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**TASK FORCE ON EDUCATION FOR CHILDREN WITH DISABILITIES  
(Yearn)**

**MEMBERSHIP**

The membership of the Task Force respectfully submit this report in fulfillment of its charge as defined in Minnesota Laws of 1994, Article 3, section 26. This report as a whole, was adopted and submitted by consensus agreement of all members.

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# EXECUTIVE SUMMARY

The 1993 session of the Minnesota State Legislature continued the evolution of the public education system to one that is results oriented rather than one that is based on the completion of a prescribed set of courses and of input requirements. Among the first steps was the transition of laws and rules from a "how-to" design to laws and rules that establish standards and require evaluation and data collection to provide the foundation for a continuously improving system. As the legislature reviewed laws and rule governing special education, it became obvious that those rules are a combination of student and parent rights and "how-to" requirements, many of which are required by federal laws and rules. To study the issue more thoroughly, the Legislature established a Task Force to examine and make recommendations regarding special education.

The 1994 session of the Minnesota State Legislature accepted the report of the Task Force and adopted about 85% of its recommendations. The Legislature then reauthorized the Task Force and gave it a new charge. The charge for the 1994-95 school year was to develop three specific sets of recommendations.

## A. CHARGE

### LAWS OF 1994 ARTICLE 3

#### Section 26 [TASK FORCE]

Subdivision 1. [REAUTHORIZATION.] Notwithstanding Laws 1993, Chapter 224, article 3, section 41, the task force on education for children with disabilities shall expire February 15, 1995. The commissioner may appoint new members to fill vacancies on the task force.

Subd. 2. [STUDY OF STATE BOARD OF EDUCATION RULES.] (a) The task force shall review and may recommend changes to the education committee of the legislature in the following Minnesota Rules, parts 3525.1325, 3525.1327, 3525.1329, 3525.1331, 3525.1333, 3525.1335, 3525.1337, 3525.1339, 3525.1341, 3525.1343, 3525.1345, 3525.2325, and 3525.2340. In making its recommendations, the task force shall consider the educational needs of individual students, students' access to necessary services, maximization of teacher contact time with students, paperwork requirements, student achievement of education outcomes, the integration of special education and general education instructional services, and the costs of instruction and support services.

(b) The task force shall review the case loads and number of pupils assigned to special education teachers and recommend to the legislature alternatives to prohibiting state board rules that establish case loads or set a maximum number of pupils assigned to a special education teacher under Minnesota Statutes, section 120.17, subdivision 3. The task force must assess the financial impact of its recommendations.

(c) In making its recommendations the task force shall consult appropriate experts.

Subd. 3. [PLAN FOR MEETING TECHNOLOGY NEEDS.] The task force shall develop a plan for meeting the information, instructional, and assistive technology needs of special education within the context of the state education system. The task force shall make recommendations to the education committees of the legislature by January 15, 1995. The plan shall, at a minimum, address the following:

- (1) identification of the various technology needs of special education;
- (2) appropriate integration of special education technology needs with general education information technology;
- (3) effective uses of technology for enabling special education and regular education staff to meet the needs of children with disabilities;
- (4) effective uses of technology for improving the efficiency and effectiveness of special education administration, instruction, assessment, and reporting;
- (5) methods for developing the appropriate technologies and making them available statewide; and
- (6) costs of developing and implementing the appropriate technologies statewide.

## B. PROCEDURES

The Commissioner of Education named two new members to the Task Force to replace two who resigned. An organizational meeting was held in August 1994. The Co-Chairperson of the Senate education committee and the Assistant Commissioner of Education for Teaching and Learning delivered the charge to the Task Force members. The Task Force met for a total of about one-hundred-forty hours across eighteen days during which time it gathered information regarding the areas included in the charge. The Task Force utilized the vision it developed in its first year as the basis for the recommendations contained in this report.

The assignment given to the Task Force was a difficult and complicated task. While the Task Force members are all individually committed to an effective education system for all students, the perspective that they brought to the table were varied. As a result there were multiple solutions suggested for the resolution of each problem, and at times, the members posed precisely opposite methods of resolution.

## C. TASK FORCE RECOMMENDATIONS AND COST ESTIMATES

### TASK FORCE RECOMMENDATIONS RELATING TO SPECIAL EDUCATION ENTRANCE - EXIT CRITERIA

The Task Force reviewed input from a variety of sources to examine the impact of entrance criteria rules in effect since January 1992. This input included a major statewide study involving more than 1,600 local practitioners. The findings indicated "general satisfaction with each of the current definitions and criteria" but some specific concerns were raised to update several rules.

Revisions in twelve entrance criteria rules, two related rules, one definition, and repeal of one obsolete criteria rule are proposed by the Task Force. The majority of these revisions are in response to format and clarity changes recommended by the Office of the Revisor of Statutes. There is no significant fiscal impact expected from these rule revisions.

**TASK FORCE RECOMMENDATIONS AND ESTIMATED COSTS  
RELATING TO STATE BOARD OF EDUCATION RULES FOR  
HOMEBOUND INSTRUCTION, TREATMENT CENTERS, AND  
RELATED PROGRAMS AND SERVICES**

The Task Force recommends that the Legislature take the following actions:

1. Direct the State Board of Education to propose a rule for hearing that differentiates between home and hospital instruction for pupils and students who are sick, injured, or have a mental health disorder and youth who need or are placed in other settings such as corrections, chemical dependency treatment, residential treatment, day treatment, etc.
2. Provide reimbursement for all licensed staff who provide instruction and services to pupils with disabilities who have acquired an acute or chronic health or mental health condition and are unable to attend school as documented by a doctor or licensed mental health professional (MS. 245.487).
3. Charge the Minnesota Department of Education to include in the guidelines for district and students, information related to providing home and hospital instruction and services specified in Article 3, Section 29, 1994 Rules.
4. Direct the State Board of Education to prepare for hearing a general education rule to provide for home and hospital instruction and services to general education education students.
5. Establish a categorical aid for students in general education who need home and hospital instruction and services due to illness, injury, or a mental health disorder as documented from a doctor or licensed mental health professional.
6. Charge the Minnesota Department of Education to convene representatives from Health, Human Services, Corrections, Economic Security, and others as appropriate, to develop interagency agreements, corresponding rules, and recommend funding streams to the legislature by the 1996 session that effectively address the issues surrounding the education of children placed for care and treatment, care and training or day treatment programs, such as:
  - a) Chemical Dependency
  - b) Day Treatment
  - c) Residential Treatment

- d) Psychiatric Hospitals
- e) Detention and Correctional
- f) Emergency Housing
- g) Emergency Intake
- h) Domestic Abuse

The Agencies shall be charged with the responsibility of ensuring the development of community-based programs operating through interagency collaboration to meet the needs of children and youth.

7. Remove the 80% cap on transportation aid for students and pupils who are placed for day treatment, alternative education settings and other community programs such as foster care, group homes, or respite care.
8. Direct the State Board of Education to propose a rule for hearing to require districts to provide an age-appropriate length of school day for all shelter students and pupils within two school days of placement.
9. Direct the State Board of Education to inform school districts that they are in violation of the McKinney Act when they do not allow a homeless student or pupil to enroll or attend school because it is in the middle or late in the school term.
10. Direct the State Board of Education to inform school districts that homeless students shall be eligible and immediately provided with free breakfast, if available, and school lunch.
11. Direct the State Board of Education to propose a rule for a hearing that requires school districts to consider the students' living conditions and circumstances before imposing their attendance policies on the homeless population.
12. Remove the 80% transportation cap for homeless students so districts are encouraged to review options of where students should attend school in order to preserve educational stability

### **Estimated Costs**

#### **RECOMMENDATION 2.**

#### **Estimated expenditures for pupils with disabilities.**

No change in cost anticipated as aid already exists.

There may be a cost savings in formula allowance depending on the number of hours served.

## **RECOMMENDATION 4 AND 5**

### **Estimated expenditures for students without disabilities**

\$3,151,000.00 and 54.5% = \$1,714,000.00

Assuming 3041 kids at a mean of 40 hours of service per year.

There may be cost savings in formula allowance depending on the number of hours served.

## **RECOMMENDATION 7**

Because the 80% cap applies to the current school year the anticipated actual cost is unknown. The Task Force suggests that the Minnesota Department of Education provide the legislature cost data prior to the end of the current session as costs will be known by that time.

## **RECOMMENDATION 12**

### **Estimated costs of providing transportation to children and youth who are homeless**

Estimated expenditures for providing transportation for homeless children and youth are \$500,000 (based on approximately 4,000 Minnesota homeless students needing transportation to stay in their school of origin when feasible; estimate based somewhat higher than desegregation cost based on mobility factors).

## **RECOMMENDATIONS 8, 9, 10, AND 11**

Districts who follow these requirements may have more success in keeping homeless youth in school, thereby earning more formula allowance as a.

## **RECOMMENDATIONS 1, 3, AND 6**

There is no cost anticipated for recommendations 1, 3, or 6.

## **TASK FORCE RECOMMENDATIONS AND ESTIMATED COSTS RELATING TO STATE BOARD OF EDUCATION RULES FOR RATIOS - CASE LOADS IN SPECIAL EDUCATION**

### **RULE CHANGES**

#### **M. R. 3525.0200. DEFINITIONS FOR SPECIAL EDUCATION**

**Suhp.l.c. PUPIL/TEACHER RATIO:** means the number of pupils to whom a teacher in an early childhood program provides direct/indirect services and IEP management.

Subp. 6b. IEP MANAGER: means the person who serves in this role is to be the liaison between the school and home. This person is to ensure that parents have been apprised of their due process rights. This person also is responsible to ensure that all appropriate procedures, timelines and paperwork connected with IEP/IEP portions of interagency plans are developed, sent to the family, signed and returned.

#### MR 3525.2340 EDUCATIONAL SERVICE ALTERNATIVES

Subpart 4. IEP management maximums for school-age educational service alternatives.

(C) For pupils who receive special education less than 50 percent of the instructional day, case loads are to be determined by the local district's policy based on the amount of time and services required by pupils' IEP plans.

(C) No staff member assigned to pupils K to age 21 may be assigned IEP management duties for more than 18 pupils.

When establishing the IEP manager numbers, the district must consider the following factors: age of pupil, severity of disability or delay, transiency, prereferral and assessment duties, IEP/IFSP management, coordinating plans across program alternatives and agencies, indirect services only and their frequency, direct services and their frequency, and staff travel time.

Subpart 5. Pupil-teacher ratios for early childhood program alternatives.-A teacher's case load must be adjusted downward based on pupils' severity of disability or delay, travel time necessary to serve pupils in more than one program alternative and if the pupils on the teacher's caseload are receiving services in more than one program alternative or the pupils are involved with other agencies. The maximum number of pupils that can be assigned to a teacher in any early childhood program alternative is:

- A. birth through two years: 12 pupils per teacher;
- B. three through six years; 16 pupils per teacher; and
- C. birth through six years: 14 pupils per teacher.

The maximum number of pupils based on the district's policy that can be a childhood program alternative is:

- A. home based: 12 pupils per teacher.
- B. district-center based- 16 pupils per teacher.  
District \_\_\_\_\_ center-based ECSE one paraprofessional  
present while pupils are in attendance The maximum number of pupils in an  
ECSE classroom at any one time with a
- C. community based: 16 pupils per teacher and.
- D. any combination of the above: 14 pupils per teacher.

The district shall adopt a policy which allows for the adjustment of pupil/teacher ratios in early childhood special education program alternatives. The LEA's special education advisory committee shall have the primary responsibility for conducting this review with input from major stakeholders and parents knowledgeable about early childhood program alternatives. The committee shall make recommendations to the board of education for a policy that describes the criteria used when determining pupil/teacher ratios in early childhood special education program alternatives. The intent of the policy is to allow adjustment of pupil/teacher ratios to the extent necessary to ensure the provision of services delineated in the pupil's IEP/IFSP. The pupil/teacher ratio may be adjusted upward or downward based on the following factors, but not be limited to: age of pupil, severity of disability or delay, transiency, prereferral and assessment duties. IEP/IFSP management, coordinating plans across program alternatives and agencies, indirect services only and their frequency, direct service and their frequency, and staff travel time. This policy shall be kept on file in the local district/ coop office and reviewed annually by the special education advisory committee.

#### **EDITS TO EXISTING RULE:**

**M.R. 3525.2335, Subpart 2(B)(2):**

change " legal family day care sotting"  
to "legal family child care setting"

**M.R. 3525.2335 Subpart 2(B) (3):**

change family day care setting"  
to "family child care setting"

#### **Estimated Costs**

Based on the state-wide data analysis of establishing a maximum IEP management number for staff, there would be no fiscal impact. There exists sufficient staff to meet the requirements of the proposed rule.

#### **TASK FORCE RECOMMENDATIONS AND ESTIMATED COSTS RELATING TO A STATE PLAN FOR THE USE OF TECHNOLOGY IN SPECIAL EDUCATION PROGRAMS**

There were three recommendations to implement the planning process for inclusion of technology into the total school program. The estimated costs for them are as follows:

Recommendation One: A statewide core unit should be established to assure that services, program and equipment management, range of service options, specialized training, technical assistance, and adequate resources are provided for general and special education in Minnesota

schools. A minimum of two staff positions should be established in MDE — \$200,000 is recommended for the two positions including operating funds.

Recommendation Two: Local school districts shall develop of a plan covering needs, systems for providing programs and services and a phase-in implementation schedule. The Legislature should allocate \$1.00 per student but not less than \$2000 per district over and above the general allocation to assist with this short and long-term planning to provide efficient and comprehensive programs and services with inclusion of technology in the most economical manner. These funds should become available to districts when their plan is submitted to MDE by June 1, 1996.

Recommendation Three: That the Legislature establish a coalition of partnerships with business, industry and agencies essential to assisting to design a cooperative, creative and resourceful funding mechanism for the provision of technology education for Minnesota schools. An allocation of annual expenses for the Coalition should be made, not to exceed \$25,000.

# INTRODUCTION

The 1993 session of the Minnesota State Legislature continued the evolution of the public education system to one that is results oriented rather than one that is based on the completion of a prescribed set of courses and of input requirements. Among the first steps was the transition of laws and rules from a "how-to" design to laws and rules that establish standards and require evaluation and data collection to provide the foundation for a continuously improving system. As the legislature reviewed laws and rule governing special education, it became obvious that those rules are a combination of student and parent rights and "how-to" requirements, many of which are required by federal laws and rules. To study the issue more thoroughly, the Legislature established a Task Force to examine and make recommendations regarding special education.

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The assignment given to the Task Force was a difficult and complicated task. While the Task Force members are all individually committed to an effective education system for all students, the perspective that they brought to the table were varied. As a result there were multiple solutions suggested for the resolution of each problem, and at times, the members posed precisely opposite methods of resolution.

Due to the fact that the charge to the Task Force contained four different elements, the Task Force divided into two work groups, each assigned to study two issues. The work groups met to gain input and draft recommendations. The work groups would then report back to the whole group, gain reaction from all, then move back to the work group to continue their deliberations. This process was repeated throughout the six months that the Task Force worked.

## C. VISION

The Task Force vision of a unified, results oriented education system, developed last year is included here to provide a point of reference for readers. The vision is one which values diversity and builds on the strengths of each student while identifying and meeting the needs of each to successfully achieve in school. It is a vision of an evolving system of public education in which:

- **The individual needs of each student will be a focal point for the design of instruction;**

rather than programs designed to meet the needs of the *average* student.

- **The achievement of each student on an individual basis will be the primary means of accountability;**

rather than assuring that the entire curriculum is covered and accepting the failure of some students as inevitable while hoping that the number of failures is kept as low as possible.

- **The parents of all students and the students themselves will be integral to the decision making process;**

rather than a set listing of courses with minimally defined outcomes and expectations in which a student can participate or drop out.

- **Multiple instructional and assessment strategies will be used to assure that the learning style of each student is accommodated;**

rather than instruction based on a teacher's preferred teaching style

- **Technology will be used to enhance the learning process for all students and the effectiveness of teachers;**

rather than the current reliance on manual means of instruction and record management.

**The human support services delivered by other agencies and systems will be aligned and delivered in concert with education.**

rather than each system and agency operating in isolation, protecting turf, and providing an uncoordinated and often duplicated system of services.

While the system envisioned by the Task Force must be designed and implemented to provide the accommodations necessary for every student to succeed, **IT DOES NOT MEAN:**

- *Full inclusion* in the sense that every student must be in a general education class all day every day.
- *Single track* in the sense that every student participates in the same set of learning opportunities.
- The elimination of the need for an array of services.

## D. MINORITY POSITIONS

The Task Force on Education for Children with Disabilities consisted of members representative of all major stakeholder groups with a concern for the education of children with disabilities. The various members came to the Task Force with a wide range of experiences relating to the topic. Those experiences led each individual to develop his/her unique belief regarding the scope, content, and level of specificity that should be contained in requirements for special education programs.

The variety of recommendations contained in this report and the range of positions held by the various Task Force members virtually assured that there would not be unanimous support for every recommendation.

To assure fairness in the treatment of the various positions when the report is made public, the Task Force agrees that:

- a. There will be no minority reports.
- b. All general and summary presentations of the Task Force report will include specific statements to the effect that:

"The Task Force came to consensus on the total package of recommendations contained in the report. It must, however, be recognized that there was not 100% agreement on each recommendation."

All questions asked of Task Force members, relating to a single or specific recommendations, will be answered in a manner that is sensitive to the various positions expressed during Task Force deliberations. Responses will not indicate that

support for the recommendation was unanimous nor will the specific vote tally for individual recommendations be cited.

**E. ESTIMATED COST OF REPORT PREPARATION**

The legislature appropriated \$25,000 for the preparation of this report. Federal administrative funds from the allocation provided for special education under P. L. 101-476 IDEA were used to supplement the State appropriation.

**Minnesota Department of Education Costs:**

The estimated cost incurred by the Minnesota Department of Education in the preparation of this report was: \$85,000

**Other Agency Costs:**

The estimated costs incurred by school districts and other agencies in the preparation of this report was: \$20,000

**Total Estimated Cost of Preparing this Report: \$105,000**

# CHAPTER I

## ENTRANCE-EXIT CRITERIA RULES

### SECTION A. CHARGE

The 1994 Minnesota Legislature reinstated the Task Force on Education for Children with Disabilities to deal with four specific charges. One of these charges was to examine the entrance criteria for special education services (Minnesota Session Laws of 1994, Chapter 647, Article 3, Section 26, Subdivision 2):

The task force shall review and may recommend changes to the education committees of the legislature in the following Minnesota rules, parts 3525.1325, 3525.1327, 3525.1329, 3525.1331, 3525.1333, 3525.1335, 3525.1337, 3525.1339, 3525.1341, 3525.1343, 3525.1345... In making its recommendations, the task force shall consider the educational needs of individual students, students' access to necessary services, maximization of teacher contact time with students, paperwork requirements, student achievement of educational outcomes, the integration of special education and general education instructional practices, and the costs of instruction and support services.

### SECTION B. THE ISSUE

In 1989, the Minnesota Legislature ordered the promulgation of rules to develop statewide entrance criteria. This order was made in view of the finding that districts varied widely in their standards for eligibility, resulting in far-reaching inequities for students across the state.

The State Board of Education subsequently passed rules, effective January 1992, which provided uniform entrance criteria for all districts to follow. The legislature asked that the impact of these initial criteria rules be studied so that appropriate changes could be made wherever needed. Such a study was done in time for the Task Force on Education for Children with Disabilities to examine the resulting data and be able to propose rule changes.

### SECTION C. INPUT RECEIVED

The Minnesota Department of Education (MDE) issued a request for proposals to conduct a study of the impact of statewide entrance criteria. Dr. Hal Gritzmacher, of Bemidji State University, was eventually awarded the grant in June 1993. This study represents one of MDE's most extensive efforts to collect input from local practitioners on: (1) the impact of a set of rules and (2) subsequent language changes needed to improve the rules.

Dr. Gritzmacher and his colleagues produced the following two reports which contained extensive data relevant to the Task Force's legislative charge:

*Study of Statewide Eligibility Criteria for Special Education Services: General Survey Findings*  
(September 15, 1994)

*Study of Statewide Eligibility Criteria for Special Education Services: Focus Group Summary Report*  
(July 12, 1994)

The criteria study carried out by the Bemidji State University research team found that "most study participants indicated general satisfaction with each of the current definitions and criteria..." (*General Survey Findings*, p. 3). This finding was corroborated by input from both general survey and focus group methods. Hence, there are not "sweeping changes" offered by the Task Force, except that specific concerns raised by the field were addressed as described later in this chapter.

#### CRITERIA STUDY: GENERAL SURVEY INPUT

The general survey findings were based in part on questionnaire responses from more than 1,600 school psychologists, special education teachers and directors of special education. The teacher group included practitioners from the following disability areas: specific learning disabilities, mental impairment, vision impairment, deaf and hard of hearing, speech and language impairment, emotional and behavioral disorders, and physical impairment. Questionnaires were specifically designed to address the respondent's area of service in Minnesota schools.

The research team also examined a sampling of student records from cases where districts used a provision to override entrance criteria because of mitigating factors (3525.1347). A total of 61 records were obtained from requests made to 25 directors of special education. This relatively small number of records indicated that the override provision is not often used to make exceptions to statewide entrance criteria.

As a means of identifying parent perceptions about the current definitions and entrance criteria for eleven of the disability categories, Gritzmacher's research team conducted a series of personal interviews with 32 representatives from 15 Minnesota disability organizations. Based upon the responses, additional probing was done by trained interviewers to gain further insight into any concerns raised about criteria rules.

MDE's historical federal December 1st annual child count database was also examined by this same research team to provide baseline comparisons for changes in incidence rates with the newly established entrance criteria set forth in 1992.

## **CRITERIA STUDY: FOCUS GROUP INPUT**

The use of focus groups provided opportunities for more discussion regarding specific changes needed in current criteria rules, as well as an in-depth method of data collection to compare with additional general survey findings.

Sixteen focus groups were conducted which involved 166 randomly selected teachers, school psychologists, and special education directors. A consultant from Gantz & Associates who specializes in conducting focus groups led each of the 16 sessions using identical format and procedures.

Each of the focus groups was homogenous, based on participant's current position in special education programs. Homogeneity was important to insure that each participant was thoroughly knowledgeable of the criteria under discussion.

Findings from the focus groups tended to strongly support the more extensive general survey input: there was general acceptance of the definitions and entrance criteria, but in-depth discussion did produce several specific concerns. Most of these concerns required clarification or guidance for assessment practices, with relatively few recommendations for major rule revisions.

## **OTHER INPUT**

Other input was received in the form of several letters from practitioners, parents or administrators with specific concerns and/or recommendations. These letters were examined by the Task Force in context of rules to which the letters were applicable.

Three outside work groups provided input that was especially helpful in resolving difficult questions:

A work group made up of facilitators, coordinators, and practitioners provided input on the rule, 3525.1335 OTHER HEALTH IMPAIRED. This work group had been convened under the auspices of the state's Physical/Other Health Impaired Network. For nearly a year, these individuals had been working on a user manual to implement this criteria.

Another work group made up of special education coordinators and practitioners provided input on rule, 3525.1325 AUTISM. This work group, made up of regional representatives, meets regularly to discuss issues relevant to autism. Several of these individuals are regarded as the most knowledgeable educators in the state in this particular disability area.

A team of school psychologists from the Stillwater School District submitted a set of recommendations for 3525.1333 MENTALLY IMPAIRED. Their input helped resolve one of the more prominent questions raised by the field input, namely the need to modify measurement standards for pupil's adaptive behavior.

Extensive input was provided by the Office of the Revisor of Statutes. The Revisor of Statutes is responsible to assure a consistent and proper format and clarity of language in all state rules. Karen Lenertz, counsel for this office, offered helpful suggestions for each of the rules reviewed by the Task Force. Since relatively few changes were recommended by practitioners, most of the changes subsequently proposed by the Task Force were derived from Ms. Lenertz' input and pertained to format requirements.

## SECTION D. RECOMMENDATIONS

Described below are the Task Force's foremost proposed revisions to the set of entrance criteria and related rules. However, there were two additional considerations discussed.

An alternative classification scheme was considered by the Task Force that would incorporate the Developmental Disabilities (DD) model used by human service agencies. In view of the state's increasing efforts for interagency coordination, it was examined whether such a standardized classification model would provide more consistency, improved communication, and the continuity of services for persons with disabilities as the agency responsible changes throughout their lives. Since special education programs must serve all eligible students and DD programs offer services based on availability of funds and other local policies, this model change was found improbable at the present time. The DD model was eventually discarded and no recommendations are offered at this time.

The Task Force examined a review of the literature on noncategorical alternatives for special education eligibility. Theoretically, a noncategorical alternative has the appeal of fewer criteria distinctions, less emphasis on norm-referenced standardized testing, and reduced stigma sometimes associated with traditional medical-model disability categories of special education. However, the available data and research from states which have tried such models were not promising, so the Task Force offers no recommendations at this time.

### **SPECIFIC RECOMMENDATIONS FOR RULE CHANGES**

The Task Force developed proposed revisions for State Board of Education Rules, including twelve entrance criteria rules, two related rules (3525.1347, 3525.1349), and one definition to be added to 3525.0200. One criteria rule was recommended for repeal because of obsolescence (3525.1339).

The following sections identify the proposed revisions rule by rule. The Revisor's format is generally used to identify new language (underlined) and repealed language (strikethrough). The majority of proposed revisions in these rules reflect recommendations from the Office of the Revisor of Statutes to comport with format requirements or provide clarity in meaning. More substantive revisions, though few in number, are briefly described in the section introductions.

### **3525.0200 Special Education Definitions**

Because the term "systematic observation" is used in several instances among entrance criteria, the Task Force determined a definition was needed to clarify the requirements and set minimum standards for this practice.

"Systematic observation" means the noting and recording of a pupil's behavior using tools such as participation charts, checklists, rating scales, and inventories. The pupil is observed in naturally occurring situations by objective observers where the pupil and observer are not interacting. Observers must be trained on the use of the instrument or procedures being utilized. Written records showing the cumulative results of a systematic observation are based on adequate samplings which are representative of the pupil's behavior or development.

### **3525.1325 Autism**

The changes proposed to the autism rule entail a complete revision because the standard on which this rule is based is the Diagnostic and Statistical Manual (DSM-III-R) prepared by the American Psychiatric Association. With the subsequent release of DSM-IV, its criteria for autism were modified and the proposed changes which follow correspond to these modifications.

#### **3525.1325 AUTISM.**

Subpart 1. Definition. "Autism" is means a specific developmental disorder which is a lifelong developmental disability with onset usually in the first three years of life. It is a behaviorally defined syndrome characterized by an uneven developmental profile and disturbances in interaction, communication, and perceptual organization. Autism occurs on a continuum from mild to severe, it occurs by itself or in association with other disorders such as mental retardation or fragile X syndrome. It may include the diagnosis of pervasive developmental disorder. Because of the low incidence and complexity of this disability, professionals with experience and expertise in the area of autism need to be included on the team determining the disability and educational program. This definition also applies to pupils with other forms of the Pervasive Developmental Disorders Spectrum (Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder, Pervasive Developmental Disorder Not Otherwise Specified).

Subpart 2. Team membership. At least one professional with experience and expertise in the area of autism must be included on the team determining the disability and educational program.

Subp. 3. Criteria. The team shall determine that a pupil meets criteria for autism according to the Diagnostic and Statistical Manual, Third Revision (DSM-III-R) of the American Psychiatric Association, the current accepted standard in the field. The criteria for autism in (DSM-III-R) are incorporated by reference, DSM-III-R is subject to frequent change and is available through the Minnesota interlibrary loan system. Consider a criterion to be met only if the behavior is abnormal for the person's developmental level. DSM-III-R states that a pupil meets criteria when at least eight of the following 16 items are present—these to include at least two items from item A, one from item B, and one from item C and is eligible for special education instruction and services when a total of six or more items from A, B and C are present with at least two items from A, and one item each from B and C:

A. qualitative impairment in reciprocal social interaction (the examples within parentheses are arranged so that those first listed are more likely to apply to younger or more disabled, and the later ones, to older or less disabled) as manifested by the following:

(1) marked lack of awareness of the existence-or-feelings of others (for example, treats a person as if that person were a piece of furniture; does not notice another person's distress; apparently has no concept of the mood of others -for privacy-);

(2) no or abnormal seeking of comfort at times of distress (for example, does not come for comfort even when hurt-or tired; seeks comfort-in-a-stereotyped way, for example, says "cheese, cheese, cheese" whenever hurt);

(3) no or impaired imitation (for example, does not wave-bye bye; -does not copy parent's domestic-activities; mechanical imitation of others' actions out of context);

(4) no or abnormal social play (for example, does not actively participate in simple games; prefers solitary play activity-involves other children<sup>4n</sup> play only as mechanical aids); and

(5) gross impairment in ability to make poor friendships (for example, no interest in making peer friendships; despite interest in making friends, demonstrates lack of understanding of conventions of social interaction, for example, reads-phone-book to uninterested peer);

B. qualitative impairment-in verbal and nonverbal-communication and in imaginative activity, (the numbered items are arranged so that those first listed as more likely to apply to younger or more disabled, and the-later-ones, to older or less disabled) as manifested by the following:

(1) no mode of communication, such as communicative babbling, facial expression, gesture, mime, or spoken language;

(2) markedly abnormal nonverbal communication, as in the use of eye-to-eye-gaze, facial expression, body posture, or gestures to initiate or modulate social interaction (for example, does not anticipate being held, stiffens when held, does not look at the person-or smile when making a social approach, does not greet parents or visitors, -has-a-fixed stare in social situations);

(3) absence of imaginative activity, such as play acting of adult roles, fantasy characters, or animals; lack of interest in stories about imaginary events;

(4) marked abnormalities in-the production of speech, including volume, pitch, stress, rate, rhythm, and intonation (for example, monotonous tone, question-like melody, or-high-pitch)-;

(5) marked abnormalities in the form or content-of-speech, including stereotyped and repetitive use of speech (for-example, immediate echolalia-or-fragmental repetition of a television commercial); use of "you" -when "I" is meant (for-example, using "You want cookie?" to mean "I want a cookie"); idiosyncratic use of words or phrases (for example, "Go on ground riding" to mean "I want to go on the swing"); or frequent irrelevant remarks (for example, starts talking about train schedules during a conversation about sports); and

(6) marked impairment in-the ability to initiate or sustain a conversation with others, despite adequate speech (for example, indulging in lengthy monologues on one subject regardless of interjections from others);

C-markedly restricted repertoire of activities and interests,-as-manifested by the following:

(1) stereotyped body movements (for example, handflapping or twisting, spinning, head banging, complex whole body movements);

(2) persistent preoccupation with parts of objects (for example, sniffing-or smelling objects, repetitive feeling of texture of materials, spinning wheels of toy cars)-or attachment to unusual objects (for example, insists-on carrying around a piece of string);

(3) marked distress over changes in trivial aspects of environment (for example, when a vase is moved from usual position);

(4) unreasonable insistence on following routines in precise detail (for example, insisting that exactly the same route always be followed-when shopping);

(5) markedly restricted range of interests and a preoccupation with one narrow-interest (for example,-interested only in lining-up objects, in amassing facts about meteorology, or in pretending to be a fantasy character);

D. onset during infancy or early childhood;

E. other symptoms that may occur with the syndrome:

(1) sensory disturbances as evidenced by atypical responses to stimuli (for example, touch, sound, light, movement, smell-taste). Responses-may-include overreaction, indifference, or withdrawal; and

(2) uneven acquisition of skills, and/or difficulty in integrating and generalizing acquired skills; and

A. qualitative impairment in social interaction, as manifested by the following:

(1) marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction:

(2) failure to develop peer relationships appropriate to developmental level:

(3) a lack of spontaneous seeking to share enjoyment interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest):

(4) lack of social or emotional reciprocity.

B. qualitative impairments in communication as manifested by the following:

fit delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime):

(2) in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others:

(3) stereotyped and repetitive use of language or idiosyncratic language:

(4) lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.

C. restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by the following:

(1) encompassing preoccupation with one or more stereotyped and restricted patterns of interests that is abnormal either in intensity or focus:

(2) apparently inflexible adherence to specific, nonfunctional routines or rituals:

(3) stereotyped and repetitive motor, mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements):

(4) persistent preoccupation with parts of objects.

-F Subpart 4. the The pupil's need for instruction and services must be supported by at least one documented systematic observation in the pupil's daily routine setting by an appropriate professional and verify the criteria categories in items A to D. In addition, corroboration of developmental or medical information with a developmental history and at least one other assessment procedure that is conducted on a different day must be included. Other documentation should include parent reports, functional skills assessments, adaptive behavior scales, intelligence tests, criterion-referenced language concepts, developmental-checklists, or an autism checklist.

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3525.1327 Deaf-Blindness

The Deaf-Blindness criteria require only a small number of minor format revisions.

3525.1327 DEAF-BLINDNESS.

Subpart 1. Definition and criteria. "Deaf-blindness" means medically verified visual impairment coupled with medically verified hearing impairment that, together, interfere with acquiring information or interacting in the environment. Both conditions need to be present simultaneously and must meet the criteria for both vision and hearing impairments.

Subp. 2. Pupils at risk. Pupils at risk for deaf-blindness include, but are not-limited to pupils who:

A. those that are already identified as hearing or vision impaired and have not yet had medical or functional assessment of the other sense (vision or hearing);

B. have an identified syndrome, such as Usher Syndrome or Rubella Syndrome, that includes a potential deterioration of vision or hearing in the future;

- C. those that have a medically or functionally identified hearing impairment and a verified deficit in vision determined by a functional assessment in the learning environment; and or
- D. those that have a medically or functionally identified vision impairment and verified deficit in hearing determined by a functional assessment in the learning environment.

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### 3525.1329 Emotional or Behavioral Disorders

No major changes were made in the criteria for Emotional or Behavioral Disorders. The most prominent revisions would eliminate redundancies and reorder components into a more logical framework.

#### 3525.1329 EMOTIONAL OR BEHAVIORAL DISORDERS.

Subpart 1. Definition. "Emotional or behavioral disorder" means an established pattern characterized by one or more of the following behavior clusters. The pattern involves behavioral or emotional responses in school that differ significantly from normative standards, taking into consideration ethnic or cultural variables.

- A. severely aggressive or impulsive behaviors;
- B. severely withdrawn or anxious behaviors, general pervasive unhappiness, depression, or wide mood swings; or
- C. severely disordered thought processes manifested by unusual behavior patterns, atypical communication styles, and distorted interpersonal relationships.

This category may include children or youth with schizophrenic disorders, affective disorders, anxiety disorders, or other sustained disorders of conduct or adjustment when they adversely affect educational performance. The established pattern adversely affects educational performance and results in either an inability to build or maintain satisfactory interpersonal relations necessary to the learning process with peers, teachers, and others, or failure to attain or maintain a satisfactory rate of educational or developmental progress that cannot be improved or explained by addressing intellectual, sensory, health, cultural, or linguistic factors.

Subp. 2. Criteria. The team shall determine that a pupil is eligible as having an emotional or behavioral disorder and in need of special education and related services when the pupil meets the criteria in items A., B., C., and D.

A. An established pattern must exist that is characterized by one or more of the following clusters:

(1) severely aggressive or impulsive behaviors that are (a) developmentally inappropriate; (b) physically or verbally abusive; (c) impulsive or violent, destructive, or intimidating; (d) threatening to others or excessively antagonistic;

(2) severely withdrawn or anxious behaviors, pervasive unhappiness, depression, or wide mood swings that include behaviors as: (a) isolating self from peers; (b) displaying intense fears or school phobia; (c) overly perfectionistic; (d) failing to express emotion, displaying a pervasive sad disposition; (e) developing physical symptoms related to stress or eating problems; or

(3) severely disordered thought processes manifested by unusual behavior patterns, atypical communication styles, or distorted interpersonal relationships such as: (a) reality distortion beyond normal developmental fantasy and play or talk; (b) situationally inappropriate laughter, crying, sounds and language; (c) self-mutilation or self-stimulation; (d) rigid, ritualistic patterning; (e) perseveration or obsession with specific objects; (f) overly affectionate behavior towards unfamiliar persons; (g) or hallucinating or delusions of grandeur.

The condition involves behavioral or emotional responses in school that differ significantly from normative standards, taking into consideration ethnic or cultural variables, as supported by multiple data sources using two or more of the following: behavior checklists, personality or projective measures, interviews with the child or knowledgeable adults, case history, or an appropriate DSM III R diagnosis.

The team, when determining the existence of an emotional or behavioral disorder, must give due consideration to a diagnosis of an emotional disorder made by an appropriately licensed mental health professional.

B. The condition adversely affects educational performance to the degree it results in:

- (1) a pattern of inability to build or maintain satisfactory interpersonal relations with peers, parents, teachers, and other significant adults necessary to the learning process; or
- (2) a pattern of failure to attain or maintain a satisfactory rate of educational progress that cannot be improved or explained by addressing intellectual, sensory, health, cultural, linguistic factors or a mismatch between the student, the teacher or the curriculum or classroom, or learning environment; or stressors such as transient medical or psychosocial events, chemical use, abuse or addiction; or a history of an inconsistent educational program.

C. The combined results of prior documented interventions and the assessment data must establish significant impairments in one or more of the following areas: personal, social, academic, or vocational skills. This finding must be supported by data from two or more of the following procedures: adaptive behavior scales, sociometric or social skill measures, achievement or cognitive tests; grades, systematic behavioral checklists or observations, systematic observations, personality or projective measures, interviews with the child and knowledgeable adults, case history, vocational skill inventories, or reports. The data must document that the impairment:

- (1) severely interferes with the pupil's or other students' educational performance;
- (2) is pervasive as evidenced by occurrences across educational settings, the home, or in community settings;
- (3) has been in evidence for six months; or
- (4) occurs suddenly as a crisis of such intensity it results in imminent danger or harm to the pupil or others or
- (5)

D. The team verifies that:

- (1) the established pattern may occur with, but is not primarily the result of, intellectual, sensory, health, cultural, linguistic factors, or stressors such as transient medical or psychosocial events; chemical-use, abuse or addiction, or a history of an inconsistent educational program; and
- (2) identification is not based solely on a conflict between the individual and a political entity, a governmental entity, or for purposes of disciplinary action.

ED\_. Children not yet enrolled in kindergarten are eligible for special education and related services if they meet the criteria listed in items A; B; C, subitem (2), (3), or (4); and D. The behaviors of concern must be determined by the team to be significantly inappropriate for the age of the child being assessed. To establish item C, subitem (2), (3), or (4), data from the assessment process must find developmentally significant impairments in self-care, social relations, or social or emotional growth. The findings must be supported by data from two or more of the following procedures: adaptive behavior scales, sociometric or social skill measures, systematic behavioral checklists, systematic documented observations, interventions, or written reports.

Subpart 3. Consideration of outside clinical diagnosis. The team, when determining the existence of an emotional or behavioral disorder, must give due consideration to a diagnosis of an emotional disorder made by an appropriately licensed mental health professional.

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### 3525.1331 Deaf and Hard of Hearing

The following revisions primarily update obsolete language and incorporate a few minor changes recommended from the focus group of teachers from this disability area.

#### 3525.1331 DEAF AND HARD OF HEARING IMPAIRMENT.

Subpart 1. Definition. "Hearing impairment" "Deaf and hard of hearing" means a diminished sensitivity to sound, or hearing loss, that is expressed in terms of standard audiological measures.

Hearing impairment loss has the potential to affect educational, communicative, or social functioning that may result in the need for special education instruction and related services.

Subp. 2. Criteria. The team shall determine that a pupil who has a is deaf or hard of hearing impairment is eligible for special education instruction and related services if the pupil meets one of the criteria in item A and one of the criteria in item B, C, or D as follows:

A. There is audiological documentation provided by a certified licensed audiologist that verifies a pupil has one of the following:

- (1) a sensorineural hearing loss with an unaided pure tone average, speech threshold, or auditory brain stem response threshold of 20 decibels hearing level (HL) or greater in the better ear;
- (2) a conductive hearing loss with an unaided pure tone average or speech threshold of 20 decibels hearing level (HL) or greater in the better ear persisting over three months or occurring at least three times during the previous 12 months as verified by audiograms with at least one measure provided by a certified licensed audiologist;
- (3) a unilateral sensorineural or persistent conductive loss with an unaided pure tone average or speech threshold of 45 decibels hearing level (HL) or greater in the affected ear; or
- (4) a sensorineural hearing loss with unaided pure tone thresholds at 35 decibels hearing level (HL) or greater at two or more adjacent frequencies (500 hertz, 1000 hertz, 2000 hertz, or 4000 hertz) in the better ear.

B. The pupil's hearing impairment loss affects educational performance as demonstrated by:

- (1) a need to consistently use amplification appropriately in educational settings as determined by audiological measures and systematic observation; or and
- (2) an achievement deficit in one- or more of the following basic reading skills, reading comprehension, written language, or general knowledge that is at the 15th percentile or 1.0 standard deviation deviation or more below the mean on a technically adequate norm-referenced achievement test that is individually administered by a licensed professional
  - (a) basic reading skills
  - (b) reading comprehension; or
  - (c) written language.

C. The pupil's hearing impairment loss affects the use and or understanding of spoken English as documented by one or both of the following:

- (1) under the pupil's typical classroom condition, the pupil's classroom interaction is limited as measured by systematic observation of communication behaviors; or
- (2) the pupil uses American sign language Sign Language or one or more alternative or augmentative systems of communication alone or in combination with spoken English oral language as documented by parent or teacher reports and language sampling conducted by a knowledgeable professional with knowledge in the area of communication.

D. The pupil's hearing impairment loss affects the adaptive behavior required for age-appropriate social functioning as supported by:

- (1) documented systematic observation within the pupil's primary learning environments by a licensed professional and the pupil, when appropriate; and
- (2) scores on a standardized scale of social skill development are below the average scores expected of same-age peers.

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### 3525.1333 Cognitive Impairment

This rule includes numerous substantive revisions that were based on extensive discussion by the Task Force and review of current professional practices. Along with a change in name for this disability area, the modifications provide a single entry level for cognitive impairment because it is no longer programmatically necessary to distinguish levels of severity. Changes are also proposed in the measurement standards for intellectual functioning and adaptive behavior in response to widespread input from school psychologists, directors of special education, and teachers working in this disability area.

#### 3525.1333 MENTALLY IMPAIRED: MILD MODERATE/MODERATE SEVERE COGNITIVE IMPAIRMENT.

Subpart 1. Definition. "Mentally-impaired" refers to "Cognitive impairment" means pupils with significantly subaverage general intellectual functioning resulting in or associated with concurrent deficits in adaptive behavior that may require special education instruction and related services.

Subp. 2. Criteria for mild/moderate. The team shall determine that a pupil with a cognitive impairment is eligible as having a mild/moderate mental impairment and is in-need of for special education instruction and services if the pupil meets the criteria of both items A and B.

A. The pupil has significantly subaverage intellectual functioning as indicated by an intelligence quotient below 70 plus or minus 1 Standard Error of Measurement using instruments with a reliability coefficient of .90 or greater) on an intelligence test that is standardized, nationally-normed, technically adequate, and individually administered.

B. Performance that falls at or below the 15th percentile in The pupil's performance falls in the lowest 15 percent of the pupil's age group in two or more of the following adaptive behavior domains as measured in both school and either home or community on nationally-normed, technically adequate measures of adaptive behavior (to the extent such measures are available), work samples and systematic observations:

(1) personal or independent functioning which includes competencies associated with looking after one's self self-care including medical emergencies or medical health issues. It identifies all the essential behaviors a person must exhibit in order to be regarded as at least minimally competent in a typical environment;

(2) personal or social functioning which includes all those behaviors involving the individual with other people that must be exhibited at minimally competent levels in order for the individual to be considered acceptable and successful in interpersonal relations;

(3) functional academic competencies which address basic fundamental literacy skills and knowledge of the basic concept of time and money. Functional academics refers to very basic reading and writing skills and to practical every day demands for knowledge of numerical and temporal relationships; or

(4) vocational or occupational competencies which includes three subdomains: knowledge about careers and work; appropriate attitudes and values concerning careers, and work; and specific skills associated with job or career. The competencies associated with this domain are not-expected to develop until early school-age years do not need to be assessed before, the pupil reaches grade four or age 10. They become increasingly important at progressively higher grade levels- The vocational or occupational domain includes three subdomains: knowledge about careers and work; appropriate attitudes and values concerning careers and work; and specific skills associated with job or career.

This data is supported by written evidence drawn from two or more of the following sources:

- (a) documented, systematic observation
- (b) checklist;
- (c) Classroom- or work samples;

- (e) sociometric measures;
- (f) criterion referenced measures;
- (g) educational history; or
- (h) medical history.

B. Significantly subaverage intellectual functioning as indicated by an intelligence quotient below 70 plus or minus 1 Standard Error of Measurement (using instruments with a reliability coefficient of .90 or greater) on an intelligence test that is standardized, nationally normed, technically adequate, and individually-administered

Subp. 3. Criteria for moderate severe. The team shall determine that a pupil is eligible as having a moderate severe mental impairment and is in need of special education instruction and service if the pupil meets the criteria of both items A and B.

A. Performance that falls below the 10th percentile in the following adaptive behavior domains measured in both school and home or community on nationally normed, technically adequate measures of adaptive behavior;

(1) personal or independent functioning, personal or social functioning, functional academic competencies, or vocational or occupational competencies; and

(2) the data is supported by written evidence drawn from two or more of the following sources:

- (a) documented systematic observation;
- (b) checklist;
- (c) classroom or work samples;
- (d) interviews;
- (e) sociometric measures;
- (f) criterion referenced measures;
- (g) educational history; or
- (h) medical history.

B. Significantly subaverage intellectual functioning as indicated by an intelligence quotient below 50 plus or minus 1 Standard Error of Measurement (using instruments with a reliability coefficient of .90 or greater) on an intelligence test that is standardized, nationally normed, technically adequate, and individually-administered

Subpart 3. Additional eligibility option. Pupils may be eligible with a valid, measured intelligence quotient between 71 to 75 if their performance in all adaptive behavior domains described in Subpart 2B 1.2.3.4. concurrently falls in the lowest 15 percent of the pupil's age group.

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### 3525.1335 Other Health Impaired

This rule also received a great deal of scrutiny and discussion because feedback from the field indicated the present rule was highly confusing. The proposed changes eliminate redundant provisions and reorganize the rule to more clearly state that a student is eligible with a diagnosed health condition and either low achievement or other adverse education affects that are caused by the health condition.

#### 3525.1335 OTHER HEALTH IMPAIRED.

Subpart 1. Definition. "Other health impaired" means a broad range of medically diagnosed chronic or acute health conditions that may adversely affect academic functioning and result in the need for special education instruction and related services. The decision that a specific health condition qualifies as other health impaired will be determined by the impact of the condition on academic functioning rather than by the diagnostic label given the condition.

Subp. 2. Criteria. The team shall determine that a A. pupil is eligible and in need of special education instruction and services if the pupil meets the criterion in item A and one of the criteria in item-B. the criterion in item B or C:

A. There there is documentation by a licensed physician of a medically diagnosed health impairment condition; and

B. The pupil's:

(1) need for special-education instruction and service is supported by evidence-of inadequate academic progress' attributable to excessive absenteeism as verified by attendance-records, or impaired organizational and independent work skills as assessed by functional and other appropriate assessment procedures due to limited strength, endurance, alertness, or intrusive health procedures as-verified by a minimum of two or more documented, systematic observations-er structured interviews in daily routine settings, one of which is to be completed by a special education teacher; or—(2) need for special-education instruction and service is supported by evidence of an inability to manage or complete classroom tasks within routine timelines due to excessive absenteeism as verified by attendance records, or limited strength, endurance, alertness intrusive health procedures, or medications that affect cognitive functioning as verified by-a minimum of two or more documented, systematic observations or structured interviews in daily routine settings, one of which is completed-by a special education teacher; or

(3) B. the pupil's health impairment condition interferes with educational performance as shown by is the primary cause of an achievement deficit of 1.5 standard deviations or more below the mean on an individually administered reliable, valid, and adequately normed achievement test; or

C. the pupil's health condition is the primary cause of the pupil's inability to complete educational activities within routine timelines due to one or more of the following:

(a) limited strength:

(b) limited endurance:

(c) limited alertness:

(d) intrusive health procedures:

(e) medications that affect cognitive functioning:

(f) impaired organizational work skills:

(g) impaired independent work skills: or

(h) excessive absenteeism.

Subpart 3. Evidence of need. The evidence for subpart 2C must be verified by a minimum of two systematic observations, at least one of which is completed by a special education teacher.

3525.1337 Physically Impaired

This proposed rule contains only a few minor format revisions.

3525.1337 PHYSICALLY IMPAIRED.

Subpart 1. Definition. "Physically impaired" means a medically diagnosed chronic, physical impairment, either congenital or acquired, that may adversely affect physical or academic functioning and result in the need for special education and related services.

Subp. 2. Criteria. The team shall determine that a A pupil is eligible and in need of special education instruction and services if the pupil meets the criterion in item A and one of the criteria in item B

A. There there is documentation of a medically diagnosed physical impairment; and

B. The pupil's:

(1) need for special education instruction and service is supported by a functional level of organizational or independent work skills as verified by a minimum of two or more documented, systematic observations in daily routine settings, one of which is completed by a special education teacher;

(2) need for special education instruction and service is supported by an inability to manage or complete motoric portions of classroom tasks within time constraints as verified by a minimum of two or more documented, systematic observations in daily routine settings, one of which is completed by a special education teacher; or

(3) physical impairment interferes with educational performance as shown by an achievement deficit of 1.0 standard deviations deviation or more below the mean on an individually administered reliable, valid, and adequately normed achievement test.

### 3525.1339 Severely Multiply Impaired

The Task Force recommends that this rule be repealed in its entirety because it is obsolete.

#### 3525.1339 SEVERELY MULTIPLY IMPAIRED.

—Subpart—1. Definition. "Severely multiply impaired" means a pupil who has severe-learning-and-dovolopmental problems resulting from two or moro disability conditions determined by assessment under part 3525.2500.

Subp. 2. Criteria. The team shall determine mat a pupil is eligible as being severely multiply impaired if tho pupil moots the entrance criteria for two or moro of the following disabilities:

- A. hearing impaired, part3525.1331;
- B. physically impaired, part 3525.1337;
- C. moderate severe mentally impairedrpart-3525.1333, subparts 1 and 3;
- D. visually impaired, part 3525,1315;
- E. emotional or behavioral disorders, part 3525.1329; or
- F. autism, part 3525.1325.

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### 3525.1341 Specific Learning Disability

No major revisions were proposed for this rule. Because this disability comprises the largest category in special education, there were proportionately more local practitioners contacted for input on needed revisions. While there was extensive feedback on clarifications or training needed for related assessment requirements, there were relatively few requests for specific changes in the actual criteria.

#### 3525.1341 SPECIFIC LEARNING DISABILITY.

Subpart 1. Definition. "Specific learnng disability" means a condition within the individual affecting learning, relative to potential. A specific learning disability is:

A A specific learning disability is manifested by interference with the acquisition, organization, storage, retrieval, manipulation, or expression of information so that the individual does not learn at an adequate rate when provided with the usual developmental opportunities and instruction from a regular school environment.

B A specific learning-disability is demonstrated by a significant discrepancy between a pupil's general intellectual ability and academic achievement in one or more of the following areas: oral expression, listening comprehension, mathematical calculation or mathematics reasoning, basic reading skills, reading comprehension, and written expression and

C. A specific loarning disability is demonstrated primarily in academic functioning, but may also affect self-esteem, career development, and life adjustment skills. A specific learning disability may occur with, but cannot be primarily the result of: visual, hearing, or motor impairment; mental cognitive impairment: emotional disorders; or environmental, cultural, economic influences, or a history of an inconsistent education program.

Subp. 2. Criteria. The team shall determine that a A pupil has a specific learning disability and is in need of special education and related services when the pupil meets the criteria described in items A, B and to C. Information about each item must be sought from (he parent and included as part of the assessment data. The assessment data must confirm mat the disabling effects of the pupil's disability occur in a variety of settings.

A. The pupil must demonstrate severe underachievement in response to usual classroom instruction. The performance measures used to verify this finding must be both representative of the pupil's curriculum and useful for developing instructional goals and objectives. The following assessment procedures are required at a minimum to verify this finding:

(1) evidence of low achievement from sources such as cumulative record reviews, classwork samples, anecdotal teacher records, formal and informal tests, curriculum based assessment results, and results from instructional support programs such as Chapter 1 and Assurance of Mastery; and

(2) at least one team member other than the pupil's regular teacher shall observe the pupil's academic performance in the regular classroom setting. In the case of a child served through an Early Childhood Special Education program or who is out of school, a team member shall observe the child in an environment appropriate for a child of that age.

B. The pupil must demonstrate a severe discrepancy between general intellectual ability and achievement in one or more of the following areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematical calculation, or mathematical reasoning. The demonstration of a severe discrepancy shall not be based solely on the use of standardized tests. The team shall consider these standardized test results as only one component of the eligibility criteria. (1) The instruments used to assess the pupil's general intellectual ability and achievement must be individually administered and interpreted by an appropriately licensed person using standardized procedures. (2) For initial placement, the severe discrepancy must be equal to or greater than 1.75 standard deviations below the mean of the distribution of difference scores for the general population of individuals at the pupil's chronological age level.

C. The team must agree that is it has sufficient assessment data that verify the following conclusions:

(1) the pupil has an information processing condition that is manifested by behaviors such as: inadequate or lack of expected acquisition of information, lack of organizational skills (such as in following directions, written and oral; spatial arrangements; correct use of developmental order in relating events; transfer of information onto paper), memory (visual and auditory), expression (verbal and nonverbal), and motor control for written tasks such as pencil and paper assignments, drawing, and copying;

(2) the disabling effects of the pupil's information processing condition occur in a variety of settings; and

(3) the pupil's underachievement is not primarily the result of: visual, hearing, or motor impairment; mental cognitive impairment; emotional or behavioral disorders; or environmental, cultural, economic influences, or a history of an inconsistent education program.

STAT AUTH: MS s 120.17

HIST: 16 SR 1543

### 3525.1343 Speech or Language Impairments

The focus group of educational speech language pathologists recommended two changes in the criteria, relatively minor in nature, which were accepted by the Task Force. The other proposed revisions update language and comport with the Revisor's format requirements.

3525.1343 SPEECH OR LANGUAGE IMPAIRMENTS.

Subpart 1. Fluency disorder; definition and criteria. "Fluency disorder" means the intrusion or repetition of sounds, syllables, and words; prolongations of sounds; avoidance of words; silent blocks; or inappropriate inhalation, exhalation, or phonation patterns. These patterns may also be accompanied by facial and body movements associated with the effort to speak. Fluency patterns that can be attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language should must not be identified as a disorder.

The team shall determine that a A pupil has a fluency disorder and is eligible for speech or language special education when the pupil meets the criteria in both items A and B:

A. the behavior pattern interferes with communication as judged determined by a teacher of communication disorders an educational speech language pathologist and either another adult or the child; and

B. dysfluent behaviors occur during at least five percent of the words spoken on two or more speech samples.

Subp. 2. Voice disorder; definition and criteria. "Voice disorder" means the absence of voice or presence of abnormal quality, pitch, resonance, loudness, or duration. Voice patterns that can be attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language should must not be identified as a disorder.

The team shall determine that-a A. pupil has a voice disorder and is eligible for speech or language special education when the pupil meets the criteria in both items A and B:

A. the behavior pattern interferes with communication as judged- determined by a teacher of communication disorders an educational speech language pathologist and either another adult or the child; and

B. achievement of a moderate to severe vocal severity rating is demonstrated on a voice assessment profile administered on two separate occasions, two weeks apart, at different times of the day.

Subp. 3. Articulation disorder; definition and criteria. "Articulation disorder" means the absence of or incorrect production of speech sounds or phonological processes that are developmentally appropriate. For the purposes of this subpart, phonological process means a regularly occurring simplification or deviation in an individual's speech as compared to the adult standard, usually one that simplifies the adult phonological pattern. Articulation patterns that can be attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language should must not be identified as a disorder.

The team shall determine that a A pupil has an articulation disorder and is eligible for speech or language special education when the pupil meets the criteria in item A and either item B-or C-OR B:

A. the behavior pattern interferes with communication as judged-determined by a-teacher of communication disorders an educational speech language pathologist and either another adult or the child; and

B. test performance falls 2.0 standard deviations below the mean on a technically adequate, norm-referenced articulation test; or

C. performance on a pressure consonant test indicates-problems in nasal-resenano; or

D- a pupil is nine years of age or older and a sound is consistently in error as documented by two three-minute conversational speech samples.

Subp. 4. Language disorder; definition and criteria. "Language disorder" means a breakdown in communication as characterized by problems in expressing needs, ideas, or information that may be accompanied by problems in understanding. Language patterns that can be attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language should must not be identified as a disorder.

The team shall determine that a pupil has a language disorder and is eligible for speech or language special education services when the pupil meets the criteria in items A and B and either C or D:

A. the behavior pattern interferes with communication as judged determined by a teacher of communication disorders an educational speech language pathologist and either another adult or the child; and

B. an analysis of a language sample or documented observation of communicative interaction indicates the pupil's language behavior falls below or is different from what would be expected given consideration to chronological age, developmental level, or cognitive level; and

C. the pupil scores 2.0 standard deviations below the mean on at least two technically adequate, norm-referenced language tests if available; or

D. if technically adequate, norm-referenced language tests are not available to provide evidence of a deficit of 2.0 standard deviations below the mean in the area of language, two documented measurement procedures indicate a substantial difference from what would be expected given consideration to chronological age, developmental level, or cognitive level. These procedures may include additional language samples, criterion-referenced instruments, observations in natural environments, and parent reports.

### 3525.1345 Vision Impaired

This rule proposes only minor changes to improve format, update terms and clarify meaning, particularly as the criteria relate to pupils not yet enrolled in kindergarten.

#### 3525.1345 VISUALLY IMPAIRED.

Subpart 1. Definition. "Visually impaired" means a medically verified visual impairment accompanied by limitations in sight that interfere with acquiring information or interaction with the environment to the extent that special education instruction and related services may be needed.

Subp. 2. Criteria. The team shall determine that a pupil is eligible as having a visual disability and in need of special education if the pupil meets one of the criteria in item A and one of the criteria in item B.

A. There is medical documentation of a diagnosed visual impairment by a licensed eye specialist establishing one or more of the following conditions:

(1) visual acuity of 20/60 or less in the better eye with the best conventional correction; estimation of acuity is acceptable for difficult to test learners;

(a) estimation of acuity is acceptable for difficult-to-test pupils:

(b) for pupils not yet enrolled in kindergarten, measured acuity must be significantly deviant from what is developmentally age-appropriate;

(2) visual field of 20 degrees or less, or bilateral scotomas; or

(3) a congenital or degenerating eye condition including, but not limited to for example, progressive cataract, glaucoma, retinitis pigmentosa-albinism, or nystagmus; and

B. A functional assessment of visual abilities conducted by a licensed teacher of the visually disabled impaired which determines that the pupil:

(1) the pupil has limited ability in visually accessing program-appropriate educational media and materials including, but not limited to for example, textbooks, photocopies, ditto copies, chalkboards, computers, or environmental signs, without modification;

(2) the pupil has limited ability to visually access the full range of program-appropriate educational materials and media without accommodating actions including, but not limited to for example, changes in posture, body movement, focal distance, or squinting;

(3) the pupil demonstrates variable visual ability due to environmental factors including, but not limited to lighting, for example, contrast, weather, color, or movement, that cannot be controlled; and or

(4) the pupil experiences reduced or variable visual ability due to visual fatigue or factors common to the eye condition.

STAT AUTH: MS s 120.17

HIST: 16 SR 1543

3525.1347 Team Override on Eligibility Decisions

There are no major changes proposed for this rule.

3525.1347 3525.1354 TEAM OVERRIDE ON ELIGIBILITY DECISIONS.

Subpart 1. Documentation required. If the team determines The team may determine that a pupil is eligible for special instruction and related services because the pupil has a disability and needs special instruction even though the pupil does not meet the specific requirement in parts 3525.1325 to 3525.1345 and 3525.2335 [NOTE: Update cross-references the The team must include the documentation in the pupil's special education record listed in accordance with items A, B, C and to P.

A. The pupil's record must contain documents that explain why the standards and procedures that are used with the majority of pupils; pupils resulted in invalid findings for this pupil.

B. The record must indicate what objective data were used to conclude that the pupil has a disability and is in need of specialized instruction. These data may include, for example, test scores, work products, self-reports, teacher comments, medical data previous testings, observational data, ecological assessments, and other developmental data.

C. Since the eligibility decision is based on a synthesis of multiple data and not all data are equally valid, the team must indicate which data had the greatest relative importance for the eligibility decision.

D. The team override decision must include a sign off be signed by the team members agreeing to the override decision. For those team members who disagree with the override decision, a statement of why-they disagree and their signature must be included.

Subp. 2. Record of team overrides. The district's director of special education shall keep sufficient records regarding the extent of the team override provision to assist the state in evaluating the adequacy of the various entrance criteria.

STATAUTH: MS s 120.17

HIST: 16 SR 1543

3525.1349 Exit Criteria

There are no major changes proposed for this rule.

3525.1349 EXIT PROCEDURES CRITERIA.

The team shall discontinue special education instruction and services when:

A. the pupil has achieved IEP goals and objectives such that the pupil demonstrates the ability to succeed in the regular education program or an appropriate community-based environment without special instruction and services;

B. the medical disease or condition originally diagnosed has been corrected and the pupil no longer needs special instruction and services;

C. the pupil's physical or other health impairment no longer adversely affects educational performance;

D. the pupil graduates having successfully completed graduation requirements as prescribed by the board of education or the pupil's IEP; or.

E. the pupil exceeds school age of through 21 years or

F.-the-pupil has been officially withdrawn from the district.

For any pupil discontinuing special education and services pursuant to A or C of this section, the IEP manager shall summarize: (a) the pupil's last IEP goal or objectives attainment status; (b) the most recent assessment data; and (c) any recommendations about future anticipated service needs for postsecondary education, training, and any other relevant areas.

STAT AUTH: MS s 120.17

HIST: 16 SR 1543

## 3525.1350 Early Childhood Special Education

[Note: the number 3525.1350 refers to previously proposed change in numbering. At the time this report was published the rule number was 3525.2335]

There are no major changes proposed for this rule.

### 3525.1350 EARLY CHILDHOOD: SPECIAL EDUCATION.

Subpart 1. Definition. Early childhood special education must be available to pupils from A pupil from birth through six to seven years of age is eligible for special education and services if the pupil has who have a substantial delay or disorder in development or have an identifiable sensory, physical, mental, or social/emotional condition or impairment known to hinder normal development and need special education.

Subpart 2. Criteria for Birth through two years of age. The team shall determine that a child from birth through the age of two years and 11 months is eligible for early childhood special education if when:

(1) A. the child meets the criteria of one of the disability categories in 3525 NOTE: insert updated rule references: or

(2) B. the child meets one of the criteria in unit (a) in addition to criteria in units (b) and (c) subitem (1) and the criteria in subitems (2) and (3):

(a)(1) The child:

(i) (a) has a medically diagnosed syndrome or condition that is known to hinder normal development including but not limited to, for example, cerebral palsy, chromosome abnormalities, fetal alcohol syndrome, maternal drug use, neural tube defects, neural muscular disorders, cytomegalovirus, grades III and IV intracranial hemorrhage, and bronchopulmonary dysplasia (BPD);

(ii) (b) has a delay in overall development demonstrated by a composite score of 1.5 standard deviations or more below the mean on an assessment using at least one technically adequate, norm-referenced instrument that has been individually administered by an appropriately trained professional; or

(iii)(c) is less than 18 months of age and has a delay in motor development demonstrated by a composite score of 2.0 standard deviations or more below the mean on an assessment using a technically adequate, norm-referenced instruments. These instruments must be individually administered by an appropriately trained professional.

(b) (2) The child's need for instruction and services is supported by at least one documented, systematic observation in the child's daily routine setting by an appropriate professional. If observation in the daily routine setting is not possible, the alternative setting must be justified.

(c) (3) Corroboration of the developmental or medical assessment with a developmental history and at least one other assessment procedure that is conducted on a different day than the medical or norm-referenced assessment. Other procedures may include, for example, parent report, language sample, criterion-referenced instruments, or developmental checklists.

Subpart 3. Criteria for three through six years of age. The team shall determine that a child from the age of three years through the age of six years and 11 months is eligible for early childhood special education when:

(1) (A) the child meets the criteria of one of the disability categories in 3525 NOTE: insert updated rule references: or

(2) (B) the child meets one of the criteria in unit (a) in addition to criteria in units (b) and (e) subitem (1) and the criteria in subitems (2) and (3):

(a)(1) The child:

(i) (a) has a medically diagnosed syndrome or condition that is known to hinder normal development including, for example, cerebral palsy, chromosome abnormalities, fetal alcohol

syndrome, maternal drug use, neural tube defects, neural muscular disorders, cytomegalovirus, grades III and IV intracranial hemorrhage, and bronchopulmonary dysplasia (BPD); or

(ii) (b) has a delay in each of two or more areas of development that is verified by an assessment using technically adequate, norm-referenced instruments. Subtests of instruments are not acceptable. The instruments must be individually administered by appropriately trained professionals and the scores must be at least 1.5 standard deviations below the mean in each area.

(b) (2) The child's need for special education is supported by at least one documented, systematic observation in the child's daily routine setting by an appropriate professional. If observation in the daily routine setting is not possible, the alternative setting must be justified.

(c) (3) Corroboration of the developmental or medical assessment with a developmental history and at least one other assessment procedure in each area that is conducted on a different day than the medical or norm-referenced assessment. Other procedures may include, for example, parent report, language sample, criterion-referenced instruments, or developmental checklists.

### 3525.1352 Developmental Adapted Physical Education

[Note: the number 3525.1352 refers to previously proposed change in numbering. At the time this report was published the rule number was 3525.2345]

There are no significant changes proposed for this rule. The deleted paragraph was deemed unnecessary since it does not apply to entrance criteria for special education services.

#### 3525.2345- 1352 DEVELOPMENTAL ADAPTED PHYSICAL EDUCATION: SPECIAL EDUCATION.

Subpart 1. Definition. "Developmental adapted physical education: special education" means specially designed physical education instruction and services for pupils with disabilities ages 3 through 21 who have a substantial delay or disorder in physical development-, and Developmental adapted physical education: special education instruction for pupils age three through-24-may include development of physical fitness, motor fitness, fundamental motor skills and patterns, skills in aquatics, dance, individual and group games, and sports.

Students with conditions such as obesity, temporary injuries, and short-term or temporary illness or disabilities are termed special needs-students. Special needs students are not eligible for developmental adapted physical education: special education. Provisions and modifications for these students-must-be made within regular physical education as described in Minnesota Statutes, section 126.02.

Subp. 2- Criteria. A pupil age three through 21 is eligible for developmental adapted physical education: special education when the team determines the pupil has met the criteria in items A and B.:

A. The the pupil has one of the following disabilities in each respective criteria in parts 3525.1325 to 3525.1341, 3525.1315, and 3525.1317: autism, deaf/blind, emotional or behavioral disorders, hearing impaired, specific-learning disabilities, mentally impaired, severely multiply impaired, other health impaired, physically impaired, visually impaired, traumatic brain injury or part 3525.2335, subpart 1, item C. described in the following rules: 3525.1325 to 3525.1337, 3525.1345, and 3525.1348 ; and

B. The the pupil is determined-by the team to need needs specially designed physical education instruction because:

(1) The the pupil's performance on an appropriately selected, technically adequate, norm-referenced psychomotor or physical fitness instrument is 1.5 standard deviations or more below the mean. The instrument must be individually administered by appropriately licensed teachers; or

(2) The the pupil's development or achievement and independence in school, home, and community settings is inadequate to allow the pupil to succeed in the regular physical education program as supported by written documentation from two or more of the following: motor and skill checklists; informal tests; criterion-referenced measures; deficits in achievement related to the defined curriculum; medical history or reports; parent and staff interviews; systematic observations; and social, emotional, and behavioral assessments.

STAT AUTH: MS s 120.17 , MS s 126.02

HIST: 16 SR 1543

## **RECOMMENDATIONS FOR THE SPECIAL EDUCATION MANUAL**

As a result of feedback from the focus groups and practitioner surveys from the criteria studies carried out by Gritzmacher et al, there were several instances where information was needed to make clarifications or recommendations for preferred practices. This kind of information does not belong in criteria rules; in some cases such language even exists in current rules and was proposed for deletion. A more appropriate location for this information is the Quality Special Education Manual being developed by MDE for parents and practitioners.

### **SECTION E. COSTS**

Changes in entrance criteria have the potential to create significant cost impact if the number of students is expected change significantly. No such changes are anticipated from the proposed rule revisions with the possible exception of the criteria for cognitive impairment and other health impaired.

A small increase is expected in the number of students eligible under the proposed criteria for cognitive impairment, but this increase is likely to appear gradually as older students exit services and new students enter under this rule. The proposed option to allow eligibility for students with scores from 71-75 on measures of general intellectual functioning will allow eligibility for a small number of students currently not served. There is insufficient time to conduct a study to make accurate estimates, but it is reasonable to expect this number will not involve more than 200 students annually. This number can be accommodated with the state's existing complement of teachers and programs.

OHI is the fastest growing category, due in part to the confusion surrounding eligibility standards in the current rule. The proposed criteria for OHI could potentially reduce costs if fewer students are deemed eligible. It is not possible to make a reasonable estimate of such an impact at this time without conducting a formal study.

As an incidental note, there has been considerable publicity surrounding the increase in the number of students served under the rule for emotional or behavioral disorders. This trend appears to be based more on societal factors and not on the criteria rule itself. Furthermore, this disability area has historically been underserved in Minnesota and more attention is now being paid to meeting the needs of students with emotional or behavioral disorders.

## CHAPTER II

### PUPILS AND STUDENTS\* PLACED FOR CARE AND TREATMENT RULES

#### SECTION A. CHARGE

The 1994 Minnesota Legislature reinstated the Task Force on Children with Disabilities to deal with four specific charges. One of these charges was to examine the Care and Treatment rule (Minnesota Session Laws of 1994, Chapter 647, Article 3, Section 26, Subdivision 2):

The task force shall review and may recommend changes to the education committees of the legislature in the following rules,... 3525.2325 .... In making its recommendations, the task force shall consider the educational needs of individual students, students' access to necessary services, maximization of teacher contact time with students, paperwork requirements, student achievement of educational outcomes, the integration of special education and general education instructional practices, and the cost of instruction and support services.

#### SECTION B. ISSUES

##### **HISTORICAL SITUATIONS ON "PUPILS AND STUDENTS PLACED FOR CARE AND TREATMENT"**

Historically, "homebound" instruction and services were provided to ensure that pupils who were sick, injured or emotionally disturbed would receive instruction at home or in the hospital to "permit them to complete their year's work" (See MN Regulation 1957-1970). Prior to 1981, special education aids were paid on staff who delivered home-hospital instruction for all students, regardless of the presence of a disability. In response to legislative direction, the State Board of Education adopted the current rule to clarify that special education aids were to be paid only for students with disabilities, yet required districts to deliver home-hospital instruction for all students.

As time passed since its inception, the rule has been invoked to cover a growing number of special circumstances. In 1982, these additional instructional settings were added (see appendix I. For M.R. 3525.2325). These included instruction for children who were in correctional facilities, shelters for homeless or neglected youth, foster care, day treatment or other community based placements.

\* Pupils means a student with an IEP. Student is a general education student without an IEP.

## **INEQUITY ISSUES**

There are concerns about the correctness of placing a general education instruction rule within a special education rule. Prior to 1981, general education homebound instruction was included and reimbursed with special education funds. In 1981, the Legislature required the Special Education Section of the Minnesota Department of Education to reduce its budget significantly. The subsequent savings came by eliminating the use of special education funds to reimburse general education homebound service. The Task Force feels there is lack of equity which can cause unnecessary conflict at the local level because of the perception that pupils with IEPs have more resources available to them than general education students.

## **PROCEDURES AND FUNDING ISSUES**

Today, there is widespread confusion about what to do with pupils in various settings identified in this rule. The parameters for each service category are open to considerable interpretation which has caused confusion, not only between agencies, but between parents and schools.

The Task Force discovered that the current rule is vague and fails to provide guidance. For example, it does not specify:

- who is qualified to assess the needs of students
- who is responsible for decisions
- what services are needed
- how many services are necessary to meet pupil needs
- when services begin and end
- who provides the services
- which agencies must be involved and what their roles are
- what procedures are necessary to effectively transition students across agencies

While districts may provide homebound services as soon as feasible, they may wait 15 school days because the rule is unclear as to the procedures for making that determination. The Task Force received testimony that both students with and without IEPs may not receive the number of hours of service they need when placed into the settings covered by this rule. One of the factors affecting district decisions in this regard is that they receive a full unit of formula allowance for providing a minimum of five hours a week. This results in little incentive to provide sufficient instruction to meet the full range of pupil needs. Secondly, districts often have difficulty in locating staff with a special education license and curriculum area expertise to provide services to pupils with IEPs. Reimbursement for instruction under this rule is limited to special education licensed staff. This seems short-sighted when over 80% of pupils on IEPs receive the majority of instruction from general education. Third, the Task Force identified a need to

include the area of home, hospital instruction in the special education manual currently being written by MDE in order to assist districts and parents having a common understanding in this area.

Pupil populations have changed over the years and there is a growing trend among districts to place pupils with disabilities at home without parent involvement and due process. In addition, some schools have used this rule to place pupils at home while they await openings in other programs.

## **INTERAGENCY ISSUES**

It is the Task Force belief that the majority of students served by this rule have some of the most severe needs identified by schools and other agencies. The rule requires education to serve these students wherever they are placed with little input from the school because it is outside agency personnel who make the vast majority of these decisions. While this practice is necessary it is often very difficult for schools to determine what to provide when not involved in the process. Further, schools often receive very little information about these students. Transitioning from or to other agencies often needs coordination. Further, the current rule creates confusion over access to records, data privacy, school attendance policy requirements and school credit. Also, the lack of curriculum options and resources when trying to meet the needs of various students across age ranges is a major issue.

Given the above, the Task Force learned that there are major concerns with the current rule particularly when it is applied to students placed by other than education. These students are placed by Human Services in foster, group and residential facilities for care and treatment, by Corrections placed for care and training or by physicians for care and treatment in day or residential settings and by mainstream schools while waiting for alternative placements.

This has affected school district tuition and transportation budgets over which they have little control. In addition, due to student need for unique types of treatment, districts must often transport them long distances to either alternative education or day treatment programs.

According to the Minnesota Automated Report Student System (MARSS) Edit Summary Reports provided by Minnesota Department of Education (MDE), there has been a significant growth in the number of students placed for care and treatment, care and training, at home or expelled. A comparison of school years 1991-92 and 1993-94 are provided below:



contribute to the existence or worsening of these behaviors. It is important not to blame the student for the larger social and economic problems or inadequacies of public systems. While the legislature has enacted the Children's Mental Health Act to promote agencies to work more closely together, the funding and lack of directive is inadequate to do so.

In summary, districts find themselves challenged by a population that Regional Treatment Centers, hospitals, jails and corrections cannot handle. Students may be released from these facilities because of a lack of alternatives in those settings or simply because of not knowing what will work. Because schools must provide an education regardless of the student's behavior - they despair. There are not enough community based alternatives available which have resulted in waiting lists for some. There are not settings in which this population could be more appropriately served. It was evident to the Task Force that schools cannot and should not be expected to solve these problems alone. The Task Force believes that school districts need major assistance from other agencies that are also responsible for these students. The Task Force recommendation in this area is perhaps the most critical one. If the legislature chooses not to endorse the Task Force's recommendation, students placed for care and treatment, care and training or for day treatment will continue to be served under the current rule which the Task Force believes is totally inadequate.

## HOMELESS ISSUES

The Task Force also reviewed another group of students needing instruction and services, namely, the homeless student. There is a federal law requiring districts to serve homeless children and youth. Some districts have used the ambiguity of this rule. The Task Force learned throughout various presentations that these students almost always have needs greater at certain points in time which should command additional district resources. Instead of receiving 5-6 hours of education a day, these students often receive only 1-2.5 hours due to the lack of specificity of this rule. Students may attend 4-5 schools within a year, records may be lost or not obtained, more school is missed and grades repeated, and they receive fewer educational services than their peers. Students may miss days, weeks, or months of school and as a result are not afforded credit due to district attendance procedures.

Many homeless children and youth with disabilities are not identified because of their high mobility and the length of time it takes to complete an assessment. This is a major problem since research conducted by the Wilder Research Center from 1984 to 1991, revealed that approximately 25% of homeless parents report that their children have learning problems. In fact, a recent Minneapolis pilot study (University of Minnesota, 1993) found that 8-12 year old homeless students were an average of 14 months behind their grade levels.

The transportation cap of 80% affects an extremely disenfranchized population. Homeless children and youth need stability in their lives. In order to provide some stability it may mean returning the students to their previously attended school. This may be in another attendance area in or outside of the district.

### **SECTION C. INPUT RECEIVED**

The Task Force solicited and received oral and written testimony from a broad array of individuals. Presenters provided formal and informal panel discussions as well as question and answer sessions. Presenters included parent advocates, special education administrative specialists, university professors, researchers, child psychiatrist, teachers from homebound and detention centers, a judge, representatives from state corrections, shelters, and MDE staff. The Task Force also viewed videos, including, "Perspectives on Youth Homelessness," a portrayal of Minnesota homeless youth, and "Shelter Boy." Findings from these sessions are summarized below.

### **FINDINGS**

The Task Force concluded that there are major issues with the current care and treatment rule, commonly referred to as the homebound rule, especially when it is applied to students placed by persons or agencies other than education.

Findings for SBE Rule 3525.2325:

1. The rule is too broad and covers too many different types of students
2. The rule is vague about who is eligible to be served by homebound
3. The rule does not clearly state who is responsible for determining service needs
4. Many students and pupils do not receive the services they need because of the lack of clarity of this rule:
  - a) the rule does not clearly specify a process for determining exactly how soon services should begin, therefore, many districts wait 15 school days before initiating them.
  - b) many students served under this rule do not receive the hours of instruction and services they need. This is due to a fiscal disincentive allowed by the state formula allowance procedures.
  - c) it is often difficult to find special education staff who also have curriculum expertise. Reimbursement is provided only for special education staff, yet the majority of special education students are in general education.
5. Districts are often not involved in decisions when students and pupils are placed by other agencies.

6. The rule does not have provisions for the transfer of student information and records across agencies.
7. The rule does not require transition planning for students and pupils across agencies.
8. The 80% cap on transportation aid creates a hardship for districts because other agencies are the primary decision-makers who place students and pupils in settings that require transportation often over long distances. (Some costs can exceed \$150.00 per day).
9. There is no reimbursement for general education teachers while there is for special education teachers. This creates an inequity between general and special education.
10. There is a need for the Minnesotal Department of Education to include information related to providing home and hospital instruction and services in guidelines as specified in Article 3, Section 29, 1994 Rules.
11. There is a major gap in community-based services for many children and youth now served by schools. Some of these children and youth are deemed unmanageable by districts, correctional and treatment facilities. Sometimes, they are released to schools from these agencies because they even lack options. Since schools have a mandate to provide educational services for all pupils regardless of their disability, districts find themselves unable to meet the extensive and complex needs of these students. Consequently, they use the "homebound" rule to place these pupils at home either to receive services there or while they are waiting for an opening in an alternative program. Early intervention and treatment requires interagency involvement. The schools cannot do it alone. While the Legislature has enacted the Comprehensive Children's Mental Health Act, the funding thus far has been inadequate to meet the need, placing a fiscal burden squarely on the shoulders of the schools who already have their special education funds prorated.
12. The current rule is inadequate for serving homeless students. Although federal law requires districts to serve them, some districts have used the ambiguity of this rule as the means of doing so. As a result, there is a negative effect on the education of homeless students. Some of these findings include:
  - a) Homeless students have needs which are not often addressed by school policies and classroom practices.
  - b) A few districts turn away homeless children and youth simply because they lack a permanent address.

- c) In some districts, a homeless child, who is not a resident will receive 1 - 2.5 hours of instruction compared to five or six hours for a student residing in the district.
- d) Homeless children have difficulty accessing transportation to and from school. When it is in the best interests of homeless children or youth to continue in the school district of origin and their temporary living arrangement is in another district or attendance area, no provisions exist to provide transportation across attendance areas or school boundaries.
- e) Some schools will not permit children to attend until immunisation records are produced.
- f) Some homeless students have skipped meals in the past month because there was not enough money for food.
- g) Most runaway and homeless youth are behind their age mates in school.
- h) The needs and special issues of homeless youth may best be met in nontraditional school settings. Alternative schools for youth of all ages are not equally available around the state. In addition, waiting periods for entry into alternative schools, where they do exist, may delay entrance for several weeks or months.
- i) There is little or inappropriate emergency shelter for homeless youth.
- j) Many policies and practices actually contribute to pushing or leaving youth on the streets.
- k) The majority of homeless youth have been physically or sexually abused.
- l) Many runaway and homeless youth experience barriers to employment and job training.

## **SECTION D. RECOMMENDATIONS**

### **SUMMARY OF RECOMMENDATIONS**

The Task Force recommends that the Legislature take the following actions:

- 1, Direct the State Board of Education to propose a rule for hearing that differentiates between home and hospital instruction for pupils and students who are sick, injured, or have a mental health disorder and youth who need or are placed in other settings such as corrections, chemical dependency treatment, residential treatment, day treatment, etc.
2. Provide reimbursement for all licensed staff who provide instruction and services to pupils with disabilities who have acquired an acute or chronic health or mental health condition and are unable to attend school as documented by a doctor or licensed mental health professional (M.S. 245.487).

3. Charge the Minnesota Department of Education to include in the guidelines for district and students, information related to providing home and hospital instruction and services specified in Article 3, Section 29, 1994 Rules.
4. Direct the State Board of Education to prepare for hearing a general education rule to provide for home and hospital instruction and services to general education education students.
5. Establish a categorical aid for students in general education who need home and hospital instruction and services due to illness, injury, or a mental health disorder as documented from a doctor or licensed mental health professional.
6. Charge the Minnesota Department of Education to convene representatives from Health, Human Services, Corrections, Economic Security, and others as appropriate, to develop interagency agreements, corresponding rules, and recommend funding streams to the legislature by the 1996 session that effectively address the issues surrounding the education of children placed for care and treatment, care and training or day treatment programs, such as:
  - a) Chemical Dependency
  - b) Day Treatment
  - c) Residential Treatment
  - d) Psychiatric Hospitals
  - e) Detention and Correctional
  - f) Emergency Housing
  - g) Emergency Intake
  - h) Domestic Abuse

The Agencies shall be charged with the responsibility of ensuring the development of community-based programs operating through interagency collaboration to meet the needs of children and youth.

7. Remove the 80% cap on transportation aid for students and pupils who are placed for day treatment, alternative education settings and other community programs such as foster care, group homes, or respite care.
8. Direct the State Board of Education to propose a rule for hearing to require districts to provide an age-appropriate length of school day for all shelter students and pupils within two school days of placement.
9. Direct the State Board of Education to inform school districts that they are in violation of the McKinney Act when they do not allow a homeless student or pupil to enroll or attend school because it is in the middle or late in the school term.

10. Direct the State Board of Education to inform school districts that homeless students shall be eligible and immediately provided with free breakfast, if available, and school lunch.
11. Direct the State Board of Education to propose a rule for a hearing that requires school districts to consider the students' living conditions and circumstances before imposing their attendance policies on the homeless population.
12. Remove the 80% transportation cap for homeless students so districts are encouraged to review options of where students should attend school in order to preserve educational stability

## RECOMMENDATION 1.

**The Task Force recommends that the Legislature direct the State Board of Education to propose the following rule for hearing for pupils who are sick, injured, or have a mental health disorder and youth who need or are placed in other settings such as corrections, chemical dependency treatment, residential treatment, day treatment, etc.**

### **Home and Hospital Instruction for Pupils with Disabilities age Birth through 21**

#### Eligibility:

A pupil with an active IEP who has or acquires an acute or chronic physical or mental health condition and is unable to attend school as documented by a physician or licensed mental health (M.S. 245.487) professional is eligible to receive instruction and services in a home, hospital or community based setting.

#### Exemption School-Based Placement Decisions:

A pupil with a disability who is being considered for home instruction by the school district solely because of the disability is not included in this part unless the pupil also develops an acute or chronic health or mental health condition. If that is not the case, the school district must follow due process procedures relevant to proposing a significant change in placement to determine if providing an education in the home or an alternative community setting is the least restrictive environment.

#### Required Hours and Procedures for Instruction and Services:

##### Intermittent and Short Term

The minimum number of hours of instruction and services for pupils who receive home or hospital instruction and services on an intermittent or short term basis is five hours per week.

##### Long Term

The number of hours of instruction and services for pupils who receive home or hospital instruction and services on a long term basis shall be determined by the IEP team after reviewing the physician's or licensed mental health professional's statement.

#### Procedures for short term, intermittent and long-term placements

The IEP team must review the IEP to determine its appropriateness given the pupil's current condition. This review must be completed within five school days of receipt of the physician's or licensed mental health professional's written statement that the pupil is unable to attend school. The IEP team shall review the physician's statement as to when instruction can begin, restrictions that may need to be addressed, the anticipated date the pupil may be able to return to school, and any other information pertinent to the provision of instruction and services. Instruction shall begin as soon as arrangements are in place unless not medically feasible. When planning for pupils who receive services from more than one agency the interagency plan, Common Plan of

Care or EFSP may be used. The IEP team must determine the number of hours, type of instruction and services and who will deliver them.

Districts may choose to use a multi-disability team teaching model, as defined in Minnesota Rule 3525.2350, to ensure appropriate implementation of the IEP. Home or hospital instruction and services may be provided through technological means as appropriate to the pupil's needs. However, this should not be the sole method of instructional delivery.

Home and hospital instruction should include the pupil's entire instructional day, which may involve both special and general educators.

#### DEFINITIONS:

##### Acute Mental or Physical Health Condition

Denote conditions that are not chronic and are characterized by a sudden onset, a sharp rise and of short duration as determined by a physician or licensed mental health professional per M.S. 245.487. Such conditions respond to a treatment and do not leave a residual disability.

##### Chronic Mental or Physical Health Condition:

Denotes a condition that is of long duration, and may adversely affect the pupil's ability to attend a school program for an intermittent, short or long period of time as determined by a physician or a licensed mental health professional per M.S. 245.487.

##### Intermittent:

Means that the pupil is projected to be absent sporadically across the school year. When the IEP Team determines that the absences will adversely affect learning, the district shall provide home instruction and services.

##### Short Term:

Means that the pupil is projected to be absent fewer than 30 consecutive school days during the school year.

##### Long Term:

Means that the pupil is projected to be absent more than 29 consecutive school days during the school year.

## **RECOMMENDATION 2**

**The Task Force recommends that the Legislature amend the provisions of formula allowance and provide reimbursement for all licensed staff who provide instruction and services to pupils with disabilities who have acquired an acute, chronic, or intermittent health or mental health condition and are unable to attend school as documented by a doctor or licensed mental health professional.**

### **Reimbursement - State Special Education Aid**

(To be placed in statute M.S. 124.32)

Districts shall receive state special education reimbursement at the current rate for all licensed staff providing instruction and services as specified in the pupil's IEP. For the purposes of this part, the IEP may contain instruction and services provided by regular education licensed teachers.

## Formula Allowance

### Intermittent and Short Term:

Districts shall continue to receive full formula allowance as if the pupil were able to attend school. Therefore, districts must maintain the pupil's place on the classroom roster.

### Early Childhood and Kindergarten

birth through age 2 - this rule does not apply to pupils birth through age 2 years who have an Individualized Family Service Plan and receive services covered under Early Childhood Instructional Options (or Program Alternatives).

Age 3 through kindergarten - prorated to the hours the pupil is currently receiving.

### Long Term - Elementary Pupils:

Districts shall receive two hours of formula allowance for every hour of instruction and services provided the pupil. The total amount cannot exceed that which would be earned for one full pupil unit. Districts must change the pupil's status on the MARSS report.

### Long Term - Secondary Pupils:

Districts shall receive 1.75 hours of formula allowance for every hour of instruction and services provided the pupil. The total amount cannot exceed that which would be earned for one full pupil unit. Districts must change the pupil's status on the MARSS report.

## RECOMMENDATION 3

**The Task Force recommends that the Legislature direct the Minnesota Department of Education to include in the guidelines as specified in Article 3, Section 2a, 1994 Rules, student information related to providing home and hospital instruction and services.**

*Recommended Procedures for inclusion in the Special Education Manual as required in -Article 3. Section 29 [1994 Rules]*

The district may need to gather the following data to assist in planning instruction and services by the IEP team:

#### District Information:

- District name and number
- Person responsible for coordinating data collection

#### Student Information:

- Teachers, IEP service providers and other pertinent information
- Student's name, address, phone number, date of birth and grade level
- Hospital the pupil is in, if appropriate
- Parent information

Physician or Licensed Mental Health Professional Information:

- Physician's or Licensed Mental Health Professional's name, address and phone number
- Physician's or Licensed Mental Health Professional's diagnosis and date of diagnosis
- Physician's or Licensed Mental Health Professional's statement relative to pupil's ability to receive instruction and services
- Expected date instruction could begin
- Physician's or Licensed Mental Health Professional's statement regarding time limitations of instruction and services
- Any other concerns the physician or Licensed Mental Health Professional may have regarding the school program to the pupil's health is protected
- Expected date the pupil may return to school or may be re-evaluated and/or changes anticipated that may require the IEP team to conduct a review to determine if the IEP is still appropriate.
- A transition plan for returning the pupil to school

**RECOMMENDATION 4.**

**The Task force recommends that the Legislature direct the State Board of Education to propose the following rule for hearing that provides for home and hospital instruction and service to general education students.**

Home and Hospital Instruction and Services for Students K-12

Terminology

Home and hospital instruction and services for students.

Eligibility

A student who has or acquires an acute or chronic physical or mental health condition and is unable to attend school as documented by a physician or licensed mental health professional is eligible to receive instruction and services in a home, hospital or community based setting.

Required hours of instruction **and** services:

Intermittent and Short Term

The minimum number of hours of instruction and services for students who receive home or hospital instruction and services on an intermittent or short term basis is five hours per week.

Long Term

The number of hours of instruction and services for students who receive home or hospital instruction and services on a long term basis shall be determined by school personnel after reviewing the physician's or licensed mental health professional's statement.

## Procedures

School personnel, as determined by the district, must review the physician's or licensed mental health professional's statement within five days of receipt and determine when instruction can begin, restrictions that may need to be addressed, the anticipated date the student may be able to return to school, and any other information pertinent to the provision of instruction and services. Instruction shall begin as soon as arrangements can be made unless not medically feasible. School personnel shall determine the numbers of hours, and type of instruction and services. Home or hospital instruction and services may be provided through technology and interactive video. However, this should not be the sole method of instructional delivery.

When there is a request for a shortened school day by the parent and physician or licensed mental health professional, it is the responsibility of the district to determine if it is in the best interests of the student as home instruction does not replace a desired school experience with other students nor is it to be viewed as a component of home schooling.

## DEFINITIONS

### Acute Physical or Mental Health Condition:

Denote conditions that are not chronic and are characterized by a sudden onset, a sharp rise and a short duration as determined by a physician or licensed mental health professional (M.S. 245.487). Such conditions respond to a treatment and do not leave a residual disability.

### Chronic Physical or Mental Health Condition:

Denotes a condition that is of long duration, and may adversely affect the student's ability to attend a school program for an intermittent, short or long period of time as determined by a physician or a licensed mental health professional (M.S. 245.487).

### Intermittent:

Means that the student is projected to be absent sporadically across the school year. When school personnel determine that the absences will adversely affect learning, the district shall provide home instruction and services.

### Short Term:

Means that the student is projected to be absent less than 30 consecutive school days during the school year.

### Long Term:

Means that the student is projected to be absent more than 29 consecutive school days during the school year.

## RECOMMENDATION 5

**The Task Force recommends that the Legislature establish a categorical aid and amend the provisions of formula allowance for general education when serving general education students in a home or hospital setting.**

### Reimbursement

#### State Aid

Districts shall receive state aid at the current special education rate for all staff providing instruction and services.

#### Intermittent and Short Term:

Districts shall continue to receive full formula allowance on the student as if the student were able to attend school. Therefore, districts must maintain the student's place on the classroom roster.

#### Long Term - Elementary students:

Districts shall receive two hours of formula allowance for every hour of instruction and services provided the student. The total amount cannot exceed that which would be earned for one full pupil unit. Districts must change the students status on the MARSS report.

#### Long Term - Secondary Students:

Districts shall receive 1.75 hours of formula allowance for every hour of instruction and services provided the student. The total amount cannot exceed that which would be earned for one full pupil unit. Districts must change the student's status on the MARSS report.

#### Documentation

The district shall develop procedures for gathering data to document the provision of instruction and services. The district shall include instruction time sheets, level of pay, and how teachers will receive information regarding the student's program upon their return to school.

## RECOMMENDATION 6

The Task Force recommends that the Legislature charge the Minnesota Department of Education to convene representatives from Health, Human Services, Corrections, Economic Security, and others as appropriate, to develop interagency agreements, develop corresponding rules and recommend funding streams to the Legislature by the 1996 session that effectively address the issues surrounding the education of children placed for care and treatment, care and training or day treatment, such as:

- Chemical Dependency
- Day Treatment Programs
- Residential Treatment
- Psychiatric Hospitals
- Detention and Correctional Institutions

Emergency Housing  
Emergency Intake  
Domestic Abuse

The agencies shall be charged with the responsibility of ensuring the development of community based programs operating through interagency collaboration to meet the needs of children and youth. The Task Force recommends that by 1997, the Legislature provide funding streams to ensure the development of community-based programs operated through interagency collaboration to meet the needs of children and youth.

#### **RECOMMENDATION 7**

The Task Force recommends that the Legislature remove the 80% cap on transportation aid for students and pupils who are placed in day treatment and alternative education programs.

#### **RECOMMENDATION 8**

The Task Force recommends that the Legislature direct the State Board of Education to adopt the following rule for Hearing:

Every district shall provide an age-appropriate length of school day for all students, including shelter students (i.e. homeless, domestic abuse, emergency intake, or local neglected or detention facilities) within two days of placement. This requirement must be met regardless of the immediate availability of immunization and school records.

#### **RECOMMENDATION 9**

The Task Force recommends that the Legislature direct the State Board of Education to inform school districts that they are in violation of the McKinney Act when they do not allow homeless students and pupils to enroll or attend because it is in the middle or late in the school term.

#### **RECOMMENDATION 10**

The Task Force recommends that the Legislature direct the State Board of Education to inform school districts that homeless students are eligible for free breakfast, if available, and lunch pending completion of the appropriate application.

#### **RECOMMENDATION 11**

The Task Force recommends that the Legislature direct the State Board of Education to adopt the following rule for hearing:

School districts shall consider a homeless students living conditions and circumstances before imposing attendance policies on them.

## **RECOMMENDATION 12**

The Task Force recommends that the Legislature remove the 80% transportation cap for homeless students so districts are encouraged to review the options of where students should attend school in order to preserve educational stability of the student.

## **SECTION E. ESTIMATED EXPENDITURES**

### **RECOMMENDATION 2.**

#### **Estimated expenditures for pupils with disabilities.**

No change in cost anticipated as aid already exists.

There may be a cost savings in formula allowance depending on the number of hours served.

### **RECOMMENDATION 4 AND 5**

#### **Estimated expenditures for students without disabilities**

\$3,151,000.00 and 54.5% = \$1,714,000.00

Assuming 3041 kids at a mean of 40 hours of service per year.

There may be cost savings in formula allowance depending on the number of hours served.

### **RECOMMENDATION 7**

Because the 80% cap applies to the current school year the anticipated actual cost is unknown. The Task Force suggests that the Minnesota Department of Education provide the legislature cost data prior to the end of the current session as costs will be known by that time.

### **RECOMMENDATION 12**

#### **Estimated costs of providing transportation to children and youth who are homeless**

Estimated expenditures for providing transportation for homeless children and youth are \$500,000 (based on approximately 4,000 Minnesota homeless students needing transportation to stay in their school of origin when feasible; estimate based somewhat higher than desegregation cost based on mobility factors).

### **RECOMMENDATIONS 8,9,10, AND 11**

Districts who follow these requirements may have more success in keeping homeless youth in school, thereby earning more formula allowance as a.

### **RECOMMENDATIONS 1,3, AND 6**

There is no cost anticipated for recommendations 1, 3, or 6.

## F. APPENDIX

### 1. CARE AND TREATMENT RULE

#### TREATMENT PROGRAMS AND LEVELS OF SERVICE 3525.2325 EDUCATION PROGRAMS FOR K-12 PUPILS AND REGULAR EDUCATION STUDENTS PLACED IN CENTERS FOR CARE AND TREATMENT.

Subpart 1. **When education is required.** The district in which the facility is located must provide regular education, special education, or both, to a pupil or regular education student in kindergarten through grade 12 placed in a facility, or in the student's home for care and treatment. Education services must be provided to a pupil or regular education student who is:

- A. prevented from attending the pupil's or student's normal school site for 15 consecutive days; or
- B. predicted to be absent from the normal school site for 15 consecutive days according to the placing authority, such as a medical doctor, psychologist, psychiatrist, judge, or other court-appointed authority; or
- C. health-impaired and in need of special education and predicted by the team to be absent from the normal school site for 15 intermittent days.

A pupil or regular education student shall begin receiving instruction as soon as practicable under treatment conditions.

Special education services must be provided as required by a pupil's IEP, and to the extent that treatment considerations allow the pupil to participate. Number of school days for determining due process procedures shall begin upon enrollment in an education program. Placement for care and treatment does not of itself require special education placement.

D. For those education programs run by the Department of Corrections, the district shall be the Department of Corrections for the purpose of this part. The district is responsible for ensuring that a cooperative agreement is reached with the care and treatment center facility which addresses all the requirements of Department of Human Services Rules, parts 9545.0900 to 9545.1090 and 9545.1400 to 9545.1500 which pertain to the provision of education services for students placed in centers for care and treatment. Provision of special education services requires implementation of all due process safeguards defined in state and federal law. Some procedures are modified to assure the pupil's access to education.

For purposes of this part, pupils and regular education students placed in the following facilities by someone other than the district are considered to be placed for care and treatment:

- (1) chemical dependency and other substance abuse treatment centers;
- (2) shelter care facilities;
- (3) home, due to accident or illness;
- (4) hospitals;
- (5) day treatment centers;
- (6) correctional facilities;
- (7) residential treatment centers; and
- (8) mental health programs.

Subp. 2. **Education programs for students and pupils and regular education students placed in short-term programs for care and treatment.** A placement for care and treatment is a short-term placement if the anticipated duration of the placement is less than 31 school days. The school district must begin to provide instruction to the pupil or regular education student immediately after the pupil or student is enrolled in the education program. If the student is enrolled in the educational program without an educational record or IEP, the district's procedures must include immediate phone contact with the home school to see if the regular education student has been identified as disabled.

A. If a regular education student has been identified as handicapped and has a current IEP:

Initial due process procedures for previously identified pupils placed for care and treatment in a short-term facility may be accomplished by telephone; however, the required written documentation, including notices, consent forms, and IEP's, must follow immediately. If the pupil has a current IEP in the home school, the home school must give the providing agency an oral review of the IEP goals and objectives and services provided. The providing agency must contact the parents and together an agreement must be reached about continuing or modifying special education services in accordance with the current IEP goals and objectives. If agreement is not reached over the phone, the providing district shall hold a team meeting as soon as possible. At least the following people shall receive written notice to attend: the person or agency placing the pupil, the resident district, the appropriate teachers and related services staff from the providing district, the parents, and, when appropriate, the pupil. This meeting may be held in conjunction with a meeting called by a placing agency. A copy of the documentation, including the modified IEP, must be provided to the parents with a copy of their rights, including a response form.

B. If a regular education student has not been identified as disabled or if the providing district cannot determine if a student has been identified as disabled:

(1) Regular education instruction must begin immediately upon enrollment in the education program. (2) A screening must be conducted by education staff to determine the student's academic, social, and behavioral needs.

(3) Based on the documented results of the screening, a decision must be made about the need for prereferral interventions or an appropriate special education assessment according to parts 3525.2500 to 3525.2850. It is not required that an appropriate assessment be started unless it appears that it can be completed.

(4) During the student's placement, regular education instruction must be provided.

**Subp. 3. Education programs for pupils and regular education students placed in long-term programs for care and treatment.** A placement made for care and treatment is long term if it is anticipated to extend beyond 30 school days. The pupil or regular education student must receive educational services immediately upon enrollment in the education program:

A. If the student has been identified as disabled and has a current IEP.

If the education staff of the providing district decides that the pupil's current IEP can be implemented while the pupil is placed for care and treatment, the education staff must contact the parents to secure an agreement to continue to provide special education services according to the IEP. If the parents do not agree with the providing district's proposal, the district shall hold a team meeting as soon as possible. If the education staff needs additional assessment information or the pupil's current IEP cannot be fully implemented while the pupil is placed for care and treatment, the education staff must:

(1) contact the parents to secure an agreement to provide special education on an interim basis while an assessment is being completed; or

(2) call a team meeting to revise the current IEP or develop an interim IEP while the pupil is undergoing additional assessment to determine an appropriate program. B. If the student has not been identified as disabled or if the providing district cannot determine if the student has been identified as disabled, the student entering a residential facility for a long-term placement must be screened to determine if there is a need for an appropriate educational assessment. An assessment must begin with a review of screening and other information such as the parent or student interview, available educational and social history, and the purpose of the treatment placement. The assessment must be conducted according to parts 3525.2500 to 3525.2850.

If the student meets entrance criteria for special education, an IEP must be developed. Special education services must be provided by appropriately licensed staff in accordance with the IEP. If the student was not assessed or was assessed and does not meet entrance criteria for special education, regular education services must be provided in accordance with the student's education plan.

**Subp. 4. When a student or pupil leaves the facility.** If a student or pupil has received an assessment or special education services for 15 or more days, the providing district must prepare an exit report summarizing the regular education or special education assessment or service information and must send the report to the home school, the receiving facility, the parent, and any appropriate social service agency. For a pupil, this report must include a summary of current levels of performance, progress, and any modifications made in the pupil's IEP or services. Record transfers between anyone other than educational agencies and the parent require prior approval of the parents in accordance with data privacy laws.

**Subp. 5. Minimum service required.** The team must predict how long the pupil or regular education student must be placed for care and treatment. If the prediction is for a restricted period of more than 170 days or its equivalent, exclusive of summer school, the district shall make available:

(1) the instruction necessary for the student or pupil to make progress in the appropriate grade level for the successful completion of the courses, programs, or classes the student or pupil would have been enrolled in if the student or pupil were not placed for care and treatment;

(2) preferably a normal school day in accordance with part 3525.2300;

(3) an average of at least two hours a day of one-to-one instruction; or

(4) a minimum of individualized instruction for one-half of the normal school day if it is justified in the pupil's IEP or student's education plan that none of these options are appropriate. The district shall apply for a variance from length of a normal school day in accordance with part 3525.2300.

If the predicted restricted period is fewer than 171 days, exclusive of summer school, the district shall make available at a minimum either small group instruction for one-half of the normal school day or at least an average of one hour a day of one-to-one instruction.

Provision of special educational services for pupils outside of the providing school district's regular calendar is optional unless the pupil has an extended year IEP.

**Subp. 6. Placement, services, and due process requirements for pupils.**

A. The IEP developed by the team must include the provisions of part 3525.2900, the location of the special education services, the projected duration of the special education services, and provisions for coordinating the care and treatment and the special education services.

B. The nature of and the restrictiveness of some long-term facilities require the pupils to remain on site. When a pupil's treatment and educational needs allow, integration shall be provided in a regular educational setting. The

determination of the amount and site of integrated services must be a joint decision between parents, the treatment and education staff, and when possible final educational placement decisions must be made by the IEP team of the providing educational agency. If the IEP team concludes a pupil can benefit from an average of more than three hours of educational services, it must, in conjunction with care and treatment center staff, consider the feasibility and appropriateness of an education placement at a regular school site.

C. If a pupil is placed in a residential facility outside the resident district, the providing district must provide appropriate special education services. The placement of the pupil in a residential center for care and treatment outside the resident district is not an initial placement in the receiving district. The providing district shall make every effort to implement the resident district's IEP, making the modifications necessary due to the restrictive care and treatment setting and based on agreements reached with the parent. The providing district shall comply with the due process procedures of parts 3525.2500 to 3525.4700. Districts shall develop alternative procedures for implementing the legal requirements for observing the student in a regular classroom and document previous interventions that have been tried before the student placed for care and treatment is identified as having a specific learning disability or an emotional or behavioral disorder. These alternative procedures must be included in the district's entrance criteria. The district and facility shall cooperatively develop procedures to be used in emergency situations that comply with the Pupil Fair Dismissal Act according to Minnesota Statutes, sections 127.26 to 127.39, and the district's discipline policy.

Subp. 7. **Student's and pupil's and regular education student's placement; aid for special education.** Special education services provided to pupils and regular education students who have been placed for care and treatment are reimbursable in accordance with parts 3525.0800 and 3525.1310.

A. When regular education and special education services are provided, only the special education portion shall be reimbursed with special education aid.

B. The special education services provided to pupils in accordance with an IEP are reimbursable.

C. The indirect or consultative services provided in conjunction with regular education prereferral interventions and assessment provided to regular education students suspected of being handicapped who have demonstrated learning or behavioral problems in a screening are reimbursable.

D. Regular education, including screening, provided to students, pupils, and regular education students are not reimbursable with special education categorical aids.

STAT AUTH: MS s 120.17

HIST:14 SR 281;16 SR 1543

## **2. A BRIEF HISTORY OF THE "STEWART B MCKINNEY HOMELESS ASSISTANCE ACT."**

The Act was passed in 1987. There are 17 programs provided for under the Act. One of them is the Education For Homeless Children and Youth Program. Nationally, the Education Program received a funding level of 5 million dollars for FY 1987-1990 (MN received \$50,000 each year). In 1990, the program was reauthorized and has received about 25 million each year since that time (MN received about \$300,000 each year). The program was again reauthorized in 1994.

Under the McKinney Act, the SEA is required to ensure that homeless students have access to a free and appropriate public education. The resources provided from the Federal Government have been modest but vital in working toward this goal. Minnesota was required to change the residency requirements of the School Compulsory Attendance Laws. This change occurred in 1989 and has made a difference for thousands of homeless students. In 1989, approximately 43% of metropolitan homeless children were having trouble with attendance. Nineteen percent of homeless youth are not enrolled in school and 33% of students enrolled are having trouble with attendance (Wilder Research Center, 1991). In spite of the change in the law, MDE still receives 600-800 calls a year regarding educational placement of homeless students.

Another requirement under the Act was for MDE to create an Office for the Education of Homeless Children and Youth. The Minnesota Department of Education was required to develop a State Plan in 1988 and to revise it again in 1990 after the reauthorization.

Results of the plan include:

- Homeless as a status under the High School Graduation Incentives Law (1992). Since 1989 over 5,000 education professionals have been inserviced on homeless issues.

Reading is Fundamental Program for Minnesota Homeless students (17 sites - 16,109 children served in 1994).

Collaboration with State Child Nutrition reached homeless students in shelters, summer food programs, alternative schools, and area learning centers.

Collaboration with the State Interagency Task Force On Homeless (i.e. Homeless Family Prevention Program).

Collaboration with Special Education Recycling Computer Project.

- Collaboration with Chapter One on serving eligible homeless students.
- GED on Television/Homeless Youth Pilot Sites.
- Electronic Records Transfer System.

LEA subgrants - distributed approximately \$500,000 in last 3 years which served over 10,000 homeless students.

The MDE Office is also required to estimate the number of homeless students in Minnesota and to identify barriers to school enrollment, attendance, and academic success.

### **3. TESTIMONY ON HOMELESSNESS**

The homeless student population in Minnesota is growing at an alarming rate. The Minnesota Department of Education (MDE) estimated 20,802 children and youth as being homeless in 1992-1993. MDE estimated 8,000 school aged homeless in 1988 and 12,500 school aged homeless in 1993. Since 1985 the Minnesota Department of Jobs & Training (DJT) reports a 400 percent increase in unaccompanied youth. On a given night, 800 to 1000 adolescents are homeless in the metro area. The following data is from the Wilder Research Center: Unaccompanied Homeless Youth in Minnesota 1991 Report:

- 19% of homeless youth were not enrolled in school (the majority felt that the lack of permanent housing was the main barrier to enrollment).
- 8% of the students enrolled said they did not "usually" attend school (1/3 had missed school on the day of the survey).
- 27% had attended more than one school during the last school year.

- 28% were employed and 9% received General Assistance (of those employed, the average work week was 17 hours, average wage was \$4.50 per hour).
- 57% of homeless youth expressed interest in receiving job training.
- 59% of youth experienced multiple episodes of homelessness.
- 50% had been homeless for more than 45 days.
- 33% had slept outdoors, in a vacant building, or in a hallway.
- 49% of boys stayed outside, in cars, vacant buildings or in shelters on a regular basis.
- 43% of homeless young women have been pregnant at least once.
- 62% of girls have been physically abused and 51% sexually abused by an adult.
- 75% have lived most of their lives in Minnesota.
- 41% of homeless youth surveyed were persons of color.

4. **WILDER RESEARCH CENTER REPORT: HOMELESSNESS IN MINNESOTA 1991.**

- 16% of statewide homeless families with children report trouble with attendance (23% metro area).
- 24% of homeless parents report that their child has a learning or school problem.
- 22% of homeless parents report that their child has repeated a grade.
- 10% of parents report that their child has a chronic or severe physical health problem.
- 11% of parents report that their child has an emotional or behavior problem.
- 19% of children from homeless families have skipped meals because there wasn't money for food.

**5. THE FOLLOWING INFORMATION IS FROM "HOMELESS CHILDREN IN THE UNITED STATES: MARK OF A NATION AT RISK," CURRENT DIRECTIONS IN PSYCHOLOGICAL SCIENCE (DR. ANN MASTEN, UNIVERSITY OF MINNESOTA):**

In a recent study conducted at the Minneapolis 410 Family Shelter, the 8 to 12 year old children were an average of 14 months behind their age levels.

Homeless children miss more school, have repeated a grade more often, and receive fewer special educational services than other school-aged children.

Homeless children had substantially lower job aspirations for the future (when compared with other Minneapolis elementary school children).

**6. REFERENCES**

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# CHAPTER HI

## RATIOS-CASE LOAD RULES

### SECTION A: CHARGE

#### LAWS OF 1994 ARTICLE 3

##### **Sec. 26 TASK FORCE ON EDUCATION FOR CHILDREN WITH DISABILITIES**

Subdivision 2 [STUDY OF STATE BOARD OF EDUCATION RULES.]

(b). The task force shall review the case loads and number of pupils assigned to special education teachers and recommend to the legislature alternatives to prohibiting state board rules that establish case loads or set a maximum number of pupils assigned to a special education teacher under Minnesota Statutes, section 120.17, subdivision 3. The task force must assess the financial impact of its recommendations.

### SECTION B: THE ISSUE

Nationally, Minnesota has long been viewed as being an innovator and leader in the field of special education. In the mid-1980's the state legislature directed the State Board of Education to remove the pupil/teacher caseload limits for pupils receiving special education instruction for less than 50% of the day. Districts were charged with the responsibility of determining their local policy regarding case load limits and the provision of appropriate services to learners with disabilities. Emerging from this change was a blending of the concepts of Individual Educational Plan (IEP) management for pupils and the number of pupils for whom the teachers were responsible for services. Task Force discussions surrounding the number of pupils for whom a teacher was responsible became confusing, which made it difficult for the Task Force to determine what were the real issues.

From the mid-1980's to the present, many factors have affected the numbers of pupils for whom teachers are responsible as their IEP manager. Educational funding for districts has not kept pace with salaries during the last five years, resulting in a decrease in funds available to schools and a negative impact on hiring personnel. Case managers report that an increasing number of pupils have been added to case loads. Consequently, teachers have increased responsibilities for due process paperwork; direct and indirect instruction; pre-referral and assessment/reassessment responsibilities, parent contacts and meetings; and collaborative consultation efforts with general education, paraprofessionals, and other agencies providing services to these pupils. Additionally, with an increased emphasis

being placed on integration and inclusion of pupils in general education classrooms, an increased demand for that type of collaboration has impacted staff time.

When discussing the issue of case load limits, the Task Force identified an emerging need to distinguish between pupil/teacher instruction load. Pupils assigned to an IEP manager are not necessarily the same as those for whom the teacher is responsible for providing indirect/direct special education services. Case load numbers may be smaller or larger than the number of pupils a teacher sees during an average instructional day. Differences between the two numbers of pupils can place a burden on staff to both maintain an appropriate instructional program for the pupils receiving service and to ensure all due process procedures, consultation and other collaborative efforts are conducted as necessary.

Local district personnel have an increased sense of anxiety regarding accountability resulting from a fear of litigation. Teachers are being asked to go beyond state and federal requirements to document all decisions and procedures for due process. Technology is not readily available to all staff to assist them in being able to meet this increased demand for documentation. Use of conflict resolution systems has increased and staff are responsible for an increasing amount of paperwork to ensure due process rights are protected.

Another issue involves caseload maximums for early childhood programs. Current caseload maximums do not allow the district to be flexible in assigning pupils to IEP/IFSP (Individual Family Service Plan) managers. When current rules were established, they were meant to reflect on services which were primarily program-based. At this time, early childhood programs have a variety of options including an emphasis on inclusion into community-based programs. Due to the range of options available, pupils now receive varying levels of service which was not the situation when the rules were promulgated. Current rules have not provided the flexibility needed by districts to adequately assign staff in the provision of services to meet the varying needs of pupils in the early childhood programs.

The extensive case loads assigned to special education teachers with the factors identified above contribute to a learning experience which is inadequate for many pupils. The quality and appropriateness of their education is affected by each of these factors.

### **SECTION C: INPUT RECEIVED**

Written and oral testimony was received by the Task Force identifying major areas of concern in the ratios/case loads issue. The case load/ratios work group utilized multiple sources of input to identify these issues, including a teacher and administrator panel presentation, research information, case load rules from six other states, more than 20 letters from teachers and administrators, and the personal experience of the members of the whole Task Force.

### **Teachers and Administrators:**

Maximum number of pupils as required by state law assigned to a staff person's case load varies significantly across the state. Each district has adopted their own unique policy for assigning pupils to a teacher. Consequently, the number of pupils assigned to a teacher varies tremendously from district to district. Some teachers have 14 pupils on their case load while others have 26-30 pupils. Continuing large case loads with the accompanying required paperwork has increased significantly to the level of stress reported by local staff. This results in a reduction of service to pupils from what is specified on the IEP.

The Task Force received input from instructional staff that a maximum number of pupils assigned to staff is needed. Speech and language clinicians recommended their proposed case load number should be 30-35 pupils. A teacher of the learning disabled (LD) and mild-moderate mentally impaired (MMMI) suggested case load ranges from 10 pupils for MMMI to 20 pupils for LD. Early childhood teachers felt the current case load maximums were reasonable and should be kept at the same numbers. They advised the Task Force to keep the structure the same.

Some administrators felt a case load maximum for pupils ages 6 to 22 receiving services less than 50% of the day would provide them with some alternatives when discussing with their local school boards the necessity of adding staff. Case loads for pupils served more than 50% of the school day are already defined in rule. Case load decisions at the local level need to be sensitive to general education class size so some flexibility is needed to ensure compatibility with them.

### **Research on National Patterns for Case loads:**

Despite the fact 47 of 50 states have established case load formulas involving single or multiple criteria, very little research has been conducted to determine if case load numbers affect educational achievement. There is some evidence to indicate that consultation and collaboration for inclusion must be considered in establishing a maximum case load number for staff. Federal requirements for consideration of general education as an option for placement for all pupils, as documented in a recent state monitoring report from the federal Office of Special Education Programs, results in more staff contacts, particularly at the secondary level where a pupil may have 6 or more teachers. Surveys of special education staff in Alaska and Rhode Island concluded that high case load numbers and paperwork burden were deterrents for them continuing to teach in the special education field.

## **SECTION D: RECOMMENDATIONS**

As described earlier, the range of activities that can be assigned to a teacher include: due process paperwork, direct and indirect instruction, pre-referral and assessment/reassessment responsibilities, parent contacts and meetings, and collaborative consultation efforts with general education, paraprofessionals, and other agencies

providing services to children. The most significant complaint that the Task Force heard was from teachers who felt that the paperwork required for pupils for whom they served as IEP managers reduced instructional time. The following proposed rule addresses a limitation on IEP management in order to enable teachers to spend more time on instruction.

## RECOMMENDATIONS FOR RULE CHANGES

### M. R. 3525.0200. DEFINITIONS FOR SPECIAL EDUCATION

Subp.1.c PUPIL/TEACHER RATIO: means the number of pupils to whom a teacher in an early childhood program provides direct/indirect services and IEP management.

Subp. 6b. IEP MANAGER: means the person who serves in this role is to be the liaison between the school and home. This person is to ensure that parents have been apprised of their due process rights. This person also is responsible to ensure that all appropriate procedures, timelines and paperwork connected with IEP/IEP portions of interagency plans are developed, sent to the family, signed and returned.

### MR 3525.2340 EDUCATIONAL SERVICE ALTERNATIVES.

Subpart 4. IEP management maximums for school-age educational service alternatives.

(C) For pupils who receive special education less than 50 percent of the instructional day, case loads are to be determined by the local district's policy based on the amount of time and services required by pupils' IEP plans.

(C) No staff member assigned to pupils K to age 21 may be assigned IEP management duties for more than 18 pupils.

When establishing the IEP manager numbers, the district must consider the following factors: age of pupil, severity of disability or delay, transiency, prereferral and assessment duties, IEP/IFSP management, coordinating plans across program alternatives and agencies, indirect services only and their frequency, direct services and their frequency, and staff travel time.

Subpart 5. Pupil-teacher ratios for early childhood program alternatives. A teacher's case load must be adjusted downward based on pupils' severity of disability or delay, travel time necessary to serve pupils in more than one program alternative and if the pupils on the teacher's caseload are receiving services in more than one program alternative or the pupils are involved with other agencies. The maximum number of pupils that can be assigned to a teacher in any early childhood program alternative is:

A. birth through two years: 12 pupils-per teacher;

B. three through six years: 16-pupils per teacher; and.

C. birth through seven years: 14 pupils per teacher.

The maximum number of pupils based on the district's policy that can be assigned to a teacher in any early childhood program alternative is:

A. home based: 12 pupils per teacher;

B. district-center based: ,16 pupils per teacher;

District center-based ECSE classrooms must have at least one paraprofessional present while pupils are in attendance. The maximum number of pupils in an

ECSE classroom at any one time with a teacher and paraprofessional is eight.

C. community based: 16 pupils per teacher; and,

D. any combination of the, above: 14 pupils per teacher.

The district shall adopt a policy which allows for the adjustment of pupil/teacher ratios in early childhood special education program alternatives. The T.R.A's special education advisory committee shall have the primary responsibility for conducting this review with input from major stakeholders and parents knowledgeable about early childhood program alternatives. The committee shall make recommendations to the board of education for a policy that describes the criteria used when determining pupil/teacher ratios in early childhood special education program alternatives. The intent of the policy is to allow adjustment of pupil/teacher ratios to the extent necessary to ensure the provision of services delineated in the pupil's IEP/IFSP. The pupil/teacher ratio may be adjusted upward or downward based on the following factors, but not be limited to: age of pupil, severity of disability or delay, transiency, prereferral and assessment duties, IEP/IFSP management coordinating plans across program alternatives and agencies, indirect services only and their frequency, direct service and their frequency, and staff travel time. This policy shall be kept on file in the local district/coop office and reviewed annually by the special education advisory committee.

#### **RECOMMENDATIONS FOR EDITS TO EXISTING RULE:**

**MR. 3525.2335, Subpart 2(B)(2):**  
change " legal family day care setting"  
to "legal family child care setting"

**M.R. 3525.2335 Subpart 2(B) (3):**  
change " family day caro sotting"  
to "family child care setting"

#### **RECOMMENDATIONS TO ACCOMPANY THE RULE:**

In order to support the implementation of the new rule, the following recommendations are made by the Task Force. These additional items would ensure the implementation of the proposed rule changes would be as effective as possible in providing the most appropriate and quality educational program necessary for pupils.

1. Pre-service training outcomes identified within the new licensure laws must include requirements for skills required for evaluation of the effectiveness of individual learning plans and program-wide outcomes.
2. Included within the Special Education Manual (mandated in the 1994 Session of the Legislature), districts and staff should receive information on the following topics:
  - a. assessment/reassessment procedures, including pre-referral.
  - b. flexible and creative suggestions for the provision of a wider array of service options to pupils.
  - c. technological ideas and programs for efficient data collection.
  - d. alternative staffing patterns, service delivery models.
  - e. evaluation procedures for periodic and annual reviews

## SECTION E: COSTS

The proposed rule language suggests establishing a maximum IEP management pupil number for each teacher. The fiscal implications of this maximum are found in the following analysis of data collected during the 1993-94 school year.

Expenditures	Early Childhood	All Disabilities	Total
Teachers	\$19,716,812.00	\$243,644,292.00	\$263,362,104.00
Lead Teachers	\$261,091.00	\$5,073,891.00	\$248,781,183.00
<b>Total:</b>	<b>\$19,977,903.00</b>	<b>\$248,718,183.00</b>	<b>\$268,696,086.00</b>
FTE's Teachers	598.57	6910.52	7509.09
FTE's Lead Teacher	6.87	180.13	187.00
<b>Total:</b>	<b>605.44</b>	<b>7090.65</b>	<b>7696.09</b>
Staff Count: Teachers	713	8460	9173
Staff Count: LD. Tchr	11	176	187
<b>Total:</b>	<b>724</b>	<b>8636</b>	<b>9360</b>
Childcount:			
Duplicated	9909	151429	152539
Unduplicated 12/93	8493	82058	90551
Proposed IEP Management Numbers		18	
Unduplicated: FTE Staff required to meet rule standard of 18		4558.77	
Duplicated: Staff required to meet rule standard of 18		8412.72	
Current FTE ratio to unduplicated count		FTE: 7090.65 Ratio 1 tchr: 11.57 pupils	
Current total staff ratio to unduplicated count		Staff: 8636 Ratio 1 tchr: 9.55 pupils	

**The data analysis for IEP management maximum of 18 pupils indicates the following:**

Number of FTE teachers:	7090.65
Number of staff:	8636
Number FTE sped teachers needed :	4558.77
Number sped teachers needed:	8412.72

Current FTE IEP Manager Ratio to Unduplicated Count at proposed 18  
1 teacher :11.57 pupils

Current Staff IEP Manager Ratio to Unduplicated Count at proposed 18  
1 teacher: 9.55 pupils

On a state-wide basis, no additional staff would need to be employed in order to implement this rule.

Based on the state-wide data analysis of establishing a maximum IEP management number for staff, there would be no fiscal impact. There exists sufficient staff to meet the requirements of the proposed rule.

Some districts such as the larger metro area districts of St. Paul, Minneapolis, Anoka-Hennepin, North St. Paul-Maplewood-Oakdale may need to reduce their IEP management assignments to staff. The districts would then need to reassign the IEP management duties to other available staff within the district or building.

# CHAPTER IV

## PLAN FOR MEETING TECHNOLOGY NEEDS

### SECTION A: CHARGE

The Legislature assigned the Task Force on Education for Children with Disabilities the responsibility to develop a state plan on technology for special education. Minnesota Session Laws of 1994 - Chapter 647, Article 3, Section 2b, Subd. 3 specifically states.

The task force shall develop a plan for meeting the information, instructional, and assistive technology needs of special education within the context of the state educational system. The task force shall make recommendations to the education committees of the legislature by January 15, 1995. The plan shall, at a minimum, address the following:

- (1) identification of the various technology needs of special education;
- (2) appropriate integration of special education technology needs with general education information technology;
- (3) effective uses of technology for enabling special education and general education staff to meet the needs of children with disabilities;
- (4) effective uses of technology for improving the efficiency and effectiveness of special education administration, instruction, assessment, and reporting;
- (5) methods for developing the appropriate technologies and making them available statewide; and
- (6) costs of developing and implementing the appropriate technologies statewide.

### SECTION B: THE ISSUES

#### ISSUES IN PERSPECTIVE

Desire to improve the delivery of education programs and services in the United States has provided numerous topics for discussions throughout the country. Our ability to challenge students to be interested in learning according to their potential has been a long term goal. The question of how to accomplish this has been debated in many circles. Many attempts have been made to link the use of all aspects of technology — information, telecommunications and instruction — to a systematic approach for bringing about change in general education. There is a need to assist educators to understand the potential of technology to improve their instructional program. The Improving America's Schools Act (IASA, P.L. 103-382), previously the Elementary and Secondary Education Act (ESEA), highlighted the barriers that impeded the integration of technology into the general education instructional program. The barriers include the lack of:

- Leadership.
- \* Knowledge of staff and students to the strength of technology for improving learning and achievement.  
Appropriate wiring and telephone connections to enable networking within their building, between buildings and to the super highway of telecommunications.
- Support for curriculum integration, instructional strategies, and professional development
- \* Difficulty in obtaining fiscal resources for the equitable inclusion of technology into the curriculum; and  
Limited administrative support to provide the resources and services.

The status of technology in special education is similar to that in general education with the additional need for many unique tools, specialized software and equipment accommodations which have been developed over the years to assist with the access of individuals with disabilities to technology in various settings. In many instances technology has demonstrated the capability of an individual when given the proper tools. The keys to success are to select the appropriate tools, to assist students in their use and to assure they are effectively integrated into the total school program. The weaknesses involve selection of appropriate tools, training to assure the tools are practical and usable, problem solving to keep all tools running efficiently and adequate funding to purchase the essential tools to assist individuals accomplish their goals.

### **GENERAL EDUCATION**

As federal initiatives encourage educational systems to work toward achieving the concepts in Goals 2000: Educate America Act (P.L. 103-227), it is clear that technology is perceived as a tool to assist learners. Students must learn to use telecommunication networks and information technologies to acquire, analyze and synthesize knowledge in order to learn and work in our society. This act includes provisions for incorporating technology into educational goals thus influencing future direction of educational technology in school districts.

During the process to reauthorize the Elementary and Secondary Education Act (ESEA), Congress included a major new section to address educational technology. The Findings Section of Title m, Section 3101 — Technology for Education in Improving America's Schools Act of 1994 (IASA). P.L. 103-382, Part A. Technology for Education of All Students, Section 3111 includes:

"Technology can produce far greater opportunities for all students to learn to high standards, promote efficiency and effectiveness in education, and help propel our Nation's school systems into very immediate and dramatic reform, without which our Nation will not meet the National Education Goals by the target year 2000."

It goes on to state that "the use of technology as a tool in the teaching and learning process is essential to the development and maintenance of a technologically literate citizenry and an internationally competitive workforce."

Other federal initiatives involve two pieces of legislation, the Telecommunications Infrastructure and Facilities Assistance Act of 1993 and the National Competitiveness Act of 1994, which relate to electronic connectivity and promote information networks and the "Information Highway". It is perceived that access to electronic connectivity will open the door to the network of networks and the world body of knowledge. Such access is essential to an effective education for life in the 21st century.

These laws are insightful in view of the strength technology will add to the educational program. Furthermore they alert schools of the need to incorporate technology into the curriculum. As these laws also impact education for pupils with disabilities, development of technology based curriculum cannot be done in isolation from special education needs. In addition trends in special education legislation have developed over the years to assist in accommodating individualized needs through the use of technology so that participation in the mainstream of education is possible.

## **SPECIAL EDUCATION**

Federal requirements relating to pupils with disabilities have been working toward the provision of assistive technologies so that participation in the total school program is possible. Both rehabilitation and special education laws have gradually incorporated requirements for technology. In 1968 the Architectural Barriers Act introduced the concept of making environments accessible by the use of technology. Then the Rehabilitation Act of 1973. (P.L. 93-112) included Section 504 -- the principle of reasonable accommodation to help individuals with disabilities function in the mainstream. Also Section 508 was added which required out-of-the-box ready electronic equipment for the disabled that was essential and must be provided with hardware purchased by government agencies. In the 1992 reauthorization of the act, rehabilitation technology which includes rehabilitation engineering was described as creatively designing tools and prosthetics to accommodate needs of individuals with disabilities. This was followed by the Technology Related Assistance for Individuals with Disabilities Act in 1988 (Tech Act, P.L.101-407), which provided funding for states to develop programs for the provision of assistive technology and defined assistive technology device and service. In its reauthorization in 1993 (P.L. 103-218), the Tech Act emphasized the need for interagency collaboration to assure more effective provision of assistive technology across all ages. Perhaps the most significant task of the projects funded through this act is to assure the ongoing provision of assistive technology for persons with disabilities when they

"... increase and promote coordination among State Agencies and between State Agencies and private entities".

P.L. 103-218, Sec. 3 Purposes Sec 2(b)(E)

The Americans with Disabilities Act of 1990. (ADA, P.L. 101-336), describes auxiliary aids and services, reasonable accommodation and communication access. This law mandates essential accommodations for effective participation of individuals with disabilities in all settings throughout life. The purpose is to achieve quality participation for all. Therefore the consideration for a full range of low to high technology becomes important.

Gradually technology has been incorporated in federal mandates for special education. Following the enactment of the Education for the Handicapped Act P.L. 94-142, two policy letters were published that clarified the relationship of technology to IEPs. Essentially provision of tools for learning was to be based on individual pupil need to achieve educational goals. If the array of options, instructional strategies, environmental design, equipment and accommodations included the provision of technology to assure achievement of goals, then it was required for school districts to provide based on individual need. When the Act was reauthorized to become Individuals with Disabilities Education Act (IDEA) P.L. 101-476, the definitions of assistive technology device and service from the Tech Act (P.L. 101-407) were incorporated. The definitions are:

Assistive Technology Device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities."

Assistive Technology Service means any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. Such term includes—

(A) the evaluation of the needs of an individual with a disability, including a functional evaluation of the individual in the individual's customary environment;

(B) purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by individuals with disabilities;

(C) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;

(D) coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

(E) training or technical assistance for an individual with disabilities, or, where appropriate, the family of an individual with disabilities; and

(F) training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with disabilities."

P.L. 100-107, Section 3.

A critique of the two definitions identifies that an assistive technology program should be defined to enable school personnel to identify the essential elements and the broad array of options that must be made available to assure appropriate technologies are provided to meet the needs of all concerned. The definitions as presently written do not consider the areas of technology management, databases for locating available assistive devices, process for determining readiness to use various tools, skilled staff to assess pupils to determine equipment needed, instructional strategies to integrate technology into the

curriculum, problem solving when equipment is troublesome for the user, or resources for purchasing equipment and providing trained personnel to assist students to use the tools. A definition of assistive technology program is needed in law or rule.

## **RECOMMENDED DEFINITION**

Assistive Technology Program means a system of services and devices designed to meet the needs of individual pupils with disabilities. The system will support and maintain databases of existing technologies, provide procedures for assigning and reassigning equipment and software, assure that assessments are completed to determine the most appropriate technologies for an individual, provide training for staff and pupils on the use of technologies and provide assistance with trouble shooting the equipment and software to ensure that it is working properly.

## **MINNESOTA INITIATIVES IN TECHNOLOGY**

### **GENERAL EDUCATION ~ INFORMATION MANAGEMENT**

Administrative information processing needs have been provided through seven Elementary, Secondary and Vocational Regional Management Information Centers (ESV). Goals of the ESV regions were to provide for system support, computing power and essential software. Network technology and microcomputers influenced a move toward user selection of available administrative software and an open market approach.

Systems developed in concert with Minnesota Department of Education (MDE) and ESV regions included:

A system of financial management designed by the state is the Uniform Financial Accounting and Reporting System (UFARS). It is a system to provide uniform financial data on an annual basis. Districts may use either the state ESV administrative software or select from several other packages that provide consistent and uniform data to meet state reporting needs.

A system to record learner records designed by the state is called the Minnesota Automated Reports Student System (MARSS). Software was developed by the state as well as by numerous vendors. The ESV task was to assist in making them compatible with MDE requirements.

### **GENERAL EDUCATION -INSTRUCTION**

Instructional time share use began in the early 1970s which led to the formation of the Minnesota Educational Computing Consortium (MECC). This organization evolved and has produced many software programs to assist with the learning process and the use of computers. It has been a nationally recognized group for production of inexpensive educational software.

Recent legislation provided the opportunity for technology to impact classroom instruction. Pilot demonstration programs were made available to illustrate computer and information technologies to enhance individualized learning so that students will achieve the standards set by the graduation rule. One pilot program went to an individual district to illustrate how time and technology will enhance curriculum in schools. The second allows for several grantees to work towards instructional transformation through technology. These are to be collaborative efforts to use technology to improve education by designing personalized learner plans, develop multiplatform instructional components to integrate into the curriculum, automate report writing, increase accountability and provide technical support that are replicable.

### **GENERAL EDUCATION - TELECOMMUNICATION**

The 1993 legislature provided funding for the Minnesota Department of Education to provide Internet service accessible to every school in the state. The Minnesota Regional Network (MRNet) and Technology and Information Educational Services (TIES) formed the InforMNs partnership with MDE to implement the statewide demonstration project. InforMNs is supported by the University of Minnesota and the Minnesota State University System (MSUS) who share use of their telecommunications infrastructure with the project and the Minnesota Educational Media Organization (MEMO) and the Project for Automated Libraries (PALS) at Mankato State University. The InforMNs system is making the world body of knowledge available to schools through the international telecommunication superhighway system.

The concept of distance learning through telecommunication networks is important to the management of training resources. Some school districts have cooperated with others or worked with joint intermediate districts to use interactive telecommunication to increase course offerings at the high school level.

State of Minnesota MNet is a wide area network designed by the InterTechnologies Group to provide a Statewide Telecommunication Access Routing System (STARS). The communications services are to share data and provide video connectivity as mandated by statute (MS 16B.465). The network provides services, facilities and equipment for wide area telecommunication via a master fund which is reimbursed by the user. An emphasis is placed on state, local government and higher education. County agencies are beginning to work cooperatively using the router service that provides for interconnectivity between many entities within and between communities.

The Mn Interactive Television Network Organization (MITN) is thirty-four interactive television cooperatives that provides for sharing of courses among member districts. Each cooperative is independent but may work and plan cooperatively through MITN.

Vocational Technical Schools operate an interactive telecommunication system using fiber optic cabling that provides for technical training of students and staff. Other organizations may contract with them to provide interactive telecommunication training programs.

### **SPECIAL EDUCATION ~ INFORMATION MANAGEMENT**

A special education electronic data reporting system (EDRS) was designed to assist districts in the application for state and federal special education funds. The system provides for on-line reporting of all special education application requirements with immediate on-line editing and feedback to the districts. The data is used for the calculation of state and federal special education aids and is managed by, and available to, the local school districts twenty-four hours per day.

There are several other program areas within MDE now utilizing EDRS as the means of collecting and processing program applications. These include: Title I, Title II, Child Nutrition, and Secondary Vocational Education for the Disabled. Special Education also developed a Student Information System (SIS) which is a software package utilized by school districts to manage student and administrative data. It is a databased management system that reduces paperwork for special education teachers and provides uniform administrative information to meet state and federal data reporting requirements and local program planning information. All program areas connect directly through EDRS to the MDE mainframe.

### **SPECIAL EDUCATION - TELECOMMUNICATION**

Minnesota Quick Link was originally designed for communication with leadership personnel within the Special Education community and was called SpecialNet. In 1992, Minnesota was the first state to put all school districts and buildings on an electronic mail and information service. Currently, messages, news groups and finance information is available through Mn.Quick.Link and distributed in a timely manner. Training has continuously been provided through workshops, telephone and notices sent to the users. The SpecialNet system nationally added a bridge to Internet to expand the dimensions of the service and information available. More than 1,800 subscribers to this system are connected to the messaging, databases, bulletin boards and link to the Internet Super Highway.

### **SPECIAL EDUCATION - ASSISTIVE TECHNOLOGY**

Special Education federal discretionary dollars have provided primary funding for the assistive technology activities sponsored by the Office of Special Education. Essentially statewide planning has been part of the efforts of an Assistive Technology Statewide Committee. The committee has regional representation from Minnesota Schools, and several agency representatives with assistive technology responsibilities. Activities sponsored include: a written philosophy statement regarding the provision of assistive

technology, an annual conference on assistive technology is held, in concert with a State University an introductory course on assistive technology ( a seven module format) was designed and conducted for two years and supported statewide networking to share knowledge about current and new trends in the field.

## ISSUE SUMMARY

Federal education mandates address the need to include technology in schools. The quality and content of education is enhanced when all aspects of technology — information, instruction, telecommunication and assistive technology ~ are included in programs and services provided by schools. Over a period of years there have been long-range initiatives that added assistive technology to the federal mandates for special education. In addition, the current trend to establish world class standards for Minnesota schools in order to improve the quality of education will be enhanced by the inclusion of appropriate technologies. The Minnesota Legislature showed foresight in mandating that a state plan for special education technology be developed which provides the opportunity to be in sync with the 1994 Technology for All requirement.

## SECTION C: INPUT RECEIVED

To respond to this need, the Task Force on Education for Children with Disabilities gathered data, reviewed the current status and issues. The Task Force made recommendations to work towards more effective inclusion of technologies into all aspects of special education instruction and management which includes the use by:

- administration for information and data collection, staff for classroom management and instructional delivery, and
- pupils for information gathering and improved systems for learning in a total educational environment.

The Task Force received input regarding technology in three formats— presentation (individual and panel), written documents, and a statewide survey to determine the current status of special education technology.

## FORMAL PRESENTATIONS

A summary of the current status of assistive technology from the state agency, school district, and community perspective was given. Agencies that presented were the Department of Administration with representatives from the Tech Act Project, System of Technology to Achieve Results (STAR), Department of Education including Office of Special Education Specialists on assistive technology, policy and information technologies and Office of Information Technologies, and the Department of Economic Security with specialists from Services for the Blind Computer Resource Center, Division

of Rehabilitation Services specialist in Americans with Disabilities Act and Rehabilitation Technology. The school district perspective was provided by assistive technology specialists from a large school district, an intermediate unit, and a medium sized school district. A consulting firm presented a process to assist schools design districtwide technology plans. Both Apple and IBM computer industries presented their view of the future of technology in the classroom. Lastly US West presented their predictions for the telecommunication process of the future. An overview of the presentations follows.

## **PUBLIC AGENCIES**

### **DEPARTMENT OF ADMINISTRATION**

The System of Technology to Achieve Results (STAR) Program is funded through the Tech Act and concentrates on a consumer-responsive program of technology-related assistance for individuals with disabilities. They strive to assist individuals tap the available resources (both public and private) in the acquisition of appropriate provision of assistive technology to assure inclusion in their environment.

### **EDUCATION**

#### **STATE EDUCATION AGENCY (SEA)**

The Minnesota Department of Education, Office of Special Education provides leadership to persons working with assistive technology in Minnesota. A statewide assistive technology committee works collaboratively with the department to encourage networking and sharing of knowledge regarding assistive technology, conduct an annual conference to provide a vehicle for 100 plus persons to learn and share together and provides an inservice/preservice training course through Mankato State University for entry level persons in assistive technology. The activities are funded through the IDEA discretionary budget.

Also the presentation described various programs from state agencies that relate to persons with disabilities in the area of assistive technology. In addition to those that presented formally, the State Services for the Deaf who are part of the Department of Human Services provide a regional services system together with technological equipment for loan.

The Office of Information Technologies is working cooperatively with the Office of Lifework Development and Technology Competence chairing a committee to develop a technology plan for general education. This group is designing a statewide effort to assure that information, instructional and telecommunication technologies will be an integral part of the education program in Minnesota Schools. The plan is anticipated to be completed in early 1995.

## **LOCAL EDUCATION AGENCY (LEA)**

A panel of presenters addressed issues in assistive technology from the perspective of pupil needs, incorporating technology into the Individual Education Plan, creating accommodating materials and equipment and establishing an assistive technology center. The presenters spoke from the perspective of providing services to teachers and pupils to assist in the use of technology and managing technology on a long term basis.

## **DEPARTMENT OF ECONOMIC SECURITY**

### **STATE SERVICES FOR THE BLIND (SSB)**

The computer resource center for the blind and partially sighted was described. It is statewide and provides services to individuals to try different technologies and to assist rehabilitation counselors in effectively guiding their clients.

### **DIVISION OF REHABILITATION SERVICES (DRS)**

DRS has a technology liaison system that has counselors with expertise in assistive technology to provide assistance to clients on a regional basis. The Central Office coordinates this effort and complements it with information regarding the application and interpretation of requirements for appropriate accommodations based on the Americans with Disabilities Act.

Also they have been the facilitator of the Minnesota Assistive Technology Consortium (MATC). This is a unique consortium of persons in any agency or organization who uses or provides assistive technology. The purpose of the consortium is to share information and work cooperatively for the improvement of assistive technology programs and services across all organizations and agencies.

## **INDUSTRY**

### **APPLE COMPUTER, INC.**

Technologies were described that illustrate the built-in accommodations of the Macintosh to assist persons with disabilities use the computers. A perspective was presented to illustrate the classroom of the future. In addition they described the power that multimedia will provide to access the world body of knowledge.

### **IBM - EDUQUEST**

Technologies of the future together with current software being used with multimedia machines was demonstrated. A perspective regarding school district networking was shown together with the impact it would have on teaching and learning.

### **NOVA TECHNOLOGY INC.**

As a private corporation they provide assistance in the development of local education district technology plans. They assist in a needs assessment to determine the current status of technology and make recommendations for systematically designing a comprehensive and realistic plan to become totally computer linked to assure efficiency and quality learning for students.

### **US WEST COMMUNICATIONS**

Multimedia community networking was described together with the impact it will have on individuals lives in the future. This is information sharing through networking across agencies within counties utilizing various media to communicate. When agencies within a community and more broadly within a county collaborate, the access to information and improved ability to communicate is enhanced immeasurably.

## **WRITTEN DOCUMENTATION**

Several school district technology plans were reviewed to evaluate essential components necessary to provide the broad array of technology to assure students were knowledgeable and had the skills to use the tools effectively. Federal laws for general education technology together with the rehabilitation and special education requirements for assistive technology for persons with disabilities were reviewed.

## **FINDINGS**

The Task Force findings regarding the provision of technology for schools involved identifying elements of both district and statewide leadership, programs and services. They also found that the Goals 2000, Technology for All Act and Minnesota graduation standards all support the rationale to incorporate all technologies — information, instruction, telecommunication and assistive — into the total school program. Therefore, the Task Force believes that general and special education technology are intertwined. They should be developed together in a school district and the state agency must develop the framework for the elements essential to administration, programs and services in educational technology.

### **TECHNOLOGY FOR ALL - GENERAL EDUCATION AND SPECIAL EDUCATION**

In literature regarding needed reforms in education, technology is often referred to as the vehicle for change, e.g. "telecommunication and information technologies will play an important role in reforming how we educate our students and how we train our teachers."<sup>1</sup>

As the field of education begins to increase the incorporation of technology into the total school program, special education needs must be developed in concert with it. The two fields are tied together inextricably and success of each depends upon the other.

<sup>1</sup> 1994. BytingBack: Policies to Support the Use of Technology in Education, page 27

**Collaboration with business, industry and other agencies will expand our resources, improve quality of skills present and thus be the key to including persons with disabilities in their environment throughout life.**

In order to assure that technology will take its rightful place in the reform of education, opportunities must be developed to promote:

- Acceptance that technology can and will make a difference in the field of education.  
Acquisition of skills to assure successful use of tools in the education marketplace.
- Resource allocation to provide technological tools ~ both general and special ~ so that opportunities exist to use them appropriately.
- Skills and resources to effectively use, problem solve and train students with technology.
- Techniques for developing, assigning and relocating available equipment and materials.  
Continuous and creative learning and accommodation techniques to assure that tools are used appropriately.

## **INDEPENDENT SCHOOL DISTRICT RESPONSIBILITY**

In reviewing the availability and use of technology in special education, it was found that it is provided inconsistently when school districts operate without a plan. Technologies provided for pupils in special education programs may provide the vehicle for effective inclusion in the school day. Technologies should be at least equal to that provided for general education students. In order to efficiently and effectively integrate technology into the management of schools, teacher planning activities, curriculum integration and student daily use, each district must be required to design a technology plan. Districtwide technology plans would provide for the following elements:

### **1. COLLABORATIVE LEADERSHIP**

- Identify persons willing to learn about and assist others with technology — both teacher use and unique technologies for students
- Establish a district technology leadership team
- Identify an assistive technology specialist to act as a liaison function within the district with the region and relate to
- statewide activities.

<sup>2</sup> Assistive Technology Specialist is a person knowledgeable about the provision of technology based on individual needs and the persons disability.

- Establish a collaborative process for working with others in the special education technology area within the district, region and related agencies
- Design a process to assist with pupil assessment to determine need and select appropriate equipment

## **2. MANAGEMENT SYSTEM**

- Establish a system for funding technology for special education — for teachers and pupils
- Develop a process to access essential expertise to assist with programs and services
- Establish an electronic student record management process
- Establish a process for selection of hardware and software
- Work toward business partnerships in the acquisition of technology
- Establish security policies for management of records
- Establish a security and insurance policy for maintenance of hardware and software
- Establish an area climate that is responsive to the use of technology

## **3. COMMUNICATION AND NETWORKING SYSTEM**

- Establish a climate for working and sharing together regarding special education technology
- Establish a building to building, district to district, statewide, national and international telecommunication system
- Assist the technology leadership team to share and work with the area staff to help pupils with disabilities use their technology
- Link to distance learning networks
- Schedule monthly meetings of the technology leadership team for on-going advising, collaborating and planning

## **4. CURRICULUM INTEGRATION**

- Establish a technology locating/distribution/sharing process
- Assist teachers acquire the instructional skill and knowledge to help pupils use their assistive technology appropriately
- Basic techniques for using technology in the curriculum
- Essential knowledge to be computer literate ~ i.e. word processing, database, spreadsheet, graphics, etc.

## **5. PROFESSIONAL DEVELOPMENT**

- Provide time for staff to learn
- Develop a distance learning linkage system

- Provide resources for learning from low to high technology
- Assist staff develop a readiness for the inclusion of technology into record keeping and instruction

## **STATEWIDE RESPONSIBILITY - LEADERSHIP**

The findings of IAS A of 1994, stated that leadership was a major inhibitor to the acquisition and use of technology in education throughout the United States. The Act established an Office of Educational Technology together with mandating federal leadership to work toward a long-range technology policy. The national findings in general duplicated in the state survey. Specifically the need for

- Leadership including the management of technology programs procedures for the provision of essential tools for staff and pupils, process for sharing of technological knowledge,
- Planned staff training in the use of technology for staff and pupils,
- Increased availability of technology
- Selection system for acquisition of essential technology, and
- Planful use of technology to enhance learning.

The Task Force Recommends that a core unit be established with statewide responsibility for general and special education technology management, programming and services. The core unit will manage a statewide system that will provide the following for general and special education:

### **1. STATEWIDE COLLABORATIVE LEADERSHIP**

- Encourage district and regional collaboration
- Coordinate technology services in special education
- Provide direction to the field and stimulate learning and maintaining state of the art knowledge about special education technology
- Manage an on-going statewide needs assessment
- Stimulate interagency coordination of services in the provision of assistive technology for pupils with disabilities
- Locate sources for funding technology for special education
- Distribute federal policies regarding provision of assistive technology for pupils with disabilities
- Establish a security policy for special education technology equipment and records

### **2. RESOURCE MANAGEMENT**

- Develop a multiagency consortium to locate, share and fund the purchase of essential resources (low and high tech)

- Gather information regarding data bases for locating unique assistive technology to meet individual needs
- Provide a system for managing special education administrative procedures, i.e. MARSS (Child Count), EDRS.and data transfer)
- Establish a system to manage equipment distribution and redistribution through existing or, as needed, new programs
  - \* National Cristina Foundation Project, Minnesota Assistive
  - \* Technology Consortium Equipment Inventory, and
  - \* Independent Living Centers program for distribution of used equipment
  - \* Arrange for bulk purchasing of specialized hardware and software
  - \* Assure that the MDE Monitoring System meaningfully reviews for assistive technology needs
  - \* Establish a business partnership relationship to assist in the provision of technology in special education

### **3. COMMUNICATION AND NETWORKING**

- Maintain a statewide advisory committee with regional and agency representatives concerned with assistive technology
- Stimulate sharing of new knowledge in all aspects of instructional and information technology for special education
- Provide for telecommunication process in special education-Internet, Dragnet, Quick Link, and other data base and bulletin board systems
- Establish a process for transition of technology from building to building, district to district, school to work and school to home.

### **4. TECHNICAL ASSISTANCE FOR INTEGRATION OF TECHNOLOGY INTO THE CURRICULUM**

- Assist school personnel design an assessment process to assure technology provided is based on pupil need
- Assist in the design of a pupil, family, and teacher program for the provision of need/goal related technology
- Provide for IEP software sensitive to use by teachers and administrators
- Assist school personnel design programs and services for technology needed by teachers and pupils

## **5. PROFESSIONAL DEVELOPMENT TO ASSIST WITH TECHNOLOGY TRAINING**

- Work cooperatively with Institutions of Higher Education to assist in training personnel regarding assistive technology
- Assist school districts provide specialized training regarding unique hardware and software for special education
- Design a process to assist school personnel select appropriate hardware and software for staff and pupils
- Assure that districts provide training in technology for their staff
- Provide the structure for distance learning to assist with professional development

### **CURRENT STATUS OF TECHNOLOGY IN SPECIAL EDUCATION**

In order to better understand the specific technological needs of educators in Minnesota, a two page survey was sent to a sample population of Minnesota school district personnel. Approximately 2,500 surveys - the number required for statistical significance by category - were sent to special and general education administrators and teachers. The Survey questionnaires (including the individual questions by number) appear in the Chapter IV Appendix. Please note that for the purposes of this survey (as in golf) a lower score is most desirable. Survey summary results (referencing questions by number) are shown on the next two pages. It should be noted that the questions were intentionally phrased to elicit respondents perceptions of technology accessibility, rather than using objective criteria (e.g. location of device, etc.) It was the judgment of the task force that professional judgment of accessibility would yield a better picture of what is strongest and what is most needed in Minnesota's educational technology development.

#### **Of particular note for task force purposes:**

- Though not addressed directly, leadership roles in technology development were poorly reflected in ratings of such items as District planning and budgeting (#22 - #25).
- While basic technology - computer, copier; telephone (#1, #4, #9) - are judged highly accessible, connectivity capabilities - modems and networks (#12 - #16) - are among the least accessible.
- Teachers in the areas most likely to be itinerant (Vision and Speech) had poorest ratings for their access to technology.
- Both teachers and administrators felt the need for better access to technical support and assistive technology personnel (#20, #22-teacher, #20, #21-admin.).
- While teachers rated access to technical training (#21) poorly, administrators perceived training for staff (#31) as much more available.

Many other observations may be made on the basis of survey data. Of primary concern, however seems to be the impact that might be made by improvements in district and state leadership in careful planning and budgeting, access to the "information super highway" and training for instructional staff.

## Summary of Survey Results

### Teachers' access to technology

Averages

Question #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Averages
EMH: 166	1.7	3.9	2.9	1.6	2.2	2	2.7	3.6	1.5	1.6	3.2	3.8	3.7	3.9	3.9	4.1	3.1	3.6	2.5	2.9	2.9	3.3	3.8	2.963251
Early Ch: 160	1.6	3.8	2.6	1.5	2.1	1.8	2.4	3.8	1.7	1.9	3.5	4	3.6	3.8	4	4	3.2	3.6	2.9	3.3	3.3	3.5	3.8	3.026282
TMH: 165	1.6	3.6	2.6	1.7	2	1.9	2.7	3.9	1.6	1.8	3.5	3.7	3.4	3.7	3.6	3.9	3.1	3.3	2.8	2.9	3	3.2	3.6	2.909332
Hearing: 70	1.8	3.5	2.4	1.6	2.1	1.9	2.5	3.7	1.8	1.8	3.1	3.7	3.5	3.5	3.6	4.1	3.3	3.6	2.8	2.8	3	3.2	3.6	2.906211
Vision: 37	1.9	3.3	2.1	1.4	2.8	2.6	2.9	4.3	1.9	2.3	4.1	4.4	4	4.2	4.3	4.5	3.6	3.6	2.6	3.5	3.4	3.5	3.6	3.256169
Phy: 50	1.8	3.5	2.5	1.5	2.7	2.4	2.7	3.8	2	2.1	3.3	3.9	3.6	3.8	3.8	3.9	3.4	4.1	2.8	3	2.9	3	3.6	3.051304
E/BD: 144	1.7	4.2	2.8	1.8	2.1	2	2.8	3.7	1.9	1.9	3.2	3.9	3.7	3.9	3.8	4.1	3.3	3.8	2.9	2.9	3	3.3	3.7	3.063708
LD: 207	1.8	3.9	2.9	1.8	2.3	2.1	2.8	3.6	1.6	1.7	3.3	3.9	3.8	3.9	4	3.9	3.1	3.7	2.9	3.1	3.1	3.5	3.9	3.067423
Speech: 15	2.1	4.3	3.1	1.9	2.5	2.3	2.5	3.8	1.8	2.2	3.7	4.4	4.4	4.7	4.1	4.6	3.4	3.5	3.1	3.5	3.4	4.3	4.2	3.382609
General Ed: 176	2	3.9	2.8	1.6	1.8	1.8	2.6	3.4	1.9	2.1	3	3.6	3.4	3.7	3.7	3.9	3.1	3.5	2.8	2.9	3	3.4	3.6	2.934289
Question #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	

### Teachers' perception of pupil access to technology

Averages

Question #	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Averages
EMH: 166	2.1	2	3.2	1.5	1.8	3.4	4.1	4.1	4.2	4.2	4.4	3.3	2.3	3.2	3.2	3.2	2.2	3.079482
Early Ch: 160	2.2	2	2.9	2.1	2.6	3.8	4.3	4	4.1	4.2	4.2	3.4	2.7	3.6	3.4	3.2	3.6	3.313433
TMH: 165	2	1.9	3.1	1.6	2	3.4	3.8	3.8	3.9	4	4	3.3	2.4	3.2	3.1	3	2.4	2.998924
Hearing: 70	1.8	1.7	2.9	2	2.1	3.1	3.7	3.8	3.7	4	4.3	3.4	2.6	3.2	3.2	3.1	2.3	3.017647
Vision: 37	2.4	2.4	3.1	2.2	2.2	3.8	3.9	3.8	4	4	4.2	3.1	2.4	2.9	2.8	2.5	2.3	3.049285
Phy: 50	2.1	2	3	1.9	2.1	3.2	4	3.6	3.9	4	4.2	3.6	2.5	3	2.9	2.9	2.2	3.018824
E/BD: 144	2.1	2	3.1	1.8	2	3.2	4	4	4.2	4.1	4.3	3.5	2.7	3.1	3.3	3.3	2.5	3.140951
LD: 207	2.2	2.2	3.2	1.8	1.9	3.3	3.8	4	4.1	4.1	4.2	3.3	2.6	3.3	3.5	3.4	2.3	3.139528
Speech: 15	2.5	2.5	3.7	2	2.5	3.8	4.3	3.9	4.3	4.3	4.2	3.9	2.8	3.7	3.6	3.4	2.3	3.388235
General Ed: 176	2.3	2.3	3.2	2	2.3	3.2	3.9	3.8	4.1	4	4.3	3.3	2.6	3.1	3.2	3.4	2.2	3.120321
Question #	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	

*Summary of Survey Results*

**Administrators' access to technology**

**Averages**

Question #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Spec Ed: 58	1.1	2.7	1.4	1.1	1.7	1.6	2.4	3.1	1.3	1.3	2.8	2.1	2.5	2.8	2.3	2.4	2.6	2.8	2.4	2.6	3.1	2.191327
Gen Ed: 217	1.1	3.4	1.7	1.2	1.7	1.7	2	3.1	1.2	1.3	2.4	2.7	3.2	3.6	3	3.2	2.8	3.1	2.3	2.6	3.6	2.421988
Administrators' access to technology	1.1	3.05	1.55	1.15	1.7	1.65	2.1	3.1	1.25	1.3	2.6	2.4	2.85	3.2	3.1	3.1	2.7	3.1	2.35	2.6	3.35	2.374346
Question #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	

**Administrators' estimates of district technology status**      **Averages**

Question #	22	23	24	25	26	27	28	29	30	31	32	
Spec Ed: 58	2.2	2.8	3.2	3.3	1.4	2.1	1.6	1.9	2	2.4	2.9	2.345779
Gen Ed: 217	2.3	3.1	3.3	3.4	1.6	2.2	1.8	2.1	2.4	2.6	2.9	2.524508
Administrators' estimates of district technology status	2.25	2.95	3.25	3.35	1.5	2.15	1.7	2.0	2.2	2.5	2.9	2.4351435
Question #	22	23	24	25	26	27	28	29	30	31	32	

## SECTION D: RECOMMENDATIONS -- THE PLAN

### PREMISE

In Technology for the Education of All Pupils, Title III, Section 3101 of the Improving Americas Schools Act of 1994, the Congress finds that a pupils ability to achieve education goals more effectively and efficiently relies on the use of technology. A plan to meet the assistive technology needs of pupils with disabilities cannot be designed separately from the general education plan. Each school must have an integrated general and special education plan that addresses information, instruction, telecommunication and assistive technologies. Specifically, a plan for assistive technology must identify and assure the availability of tools essential for educational success of pupils related to identified needs. In many instances the assistive technology will be more comprehensive than that provided the non-disabled student. These tools make it possible for the pupil with disabilities to be successfully included in the general school program. Based on this premise the Task Force believes that individuals with disabilities should have

- equitable access to the world body of knowledge,  
low to high technology provided as tools or means to  
achieve goals and objectives, and  
technology which is accessible, available, and individualized  
across environments and life span.

To support this premise, the Task Force believes that collaborative planning and a leadership structure is essential for the integration of information, instruction, telecommunication and assistive technologies into the total education program. To assure that technology will be used successfully in the education program staff and pupils require specific instruction on the use of technology. They need to use technology as a tool to complete assignments and achieve personal goals. To acquire information both staff and pupils must be comfortable in using all aspects of telecommunication. In addition acquisition of the skills to use technology for reporting will help to eliminate paperwork and expedite the management of data and fiscal reporting for school personnel.

Comprehensive technology planning will help to assure that it is incorporated into the education program and that the world class standards identified in the Minnesota Graduation Rule and Goals 2000 can be achieved. Both curriculum planning and systematic budgeting are essential to accommodate the "hidden" costs of maintaining, operating and managing technology in the school system. Financial problems caused by the great demands of all dimensions of technology may overshadow the benefits and contributions to learning and management and thus interfere in attaining the goals designed for the education system in Minnesota. Therefore, planning is essential.

## ISSUES RELATED TO SPECIAL EDUCATION TECHNOLOGY

A logical sequence of technology must be included in the pre-kindergarten through high school education curriculum. Statewide inequities will be enhanced and the gap widened between the "haves" and "have nots" without appropriate planning to provide for all elements of instruction, information, telecommunication and assistive technologies to be incorporated into the administration, programs and services of schools. Equal provision of technology for all pupils is based on district wide comprehensive planning.

The potential for achieving challenging state learning standards and meeting new federal goals is enhanced when technology is an integral part of the curriculum. Careful planning is the key to using technology as a means to improve and reform the educational process. In addition, it is believed that district plans must address technologies for all students including the accommodations needed to assure that presence of a pupil's disability will not prevent participation in school activities..

The Task Force believes that leadership and planning are the most important factors for the provision of essential, appropriate and effective technology for all students. Therefore a mandate is needed to establish:

- (1) a statewide leadership unit to assure that services, program and equipment management, range of service options, specialized training, technical assistance, and adequate resources are provided for Minnesota schools (see recommendation 1 and 2),
- (2) short and long-term planning to provide efficient and comprehensive programs and services in the most economical manner by school districts (see recommendation 3), and
- (3) a coalition of partnerships with business, industry and agencies to assist in designing a cooperative, creative and resourceful funding mechanism for the provision of technology education for Minnesota schools (see recommendation 4).

## RECOMMENDED LEGISLATION

The Task Force on Education for Children with Disabilities recommends:

1. The legislature direct the Minnesota Department of Education to integrate **efforts in information, instructional, telecommunication, and assistive technologies** through collaborative planning and provide leadership to schools through staff in a core unit. Their responsibility is to provide the following elements:
  - a) Technical assistance for plan development, implementation activities and quality reviews

- b) Initial school district plans due to MDE by June 1, 1996 and response to district stating all criteria addressed. Response due to districts by September 1, 1996
- c) Analyze and predict long-term funding needs
- d) Monitor plans to determine if elements adequately addressed based on criteria established identified in recommendation one
- e) Provide on-going support for information, instruction, telecommunication and assistive technologies for students through school district personnel by designing a system to provide for:
  - i) Statewide collaborative leadership
    - a) Coordinate technology services in special education. Federal law has a definition for device and service, it is recommended that the State Board of Education adopt them into rule and also write a definition for Assistive Technology Program to assist in providing services and devices for pupils with disabilities.
    - b) Provide direction to the district and stimulate learning and maintaining state of the art knowledge about special education technology
    - c) Maintain an on-going needs assessment to keep current with needs and trends in technologies
  - ii) Management of resources
    - a) Develop a multiagency consortium to locate, share and fund the acquisition/redistribution of essential resources (low and high tech) purchase essential assistive technology
    - b) Maintain a system for managing special education administrative procedures, i.e. MARSS (Child Count), EDRS and data transfer
    - c) Assure that the MDE Monitoring System meaningfully reviews for all technologies ~ information, instruction, telecommunication and assistive technology needs
  - iii) Communication and networking with general and special education
    - a) Maintain a statewide advisory committee with regional and agency representatives concerned with assistive technology
    - b) Stimulate sharing of new knowledge in all aspects of instructional, information and assistive technology for special education
    - c) Provide for telecommunication links in general and special education — Internet, Dragnet, Quick Link and other data base and bulletin board systems
  - iv) Technical assistance for integration of technology into the curriculum
    - a) Assist school personnel design an assessment process to assure technology provided is based on pupil need

- b) Assist in the design of a student, family, and teacher program for the provision of need/goal technology
- c) Provide for IEP software sensitive to use by teachers and administrators
- d) Assist school districts design programs and services for technology needed by teachers and pupils
- v) Professional development to assist with assistive technology training
  - a) Work cooperatively with Institutions of Higher Education and to assist in training personnel regarding assistive technology
  - b) Assist school districts provide specialized training regarding unique hardware and software
  - c) Design a process to assist school personnel select appropriate hardware and software for staff and pupils
  - d) Assure that districts provide training in technology for their staff
  - e) Provide the structure for distance learning to assist with professional development. The Task Force recommends that the STARS legislation be expanded to include pre-kindergarten through high school education programs.

2. The legislature direct the Minnesota Department of Education to establish **criteria for local planning in technology for general and special education** including information, instruction, telecommunication and assistive technologies. The criteria will be distributed to school districts by October 31, 1995. The criteria for school district technology plans will include:

- a) Timeline for completion of the plan and instructions to submit to MDE for review by June 1, 1996.
- b) District technology committee to develop the plan
- c) Content of the plan including the uses of technology for general and special education and an implementation schedule. Elements of the plan will include but not be limited to:
  - i) Management process
    - a) Identify an assistive technology specialist
    - b) Collaborative process for staff working together and form a technology leadership team
    - c) On-going budget and funding planning
    - d) On-going assessment to determine current status of technology and specific student needs — both general and special education
    - e) Determine assessment system to identify pupil needs and appropriate accommodations
    - f) Electronic record keeping—fiscal and student
    - g) Identify security policies

- ii) District, region and state communication and networking
      - a) Establish a building to building, district to district, statewide, national and international telecommunication system
      - b) Assist staff, students and administration share and work together to help individuals with disabilities use technology
      - c) Link to distance learning networks
    - iii) Strategies for integrating technology into curriculum
      - a) Techniques to incorporate technology into school subjects
      - b) Essential knowledge to be computer literate ~ i.e. word processing, database, spreadsheet, graphics, etc.
    - iv) Professional development scope and sequence
      - a) Time to learn
      - b) Distance learning training
      - c) Sufficient resources for learning — software, hardware and tools for accommodating to disabilities
      - d) Training in problem solving with technology for general and special education tools
  
- 3. The legislature direct Minnesota School Districts to develop their **general and special education technology plan** during the 1995-1996 school year.
  - a) Plan will be based on the criteria developed under recommendation one and disseminated by October 31,1995
  - b) Plan will be submitted to MDE by June 1,1996.
  - c) Districts are encouraged to work collaboratively with other districts or cooperatives.
  - d) Plans will be reviewed by MDE with response provided districts by September 1, 1996.
  
- 4. The legislature direct the Minnesota Department of Education to host a **Coalition** consisting of representatives from Business Partnerships, Industry Technology Experts, Education (teachers, parents, administrators, and technology representatives from MDE) and other state agencies as appropriate. The Coalition will have the responsibilities to:
  - a) Review the cost projections of the Minnesota School District Technology Plans to determine funding options and sources.
  - b) Report their findings regarding funding options by January 15,1997 to the State Legislature.

## SECTION E: COSTS

Provision of technology for all students requires a massive commitment of resources. Local education agencies are not able with the current status of funding to outfit and retool their districts with updated technological equipment, software and the wiring infrastructure needed to enter the super highway/twenty first century information age without financial assistance. A mechanism is needed to encourage cooperative funding with state, regional and local funding to implement essential technological systems. In addition many districts have forged ahead to begin this transition into the information/technological age. It is believed by the Task Force that all districts whether they have been actively working toward this end or not should receive the same amount of support to assure initiatives are recognized, developed and rewarded regardless of when undertaken.

Assistance should be provided to combine interagency mandates for funding to help provide essential technologies — information, instruction, telecommunication and assistive — in education programs and services. Examples: Rehabilitation services have funding to provide assistive technology for clients as does Department of Human Services and Department of Health. Some of the funds may have an emphasis on children. In addition mandates in education for staff development state that special education should be a part of the planning and training provided. Example: Mandates for staff development should include technology training for general and special education staff. Then the Intertechnologies mandate for STARS should link with distance learning needs in local education agencies for pre-kindergarten through high school population. Presently it is limited to higher education and state and local governments.

Current capital revenue legislation, Minnesota Session Laws of 1993, Chapter 224, Article 5, Section 41, permits Local Boards to transfer up to 1/3 of the districts annual capital outlay revenue for the purpose of buying equipment. This permission is set to expire in 1995. The Task Force strongly recommends this provision be extended for the next biennium. This law provides a vehicle for gradual acquisition of technology essential to improving and reforming the education program in Minnesota schools.

### FUNDING RECOMMENDATIONS TO MEET TECHNOLOGY NEEDS

There were three funding recommendations to implement the planning process for inclusion of technology into the total school program. The potential costs for them are as follows:

Recommendation One: A statewide core unit should be established to assure that services, program and equipment management, range of service options, specialized training, technical assistance, and adequate resources are provided for general and special education in Minnesota schools. A minimum of two staff positions should be established in MDE - \$200,000 is recommended for the two positions including operating funds.

Recommendation Two: Local school districts shall develop of a plan covering needs, systems for providing programs and services and a phase-in implementation schedule. The Legislature should allocate \$1.00 per student but not less than \$2000 per district over and above the general allocation to assist with this short and long-term planning to provide efficient and comprehensive programs and services with inclusion of technology in the most economical manner. These funds should become available to districts when their plan is submitted to MDE by June 1,1996.

Recommendation Three: That the Legislature establish a coalition of partnerships with business, industry and agencies essential to assisting to design a cooperative, creative and resourceful funding mechanism for the provision of technology education for Minnesota schools. An allocation of annual expenses for the Coalition should be made, not to exceed \$25,000.

## **SECTION F: APPENDIX**

- 1. SURVEY QUESTIONNAIRE - Displayed on the following four pages.**

*TASK FORCE ON THE EDUCATION OF CHILDREN WITH DISABILITIES*

## Technology Survey

Please tell us how accessible each of the following items are currently to you as an administrator:

Fully Accessible

Inaccessible

Telephone

Voice Mail

FAX

Copier

Television

VCR

CamCorder

Laserdisks

Computer

Printer

CD-ROM

Modem

Building Network.

District Network.

Internet Address .

E-Mail

Multimedia

LCD Projector

Technology  
Training

Technology Support Specialist  
General Ed

Assistive Technology Specialist  
Special Ed      X

TASK FORCE ON THE EDUCATION OF CHILDREN WITH DISABILITIES

## Technology Survey

Please tell us how complete each of the following items are in your administrative unit currently:

### District Planning and Budgeting

	Fully Completed					Not addressed
District Technology Plan	1	2	3	4	5	
Special Education Technology Plan	1	2	3	4	5	
Adequate District Technology Budget (including both hardware and software)	1	2	3	4	5	
Adequate Special Education Technology Budget (including both hardware and software)	1	2	3	4	5	

### District Data Management Software

	Fully Implemented					Not Available
District Enrollment Reporting	1	2	3	4	5	
IEP Writing	1	2	3	4	5	
Special Education Child Count	1	2	3	4	5	
District Budget Planning	1	2	3	4	5	
Special Education Budget Planning	1	2	3	4	5	

### Technical Training for Staff

	Fully Implemented					Not Available
Teacher training on professional software (IEP, etc.)	1	2	3	4	5	
Teacher training on Curricular Software	1	2	3	4	5	

TASK FORCE ON THE EDUCATION OF CHILDREN WITH DISABILITIES

## Technology Survey

Please tell us how accessible each of the following items are currently to you as a Special Education teacher:

Fully Accessible

Inaccessible

Telephone	1	2	3	4	5
Voice Mail	1	2	3	4	5
FAX	1	2	3	4	5
Copier	1	2	3	4	5
Television	1	2	3	4	5
VCR	1	2	3	4	5
CamCorder	1	2	3	4	5
Laserdisks	1	2	3	4	5
Computer	1	2	3	4	5
Printer	1	2	3	4	5
CD-ROM	1	2	3	4	5
Modem	1	2	3	4	5
Building Network	1	2	3	4	5
District Network	1	2	3	4	5
Internet Address	1	2	3	4	5
E-Mail	1	2	3	4	5
Multimedia	1	2	3	4	5
LCD Projector	1	2	3	4	5
<b>Appropriate</b>					
Software	1	2	3	4	5
<b>Technical Support</b>					
Specialist	1	2	3	4	5
<b>Technical</b>					
Training	1	2	3	4	5
<b>Assistive Technology</b>					
Specialist	1	2	3	4	5
<b>Adequate Technology</b>					
Budget	1	2	3	4	5

TASK FORCE ON THE EDUCATION OF CHILDREN WITH DISABILITIES

Technology Survey

Please tell us how accessible each of the following items are **currently** to your students with disabilities:

	Fully Accessible				Inaccessible
Television	1	2	3	4	5
VCR	1	2	3	4	5
CamCorder	1	2	3	4	5
Computer	1	2	3	4	5
Printer	1	2	3	4	5
CD-ROM	1	2	3	4	5
Modem	1	2	3	4	5
Building Network	1	2	3	4	5
District Network	1	2	3	4	5
Internet Address	1	2	3	4	5
E-Mail	1	2	3	4	5
Multimedia	1	2	3	4	5
Instructional Software	1	2	3	4	5
Technical Training	1	2	3	4	5
Assistive Technology Services	1	2	3	4	5
Assistive Technology Devices	1	2	3	4	5
Computer Laboratory	1	2	3	4	5

## 2. PRESENTERS

### DEPARTMENT OF ADMINISTRATION

Rachel Wobschall, Executive Director, STAR Program  
Julie Zimmer, Policy and Funding Specialist, STAR Program

### DEPARTMENT OF EDUCATION

Nevin Nolder, Education Specialist ~ Policy and Technology,  
Office of Special Education  
Marilyn Sorensen, Education Specialist ~ Assistive Technology,  
Office of Special Education  
Mark Manning, Acting Director, Office of Information Technologies

### LOCAL EDUCATION AGENCIES

Frank Kurkowski, Assistive Technology Specialist, St. Paul Schools  
Gloria Wiemann, Assistive Technology Specialist, District 916  
Mollie Wise, Assistive Technology Specialist, St. Cloud Schools

### DEPARTMENT OF ECONOMIC SECURITY

Mike Dugan, State Services for the Blind, Assistive Technology Specialist,  
Rehabilitation  
Diane Mutchler, Division of Rehabilitation Services, Rehabilitation  
Program Specialist (ADA, Rehabilitation Technology and Diversity)

### INDUSTRY

Joan Wallin, Apple Computer, Inc., Education Technology Consultant  
Barry Savat, Apple Computer, Inc., Marketing Specialist  
Pam Greenslade, IBM — EduQuest, Marketing Representative  
Nick Pilney, IBM — EduQuest, Systems Engineer  
Dick Hart, Ameridata, Software Specialist, K-12  
Nelson King, Nova Technology Inc., President  
Will Kitchen, US West Communications, Market Specialist, Information  
Highway, Applications and Community of Interest Networks

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