



**Study to Measure the Delivery of Services in Accordance with the Individualized Education Programs of Students with Disabilities, Year 11 Report 2013-14**

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## Year 11 Summary

- This report focuses on Outcome #13 of the Modified Consent Decree (MCD) which requires that the Los Angeles Unified School District provides 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 96% of required services were delivered. The confidence interval is above the MCD outcome of 93%.
- For students with SLD, estimates show that 96% of the required services were delivered and the confidence interval is above the MCD outcome of 93%.
- The frequency is at 84% and duration is at 68%. Both are slight decreases from last year. Neither met the outcome goals.

## Overview

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This report presents the results from the Year 11 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 all of the outcomes in 2012–13, data collection and service delivery monitoring continued in 2013–14. In Year 11, this study has been a collaborative effort between LAUSD's Office of Data and Accountability and the American Institutes for Research (AIR).<sup>1</sup> 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.

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<sup>1</sup> 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. In Years 5–10 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.<sup>2</sup>

The study addressed the following three questions:

- (1) Was there evidence of service delivery?<sup>3</sup>
- (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?

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<sup>2</sup> 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.

<sup>3</sup> This is based on having at least one countable incident of service delivery during our study period.

## Methods

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This study addressed the three research questions by examining the agreement between student IEPs and provider logs over periods of 8 weeks (for weekly or daily 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 4,899 special education students across 10 disability categories for the MCD Study (see Appendix A for a comprehensive description of the sample). Charter school students are included in this study and it is hoped that this will provide valuable information on Charter students with disabilities to the Division of Special Education and the Charter Schools Division.<sup>4</sup> In March 2010 the District initiated a new IEP format. Although some old format IEPs still exist in the database we decided to sample only students with a new format IEP. The Office of Data and Accountability requested Welligent IEP information from the Information Technology Division, resulting in complete IEPs for 4,713 students (96.2% 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 11, the Office of Data and Accountability requested 7,702 logs for the MCD Study from the Division of Special Education.<sup>5</sup> AIR analyzed the logs using computer programs with the Office of Data and Accountability preparing the

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<sup>4</sup> The number of Charters schools increased from 228 in 2012-13 to 249 in 2013-14.

<sup>5</sup> 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 Years 6 through 10, AIR analyzed most of the sampled IEPs and logs using computer programs. The Office of Data and Accountability continued to enter the supplemental information from the Division to guide the coding, offer technical assistance to AIR, hand-code select logs, and conduct validation checks of the computer coding.

databases, entering the supplemental information, offering technical assistance, and hand-coding some of the logs.<sup>6</sup> See Appendix A for the complete methodology.

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<sup>6</sup> Some charter school and multi-track school cases needed to be hand-coded by the Office of Data and Accountability 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

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In Year 11, 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.<sup>7</sup> 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 96% of the special education services required by IEPs districtwide during the 2013–14 school year were provided.<sup>8</sup> 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 also showed that evidence of service delivery was provided for 96% of their required services. Both of these are slight decreases from last year (98% vs. 96%). 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 2013–14, we would expect (with 95% confidence) the true service delivery rate to fall between 95.7% and 97.1%. Similarly, the confidence interval for SLD shows that the true estimate would be expected to fall within the range of 95.0% to 97.5%. Therefore, for the special education population excluding SLD and for SLD only, the confidence interval range is above the MCD outcome.

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 all disability categories was at or above the 93% threshold for all disabilities but Emotional Disturbance (88%).<sup>9</sup> Emotional Disturbance met it last year but fell below this year (97% versus

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<sup>7</sup> AIR's Study to Measure the Delivery of Services in Accordance with the Individualized Education Programs of Students with Disabilities: Year 11 (2013–14).

<sup>8</sup> This is a population estimate based on the probability weights for each disability category, excluding SLD.

<sup>9</sup> Please see the confidence intervals in the AIR report for individual disability categories.

88%). The remaining disabilities were all between 94% and 98%. Deaf/Hard of Hearing, Intellectual Disability, Multiple Disabilities/Deaf-Blindness, Orthopedic Impairment/Traumatic Brain Injury, and Vision Impairment were all 98%. All of the disabilities stayed the same or dropped this year.

From the service perspective, all of the 11 service categories met the goal except Non-Public Agency (90%)<sup>10</sup> and School Mental Health (87%). Pre-School and Adapted Physical Education were both at 100%. Adapted Physical Education was the only service to show an increase this year. The other services stayed the same or decreased. School Mental Health showed a large decrease this year (99% vs. 87%).

***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, 84% of services across the population of students in special education with evidence of service met the frequency requirements in 2013-14 (confidence interval: 83.0% to 85.7%), while 68% met the IEP specifications for duration (confidence interval: 66.0% to 69.4%).<sup>11</sup>

This is a decrease for both frequency (86% vs. 84%) and duration (71% vs. 68%). The lower end of the confidence interval for frequency was below the goal. For duration the confidence interval is lower than the established outcome of 85%.

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<sup>10</sup> Some of the providers did not complete logs on the Welligent system. If they provided us with proof of service we counted them in the evidence of service analysis this year but dropped them from the frequency and duration analyses. The Division indicated that additional service tracking training for BII providers is being designed. Regular central-level monitoring in addition to school site administrator level monitoring of BII service delivery will be used to identify and resolve service delivery documentation issues.

<sup>11</sup> This is the sixth year in which population estimates were calculated for frequency and duration.

Similar to previous years' results, there was variation by individual disability categories. Estimates for meeting the IEP frequency ranged from 80% for students with Speech Language Impairment to 91% for students with Visual Impairment. Visual Impairment, Other Health Impairment, Multiple Disabilities/Deaf-Blindness, Intellectual Disability, and Specific Learning Disability all met the goal of 85% or above but only the confidence interval for Visual Impairment was above the goal. Duration rates ranged from 60% for students with Emotional Disturbances to 76% for students with Visual Impairment; therefore, all disabilities were below the outcome goal.

By service category, frequency estimates ranged from 71% for Physical Therapy to 95% for Pre-School and Least Restrictive Environment; six services (Adapted Physical Education, Least Restrictive Environment, Non-Public Agency<sup>12</sup>, Pre-School, Resource Specialist Program, and Visual Impairment) were above the 85% goal. Duration estimates ranged from 48% for Non-Public Agency<sup>13</sup> to 88% for Least Restrictive Environment. Only Least Restrictive Environment met the outcome goal. Both Pre-School (76% vs. 84%) and Least Restrictive Environment (81% vs. 88%) had large increases this year in duration. Non-Public Agency had the lowest duration rate but this was an increase from last year, 43% to 48%. Physical Therapy had large decreases in both frequency (91% vs. 71%) and duration (85% vs. 65%).

### ***What did the exploratory analyses reveal?***

Based on AIR's exploratory analyses, of those that did not meet the IEP requirements, 47% were missing frequency by one session and 38% were missing duration by one session (average session minutes). Both of these are lower than last year's results, 53% and 42% respectively. Further analyses were conducted as to the reason a session was missed. If they missed it by one session, 59% missed it for no stated reason, 21% missed it for attending an IEP meeting and

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<sup>12</sup> This includes both Behavior Intervention Implementation (BII) and Behavior Intervention Development (BID).

<sup>13</sup> The IEP prescriptions for Non-Public Agency services typically were a range of 1-5 for frequency and 1800 minutes a week for duration. The lowest number in the range was used to determine the frequency. This made it easy for providers to meet the frequency goal but not the duration goal.

10% missed it for a provider absence with no reason. Last year 19% missed it for attending an IEP meeting. If one session was added to the cases that did not meet the outcome goal, then frequency would increase from 84% to 92% and duration would increase from 68% to 79%.

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

At the request of the OIM, a separate analysis was conducted on charter school students in the sample. For all disabilities excluding SLD there was evidence of service in 97% of the cases (with a confidence interval of 95.4% and 98.3%). For SLD only it was also 97% (with a confidence interval of 94.1% and 99.2%). For frequency 85% met the frequency requirement (with a confidence interval of 82.2% and 88.1%) whereas 69% met the duration requirement (with a confidence interval of 65.3% and 72.9%). This was a slight decrease for evidence of service but frequency and duration remained the same as last year. Results are similar to District results.

## Conclusions and Recommendations

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In Year 11, for all disability categories excluding SLD and for SLD only, the MCD evidence of a log outcome goal of 93% was met. Unlike last year, the frequency goal of 85% was not met but it was close to the goal (84%). Similar to past years, the duration results still show estimates and confidence intervals that are lower than the required outcome of 85%. Charter school results were similar to all schools.

Of those that missed the frequency requirement, close to half missed the requirement by only one session. Of those that missed the duration requirement, approximately one third missed the requirement by only one session. These were both lower than last year. If one session was added to the log, frequency would meet the goal but duration would still be below the goal. Similar to last year, the most frequently listed reason for no service was an IEP meeting; however, over half had no reason listed on the log.

### ***Last Year's Recommendations***

Each year we suggest recommendations based on the findings. Based on last year's recommendations, the Division of Special Education (the Division) indicated that the following changes were made or are in the process of being made (see bold for exact statements):

- 1) A fair number are still not meeting the duration by one session. Close to two thirds did not write down a reason for the missed session. Based on focus group comments, it seems that the rules for what reasons a session needs to be made up or not are unclear. Perhaps providers are not writing these down on the log because they don't realize that they count as service. Providers should be trained on what needs to be made up and what does not.

**Response: Service administrators continue to train providers on the procedures for documenting missed services.**

- 2) We still found old format or hybrid IEPs in Welligent in 2012–13 as well as ones that were outdated, based on IEP dates. As stated above, the Division is working on updating the old format and hybrid IEPs. The Division should also run the data every few months looking for IEPs that are outdated.

**Response: The Information Technology Division continues to work with the Division of Special Education in the identification of active IEPs in the old format or hybrid format resulting from stay–put status or other reasons.**

- 3) This year some of the Non–Public Agency Behavior Intervention Implementation (DIS 32) providers were not in the Welligent system. All service providers should be logging and tracking services in Welligent. No provider should still be using timecards.

**Response: The District requires all nonpublic agency BII service providers who deliver services to students to document services in the Welligent system.**

- 4) Although the Division was not penalized, there were service sessions that said “Complete” with zero minutes listed. The Division should determine what is occurring in these instances.

**Response: The District continues to review and analyze data anomalies to identify issues and follow–up with appropriate resolutions.**

- 5) The Division should review practices regarding what prescription of services is entered on the IEP. In many instances there is a range listed (e.g., 1–5). In fact, the number of prescriptions with ranges has increased since last year. This was found even for services that you would expect to be daily. The Division should review how this is impacting the delivery of services and the monitoring of services.

**Response: The District developed a two–year plan to address service delivery issues. The two–year plan was adopted by the Office of the Independent Monitor on April 10, 2013. A review of current District policies and practices regarding prescription of services and recommended practices is in process.**

6) Based on the focus groups, it was determined that overall the reports were very useful, easy to use, and accurate; however, according to the respondents there were a few areas that could use some fine-tuning.

- It was recommended that there should be an online training course on using the 300 reports available for new employees and existing employees to use as a review.

**Response: Additional training resources on service delivery documentation and monitoring are being designed.**

- Services were often double counted if a service was made up. A system should be put in place so this does not occur. There should be a way to mark a service as a make up so it is not counted.

**Response: The Division of Special Education is working with the Information Technology Division to design further efficiencies in the Welligent system to capture service delivery.**

- Presently, if no service minutes are entered on the log then there is a default of 30 minutes. This is not accurate in many instances and causes over and under reporting of services. The Division should develop a method to put in the actual number of minutes based on the IEP or at least the most frequently used number of minutes for a particular service.

**Response: The Division of Special Education is working with the Information Technology Division to design further efficiencies in the Welligent system to capture service delivery.**

- When there are problems with the Welligent system there should be a user alert distributed to everyone so that employees don't work with incorrect data and waste time.

**Response: The Information Technology Division informs users of Welligent system issues via the Welligent system home page announcements and the Welligent listserve.**

### *This Year's Recommendations*

Based on this year's findings, the following series of recommendations are suggested to improve service delivery and IEP and log documentation in LAUSD:

- 1) Use District 300 Reports to closely monitor services that are below the evidence of service goal (e.g., School Mental Health and Non-Public Agency) or that had a large decrease in services (e.g., Physical Therapy). Focus on students identified as Emotionally Disturbed as they were below the goal and had dropped since last year. Put procedures in place to rectify instances of students with no service as soon as they have been identified.
- 2) Continue to provide service leaders with data every month on service provision. Set targets, monitor progress, and make adjustments where necessary. Identify providers who are not meeting their goals and work with them, reviewing their individual caseloads/workloads.
- 3) Encourage providers to indicate on the log why a service is not completed as most logs do not have a reason listed when services are missed. Providers should enter this information so the Division can have a better idea as to why services are not being delivered. This will provide the Division with information to devise strategies to improve the delivery of services.
- 4) Require all service providers to track services in the Welligent system, providing training to ensure capacity is built, and penalize any providers still using timecards. No providers should be allowed to turn in paper logs after so many years.
- 5) Schedule IEP meetings to minimize the negative impact on the delivery of services. Consistent with previous years, attending IEP meetings is taking time away from students receiving their services. Students would be better served if IEP meetings were held before or after school as providers would not have to miss services and teachers would not have to leave their classrooms to attend IEP meetings

- 6) Create easy parent access to service delivery data and guidance on how to advocate for their child if services are not being delivered as specified in their IEP. Provide both training and written guidelines to parents.

## Appendix A: Service Study Methods

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### *Sampling Design*

The Los Angeles Unified School District's (LAUSD) Student Information System (SIS) special education database comprised the study population. The database was drawn in November 2013. 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, 2013. 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, 2013**

<b>Disabilities</b>	<b>Frequency</b>	<b>Percent</b>
Autistic (AUT)	9,116	14.8
Deaf – Blindness (DBL)	1	0
Deafness (DEA)	304	.5
Developmental Delay (DD)	3,460	5.6
Emotional Disturbance (ED)	612	1.0
Established Medical Disability (EMD)	13	0
Hard of Hearing (HOH)	971	1.6
Intellectual Disability (ID)	2,614	4.2
Multiple Disabilities – Hearing (MDH)	103	.2
Multiple Disabilities – Orthopedic (MDO)	1,023	1.7
Multiple Disabilities – Vision (MDV)	103	.2
Orthopedic Impairment (OI)	705	1.1
Other Health Impairment (OHI)	6,807	11.1
Specific Learning Disability (SLD)	27,849	45.4
Speech and Language Impairment (SLI)	7,364	12.0
Traumatic Brain Injury (TBI)	97	.2
Visual Impairment (VI)	260	.4
<b>Total</b>	<b>61,402</b>	<b>100%</b>

Note: Table A-1 excludes students who attended non-public schools, graduated or left the District, were not 3-years old by September 30, 2013, or did not have a service code.

As done in Years 2–10, 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 Intellectual Disability (ID). (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. As was done during the previous years, we randomly selected 380 cases in each category except for SLD and SLI. For SLD, we randomly selected 1,080 students and for SLI we randomly selected 750 students. We randomly selected an additional 46 students at charters schools to augment the sample, increasing the sample to 40 students in each disability category except for VI where it was not possible. 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 4,899 students in the sample to the Information Technology Division (ITD), requesting specific information from current and amended IEPs. Based on the IEP file, 186 students were dropped from the study. As shown in Table A-2, we obtained more than 330 IEPs for all disability categories.

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

<b>Disability Grouping</b>	<b>Categories Included</b>	<b>N Sampled</b>	<b>N of Students whose IEPs were Obtained</b>
Autism (AUT)	AUT	380	369
Deaf/Hard of Hearing (DHH)	DEA, HOH	380	376
Emotional Disturbance (ED)	ED	380	363
Intellectual Disability (ID)	DD, ID	404	369
Multiple Disability/Deaf-Blind (MD/DBL)	DBL, MDH, MDO	402	397
Orthopedic Impairment/Traumatic Brain Injury (OI/TBI)	OI, TBI	380	369
Other Health Impairment (OHI)	EMD, OHI	380	369
Specific Learning Disability (SLD)	SLD	1080	1056
Speech and Language Impairment (SLI)	SLI	750	686
Visual Impairment (VI)	VI, MDV	363	359
<b>Total</b>		<b>4,899</b>	<b>4,713</b>

Based on these IEPs, 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. On behalf of the Office of Data and Accountability, the Division of Special Education collected the sampled service logs from the Welligent system. See Table A-3 for the number of logs per service in our sample.

**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"> <li>Adapted Physical Education</li> </ul>	841	11%
Deaf/Hard of Hearing Itinerant Service (DHH)	<ul style="list-style-type: none"> <li>Audiology</li> <li>Deaf/Hard of Hearing Itinerant</li> </ul>	482	6%
Language and Speech (LAS)	<ul style="list-style-type: none"> <li>Language and Speech</li> <li>Non-Public Agency Services-Speech</li> </ul>	1,889	25%
Least Restrictive Environment Itinerant Service (LRE)	<ul style="list-style-type: none"> <li>Inclusion</li> <li>Least Restrictive Environment Counselor</li> <li>Orthopedic Impairment Services</li> </ul>	187	2%
Non-Public Agency (NPA)	<ul style="list-style-type: none"> <li>Non-Public Agency Services-Behavior Support</li> </ul>	271	4%
Occupational Therapy (OT)	<ul style="list-style-type: none"> <li>Occupational Therapy</li> <li>Occupational Therapy - Clinic</li> </ul>	604	8%
Physical Therapy (PT)	<ul style="list-style-type: none"> <li>Physical Therapy</li> </ul>	397	5%
Pre-School (PRE)	<ul style="list-style-type: none"> <li>Pre-Kindergarten Itinerant</li> <li>PKIT-Head Start</li> <li>Head Start LAS</li> </ul>	43	1%
School Mental Health (SMH)	<ul style="list-style-type: none"> <li>Pupil Counseling</li> <li>School Mental Health</li> <li>Educationally-Related Mental Health Service (ERMHS)</li> </ul>	698	9%
Resource Specialist Program (RSP)	<ul style="list-style-type: none"> <li>Resource Specialist Program</li> </ul>	1,868	24%
Visual Impairment Itinerant Service (VI)	<ul style="list-style-type: none"> <li>Blind/Partially Sighted Itinerant</li> <li>Orientation Mobility for Blind</li> </ul>	422	6%
<b>Total</b>		<b>7,702</b>	<b>100%</b>

### *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 decisions. 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 Years 6 through 10, AIR with the guidance of the Office of Data and Accountability and the Office of the Independent Monitor (OIM) coded most of the service records by computer and analyzed the codes. For Year 11, AIR continued to analyze the service records by computer program. Office of Data and Accountability staff had to hand-code a selection of logs since the program wasn't designed to handle all cases.<sup>14</sup> Since IEPs are not static, the Division of Special Education may have provided us with 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, we had to exclude the service from the analysis (e.g., if the student left the District).

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

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<sup>14</sup> For multi-track schools and Charter schools the Office of Data and Accountability hand coded certain cases. Some tracks did not have 8 consecutive weeks of instruction so we had to examine fewer weeks and make adjustments. Also, Charter schools did 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. One Charter school did not follow a traditional single track schedule so those students were also hand coded.

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.