every student was determined to need DIS services or RSP services. These students were kept in the study for the supplemental analyses but were dropped from the IEP-log comparisons. This left us with 3325 students with logs. This was slightly above our original goal of 3300 students.

The benchmark in the 2004-05 Annual Plan states that 80% of the services identified in all disability categories excluding SLD must show evidence of service provision. SLD must also meet this benchmark. The final goal for both is 93%. For overall disabilities the District met the benchmark and the final outcome goal (93.3%). Neither the benchmark nor the outcome was met for SLD (72.8%). All of the disability categories but SLD exceeded 80%. When this was examined further by service, all of the services showed evidence of service over 80% except for RSP. This was predictable since SLD students often receive RSP services. Following AIR's example, we calculated an overall discrepancy estimate for the population and confidence intervals. The population estimates were 93.2% with a confidence interval of 90.5% to 96.0% for all of the disabilities excluding SLD. The point estimate for SLD was 72.8% with a confidence interval of 69.6% to 76.4%.

The 2004-05 Annual Plan further states that at least 75% of the services must have a frequency and duration that meets the IEP in 2004-05. This benchmark must be true for all of the disability categories excluding SLD and for SLD alone. Unfortunately this was not the case for either. Only 57.8% of the logs met the frequency goal for all disabilities except SLD and only 52.3% of the SLD logs met this criterion. Duration percentages were slightly higher, 60.4% and 55.6% respectively. None of the disability categories individually met this goal. However, when the same comparison was made for service categories, LRE, NPA, and Pre-School were all over 75%.

The second part of the study was a comparison between IEPs and site visits. Based on 325 site visits, 74% had evidence of service. The population estimate is 77.2% with a confidence interval of 60.0% to 94.4%. The point estimate for SLD was similar, 79% with a confidence interval of 63.6% to 94.4%. The site visits were meant to be a validation of the first comparison. We would expect an alignment between the IEP-log comparison and the IEP-site visit comparison; however, there are several reasons why these numbers could be different. On the logs, the provider has a chance to make up missed sessions. Due to the one-time-site-visit design, we don't know if a provider made up a session at another time. Also, logs indicate services to a student in which the provider did not actually meet with the student. For instance, the provider might spend 30 minutes talking to the parents or doing paperwork and count that as service. During our observations we were only looking for time spent with the student or in the student's classroom. Furthermore, since we could only observe fixed services there may be a bias towards services on a set schedule versus those on a flexible schedule. Other explanations may include log inaccuracy. We have reason to believe that some logs were

created after we made our request. The IEP-log comparison and the IEP-site visit comparison both give us useful information but they are from slightly different perspectives.

Two supplemental studies were conducted that were not part of Outcome #13. Both showed improvement from Year 1 to Year 2. There was a large increase in providing a TSA when it is indicated on the IEP (57% versus 71%). There was also a slight increase in the ability to provide special transportation when stated on the IEP (84% versus 87%). It is important to keep in mind that lack of service may be a result of changes on the IEP after we collected the data and not actual lack of service.

IEP and Log Challenges

Challenges in this part of the study can be divided into two main categories: 1) quality of the IEPs and 2) quality of the logs.

Quality of the IEPs. Right now there are three types of IEPs (Welligent, Writer Supreme, and Other). The Welligent IEPs were easier to manage but we found that sections on the IEPs don't always match and are not always entered correctly. Another problem was that the frequency and duration of a service was not always stated. The IEPs we requested from the schools also had these problems but because they were paper copies we found some that were illegible, had poor copy quality, or were missing pages. In these cases, attempts were made to re-request IEPs or specific pages. Also, some of the IEPs were several years old. It was unknown if the schools always sent us the most recent IEP.

Quality of the Logs. Although the log quality was better this year than last year, there were still many problems due to the variety of log formats and coding schemes.

Logs need to be accurate and comprehensible. For most of the services the District collected the logs and provided us with information if no log was provided. Therefore, we can be fairly certain that if there was no log provided, then no service was provided. For RSP we cannot make that statement. Since RSP logs were requested directly from the schools and schools did not always comply with our request we do not know whether a missing log meant the log was missing or if there was no service provided.

Observation Challenges

Challenges in this part of the study can be divided into three main categories: 1) inaccurate or incomplete information, 2) difficult services to observe, and 3) logistic constraints. The following describes each category.

Inaccurate or Incomplete Information. Information was inaccurate or incomplete for the following reasons. Many of the IEPS used to schedule observations were modified during the course of the observation period. For this reason, site visitors did not always have accurate information prior to the observation. Much like the 2003-04 study, the data gatherers scheduled observations based upon static IEP data. Most of this IEP data utilized was collected on "Norm Day" October 8, 2004. Norm Day occurred up to five months before some site visitations would take place. Unfortunately, the static IEP data from which the team worked did not always accurately reflect reality. IEPs were updated and students exited from services on various dates throughout the year. This presented a challenge in scheduling observations. The IEP data we utilized regularly became outdated. Due to this challenge, some cases had to be replaced. Of the final sample of 460, for example, 8 could not be observed because they had either transferred to different schools (many of which were outside LAUSD) or checked out of

school all together. Eleven other students were no longer eligible for previously received services. We replaced these cases in the sample. Altogether 24 students from the initial sample were replaced.

Data gatherers were also challenged by services provided without a fixed schedule. The 2003-04 study also found this to be an important challenge. We encountered a vast degree of flexibility incorporated into IEP scheduling of services. This scheduling ranged from the fairly rigid form of "fixed/fixed" (for which services take place on a specified day at a designated time) to "flexible/flexible" (for which services are provided on neither a designated day or at a designated time). Naturally, those services provided with highly flexible schedules were difficult to observe, and in many cases were not observed at all. In fact, of the 135 services that were not observed in the sample of 460, more than half of these services incorporated some type of flexibility in service provision. In an effort to overcome this challenge, the data gatherers attempted to contact the schools and/or service providers in order to clarify service delivery schedules.

While the data gatherers defined service delivery as time spent with the student, there was a discrepancy between this definition and that understood by several service providers. Providers were considered absent from service, for example, when they were performing IEP-related tasks that did not involve the students' presence—tasks such as entering IEP data, consulting with general-education teachers, or speaking with parents. Some providers also deemed time spent in IEP meetings as eligible service-delivery time. While the data gatherers considered these activities to be in addition to service provision, at times they were done in place of the service. In order to account for these

discrepancies, the data gatherers made note of the reasons for a provider's absence when such information was available.

Difficult Services to Observe. Difficult services to observe make up a second category of challenges. For a variety of reasons, a number of services were not designed or delivered in a way that lent itself to direct observation. Mostly due to the lack of a set schedule, LRE counseling was one of the most difficult services to observe. Nearly 75% of the 40 sample students eligible for LRE counseling were scheduled to receive these services in some type of flexible manner. For this very reason, the data gatherers were able to schedule only 20 observations. In 13 cases, the service provider was absent due to unknown reasons or the service did not occur. This flexibility appears to derive from the discrepancy in service definitions previously noted. Particularly in LRE counseling services, providers often deem their responsibilities to be done on a consulting basis. In addition, service delivery does not always directly involve the student. This was most evident in District 5 schools in which Parent Resource Network (PRN) calls were assigned to LRE service providers to mediate between parents and service providers. These LRE personnel are inclusion facilitators who provide a consultative service as opposed to inclusion counselors who provide access services to students.

MH is another service that seems to involve a lot of flexibility in service delivery. Roughly 70% of the 40 eligible for MH in the sample set were scheduled to receive this service in a flexible manner. While such flexibility did present a challenge in scheduling observations, the data gatherers did not face the additional challenge of the 2003-04 data gatherers. The confidential nature of MH services was not found to be a barrier in the release of scheduling information.

Similar to both LRE counseling and MH, Non-Public Agency (NPA) services can also be difficult to observe due to the flexibility in service delivery. Nearly 50% of the 40 students eligible for NPA services in the sample were scheduled to receive them in the absence of both a fixed day and time. Not surprisingly, the data gatherers were unable to observe most of these students. A second challenge the team faced in observing NPA services was maternity leave. As such leaves often extend beyond just a few weeks, it was expected that a substitute provider would keep services from being interrupted. This was not always the case—particularly in regards to NPA services. While maternity leave can affect the delivery of any service, it is interesting to note that three of the four instances in which maternity leave was a factor were for NPA services. Maternity leave in combination with flexibility in scheduling service delivery was the most evident challenge leading to just 20 observations—7 for which the service provider was absent for unknown reasons or for which the services were not taking place.

Additionally, with regard to NPA services, when we called schools about NPA Speech services, often the IEP only indicated SLI, not NPA. In such a case, the school would say that the student was not receiving NPA services. However, we learned that when a SLI provider was not available to that school, the school sometimes contracted with an NPA. Many of the IEP clerks were unaware that the SLI provider was really an NPA Speech provider.

Another difficult service to observe was RSP. As noted in the 2003-04 study, this was because RSP takes on a variety of forms. For example, several providers met with students "as needed." This led to irregularities in service delivery. Others understood service delivery to mean nothing more than monitoring students' progress. As this is

often done in the student's absence, this may reflect the aforementioned discrepancy in service definitions.

Also difficult to observe were PT services. During the course of the observation period, 6 of the original 40 in the PT sample set became ineligible for services, and thus ineligible for observation. In addition, many of these services occur irregularly—on a monthly or even yearly basis. These two challenges led to just 24 observations—13 for which the service provider was absent for unknown reasons or for which the services were not taking place.

To combat the challenge of flexibility and irregularity in the services described above, the data gatherers attempted to narrow the possible service delivery times so such services could be observed. At times the data gatherers called the schools where the services were scheduled to take place in search of information regarding service delivery schedules. If phone calls to the schools did not result in the necessary information, the data gatherers followed up with calls to service providers themselves. This, however, was done only as a last resort.

Pre-School services also proved difficult to observe. This difficulty derived from the fact that over half of the eligible students in the subsample never arrived at the school where services were scheduled to take place. In response to this barrier and in consultation with IM, we decided to suspend further observations of Pre-School services.

Logistic Constraints. The final category of challenges was logistic constraints. One such constraint was caused by the use of multi-tracks within the District. This challenge was also experienced last year. The extended period of observation for 2004-05, beginning in November and ending in March, however, did help to lessen its effects.

This calendar system includes three systems: single-track, three-track and four-track. Schools following a traditional schedule (September through June) are considered single track because all students follow the same schedule. As the students at these schools were "on-track" throughout the entire observation period, their special education services were not as difficult to observe. Year-round schools, however, can be three or four-track. This means that only a proportion of the students are in attendance at any one time. While this system serves its purpose of allowing schools to accommodate more students, it can make observations of services more difficult. In the subsample of 460, approximately 9 of the students who were not observed were "off-track" during a significant portion of the observation period.

A second logistic constraint was caused by the inability to keep all observations unanticipated. In order to avoid bias in the study results, most of the observations took place without prior notification to the school or to the provider. As previously mentioned, however, this was not always possible. On some occasions the data gatherers had to directly contact the schools and/or providers in order to obtain more defined service delivery information. In these conversations with schools and providers, the data gatherers were careful to do whatever possible to ensure that observations remained unannounced. A query for information, for example, took a form similar to the following: "Could you please relate to us your plan for service delivery for this student for the next month?" Despite efforts to keep site visitations unannounced, however, the team recognizes that some observations may have been anticipated. As such, they may have been more likely to occur. If this is the case, the study may have produced an estimate with a slight upward bias.

Differences between Year 1 and Year 2

There were several differences that made comparisons between Year 1 and Year 2 not advisable. First, the focus of the studies was different. The goal of Year 1 was to help the IM establish baseline data, set outcome goals, and to start establishing a methodology. Year 2 was to refine the methodology and to see how well the District was doing towards meeting the benchmarks set for this year. Second, criteria were changed from one year to the next. In Year 1, the IEP-log comparison was based on one month of logs whereas in Year 2, it was based on eight weeks of logs. This change made the criteria easier to meet for Question 1 (evidence of service) and more difficult for Questions 2 and 3 (frequency and duration). This distinction is important to remember when comparing the data. Finally, there were also differences in methodology based on sampling, disability categories, service categories, type of IEPs, and data entry.

Recommendations

Although there were improvements in IEPs and logs from last year, these recommendations are very similar to those specified by AIR in the Year 1 report.

1. IEPs: The District must maintain accurate IEP records. All IEPs should be put on Welligent for ease of data analyses and accountability. Personnel should be trained on how to use the system properly and additional safeguards should be put into the system so that items on one page match the other pages. Personnel should have to complete all of the parts before the IEP is considered complete. For instance, personnel should have to enter frequency and duration before the system can close. Where possible, pull-down menus should be used. For example, there should be a pull-down field for TSAs where District job titles

should be listed. Next year we expect to have more online-entered Welligent IEPs. With experience and training we expect there to be an improvement in their overall quality.

2. Logs: All providers should use the same log format and symbols should be standardized. Some service providers are already using the Welligent system for their logs. However, the providers need clear instructions on how to enter data. For example, if a service is not occurring (e.g., provider absent because of illness, student absent because of assembly, school closed) it should be clearly marked. We expect this to improve as well as more logs are entered into the Welligent system. Again, with experience and training there should be improvement.
3. Providers must be made aware that they are required to keep logs. This is especially true for RSP. We received phone calls from schools stating that they were not required to keep logs. Also, it appeared that some logs were written after we made the request. Logs should be completed as close to the delivery of service as possible.
4. We are concerned about flexibility in services. There should be some flexibility of services around student schedules and needs; however, too much flexibility prevents accountability. Many of the IEP goals had no frequency and duration listed or had large ranges listed. The District must develop a system that includes tracking these kinds of services.
5. The District should clearly define what constitutes service. Providers are using their time to go to IEP meetings, trainings, entering data, and attempting to phone parents. This takes time away from the students. If a student is supposed to

receive 30 minutes of service every week in order to reach his/her performance goal, we suspect that time spent apart from working with the student does not facilitate his/her reaching the goal.