



**Study to Measure the Delivery of Services in Accordance with the Individualized
Education Programs of Students with Disabilities, Year 12 Report and
Recommendations 2014-15**

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Year 12 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 98% of required services were delivered. The confidence interval is above the MCD outcome of 93%.
- For students with SLD, estimates also show that 98% of the required services were delivered and the confidence interval is also above the MCD outcome of 93%.
- This year frequency is at 87% and duration is at 72%. After a dip in performance last year, both are slightly above their 2012–13 levels. For frequency the confidence interval is above the MCD outcome of 85%. Duration continues to be below the goal.

Overview

This report presents the results from the Year 12 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 2013–14, data collection and service delivery monitoring continued in 2014–15. In Year 12, this study has been a collaborative effort between LAUSD's Office of Data and Accountability and the American Institutes for Research (AIR).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

¹ 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 5–12 the data coding was done jointly between the Office of Data and Accountability and AIR.

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?³
- (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?

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.

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

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 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 4,885 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.⁴ In March 2010 the District initiated a new IEP format. Although some old format IEPs may still exist in the database it was 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 4,685 students (96% 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 12, the Office of Data and Accountability requested 7,987 logs for the MCD Study from the Division of Special Education.⁵ AIR analyzed the logs using computer programs with the Office of Data and Accountability

⁴ The number of Charters schools increased from 249 in 2013-14 to 264 in 2014-15.

⁵ 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 12, 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.

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

⁶ 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

In Year 12, 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.⁷ 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 98% of the special education services required by IEPs districtwide during the 2014–15 school year were provided.⁸ 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 98% of their required services. Both of these are slight increases from last year (96% vs. 98%). 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 the entire population of students excluding SLD were examined in 2014–15, it would be expected (with 95% confidence) that the true service delivery rate would fall between 97.7% and 98.6%. Similarly, the confidence interval for SLD shows that the true estimate would be expected to fall within the range of 96.7% to 98.6%. 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 (see Table 1).⁹ The disabilities were all between 96% and 99%. Intellectual Disability, Speech and Language, and

⁷ AIR's Study to Measure the Delivery of Services in Accordance with the Individualized Education Programs of Students with Disabilities: Year 12 (2014–15).

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

⁹ Please see the confidence intervals in the AIR report for individual disability categories.

Vision Impairment were all 99%. Emotional Disturbance made the largest increase from 88% to 96% from 2013–14 to 2014–15.

TABLE 1: Percentage of services for which there was evidence of at least one incident of service provision by disability category

Disability	Percentage
Autism	98%
Deaf/Hard of Hearing	98%
Emotional Disturbance	96%
Intellectual Disability	99%
Multiple Disabilities/Deaf-Blindness	97%
Other Health Impairment	98%
Orthopedic Impairment/Traumatic Brain Injury	98%
Specific Learning Disability	98%
Speech/Language Impairment	99%
Visual Impairment	99%

From the service perspective, all of the 11 service categories met the goal except Non-Public Agency (see Table 2).¹⁰ Non-Public Agency did not meet the goal last year (90%) and decreased further this year (83%). School Mental Health did not meet the goal last year (87%) but showed a large increase this year (99%). Physical Therapy was at 100% and Adapted Physical Education, Deaf/Hard of Hearing, Language and Speech, Occupational Therapy, and School Mental Health were all at 99%.

¹⁰ Some of the providers did not complete logs on the Welligent system. Last year if they provided the Office of Data and Accountability with proof of service they were counted as evidence of service but dropped from the frequency and duration analyses. Last year the Division indicated that additional service tracking training for Behavior Intervention Implementation (BII) providers was being designed and regular central-level monitoring in addition to school site administrator level monitoring of BII service delivery would be used to identify and resolve service delivery documentation issues. This year the OIM told us to not count them as they have had ample time to train and add them onto the Welligent system and should no longer be using paper logs.

TABLE 2: Percentage of services for which there was evidence of at least one incident of service provision by service category

Service	Percentage
Adapted Physical Education	99%
Deaf/Hard of Hearing	99%
Language and Speech	99%
Least Restrictive Environment	97%
Non-Public Agency	83%
Occupational Therapy	99%
Pre-School	94%
Physical Therapy	100%
Resource Specialist	98%
School Mental Health	99%
Visual Impairment	98%

When cases with no log (92) are examined, it is found that over half (51) had services according to the Division but they were not documented. The bulk of these were DIS 32, Non-Public Agency services (34) and Resource Specialist Program services (12). Of the remaining 41 cases, no service was listed by the Division as the reason for no log in 20 cases. This included 3 who had a provider on medical leave, one whose provider retired, and one case where they couldn't find anyone to hire. No reason was provided in 21 cases.

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, 87% of services across the population of students in special education with evidence of service met the

frequency requirements in 2014–15 (confidence interval: 86.2% to 88.6%), while 72% met the IEP specifications for duration (confidence interval: 70.8% to 74.0%).¹¹ This was an increase for both frequency (84% vs. 87%) and duration (68% vs. 72%). The lower end of the confidence interval for frequency was above the goal. For duration the confidence interval is lower than the established outcome of 85%.

Similar to previous years' results, there was variation by individual disability categories (see Table 3). Estimates for meeting the IEP frequency ranged from 84% for students with Intellectual Disability to 89% for students with Autism, Specific Learning Disabilities or Multiple Disabilities. They all met the 85% goal except for Intellectual Disability. Visual Impairment showed the largest decrease from 91% to 85% but still met the goal. Only the confidence intervals for SLD and Multiple Disabilities were above the goal. Duration rates ranged from 67% for students with Emotional Disturbance to 80% for students with Deaf/Hard of Hearing; therefore, all disabilities were below the outcome goal.

TABLE 3: Percentage of services that met frequency and duration by disability category

Disability	Frequency	Duration
Autism	89%	72%
Deaf/Hard of Hearing	85%	80%
Emotional Disturbance	85%	67%
Intellectual Disability	84%	77%
Multiple Disabilities/Deaf-Blindness	89%	77%
Other Health Impairment	88%	72%
Orthopedic Impairment/Traumatic Brain Injury	87%	73%
Specific Learning Disability	89%	71%
Speech/Language Impairment	85%	71%
Visual Impairment	85%	72%

¹¹ This is the seventh year in which population estimates were calculated for frequency and duration.

By service category, frequency estimates ranged from 82% for Vision Impairment to 91% for RSP (see Table 4).¹² Six services (Adapted Physical Education, Deaf/Hard of Hearing, Least Restrictive Environment, Non-Public Agency, Physical Therapy, and Resource Specialist Program) were above the 85% goal. Physical Therapy showed the largest gains (71% to 88%) from 2013–14 to 2014–15. Duration estimates ranged from 49% for Non-Public Agency to 87% for Physical Therapy. Only Physical Therapy met the outcome goal. Both Physical Therapy (65% vs. 87%) and Occupational Therapy (70% vs. 81%) had large increases this year in duration. Non-Public Agency had the lowest duration rate over the last several years.

TABLE 4: Percentage of services that met frequency and duration by service category

Service	Frequency	Duration
Adapted Physical Education	90%	73%
Deaf/Hard of Hearing	88%	82%
Language and Speech	84%	73%
Least Restrictive Environment	88%	77%
Non-Public Agency	89%	49%
Occupational Therapy	83%	81%
Pre-School	*	*
Physical Therapy	88%	87%
Resource Specialist	91%	70%
School Mental Health	83%	68%
Visual Impairment	82%	78%

* The number of Pre-School cases was too low to be included.

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 98% of the cases (with

¹² Pre-School had a small number of cases so they are eliminated from the individual analysis but are kept in the totals.

a confidence interval of 96.9% and 99.2%). For SLD only it was also 98% (with a confidence interval of 96.3% and 99.8%). For frequency 88% met the frequency requirement (with a confidence interval of 85.4% and 90.7%) whereas 74% met the duration requirement (with a confidence interval of 70.7% and 77.9%). This was an increase for evidence of service, frequency and duration. Results are similar to District results.

What did the exploratory analyses reveal?

Based on AIR's exploratory analyses, of those that did not meet the IEP requirements, 53% were missing frequency by one session and 43% were missing duration by one session (average session minutes). This was an increase from frequency (47%) and duration (38%) last year. Further analyses were conducted as to the reason a session was missed. If they missed it by one session, 66% missed it for no stated reason and 22% missed it for attending an IEP meeting. Last year 21% missed it for attending an IEP meeting but 59% had no reason listed. Once one session is added onto the log the population estimate for frequency improves from 87% to 94% and duration jumps from 72% to 84%.

Was the IEP meeting held at the day and time of the student's service?

The OIM requested a study on services missed because of student IEP meetings. This study is on those cases where the provider indicated that they missed the service because they were attending an IEP for that student instead of providing the service to the student. The data in Welligent was analyzed by date, provider, and time. Based on the logs, 152 providers indicated "Cancelled: Student IEP meeting" on the log. Most (75%) had an IEP for that student on the date listed on the log; however, in 38 cases (25%) the IEP was not listed on that date. Of those listed on the stated date, there were 5 cases where the provider was not listed on the IEP in Welligent. Next, the time of the IEP was examined in those cases where the dates matched. RSP and APE had to be removed from the time analysis since they still are not required to indicate the time of the service on the log. There were also 4 cases where time was not listed in Welligent. Of the 93 remaining cases, over half matched the time (55%). In 25% of the cases the service was

scheduled before the IEP and in 20% the service was scheduled after the IEP. If it was after the IEP it is unknown whether the prescriptions of the service had changed.

Conclusions and Recommendations

In Year 12, for all disability categories excluding SLD and for SLD only, the MCD evidence of a log outcome goal of 93% continues to be met. Unlike last year, the frequency goal of 85% was also met. 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.

For the last 7 years the Division has met the goal of 93% or above for all disability categories excluding SLD. It has met the goal for SLD for the last 4 years. For the last 5 years frequency has fluctuated around 85% but has not consistently met the goal. They met the goal in 2012–13 but last year their performance dipped below the goal. This year frequency is 87%, the highest it has been over the study. It is important to note that over half of the DIS services now state their frequency in ranges (e.g., 1–5 or 1–10). Frequency is calculated using the lowest number in the range. Also, it was found that some services such as RSP are often stated in a range even though it is usually a class period. It is unknown what the impact of the use of ranges has had on this study. Duration is also at its highest this year but still well below the goal of 85%. It has also varied from year to year and not shown steady progress.

Adapted Physical Education, Deaf/Hard of Hearing, Physical Therapy, and Visual Impairment have consistently met the evidence goal for at least 10 years. Language and Speech has met it for the last 6 years and Least Restrictive Environment for the last 5 years. In 2013–14 Non–Public Agency and School Mental Health did not meet the goal. This year School Mental Health increased by 12 percentage points (87% to 99%); however, Non–Public Agency continued to drop from 90% to 83%. Non–Public Agency providers continue to not complete Welligent logs.

Of those that missed the frequency requirement, over half (53%) missed the requirement by only one session. Of those that missed the duration requirement, 43% missed the requirement by only one session. This was an improvement for frequency and duration. Similar to last year,

the most frequently listed reason for no service was an IEP meeting; however, two-thirds had no reason listed on the log. Adding in one extra session would increase frequency to 94% and duration to 84%.

Last Year's Recommendations

Based on last year's recommendations, the Division indicated that the following changes were made or are in the process of being made (see italics for exact statements):

- 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. *Division of Special Education administrators who supervise services routinely use the 30 day services reports and the 300 report to identify and address instances of students receiving no service or less than 85% of the targeted minutes of service. The Division of Special Education is working with the Student Health and Human Services Division to ensure the tracking of services provided to students with emotional disturbance.*

- 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. *Division of Special Education administrators who supervise services use the 30 day services reports to identify those students who have received 85% or more of their targeted minutes, less than 85% of targeted minutes, no service, or have no case record. Supervisors identify service providers and provide them guidance and support regarding the requirements for service delivery, documentation, and self-monitoring. Supervisors apply progressive*

discipline to providers who continue to evidence lack of service in their documentation.

- 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. ***Service attendance codes for service tracking were modified as of June 22, 2015 to the following:***

Code	Cancellation Reason	Definition
SA	Student Absence	<input type="checkbox"/> Use in the event any student was absent from school the entire day. <input type="checkbox"/> Use if any student left or is leaving school early due to illness. <input type="checkbox"/> Use if any student has a 'medical hold' (must include details in the case notes/session results text box in Welligent).
SN	No Show	<input type="checkbox"/> Use in the event any student does not show to class or assigned location of service. <input type="checkbox"/> Use in the event any student is too sick to provide service, but remains on campus (must include details in the event notes/session results text box in Welligent).
PR	Parent Refused Service	<input type="checkbox"/> Use if parent declines or waives service sessions for a specified time period (must keep parent letter declining services in student file & cum file and must include details in the event notes/session results text box in Welligent). <input type="checkbox"/> Use in the event any parent refuses service as specified on Sec Q – Page 10 of IEP (Initial IEPs & Parent Revocations) <input type="checkbox"/> Use in the event any parent refuses a specific service as specified on Sec Q – Page 10 of IEP, but wishes to continue all other services and a new IEP team meeting will not be held. (IEP Team is to document parent request on Sec Q – Page 10, collect a written notice from parent indicating a refusal of service and upload into Welligent.)
CR	Rescheduled*	<input type="checkbox"/> Use in the event any student's service is rescheduled due to field trip, school event, student's IEP meeting, provider unexcused from IEP meeting, and/or any other provider or student related absence. {Excluding: (SA), (SN), (PR), (LT), and (SR)}
LT	School-Wide Testing	<input type="checkbox"/> Use during Smarter Balanced (SBAC), California Alternate Assessment (CAA), CAASPP, CAHSEE, CELDT, PFT (Fitnessgram), and NAEP testing per District testing calendar. (This code cannot be used for periodic assessments and/or progress monitoring.)
SR	Student Refused Service	<input type="checkbox"/> Use in the event any student refuses services. (Documentation of the incident must be recorded in the session results/case notes within Welligent.)
NPS/RTC ERICS Approved Absence		PSYCH SERVICES ONLY: To be used by the RTC for room and board only.

All missed services must be rescheduled and made-up to meet special education legal requirements.

Exceptions That Do Not Need to Be Made-Up: Student Absence (SA), No Show (SN), Parent Refused Service (PR), School-Wide Testing (LT), & Student Refused Service (SR).

- 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. ***All service providers are required to document the delivery of services in the Welligent Service Tracking system. In regards to the documentation of BII services, the District is currently reviewing existing processes and is revising the Welligent screen that District providers of BII services currently use for documenting services. Reference Guide REF-5941.1, Behavior Intervention Implementation Services Tracking Documentation Using the Welligent Service Tracking System, dated February 25, 2013, provides information and procedures regarding the documentation of BII***

services in the Welligent Service Tracking System. As indicated in the reference guide, online Welligent Service Tracking training is a requirement for providers of BII services.

- 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. *As evidenced in the revised service attendance codes referenced in the response to recommendation number 3, service providers now have to reschedule services that are missed due to attendance at an IEP meeting. Holding IEP team meetings before or after school is not feasible due to employee contract issues.*

- 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. *The District's future work on the Parent Portal will include parent access to service delivery information regarding their child. The District's publication, A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards), is provided to each parent of a student with disabilities and includes information on procedures to follow if parents are concerned that the IEP is not being implemented. Parent trainings are available through the District's Complaint Response Unit (CRU) and the District's Community Advisory Committee (CAC).*

Recommendations

Frequency met the goal this year but has not been doing so consistently. Although there has been some improvement towards reaching the duration goal the Division is still not meeting the

goal and progress has been slow. This year the OIM suggested that past recommendations are reviewed over the last five years to reexamine possible ways to improve the delivery of services and hence reach the goals. It appears that some of the past recommendations may not have been adequately addressed by the Division. Please review and respond to the following recommendations:

1. Tie payment of service providers to completion of Welligent logs.

Some providers are still not documenting services in the Welligent Service Tracking System. This is primarily the Non-Public Agency service providers. Completing logs on paper should no longer be an option after 12 years. In the past, paper logs were included in our analysis but this is no longer the case. This resulted in reduced rates in some services this year. Being paid should be tied to completing the job which should include completing the Welligent logs.

2. Eliminate data entry errors.

A couple data entry items still remain problems.

- Some "Completed" sessions still have no minutes or zero minutes listed (494 cases).
- There were 95 cases that had a start date after the end date.

3. Examine the feasibility of providing sessions with substitute providers.

Unfortunately changing the time of the IEPs to before or after school may not be an option due to employee contract issues; however, this does continue to be a problem as providers must attend the meetings in place of conducting services. The Division should examine the feasibility of providing these sessions with substitute providers. Also, when the data in Welligent was reviewed it was found that some of the providers were listing on the log that they were attending the IEP meeting for the student instead of service but it was not found in Welligent. This should be examined.

4. Remove "Provider Absent, No Reason" as a status code.

There are still issues of providers not writing down why they are missing sessions. Since some reasons are counted as completing service this might improve the frequency and duration rates. The Division has been working to revise the status codes. In the sample this year there were 285 logs with at least one instance of "Provider Absent, No Reason" listed. "Provider Absent, No

Reason” should be removed from the log choices as it provides the Division with no information as to why the service did not occur.

5. Print a list of IEPs that are over one year old every month.

There were still old IEPs in the database. It is unclear whether these students left special education, left the district or had not had a new IEP conducted. There were 296 such cases in the sample, 7 were dated as far back as 2010–2012. The Division should be checking IEP dates regularly. They should print a list of IEPs that are over one year old every month and investigate these cases.

6. Require all providers to include the time of service on the logs.

In past reports it has been requested that RSP and APE providers list the time of their service on the logs. This would help those monitoring those services at the school and district levels. At the secondary level the service may be a class period; however, this is not true at the elementary level.

7. Examine why some students are not being identified as having no services.

There are still some students in the system not receiving their services. It appears that the present system is not catching all of these cases with the current reports. The Division should examine the present system and determine why some students are not being identified or why the situation is not being corrected.

8. Determine the impact of using ranges.

Over two thirds of the IEP prescriptions (71%) are now ranges. The use of ranges has been increasing. The Division needs to determine the impact of this practice. What is the impact of flexible versus stable services on the student’s progress? How does this impact service provision?

9. Study the workload/caseload of the providers.

The Division should study the workload/caseload of the providers. Is this impacting their ability to complete the services prescribed in the IEPs? In the past it has been recommended that the Division hires a pool of substitute providers to help with reports and assessments and to cover services when the provider is not available.

10. Devise a system where parents can monitor services.

The Division should continue to move forward with devising a system (Parent Portal) where parents can monitor when and if services are occurring and review the progress of their children.

11. Continue to use data to set targets, monitor progress, and make adjustments.

To this purpose they should review the usefulness and use of all of their reports to determine if changes are needed.

Appendix A: Service Study Methods

Sampling Design

The Los Angeles Unified School District's (LAUSD) special education database comprised the study population. The database was drawn in November 2014. 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, 2014. 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 LAUSD, 2014

Disabilities	Frequency	Percent
Autistic (AUT)	9,825	15.5
Deaf – Blindness (DBL)	1	<0
Deafness (DEA)	283	.4
Developmental Delay (DD)	2,650	4.2
Emotional Disturbance (ED)	680	1.1
Established Medical Disability (EMD)	10	<0
Hard of Hearing (HOH)	1,009	1.6
Intellectual Disability (ID)	2,603	4.1
Multiple Disabilities – Hearing (MDH)	89	.1
Multiple Disabilities – Orthopedic (MDO)	1,067	1.7
Multiple Disabilities – Vision (MDV)	90	.1
Orthopedic Impairment (OI)	702	1.1
Other Health Impairment (OHI)	7,426	11.7
Specific Learning Disability (SLD)	28,610	45.2
Speech and Language Impairment (SLI)	7,908	12.5
Traumatic Brain Injury (TBI)	80	.1
Visual Impairment (VI)	264	.4
Total	63,297	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, 2014, or did not have a service code.

As done in Years 2–11, 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, it was decided to over-sample. As was done during the previous years, 380 cases were randomly selected in each category except for SLD and SLI. For SLD, 1,080 students were randomly selected and for SLI 750 students were randomly selected. An additional 41 students at charters schools were randomly selected to augment the sample, increasing the sample to 40 students in each disability category. 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 4,885 students in the sample to the Information Technology Division (ITD), requesting specific information from current and amended IEPs. Based on the IEP file, 200 students were dropped from the study. As shown in Table A-2, more than 330 IEPs was obtained for all disability categories.

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	374
Deaf/Hard of Hearing (DHH)	DEA, HOH	380	375
Emotional Disturbance (ED)	ED	380	360
Intellectual Disability (ID)	DD, ID	395	371
Multiple Disabilities/Deaf-Blind (MD/DBL)	DBL, MDH, MDO	406	398
Orthopedic Impairment/Traumatic Brain Injury (OI/TBI)	OI, TBI	380	374
Other Health Impairment (OHI)	EMD, OHI	380	366
Specific Learning Disability (SLD)	SLD	1080	1056
Speech and Language Impairment (SLI)	SLI	750	668
Visual Impairment (VI)	VI, MDV	354	346
Total		4885	4688

Based on these IEPs, a list was generated of all of the services the students were entitled to receive and it was 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"> Adapted Physical Education 	865	11%
Deaf/Hard of Hearing Itinerant Service (DHH)	<ul style="list-style-type: none"> Audiology Deaf/Hard of Hearing Itinerant 	475	6%
Language and Speech (LAS)	<ul style="list-style-type: none"> Language and Speech Non-Public Agency Services-Speech 	1859	23%
Least Restrictive Environment Itinerant Service (LRE)	<ul style="list-style-type: none"> Inclusion Least Restrictive Environment Counselor Orthopedic Impairment Services 	243	3%
Non-Public Agency (NPA)	<ul style="list-style-type: none"> Non-Public Agency Services-Behavior Support 	347	4%
Occupational Therapy (OT)	<ul style="list-style-type: none"> Occupational Therapy Occupational Therapy - Clinic 	666	8%
Physical Therapy (PT)	<ul style="list-style-type: none"> Physical Therapy 	419	5%
Pre-School (PRE)	<ul style="list-style-type: none"> Pre-Kindergarten Itinerant Head Start LAS 	31	<1%
Counseling (C)	<ul style="list-style-type: none"> Pupil Counseling Educationally-Related Mental Health Service (ERMHS) 	716	9%
Resource Specialist Program (RSP)	<ul style="list-style-type: none"> Resource Specialist Program 	1907	24%
Visual Impairment Itinerant Service (VI)	<ul style="list-style-type: none"> Blind/Partially Sighted Itinerant Orientation Mobility for Blind 	458	6%
Total		7987	100%

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 11, 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 12, 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.¹³ 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 would be expected. 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, students were excluded from the analysis (e.g., if the student left the District).

Only services for which a log was obtained 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, one would expect service to occur at least 8 times over the 8 weeks. For

¹³ 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 fewer weeks were examined and adjustments were made. 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.

the duration analysis, if the IEP stated that the student was to receive 30 minutes of service per week, one would expect the student to receive a minimum of 240 minutes of service.