



**Study to Measure the Delivery of Services in Accordance with the Individualized
Education Programs of Students with Disabilities, Year 7 Report 2009-10**

**Submitted by
Deborah F. Oliver, Ph.D.
Office of Data and Accountability
Los Angeles Unified School District
Publication No. 378**

August 2010

Table of Contents

Year 7 Summary	1
Overview	1
Methods	3
Summary of Findings	5
Conclusion and Recommendations	8
Appendix A: Service Study Methods	11
Appendix B: Observation Study	19
Appendix C: AIR’s Report: Study to Measure the Delivery of Services in Accordance with the Individualized Education Programs of Students with Disabilities: Year 7 Results (2009–10)	27

Year 7 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 95% of required services were delivered. The outcome requirement of 93% falls within the 95% confidence interval for this estimate.
- For students with SLD, estimates show that 93% of the required services were delivered. The outcome requirement falls within the 95% confidence interval for this estimate.
- 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 7 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 2008–09, data collection and service delivery monitoring continued in 2009–10. In Year 7, this study has been a collaborative effort between LAUSD's Office of Data and Accountability and the American Institutes for Research (AIR).¹ In 2008–09 the Office of the Independent Monitor (OIM) found that less than half of the charter schools were using the Welligent logs so a separate study was included this year on all charter schools to determine the use of the Welligent system. It is hoped that the Charter Study will provide valuable information on students with disabilities to the Division of

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 Years 5 and 6 the data coding was done jointly between the Office of Data and Accountability and AIR with the Office of Data and Accountability conducting validation checks.

Special Education and the Charter Schools Division. This project is directed by the 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.

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 4,851 special education students across 10 disability categories for the MCD Study (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 complete IEPs for 4,838 students (99.7% of the sample). Welligent IEP information on all special education students with services in charter schools (4,596) was also requested, resulting in complete IEPs for 4,578 students (99.6%). 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 7, the Office of Data and Accountability requested 7,844 logs for the MCD Study and 6,639 logs for the Charter Study from the Division of Special Education.³ AIR analyzed the logs using computer programs with the Office of Data and Accountability preparing the databases, entering the supplemental information, offering

³ In Year 1, AIR staff compared the IEP information to the logs and then entered the codes into a database according to a detailed coding manual. In Years 2–4, the Office of Data and Accountability continued this process while fine tuning the 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 validation checks of the computer coding.

technical assistance, and hand-coding some of the logs.⁴ See Appendix A for the complete methodology.

The observation study consisted of 245 services. Staff called schools to find out the service schedule and then made unannounced visits. The results of the observations were compared to the logs to determine if the logs were accurate at documenting both completed services and reasons why services did not occur. See Appendix B for the complete methodology.

⁴ Some charter school and track 3C cases needed to be hand-coded by the Office of Data and Accountability and OIM staff as the computer program was not designed to handle them. The results were given back to AIR to include with the computer results.

Summary of Findings

In Year 7, 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 95% of the special education services required by IEPs districtwide during the 2009–10 school year were provided.⁵ 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 93% 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 2009–10, we would expect (with 95% confidence) the true service delivery rate to fall between 92.7% and 96.9%. The confidence interval for SLD shows that the true estimate would be expected to fall within the range of 91.5% to 94.5%.

Therefore, for the special education population excluding SLD and for SLD only, the confidence interval range includes the MCD outcome. For the special education population excluding SLD, the evidence of service rate increased from 94% to 95% from 2008–09 to 2009–10 whereas the SLD only rate increased from 91% to 93%.

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, Multiple Disabilities/Deaf-Blindness, Mental Retardation, Other Health Impairment, Orthopedic Impairment/Traumatic Brain Injury, Specific

⁵ This is a population estimate based on the probability weights for each disability category, excluding SLD.

Learning Disability, Speech/Language Impairment, and Visual Impairment were at or above the 93% threshold.⁶ Only Emotional Disturbance was below the outcome threshold. From the service perspective, 4 of the 11 service categories – Non-Public Agency (90%), Pre-School (90%), Resource Special Program (91%), and Least Restrictive Environment (92%) – still show estimates of service delivery less than 93%. However, Visual Impairment showed 100% evidence of logs for the sampled students.

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, 74% of services across the population of students in special education with evidence of service met the frequency requirements in 2009–10 (confidence interval: 70.6% to 78.4%), while 67% met the IEP specifications for duration (confidence interval: 62.4% to 70.8%).⁷ Appendix C–Figure 3 reports this information by disability category, and Figure 4 depicts the percentages by service category.

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, frequency increased and duration remained the same.

Similar to previous years' results, there was considerable variation by individual disability and service categories. Estimates for meeting the IEP frequency ranged from 66% for students with Emotional Disturbance to 82% for students with Visual Impairments. Duration rates ranged from 61% for students with Autism to 75% for students with Visual Impairments. By service category, frequency estimates ranged from 60% for School Mental Health and 89% for Pre-School; three

⁶ Please see the confidence intervals in Appendix C for individual disability categories.

⁷ This is the third year in which population estimates were calculated for frequency and duration.

services (Least Restrictive Environment, Visual Impairment, and Pre-School) were above the 85% goal. Duration estimates ranged from 54% for Non-Public Agency and 83% for Physical Therapy services.

Based on AIR's exploratory analyses, it was found that approximately one-third of the frequency and duration cases missed meeting the IEP requirement by one session. AIR found that IEP meetings were the most frequent reason for a cancelled session for the most commonly required duration amounts. Provider absence with no reason was also often cited. See Section III (Appendix C) for a detailed explanation of when these occurred.

Were special education services for charter school students provided as required by the IEP?

The OIM requested information on service delivery at charter schools. Since the OIM found that less than half of the charter schools were using the Welligent logs last year, a separate study was conducted on all charter schools to determine the use of the Welligent system. Based on all special education students in charter schools, 88% had a service log with evidence of service. For the special education population excluding SLD the rate was 85% and for SLD only it was 90%. By weighting the sample of charter students in the MCD study by the number of students in the charter population, frequency was met for 69% and duration was met for 60% of special education students in charter schools.⁸

Based on the observations, were the logs completed accurately?

Similar to past years we are still finding that what we observed or were told by the school staff was not always reflected in the logs. Overall, in 82% of the cases the observation and log matched on status (either completed session or reason for no session). Compared to last year we observed more services (45% versus 54%) and more completed sessions matched the log (79% versus 89%). See Appendix B for the complete observation study.

⁸ Charter schools often have different calendars than non-charter schools. Therefore, it was not feasible to determine frequency and duration without extensive programming or hand-coding the data set. However, we did make adjustments for the charter schools in the MCD sample.

Conclusion and Recommendations

In Year 7, for all disability categories excluding SLD, the MCD outcome of 95% falls within the 95% confidence interval. For SLD, the estimate of service delivery (93%) also falls within the 95% confidence interval. Similar to past years, the frequency and duration results show estimates and confidence intervals that are lower than the required outcome of 85%. Approximately one-third of the frequency and duration cases that did not meet their IEP requirement missed it by one session. IEP meetings and provider absences with no reason were often cited as why sessions were cancelled.

Steps were taken by the Division to address the recommendations offered last year.⁹ As of March 2010, the Welligent system was revised. IEP pages were “redesigned to promote consistent documentation of information.” Training on completing the IEPs and the logs were offered to staff. Last year we suggested that administrators monitor service provision and tracking and provide counseling as needed. According to the Division, School Administrators monitored Resource Specialist Teachers and Related Services Administrators monitored Related Services Providers. Reports were generated of those providers who were “not regularly documenting services in the Welligent Service Tracking system.” All providers should be using the Welligent system. Another issue in past years was the shortage of speech–language pathologists. The Division indicated that they are now “fully staffed.”

Based on this year’s findings, the following series of recommendations, similar to past years, are suggested to improve IEP and log documentation in LAUSD.

Recommendations

- 1) 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

⁹ We asked the Division of Special Education to provide us with information on how last year’s recommendations were addressed.

similar to past year's studies, 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. This is not only a problem for those who conduct analyses but also one would expect it to be a problem for the School and Related Services Administrators who must monitor these services at the schools. Therefore, it is recommended that providers be required to provide actual times of service delivery for RSP and APE.

- 2) 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. Last year it was recommended that the Division should require an administrator at the school site to monitor service provision on a monthly basis and that those providers who are not meeting their IEP goals need to be counseled. Since this is still a problem the Division should evaluate the process of monitoring and counseling.
- 3) Through the observation study we found that some schools didn't know if the provider was at the school site or not. Service providers should be required to sign in and out at the school site and call when they are cancelling services. Teachers should be informed if their students are not being pulled out of class so they can plan lessons accordingly.
- 4) Each year the Division fails to meet the frequency and duration goals. Approximate one-third of the logs that did not meet frequency or duration were only missing it by one session. The most common reasons were IEP meetings and provider absence with no reason. Both of these are supposed to be made up. Perhaps IEP meetings should be scheduled during times when services can not be provided such as before or after

school hours. Provider absence is to be used if the person attends a conference or professional development. Again these should be scheduled during non-school hours so it does not interfere with services. If it is a professional development provided by LAUSD it can be scheduled after school or on weekends. If it is a professional development provided by an outside vendor then the Division should work with them to meet our time constraints. Another possibility is to have a pool of substitutes to conduct services when the provider attends an IEP meeting or conference/professional development.

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 9, 2009, this database contained 76,578 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, 2009. Students were not eligible to be selected for the study 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, 2009

Disabilities	Frequency	Percent
Autistic (AUT)	6,887	12
Deaf - Blindness (DBL)	4	0
Deafness (DEA)	369	1
Developmental Delay (DD)	3,082	5
Emotional Disturbance (ED)	723	1
Established Medical Disability (EMD)	25	0
Hard of Hearing (HOH)	984	2
Mentally Retarded (MR)	2,732	5
Multiple Disabilities - Hearing (MDH)	81	0
Multiple Disabilities - Orthopedic (MDO)	909	2
Multiple Disabilities - Vision (MDV)	114	0
Orthopedic Impairment (OI)	722	1
Other Health Impairment (OHI)	5,005	9
Specific Learning Disability (SLD)	28,344	49
Speech and Language Impairment (SLI)	7,978	14
Traumatic Brain Injury (TBI)	98	0
Visual Impairment (VI)	239	0
Total	58,296	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, 2009, or did not have a service code.

As done in Years 2-6, 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 VI, SLD, SLI, and MDDBL (Multiple Disability/Blind-Deaf). For VI, we selected all of the cases (353), 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 MDDBL we randomly selected an additional 8 students at charters schools to augment the sample. As in previous years, charter students were included in the MCD Study so that the study would represent all schools in the District.

Individualized Education Program (IEP) and Log Collection

The Office of Data and Accountability provided a list of the 4,851 students in the sample to the Information Technology Division (ITD), requesting specific information from current and amended IEPs. Based on the IEP file, 13 students were dropped from the study (5 with no IEP, 5 who became ineligible, and 3 who are now attending a non-public school). 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		N of Students whose IEPs were Obtained
	Included	N Sampled	
Autism (AUT)	AUT	380	380
Deaf/Hard of Hearing (DHH)	DEA, HOH	380	379
Emotional Disturbance (ED)	ED	380	377
Mental Retardation (MR)	DD, MR	380	379
Multiple Disability/Deaf-Blind (MD/DBL)	DBL, MDH, MDO	388	388
Orthopedic Impairment/ Traumatic Brain Injury (OI/TBI)	OI, TBI	380	379
Other Health Impairment (OHI)	EMD, OHI	380	379
Specific Learning Disability (SLD) Speech and Language Impairment (SLI)	SLD	1,080	1,077
Visual Impairment (VI)	SLI, LAS	750	747
	VI, MDV	353	353
Total		4,851	4,838

Based on these IEPs¹⁰, 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.¹¹ 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.

¹⁰ Since services could be documented in various locations in the IEP, we took steps to ensure that the log request was comprehensive.

¹¹ 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)	<ul style="list-style-type: none"> Adapted Physical Education 	919	12
Deaf/Hard of Hearing Itinerant Service (DHH)	<ul style="list-style-type: none"> Audiology Deaf/Hard of Hearing Itinerant 	496	6
Language and Speech (LAS)	<ul style="list-style-type: none"> Language and Speech 	1,843	24
Least Restrictive Environment Itinerant Service (LRE)	<ul style="list-style-type: none"> Inclusion Least Restrictive Environment Counselor 	236	3
Non-Public Agency (NPA)	<ul style="list-style-type: none"> Non-Public Agency Services-Behavior Support Non-Public Agency Services-Speech 	396	5
Occupational Therapy (OT)	<ul style="list-style-type: none"> Occupational Therapy Occupational Therapy - Clinic 	574	7
Physical Therapy (PT)	<ul style="list-style-type: none"> Physical Therapy 	353	5
Pre-School (PRE)	<ul style="list-style-type: none"> Pre-Kindergarten Itinerant PKIT-HS 	112	1
School Mental Health (SMH)	<ul style="list-style-type: none"> Pupil Counseling School Mental Health 	739*	9
Resource Specialist Program (RSP)	<ul style="list-style-type: none"> Resource Specialist Program 	1,793	23
Visual Impairment Itinerant Service (VI)	<ul style="list-style-type: none"> Blind/Partially Sighted Itinerant Orientation Mobility for Blind 	383	5
Total		7,844	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. For Year 7, AIR continued to analyze the service records by computer program. LAUSD and OIM staff had to hand-code a selection of logs since the program wasn't designed to handle these cases.¹² 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

¹² Charter schools do not always follow the same pattern of school closures as District schools so hand-coding was used to determine if those days were on normal days of service. For Track 3C (E basis) there were not 8 consecutive weeks of instruction so we examined 7 weeks and made adjustments accordingly.

specific 8-week/2-month time periods, we counted logs as evidence of service if a log was dated between September 2009 and February 2010 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).

Charter Study

The OIM found that half of the charter schools were not using the Welligent log system in 2008–09. In order to get a clearer picture of what was occurring at the charter schools this year, all students with at least one service were included in the separate Charter Study.¹³ The charter database consisted of 4,596 students with at least one service. See Table A-4 for the charter school data broken down by disability and Table A-5 for the number of logs requested. The majority of students were identified as having a Specific Learning Disability (58%). The majority of logs were either RSP (53%) or LAS (21%). Because charter schools can set their own calendar, it would have been necessary to hand-code all of the charter schools to determine frequency and duration. Therefore, results for the charter students in the MCD Study, weighted to the charter school population, were used to establish frequency and duration rates.

¹³ Charter students were included in the MCD Study if they were chosen as part of the MCD sample.

TABLE A-4 (CHARTER)

Number of students in population and number of students for whom IEPs were obtained, by disability category

Disability Grouping	Categories Included	N	Percent	N of Students whose IEPs were Obtained
Autism (AUT)	AUT	396	9	395
Deaf/Hard of Hearing (DHH)	DEA, HOH	97	2	96
Emotional Disturbance (ED)	ED	54	1	54
Mental Retardation (MR)	DD, MR	116	3	115
Multiple Disability/Deaf-Blind (MD/DBL)	DBL, MDH, MDO	17	0	17
Orthopedic Impairment/Traumatic Brain Injury (OI/TBI)	OI, TBI	48	1	48
Other Health Impairment (OHI)	EMD, OHI	498	11	493
Specific Learning Disability (SLD)	SLD	2,667	58	2,658
Speech and Language Impairment (SLI)	SLI, LAS	685	15	684
Visual Impairment (VI)	VI, MDV	18	0	18
Total		4,596	100	4,578

TABLE A-5 (CHARTER)
Number of logs per service

Service Grouping	Services Included	N of Service Logs	
		Requested	Percent
Adapted Physical Education (APE)	<ul style="list-style-type: none"> Adapted Physical Education 	167	3
Deaf/Hard of Hearing Itinerant Service (DHH)	<ul style="list-style-type: none"> Audiology Deaf/Hard of Hearing Itinerant 	117	2
Language and Speech (LAS)	<ul style="list-style-type: none"> Language and Speech 	1,374	21
Least Restrictive Environment Itinerant Service (LRE)	<ul style="list-style-type: none"> Inclusion Least Restrictive Environment Counselor 	61	1
Non-Public Agency (NPA)	<ul style="list-style-type: none"> Non-Public Agency Services-Behavior Support Non-Public Agency Services-Speech 	285	4
Occupational Therapy (OT)	<ul style="list-style-type: none"> Occupational Therapy Occupational Therapy - Clinic 	394	6
Physical Therapy (PT)	<ul style="list-style-type: none"> Physical Therapy 	41	1
Pre-School (PRE)	<ul style="list-style-type: none"> Pre-Kindergarten Itinerant PKIT-HS 	11	0
School Mental Health (SMH)	<ul style="list-style-type: none"> Pupil Counseling School Mental Health 	651*	10
Resource Specialist Program (RSP)	<ul style="list-style-type: none"> Resource Specialist Program 	3,516	53
Visual Impairment Itinerant Service (VI)	<ul style="list-style-type: none"> Blind/Partially Sighted Itinerant Orientation Mobility for Blind 	22	0
Total		6,639	100

*Since DIS 4 and DIS 20 are interchangeable there are some doubles in this category.

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.¹⁴ 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 fourth 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).¹⁵ 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 the sampled student was still at the school, whether or not he or she was receiving special

¹⁴ 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.

¹⁵ 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.

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.). 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 IEP meeting (code 4)
- student absent (code 5)
- student no show (code 6)
- provider absent but the reason was unacceptable or unknown (code 7)¹⁶
- 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 82% 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. This is higher than last year's rate (78%). As indicated in Table B-1, the observations provided a variety of different situations to compare to the logs.

¹⁶ 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	124 (51%)	111 (90%)
Code 2. Service provided but session incomplete*	7 (3%)	5 (71%)
Code 3. Provider absent (illness, emergency, jury duty)/student present at school	4 (2%)	1 (25%)
Code 4. Provider in IEP meeting/student present at school	6 (2%)	3 (50%)
Code 5. Student absent/provider present at school	17 (7%)	10 (59%)
Code 6. Student no show/provider present at school	6 (2%)	3 (50%)
Code 7. Provider absent (reason unknown)/student present at school	13 (5%)**	5 (38%)
Code 8. No provider assigned	4 (2%)	4 (100%)
Code 9. Service too flexible to be observed	21 (9%)	20 (95%)
Code 10. Exclude from analysis (e.g., student exited from special education, moved to a Non-Public School, or left the District)	26 (11%)	25 (96%)
Code 11. Session occurred at a different time	17 (7%)	14 (82%)
TOTAL	245 (100%)	201 (82%)

* 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?

First of all, there was an increase in the number of completed sessions we were able to observe this year (54% versus 45%). For codes 1 and 2 (complete and partially complete) combined, we found that 89% of the cases had a completed session listed for the day we observed on the log. This was also an increase from last year (79%). Of the 15 cases in which the log did not document a complete session that day, 9 had no information on the log for that day, 2 had no log, and 4 did not match. In 17 cases we were told that we had the wrong session time. If the session happened the day before, the same day, or the day after then we coded it an 11 and looked to see if the new information matched the log. It is important to note that we did not

observe this service. In 14 cases the new information matched the log. In 3 cases we were told that the service would occur later in the day but there was nothing on the log. It is unknown if the service did occur but the provider failed to enter it on the log or if the service did not occur.

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 98 code 1 and code 2 cases with a duration documented on the log (RSP was eliminated from this analysis because of multiple sessions), 83 matched within 5 minutes (85%). This was a considerable improvement from last year (68%). In 12 cases we observed more time than was indicated on the log, and in 3 cases, the log indicated more minutes than we observed. Of the 74 cases with a start time documented on the log (APE and RSP do not have start times listed on the logs), 49 matched within 5 minutes (66%). This is similar to last year (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 52% of the logs matched the status information. There were 4 cases where the school informed us that the provider was out because of illness, jury duty, or personnel necessity (code 3). In one case the log matched but in the other cases it said that the provider was out for no reason, there was nothing on the log, or it was complete but we could not determine the time. There were 6 cases where the school said that the provider was out because he or she was at an IEP meeting (code 4). In 3 cases this matched the log. In two cases it said complete but at a different time and in one case it indicated that there was a change in schedule. There were 17 cases where the student was absent (code 5). In 10 cases the log said that the student was absent but in 7 cases it did not match (6 had nothing on the log for that day and one said the provider was ill). In 3 out of 6 cases where the school said that the student couldn't attend the service (code 6) the log matched. In one case the provider was absent, one case was complete with no time, and one said the student was absent; however, in the last case

the student was suspended so this code may be appropriate. 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 5 cases there was nothing on the log for that day. In 2 cases it listed complete for that day and time and in 3 cases it listed complete 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 4 cases the school reported that no provider had been assigned (code 8) to the student. In all 4 cases the log matched what we were told. Based on information provided by the schools, 21 cases were too flexible to observe (code 9). In all but one case the log matched what we were told. We excluded 26 cases from the observation and coded them a 10 (e.g., the student left the school or exited the service).

Were there any differences by service categories?

APE and VI were most likely to have an observable service. This is not unexpected for APE since it is a class at the secondary level. DHH was most likely to be on a flexible schedule and OT was most likely not to have a provider assigned. Unlike past years, all LAS services had an assigned provider this year. OT was most likely to have the number of minutes we observed match the log (within 5 minutes) and LAS was most likely to have the correct start time.

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 cases 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 82% of the time. This rate is higher than last year but individual categories still 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 89% of the logs indicated the service status correctly, an increase from last year (79%). When the providers had to document reasons for no service the percentages of matches varied within codes.

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, 11% 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, 3 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 17 observations in which we were told that the student was absent, 6 cases had nothing 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. Supervisors should continue to 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 7 Results (2009–10)**
