

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

Submitted to:

Office of the Independent Monitor
Los Angeles Unified School District

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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 of Outcome #13 of the Modified Consent Decree. This is the third year of a three year study to measure the delivery of special education services in the Los Angeles Unified School District. This outcome has multiple parts. The outcome states that the District must provide evidence of at least 93% of service delivery by June 2006. By June 2006 the agreement between IEPs and log frequency and duration must be 85%. This outcome is for all disabilities combined excluding Specific Learning Disability (SLD), as well as for SLD individually.

The following three questions are being addressed by this study:

- (1) Was there evidence of service delivery?
- (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 performance outcomes determined whether the District was 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 elements: 1) the comparison between student IEPs and service delivery logs, and 2) the comparison between student IEPs and the actual delivery of service. The special education population was oversampled and 4500 student names were drawn. Welligent IEPs were requested from the central district offices as an extract, whereas non-Welligent IEPs were requested directly from the schools. Useable IEPs

were received from 4272 students. Based on the IEPs, 5616 logs were requested from the District. Logs are the official record of service and therefore should reflect the services that are occurring in the District. A separate observation study (N = 585 students) involved unannounced visits to the schools to see if services were occurring as planned.

Summary of Findings

Table ES1 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 ES2). Table ES1 also shows the degree of agreement between the IEP and the information observed through the site visits.

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

Disability	A		B		C		D	
	IEP-Log Service Agreement		IEP-Site Visit Service Agreement					
	% of services for which there was evidence of service provision	Total No. of Logs	% of observed services provided	Total No. of Service Obs				
Autism	87%	594	86%	36				
Deaf/Hard of Hearing	93%	524	86%	21				
Emotional Disturbance	85%	355	97%	31				
Mental Retardation	88%	457	89%	38				
Multiple Disability/Deaf-Blind	93%	446	91%	35				
Orthopedic Impairment/ Traumatic Brain Injury	91%	740	89%	36				
Other Health Impairment	84%	424	91%	34				
Speech and Language Impairment	78%	389	78%	49				
Visual Impairment	96%	659	92%	37				
Overall Population Estimate	84.8% <1>		86.4% <2>					

<1> The 95 percent confidence interval for the population estimate using the IEP-log service agreement rates is 80.8 to 88.8.

<2> The 95 percent confidence interval for the population estimate using the IEP-site visit service agreement rates is 75.8 to 97.

The findings for the percent of agreement were converted into an overall districtwide population estimate. The results indicate that the service provision

agreement was 84.8% for the IEP-log estimate (column A). Therefore, the District did not meet the outcome of 93%. However, Visual Impairment (96%), Deaf/Hard of Hearing (93%), and Multiple Disability/Deaf-Blind (93%) did meet the outcome goal of 93% individually. Speech and Language Impairment had the lowest agreement (78%). Since this is a large disability category, this had a negative impact on the population results.

The IEP-site visitation estimate of 86.4% (column C) also fell short of meeting its 2006 goal of service provision (93%) 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 cannot be generalized to the population at the same degree of precision. The IEP-site visitation data ranged from a low of 78% for Speech and Language Impairment to a high of 97% for Emotional Disturbance. In fact, Emotional Disturbance was the only disability category to meet or exceed the goal of 93%.

Since SLD had its own outcome goal, it was looked at separately. The IEP-log agreement (79.4%) was lower than for all disabilities (excluding SLD). One of the limitations we had was in getting RSP logs from the schools. The IEP-site visit service agreement was higher than the IEP-log agreement at 84.6%.

Table ES2

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

	A	B	C	D
	IEP-Log Service Agreement		IEP-Site Visit Service Agreement	
Disability	% 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	79.4% <3>	744	84.6% <4>	26

<3> The 95 percent confidence interval for the point estimate using the IEP-log service agreement rate is 76.3 to 82.5.

<4> The 95 percent confidence interval for the point estimate using the IEP-site visit service agreement rate is 70.7 to 98.5.

Table ES3 displays this same data by service category. Both the IEP-log and the IEP-site visit comparisons were 88%. Based on the IEP-log comparison, two service categories had a lower than 80% IEP-log agreement -- Pre-School (38%) and RSP (77%). This had a negative impact on the results. However, 6 of the 11 service categories met the 93% goal -- Deaf/Hard of Hearing (99%), Visual Impairment (97%), Adaptive PE (96%), LRE (95%), Physical Therapy (94%), and Occupational Therapy (93%). Although the overall rate of agreement was the same, the individual IEP-site visit comparisons were slightly different. Pre-School (64%) and Language and Speech (76%) were both below 80% and Mental Health (98%), Adaptive PE (96%), Physical Therapy (96%), and Non-Public Agency (93%) each met the goal of 93%.

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

Type of Service	A	B	C	D
	IEP-Log Service Agreement		IEP-Site Visit Service Agreement	
	% 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	96%	962	96%	49
Deaf/Hard of Hearing	99%	392	83%	23
Language and Speech	86%	1147	76%	59
LRE	95%	198	88%	16
Mental Health	86%	459	98%	40
Non-Public Agency	85%	110	93%	14
Occupational Therapy	93%	427	88%	25
Physical Therapy	94%	148	96%	25
Pre-School	38%	110	64%	14
RSP	77%	1055	92%	49
Visual Impairment	97%	324	86%	29
Total	88%	5332	88%	343

Table ES4 displays the agreement between IEPs and frequency and duration as specified on the logs. Similar to last year, population estimates and confidence intervals were not used for the frequency and duration analyses. There were too many inconsistencies with the log formats and characters to justify this level of formalization. However, these estimates will be calculated once all of the logs are standardized in the Welligent system. None of the disability categories met the outcome of 85% in either frequency or duration.

Table ES4
IEP-Log Frequency and Duration Analyses by Disability

Disability	A		B		C		D		
	IEP-Log Frequency Agreement		IEP-Log Duration Agreement		IEP-Log Frequency Agreement		IEP-Log Duration Agreement		
	% 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	% 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	59%	462	59%	463	66%	423	68%	419	
Deaf/Hard of Hearing	66%	423	68%	419	67%	254	69%	255	
Emotional Disturbance	67%	254	69%	255	61%	365	64%	365	
Mental Retardation	61%	365	64%	365	70%	374	74%	373	
Multiple Disability/Deaf-Blind	70%	374	74%	373	70%	582	73%	582	
Orthopedic Impairment/ Traumatic Brain Injury	70%	582	73%	582	58%	298	61%	302	
Other Health Impairment	58%	298	61%	302	54%	459	59%	467	
Specific Learning Disability	54%	459	59%	467	50%	282	53%	282	
Speech and Lang. Impairment	50%	282	53%	282	68%	583	69%	581	
Visual Impairment	68%	583	69%	581	Total	63%	4082	65%	4089

Conclusions

In Year 3 more IEPs were Welligent IEPs and more logs were Welligent logs than in the previous years. However, the District did not meet any of the requirements of the outcomes by June 2006. Compared to Year 2, the overall disability IEP-log agreement decreased but the SLD IEP-log agreement increased. SLD was still below the goal but it is unknown whether SLD students were not receiving services or if the problem was due to the lack of logs provided by the schools. The IEP-log and IEP-site visit agreement rates were very similar for all disabilities excluding SLD. None of the disabilities met the outcome agreement between the IEPs and logs for frequency and duration this year; however, both were higher than last year. It is important to keep in mind when reviewing the results that many of the providers were trained this year on how to use the Welligent log system and therefore the rates may be partially due to inexperience with the system.

As the District continues to move towards better documentation practices and a central database for IEPs and logs there should be better accountability and agreement.

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 and PERB in the Year 2 report.

1. IEPs: The District must maintain accurate IEP records. All IEPs should be entered on Welligent for ease of data analyses and accountability. Additional safeguards should be put into the system so that items on one page match the other pages and personnel should have to complete all of the parts of the IEP before it is considered complete. For instance, personnel should have to enter frequency and duration before the system can close. Next year all IEPs should be on Welligent. With experience and training there should be an improvement in the overall quality of IEPs.
2. Logs: All providers should use the same log format and symbols should be standardized. All logs should be on Welligent in 2006-07. 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), reasons for non-occurrence should be clearly marked. The quality of the logs should improve as more logs are entered into the Welligent system. Again, with experience and training there should be improvement.

3. Training and Support: It is clear from examining the IEPs and the logs that District personnel need more training and support on Welligent. We received multiple calls and letters with problems on entering and printing Welligent data. Personnel should continue to be trained on how to use the system properly. Also, personnel should be made aware of support lines they can call for immediate help.
4. The District did not meet any of the three requirements for SLD. This was partially the result of problems with the RSP logs and the RSP goals. The IEPs must be written so the providers are accountable and it is possible to determine if services are being provided. Sometimes goals had either no frequency or duration information listed or frequency and duration information for a performance area was written over several goals. This made determining the actual frequency and duration required very difficult. The Division instituted the completion of a summary goal page in November 2005. The use of this page, if completed correctly, should help improve this situation.
5. 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. A large number of providers or schools could not provide us with dates and times of service because of flexibility. This may be a result of a shift in the service delivery model used by the District. To ensure accountability the District must develop a system that includes tracking these kinds of services. The use of flexible services was not examined this year;

however, since so many services were flexible it should be examined more closely next year.

6. The District should clearly define what constitutes service. Providers are still using their time to go to IEP meetings, trainings, entering data, and attempting to phone parents. This takes time away from the students. If an IEP states that a student is supposed to receive 30 minutes of service every week in order to reach his/her performance goal then they should be receiving that amount of time. Time spent apart from working with the student usually does not facilitate his/her reaching the goal. Also, it is important for accountability that providers understand what they can enter into the Welligent system as completed service and what does not count as service.
7. The District needs to move towards developing IEPs and logs that will allow them to determine electronically that services are occurring in the amount and frequency stated on the IEPs. Next year all of the IEPs and logs should be electronically entered. By the following year, the District should be able to produce an electronic comparison of IEPs and logs that can be used to compare to our database.

Introduction

Purpose of the Study

This is the third and final 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 second-year study building on the methodology from AIR. This report documents the findings of the study conducted during 2005-06.

History of the Modified Consent Decree

In 1993 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 prompted a 10-month comprehensive study of the District's special education program resulting in 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. It is also required to provide plans each year 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, based on the findings of the first year study and discussions between the parties, the following outcome was 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.

Brief Description of the Study

This study consists of two elements: 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. 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 and AIR. Year 3 is a replication of the Year 2 study.

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 (how often) and duration (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 one phase of the study, we measured whether or not the students were receiving services. If we received a log it counted as providing evidence of service. 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 to a subsample of students to determine if services were actually being provided. The site visitation study served as a validation of the IEP and log comparison.

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 study population was derived from the District’s Student Information Services (SIS) special education files gathered on “Norm Day,” October 7, 2005. This database contained 78,076 cases. Students were excluded if they attended Non-Public Schools, had graduated or left the District, or were not 3 years old by September 30, 2005. 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. Tables 1 and 2 describe the database according to disability and service codes.

Table 1
Disability Codes (Population)

	Frequency	Percent
Not Identified	1,628	2.1%
Aphasic (APH)	3	.0%
Autistic (AUT)	5,233	6.7%
Blind (BL)	3	.0%
Deaf – Blindness (DBL)	9	.0%
Deafness (DEA)	421	.5%
Developmental Delay (DD)	1,857	2.4%
Developmentally Impaired (DI)	3	.0%
Emotional Disturbance (ED)	1,492	1.9%
Established Medical Disability (EMD)	38	.0%
Hard of Hearing (HOH)	648	.8%
Mentally Retarded (MR)	4,563	5.8%
Multiple Disabilities – Generic (MDG)	12	.0%
Multiple Disabilities – Hearing (MDH)	111	.1%
Multiple Disabilities – Orthopedic (MDO)	1,565	2.0%
Multiple Disabilities – Vision (MDV)	201	.3%
Orthopedic Impairment (OI)	813	1.0%
Other Health Impairment (OHI)	3,946	5.1%
Partially Sighted (PS)	6	.0%
Specific Learning Disability (SLD)	44,765	57.3%
Speech and Language Impairment (SLI)	10,349	13.3%
Traumatic Brain Injury (TBI)	163	.2%
Visual Impairment (VI)	247	.3%
Total	78,076	100%

Table 2
Service Codes (Population) ¹

	First Service Listed	Second Service Listed	Third Service Listed	Fourth Service Listed	Fifth Service Listed
Audiology	441	197	21	3	0
Blind/Partially Sighted Itinerant	195	86	48	15	8
Transition Services	2	0	0	0	0
Pupil Counseling	3,048	397	86	14	3
Deaf/Hard of Hearing Itinerant	652	204	64	11	6
Special Nursing	344	190	105	44	11
Orientation Mobility for Blind	81	94	16	6	0
Adaptive PE	4,680	1,956	469	89	18
Language and Speech	15,544	2,745	518	133	32
Programs for the Physically Disabled	0	0	0	0	0
Inclusion	72	51	54	33	15
Physical Therapy	212	222	160	76	29
Nonpublic Agency Services	183	178	160	94	30
Home/Hospital	9	0	0	0	1
Occupational Therapy	1,631	1,540	643	148	26
Parent Counseling	6	1	1	0	0
Vision Services and Therapy	6	3	2	1	0
School Mental Health	1,446	146	16	5	1
Least Restrictive Environment Counselor	321	257	153	56	11
Assistive Technology	2	4	5	4	0
RSP-Itinerant	44	20	3	1	0
NPA-Speech	340	167	55	23	9
Pre-Kindergarten Itinerant	1,049	364	37	9	3
LAS-27	12	4	2	0	1
Extended Day Language/Speech	1	0	1	0	0
Saturday Language and Speech	0	1	0	0	0
Licensed/Credentialed Counselor	0	1	1	0	0
After School Early Education Program (ASEEP)	199	19	5	0	0
Phonological After School Program (PHONO)	193	22	2	0	0
Intensive Language After School Program (ILEAP)	71	7	1	0	0
Pre-School Kindergarten Itinerant Teacher Head Start (PKIT-HS)	501	5	0	0	0
Total	31,285	8,881	2,628	765	204

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

In the sample file, there were 1,628 cases without 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.

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

Stratification of Sample: First Stage (for IEP-Log Comparisons). The disability codes were collapsed into 10 categories (see Table 3). This method combined disability categories that were similar in nature as well as consolidating low-incidence categories. For example, Developmentally Disabled (DD) and Developmentally Impaired (DI) were moved to Mentally Retarded (MR), and Multiple Disability Vision (MDV) was moved to Visually Impaired (VI). The consolidation of codes was the same as what was done in last year's study.

The goal was to have 330 students in each of the 10 categories (total of 3300). Because the first year's results showed approximately 15% errors and 15% attrition/transiency in the data it was determined that we should over-sample by approximately 30% to reach our goal of 3300. We wanted to be able to make statements regarding the whole population as well as specific disabilities and services. As was done last year, we randomly selected 380 cases in each category except SLD, giving us 3420 cases. For SLD, we randomly selected 1080 cases, for a grand total of 4500 cases. The rationale for increasing SLD cases was similar to what was done in Year 2. Since SLD represented the largest group in the population, it had a disproportional impact on the outcomes in Years 1 and 2. In fact, SLD comprised approximately 57% of the population disability distribution this year. Therefore, each disability represented 8.4% of the sample except for SLD which represented 24%.

Table 3
Collapsed Disability Categories (Sample)

Disability	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. Pre-School services were included this year similar to last year's study.

We also included in this sample some of the cases where no service code was recorded. There were 1,063 cases that had no service codes. 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 additional adult assistance.

Table 4
Collapsed Service Categories (Sample)

Service Category	Maps To
Adaptive PE	1. Adaptive PE (APE)
Audiology Deaf/Hard of Hearing Itinerant	2. Deaf & HOH (DHH)
Language and Speech LAS-27	3. Language and Speech (LAS)
Inclusion Least Restrictive Environment Counselor	4. Least Restrictive Environment (LRE)
Occupational Therapy	5. Occupational Therapy (OT)
Physical Therapy	6. Physical Therapy (PT)
Pupil Counseling School Mental Health	7. Mental Health (MH)
Blind/Partially Sighted Itinerant Orientation Mobility for Blind Vision Services and Therapy	8. Visual Impairment (VI)
RSP (Class Code), RSP Itinerant	9. Resource Specialist Program (RSP)
Pre-Kindergarten Itinerant, ASEEP, PHONO, ILEAP, PKIT-HS	10. Pre-School (PreS)
Non-Public Agency Services NPA-Speech	11. Non-Public Agency (NPA)

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.

We drew the sample based on the 10 disabilities (primary stratifier). Based on what we learned last year, we determined the best number of students to randomly pick for each disability to reach our goal of at least 30 in each cell. Because we did not reach 30 in four disability categories last year those categories were augmented by selecting a larger number of students. This resulted in a total of 455 students. At the same time that we randomly selected the second stage sample, a reserve sample was drawn for each

disability. An extra 10% was randomly selected for each disability category. This was to be used if we were not able to reach our goal of 30 in each cell.

Based on what we learned last year, we determined the best number of students to randomly pick for each service to reach our goal of at least 30 in each cell. The 11 service categories were ranked from the rarest to most frequent. Starting with the rarest service, we picked a random sample of services to reach the quota for that service in the group that comprised the 455 students. This selection was based on all five service variables and the RSP variable. Since some services are rare, we were unable to reach our goal in five service categories. We had to go back into the 4500 file to augment our sample of 455. An additional 130 services were chosen. This increased the number of observations to 585. Those students in the original 455 that were not picked for a specific service had a random service picked for them. 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											Total
		APE	DHH	LAS	LRE	OT	PT	MH	VI	RSP	PreS	NPA	
Disability	MR	19	1	10	1	7	0	0	1	1	4	10	54
	DHH	0	31	1	0	0	0	0	0	2	0	6	40
	SLI	0	1	48	0	2	1	2	0	2	23	6	85
	VI	6	0	1	2	3	3	1	31	0	0	3	50
	ED	0	0	1	4	1	1	32	0	5	0	0	44
	OI/TBI	9	0	3	39	6	25	1	0	7	1	5	96
	OHI	6	2	2	4	3	0	6	0	29	1	2	55
	SLD	2	0	2	0	1	0	2	0	30	1	0	38
	MD/DBL	17	3	5	3	0	19	1	2	1	0	3	54
	AUT	4	0	16	5	9	0	2	0	6	3	24	69
	Total	63	38	89	58	32	49	47	34	83	33	59	585

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. Some of the services were too flexible to observe. These students remained in the sample but were not observed.

IEP Data Collection and Entry

A list of the 4,500 students was provided to District personnel who identified who had online Welligent IEPs and who did not have Welligent IEPs. We then requested the online IEPs in an extract form including both current IEPs and the amendments. Those IEPs that were not in Welligent or were over 18 months old were requested directly from the schools. For those with older IEPs, we used the older one when we did not get a newer one from the school. Letters were sent to the principals on November 2, 2005 requesting that they send us current IEPs and amendments for specific students by December 2, 2005. Information was accepted up until winter break. Letters were sent to 218 schools requesting data on 509 students. This was a large reduction from last year (457 schools) as more IEPs are being done on Welligent. Calls were made to schools that sent 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 schools from which we received no data or incomplete data. In December the Division helped us to reach the remaining schools and request IEPs.

The extract information was downloaded into a FileMaker database. Data entry staff added the paper IEP information into this database. They entered information from both the IEP and the amendments, 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. Log requests were made twice depending on student track. For those on a Traditional Track or Tracks 3A and 4A we requested October and November data. For those on Tracks 3B, 3C, 4B, and 4D we requested January and February logs and for those on Track 4C we requested December, January, and February logs. This was done to get 8 weeks or 2 full months of data. As some services are monthly services, we asked for complete months even though the focus was on the specific eight weeks. If there were not eight weeks of school attendance in those months we counted backwards. This practice affected only Track 4C students. The following identifies the eight weeks selected per track:

- Single Track – October 3 to November 25
- 3A – October 3 to November 25
- 3B – January 2 to February 24
- 3C – January 2 to February 24
- 4A – October 3 to November 25
- 4B – January 2 to February 24
- 4C – December 5 to 16, January 2 to February 10
- 4D – January 2 to February 24

On January 10, 2006 a request was made to District DIS personnel requesting the October/November DIS service logs within three weeks from the date of the request. Those in Welligent were given to us in the form of an extract. Those not in Welligent were obtained from the schools and were paper logs. The Division collected the logs

from the service providers and then provided them to us. The second request for logs was made to District personnel at the end of February since we were collecting December, January, and February log information.

Since the Division of Special Education did not collect RSP logs, we requested RSP service logs for specific students and months directly from the schools. Again requests were made two times depending on student track. The Division made follow-up calls to these schools to encourage them to submit their information. 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; thus, failure to submit logs in a timely manner negatively influenced the findings.

Data personnel entered log information into the same FileMaker database as the IEPs. The District is working towards having all logs be on Welligent log forms. Providers are being trained on how to use the system. As of this study, not all of the services were being entered onto Welligent, which meant that some of the forms were paper logs. The lack of uniformity made some logs hard to interpret. It is important to note that logs exhibited more uniformity this year than in Year 2. The service with the most severe interpretation problems was RSP. This was due both to the log format and how goals were entered into the IEPs. There were problems with multiple log formats, a wide range of symbols, and illegible logs (handwriting or poor copy quality). Some providers 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 indicated that they were having trouble using the Welligent system. In some instances, schools sent us attendance records instead of logs. All of these things made log

interpretation challenging. A second related problem was the manner in which frequency and duration information were entered onto the IEP. There were both problems with multiple goals and incomplete frequency and duration information. Starting in November 2005, the District included a summary goal page on the IEP. Once fully implemented, this additional information should help with this problem.

Ideally, it would be beneficial to have a direct electronic comparison between the IEPs and the logs. Although an attempt was made by the District to have more uniform logs and symbols this year, this uniformity does not yet exist. Following the methodology used in Year 2 we instructed data entry personnel to use the IEP information, the logs, common practices, and the provider notes to determine if service was provided. Rules were provided to the data enterers to maintain consistency when answering the research questions.

Research Questions

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

1) Was there evidence of service delivery? 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 always have correct track information, 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. However, unless a valid reason was provided, the lack of a log was counted as no evidence.

2) Did the student receive service in the frequency stated on the IEP? This question was answered only if the student got a yes on question #1. The responses were yes, no, can't determine, 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 noted service to be provided once a week we would expect service to occur eight times over the eight weeks. Two additional categories 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 the AIR study, 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 answered. Again, the responses were yes, no, can't determine, or drop. Duration refers to the amount of time service should occur as stated on the IEP. The minutes reported 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 attended by students when so prescribed by their IEP.

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. Schools with multiple-tracks having students who were about to go off track were contacted first. A Site Visitation Calling Form was used 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.

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. 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 sometime during the morning. Fixed meant they gave us a specific day and time. For example, we were told services occurred Fridays at 9 o'clock. In the flexible cases we did try to speak directly to the service provider to obtain information about when services occur. In those cases we asked the service provider for his or her service plan for this student for the next month or so; 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., service was never initiated, service was discontinued without calling an IEP meeting, student withdrew from the service, or there was a dispute.
9. Service time or day was too flexible to observe. No one could give us a specific day and time. Also, the service was either monitor, collaborative or consultative and therefore could not be observed.

There were some instances when an observation had to be repeated. For example, if neither the provider nor the student was present in school a second attempt was made to observe the service. Also, 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. Confidentiality was strictly maintained in this study. Even though the data collector and the PERB office team knew who the student was, this information was never divulged to anyone else not involved with the study.

Supplemental Analyses: Additional Adult Assistance (AAA) 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 Additional Adult Assistance (formerly called Temporary Support Assistant or TSA) and Special Transportation services. Data from the IEPs were compared to District databases for AAAs and special 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 4,272 students. This was an increase from last year’s study of 4,134 IEPs. 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 6 for the distribution by disability. Our goal of 330 IEPs per disability was also met. 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 7.8% to 8.8%.

Table 6
Disability Category Distribution of the Sample

Disability	Students with IEPs	
	n	Percent
Autism	375	8.8%
Deaf/Hard of Hearing	358	8.4%
Emotional Disturbance	333	7.8%
Mental Retardation	372	8.7%
Multiple Disability/Deaf-Blind	365	8.5%
Orthopedic Impairment/Traumatic Brain Injury	363	8.5%
Other Health Impairment	365	8.5%
Specific Learning Disability	1023	23.9%
Speech and Language Impairment	347	8.1%
Visual Impairment	371	8.7%
Total	4272	100%

Students could receive no service, one service, or multiple services depending on their particular needs. Based on the IEPs of 4,272 students, we requested 5,616 service logs. This was an increase from last year when we requested 5,318 logs. See Table 7 for the number of logs per service. Language and Speech (21.1%), RSP (19.5%), and

Adaptive Physical Education (17.6%) comprised the largest number of logs whereas Non-Public Agency (2.5%) and Pre-School (2.1%) were the smallest categories.

Table 7
Number of Logs Requested by Service

Type of Service	n	Percent
Adaptive PE	990	17.6%
Deaf/Hard of Hearing	424	7.5%
Language and Speech	1185	21.1%
LRE	200	3.6%
Mental Health	466	8.3%
Non-Public Agency	143	2.5%
Occupational Therapy	445	7.9%
Physical Therapy	186	3.3%
Pre-School	120	2.1%
RSP	1095	19.5%
Visual Impairment	362	6.4%
Total	5616	100%

Log Analysis

IEP-Log Discrepancy Analysis: Was there evidence of service delivery?

Since a log was considered a record of a service, if a log was obtained we assumed a service was provided. Of the log requests, 4,674 (83.2%) had logs, 658 had no log (11.7%), and another 284 student services were dropped from the analyses based on information provided by the District (5.1%). 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 (log or no log) were included in the analysis (5332). See Tables 8, 9, and 10 for differences by disability and service.

Overall, we received 89% of the logs we requested for all disabilities except SLD. This was a decrease from last year (93.3%). For SLD students, we received 79.4% of the logs which was an increase from last year (72.8%). Visual Impairment (96.2%), Multiple Disability/Deaf-Blind (93%), and Deaf/Hard of Hearing (92.6%) each met the outcome

goal of 93%. Speech and Language Impairment had the lowest agreement with 78.1%. This result is different than Year 2 when Speech and Language was one of the highest categories. There was a decrease in all of the disabilities from Year 2 to Year 3 except Specific Learning Disability, Emotional Disturbance, and Other Health Impairment.

Table 8
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	517	87.0%	77	13.0%	594
Deaf/Hard of Hearing	485	92.6%	39	7.4%	524
Emotional Disturbance	300	84.5%	55	15.5%	355
Mental Retardation	403	88.2%	54	11.8%	457
Multiple Disability/Deaf-Blind	415	93.0%	31	7.0%	446
Orthopedic Impairment/ Traumatic Brain Injury	670	90.5%	70	9.5%	740
Other Health Impairment	355	83.7%	69	16.3%	424
Speech and Language Impairment	304	78.1%	85	21.9%	389
Visual Impairment	634	96.2%	25	3.8%	659
Total *	4083	89.0%	505	11.0%	4588

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

Table 9
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	591	79.4%	153	20.6%	744

Differences in discrepancy were also examined across services. As can be noted in Table 10, overall, 87.7% of the logs were provided. Deaf/Hard of Hearing, Visual Impairment, Adaptive Physical Education, Least Restrictive Environment, Occupational Therapy, and Physical Therapy were over 93%. Logs were provided for 99% of the Deaf/Hard of Hearing services. The lowest were Pre-School with only 38.2% and RSP with only 77.2% of the services being provided. Last year Pre-School submitted 100% of their logs.

Table 10

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	922	95.8%	40	4.2%	962
Deaf/Hard of Hearing	388	99.0%	4	1.0%	392
Language and Speech	982	85.6%	165	14.4%	1147
LRE	188	94.9%	10	5.1%	198
Mental Health	394	85.8%	65	14.2%	459
Non-Public Agency	93	84.5%	17	15.5%	110
Occupational Therapy	399	93.4%	28	6.6%	427
Physical Therapy	139	93.9%	9	6.1%	148
Pre-School	42	38.2%	68	61.8%	110
RSP	814	77.2%	241	22.8%	1055
Visual Impairment	313	96.6%	11	3.4%	324
Total Services	4674	87.7%	658	12.3%	5332

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 question because they left special education or the District and therefore we couldn't expect full frequency. Therefore, these students were included in the first question but not the second and third questions.

Tables 11 and 12 present the data by disability. Overall, the frequency of services delivered was met for 64.2% of the logs (excluding SLD). This was an increase from last year (57.8%). SLD was lower with frequency being met for 54% of the logs. Again, this

was an increase from last year (52.3%). All of the disabilities were well below the outcome of 85%. Multiple Disability/Deaf-Blind and Orthopedic Impairment/Traumatic Brain Injury had the highest agreement and Speech and Language Impairment had the lowest agreement.

Table 11
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	191	41.3%	271	58.7%	462
Deaf/Hard of Hearing	144	34.0%	279	66.0%	423
Emotional Disturbance	83	32.7%	171	67.3%	254
Mental Retardation	141	38.6%	224	61.4%	365
Multiple Disability/Deaf-Blind	112	29.9%	262	70.1%	374
Orthopedic Impairment/ Traumatic Brain Injury	175	30.1%	407	69.9%	582
Other Health Impairment	125	41.9%	173	58.1%	298
Speech and Language Impairment	140	49.6%	142	50.4%	282
Visual Impairment	187	32.1%	396	67.9%	583
Total*	1298	35.8%	2325	64.2%	3623

*Total does not include SLD.

Table 12
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	46.0%	248	54.0%	459

Frequency was also examined by service category (see Table 13). LRE (86.8%) was the only service that met the outcome of 85% agreement between the IEP and the log. RSP had the lowest agreement (53.8%).

Table 13

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
	Count	Percentage	Count	Percentage	
Adaptive PE	258	29.8%	607	70.2%	865
Deaf/Hard of Hearing	107	30.9%	239	69.1%	346
Language and Speech	469	52.4%	426	47.6%	895
LRE	23	13.2%	151	86.8%	174
Mental Health	125	35.5%	227	64.5%	352
Non-Public Agency	23	29.9%	54	70.1%	77
Occupational Therapy	120	32.9%	245	67.1%	365
Physical Therapy	19	21.1%	71	78.9%	90
Pre-School	7	19.4%	29	80.6%	36
RSP	274	46.2%	319	53.8%	593
Visual Impairment	84	29.1%	205	70.9%	289
Total Services	1509	37.0%	2573	63.0%	4082

Duration Analysis

IEP-Log Discrepancy Analysis: Did the student receive service in the duration stated on the IEP? Overall, duration was met for 66.2% of the logs across disabilities (excluding SLD). Duration for SLD was met 58.5% of the time. These were both increases from last year. Similar to the frequency results, none of the disabilities met the goal of 85%. Again, Multiple Disability/Deaf-Blind and Orthopedic Impairment had the highest agreement and Speech and Language Impairment had the lowest agreement. See Tables 14 and 15 for duration by disability.

Table 14

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	41.5%	271	58.5%	463
Deaf/Hard of Hearing	133	31.7%	286	68.3%	419
Emotional Disturbance	79	31.0%	176	69.0%	255
Mental Retardation	131	35.9%	234	64.1%	365
Multiple Disability/Deaf-Blind	99	26.5%	274	73.5%	373
Orthopedic Impairment/ Traumatic Brain Injury	160	27.5%	422	72.5%	582
Other Health Impairment	117	38.7%	185	61.3%	302
Speech and Language Impairment	133	47.2%	149	52.8%	282
Visual Impairment	181	31.2%	400	68.8%	581
Total Services*	1225	33.8%	2397	66.2%	3622

*Total does not include SLD.

Table 15

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	194	41.5%	273	58.5%	467

Duration was also examined by service category. LRE services (86.9%) were mostly likely to meet or exceed the duration set on the IEP. See Table 16 for duration by service.

Table 16

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	231	26.6%	638	73.4%	869
Deaf/Hard of Hearing	95	27.8%	247	72.2%	342
Language and Speech	454	50.5%	445	49.5%	899
LRE	23	13.1%	153	86.9%	176
Mental Health	116	32.7%	239	67.3%	355
Non-Public Agency	25	32.5%	52	67.5%	77
Occupational Therapy	126	34.1%	243	65.9%	369
Physical Therapy	20	24.7%	61	75.3%	81
Pre-School	6	16.7%	30	83.3%	36
RSP	243	40.4%	358	59.6%	601
Visual Impairment	80	28.2%	204	71.8%	284
Total Services	1419	34.7%	2670	65.3%	4089

Site Visit Analysis

As indicated in Table 17, 88% 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 12% 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.

Services that were unable to be observed are included in a category called “Other.” Based on the total, 28% were deemed too flexible to observe. For example, when we called the school to obtain a schedule, we were informed that the time of the service was “ten minutes, twice a month.” Because no day or time was indicated it was difficult to schedule an observer to see the service delivery. These flexible services occurred most frequently in LRE and NPA where over half of the services were too flexible to observe.

Table 17
Number and Percentage of Observations by Session Status

Status of Session	Observations	Percent
Service Provided	302	88%
Code 1. Session completed	227	
Code 2. Service provided but session incomplete	17	
Code 3. Provider absent (illness, emergency, jury duty)	10	
Code 5. Student absent/ provider present	39	
Code 6. Student no show/ provider present	9	
Service Not Provided	41	12%
Code 4. Provider in meeting/ student present	11	
Code 7. Provider absent (reason unknown)/ student present	23	
Code 8. Service not provided	7	
Other	133	
Code 9. Service too flexible to be observed	133	

Note. “Other” is not included in the overall percentages in this table in order to replicate last year’s results.

Data collectors completed 476 cases of which 133 were too flexible to observe. The observations, including the ones too flexible to observe, are delineated in the two tables that follow. Table 18 presents the data by service and Table 19 presents the data

by disability. The goal of at least 30 in each cell was met except for Pre-School, which was discontinued because of problems finding students and gaining entrance into private schools, and Occupational Therapy, where a student had to be dropped after the study was completed. Numbers and percentages are indicated for codes 1-8 and codes 1-9.

Table 18
Number and Percentage of Observations by Service

Service	Observations (1-8)	Percent (1-8)	Observations (1-9)	Percent (1-9)
APE	49	14.3%	52	10.9%
DHH	23	6.7%	33	6.9%
LAS	59	17.2%	65	13.7%
LRE	16	4.7%	54	11.3%
MH	40	11.7%	44	9.2%
NPA	14	4.1%	36	7.6%
OT	25	7.3%	29	6.1%
PT	25	7.3%	42	8.8%
PreS	14	4.1%	22	4.6%
RSP	49	14.3%	69	14.5%
VI	29	8.5%	30	6.3%
Total	343	100%	476	100%

Table 19
Number and Percentage of Observations by Disability

Disability	Observations (1-8)	Percent (1-8)	Observations (1-9)	Percent (1-9)
AUT	36	10.5%	59	12.4%
DHH	21	6.1%	32	6.7%
ED	31	9.0%	39	8.2%
MR	38	11.1%	43	9.0%
MD/DBL	35	10.2%	47	9.9%
OI/TBI	36	10.5%	78	16.4%
OHI	34	9.9%	43	9.0%
SLD	26	7.6%	34	7.1%
SLI	49	14.3%	59	12.4%
VI	37	10.8%	42	8.8%
Total	343	100%	476	100%

The tables which follow (Tables 20-23) delineate the number of observations in which service was provided, was not provided, or was too flexible by service categories and disability categories.

Table 20

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

	Service Provided						Service Not Provided				Other	Total
	Service Provided Total	Code 1 Session Completed	Code 2 Session Not Completed	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 Provider No Show	Code 9 Too Flexible	
APE	47	33	5	0	8	1	2	1	1	0	3	52
DHH	19	14	0	0	4	1	4	1	3	0	10	33
LAS	45	40	0	2	2	1	14	5	3	6	6	65
LRE	14	12	1	0	1	0	2	0	2	0	38	54
MH	39	26	0	4	7	2	1	1	0	0	4	44
NPA	13	11	1	0	0	1	1	0	1	0	22	36
OT	22	17	1	0	3	1	3	1	2	0	4	29
PT	24	19	1	0	4	0	1	0	1	0	17	42
PreS	9	8	0	0	1	0	5	1	4	0	8	22
RSP	45	28	6	4	6	1	4	1	2	1	20	69
VI	25	19	2	0	3	1	4	0	4	0	1	30
Total	302	227	17	10	39	9	41	11	23	7	133	476

Table 21

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

	Service Provided						Service Not Provided				Other	Total
	Service Provided Total	Code 1 Session Completed	Code 2 Session Not Completed	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 Provider No Show	Code 9 Too Flexible	
APE	90%	63%	10%	0%	15%	2%	4%	2%	2%	0%	6%	100%
DHH	58%	42%	0%	0%	12%	3%	12%	3%	9%	0%	30%	100%
LAS	69%	62%	0%	3%	3%	2%	22%	8%	5%	9%	9%	100%
LRE	26%	22%	2%	0%	2%	0%	4%	0%	4%	0%	70%	100%
MH	89%	59%	0%	9%	16%	5%	2%	2%	0%	0%	9%	100%
NPA	36%	31%	3%	0%	0%	3%	3%	0%	3%	0%	61%	100%
OT	76%	59%	3%	0%	10%	3%	10%	3%	7%	0%	14%	100%
PT	57%	45%	2%	0%	10%	0%	2%	0%	2%	0%	40%	100%
PreS	41%	36%	0%	0%	5%	0%	23%	5%	18%	0%	36%	100%
RSP	65%	41%	9%	6%	9%	1%	6%	1%	3%	1%	29%	100%
VI	83%	63%	7%	0%	10%	3%	13%	0%	13%	0%	3%	100%
Total	63%	48%	4%	2%	8%	2%	9%	2%	5%	1%	28%	100%

Note. Some totals may not equal 100% because of rounding.

Table 22

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

	Service Provided						Service Not Provided				Other	Total
	Service Provided Total	Code 1 Session Completed	Code 2 Session Not Completed	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 Provider No Show	Code 9 Too Flexible	
AUT	31	27	0	1	2	1	5	2	1	2	23	59
DHH	18	11	1	0	5	1	3	0	3	0	11	32
ED	30	18	0	4	6	2	1	1	0	0	8	39
MR	34	29	1	0	3	1	4	0	4	0	5	43
MD/DBL	32	18	3	1	8	2	3	1	2	0	12	47
OI/TBI	32	26	3	0	3	0	4	1	1	2	42	78
OHI	31	24	1	1	4	1	3	1	2	0	9	43
SLD	22	14	4	2	2	0	4	1	3	0	8	34
SLI	38	35	0	1	2	0	11	4	4	3	10	59
VI	34	25	4	0	4	1	3	0	3	0	5	42
Total	302	227	17	10	39	9	41	11	23	7	133	476

Table 23

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

	Service Provided						Service Not Provided				Other	Total
	Service Provided Total	Code 1 Session Completed	Code 2 Session Not Completed	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 Provider No Show	Code 9 Too Flexible	
AUT	53%	46%	0%	2%	3%	2%	8%	3%	2%	3%	39%	100%
DHH	56%	34%	3%	0%	16%	3%	9%	0%	9%	0%	34%	100%
ED	77%	46%	0%	10%	15%	5%	3%	3%	0%	0%	21%	100%
MR	79%	67%	2%	0%	7%	2%	9%	0%	9%	0%	12%	100%
MD/DBL	68%	38%	6%	2%	17%	4%	6%	2%	4%	0%	26%	100%
OI/TBI	41%	33%	4%	0%	4%	0%	5%	1%	1%	3%	54%	100%
OHI	72%	56%	2%	2%	9%	2%	7%	2%	5%	0%	21%	100%
SLD	65%	41%	12%	6%	6%	0%	12%	3%	9%	0%	24%	100%
SLI	64%	59%	0%	2%	3%	0%	19%	7%	7%	5%	17%	100%
VI	81%	60%	10%	0%	10%	2%	7%	0%	7%	0%	12%	100%
Total	63%	48%	4%	2%	8%	2%	9%	2%	5%	1%	28%	100%

Note. Some totals may not equal 100% because of rounding.

It is important to note why flexible services were included in the above tables. As the District moves towards a more inclusive delivery of services there may be more services that are flexible. Last year those with flexible services were dropped but there were too many to ignore this year. They are included in the tables because they represent important data on service delivery. This shift in methodology was approved by the Office of the Independent Monitor. However, for the purposes of replicating the study on the agreement between IEPs and site visits we only reported those that were observable in the numbers used in the outcome measures.

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 24 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, the probability of each student with Autism being selected is equal to 6% ($305/5,233$). 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 three students with this disability in the population.

Table 24
Probability and Weights of First-Stage Sample (Excluding SLD)

Disability	Population (SIS)	First-Stage Sample	Probability	Weight
	A	B	C	D
Autism	5,233	305	0.058	17.2
Deaf/Hard of Hearing	1,069	335	0.313	3.2
Emotional Disturbance	1,492	290	0.194	5.1
Mental Retardation	6,423	275	0.043	23.4
Multiple Disability/Deaf-Blind	1,697	225	0.133	7.5
Orthopedic Impairment/Traumatic Brain Injury	976	331	0.339	2.9
Other Health Impairment	3,984	297	0.075	13.4
Speech and Language Impairment	10,352	315	0.030	32.9
Visual Impairment	457	325	0.711	1.4
Total	31,683	2,698		

Note. The First-Stage Sample excludes logs that were dropped from the study.

Table 25 depicts the population and sample size for the SLD category separately. Because SLD is a unique outcome required by the MCD, we calculated a point estimate² in place of the population estimate. This category of disability is very large in the LAUSD population. In fact, SLD students account for about 57% of the special education population in LAUSD.

Table 25
Probability and Weight of First-Stage Sample (SLD only)

Disability	Population (SIS)	First-Stage Sample	Probability	Weight
	A	B	C	D
Specific Learning Disability	44,765	637	0.014	70.3
Total	44,765	637		

Note. The First-Stage Sample excludes logs that were dropped from the study.

As shown in Table 26, using the IEP-log rates by category of disability from Table 8, we used the weights in Table 24 to obtain an overall population service

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.

compliance estimate of 84.8% with a 95 percent confidence interval of 80.8 to 88.8. That is, 84.8% 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 9 to calculate the point estimate of the service compliance (79.4%). The 95 percent confidence interval for this point is 76.3 to 82.5.

In conclusion, the requirement of 93% was not met for the percentage of services received by all students with disabilities (except SLD) in LAUSD. The requirement of 93% for the percentage of students with SLD was also not met. In part, this may have been 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 26
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)	84.8% <1>	15.2%
Percentage of services received by students with Specific Learning Disabilities in LAUSD – Using log data	79.4% <2>	20.6%
Percentage of services received by students with disabilities in LAUSD – Using site visitation observation data (Does not include SLD)	86.4% <3>	13.6%
Percentage of services received by students with Specific Learning Disabilities in LAUSD – Using site visitation observation data	84.6% <4>	15.4%

<1> The 95 percent confidence interval for the population estimate (not including SLD) using the IEP-log service agreement rates is 80.8 to 88.8. 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 76.3 to 82.5.

<3> The 95 percent confidence interval for the population estimate (not including SLD) using the IEP-site visit service agreement rates is 75.8 to 97.

<4> The 95 percent confidence interval for the point estimate for SLD students using the IEP-site visit service agreement rate is 70.7 to 98.5.

Another way to examine the service provision agreement was to use data from the site visits. The IEP-site visit agreement by disability was 86.4% excluding SLD. The results indicate that the estimate of the IEP-site visit agreement was similar to 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) was 75.8 to 97.0. The IEP-site visit agreement point estimate by disability for only students with SLD was 84.6% with a 95 percent confidence interval of 70.7 to 98.5. The site visitation data (excluding SLD) provided a similar estimate to that of the estimate for the log data.

In conclusion, the site visitation data and log data provided almost identical estimates when SLD students were excluded (84.8% and 86.4%). Additionally, the site visitation point estimate for SLD students was similar to the point estimate for the IEP-log data (79.4% and 84.6%) but the IEP-site visit agreement was larger. This may be a result of the lack of logs received.

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 once all of the logs are standardized in the Welligent system.

Supplemental Analyses

Additional Adult Assistance (AAA). 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 health care assistants, paraprofessionals, 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 an aide or not. Comparisons were made between the data on the IEP and a District database containing AAA assignments. During Year 1 (2003-04) 125 students were identified and during Year 2 (2004-05) 472 students were identified as needing an aide. In Year 3 (2005-06) 608 students were identified as requiring this type of aide. According to the District database 57% were assigned an aide in Year 1, 71% were assigned one in Year 2, and 68% were assigned one in Year 3. There was a substantial increase from Year 1 to Year 2 but there was a slight decrease from Year 2 to Year 3 (see Table 27). It was recently brought to our attention that there is a District movement away from individual aides. Aides will now be assigned to the school or they will use staff already at the school to meet student needs. This will make this analysis inappropriate next year. It is unknown how this change affected the study this year so these results should be viewed with caution.

Table 27
Number and Percentage of Students Whose IEP Required AAA Services

	2003-04	2003-04	2004-05	2004-05	2005-06	2005-06
	n	%	n	%	n	%
Students Who Had an AAA	71	57%	334	71%	413	68%
Students Who Did Not Have an AAA	54	43%	138	29%	195	32%
Total Assigned an AAA	125	100%	472	100%	608	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 28). 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 28

Number and Percentage of Students Whose IEP Required AAA Services and Who Did/Did Not Receive AAA by Disability

	Did Receive AAA		Did Not Receive AAA		Total
	AAA	%	AAA	%	
Autism	83	72%	33	28%	116
Deaf/Hard of Hearing	9	36%	16	64%	25
Emotional Disturbance	29	64%	16	36%	45
Mental Retardation	42	70%	18	30%	60
Multiple Disabilities	86	61%	55	39%	141
Orthopedic Impairment/Traumatic Brain Injury	84	74%	30	26%	114
Other Health Impairment	26	84%	5	16%	31
Specific Learning Disability	4	40%	6	60%	10
Speech and Lang. Impairment	0	0%	0	0%	0
Visual Impairment	50	76%	16	24%	66

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. As can be seen in Table 29, there was an increase (84% to 87%) from Year 1 to Year 2, whereas Year 2 and Year 3 were identical.

Table 29

Number and Percentage of Students Whose IEP Required Special Transportation

	2003-04		2004-05		2005-06	
	n	%	n	%	n	%
Students Who Received Transportation	1166	84%	1,583	87%	1,522	87%
Students Who Did Not Receive Transportation	224	16%	247	13%	238	13%
Total Assigned Transportation	1,390	100%	1,830	100%	1,760	100%

Table 30 shows transportation broken down by disability. Numbers ranged from a low of 52% (SLD) to a high of 94% (MD) for those receiving transportation. SLD students were also the least likely to receive transportation in Years 1 and 2.

Table 30
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	176	82%	39	18%	215
Deaf/Hard of Hearing	176	92%	15	8%	191
Emotional Disturbance	91	72%	35	28%	126
Mental Retardation	229	87%	34	13%	263
Multiple Disabilities	309	94%	19	6%	328
Orthopedic Impairment/Traumatic Brain Injury	197	90%	22	10%	219
Other Health Impairment	44	80%	11	20%	55
Specific Learning Disability	30	52%	28	48%	58
Speech and Lang. Impairment	26	81%	6	19%	32
Visual Impairment	244	89%	29	11%	273

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 4272 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, or moved to a Non-Public School. Logs were requested for 5616 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 3437 students with logs. This was slightly above our original goal of 3300 students.

The MCD states that 93% of the services identified in all disability categories excluding SLD must show evidence of service provision. SLD must also meet this requirement. Following AIR's methodology in Year 1, we calculated an overall discrepancy estimate for the population and confidence intervals. The population estimate was 84.8% with a 95% confidence interval of 80.8 to 88.8 for all of the disabilities excluding SLD. The point estimate for SLD was 79.4% with a 95% confidence interval of 76.3 to 82.5. Therefore the District did not meet the outcome for all disabilities excluding SLD or for SLD alone. This was a decrease from last year for all disabilities excluding SLD but an increase for SLD individually.

The MCD further states that at least 85% of the services must have a frequency and duration that meets the IEP in 2005-06. This outcome must be true for all of the disability categories excluding SLD as well as for SLD alone. Unfortunately, this was

not the case for either. Only 64.2% of the logs met the frequency goal for all disabilities excluding SLD and only 54% of the SLD logs met this criterion. This was an increase from last year (57.8% and 52.3% respectively). Duration percentages were also slightly higher than last year, 66.2% versus 60.4% and 58.5% versus 55.6% respectively. None of the disability categories individually met either goal. However, when the same comparison was made for service categories, LRE met the frequency and duration goals.

The second part of the study was a comparison between IEPs and site visits. Based on 343 site visits, the population estimate is 86.4% with a 95% confidence interval of 75.8 to 97.0. The point estimate for SLD was 84.6% with a 95% confidence interval of 70.7 to 98.5. The site visits were meant to be a validation of the first comparison. There appears to be an alignment between the IEP-log comparison and the IEP-site visit comparison for the disabilities excluding SLD. The agreement between the IEP-log comparison and the IEP-site visit comparison for SLD was not as strong. It is important to remember that we could only observe fixed services and therefore there may be a bias towards services on a set schedule versus those on a flexible schedule. Over one-fourth of the observations were deemed too flexible to observe. The large number of flexible services may be a result of a shift in the District's service delivery model to a model favoring inclusion. The issue of flexibility needs to be examined more closely next year as this was a limitation of the present methodology.

IEP and Log Challenges

Challenges to determining the correspondence between IEPs and service logs can be divided into two main categories: 1) quality of the IEPs and 2) quality of the logs.

Quality of the IEPs. At this point in time there are still two types of IEPs (Welligent and paper). There was a large increase in Welligent IEPs from Year 2 to Year 3. The Welligent IEPs were easier to manage but we found that sections on the IEPs did not always match and were not always entered correctly. For instance, the frequency and duration of a service were not always stated or it was written in a manner that was not interpretable. The IEPs we requested from the schools also had these problems.

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 additional 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. Also, the quality of the RSP logs varied. This coupled with incomplete or questionable data on the IEP made these difficult to interpret for the frequency and duration questions.

Observation Challenges

Challenges to the observations can be divided into three main categories:

- 1) inaccurate or incomplete information, 2) difficult services to observe, and 3) logistical constraints. The following describes each category.

Inaccurate or Incomplete Information. Information was inaccurate or incomplete for the following reasons. Some of the IEP information 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 phone call. Much like the 2004-05 study, the data gatherers scheduled observations based upon static IEP data. Most of this IEP data was collected on “Norm Day” October 7, 2005. Norm Day occurred up to six 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 sometimes 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, for example, many students could not be observed because they had either transferred to different schools outside LAUSD, checked out of school all together, or were no longer eligible for previously received services. We attempted to replace these cases in the sample. However, a large proportion of cases that were replacements was too flexible to observe and ultimately were not part of the final observation sample. As a result, we decided to add a new category to the study to accommodate the large number of flexible cases as this was important data.

Data gatherers were also challenged by services provided without a fixed schedule. The 2004-05 study team also found this to be an important challenge. We encountered a vast degree of flexibility incorporated into the scheduling of services. This scheduling ranged from the fairly rigid form of fixed scheduling (for which services take place on a specified day at a designated time) to flexible scheduling (for which services are provided on neither a designated day or at a designated time). In an effort to

overcome this challenge, the data gatherers attempted to contact the service providers in order to clarify service delivery schedules. In some instances this resulted in a set day and time but in others it did not provide us with the necessary information to complete an observation.

While the data gatherers defined service delivery as time spent with the student, there was a discrepancy between this definition and that understood by more than one service provider. 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 or contacting people. 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 70% of the 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 16 observations. 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. NPA and PT are other services that seem to involve a lot of flexibility in service delivery.

Additionally, with regard to NPA services, when we called schools about Speech services, often the IEP only indicated SLI, not NPA. In such cases, 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 2004-05 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.

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. 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 because parents availed themselves of the option to enroll their children in any public or non-public preschool

program. Locating these students posed a unique challenge. 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 the Independent Monitor's office, we decided to suspend further observations of Pre-School services.

Logistical Constraints. The final category of challenges was logistical constraints. One such constraint was caused by the use of multiple tracks within the District. This challenge was also experienced last year. The extended period of observation for 2005-06, beginning in November and ending in April, 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.

A second logistic constraint was caused by the inability to keep all observations unanticipated. In order to avoid bias in the study results, the observations took place without prior notification to the school or to the provider. As previously mentioned, however, this was not always possible. We do not know if school personnel alerted providers to the study and our interest in their service. On some occasions the data

gatherers had to directly contact the providers in order to obtain more defined service delivery information. In these conversations with providers, the data gatherers tried to do as much as 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.

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 and PERB in the Year 2 report.

1. IEPs: The District must maintain accurate IEP records. All IEPs should be put on Welligent for ease of data analyses and accountability. Additional safeguards should be put into the system so that items on one page match the other pages and personnel should have to complete all of the parts of the IEP before it is considered complete. For instance, personnel should have to enter frequency and duration before the system can close. Next year all IEPS should be on Welligent. With experience and training there should be an improvement in their overall quality.
2. Logs: All providers should use the same log format and symbols should be standardized. All logs should be on Welligent in 2006-07. 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), reasons for non-occurrence should be clearly marked. The quality of the logs should improve as more logs are entered into the Welligent system. Again, with experience and training there should be improvement.

3. Training and Support: It is clear from examining the IEPs and the logs that District personnel need more training and support on Welligent. We received multiple calls and letters with problems on entering and printing Welligent data. Personnel should continue to be trained on how to use the system properly. Also, personnel should be made aware of support lines they can call for immediate help.
4. The District did not meet any of the three requirements for SLD. This was partially the result of problems with the RSP logs and the RSP goals. IEPs must be written so the providers are accountable and it is possible to determine if services are being provided. Some goals either had no frequency or duration information listed or frequency and duration information for a performance area was written over several goals. This made determining the actual frequency and duration required very difficult. The Division instituted the completion of a summary goal page in November 2005. The use of this page, if completed correctly, should help improve this situation.

5. 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. A large number of providers or schools could not provide us with dates and times of service because of flexibility. This may be a result of a shift in the service delivery model used by the District. To ensure accountability the District must develop a system that includes tracking these kinds of services. The use of flexible services was not examined this year; however, since so many services were flexible it should be examined more closely next year.
6. The District should clearly define what constitutes service. Providers are still using their time to go to IEP meetings, trainings, entering data, and attempting to phone parents. This takes time away from the students. If an IEP states that a student is supposed to receive 30 minutes of service every week in order to reach his/her performance goal then they should be receiving that amount of time. Time spent apart from working with the student usually does not facilitate his/her reaching the goal. Also, it is important for accountability that providers understand what they can enter into the Welligent system as completed service and what does not count as service.
7. The District needs to move towards developing IEPs and logs that will allow them to determine electronically that services are occurring in the amount and frequency stated on the IEPs. Next year all of the IEPs and logs should be electronically entered. By the following year, the District should be able to

produce an electronic comparison of IEPs and logs that can be used to compare to our database.