Study to Measure the Delivery of Services in Accordance with the Individualized
Education Programs of Students with Disabilities, Year 6 Report 2008–09

**Submitted by**
**Deborah F. Oliver, Ph.D.**
**Office of Data and Accountability**
**Los Angeles Unified School District**
**Publication No. 373**

**August 2009**

## Table of Contents

## Year 6 Summary

- This report focuses on Outcome #13 of the Modified Consent Decree (MCD) which requires that the Los Angeles Unified School District provide evidence that at least 93% of special education services required by students' Individualized Education Programs (IEPs) were delivered and that 85% of the services meet the frequency and duration specified in the IEPs.

- Estimates for the population of special education students excluding students with Specific Learning Disabilities (SLD) show 94% of required services were delivered. The outcome requirement falls within the 95% confidence interval.

- For students with SLD, estimates show that 91% of the required services were delivered. The outcome requirement does not fall within the 95% confidence interval.

- Estimates, including the confidence intervals, for both the frequency and duration of all services combined are lower than the MCD outcome.

## Overview

This report presents the results from the Year 6 study to measure whether the Los Angeles Unified School District (LAUSD or the District) has met the goals of Outcome #13 of the Modified Consent Decree (MCD). Outcome #13 measures the delivery of services to students with disabilities. Since the District did not meet the outcome in 2007–08, data collection and service delivery monitoring continued in 2008–09. In Year 6, this study has been a collaborative effort between LAUSD's Office of Data and Accountability and the American Institutes for Research (AIR), with AIR conducting the analyses of collected data.[1] This project is directed by the Office of the Independent Monitor (OIM), an independent body responsible for overseeing the progress of the District towards the outcomes, verifying the accuracy of District data, and determining disengagement from the MCD.

---

[1] The American Institutes for Research (AIR) conducted the Year 1 study in 2003–04 and the Office of Data and Accountability (formerly Program Evaluation and Research Branch) conducted the Year 2-4 studies. AIR also conducted checks to validate the Office of Data and Accountability results in Years 2 and 3, as well as provided technical assistance in Year 4. In Year 5 the data coding was done jointly between the Office of Data and Accountability and AIR.

Outcome #13 states that the District must provide evidence that at least 93% of special education services required by students' Individualized Education Programs (IEPs) were delivered, and 85% of the services must meet the frequency and duration specified in the IEPs. This outcome examines two disability groups for evidence of service: all disabilities combined excluding Specific Learning Disability (SLD) and SLD individually.[2]

The study addressed the following three questions:

(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?

In addition, the Office of Data and Accountability conducted a separate site visit study to compare observations of service sessions in relation to what was documented on provider logs. This was an important step in determining the accuracy of the logs being used for this outcome.

---

[2] Starting with Year 2, the MCD required that the District disaggregate the evidence of service delivery results for the population excluding SLD and for SLD only. Because students with SLD comprise the majority of the special education population, the OIM wanted to ensure that this group did not bias the overall results.

## Methods

This study addressed the three research questions by examining the agreement between student IEPs and provider logs over periods of 8 weeks (for weekly services) or 2 months (for monthly services). Logs are the official record of service and therefore should reflect actual service provision. Over the last several years, LAUSD has used a districtwide web-based software system called Welligent to document IEPs and provider logs. LAUSD's Office of Data and Accountability drew a random sample of 4,862 special education students across 10 disability categories (see Appendix A for a comprehensive description of the sample). The Office of Data and Accountability requested Welligent IEP information from the Information Technology Division, resulting in IEPs for 4,838 students (99.5% of the sample). Some students were excluded from the study because they exited special education, attended non-public schools, or left the District.

Based on the services specified in the IEPs in Year 6, the Office of Data and Accountability requested 7,701 logs from the Division of Special Education. In Years 2-4, the Office of Data and Accountability staff compared the IEP information to the logs and then entered the codes into a database according to a detailed coding manual. In Year 5, a different approach was taken since most of the logs were now in Welligent. With guidance from the Office of Data and Accountability and the OIM, AIR developed a computer program based on the coding rules in the manual to electronically compare IEPs and logs. This computer program analyzed more than 70% of the sampled services, improving efficiency in conducting this work. The Office of Data and Accountability continued to hand-code the non-Welligent logs (paper logs), all Resource Specialist Program (RSP) logs, and logs accompanied by supplemental information from the Division of Special Education. In Year 6, AIR analyzed all of the sampled IEPs and logs using computer programs, as paper logs were no longer accepted. The Office of Data and Accountability continued to enter the supplemental information from the Division to guide the coding, offer technical assistance to AIR, and conduct a validation study of the computer coding. See Appendix A for the complete methodology.

## Summary of Findings

In Year 6, AIR conducted analyses of the IEP and log data collected for this study and submitted a separate report to the OIM detailing the results of those analyses (see Appendix C for the full report). This section is based on the Office of Data and Accountability's review of those results.

*Were special education services provided as required by the IEP?*

Based on provider logs, the results showed evidence that 94% of the special education services required by IEPs districtwide during the 2008–09 school year were provided.[3] This figure represents services for students in all disability categories districtwide except for those with Specific Learning Disabilities (SLD). For the students with SLD included in this study, the results showed that evidence of service delivery was provided for 91% of their required services. Because these estimates are based on a sample of students and not the entire population, AIR estimated confidence intervals at the 95% level to specify the precision of these estimates. If we examined the entire population of students excluding SLD in 2008–09, we would expect (with 95% confidence) the true service delivery rate to fall between 91.4% and 96.0%. The confidence interval for SLD shows that the true estimate would be expected to fall within the range of 89.4% to 92.9%.

Therefore, for the special education population excluding SLD, the confidence interval range includes the MCD outcome of 93% but for SLD the outcome is outside the range. For the special education population excluding SLD, the evidence of service rate increased from 92% to 94% from 2007–08 to 2008–09 whereas the SLD only rate decreased from 93% to 91%.

While the outcome does not apply to individual disability categories, except for SLD, disaggregating the results by disability and service categories may be helpful for future monitoring purposes. Across the 10 disability categories, the estimate of service delivery for students with Autism, Deaf/Hard of Hearing, Emotional Disturbance, Multiple Disabilities/Deaf-Blindness, Mental Retardation, Other Health Impairment, Orthopedic Impairment/Traumatic

---

[3] This is a population estimate based on the probability weights for each disability category, excluding SLD.

Brain Injury, and Visual Impairment were above the 93% threshold.[4] Only Specific Learning Disability and Speech and Language Impairment were below the outcome threshold. From the service perspective, 2 of the 11 service categories – Language and Speech (90%) and Resource Special Program (91%) – show estimates of service delivery less than 93%. Three services, Least Restrictive Environment, Pre-School, and Visual Impairment, each showed 100% evidence of logs.

The OIM requested information on service delivery at charter schools. In the sample there were 198 services at 34 charter schools. Charter schools can be divided into two types: conversion schools (the school was originally a District school) and start-up schools (the school is a new school). Of the 142 services at conversion schools, 129 (91%) had a log and 13 (9%) had no log. Similarly, of the 51 services at start-up schools, 46 (90%) had a log and 5 (10%) didn't have one. The sample was not intended to be representative of the charter population; therefore, these results can not be generalized to all charter schools.

### *Were services provided at the frequency and duration required by the IEP?*

A second component of this study examined whether the services were provided at the frequency (e.g., 2 times a week) and the duration (e.g., 30 minutes per week) as documented in the IEPs. As mentioned above, the outcome specifies that 85% of services must meet the frequency and duration documented in the IEPs. Based on the analysis of the logs, 72% of services across the population of students in special education with evidence of service met the frequency requirements in 2008-09 (Confidence Interval: 68.2% to 76.3%), while 67% met the IEP specifications for duration (Confidence Interval: 62.6% to 71.1%).[5] Appendix C-Figure 3 reports this information by disability category, and Figure 4 depicts the percentages by service category.

---

[4] Please see the confidence intervals in Appendix C for individual disability categories.
[5] This is the second year in which population estimates were calculated for frequency and duration.

Therefore, the confidence intervals for both frequency and duration indicate that the estimates are lower than the established outcome of 85%. Compared to last year, both frequency and duration rates decreased.

Similar to previous years' results, there was considerable variation by individual disability and service categories. Estimates for meeting the IEP frequency ranged from 68% for students with Emotional Disturbance to 84% for students with Visual Impairments (Confidence Interval: 79.7% to 87.4%). Duration rates ranged from 63% for students with Autism to 80% for students with Visual Impairments. By service category, frequency estimates ranged from 61% for School Mental Health and 91% for Pre-School; three services (Least Restrictive Environment, Visual Impairment, and Pre-School) were above the 85% goal. Duration estimates ranged from 52% for Non-Public Agency and 85% for Least Restrictive Environment Itinerant, Physical Therapy, and Visual Impairment services.

## Conclusion and Recommendations

In Year 6, for all disability categories excluding SLD, the MCD outcome of 93% falls within the 95% confidence interval. For SLD, the estimate of service delivery (91%) and the confidence interval is below the outcome of 93%. Last year both disability categories excluding SLD and SLD only met or exceeded the 93% outcome goal. Similar to last year, the frequency and duration results show estimates and confidence intervals that are lower than the required outcome of 85%.

Based on these findings and methodological issues encountered, the following series of recommendations, similar to past years, are suggested to improve IEP and log documentation in LAUSD.

*Recommendations*

1) The Information Technology Division (ITD) should build checks in the Welligent system to ensure that the information in the IEP is consistently documented. To conduct this study, service information was pulled from various sections in a student's IEP. In some cases, the service information in one section in the IEP did not correspond with information in another section. For instance, IEP pages 4 and 5 didn't always match.

2) The Division of Special Education should continue to train providers on how to enter log information into the Welligent system accurately. Based on the observation study and similar to last year's study, some of the logs did not match what site visitors observed or what was reported by school staff (see Appendix B for a discussion of the observation study and results). Also, since Resource Specialist Program (RSP) and Adapted Physical Education (APE) providers are not required to indicate the time of the service, it was difficult to reliably monitor these services. Therefore, it is recommended that providers be required to provide actual times of service delivery for RSP and APE.

3) The Division of Special Education should continue to examine individual services to determine why they did not meet the MCD outcomes for service delivery, frequency, and duration. This may require providing more training targeted towards providers of certain

services to improve provision and documentation. Although most children are getting some service, as indicated by the evidence of service measure, many are not getting the amount specified on the IEP, as indicated by the frequency and duration measures. The Division should require an administrator at the school site to monitor service provision on a monthly basis. Those providers who are not meeting their IEP goals need to be counseled.

4) Language and Speech (LAS) and Resource Specialist Program (RSP) were the only services not meeting the evidence of service MCD outcome goal. Although the Division has made considerable effort to hire more Speech Therapists, there continues to be a shortage of providers and therefore, continued efforts need to be made in this area. Last year there were approximately 7% of RSP logs still being completed on paper. This year paper logs were no longer accepted so the rate of logs still being completed on paper is unknown; however, this may be partially why the rate decreased in this category. Since many of the students identified as SLD have RSP services this may have negatively impacted SLD as well. Therefore, school administrators need to make sure that all logs are being completed in the Welligent system.

# Appendix A: Service Study Methods

*Sampling Design*

The Los Angeles Unified School District's (LAUSD) Student Information System (SIS) special education database comprised the study population. Reflecting student information on "Norm Day," October 1, 2008, this database contained 73,156 cases with a special education disability code. As in previous years, students were excluded if they attended non-public schools, had graduated, had left the District, or were not 3-years old by September 30, 2008. Students were also removed from the population if they did not have at least one service code. Table A-1 reports the counts of students by disability code.

TABLE A-1
**Counts of students with disability codes in the Los Angeles Unified School District, 2008**

|  | N | Percent |
|---|---|---|
| Autistic (AUT) | 6,060 | 11% |
| Deaf – Blindness (DBL) | 3 | 0% |
| Deafness (DEA) | 359 | .7% |
| Developmental Delay (DD) | 2,601 | 4.7% |
| Emotional Disturbance (ED) | 707 | 1.3% |
| Established Medical Disability (EMD) | 26 | 0% |
| Hard of Hearing (HOH) | 686 | 1.2% |
| Mentally Retarded (MR) | 2,765 | 5% |
| Multiple Disabilities – Hearing (MDH) | 79 | .1% |
| Multiple Disabilities – Orthopedic (MDO) | 874 | 1.6% |
| Multiple Disabilities – Vision (MDV) | 140 | .3% |
| Orthopedic Impairment (OI) | 739 | 1.3% |
| Other Health Impairment (OHI) | 4,356 | 7.9% |
| Specific Learning Disability (SLD) | 26,755 | 48.5% |
| Speech and Language Impairment (SLI) | 8,687 | 15.7% |
| Traumatic Brain Injury (TBI) | 95 | .2% |
| Visual Impairment (VI) | 232 | .4% |
| **Total** | **55,164** | **100%** |

Note: Table A-1 excludes students who attended non-public schools, graduated or left the District, were not 3-years old by September 30, 2008, or did not have a service code.

As done in Years 2-5, the Office of Data and Accountability collapsed the disabilities and services into 10 and 11 groups, respectively, combining categories that were similar in nature

as well as consolidating low-incidence categories. For example, Developmental Delay (DD) was grouped with Mental Retardation (MR). (See Tables A-2 and A-3 for these groupings.)

The study objective was to make statements about the overall special education population as well as specific disabilities and services. To do so, a goal was set to collect data on at least 330 students in 8 of 10 disability categories. Since Specific Learning Disability (SLD) and Speech and Language Impairment (SLI) represented the largest groups in the population, a larger sample was drawn to increase the precision of the estimates. Because the first year's results showed approximately 15% errors and 15% attrition/transiency in the data, we over-sampled by approximately 30%. As was done during the previous years, we randomly selected 380 cases in each category except for Visual Impairment (VI), SLD, and SLI. For VI, we selected all of the cases (372), given that there were fewer than 380 students. For SLD, we randomly selected 1,080 students and for SLI we randomly selected 750 students, for a grand total of 4,862.

### Individualized Education Program (IEP) and Log Collection

The Office of Data and Accountability provided a list of the 4,862 students in the sample to the Information Technology Division (ITD), requesting specific information from current and amended IEPs. Based on the IEP file, 24 students were dropped from the study (17 with no IEP, 3 who became ineligible, 3 who are now attending a non-public school, and one student who was incarcerated). As shown in Table A-2, we obtained more than 330 IEPs for each disability category.

TABLE A-2
**Number of students sampled and number of students for whom IEPs were obtained, by disability category**

| Disability Grouping | Categories Included | N Sampled | N of Students whose IEPs were Obtained |
|---|---|---|---|
| Autism (AUT) | AUT | 380 | 379 |
| Deaf/Hard of Hearing (DHH) | DEA, HOH | 380 | 379 |
| Emotional Disturbance (ED) | ED | 380 | 375 |
| Mental Retardation (MR) | DD, MR | 380 | 380 |
| Multiple Disability/Deaf-Blind (MD/DBL) | DBL, MDH, MDO | 380 | 379 |
| Orthopedic Impairment/ Traumatic Brain Injury (OI/TBI) | OI, TBI | 380 | 380 |
| Other Health Impairment (OHI) | EMD, OHI | 380 | 378 |
| Specific Learning Disability (SLD) | SLD | 1,080 | 1,075 |
| Speech and Language Impairment (SLI) | SLI, LAS | 750 | 741 |
| Visual Impairment (VI) | VI, MDV | 372 | 372 |
| **Total** | | **4,862** | **4,838** |

Based on these IEPs,[6] we generated a list for all of the services the students were entitled to receive and determined which 8-week/2-month period would be most appropriate to request, given that LAUSD has single and multi-track schedules.[7] On behalf of the Office of Data and Accountability, the Division of Special Education collected the sampled service logs from the Welligent system and service providers. See Table A-3 for the number of logs per service in our sample.

---

[6] Since services could be documented in various locations in the IEP, we took steps to ensure that the log request was comprehensive.

[7] Some service providers had vacations during our requested period, so we made additional adjustments for certain services and tracks. We asked for complete months for monthly services, which included more than the 8-weeks requested for weekly services.

**TABLE A-3**

**Number of logs per service in the sample**

| Service Grouping | Services Included | N of Service Logs Requested | Percent |
|---|---|---|---|
| Adapted Physical Education (APE) | • Adapted Physical Education | 951 | 12.3% |
| Deaf/Hard of Hearing Itinerant Service (DHH) | • Audiology<br>• Deaf/Hard of Hearing Itinerant | 502 | 6.5% |
| Language and Speech (LAS) | • Language and Speech | 1,774 | 23% |
| Least Restrictive Environment Itinerant Service (LRE) | • Inclusion<br>• Least Restrictive Environment Counselor | 252 | 3.3% |
| Non-Public Agency (NPA) | • Non-Public Agency Services-Behavior Support<br>• Non-Public Agency Services-Speech | 339 | 4.4% |
| Occupational Therapy (OT) | • Occupational Therapy<br>• Occupational Therapy – Clinic | 541 | 7.0% |
| Physical Therapy (PT) | • Physical Therapy | 323 | 4.2% |
| Pre-School (PRE) | • Pre-Kindergarten Itinerant<br>• PKIT-HS | 136 | 1.8% |
| School Mental Health (SMH) | • Pupil Counseling<br>• School Mental Health | 706* | 9.2% |
| Resource Specialist Program (RSP) | • Resource Specialist Program | 1,745 | 22.7% |
| Visual Impairment Itinerant Service (VI) | • Blind/Partially Sighted Itinerant<br>• Orientation Mobility for Blind | 432 | 5.6% |
| **Total** | | **7,701** | **100%** |

*This number includes some cases where both Designated Instruction and Services (DIS) 4 and 20 were listed on the IEP. Although we requested both logs we combined them and only expected one log.

*Data Entry and Analysis*

In Years 2 through 4, the Office of Data and Accountability checked the logs by hand to determine whether the information on the logs matched the IEP requirements. This was necessary since many of the logs were completed on paper with different formats and non-standard coding. Hand-coding allowed us to use all of the information provided in making coding decision. Given that the Welligent system housed the majority of provider logs in Year 5, the Office of Data and Accountability and the American Institutes for Research (AIR) revised the approach in order to take advantage of this electronic information. Accordingly, AIR developed a computer program to analyze information extracted from the Welligent databases, while the Office of Data and Accountability continued to hand-code a more limited number of logs. For Year 6, AIR with the guidance of the Office of Data and Accountability and the Office of the Independent Monitor (OIM) coded all of the service records by computer and analyzed the codes. Since IEPs are not static, the Division of Special Education may have provided additional information on the student or the service. For instance, a student may have left the District after our request or had a new IEP meeting, thus impacting what log information we would expect. The Office of Data and Accountability entered this information into the database before the computer analyses.

As in past years, the Office of Data and Accountability and AIR collaborated on establishing and documenting detailed rules to maintain consistency coding the data. Based on these coding rules, each service was given a code for each research question to indicate whether the log met the IEP requirements (code 1) or did not meet the requirements (code 2). In some cases, the log or IEP lacked sufficient information to make a judgment, and in others, we excluded the service from the analysis (e.g., if the student left the District). Although the log requests were made for specific 8-week/2-month time periods, we counted logs as evidence of service if a log was dated between September 2008 and February 2009 and reported at least one session of service provision.

Only services for which we obtained a log were included in the frequency and duration analysis, which examined whether the service was provided over an 8-week/2-month period in accordance with the IEP specifications. For instance, if the IEP noted that service was to be provided once a week, we would expect service to occur at least 8 times over the 8 weeks. For the duration analysis, if the IEP stated that the student was to receive 30 minutes of service per week, we would expect the student to receive a minimum of 240 minutes of service. As mentioned above, we excluded some cases from the frequency and/or duration analysis if a valid reason was given (e.g., student left the District).

### Validation Checks

Although there were only a few cases where the computer and hand-coding didn't match last year based on a sample of 283 services, the OIM requested validation checks again this year since AIR would be coding the RSP logs and the logs with additional Division information. We attempted to select 3 students for each service (11) and track (8) for a total of 264 cases. Based on the sample, the Office of Data and Accountability drew a sub-sample of 234 cases since some services were not offered on some tracks. However, rather than limit service types, if a student was selected and they had more than one service in the category then we took all of the services. For instance, if a student had both visual impairment services (Blind/Partially Sighted Itinerant and Orientation Mobility for Blind) then we selected both.

Ultimately, this validation exercise helped strengthen the program. Based on comparisons of the program and the Office of Data and Accountability codes, AIR made further modifications to the program that resolved all but two of the observed differences in the sample, resulting in a match-rate of over 99% between the computer program's and the Office of Data and Accountability's codes. These remaining discrepancies were not program errors, but rather due to differences in how the program was designed to implement the rules. The differences found in the validation exercise were attributed to the criteria used to apply holiday credit. A challenge AIR faced was defining what constitutes a regular service pattern for the purpose of

14

providing credit for holidays that fall on "typical" days of service. Accordingly, the strict criteria used in the program resulted in some differences between the program codes and how the Office of Data and Accountability coded the logs manually. Although there was some evidence of the manual process and the computer program coding services differently, these cases were limited.

## Appendix B: Observation Study

*Overview*

The Office of Data and Accountability conducted a separate study to assess the accuracy of log documentation by comparing information from field observations to what providers documented on the log for a sample of services.[8] Accuracy was measured by whether what we observed at the school or what was reported by the school staff matched the log. This study is an important step in understanding the reliability of analyzing logs as a method to monitor progress towards the Modified Consent Decree (MCD) outcomes. This is the third year of this study.

*Methods*

The Office of Data and Accountability selected a subsample of 35 students in each of 7 service categories for a total of 245 services from the MCD sample for field observations. Only students with specific frequency and duration information (e.g., one time a week for 30 minutes) in their Individualized Education Programs (IEPs) were selected for the sample. The service categories included in this study were Adapted Physical Education (APE), Deaf/Hard of Hearing (DHH), Language and Speech (LAS), Occupational Therapy (OT), Resource Specialist Program (RSP), School Mental Health (SMH), and Visual Impairment (VI).[9] After completion of the observations, logs were requested from the Information Technology Division (ITD) for the subsample for the observation period (i.e., December through March).

The study was a three-step process. The first step was to obtain each student's service schedule information from administrators, special education coordinators, or IEP (special education) clerks at the school of enrollment. Using this information, we documented whether

---

[8] In Years 1 through 3 the observation study was designed to determine whether services were occurring or not. This study was not designed for that purpose.

[9] DHH includes Audiology and Deaf/Heard of Hearing Itinerant, SMH includes Pupil Counseling and School Mental Health, and VI includes Blind/Partially Sighted Itinerant and Orientation Mobility for Blind.

the sampled student 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 (e.g., days of the week/month and time of day at which services were typically provided). We also documented whether the day and start time were flexible (e.g., sometime during the mornings) or fixed (e.g., every Friday at 9 a.m.). In the flexible cases, we asked the school to try to find out the schedule for the next few months. We inquired about all of the services 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. Although students often receive services in more than one category, if a student was no longer receiving the specific service we selected, we did not attempt to observe any other service for that same student. Examples of students whose service wouldn't be observed are flexible schedules, no provider was assigned, or the student had to be dropped from the study.

In the second step, we visited the school during the scheduled service time. The third step was the comparison of the observation findings with the log information using a set of coding rules. We used the logs to determine the following information: 1) the status of the session (if service was completed or if there was a reason why service was not completed), 2) the number of completed service minutes (e.g., 30), and 3) what time the service session started (e.g., 9:30). For sessions in which service was provided, we compared the observation notes on the status of the session, the amount of minutes, and the start time to the log information; for instances of no service, we examined only the status. Number of minutes and start time was based on when the provider was available for service and not when the student arrived. Since Adapted Physical Education (APE) and Resource Specialist Program (RSP) providers are not required to indicate a start time, these cases were dropped from this part of the analysis.

Based on the observation or what was reported by school staff, we categorized the status of each session with 11 distinct codes:
- session completed (code 1)

- service provided but session incomplete (code 2)

- provider absent because of illness, an emergency or jury duty (code 3)

- provider in meeting or training (code 4)

- student absent (code 5)

- student no show  (code 6)

- provider absent but the reason was unacceptable or unknown (code 7)[10]

- no provider assigned (code 8)

- service too flexible (code 9)

- student excluded from analysis (code 10)

- service occurred at another time (code 11).

We expected the observation or school information to match what we saw on the logs. For instance, if the school staff reported to us that the provider was at an IEP meeting, we would expect the log to indicate that the provider was at an IEP meeting for that day. In some cases we did not conduct an observation (i.e., no provider was assigned, the service was too flexible to observe, or the case was excluded from analysis). In these cases we would not expect to receive a log. Overall, we documented if the log and observation information matched or did not match.

*Results*

*Overall, did the observation or school information match the log status?*

In 78% of the cases the log and observation matched for status over the seven service categories. Matches were documented for both services that we observed and for those that we were given a reason from school staff as to why service wasn't completed. As indicated in Table B-1, the observations provided a variety of different situations to compare to the logs.

---

[10] For the purposes of the study, the MCD indicates that certain reasons for provider absences (i.e., illness, emergencies, or jury duty) are acceptable whereas others are not. Therefore, provider absences with an acceptable reason and provider absences with an unacceptable reason were coded separately.

**TABLE B-1**

**Number of matched observations to logs by session status**

| Status of Session | N (%) of Observations | N (%) of Observations in which Status of Observed Session Matched the Log |
|---|---|---|
| Code 1.  Session completed | 105 (43%) | 82 (78%) |
| Code 2.  Service provided but session incomplete* | 4 (2%) | 4 (100%) |
| Code 3.  Provider absent (illness, emergency, jury duty)/student present at school | 6 (2%) | 2 (33%) |
| Code 4.  Provider in meeting/student present at school | 1(<1%) | 0 (0%) |
| Code 5.  Student absent/provider present at school | 20 (8%) | 15 (75%) |
| Code 6.  Student no show/provider present at school | 2 (1%) | 2 (100%) |
| Code 7.  Provider absent (reason unknown)/student present at school | 16 (7%) | 8 (50%) ** |
| Code 8.  No provider assigned | 6 (2%) | 5 (83%) |
| Code 9. Service too flexible to be observed | 27 (11%) | 21 (78%) |
| Code 10. Exclude from analysis (e.g., student exited from special education, moved to a Non-Public School, or left the District) | 34 (14%) | 32 (94%) |
| Code 11. Session occurred at a different time | 24 (10%) | 19 (79%) |
| TOTAL | 245 | 190 (78%) |

* Welligent does not permit the documentation of a "service provided but incomplete duration" status; therefore, we would expect the provider to document "Complete" when service was provided.

**In this case, if there is nothing on the log this is also considered a match.

### Did the completed service session information match the logs?

For codes 1 and 2 (complete and partially complete) combined, we found that 79% of the cases had a completed session listed for the day we observed. Of the 23 cases in which the log did not document a complete session that day, 18 had no information on the log for that day, 3 had no log, and 2 did not match.

### Did the number of service minutes and the start times match the logs?

We were able to look at completed minutes and start times for codes 1 and 2 (complete and partially complete). Of the 74 code 1 and code 2 cases with a duration documented on the log

(RSP was eliminated from this analysis because of multiple sessions), 50 matched within 5 minutes (68%). In 12 cases, we observed more time than was indicated on the log, and in 12 cases, the log indicated more minutes than we observed.[11] Of the 54 cases with a start time documented on the log (APE and RSP do not have start times listed on the logs), 36 matched within 5 minutes (67%).

### Did the reasons for no service match the logs?

For codes 3 through 6 (reasons for no service), we would expect a reason for no service to be listed on the logs; however, only 66% of the logs matched the status information. There were 6 cases were the school informed us that the provider was out because of illness, jury duty, or personnel necessity (code 3). In 2 cases the log matched but in 3 cases it said that the provider was out for no reason and in 1 case the log said complete but for later in the day. There was only one case where the school said that the provider was out because he or she was at a meeting (code 4). There was nothing on the log for that day. There were 20 cases were the student was absent (code 5). In 15 cases the log said that the student was absent but in 5 cases it did not match (3 had nothing on the log for that day and 2 said complete but the time was unknown because it was RSP). In both cases where the school said that the student couldn't attend the service (code 6) the log matched. For code 7 (provider absent no reason), it was considered a match if it said provider absent or if there was nothing on the log for that day. In one case it said that the provider was absent with no reason listed and in 7 cases there was nothing on the log for that day. In 3 cases it listed something for that day and time and in 5 cases it had something listed for another time.

### Did the information match when we did not expect to receive a log?

In cases where we did not expect to receive logs (specific reasons identified below), a match is when we do not receive a log or if we do receive a log, it is not for the service time period. Since we did not expect services in these instances we did not attempt observations. In 6 cases the

---

[11] In 2 cases this may be because part of the time on the log was for dressing for physical education.

school reported that no provider had been assigned (code 8) to the student, but in 1 case a log was provided and there was evidence of service on the same day that the school indicated that no provider was assigned. Therefore, 5 cases were considered a match and 1 case was not. Based on information provided by the schools, 27 cases were too flexible to observe (code 9); however, after examining the logs, we determined that at least 6 cases had a fairly set schedule. Therefore, 21 cases were considered a match and 6 were not. It is important to note that the schedule information obtained during the initial call could change over time, resulting in service going from a flexible to fixed schedule. We excluded 34 cases from the analyses (e.g., the student left the school or exited the service). In 2 cases there was a log when we didn't expect one (code 10).

### Were there any differences by service categories?

APE was most likely to have an observable service. This is not unexpected since APE at the secondary level is a class. APE and OT were most likely to have the number of minutes we observed match the log and SMH and VI were most likely to have the correct start time. SMH was also most likely to provide services on a flexible schedule. In 12 out of the 35 cases the school informed us that the services did not occur on a set date and time. As expected, due to the shortage of speech therapists, all of the cases where no provider was assigned the service were LAS services.

### What were the limitations of the study?

First, we had to rely on what was reported by the school. In some cases the person providing the information may have had incorrect information. This may have resulted in some errors in the analyses. Second, some services may have changed from the time of the telephone call to the observation. This could be true for services where no provider was assigned and cases that were dropped from the study (e.g., the student left the District). In these types of cases if we received a log and there was service listed on the log during the week we called the school then

we considered it not matching (i.e., we did not expect to receive a log but we received one with evidence of service). If we received no log or the log had services listed but not during the week of the telephone call then we considered this a match (i.e., we did not expect to receive a log and either we did not receive one or we did receive one but there was not clear evidence of service). Finally, both APE and RSP do not indicate the time of the service on the log (i.e., the system defaults to 8 a.m.). This made it difficult to analyze if something other than what we expected showed up on the log. For example, if we were told that the provider was in an IEP meeting but the log showed that the service was complete we don't know if the service occurred at another time or if this was an error.

### Conclusion

An important step in using log data to monitor service delivery is to assess whether the data accurately reflects what is occurring at the schools. Overall, the logs and the observation or information provided by the school matched 78% of the time. This rate is consistent with last year but individual categories varied. Consistent with the prior year's results, logs did not always reflect what we saw or what was reported by the school. When examining only sessions in which service was provided (codes 1 and 2 – complete and partially complete), we found that 79% of the logs indicated the service status correctly. When the providers had to document reasons for no service the percentages of matches varied within codes but overall were similar (76%). The match rate for observed services decreased from last year and the match rate for no service increased.

Overall, the impact of the observation-log discrepancies upon the MCD outcome measures is uncertain, working both in favor and against the outcomes. For example, 21% of the observed sessions in which service was provided were missing session or log information (which could have the effect of lowering both the frequency and duration rates in the IEP-log comparison). Also, 12 of the logs with duration for code 1 or 2 sessions reported more duration than what was observed (thereby possibly inflating the duration rates) whereas in 12 cases the log

indicated less time than we observed (thereby possibly deflating the duration rates). In conclusion, the study shows that services need to be better documented on the logs.

Even incorrectly documented reasons for services not being provided could have implications for the outcome measures. For the purposes of the MCD study, certain reasons for no service being provided are counted as service and therefore proper documentation affects the outcome. For example, the study methodology provides credit for student absences. Among the 20 observations in which we were told that the student was absent, in 3 cases student absence was not indicated on the log and therefore, providers would not have received session credit.

While some of the discrepancies may be due to schools providing incorrect information as opposed to incorrect log documentation on the part of the provider, these results suggest that providers may be still learning to use the Welligent system and more training as well as periodic checks may be needed to ensure that the logs are accurately documented. This is especially essential for providers new to the Welligent log system. It is important in establishing a useful monitoring system that providers not only document completed services but also the reasons why services did not occur.

*Recommendations*

1.  The Division should take steps to ensure that providers are properly documenting their services. The principal or assistant principal in charge of special education should review the logs each month to make sure the students are receiving services and that they are documented correctly.
2.  As mentioned in previous years, until APE and RSP have times included on the logs it is hard to determine if services are being documented correctly. Both APE and RSP should indicate time of service on the logs.

# Appendix C: AIR's Report: Study to Measure the Delivery of Services in Accordance with the Individualized Education Programs of Students with Disabilities: Year 6 Results (2008–09)