A CLINICAL AND EDUCATIONAL

SERVICES ANALYSIS

FOR THE

STONINGTON PUBLIC SCHOOLS

EXECUTIVE SUMMARY

The Superintendent of the Stonington Public Schools commissioned this comprehensive review of specific areas within the domain of its special education program. A clinical and educational services analysis (CESA), which contains a proprietary methodology that triangulates information gleaned from qualitative sources, quantitative analyses, and established benchmarks with respect to school-based practices, was utilized to achieve this broad operational objective.

More specifically, the qualitative analyses comprised: (1) a series of interviews with related service providers, educators, paraprofessionals, and administrators; (2) a review of documents (i.e., IEPs) to ascertain the effectiveness of educational-therapeutic interventions; and (3) an understanding of the methods in which special education services are delivered to students in reference to best practices, student outcomes, and Least Restrictive Environments . Quantitative analyses included: (1) multidimensional descriptive statistical analyses of the District's related services and support personnel in reference to staffing configurations, workloads, service delivery models, and programmatic trends; (2) a review of the current structure of the Pupil Services Department in comparison to "industry standards," staff support, and student outcomes; and (3) a financial review relating to the historical and current costs associated with the provision of special education services.

Recommendations are offered throughout this document in order to promote the inter-related constructs of effectiveness and efficiencies in view of short- and long-term programmatic, organizational, and fiscal viability.

GLOSSARY OF ABBREVIATIONS

PPT: Planning and Placement Team
IEP: Individualized Education Program
PLAAFP: Present Levels of Academic Achievement and Functional Performance (from an IEP)
RtI: Response to Intervention
SAT: Student Assistance Team
LRE: Least Restrictive Environment
FAPE: Free and Appropriate Public Education
PD: Professional development
S-LP: Speech-language pathologist
OT: Occupational Therapist
PT: Physical Therapist
CMT: Connecticut Mastery Test
CAPT: Connecticut Academic Performance Test
FTE: Full-time equivalent
OOD: Out of District (placement)

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INTRODUCTION

As mutually agreed upon between Futures Education and the Stonington Public Schools (hereafter, referred to as the District), the essential components of this analysis were designed to describe, analyze, and provide recommendations to improve specific aspects of its special education delivery system. These particular areas under investigation included analyses of: (1) the allocation of supports and accuracy of related documents; (2) financial parameters surrounding the delivery of special education; (3) the efficiency and effectiveness of related service providers; and (4) the efficacy of the organizational structure of the Pupil Services department.

With respect to methodology, the reported results were acquired by triangulation of the following sources: (1) confidential interviews that were content-specific and were catered to a number (i.e., 44) of stakeholders including special education teachers, related service providers, administrators (principals and central office), and paraprofessionals; (2) a qualitative and quantitative analysis of IEPs; (3) a qualitative review of the current and prospective structure of the Pupil Services department; and (4) a historical and comparative analysis of the District's expenditures devoted to personnel and financial resources of in-district and out of district special education services.

For ease of presentation, the document is considered with respect to three constructs that encompass the aforementioned constituent components: *Organizational Structure, Support*, and *Procedures*, *Program Review*, and *Financial Considerations*. For the purpose of this discussion, the term *effectiveness* is operationally defined in a very specific manner in order to answer the question: *To what degree do the services under review promote optimal educational outcomes and student access to his or her curriculum*? Efficiency, for the purpose of this discussion, refers to the degree to which the District leadership is assuring short- and long-term responsible allocation of resources to its provision of special education services.

Because these three core areas are inter-related, the document concludes with a global consideration of the delivery system in view of the implications for short- and long-term programmatic and fiscal enhancements.

ORGANIZATIONAL STRUCTURE, SUPPORT, AND PROCEDURES

KEY FINDINGS

- The District's leadership is to be commended for promoting the culture of "ownership"- that is, an acknowledgement of responsibility for students with disabilities by both general and special education personnel. Although there is a growing culture of acceptance that all students are "our students," it was noted by some interviewees that this is not universally

embraced in all schools, and there are still some educators who have not fully accepted the fact that they are, in fact, responsible for all students assigned to their classrooms. It was the perception among several interviewees that the personnel in the Pawcatuck schools have an embedded culture of unity among special- and general education teachers. In addition, the theme that regular educators' flexibility fell along generational lines was also echoed among several respondents.

- Those interviewed indicated they believed there is a general familiarity with the standard of a Free Appropriate Public Education (FAPE) when considering special education services via Planning and Placement Team (PPT) meetings. However, many interviewees also indicated this varies considerably, and that there is often a propensity to provide services that exceed the standard of "appropriate." It was consistently reported that parents, most notably in the Mystic schools, may expect services that exceed a Free Appropriate Public Education, most prevalently around issues pertaining to the frequency of related services, paraprofessional supports, and requests for special education assessments.

  A related precept, which is the "culture of discharge," which promotes the theme that dismissal or diminishment of services is a cause for celebration, is generally emphasized by the service providers and administrators at PPTs across the District. However, there remains a perception that dismissal from services is frequently viewed negatively by many parents. Collectively, the following themes appear to present a logistical barrier to the related issues of dismissal and discharge from services:

  1. The dual concepts of Least Restrictive Environment (LRE) and FAPE although discussed as a matter of procedural course at PPTs, are not introduced as part of a District-wide vision.

  2. There is variable parental understanding about the "essence" of school-based services, which is to promote educational achievement and not to provide an "in-house" clinical service, and therefore the erroneous belief that "more is better" prevails at many PPT meetings. Consequently, the logical reaction is that discharge of, or decrease in, services is a "take away" and not as a reason to celebrate a student's accomplishments.

  3. The standard of "required" vs. "beneficial" need of related services appears to be poorly understood and unevenly conveyed to parents throughout the District.

- There is generally high morale and mutual regard among both regular and special education staff, and in their collective confidence in the District's ability to provide its students with a quality education. [1] However, much of the effective interventions employed in the field have

[1] Although perhaps beyond the initial scope of this analysis, the authors of this study posit that the issues of programmatic excellence and stakeholder morale are inexorably intertwined and warrant consideration

been created by a tight-knit community of administrators and educators that have found internal solutions. It was often reported that definitive decisions from the outgoing Director of Special Services were infrequent, and therefore staff had to rely on school based associates, peers, and their own judgments in order to proceed with issues surrounding special education policies and procedures. Given the impending change in the leadership of the Special Services Department, staff in the field reported that they hoped that this would lead to increased communication.

- Although staff were laudatory in their appreciation for the quality of support, programming, and PD opportunities, a recurring theme that emerged was their collective dissatisfaction with the lack of time they had to collaborate, plan, and meet with one another; this shall be elaborated upon in a subsequent section, given that the practical consequence to the lack of planning time is its effect on the co-teaching model. In addition, several teachers and paraprofessionals indicated they would like more opportunities to meet with their colleagues across the District to discuss important issues, solve problems, address procedural issues, and institute District-wide best practices.

- In general, administrators reported that special education and related service personnel (including paraprofessionals) in their schools to be high-quality. Although it was stated by numerous interviewees that they would like to have more staff, the predominant sense was that the District has dedicated and competent professionals who are working in the best interests of the students and that the current budgetary issues mandated that all do "more with less." Principals are required to have greater involvement with the special education programs in their schools. Because special education is an integral part of the school program, this is realistic expectation and assures the internal checks and balances in "real time" at PPTs.

- The District has provided professional development (PD) opportunities for staff both with enhanced in-house programs and through training sessions out of the District. Those interviewed were unanimously positive about these opportunities to learn more about new practices and to improve their skills.

- The District has instituted the commendable practice of employing general education instructional interventions to focus on the development of academic skills related to reading, language arts and math, which is a critical step to ensure necessary supports are in place to assist students. In this manner, the critical perception that it is necessary for students to be identified as having a disability to obtain targeted instructional support is reduced. In a similar vein, through the district's mental health professionals (social work, psychology, and guidance), general education students are also being provided with opportunities to address social, emotional, school adjustment, executive functioning, organizational, and behavioral issues that impact school performance. These interventions are also critically important to promote positive academic and personal growth for students without the need to identify them for special education.

RECOMMENDATIONS

- A District-wide protocol is recommended in the areas of how to "run" a PPT.[2] More targeted PD, with embedded support via the Pupil Services Director (or designee) for a full school year should be considered to coordinate practices and procedures to support principals. The culmination of this uniformity will be for all team members, regardless of school, to be on the "same page" with respect to the seminal cultural and logistical considerations that should be consistently and repeatedly stated from the first PPT.
    - Introduce the concept of discharge at the time of the initial PPT; the mastery levels for each goal and objective should be highlighted, and a general discussion of anticipated timelines for treatment should occur. It should be emphasized that discharge from services may occur at any time in the process, and need not wait until the three year review. Parents should be encouraged to see discharge from related services as a reason for celebration, rather than as a denial of entitled services.
    - It may be helpful for the team, as lead by either team leaders or principals, to provide a legal context for programming decisions by introducing the concepts of LRE, FAPE and the *required* vs. *beneficial* dichotomy as they pertain to eligibility for related services.
    - If a student is making sufficient progress toward goals, a transition to a less intrusive consultation model, to ensure collaboration between service providers and classroom staff, may ease the transition and help "prepare" the parents for discharge from services. In addition, the use of an RTI "step-down" approach will provide students with needed supports that not need be under the aegis of special education. This theme will be elaborated upon in the next section of the document.
- If time permits, it may be helpful for staff to attend District-wide meetings that will address the common programmatic initiatives that straddle regular- and special education topics such as RTI, co-teaching, and differentiated instruction. In this manner, all staff will be hearing a unified message, while simultaneously allowing them the opportunity to meet with other staff within the District whom they traditionally have not had the occasion to interact with.

PROGRAM REVIEW

KEY FINDINGS

- As per the interviews, the clinical related service providers evidence a solid understanding of

[2] In conjunction with further specification of a district "script" detailing not only the legalities of special education and related service provision, but conveying the District and team "vision" regarding the need and ultimate discharge of these services.

the educational (vs. clinical) "mission" of services that constitute their school-based practice.[3]

In addition, principals had a high opinion of the service provision in their buildings, stating that the specialists support their students' educational achievement. However, the percentage of therapy services occurring outside of the general education classroom was higher for speech-language pathology (S-LP), occupational therapy (OT), and PT than would be expected (i.e., 82%, 86%, and 100%, respectively)[4]. It is notable, that a "push-in" service delivery model is being encouraged for all disciplines and should facilitate the transference of newly acquired skills.

- A review of the in-District Individualized Education Programs (IEPs) was considered in terms of: (1) their *internal consistency*, or the degree to which the elements of the document were mutually supporting, and thus "painted" a cohesive profile of the student; (2) whether interventions were educationally sound and adhere to accepted standards of practice; and (3) the degree to which the goals and benchmarks were measurable and supported educational need.

    - Across all service providers, IEPs were generally good in terms of their *internal consistency*. That is, the requisite "flow" of information, where the educational needs as identified within the Present Levels of Academic Achievement and Functional Performance (PLAAFP) were consistent with respect to the degree to which the need for related services were linked to educational need, the reported standardized scores justified treatment (a factor that shall be elaborated upon below), and the need for skilled treatment was explicitly stated.

      However, an in depth analysis of some of the goals and objectives pertaining to speech-language supports would appear to be better provided, executed, and generalized via an integrated service model. For example, in instances where the S-LP was addressing vocabulary, sentence elements, and heteronyms, either the classroom teacher-whether special or regular-could address with an integrated model. In another example, both psychology and an S-LP were addressing pragmatic (i.e., social language) issues with the same student. An integrated model, where the service providers and educators are sharing similar goals, allows for discharge from services as all IEP stakeholders can be assured that the targeted skills sets will be eventually addressed by the teacher, perhaps with a one year "bridge" of consultation services by the service providers. In this regard, to the extent that the student would be receiving less time out of the general education classroom LRE would be addressed as well.

[3] A discussion of the importance of the educational model is presented in Appendix A; this discussion is universal and not specific to the District

[4] This stratified review included 12 students ages 3-5; of these students, only 2 were receiving services within the classroom

- A review of the measurable annual goals and corresponding benchmarks strongly suggest that the providers' are using research-based interventions, for which the authors commend the practitioners and District leadership.

- Goals and objectives pertaining to the related service providers were variable in terms of their measurability. The specific issue pertaining to measurable and concise goal writing refers to how mastery of skills sets for receptive tasks were being assessed. For example, the S-LPs and OTs invariably wrote that one student would need to achieve a certain percentage in order to determine mastery of the objectives; however, the critical element that is missing from these types of objectives is the number of trials that constitute the measurement; that is, 80% may be 4/5 trials of 16/20, with the latter being a more valid measure to ensure stability of the skills set.

- It has been the authors' experience that service minutes for the therapies typically decline as the student advances in age and grade level. There are a number of reasons for the fact that students, as they progress from pre-school to high school, receive fewer therapy minutes across time. The reasons are typically: (1) students achieve their stated goals and are discharged (i.e., the interventions have been effective); (2) the students themselves wish to be discharged, as services in the higher grades may be socially stigmatizing; (3) due to plateauing of skills, services are no longer effective; and (4) other personnel such as paraprofessionals may "take over" interventions that no longer require a skilled professional. The strong negative correlation (.40) between service minutes with age (as presented graphically in Appendix B) corroborates the authors' experience and is consistent with the configuration of the service providers' schedules, whereby the majority of the personnel resources is being spent in the younger grades. Collectively, this practice which is referred to as frontloading, adheres to best practice and is supported by the authors.

- An important variable that is correlated with the overloading of the IEP process and related services personnel is the inconsistency of a unified and effective Student Assistance Team (SAT; the process with which the District collectively delivers Response to Intervention supports). Consistent with the aforementioned culture of ownership, personnel at the school where there is shared responsibility of all students rightfully views SAT as a regular education initiative. Several of those interviewed stated that, where SAT is perceived as a special education initiative, all proactive interventions may not be tried before referring a student for further evaluation, and hence the IEP process may be unnecessarily called upon when the students could have been accommodated for had the general education teachers truly given the student every opportunity to succeed in the general education classroom. From an efficiency perspective, the service providers who are housed at schools where SAT is deemed effective, also stated that the number of "false positives" have dwindled considerably, and they have consequently not been asked to perform unnecessary evaluations.

- According to the data provided, the District's Pre-School program serves a total of approximately 71 students in morning and afternoon programs at three sites. Each site serves

varying numbers for students (both typical and those requiring special education) for four days. Per report, consistent with other programmatic themes noted throughout the report, co-teaching and integration of the related services is not yet a fully unified practice across the pre-school sites.

- In corroboration of the forthcoming discussion regarding the number of paraprofessionals, the District has developed a structure and practice with heavy reliance on paraprofessionals for instructional and other support. With a reorganization of the manner in which academic instruction is provided (co-teaching) the need for paraprofessionals will be dramatically reduced. It may even be possible to redeploy the financial resource currently allotted to paraprofessional for additional professional staff (teachers). The expectation that a paraprofessional, a special education teacher, and a general education teacher need to be in a class where there are not students with significant disabilities requiring a high level of care, is being re-considered, which the authors of this study commend.

- With respect to effectiveness, co-teaching appears to be more successful at the elementary schools, which is likely reflective of the intensive professional development opportunities those teachers have had to expand their capacity as well as a solid culture of student ownership espoused at the elementary schools. At the upper grades, however, co-teaching was reported by both administrators and teachers as inconsistent, and may frequently be more "one teach-one watch" than a collaborative and equitable teaching experience.

  In a related issue, there does not appear to be a systemic approach to aligning the IEPs with curriculum standards because these standards are somewhat ambiguous. Although attention is focused on the state standards, there is variance from class to class and school to school. In general, it was indicated that the quality of IEPs is good. However, this varies from teacher to teacher and practitioner (clinician) to practitioner.

  It is interesting to speculate if the District's past and present depressed scores by students with disabilities in all areas of the Connecticut Mastery Test (CMT) and Connecticut Academic Performance Test (CAPT) are in part, due to the inconsistency of the co-taught model and the lack of alignment of IEPs and instructional goals, objectives, and strategies to the district and state curriculum standards as well as alignment to the priorities of the assessment instruments. That is students with disabilities should, to the greatest extent possible, have goals and objectives coalesce with their general education curriculum, thus ensuring that their performance of both classroom and state testing is being enhanced with these additional supports.

  According to the information in the Strategic School Profile (which is the state's report of the District with respect to performance, student needs, and student resources)[5] Stonington students without disabilities have consistently exceeded the state's average level of

[5] Per the State Department of Education's website: *The primary goal of the Strategic School Profiles is to improve schools through informed decision making.*

performance (goal) in all areas tested on the CMT and CAPT. It is also interesting to note that Stonington students with disabilities at the elementary (CMT) level are provided testing accommodations with significantly more frequency than those at the high school (CAPT) level. These results and practices should be reviewed because they reflect a significant deficiency in the District's practices and student performance levels.

RECOMMENDATIONS

- The District is strongly encouraged to revisit the district-wide entry and exit criteria for related services. It is recommended that all of the clinicians convene to re-create this document and that all of the stakeholders agree on the requisite criteria, thereby ensuring their equitable application. As a minimum, this document should focus on the binary issue of whether or not a student should qualify for (any or all) services based on functional educational performance (as operationally defined), the need for skilled services, and (i.e., not *or*) performance on *composite* parameters standardized tests that are no less than 1.5 standard deviations below the mean for speech-language, occupational therapy, and physical therapy services.[6]

  In addition the protocol may be amended to: (1) specify the intensity of service delivery based on the variables of age, effect(s) of the disability on academic performance, and the nature of the educational curricula; and (2) assure that the service providers assume a strictly consultative role for students who are having their needs met through other personnel and supports.

  Furthermore, it is recommended that the criteria also specify roles and responsibilities in conjunction with other educational professionals and leadership; the addition of this component of the exit and entry criteria will minimize duplication of services (e.g., literacy, handwriting, etc.), encourage further integration of services (as described below), and, presumably, expenditures.

- The District should consider employing entry and exit criteria for paraprofessional support personnel; in this manner, further parity and equalization of access to services can be ensured for the students across the District, irrespective of the school in which they attend. The "default" model will be to continue to assign paraprofessionals to teachers and programs and not to specific students. It will be instructive to overlay the needs of students currently receiving the continuum of paraprofessional supports against this prospective criteria to determine if the current staffing levels are required. It is speculated that equalizing candidacy from services will further ensure compliance from a Civil Rights perspective.

  If paraprofessional supports are deemed necessary beyond the programmatic assignment of the paraprofessional, it is strongly recommended that objective, measurable, and explicit IEP goals specifying corresponding functional skills that will allow attenuation (if not complete

[6] Please note that this statistical standard is not in reference to the discrepancy model; only standardized tests that an S-LP, OT, and PT may give in determining norm-referenced performance

discharge of the paraprofessional supports) be included as a featured component of the IEP. This element may be included as part of the exit and entry criteria.

- In order to bring greater consistency to a District-wide SAT-RTI process, the District leadership is encouraged to:

    - Provide all general education teachers with intensive professional development regarding RTI, maintaining the emphasis that it is a regular education initiative, and not as many teachers are treating it, a "pass through" to special education. As a corollary to this, it may be beneficial for all personnel to be informed (perhaps via newsletter) that RTI is, in all respects, a regular education initiative.

    - Select schools that appear to be relatively advanced in the RTI process to pilot the reverse RTI model, whereby these supports are used as a step-down for students coming off IEPs, thus providing them with a requisite "safety net." Once this process is systematized, this too can be "rolled out" to all schools with leadership from the pioneering school acting in an important mentorship role

    - Ensure that school principals continue to take an identified and consistent role with RTI in their buildings going forward; such visibility is important both from an accountability standpoint as well as a symbolic one, as their collective presence will convey the essential message that RTI is a regular education initiative and that the process itself is of particular import. In addition, allow principals to add specific RTI parameters as part of a comprehensive District-wide assessment procedure, to the teachers' annual evaluations.

    - In order to lessen the visibility of special education personnel on the RTI teams, assign general education personnel to be both the practical and symbolic leaders of the RTI program within their buildings; when needed, utilize their collective expertise of special education personnel in an advisory, "behind the scenes" role. This will require professional development for the newly designated facilitators and also training of teaching personnel.

    - Continue to expand the District's base of Tier 1 literacy instruction that "target" issues surrounding literacy (e.g., Project Read), as these established programs will be of benefit to the potential disabilities (i.e., Learning Disabled and Speech Impaired) that have traditionally been the most prevalent in terms of identification rates and corresponding expenses.

- Although many of the teachers and administrators appear to have a basic understanding of school-based services, it may be beneficial to allow the service providers to discuss the roles, responsibilities, and proscriptions of school-based clinicians to the entire school staff, thus further promoting unity and camaraderie between the clinicians and educators and further "setting the stage" for the integrated model. In addition, as part of a community

outreach initiative, the roles, responsibilities, and educational mission of school-based service provision may be posted on the District's website; in this manner, parents and other stakeholders in the community will be further educated about school-based services.

- From a logistical standpoint, schedules may need to be adjusted to optimize common planning times. Furthermore, although it is conceptually ideal to limit the number of students with IEPs in a co-taught class to between one quarter and one third of the class, it may be necessary to exceed those limits due to the limited availability of special education personnel. The trade off is that all students will benefit from having two teachers for a longer period of time. Also, it is suggested that grade level and master schedules be developed to allow a special education teacher to co-teach two sequential grade levels for Math and English/Language Arts (writing) by alternating the times during which these subjects are taught.

- Principals and supervisors need to be aware of proper co-teaching strategies and design to effectively supervise program; 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. 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.

- A fully operational integrated therapy model-in effect its own version of a co-taught model-will ensure that all IEP stakeholders "own" the goals and objectives, thereby further ensuring educational outcomes and the cross-validation of progress monitoring (i.e., multiple service providers and educators will be required to all provide input during marking periods) while simultaneously optimizing the District's finite related services personnel resources. To this end, intensive professional development (PD) addressing integrated models will be essential. In conjunction with this initiative, continue to encourage intensive professional development for the service providers and special education in the writing of quantitative and educationally-directed goals and objectives. This model is especially practical in the pre-school program, because the service providers are able to create stimulating environments that support communication, fine-motor, gross-motor, and sensory adaptations within the classrooms given the unique nature of the curriculum.

- As part of an intensive professional development series, allow the therapy staff to participate in a program to facilitate improvement in the writing of IEPs with a particular focus on measurability parameters for SLP and OT and educational linkage for the PTs. In a more global initiative, although the district has met the state monitoring compliance standards for IEP's, the IEP process should be more than a meeting of the letter of the law. To this end, the District may want to focus intensive professional development in improving the quality of academic goals and objectives, linkage to PLAAFP, and progress notes for all special education staff members.

FINANCIAL CONSIDERATIONS

- The District's 34.5 full-time equivalent (FTE) special education teachers equates to a ratio of 1 special education teacher for every 9.56 students, which is lower (i.e., more highly staffed) than the other districts in its District Reference Group (DRG) that average a ratio of 1 special education teacher for every 11.70 students. However, this ratio compares the District's ratio 1:8.76 in 2006, indicating that personnel resources are "trending" down.

- The District's has 62.67 FTE paraprofessionals[7] that are funded through special education, equating to a ratio of one paraprofessional for every 5.19 special education students. This ratio is extremely low, comparing with the DRG average of 1:6.4; it is notable that, five years ago, the District had 18.9 paraprofessionals per every 1,000 students as compared to the DRG average of 16.3 per 1000. The proliferation and number of paraprofessionals are likely reflective of the aforementioned issues pertaining to their assignments and absence of entry and exit criteria.

- The 4.6 full-time equivalent (FTE) S-LPs, equates to a ratio of approximately 1 S-LP staff member for every 70 students in special education (i.e., the "pool" of students that may require speech-language services via an IEP within a district, not the caseloads of the clinicians), which is lower in comparison with our past analyses; these ratios have ranged from a low of 1:53 to a high of 1:90, and an average of 1:85.

- The 1 FTE OT staff equates to a ratio of 1 OT staff member for every 325 special education students, which is significantly lower (i.e., not as highly staffed) than the arithmetic mean of 1:180 for other analyses that we have conducted. The 1 FTE PT staff also equates to a ratio of 1 FTE PT for every 325 students, which is comparable to that of other districts that we have analyzed, which typically have 1 PT for every 350 students in special education.

- The District's 13.6 behavioral health staff (comprising psychologists, social workers, and guidance counselor) equates to a ratio of 1 staff member for every 23.90 students, which is slightly higher (that is, not as highly staffed) in comparison to the other districts within the DRG, that average 1 staff member for every 21.89 students.

  In particular, the 4 FTE school psychology staff is considered to be more reasonable given that the recommended school psychology practitioner to student ratio is by the *National Association of School Psychologists* (NASP) currently recommends a ratio of 1:1000[8] students (general and special education).

[7] Calculated by dividing the total number of weekly paraprofessional hours of 2037 by 32.5

[8] The NASP ratio of students to school psychologists is typically understood to be based upon a provision across a more comprehensive spectrum of services (of which, counseling, assessment, and consulting are considered primary). Consequently, through these staffing ratio guidelines, it is important to consider the scope of the duties assigned to school psychologists in the District.

- The District also employs a full-time Autism Specialist, who is a member of the teaching staff, and the District's commitment of resources to this very challenging population, which equates to approximately 10% of its special education, is commendable. However, from a programmatic perspective, it has been the authors' experience that the assignment of a full-time specialist may represent a case of over-extending District resources.

- With respect to the fiscal parameters of the pre-school program, typical students (those without disabilities and not eligible for special education) are admitted to the program on a fee basis, which is $250 per semester for 2 days per week, $275 per semester for 3 days per week, and $300 per semester for 4 days per week. This is a relatively low cost for the program provided.

- Based upon the information provided, there are currently 29 students being educated in facilities or schools outside the District, which equates to a conventional 9% of the overall special education population ; typically between 5% and 10% of a district's special education population will be served in out of district placements.

  Seven (7) of these students are placed by the Department of Children and Families; three (3) are in Magnet schools; two (2) are in the Vocational Agriculture (Vo-Ag) program; six (6) are in hospital based programs; one (1) student is at the American School for the Deaf; and one (1) student is in a neighboring school district (Waterford). The remaining six (6) students are in either public or private special education programs or schools due to the fact that the District did not have a comparable program.

Recommendations

- The District may consider what many other districts have opted to do, which is take monies earmarked for paraprofessional supports and devote them to hiring more special education teachers. In this manner, co-teaching capacity may be expanded, and because students are receiving instructional supports within the classroom with a professional, it proves to be a more effective paradigm for both them and other struggling learners within the classroom. An added bonus of this pooling of resources is to expand RtI supports because the special education teacher may be able to simultaneously assist in implementing Tier 2 interventions in real time to general education students.

- The plausibility of a greater proportion of therapy assistants, who are recognized as licensed service providers in Connecticut may be a viable option for the District. However, as with other districts that we have made this recommendation to, the authors acknowledge that, given their expertise, registered therapists may support District's special and regular education programs in a manner that assistants may not be able to. In addition, it is understood that recruiting of assistants is not easily accomplished. Therefore, the following "long-range" staffing models may be considered to be one that will promote programmatic efficiencies without sacrificing programmatic effectiveness:

3 S-LP assistants and 1 S-LP
.8 COTA and .2 OTR
.8 PTA and .2 PT

- The District may consider using the Autism Specialist in a more consultative role; by providing the teachers, specialists, and paraprofessionals with strategies at specified times during the week, a full-time position may not be necessary. In addition, the District already has a vast amount of in-house personnel capacity to draw from. For example, the psychologists, speech-language pathologists, and occupational therapists would appear to possess the requisite skill sets, especially with some additional training, to deal with the myriad of social, learning, communication, and sensory-motor issues that students on the autism spectrum present with.

  From a logistical standpoint, it will be important for the PPT team not to "lock in" the autism specialist on the service grid. Furthermore, the decision to adopt Applied Behavioral Analysis (ABA) methodologies as the preferred service model to serve students with autism appears to be on the rise in many districts, which has obvious implications for efficiencies. The research on teaching students on the autism spectrum suggests that varied methodologies are equally appropriate, and not all students benefit from a single program. The District has commendably sought alternatives to ABA, and view this as "a method" rather than as "the method."

- It is recommended the district consider increasing the fee for the pre-school program to between $500 and $750 per semester. It is also suggested, for continuity purposes, the district consider having students in the program on a more consistent basis – 4 days per week for all students in either the morning or afternoon sessions. The District is to be commended for its decision to move two of its pre-school programs to one location that will begin in September. If feasible, it is further suggested that all 3 pre-school programs be brought together at one location; the authors acknowledge the constraints of physical plant considerations, especially in view of the challenges faced by several of the special education students with respect to mobility. Furthermore, the combined programs might be considered as a language based pre-school program co-taught by a speech language pathologist and special education teacher in an integrated (IEP) program format. This would free up one special education teacher for another assignment.

- Although the plausibility of bringing the majority of students currently in OODs back to the District's schools and programs is questionable owing to legal, logistical, and actuarial parameters of having to first create a comparable program, [9] it may be beneficial to replicate the components of these program to support a "stay in" foundation as described in the *Recommendation* section. The net fiscal, educational, and logistical cost- benefit devoted to

[9] then allowing the parents to visit, followed by protracted and expensive hearings, etc.

the creation of special programs within the District to address the special education needs of some students, who might otherwise be in OODs, could potentially be cost-effective and reflect best practice. Because the majority of students who could potentially return to the district demonstrate severe emotional or behavioral disorders requiring significant intervention, the development of supports to address these issues would be a viable strategy to better serve students within the Stonington school district. It is further suggested that the necessary positions to staff this program be re-deployed. Ultimately, the amount of net savings to the District, and ultimate short- and long-term success of the programs, centers around four primary issues:

- Personnel capacity, or the degree to which staff in District programs have the requisite training, competence, and administrative support to serve students currently requiring ODPs;

- Programmatic Capacity, which refers to the ability of the District to provide students with quality programs that address their unique needs in view of their existing educational-therapeutic needs;

- Physical plant capacity, or the degree to which the District can house the programs in a manner that will optimize educational outcomes

- Fiscal capacity-the degree to which staffing, building, and "other" costs will make investment a viable option for the District.

SUMMARY AND FINAL COMMENTARY

The rising cost of the District's special education budget is notable. Although there has been a 30% increase in DRG spending across the past 5 years, there has been a 42% increase in the District's special education spending in the same time period (from just under $5 million to $7.1 million). In essence, the challenge facing the District is that of virtually all others: How to provide mandated (i.e., special education) services in the face of the perfect storm of dwindling federal, state, and local revenues with an increasing complex student population. Although the authors acknowledge that there no easy and quick fixes to the current situation, the challenges mentioned in program delivery, organizational structure, and finances are deemed solvable given the District's Central and local leadership and their willingness to have open and candid communication with the stakeholders, both within the schools and the community. This transparency is considered to be crucial given the cultural shifts (i.e., student ownership, celebration of discharge, acceptance of FAPE, parental expectations, etc.) that are required to truly actualize the systemic changes noted throughout this document.

Although presented as separate entities, the issues of organizational structure and programmatic components are inexorably intertwined with District finances. The

recommendations that were provided throughout this document are designed to further promote efficiencies without sacrificing the District's well deserved "track record" for its programmatic effectiveness and support leadership's attempt to make the District process-driven (vs. personality-driven) are reiterated below:

1. Enhance the "cultural" and logistical underpinnings for successful discharge from special education services that will center on the creation of exit and entry criteria with respect to qualitative and quantitative factors that may, or may not, represent candidacy for all services within the contexts of LRE, FAPE, best practices, and an educational model.

2. Further define roles and responsibilities as they pertain to potential overlap of special- and regular-education instruction and the specific skill sets required of the therapy staff. Institute an integrated model of service delivery whereby the "default" mode will be for service providers to support the teachers with co-teaching, consultation, and provision of effective educationally-based interventions.

3. Revisit the staffing configuration for the therapies as it relates to the use of assistants while simultaneously equalizing workloads for all service providers.

4. Consider re- allocating resources currently devoted to paraprofessional supports for special education teachers, thus building co-teaching and RtI capacities for special and general education students.

5. Continue to develop programmatic and personnel capacities via professional development to optimize in-District programs and as a platform to both "keep in" and "bring back" students with severely challenging educational needs.

In addition, the District may consider an assessment of other aspects of its special education (e.g., Extended School Year, transportation, etc.) in order to further promote effectiveness and efficiencies in consideration of the District's over-riding commitment to utilize its resources responsibly.

Appendix A. The Importance of an Educational Model

The authors emphasize that the construct "at play" here is not just *inclusion*, which refers to the practice of having special education students and general education students receiving instruction together in a classroom; rather, this section refers to an in-class orientation that is designed to further breakdown the "silos," thereby allowing programming for students with disabilities within a more unified, educationally-directed paradigm. In keeping with the mandated educationally-based nature of school-based services, as presumably detailed in a given student's Individualized Education Program (IEP), related services may be best provided via an in-class, integrated model. For example, an S-LP's goals related to social skills may be addressed in a classroom setting where peer interactions take place in a more naturalistic context; it may be preferable for an OT to provide more "ecologically valid" sensory interventions within the classroom to help with the student's "learning readiness"; similarly, a teacher may find environmental accommodations provided by a physical therapist within the classroom extremely helpful in promoting the student's mobility where he spends the majority of the school day; the "pointers" offered by a school psychologist may be generalized by the classroom teacher in order to optimize adaptive behaviors for educational purposes.

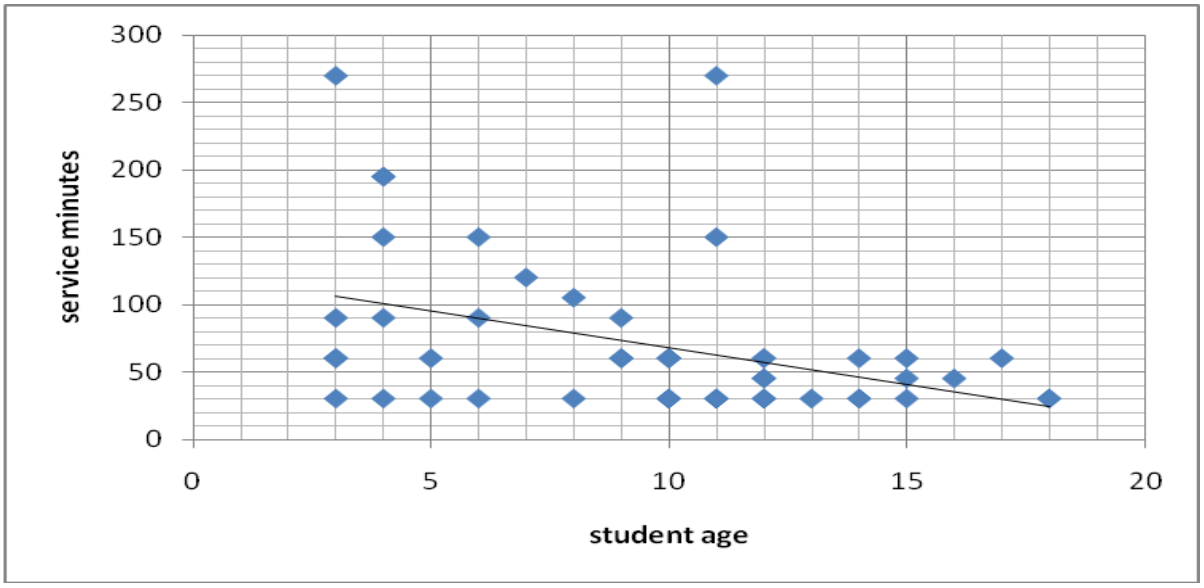
Consequently, "all things being equal," this therapeutic-educational orientation achieves five broad objectives: (1) provision of services in the least-restrictive environment (LRE); (2) a paradigm whereby transference of skills to the classroom is more easily attained; (3) an increased opportunity for service providers to model therapeutic interventions to instructional staff; (4) the creation of a platform that allows for an integrated IEP, thus optimizing educational outcomes within the "authentic" academic milieu of the classroom; and (5) the presumptive creation of a culture, which through avoiding a "medical-clinical" model, will ideally facilitate a reduction of the need for intensive services, discharge from services, and ultimately, district expenditures.

The authors of this study reiterate that there may very well be circumstances where the traditional, individual "pull-out" treatment paradigm remains appropriate. For example, consider the following scenarios:

- A speech-language pathologist (S-LP) needs to train a student to use fluency-enhancing techniques to address a severe case of stuttering.
- An occupational therapist (OT) is addressing hand contractures with a student to reduce tone in order to facilitate fine motor skills.
- A physical therapist (PT) needs to constantly adjust a student's ankle-foot orthosis to optimize ambulation.

In all of these scenarios, the specialists may plausibly choose a pull-out model to address the underlying foundation skills. However, in the authors' view, such situations in school-based practice are the exceptions proving the rule, and therefore an integrated, in-class service delivery model should be conceptualized as the "default" for all IEP stakeholders.

Appendix B: The Scatterplot Illustrating the Correlation of -.40 Between Service Minutes and Age Noted in the Analysis of Stonington IEPs



Note the significant downward slope of the trend line, underscoring the desirable negative correlation of service minutes and age

Appendix C. Work Load[10] Analysis (Names Withheld) of Stonington S-LPs, OT, PT and Behavioral Health Providers

Total Hours Analyzed Minus Testing	**146**	
Number of Staff	**6**	
Number Full Time Equivalent (FTE) Staff	**4.2**	
Total Direct Service Hours (% in parentheses)	**87.5**	(59.9)
Individual	**42.25**	(48.3)
Group	**36.5**	(41.7)
Consult	**8.75**	(10)
Total Indirect Service Hours (% in parentheses)	**58.5**	(40.1)
Travel	**3**	(2.1)
Other	**55.5**	(38)

Weekly Therapist Time Percentages

	MINIMUM	MAXIMUM
group	30	79
individual	21	62
consult	0	18
direct	49	60
testing	0	12
travel	0	7
other	29	46

	MINIMUM	MAXIMUM
caseload	15	43
wt case	22	40

[10] Workloads-that is the all student-directed activities that include both direct and indirect-will be used as opposed to caseloads given that it is a more valid metric to determine how the services providers are spending their time. Many of the schedules were not available for analysis and a more comprehensive analysis will be submitted once secured.

Speech

Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Wt case
group	2	2	2	1	1	8	0.42	27.00	29
individual	2.5	2	0.5	1.25	3	9.25	0.49		
consult	0.25	0	1.5	0	0	1.75	0.09		
direct	4.75	4	4	2.25	4	19	0.59		
testing	0	0	0	0	0	0	0.00		
other	1.75	2.5	2.5	4.25	2.25	13.25	0.41		
travel	0	0	0	0	0	0	0.00		
Totals	6.5	6.5	6.5	6.5	6.25	32.25	1.00		

Speech

Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Wt case
group	0	2	0	3.5	0	5.5	0.79	15.00	38
individual	0	1.5	0	0	0	1.5	0.21		
consult	0	0	0	0	0	0	0.00	schedule	
direct	0	3.5	0	3.5	0	7	0.50	difficult to	
testing	0	0	0	0	0	0	0.00	interpret	
other	0	3.5	0	3	0	6.5	0.46		
travel	0	0	0	0.5	0	0.5	0.04		
Totals	0	7	0	7	0	14	1.00		

Speech

Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Wt case
group	1	1	1.25	0	0.5	3.75	0.30	24.00	40
individual	1	2.5	3.25	0	1	7.75	0.62		
consult	0.5	0.25	0.25	0	0	1	0.08		
direct	2.5	3.75	4.75	0	1.5	12.5	0.60		
testing	0	0.5	0.5	0	0.5	1.5	0.07		
other	1	2.75	1.75	0	1.5	7	0.33		
travel	0	0	0	0	0	0	0.00		
Totals	3.5	7	7	0	3.5	21	1.00		

Speech

Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Wt case
group	2	1.5	2.5	0.5	0	6.5	0.38	40.00	40
individual	1	3.5	1	3.75	0	9.25	0.54		
consult	1	0.25	0	0.25	0	1.5	0.09		
direct	4	5.25	3.5	4.5	0	17.25	0.49		
testing	0.5	0	0	0	2.5	3	0.09		
other	1.75	1.25	2.75	2	4.5	12.25	0.35		
travel	0.75	0.5	0.75	0.5	0	2.5	0.07		
Totals	7	7	7	7	7	35	1.00		

Speech

Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Wt case
group	1.5	1.75	1.5	2.25	1	8	0.42	20.00	22
individual	2.5	1	1.5	0.25	2.5	7.75	0.40		
consult	0.25	1	0	2	0.25	3.5	0.18		
direct	4.25	3.75	3	4.5	3.75	19.25	0.59		
testing	0	1	0.75	0.25	0.75	2.75	0.08		
other	2.25	1.75	2.75	1.75	2	10.5	0.32		
travel	0	0	0	0	0	0	0.00		
Totals	6.5	6.5	6.5	6.5	6.5	32.5	1.00		

Speech

Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Wt case
group	1.5	0.5	1.25	1.5	0	4.75	0.38	32.00	32
individual	2	1.5	1.75	1.5	0	6.75	0.54		
consult	0	1	0	0	0	1	0.08		
direct	3.5	3	3	3	0	12.5	0.60		
testing	1	0.5	0	1	0	2.5	0.12		
other	1	1	2.5	1.5	0	6	0.29		
travel	0	0	0	0	0	0	0.00		
Totals	5.5	4.5	5.5	5.5	0	21	1.00		

PT

Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Wt case
group	0	0	0	0	0	0	0.00	43.00	40
individual	5	4	1.5	4.5	2	17	0.63		
consult	0.75	2.25	5	2	0	10	0.37		
direct	5.75	6.25	6.5	6.5	2	27	0.72		
testing	0	0	0	0	3	3	0.08		
other	1.25	1	0.25	1	2	5.5	0.15		
travel	0.5	0.25	0.75	0	0.5	2	0.05		
Totals	7.5	7.5	7.5	7.5	7.5	37.5	1.00		

OT

Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Wt case
group	0.5	1.5	1.5	1.25	0	4.75	0.25	26.00	26
individual	3.5	1.5	2.5	1	0	8.5	0.45		
consult	0.5	1.75	1	2.25	0	5.5	0.29		
direct	4.5	4.75	5	4.5	0	18.75	0.54		
testing	0	1.25	0	0	1.5	2.75	0.08		
other	2	0.75	2	1.5	5.5	11.75	0.34		
travel	0.5	0.25	0	1	0	1.75	0.05		
Totals	7	7	7	7	7	35	1.00		

Discipline Workload Summary - Behavioral Health

Total Hours Analyzed Minus Testing	**233**	
Number of Staff	**7**	
Number Full Time Equivalent (FTE) Staff	**6.7**	
Total Direct Service Hours (% in parentheses)	**125**	(53.6)
Individual	**34**	(27.2)
Group	**64.75**	(51.8)
Consult	**26.25**	(21)
Total Indirect Service Hours (% in parentheses)	**108**	(46.4)
Travel	**1.5**	(.6)
Other	**106.5**	(45.8)

Weekly Therapist Time Percentages

	MINIMUM	MAXIMUM
group	0	73
individual	15	91
consult	9	41
direct	31	69
testing	0	11
travel	0	3
other	31	69

Total Therapist Caseload Ranges

	MINIMUM	MAXIMUM
caseload	8	78
wt case	13	78

Psych

Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Wt case
group	2	3	2.25	2.25	1.25	10.75	0.55	24.00	24
individual	0	2	0	0.5	2.5	5	0.26		
consult	0.5	0.5	1.25	0.5	1	3.75	0.19		
direct	2.5	5.5	3.5	3.25	4.75	19.5	0.56		
testing	1	0	0	0.5	0.5	2	0.06		
other	3.5	1.5	3	3.25	1.75	13	0.37		
travel	0	0	0.5	0	0	0.5	0.01		
Totals	7	7	7	7	7	35	1.00		

Psych

Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Wt case
group	2.5	2	2.5	3	2.25	12.25	0.53	56.00	44
individual	2.5	0.5	0.5	1.5	0	5	0.22		
consult	1.25	1.25	0.75	1.25	1.25	5.75	0.25		
direct	6.25	3.75	3.75	5.75	3.5	23	0.51		
testing	0	0	0	0	0	0	0.00		
other	2.75	5.25	5.25	3.25	5.5	22	0.49		
travel	0	0	0	0	0	0	0.00		
Totals	9	9	9	9	9	45	1.00		

Psych

Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Wt case
group	1	1.25	1	2	1.25	6.5	0.41	27.00	29
individual	0	1	0.5	1	0.5	3	0.19		
consult	2	0.5	1.25	1.5	1.25	6.5	0.41		
direct	3	2.75	2.75	4.5	3	16	0.49		
testing	0	1.5	0	0	2	3.5	0.11		
other	3.5	1.75	3.25	2	1.5	12	0.37		
travel	0	0.5	0.5	0	0	1	0.03		
Totals	6.5	6.5	6.5	6.5	6.5	32.5	1.00		

SSW

Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Wt case
group	2.75	1.5	2.75	2	4	13	0.67	62.00	62
individual	1	1	0.5	0.5	0	3	0.15		
consult	0.25	1.5	0.75	0	1	3.5	0.18		
direct	4	4	4	2.5	5	19.5	0.56		
testing	0	0	0	0	0	0	0.00		
other	3	3	3	4.5	2	15.5	0.44		
travel	0	0	0	0	0	0	0.00		
Totals	7	7	7	7	7	35	1.00		

SSW

Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Wt case
group	3.5	3.5	3.5	3.5	3.5	17.5	0.73	54.00	54
individual	0.75	0.75	0.75	1	0.75	4	0.17		
consult	0.5	0.5	0.5	0.5	0.5	2.5	0.10		
direct	4.75	4.75	4.75	5	4.75	24	0.69		
testing	0	0	0	0	0	0	0.00		
other	2.25	2.25	2.25	2	2.25	11	0.31		
travel	0	0	0	0	0	0	0.00		
Totals	7	7	7	7	7	35	1.00		

SSW

Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Wt case
group	0	0	0	0	0	0	0.00	78.00	78
individual	2.5	2.5	1.5	2	1.5	10	0.91		
consult	0	0.5	0.5	0	0	1	0.09		
direct	2.5	3	2	2	1.5	11	0.31		
testing	0	0	0	0	0	0	0.00		
other	4.5	4	5	5	5.5	24	0.69		
travel	0	0	0	0	0	0	0.00		
Totals	7	7	7	7	7	35	1.00		

SSW

Service	Mon	Tues	Wed	Thurs	Friday	Totals	%s	Caseload	Wt case
group	1.75	0	1.75	0	1.25	4.75	0.40	8.00	13
individual	1	0	1.5	0	1.5	4	0.33		
consult	0.75	0	1	0	1.5	3.25	0.27		
direct	3.5	0	4.25	0	4.25	12	0.57		
testing	0	0	0	0	0	0	0.00		
other	3.5	0	2.75	0	2.75	9	0.43		
travel	0	0	0	0	0	0	0.00		
Totals	7	0	7	0	7	21	1.00		