

**COEUR D'ALENE PUBLIC SCHOOLS**

## **AN EDUCATION SERVICES ANALYSIS**

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## INTRODUCTION

### EXECUTIVE PROCESS SUMMARY

The leadership of the Coeur d'Alene Public Schools (hereafter, referred to as the District) commissioned this review of specific areas that support struggling learners. In conducting this analysis, the review team employed proprietary methodology from a pre-established paradigm (i.e., an Educational Services Analysis), which triangulates information gleaned from qualitative and quantitative sources. More specifically, the qualitative analyses comprised: (1) a series of confidential interviews or surveys with special education teachers, general education teachers, related service providers, para-professionals, central office administrators, and school-based administrators (as broken down in Appendix A); (2) a review of documents (i.e., IEPs) to ascertain the degree and appropriateness of educational programming and services; and (3) non-evaluative site visits to District programs to ascertain the continuum of services and programs. Quantitative analyses included: (1) multidimensional analyses of information contained within the IEPs; (2) comparative analyses of staffing and corresponding workloads; and (3) student outcome data. Given the number of data points, the results that are reported within this document represent recurring themes.

### ACKNOWLEDGEMENTS

The authors wish to acknowledge District staff and school personnel. This project necessitated a great amount of effort in facilitating logistics and in securing documents; the team is grateful for the efforts of all central office and school-based staff. Throughout the entire process, the cooperative relationship between Futures and the District has enabled the team to work with District leadership in a collegial and transparent manner to maximize the benefits of this analysis for the District. Futures team members are sensitive to, and focused upon, the ultimate objective of the project: To support the District leadership and stakeholders in attaining its goals and to improve the efficiency and effectiveness of the delivery of Kindergarten-12<sup>th</sup> grade educational services.

### DOCUMENT ORGANIZATION

The staff of Futures is pleased to provide this report of the comprehensive analysis of the programs and services that was conducted from March through June of 2018. The primary purposes of this analysis are to describe, and to provide suggestions to improve, specific areas within its education delivery system that include:

- (1) Related Services
- (2) Utilization of Para-Professional Supports
- (3) Continuum of Services
- (4) Organizational Structure and District Coordination of Programs and Services

Because these four areas are presumed to overlap, the report considers these with respect to *Organizational Considerations* and *Continuum of Services*. In turn, each area is divided into Component Overview, *Findings* (comprising *Driving Questions*), and *Areas of Opportunity*.

## ORGANIZATIONAL CONSIDERATIONS

### COMPONENT OVERVIEW

#### Core Elements

This segment of the analysis entailed a review of the District’s climate and culture, parental outreach, staff support, and staffing levels. By necessity this section encompasses the critical issue of vertical alignment, which requires consistent, uniform, and robust programming that ensures the needs of SWDs are consistently met and requires District-wide communication and consistency.

With respect to personnel as addressed in Driving Question #5, It is not possible to consider the efficacy of the District’s continuum of services and the concomitant horizontal and vertical alignment without an understanding of the current staffing models. To this end, the personnel under review available to support SWDs was gauged by benchmarking the number of full-time equivalent (FTE) staff members to this overall in-District special education population of 1,138 pre-K-12 SWDs (as per the most current data). This statistic is an “availability ratio index (ARI),” and allows an equivalent comparison to other districts.

#### Methodological Approach

- Confidential interviews with central office leadership, school-based administration, certified teachers, non-certified teaching staff, and related service providers (please see Appendix A).
- Non-evaluative walk-throughs to all District’s schools
- Analysis of the District’s central office Organizational Structure (as currently constituted)
- A review of document detailing Professional Development for District staff spanning 2015-2018
- Quantitative personnel comparisons to other analogous, regional school districts.
- A random, stratified review of IEPs (N=100)
- Student classification data from the Idaho Department of Education website ([www.sde.idaho.gov/](http://www.sde.idaho.gov/))

#### Glossary of Abbreviations

**ARI:** Availability Ratio Index  
**AISDs:** Analogous Idaho School District  
**IEP:** Individualized Education Program  
**FAPE:** Free and Appropriate Public Education

Full Time Equivalent

**FTE:**

**OT:** Occupational Therapist

**PD:** Professional Development

**RSDs:** Regional School Districts

**S-LP:** Speech-Language Pathologist

**SWDs:** Students with Disabilities

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## Glossary of Terms

**Co-Teaching:** Where a special education teacher and a general education teacher jointly deliver instruction to a group of students.

**Ownership:** A phenomenon whereby general education teachers assume responsibility for special education students and special education teachers assume responsibility for general education students.

### **Horizontal**

**Alignment:** Practices that correlate special education instruction to grade-level expectations.

### **Vertical**

**Alignment:** The degree to which the transition of SWDs as they progress from one grade, school, or program to another, is seamless.

## FINDINGS

### ***Driving Question #1: Is there a healthy culture of student “ownership” within the District?***

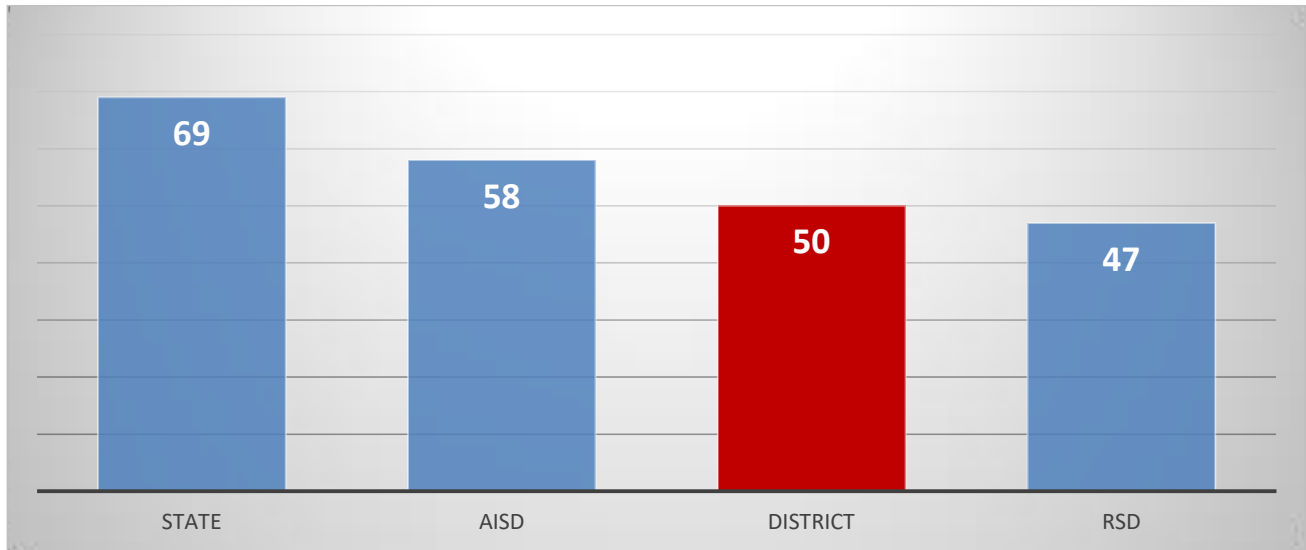
- Interviewees indicated that the relationships among and between special educators and general educators were quite positive in those instances in which they were in collaborative assignments. This perception was countered by observations that there could be more collaboration occurring within each school. In a broader sense, and in a theme that shall occur throughout our reporting, there appears to be great variability across schools with respect to ownership.
- To the degree that inclusionary models are correlated with Culture and Climate (among other factors), it is interesting to compare the District’s data on Least Restrictive Environment (LRE) to analogous school districts with respect to size (i.e., those having at least 500 SWDs) and geography (i.e., those located in its region). More specifically, 50% percent of Students with Disabilities (SWDs) are spending at least 80% of their school day in the general education environment, which compares to a state average of 67% and is well below the 58% average of Analogous Idaho School Districts (AISDs)<sup>1</sup>; however, the District is above the average of Regional School Districts (RSDs).<sup>2</sup> The reader is referred to **Figure 1** for comparisons.

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<sup>1</sup> Operationally defined as Districts with at least 500 SWDs

<sup>2</sup> Comprising Lakeland, Post Falls, and Lake Pend Oreille Districts

**Figure 1.** The Percentage of SWDs Spending At Least 80% of Their Day in General Education



***Driving Question #2: Is the IEP Process Conducted in an Efficacious Manner?***

- Interviewees responded that processes and procedures surrounding the IEP processes were uniform and consistent, and that fundamental concepts, such as least restrictive environment (LRE) and free appropriate public education (FAPE) were understood by stakeholders. Proposed reductions or discontinuations of services were described as generally celebratory, with some occasional nervousness on the part of parents.
- With respect to State indicators, the data are mixed: Although the Parent Involvement Survey of 44% was well-below the State Target of 55%, AISD average (60%), and RCSD average of 75%; its Dispute Resolution and Mediation Data have met State targets.
- Beyond general descriptions of the District's continuum of services, there was not an awareness of clearly articulated, written program and service eligibility criteria that were consistently referenced and/or applied; this appeared to correlate with questions school-based staff have with respect as to why certain students may (or may not) qualify for District-wide programs that serve more intensive populations.

***Driving Question #3: Are the Special Education Staff Provided with Adequate Resources?***

- Certified instructional staff members indicated that instructional materials are provided to special education teachers sufficient to support teaching and learning that are aligned with the general education curriculum. Several interviewees stated that it would be helpful if general education staff had more training in the laws, pedagogy, and logistics (e.g., how to address behaviors) surrounding special education.

- Related service providers stated that they have had ongoing opportunities to attend specialized training, workshops, conferences, and other learning opportunities specific to their disciplines (e.g., Speechpathology.com) that are needed for CEUs to maintain their credentials, licenses and certifications. However, many of these same respondents stated they would like to have more opportunities to have content specific to their practices during District-wide professional development (PD) days.
- Commendably, para-educators are provided pre-service training as well as a “bank” of hours during the year to support their instruction. Despite this, there was near unanimity that they would benefit from additional training in how to access and use IEP accommodations pages, goals, and best practices in behavioral interventions.
- Based on the Professional Development document (detailing offerings for the District staff spanning 2015-2018) is to be commended. The array of content areas, within Special Education, have emphasized behaviors (CPI Training), Literacy (Visualizing and Verbalizing), and autism (TEACCH) to name just a few. With respect to cost, the array of offerings is more impressive given that the District is spending far less on PD (as a percentage of the overall operating budget) compared to AISD and RSD averages.

***Driving Question #4: As Currently Constituted, Is Central Office Supporting Staff and Schools Effectively?***

- It is notable that given the varied organizational structures of special education departments, it is difficult to make a direct comparison of district-level administrative staff. However, the central office administrative staff (the Director of Special Education and coaches) is within the expected range of 1 staff member for every 150-250 SWDs.
- With respect to effectiveness, it was observed by respondents that the District’s administrative structure appeared to essentially be working well; however, it was stated that there could be greater responsiveness from the coaches in terms of both “pushing in” and “pushing out” information from Central Office as well as more programmatic (i.e., vs. compliance) supports. Because there is variability among school-based administrators with respect to capacity in issues surrounding special education, these “gaps” in communication may have a practical effect on programming.

***Driving Question #5: As Currently Constituted, How Does the District Compare with Respect to Special Education Staffing?***

**Special Education Teachers:** Currently, the District employs 51.6 full-time equivalent (FTE) certified special education teachers. The equates to an ARI of 22:1 and compares with the State ARI of 10.9:1. Although this represents a significantly “leaner” staffing model as compared to expectations, this is mitigated by the number of non-certified staff (as discussed below).

**Non-certified Staff:** Currently, the District employs 147.49 FTE in-house and 16 contracted non-certified personnel who are funded through special education; this equates to an ARI of 7:1 and compares to a State ARI of 16.2:1. Consequently, when one considers the total number of certified and non-certified instructional staff, the ARI is 5.29:1 and compares an a State ARI of 6.52:1. Although the authors shall

describe various instructional models in the *Recommendations* section, to the degree that instructional expenses constitute 80% of expenditures, this model is cost-effective. In addition, District leadership is to be commended for their constant attention to equalizing workloads with a staffing formula as well as modifying its contract with 3<sup>rd</sup> party providers for student absences.

**Speech-Language Pathology Staff:** The 13.2 FTE equates to an ARI of 82:1, which is within expectations. It is also notable that there are 3 speech assistants to support the certified staff. As indicated in Appendix B, the S-LPs are working efficiently with respect to direct service time (64%, comparing to a standard of 60%); however, the percentage of individual treatments of 42.2% is higher than expected; it is notable that this appears to be due more to scheduling challenges (vs. a philosophical disagreement with the use of groups).

Currently, 54% of all SWDs are receiving S-LP services, and this compares to an expected range of 40-60%. In a corollary finding, an analysis of students receiving speech-language services suggests that many students are receiving speech-language supports that could be served with other models or professionals.

**Occupational and Physical Therapy Staff:** The 4 FTE OT staff (comprising 3 certified staff and one assistant) equates to an ARI of 285:1, which is within expected limits. Although, as indicated in Appendix B, the percentage of direct services is low (31%), the OTs have moved to employing a consultation model this past academic year, that (in conjunction with 12% travel time) has by necessity reduced direct student time.

The 1.6 FTE PT staff (comprising all certified staff) equates to an expected ARI of 711:1. The PT staff is also employing a consultation model, mitigating the somewhat lower than expected direct service time.

**School Psychology** The 7.65 FTE equates to an ARI of 1,395:1 and compares to a NASP ratio of 1:500-700 (all students). However, in the authors' experience, the ARI is typically closer to 1:1,100 and the District compares favorably to the following RSDs: (1:1,400), Post Falls (1:1,700), and Silver Valley Co-operative (1:2,500). Although it is well-below the Lake Pend Oreille ARI (1:700). Moreover, when one considers there is a school social worker, the ARI of behavioral health professionals (all students) is adjusted to 1,234:1.

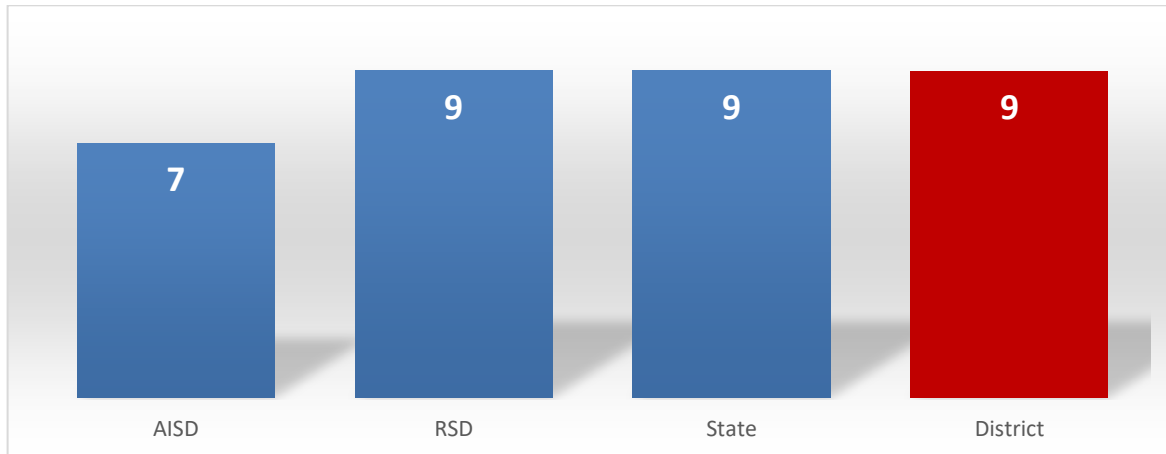
**Other Staff:** The 1.0 staff serving students with hearing impairments and 2.2 FTE serving students with Vision/Orientation-Mobility needs are well within expectations.

#### ***Driving Question #6: Is the District Expending Adequate Financial Resources Towards Its Special Education***

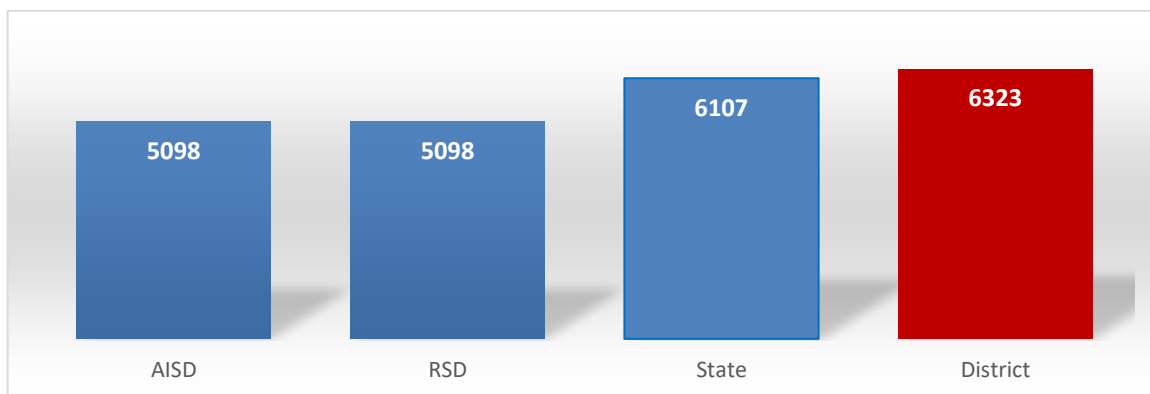
- As indicated in **Figure 2**, the District's expenditures devoted to special education of 9% is in-line with State and RSD averages, and is 2% higher than the AISD average. Alternatively, as indicated in **Figure 3**, expenditures per SWD is high by comparison. However, it is important to note that the percentage of SWDs within the District with Autism (15%) and Developmental Delays (11%) were well above the state averages during Academic School Year (2016-2017) but 1.5% lower overall (9.4% compared to 11%). Consequently, the increased cost per student is explainable given the nature of the SWD population served.



**Figure 2.** Percentage of the Total Operating Budget Allocated for Special Education<sup>3</sup>



**Figure 3.** Expenditures Per SWD (Expressed in Dollars).



## AREAS OF OPPORTUNITY

- There are some excellent references on the District's website as a resource for parents of SWDs (e.g., *I'm a Person First*). To supplement these resources, it may be beneficial to begin these informational opportunities by posting descriptions of the disabling condition of autism, given the increasing incidence of this disability (currently at 10% of the overall SWD population within the State) for parents to help generalize skills at home.

<sup>3</sup> Comprising the following line items: **Special Education Program** (defined as instructional activities and services of teachers and classroom aides who work to meet the needs of special education students) and **Special Education Support Services Program** (defined as the personnel, activities, and services designed to assist special education students and staff members who work with the Special Education and Special Education Preschool Programs).

- Consider a re-organization of the Special Education Department, creating two Assistant Director/Coordinator positions, with one serving Elementary Schools and the other serving the Secondary Schools. These administrative-level positions could more efficiently serve both school-based and central office staff and further align general education and special education functions with a more intuitive communication structure. Maintaining a ratio of 150-200 SWDs per central office staff (whether Director, administrator, or teacher contract status) will be a useful “rule of thumb.”
- Re-assign MTSS/RtI functions to the Director of Curriculum and Assessment. Although this may require some shifting of functions, in the authors’ experience, early-intervening services work best when they are both operationally and symbolically housed within the Curriculum and Instruction departments. The importance of this change of structure will be elaborated upon in the subsequent section.
- Allow a para-professional from each school to provide input to PD committees to ensure their collective voices are “heard.” Moreover, in coordination with the administrators at their school determine the manner where they can define best practices to enhance their learning.
- Continue the communication with all schools with an emphasis on operationalizing and quantifying uniform policies and procedures. As part of this initiative, consider establishing more operational descriptions and exit and criteria for each special program, with level of need and educational profile being the primary determinants. In this manner: (1) students with similar levels of need can be more effectively supported with services, interventions, and programming; (2) it will be easier for the IEP teams to ensure appropriate transition to subsequent programs; (3) students will be placed in the least restrictive environment; and (4) parents and other stakeholders will have a better understanding of criteria that will necessitate either the same level or a change of programming.
- It is axiomatic that the “true” number of paraprofessionals, especially 1:1 paraprofessionals, needs to be based on objective student need, Least Restrictive Environment, and enhancing student independence. Therefore, the District may consider adding quantitative parameters for eligibility for para-professional supports. In this manner, further parity and equalization of access to services can be ensured for the students across the District, irrespective of the level of parental or legal advocacy.

As per a best practices *modus operandi*, the District’s “default” model will be to assign paraprofessionals to teachers and programs and not to specific students. If paraprofessional supports are deemed necessary beyond the programmatic assignment of the paraprofessional, it is recommended that objective, measurable, and explicit IEP goals specifying corresponding functional skills that will allow attenuation (if not complete discharge of the paraprofessional supports) be included as a featured component of the IEP. The authors will provide District leadership with a sample rubric that encompasses these parameters.

- As part of a strategic plan in conjunction with suspected attrition, consider the viability of reducing the number of para-professionals and re-deploying funds to provide additional special education teaching positions thereby enabling the District to implement a more integrated instructional service delivery model where students are in the general education classroom for a larger percentage of their school day. This will enhance LRE and will also provide more options for interventions with respect to MTSS

because the strategy expertise of the special education teachers will be available to all students in “real time.”

- As is currently occurring, the District is strongly encouraged to re-visit systematic, District-wide entry and exit criteria for speech-language services. This document will ideally further address areas (e.g., vocabulary) that may be addressed by other professionals as well as the way the S-LPs can support students using an MTSS and consultative frameworks.

## SOURCES AND RESOURCES

American Physical Therapy Association. (2009). Guidelines: Physical Therapy Scope of Practice (Scope of Practice). Retrieved from APTA: [www.apta.org](http://www.apta.org)

American Speech-Language-Hearing Association. (2016). S-LP Caseload Characteristics Retrieved from ASHA: [www.asha.org](http://www.asha.org)

Church, E., Bland, P., Church, B. (2010). Supporting quality staff development with best-practice aligned policies. Emporia State Research Studies, 46 (2), 44-47.

Giangreco, M., Suter, J., & Hurley, S. (2013). Revisiting personnel utilization in inclusion-oriented schools. The Journal of Special Education, 47(2), 121–132.

Holyoke Public Schools: Paraprofessional Rubric (Public Domain)

Individuals with Disabilities Act (IDEA), at 20 U.S.C. Section 1401 (a) (22).

National Association of School Psychologists (2015). NASP Practice Model Overview. Retrieved: Practice\_Model\_Brochure%20(1).pdf

Rehabilitation Act of 1973, Section 504. United States Department of Education

Various documents from the Idaho Department of Education (<http://www.sde.idaho.gov>).

## CONTINUUM OF SUPPORTS

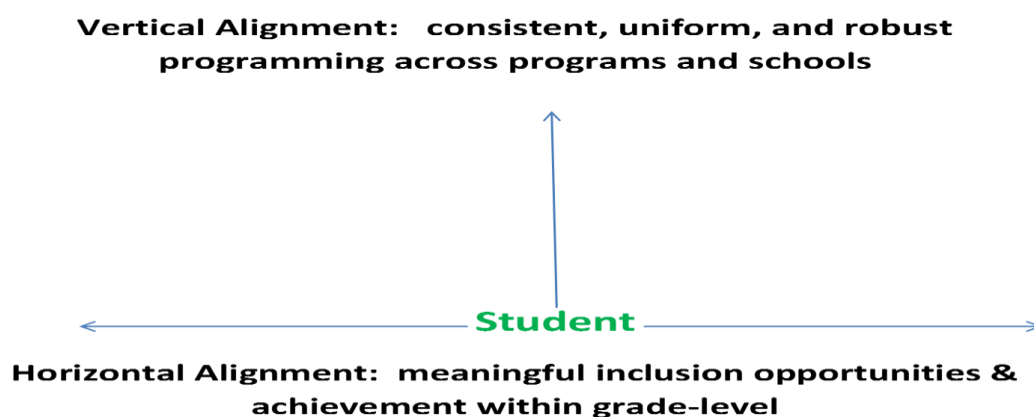
### COMPONENT OVERVIEW

#### Core Elements

Although the term “continuum of services” is associated with special education, it is useful to broaden this definition to “continuum of supports” because it can be used to conceptualize a system of instructional and programmatic provisions for all students (i.e., students with and without disabilities). Ideally, this continuum provides programming, personnel, and resources to appropriately address the educational needs of students in the general education classrooms; or, if needed, in special education programs designed to be closely integrated with the general education environment.

The other framework that is inherent in a programmatic discussion encompasses the student-centric constructs of *horizontal alignment* and *vertical alignment*. Horizontal Alignment refers to practices that correlate special education instruction and supports to grade-level expectations; it can be measured academically by student achievement and more broadly by the quantity and quality of opportunities that SWDs have with their typical peers. Vertical Alignment is the degree to which the transition of SWDs as they progress from one grade, school, or program, is seamless; vertical alignment requires consistent, uniform, and robust programming that ensures the needs of SWDs are consistently met until they graduate or are deemed ineligible to receive special education services. **Figure 4** illustrates these two dimensions of alignment.

**Figure 4:** The two-dimensions of alignment



*Source: Futures Education, 2018*

## Methodological Approach

- Confidential interviews with central office leadership, school-based administration, certified teachers, non-certified teaching staff, and related service providers (please see Appendix A for interviewee questions).
- Non-evaluative walk-throughs to all District's schools
- Data from the Idaho Department of Education website (<http://www.sde.idaho.gov>) with an emphasis on student outcomes, costs devoted to special education, and District demographics.
- Data retrieved from the Frontline® system (the District's IEP software program) to conduct a stratified, random review of IEPs across the variables of age, grade, attending school, and educational disabilities (total N=100).

## Glossary of Abbreviations

**AISDs:** Analogous Idaho School District  
**ELA:** English Language Arts

**IEP:** Individualized Education Program  
**IEP:** Individualized Education Program  
**MTSS:** Multi-Tiered System of Supports  
**RSD:** Regional School Districts

## Glossary of Terms

**Co-Teaching:** Where a special education teacher and a general education teacher jointly deliver instruction to a group of students.

**Ownership:** A phenomenon whereby general education teachers assume responsibility for special education students and special education teachers assume responsibility for general education students.

### Horizontal

**Alignment:** Practices that correlate special education instruction to grade-level expectations.

### Vertical

**Alignment:** The degree to which the transition of SWDs as they progress from one grade, school, or program to another, is seamless.

## FINDINGS

### *Driving Question #1: As Currently Constituted, Is the Early Intervening Process Working Well?*

It may be helpful to conceptualize the efficacy of the MTSS using two practical examples. Using the traditional RtI as illustrated in **Figure 5** below, consider two students who may require supports in two separate domains: academic (student A) and behavior (student B). In either case, the base of the pyramid is meant to serve these students, as with all students, with interventions that are: (1) explicitly linked to curriculum; (2) proactive; and (3) delivered in the general education setting. With the assumption that the students are not responding to the Tier 1 instruction, each subsequent tier becomes more targeted, intense, and individualized in the domain that the student is requiring support with.

**Figure 5.** The MTSS Framework



#### ACADEMIC SYSTEMS

##### TIER 3 Intensive, Individual Interventions

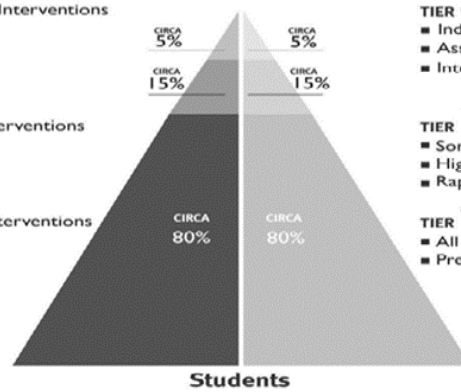
- Individual students
- Assessment-based
- High intensity
- Of longer duration

##### TIER 2 Targeted Group Interventions

- Some students (at-risk)
- High efficiency
- Rapid response

##### TIER 1 Core Instructional Interventions

- All students
- Preventive, proactive



#### BEHAVIORAL SYSTEMS

##### TIER 3 Intensive, Individual Interventions

- Individual students
- Assessment-based
- Intense, durable procedures

##### TIER 2 Targeted Group Interventions

- Some students (at-risk)
- High efficiency
- Rapid response

##### TIER 1 Core Instructional Interventions

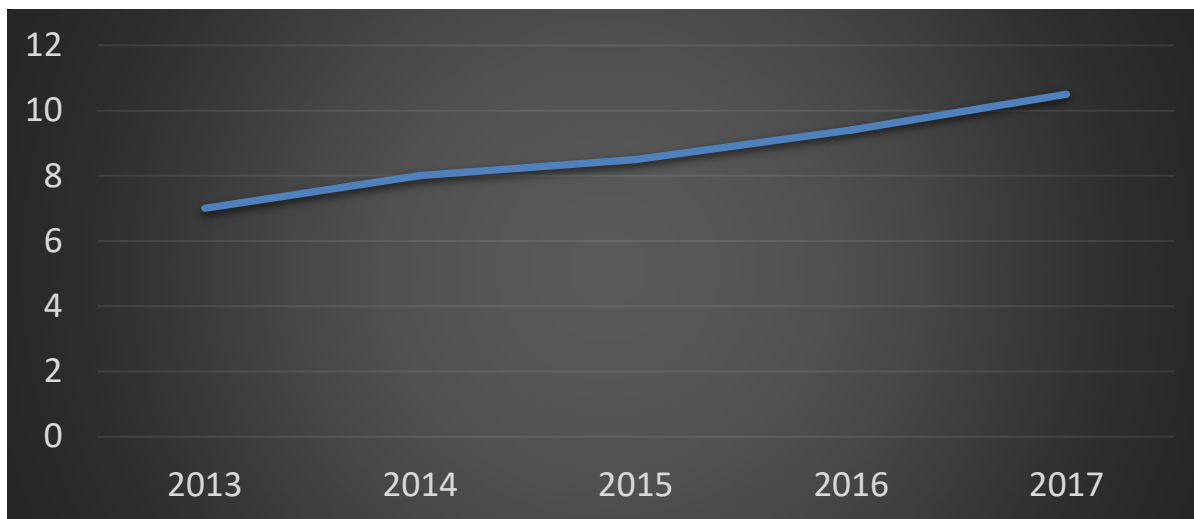
- All settings, all students
- Preventive, proactive

#### Student A

#### Student B

- The predominant theme with respect to the District's MTSS program was that it was very much a "work in progress." The state of MTSS was a subject of widely divergent perceptions and opinions among those interviewed. Although some reported general education teacher ownership of the program, others reported the opposite. It is notable that each school has its own forms and tools for data-tracking and communication of student progress among teachers and MTSS team members.
- Although there may be other factors (e.g., students with disabilities moving into the District, the District's upward trend presented in special education classification, as presented in **Figure 6**, does indicate early intervening processes requires extensive continued attention, as this represents a 50% increase within the past 5 years.

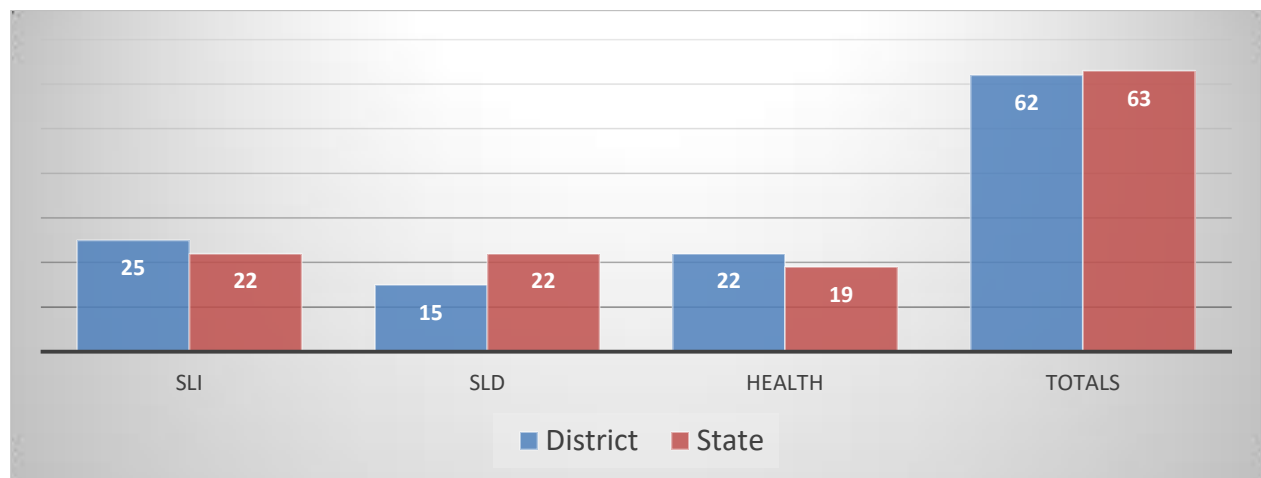
**Figure 6.** The Trend Data in Students with Disabilities (Percentage of Overall Population)



- Another indicator of an effective early intervening process is the degree to which high frequency-lower needs disability categories may be over-represented in that they are not receiving supports in general education that are meeting their instructional needs.

As indicated in **Figure 7**, there is not a disproportionate number of SWDs classified with the three primary areas of high-incidence, low needs disabilities (i.e., specific learning disabilities, health impairment, or speech-language impairment<sup>4</sup>) when considered as a whole; however, consistent with the information presented previously, the percentages of SWDs with SLI and Health are 3% higher as compared to State averages, but SWDs with SLD is 7% lower than State averages.<sup>5</sup>

**Figure 7.** The Percentage of the Speech or Language Impairment (SLI), Specific Learning Disability (SLD), and Health Impairment Disability Categories Among All SWDs



***Driving Question #2: Once Referred, Are the Processes to Identify Students Uniform and Consistent?***

- Disproportionality is over-representation of minority students identified with a learning disability or other types of disability under the IDEA. When a minority group's numbers in special education are statistically higher than they should be, they are considered disproportionate. The District is to be commended for its historical record of not having disproportionate representation for subgroups across special education or with respect to subgroups.
- In another IDEA indicator that speaks to excellent compliance, the District's Child Find Compliance is 100%, and is the highest among RSDs and AISDs.

<sup>4</sup> The individual categories *Speech Impairment* and *Language Impairment* were combined

<sup>5</sup> Because this is a system review, data pertaining to each school are provided in Appendix C

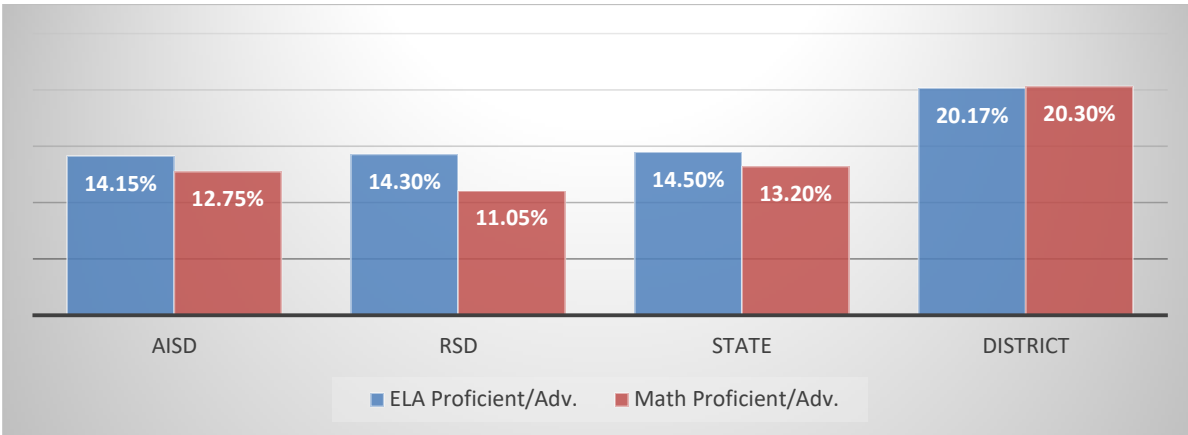
- The specialists indicated that, although there may need to be some sharing of tests, they have the most up to date assessment batteries, protocols, and other elements for successful diagnostic practices. In a related matter the service providers across S-LP, OT, and psychology are using similar methodologies to determine eligibility.

***Driving Question #3: Once Identified Is the Continuum of Services Meeting Student Needs?***

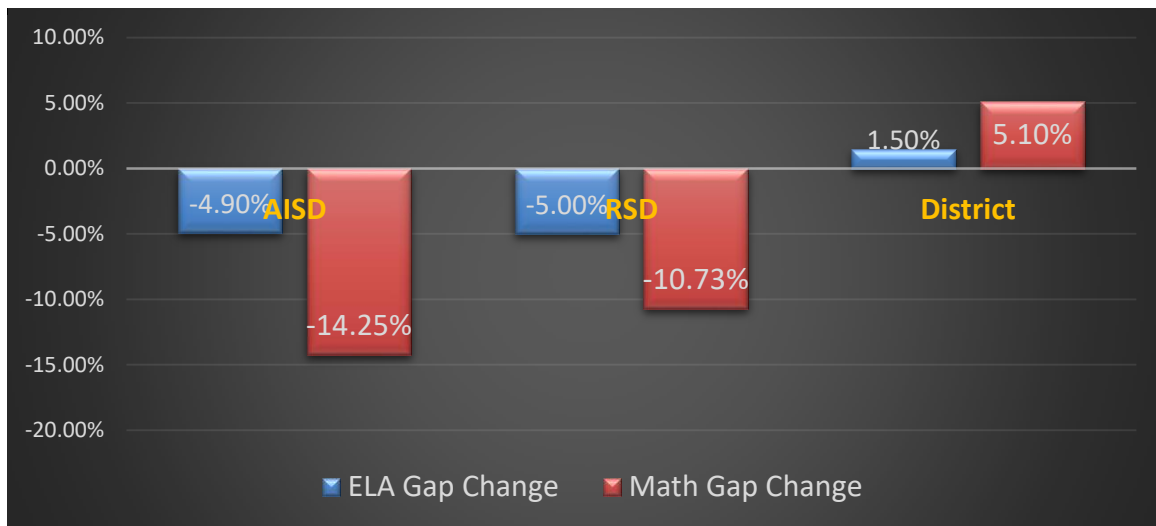
- Once deemed eligible for special education programming by the IEP team, SWDs do have a continuum of instructional services available to them that is consistent with federal and State guidelines. These include:
  - ✓ “Safe Rooms” (i.e. Seclusion space) at most school
  - ✓ Life Skills at certain campuses only, serving non-neighborhood students
  - ✓ Pathways / Therapeutic Learning Classroom (TLC) at certain campuses only
  - ✓ Extended Resource at several schools
  - ✓ Resource / Pull-Out Services at all schools
  - ✓ Full Inclusion at all schools
- Despite co-teaching being an option, this does not appear to be a systematic and operational model throughout the District; rather, it is more dependent upon the philosophy at certain schools or the initiatives of the co-teaching dyads at other schools. In addition, no interviewee could fully express the cut-off threshold or other distinctions between Extended Resource and Resource. Additionally, several teachers mentioned that the Pathways / TLC programs are always at capacity and so there are many students with significant behavioral needs who cannot be served in this setting.
- To the degree that special education is meant to “level the playing field,” there are two primary IDEA indicators that are the most critical to determine if SWDs are attaining desired outcomes. The first is student achievement, as measured by proficiency on assessments. As indicated in **Figure 8**, the percentages of SWDs (all grades) achieving at least proficiency in ELA and Math are at least 5% higher than AISD, RSD, and State averages. Alternatively, as depicted in **Figure 9**, a 5-year longitudinal review reveals that performance for SWDs in the content areas of Math and ELA, suggests that achievement gaps in these areas have increased.

**Figure 8.** Percentage of SWDs Achieving at Proficiency or Advance Levels (all levels ASY 2016-2017)



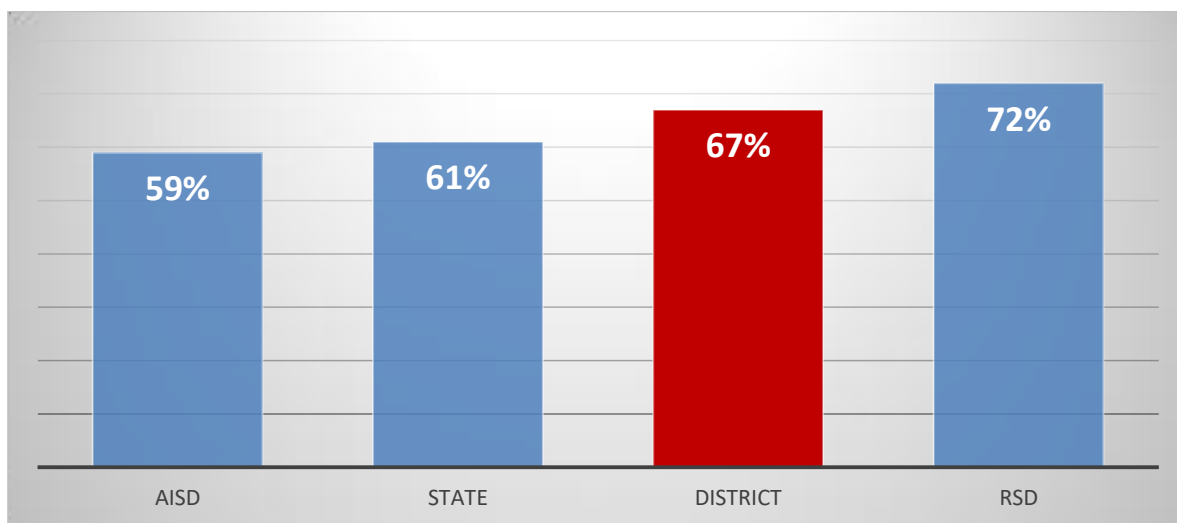


**Figure 9.** Change in Achievement Gap for ELA and Math Across the Past Five Reporting Years



Commendably, the graduation rate among the graduation rates for the SWD cohort exceeds the average of AISDs and the State (as exhibited in **Figure 10**), which are reflective of an array of options for SWDs at the high school level (i.e., Career and Technical Education). In a corollary finding, secondary transitions for the SWD population are very strong (i.e., 100% as per the last reported data).

**Figure 10.** A Comparison of the District's Graduation Rate for SWDs.



- Another celebration are exemplary IEPs that are quantifiable, internally consistent, measurable, and linked to Common Core Standards; all transition plans were for older students. In fact, these were among the finest IEPs the authors have reviewed.

## AREAS OF OPPORTUNITY

### MTSS

Perhaps the most important recommendations will be those that center around MTSS. Therefore, we will give great attention to this with respect to bolstering the process.

#### *Re-Branding of the Early Intervening Process*

- Although it may seem like a minor point, re-naming the process at all schools to MTSS. In this manner, a single name will unify the early intervening process by name and function.
- Clearly articulated (and internally created and agreed to) criteria for moving between tiers and what happens at each tier in terms of intervention and who is responsible. The operational guide needs to include very specific, level related strategies that work with struggling learners so that teachers have a "go to" manual for ideas for intervention in the moment. This can be created as a District wide plan for accommodating diverse learners- there are many resources to support this creation.

### Ownership

- Leadership at both the central office and school-based level will continue to emphasize the importance that general education teachers see MTSS as within their singular purview, and it is not meant as a "pass-through" for IEP referral.

- As new teachers are hired in the District, as part of their two-day orientation, provide them with an operational hiring guide, thus ensuring all teachers understand the ownership standard of their jobs as it pertains to MTSS and allowing unanimity of the culture of ownership across all schools on a “go forward” basis.
- Because teachers typically state that they have tried “everything,” they need a partner/coach to help research, develop and implement universal design (a little easier than differentiation once lessons are prepared because they are “universal”). MTSS trainings do not typically provide the specifics that are needed in the classroom.

### ***Capacity Building***

- If the District deems appropriate, investment in Responsive Classrooms or other “real time” intervention paradigm (e.g., Universal Design for Learning), will greatly enhance reaching all students where they are with respect to learning and accommodating their unique styles. Again, it would be expected that the instructional coaches would take the lead in pushing these initiatives out to the general education staff.
- As it pertains specifically to the domains of emotional and behavioral health, school safety, and school adjustment, it will be helpful to structure a strategic plan inclusive of interventions (e.g., PBIS), collaboration among all schools, and the creation of operational guidelines regarding supporting students.

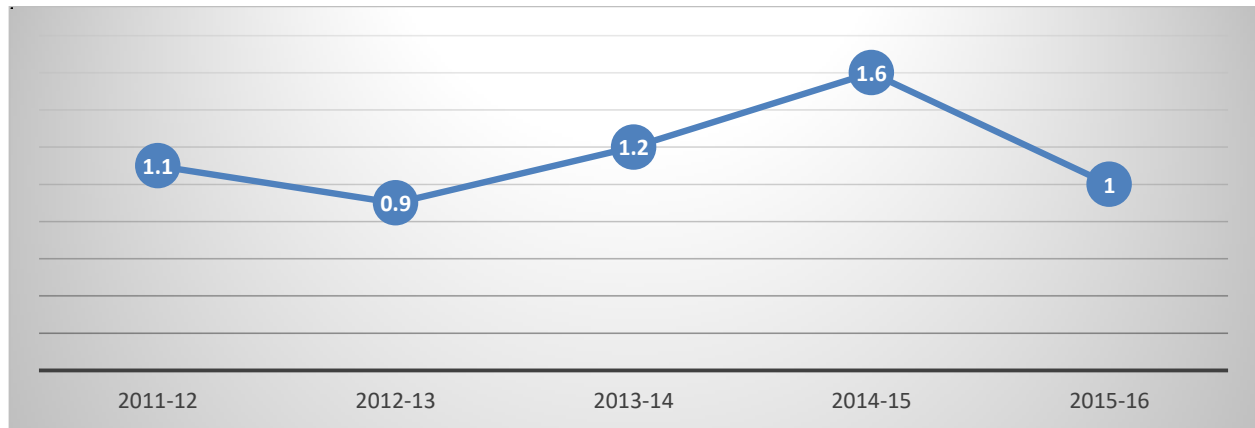
### ***Data Considerations***

- Benchmarking of students to determine need should occur every two weeks after the initial benchmarking for students. A Gradual Release of Responsibility (I do, we do, you do) approach lends itself to the ownership issue where teachers benchmark and re-teach during the “you do” phase of instruction.
- In addition to reviewing data on students for special education evaluation, progress monitoring data using evidence-based benchmarking tools need to be reviewed regularly by the team to monitor student progress. Students who are making progress are benchmarked until they are performing commensurate with their peers; however, students who are not making progress are reviewed for: (1) additional instruction; (2) use of data from progress monitoring for future analysis; and (3) review of work samples as a component of further analysis.
- To supplement the qualitative approach to MTSS, it will be helpful to quantitatively “roll up” this data to ensure that school-based administrators can reflect on students who went to evaluation and those who did, or did not, qualify. This data, both in “real time” and longitudinally, will provide valuable data with respect to the efficacy of MTSS within, and across, schools and across content areas (i.e., LEA, math, and behavior).

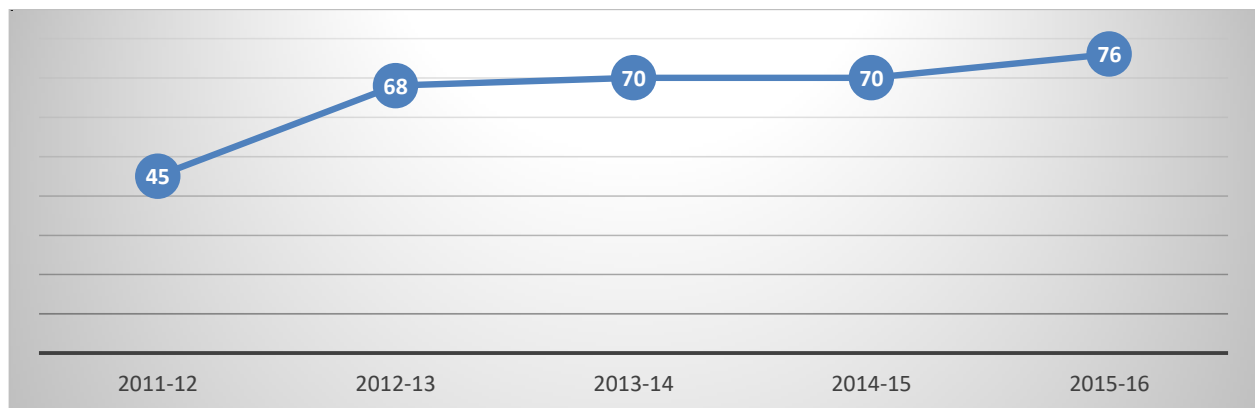
The utility of being able to report referrals to IEP teams and those students who qualified is reflected below in **Figures 11** and **12** from another district the authors have supported. It may also be possible to

categorize students according to domain (e.g., literacy, numeracy, and behavior) to determine which schools may be outliers in over-referring in these areas and to provide an opportunity to draw on the expertise of other schools who are having success in those domains.

**Figure 11.** Referrals to IEP-Expressed as a Percentage of the Overall Student Population



**Figure 12.** Referrals to IEP Who Were Classified-Expressed as a Percentage of Students Referred



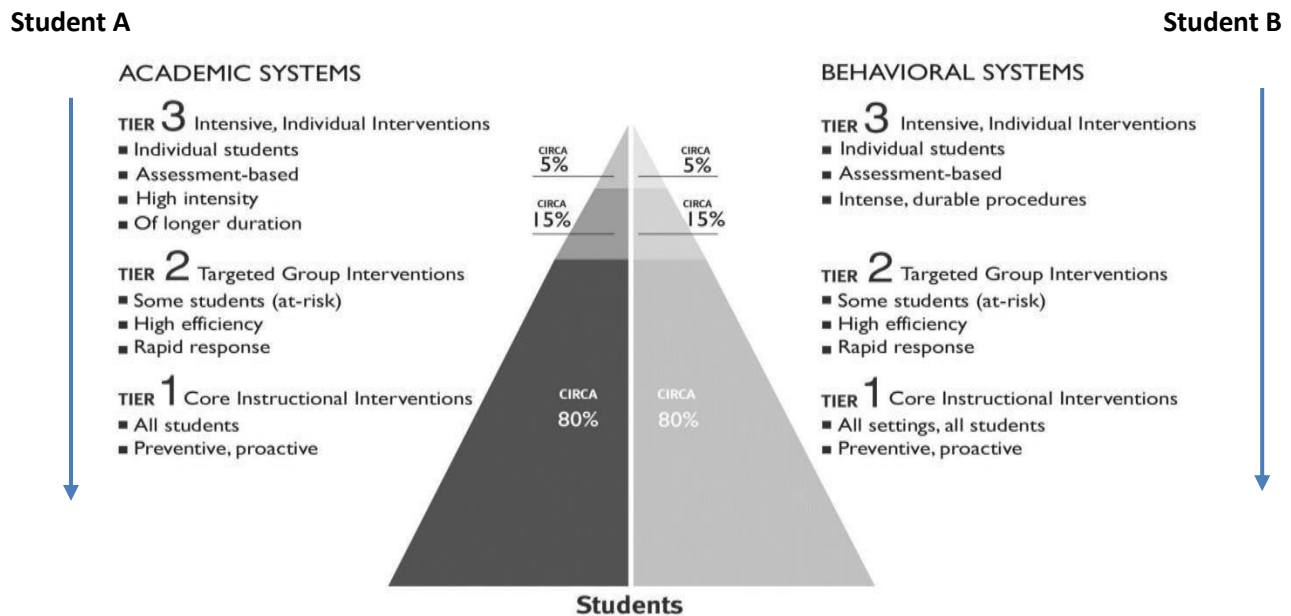
### ***MTSS as a Step Down***

- Once MTSS is more systematic and operational across all schools with respect to processes and procedures (e.g., high quality core instruction, timely/effective interventions, use of data to evaluate/problem-solve issues of student learning) it may be “reversed” (i.e., the MTSS pyramid is in effect inverted) as a systematic step-down for students who are no longer eligible for IEPs.

This is best illustrated by re-considering the two hypothetical students. In this scenario, assuming the students were deemed eligible for exiting an IEP, the tiers comprising the MTSS model may be used to support the students in academic (Student A) and behavioral (Student B) domains. In this sense, the robust nature of MTSS is illustrated because it provides a platform to address student needs “where they are at,” irrespective of their previous special education status. In all aspects of the MTSS process, it is

recommended that the school psychologist play the lead role in this process.

**Figure 13. Utilization of the “Step Down” from an IEP**



- Continue to work with staff on writing IEPs that are internally consistent, measurable, and attached to student needs. To the degree practicable, a quarterly PLC comprising special education teachers and principals to reflect on specific cases may be helpful to enhance capacities for both instructional and administrative staff.
- Continue to establish reverse mainstreaming for all special classrooms. This will provide a meaningful platform to provide LRE opportunities. For example, this initiative has traditionally included a lunch bunch program, which allows typical students to eat with disabled peers and is a wonderful opportunity for the typical students to provide social role modeling in a naturalistic activity and milieu. In addition, a credit-bearing peer mentorship program at the secondary level will ensure that the peer interactions are systematic, meaningful, and interactive. The authors will provide District leadership with examples of these.

### **Continuum of Services**

- Re-focus the co-teaching model to ensure it remains a viable element in the District’s continuum of services. Referring to the leadership capacity, it will be essential for special education leadership and the principals to collaborate on: (1) requisite professional development for the co-teaching dyads; (2) effective scheduling of students; (3) evaluation of the special education staff; and (4) on-going problem solving. In this regard, to the degree that struggling students may have their needs addressed by strategy experts, co-teaching will be an excellent supplement to the aforementioned MTSS recommendations.

- Below, we have included some guiding principles that we feel may bolster the process:
  - ✓ Co-Teaching can be misunderstood to mean one general education teacher and one special education teacher in a classroom all day long. That may not always be the case. Co-teaching, like every other model on the continuum, can vary each day and for every class period. It does mean that based on Co-Planning, Co-Teaching, and Co-Reflection, teachers (general and special) make day to day and class to class decisions based on: (1) the needs of the special education student(s); (2) the IEP requirements; (3) the core content; and (4) the instructional requirements of these class periods.
  - ✓ When new concepts are introduced, it is often important that the special education teacher conduct some pre-introduction for younger SWDs. This preview of material could be accomplished in many ways (resource room, alternative co-teaching model for a short period of time, etc.).
  - ✓ During the actual direct instruction time, the co-teaching model (team teaching, station teaching, parallel teaching or alternative teaching) is most useful. However, it should be noted that when students are practicing, the general education teacher in consultation with the special education teacher, should develop the classroom practices such that the special needs student(s) can participate without the special education teacher having to be present the entire time.
  - ✓ The key to good co-teaching is the effective and efficient use of teacher time. That does not necessarily mean being in the general classroom every minute. Co-planning is critical to ensure that special education teacher is utilized in the most effective and efficient manner; being in the classroom and “helping, assisting, or tutoring” is not an efficient use of a special education teacher’s time if a paraprofessional or peer can assist the student.
  - ✓ To ensure accountability, it is recommended that teachers involved in the co-taught model be evaluated with respect to their effectiveness in delivering this specialized instruction during their annual reviews, and that all administrators with requisite training in determining what constitutes effective co-teaching work in unison to develop a content-valid form and to execute it accordingly (e.g., 5-minute walk-throughs).
  - ✓ After a content-validated assessment, co-teaching teams that are exemplary could then be assigned as mentors at their schools to support other co-teaching dyads. In addition, to the extent that continuity of team partnerships typically supports student achievement via mutual respect, collegiality, competence, and the acceptance of total ownership for all students, District leadership may consider maintaining the continuity of these teams when possible and to provide the teams with as much common planning as is possible and practicable.

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## SUMMARY AND FINAL COMMENTARY

It is hoped that the Findings and the Areas of Opportunity provided within this document will support the

District's leadership in providing excellent services to all students. The authors postulate that the following areas may be of most immediate value in that they have both programmatic and fiscal implications as part of the District's strategic planning, and to further support what is many ways an already strong program:

### ***Organizational Considerations***

1. Consider a re-organization of the Special Education Department, creating two Assistant Director/Coordinator positions, with one serving Elementary Schools and the other serving the Secondary Schools.
2. Re-assign MTSS/Rtl functions to the Director of Curriculum and Assessment.
3. Allow a para-professional from each school to provide input to PD committees to ensure their collective voices are "heard."
4. Continue the communication with all schools with an emphasis on operationalizing and quantifying uniform policies and procedures.
5. As part of a long-term strategic plan, consider a greater proportion of certified teaching staff.
6. Institute exit and entry guidelines for the specialists, with an emphasis on alternative service models for the S-LPs.

### ***Continuum of Supports***

1. In the attempt to create a "frame" but not a "box" (e.g., tight-loose), attempt to make the MTSS processes more uniform and consistent with respect to tracking forms, consistency of meeting times, "name of the processes" and an opportunity for MTSS stakeholders to meet a monthly basis to reflect on data, share best practices, and problem-solve.
2. Re-visit enhancing co-teaching as part of the Districts continuum of services with an emphasis on maintaining co-teaching dyads, principal training (e.g., the 5-minute walk through), and creative scheduling.



## APPENDIX A: INTERVIEW ROSTER (N=157)

Discipline	Interviewer 1	Interviewer 2	Interviewer 3	Interviewer 4
Central Office Staff	10			
Principals		6	4	6
Assistant Principals		4	3	2
General Education Teachers		12	4	5
Special Education Teachers		6	10	12
Para-Professionals		12	10	9
Psychologists	7		3	1
Speech-Language Staff	13			
Occupational Therapy Staff	2			
Physical Therapy Staff	1	1		
Social Workers	1			
School Counselors				2
Teacher of the Visually Impaired	1			
(Dedicated) RtI/MTSS Point Person			5	4
Teacher of the Hearing Impaired		1		
<b>Total Interviewees</b>	<b>35</b>	<b>42</b>	<b>39</b>	<b>41</b>

## APPENDIX B: WORKLOAD ANALYSES

### Explanatory Notes

1. Workloads are all student-directed activities that include both direct and indirect times and are used as opposed to caseloads given that workloads are a more valid metric to determine how the services providers are spending their time.
2. Direct services include therapy (individual or group) and consultation; “other” services are those such as preparation, paperwork, and non-travel activities.
3. The individual breakdown of each service providers’ time was calculated from weekly time studies and is reported as (actual) total weekly hours in each category and in percentages in the following pages.
4. A unit is defined as 30 minutes of treatment.

### Discipline Workload Summary - Speech and Language Pathology

Total Hours Analyzed	<b>495</b>	
Number of Staff	<b>14</b>	
Number Full Time Equivalent (FTE) Staff	<b>13.2</b>	
Total Hours Minus Testing	<b>474.75</b>	
Total Testing Hours (% in italics)	<b>20.25</b>	<b>4.1%</b>
Total Direct Service Hours (% in italics)	<b>302.75</b>	<b>63.8%</b>
Individual	<b>127.75</b>	<b>42.2%</b>
Group	<b>169.5</b>	<b>56.0%</b>
Consult	<b>5.5</b>	<b>1.8%</b>
Total Indirect Service Hours (% in italics)	<b>172</b>	<b>36.2%</b>
Travel	<b>6.5</b>	<b>3.8%</b>
Meetings	<b>73.25</b>	<b>42.6%</b>
Other	<b>92.25</b>	<b>53.6%</b>
Therapist Caseload Ranges		
	<b>MIN</b>	<b>MAX</b>
caseload	<b>22</b>	<b>73</b>
weighted	<b>27</b>	<b>73</b>

case

### Therapist Workload Percentages

	<b>MIN</b>	<b>MAX</b>
group	25	100
individual	0	75
consult	0	7
direct	40	75
testing	0	13
meetings	0	30
other	10	28
travel	0	11

	<b>AVG</b>	<b>units/caseload</b>
caseload	46.2	1.01
weighted case	47.9	
units	51.5	

### Individual Breakdown of Weekly Workload by Therapist

SLP Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0	5	3	5	0	13	0.72	29.00	36.00	38.00
individual	0.5	1	2.5	1	0	5	0.28			
consult	0	0	0	0	0	0	0.00			<b>RTI</b>
direct	0.5	6	5.5	6	0	18	0.60			14
testing	3	0	0.5	0.5	0	4	0.13			
meetings	2.5	0.5	0	0	0	3	0.10			
other	1.5	1	1	1	0	4.5	0.15			
travel	0	0	0.5	0	0	0.5	0.02			
<b>Total Hours</b>	7.5	7.5	7.5	7.5	0	30	1.00			

SLP Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0	5.5	5.5	5.5	5.5	22	0.92	49.00	49.00	57.00
individual	0	0.5	0.5	0.5	0.5	2	0.08			
consult	0	0	0	0	0	0	0.00			<b>RTI</b>
direct	0	6	6	6	6	24	0.64			10
testing	2	0	0	0	0	2	0.05			
meetings	4	0.25	0.25	1	0	5.5	0.15			
other	1.5	1.25	1.25	0.5	1.5	6	0.16			
travel	0	0	0	0	0	0	0.00			
<b>Total Hours</b>	7.5	7.5	7.5	7.5	7.5	37.5	1.00			

SLP Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	1	4.5	3	4	2	14.5	0.63	59.00	59.00	91.00
individual	0.5	1.5	3	1.5	2	8.5	0.37			
consult	0	0	0	0	0	0	0.00			RTI
direct	1.5	6	6	5.5	4	23	0.61			10
testing	1	0	0	0	0	1	0.03			
meetings	3	1	1	1	1.5	7.5	0.20			
other	2	0.5	0.5	1	2	6	0.16			
travel	0	0	0	0	0	0	0.00			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>37.5</b>	<b>1.00</b>			

SLP Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0.5	3	3	3.25	3.25	13	0.54	46.00	46.00	40.00
individual	0	2.5	2.75	2.5	2.25	10	0.41			
consult	1.25	0	0	0	0	1.25	0.05			RTI
direct	1.75	5.5	5.75	5.75	5.5	24.25	0.65			13
testing	1.25	0	0	0	0	1.25	0.03			
meetings	1.5	1	1	1	1	5.5	0.15			
other	3	1	0.75	0.75	1	6.5	0.17			
travel	0	0	0	0	0	0	0.00			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>37.5</b>	<b>1.00</b>			

SLP Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	1	4	1.5	2	1.5	10	0.41	52.00	52.00	62.00
individual	2	2.5	3.5	2	4	14	0.58			
consult	0	0	0.25	0	0	0.25	0.01			RTI
direct	3	6.5	5.25	4	5.5	24.25	0.65			1
testing	0.5	0	0	1	0	1.5	0.04			
meetings	2	0	1	1	0.5	4.5	0.12			
other	2	1	1.25	1.5	1.5	7.25	0.19			
travel	0	0	0	0	0	0	0.00			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>37.5</b>	<b>1.00</b>			

SLP Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	1	0.5	3.5	4.5	2	11.5	0.48	50.00	50.00	51.00
individual	3	4	1.5	1	1.5	11	0.46			
consult	0	1	0	0	0.5	1.5	0.06			RTI
direct	4	5.5	5	5.5	4	24	0.64			10
testing	0	0	0	0	3	3	0.08			
meetings	1	0.5	1.25	1	0	3.75	0.10			
other	2	1.5	1.25	1	0.5	6.25	0.17			
travel	0.5	0	0	0	0	0.5	0.01			

<b>Total Hours</b>	7.5	7.5	7.5	7.5	7.5	37.5	1.00
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SLP										
Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	3	4	4	3	2	16	0.84	53.00	53.00	53.00
individual	0.5	0.5	0.5	1	0.5	3	0.16			
consult	0	0	0	0	0	0	0.00			RTI
direct	3.5	4.5	4.5	4	2.5	19	0.51			92
testing	0	0	0	0	3	3	0.08			
meetings	2	0	2.5	1	1	6.5	0.17			
other	2	3	0.5	2.5	0.5	8.5	0.23			
travel	0	0	0	0	0.5	0.5	0.01			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>37.5</b>	<b>1.00</b>			

SLP										
Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	3.25	1.25	1	0.75	0.75	7	0.25	44.00	44.00	55.00
individual	2.5	5	4.5	5.25	4	21.25	0.75			
consult	0	0	0	0	0	0	0.00			RTI
direct	5.75	6.25	5.5	6	4.75	28.25	0.75			6
testing	0	0	0	0	0	0	0.00			
meetings	0	0	0	0	0	0	0.00			
other	1.75	1.25	2	1.5	2.75	9.25	0.25			
travel	0	0	0	0	0	0	0.00			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>37.5</b>	<b>1.00</b>			

SLP										
Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	2	2	0	1.75	0	5.75	0.38	22.00	27.00	33.00
individual	1.75	2.75	0	3.75	0	8.25	0.55			
consult	1	0	0	0	0	1	0.07			RTI
direct	4.75	4.75	0	5.5	0	15	0.67			5
testing	0	0	0	0	0	0	0.00			
meetings	1	0.75	0	0.5	0	2.25	0.10			
other	1.75	2	0	1.5	0	5.25	0.23			
travel	0	0	0	0	0	0	0.00			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>0</b>	<b>7.5</b>	<b>0</b>	<b>22.5</b>	<b>1.00</b>			

SLP										
Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0.75	2	4.25	3	1.5	11.5	0.47	43.00	43.00	40.00
individual	2	3.5	2	2	2.5	12	0.49			
consult	0	0	0	0	1	1	0.04			RTI
direct	2.75	5.5	6.25	5	5	24.5	0.65			10
testing	0.5	0	0	0.5	0	1	0.03			
meetings	3	0.5	0.5	1	0.5	5.5	0.15			
other	1.25	1.5	0.75	1	1.5	6	0.16			
travel	0	0	0	0	0.5	0.5	0.01			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>37.5</b>	<b>1.00</b>			

SLP Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	1.5	2.5	2.75	2.5	3	12.25	0.44	54.00	54.00	52.00
individual	4	2.5	2.75	3.5	3	15.75	0.56			
consult	0	0	0	0	0	0	0.00			RTI
direct	5.5	5	5.5	6	6	28	0.75			6
testing	0	0	0	0	0	0	0.00			
meetings	1.5	1	1.25	1	1	5.75	0.15			
other	0.5	1.5	0.75	0.5	0.5	3.75	0.10			
travel	0	0	0	0	0	0	0.00			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>37.5</b>	<b>1.00</b>			

SLP Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0.5	2	4.5	3	3	13	0.57	73.00	73.00	68.00
individual	1	2.5	1	3	2.5	10	0.43			
consult	0	0	0	0	0	0	0.00			RTI
direct	1.5	4.5	5.5	6	5.5	23	0.61			10
testing	0.5	0	0	0	0	0.5	0.01			
meetings	2	2.5	0.5	1	1	7	0.19			
other	3	0.5	1.5	0.5	1	6.5	0.17			
travel	0.5	0	0	0	0	0.5	0.01			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>37.5</b>	<b>1.00</b>			

SLP Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0	2.5	2.5	2.5	0	7.5	0.50	27.00	27.00	29.00
individual	0	1	1	1	4	7	0.47			
consult	0	0	0	0	0.5	0.5	0.03			RTI
direct	0	3.5	3.5	3.5	4.5	15	0.40			0
testing	3	0	0	0	0	3	0.08			
meetings	3.5	1	1	1	1	7.5	0.20			
other	1	2	2	2	1	8	0.21			
travel	0	1	1	1	1	4	0.11			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>37.5</b>	<b>1.00</b>			

SLP Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	4.5	3	0	3	2	12.5	1.00	46.00	58.00	NR
individual	0	0	0	0	0	0	0.00			
consult	0	0	0	0	0	0	0.00			RTI
direct	4.5	3	0	3	2	12.5	0.42			0
testing	0	0	0	0	0	0	0.00			
meetings	0	3	0	3	3	9	0.30			
other	3	1.5	0	1.5	2.5	8.5	0.28			
travel	0	0	0	0	0	0	0.00			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>0</b>	<b>7.5</b>	<b>7.5</b>	<b>30</b>	<b>1.00</b>			

## Discipline Workload Summary - Occupational Therapy

Total Hours Analyzed	<b>83.75</b>	
Number of Staff	<b>3</b>	
Number Full Time Equivalent (FTE) Staff	<b>2.2</b>	
Total Hours Minus Testing	<b>78.25</b>	
Total Testing Hours (% in italics)	<b>5.5</b>	<b>6.6%</b>
Total Direct Service Hours (% in italics)	<b>24.25</b>	<b>31.0%</b>
Individual	<b>10</b>	<b>41.2%</b>
Group	<b>11.5</b>	<b>47.4%</b>
Consult	<b>2.75</b>	<b>11.3%</b>
Total Indirect Service Hours (% in italics)	<b>54</b>	<b>69.0%</b>
Travel	<b>5.25</b>	<b>9.7%</b>
Meetings	<b>10.5</b>	<b>19.4%</b>
Other	<b>38.25</b>	<b>70.8%</b>

### Therapist Caseload Ranges

	<b>MIN</b>	<b>MAX</b>
caseload	6	40
weighted case	10	50

### Therapist Workload Percentages

	<b>MIN</b>	<b>MAX</b>
group	42	52
individual	9	58
consult	0	39
direct	24	32
testing	3	11
meetings	6	20
other	35	55
travel	0	12

	<b>AVG</b>	<b>units/caseload</b>
caseload	24	1.02
weighted case	30.7	
units	32.5	

### Individual Breakdown of Weekly Workload by Therapist

OT										
Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	1	1	2	0.5	0	4.5	0.50	40.00	50.00	53.00
individual	0	2.5	1.5	0	0	4	0.44			
consult	0	0	0	0.5	0	0.5	0.06			RTI
direct	1	3.5	3.5	1	0	9	0.30			0
testing	1	0.5	0	0.5	0	2	0.07			
meetings	2	1	2	1	0	6	0.20			
other	2.5	2	2	4	0	10.5	0.35			
travel	1	0.5	0	1	0	2.5	0.08			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>0</b>	<b>30</b>	<b>1.00</b>			
OT										
Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0	1.5	1.5	1	0	4	0.42	26.00	32.00	12.00
individual	0	2	0	2.5	1	5.5	0.58			
consult	0	0	0	0	0	0	0.00			RTI
direct	0	3.5	1.5	3.5	1	9.5	0.32			3
testing	1	0	0	0	0	1	0.03			
meetings	1	1	0	0	1	3	0.10			
other	4	1.5	4.5	2.5	4	16.5	0.55			
travel	0	0	0	0	0	0	0.00			
<b>Total Hours</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>30</b>	<b>1.00</b>			
OT										
Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0	1	1	0	1	3	0.52	6.00	10.00	NR
individual	0	0	0	0.5	0	0.5	0.09			
consult	0	0.5	1	0.25	0.5	2.25	0.39			RTI
direct	0	1.5	2	0.75	1.5	5.75	0.24			19
testing	0	0	0	1	1.5	2.5	0.11			
meetings	0	1.5	0	0	0	1.5	0.06			
other	0	2	3	3.75	2.5	11.25	0.47			
travel	0	1	0.5	0.5	0.75	2.75	0.12			
<b>Total Hours</b>	<b>0</b>	<b>6</b>	<b>5.5</b>	<b>6</b>	<b>6.25</b>	<b>23.75</b>	<b>1.00</b>			
PT										
Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0.5	0	2.5	0	0.5	3.5	0.24	30.00	30.00	22.00
individual	0.5	5	0.75	0	3.5	9.75	0.66			
consult	0	0	0	1.5	0	1.5	0.10			RTI
direct	1	5	3.25	1.5	4	14.75	0.39			3
testing	0.75	0	0	1	0	1.75	0.05			
meetings	2	0	1	0	1	4	0.11			
other	2.75	1.75	2.75	4	2.25	13.5	0.36			
travel	1	0.75	0.5	1	0.25	3.5	0.09			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>37.5</b>	<b>1.00</b>			



## Discipline Workload Summary - School Psychology

Total Hours Analyzed	<b>255</b>	
Number of Staff	<b>7</b>	
Number Full Time Equivalent (FTE) Staff	<b>6.8</b>	
Total Hours Minus Testing	<b>176</b>	
Total Testing Hours (% in italics)	<b>79</b>	<b>31.0%</b>
Total Direct Service Hours (% in italics)	<b>19.25</b>	<b>10.9%</b>
Individual	<b>2</b>	<b>10.4%</b>
Group	<b>0</b>	<b>0.0%</b>
Consult	<b>17.25</b>	<b>89.6%</b>
Total Indirect Service Hours (% in italics)	<b>156.5</b>	<b>88.9%</b>
Travel	<b>3.75</b>	<b>2.4%</b>
Meetings	<b>54.25</b>	<b>34.7%</b>
Other	<b>98.75</b>	<b>63.1%</b>

### Therapist Caseload Ranges

	<b>MIN</b>	<b>MAX</b>
caseload	6	40
weighted case	10	50

### Therapist Workload Percentages

	<b>MIN</b>	<b>MAX</b>
group	42	52
individual	9	58
consult	0	39
direct	24	32
testing	3	11
meetings	6	20
other	35	55
travel	0	12

	<b>AVG</b>	<b>units/caseload</b>
caseload	24	1.02
weighted case	30.7	
units	32.5	

Individual Breakdown of Weekly Workload by Therapist

Psych Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0	0	0	0	0	0	0.00	NR	NR	NR
individual	0	0.5	0	0.5	0.5	1.5	1.00			
consult	0	0	0	0	0	0	0.00			RTI
direct	0	0.5	0	0.5	0.5	1.5	0.04			NR
testing	4	6	6	6	5	27	0.72			
meetings	2.75	1	1	1	0	5.75	0.15			
other	0	0	0.5	0	2	2.5	0.07			
travel	0.75	0	0	0	0	0.75	0.02			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>37.5</b>	<b>1.00</b>			

Psych Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0	0	0	0	0	0	0.00	NR	NR	NR
individual	0	0	0	0	0.5	0.5	0.20			
consult	0	0	0	0	2	2	0.80			RTI
direct	0	0	0	0	2.5	2.5	0.07			NR
testing	7	4	0	0	0	11	0.29			
meetings	0	3	7	0	0	10	0.27			
other	0.5	0.5	0.5	7.5	4.5	13.5	0.36			
travel	0	0	0	0	0.5	0.5	0.01			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>37.5</b>	<b>1.00</b>			

Psych Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0	0	0	0	0	0	0.00	NR	NR	NR
individual	0	0	0	0	0	0	0.00			
consult	0.25	0	0	0.5	0	0.75	1.00			RTI
direct	0.25	0	0	0.5	0	0.75	0.03			NR
testing	2	2	2	1	0	7	0.23			
meetings	2	2	3	1	0	8	0.27			
other	2.75	3.5	2.5	5	0	13.75	0.46			
travel	0.5	0	0	0	0	0.5	0.02			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>0</b>	<b>30</b>	<b>1.00</b>			

Psych Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0	0	0	0	0	0	0.00	NR	NR	NR
individual	0	0	0	0	0	0	0.00			
consult	1	1	1	1	1	5	1.00			RTI
direct	1	1	1	1	1	5	0.13			NR
testing	2	2.5	2	2	2.5	11	0.29			
meetings	2	1.5	3	1	2.5	10	0.27			
other	1.5	2.5	1.5	3.5	1.5	10.5	0.28			
travel	1	0	0	0	0	1	0.03			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>37.5</b>	<b>1.00</b>			

Psych										
Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0	0	0	0	0	0	0.00	NR	NR	NR
individual	0	0	0	0	0	0	0.00			
consult	1	1	1	1	1	5	1.00			RTI
direct	1	1	1	1	1	5	0.13			NR
testing	1	2.5	3	2	3	11.5	0.31			
meetings	2	1.5	2	2	2	9.5	0.25			
other	2.5	2.5	1.5	2.5	1.5	10.5	0.28			
travel	1	0	0	0	0	1	0.03			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>37.5</b>	<b>1.00</b>			

Psych										
Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0	0	0	0	0	0	0.00	NR	NR	NR
individual	0	0	0	0	0	0	0.00			
consult	1	1	0.5	1	1	4.5	1.00			RTI
direct	1	1	0.5	1	1	4.5	0.12			NR
testing	2.5	2.5	3	1.5	2	11.5	0.31			
meetings	1.5	2.5	2.5	2	2.5	11	0.29			
other	2.5	1.5	1.5	3	2	10.5	0.28			
travel	0	0	0	0	0	0	0.00			
<b>Total Hours</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>37.5</b>	<b>1.00</b>			

Psych										
Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group								NR	NR	NR
individual										
consult										RTI
direct										NR
testing										
meetings										
other										
travel										
<b>Total Hours</b>						<b>37.5</b>				

Individual Breakdown of Weekly Workload by Therapist

Hearing										
Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0	0	0	0	0	0	0.00	3.00	5.00	7.00
individual	2.25	3	3.25	3.25	3	14.75	0.98			
consult	0	0	0	0	0.25	0.25	0.02			RTI
direct	2.25	3	3.25	3.25	3.25	15	0.71			0
testing	0	0	0	0	0	0	0.00			
meetings	0	0	0	0	0	0	0.00			
other	1	0.25	0	0	0	1.25	0.06			
travel	1	1	1	1	1	5	0.24			
<b>Total Hours</b>	<b>4.25</b>	<b>4.25</b>	<b>4.25</b>	<b>4.25</b>	<b>4.25</b>	<b>21.25</b>	<b>1.00</b>			

Hearing Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group								1.00	2.00	NR
individual										
consult										RTI
direct										0
testing										
meetings										
other										
travel										
<b>Total Hours</b>						16				

Individual Breakdown of Weekly Workload by Therapist

TVI Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Weighted	Units
group	0	0	0	0	0	0	0.00	6.00	6.00	18.00
individual	4	2.5	2.5	2.5	4	15.5	0.64			
consult	0.25	3	1.5	3	1	8.75	0.36			RTI
direct	4.25	5.5	4	5.5	5	24.25	0.61			0
testing	0	0	0	0	0	0	0.00			
meetings	0	0	0	0	0	0	0.00			
other	2.75	1.5	3	1.5	2	10.75	0.27			
travel	1	1	1	1	1	5	0.13			
<b>Total Hours</b>	8	8	8	8	8	40	1.00			

## APPENDIX C: RELATIVE FREQUENCY OF SLD, SLI, AND HEALTH IMPAIRMENTS AT INDIVIDUAL DISTRICT SCHOOLS -EXPRESSED AS PERCENTAGES

