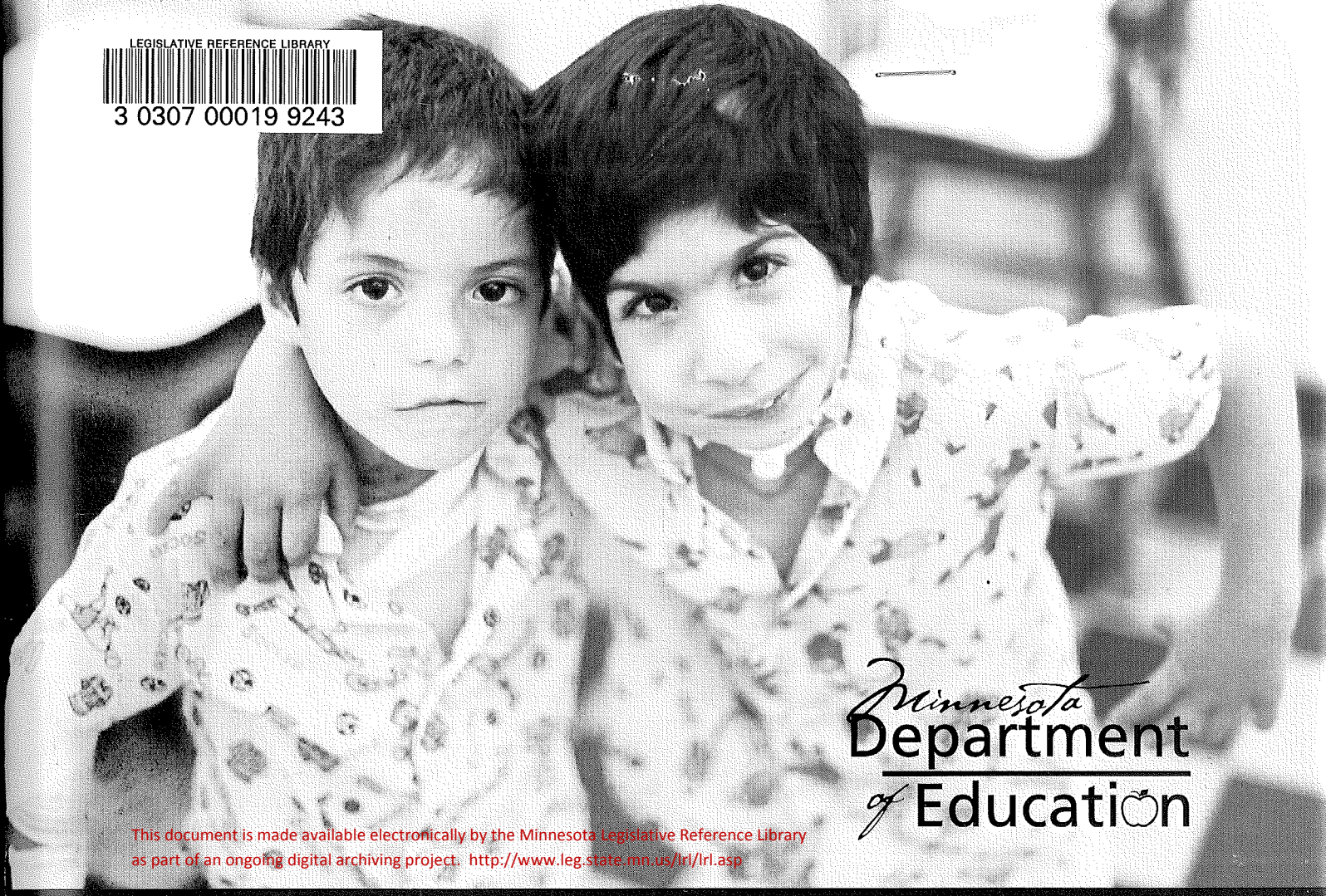

Minnesota Department of Education

Minnesota's Self-Improvement Plan — Part III

Minnesota's Continuous Improvement Process for Children with Disabilities, Birth to 21, and their Families

October 2003

SPECIAL EDUCATION POLICY

Minnesota Department of Education

Minnesota's Self-Improvement Plan Part III

MINNESOTA'S CONTINUOUS IMPROVEMENT PROCESS FOR CHILDREN WITH DISABILITIES, BIRTH THROUGH 21, AND THEIR FAMILIES

Minnesota's Self-Improvement Plan—Part III

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Minnesota's Self-Improvement Plan—Part III

Minnesota's Continuous Improvement Process for Children with Disabilities, Birth Through 21, and their Families

Introduction

This report represents the fourth in a series of "phases" to provide information about Minnesota's plan to improve services for children and youth with disabilities, birth through 21, and their families. As such, this report is a continuation of ongoing efforts on behalf of the state to address the priority areas originally identified in *Minnesota's Self-Assessment Process: Goals and Indicators System for Children with Disabilities, Birth to 21, and their Families*[1]. As a result of state self-assessment efforts, 12 areas were identified for statewide self-improvement. The current document, *Minnesota's Self-Improvement Plan—Part III,* provides information about planning outcomes and strategies for four of these priority areas: (1) *Inclusion*, (2) *Geographical Differences*, (3) *Child Find*, and (4) *Assistive Technology.*

PHASE IV PRIORITIES

1. Inclusion
2. Geographical Differences
3. Child Find
4. Assistive Technology

Much like the general rationale used to generate the state's other two improvement plans, *Minnesota's Self-Improvement Plan—Part III,* also reflects a "focused-monitoring" approach to the self-improvement process. Simply put, focused monitoring represents a set of principles and practices that can be used to "focus" the continuous improvement monitoring process on a few strategic priorities, instead of the entire range of all possible areas where improvement may be needed. As a result, it is anticipated that both targeted efforts and resources can be distributed more efficiently. Therefore, rather than attempting to address all 12 priorities identified as a result of the self-assessment at once, the state has decided to adopt a more deliberative process to ensure that each priority was thoroughly and comprehensively addressed.

A Focused Approach to Planning

The focused approach used to address priorities identified in the self-assessment process is one that provides several advantages. First, it provides members of Minnesota's Continuous Improvement Steering Committee with an opportunity to focus concentration on the development of a plan that is specific to a given self-

[1] Minnesota Department of Education. (2000). *Minnesota's Self-Assessment Process: Goals and Indicators* Education Office *System for Children with Disabilities, Birth to 21, and their Families.* Report to the U.S. Department of Special Education and Rehabilitative Services.

improvement priority—that is, more time and attention can be devoted to critical issues when all 12 priorities identified through self-assessment are "chunked" rather than addressed as a whole. Second, the plans that are developed are less likely to overextend resources by attempting to be "all things to all people." As a result, the plans are more likely to represent what most parents, advocates, professionals, and other types of stakeholders across the state agree are areas in which self-improvement activities are most critically needed.

The focused approach used in Minnesota fully recognizes that some priorities are simply acknowledged as more important or urgent than others, and as such, require a greater level of attention and oversight. This does not mean to imply, however, that other areas of self-improvement identified through the self-assessment process are deferred or put "on hold." Rather, the state has implemented, and continues to follow through with a wide range of initiatives in other need areas identified through self-assessment, although primary attention and resources will be targeted for priority areas where stakeholder consensus has been achieved. This "focused" approach is dynamic, with self-assessment priorities expected to change as the state conducts ongoing and continuous efforts aimed at self-improvement.

History of State Self-Assessment and Self-Improvement Planning Efforts

A History of Self-Assessment and Self-Improvement Efforts in Minnesota

Minnesota's self-improvement efforts reflect more than two years of self-assessment and planning initiatives involving various stakeholders across the state. Along with members of Minnesota's Continuous Improvement Steering Committee, assessment and planning activities have spanned across various units of the Minnesota Department of Education—MDE (formerly known as the Minnesota Department of Children, Families, and Learning—CFL), as well as other statewide advisory and planning groups such as the Minnesota Special Education Advisory Council (SEAC), the Governor's Interagency Coordinating Council on Early Childhood Intervention (ICC), the Minnesota System of Interagency Coordination (MnSIC), and others. Moreover, a concerted effort has been made by staff of the Special Education Policy Unit of MDE to ensure that self-improvement efforts are synchronized with other state initiatives, such as the State Improvement Grant (SIG) and statewide efforts to implement a unified and integrated birth through 21 service delivery system (i.e., MnSIC).

Because of the rather complex nature in which the planning activities have evolved, it will be necessary to provide an overview of the general context in which the current plans were developed. This discussion will include a brief, yet necessary review of the state's self-assessment efforts and a description of previous self-improvement planning activities that have occurred. Providing a context is important because it affords reviewers with information regarding the far-reaching and labor intensive efforts necessary to develop a plan that reflects widespread input from a variety of stakeholders throughout the state. *Minnesota's Self-*

Improvement Plan—Part III embodies literally thousands of hours of effort devoted by professional staff, members of Minnesota's Continuous Improvement Steering Committee, and many other groups and individuals across the state who, directly or indirectly, also contributed to the development of the plans.

Phase I: Minnesota's Self-Assessment Process

In many ways, *Minnesota's Self-Assessment Process* represents a synthesis of various data collection and analyses efforts that have taken place in the state over the past several years. These efforts are detailed in *Minnesota's Self-Assessment Process: Goals and Indicators System for Children with Disabilities, Birth to 21, and their Families* (i.e., *Minnesota's Self-Assessment Process),* a comprehensive self-assessment effort conducted in 2000 for the purpose of assessing how successful the state has been in achieving compliance with IDEA and in improving results for children and youth with disabilities. *Minnesota's Self-Assessment Process* represents "Phase I" of the state's efforts to firmly establish and institutionalize a continuous improvement monitoring process. Self-assessment is also the driving force of current statewide planning activities. By design, all self-improvement initiatives described in this report are aligned with the priorities identified in *Minnesota's Self-Assessment Process.*

Minnesota's Goals and Indicators System is Based on OSEP Cluster Areas

Considered one of the most ambitious projects ever undertaken by Minnesota's special education community and the Special Education Policy Unit (MDE), the self-assessment process involved a systematic analysis of the 16 indicators included in *Minnesota Goals and Indicators System.* The purpose of the *Minnesota Goals and Indicators System* was to address: (1) federal reporting requirements, and (2) targeted areas of concern within the state. Also, these indicators served as the foundation for which the state would base its current self-improvement planning efforts.

Minnesota's efforts to conduct a comprehensive self-assessment were largely manifested through the activities of the Self-Assessment Steering Committee, now referred to as Minnesota's Continuous Improvement Steering Committee. Representing the core of the state's self-assessment effort, Steering Committee members engaged in an intensive analysis of the 16 original objectives of *Minnesota's Goals and Indicators System* to identify priorities, needs, and self-improvement strategies.

Upon completion of self-assessment activities, Steering Committee members conducted a ranking of the indicators to identify what they considered the "Top Five" priorities for self-improvement. As a result of their efforts, Minnesota's initial self-improvement initiatives (i.e., Phase II) focused on the following priority areas based on self-assessment activities:

- *Improve the Ability of Children and Youth to Make Successful Transitions*
- *Ensure a Sufficient Number of Qualified Professionals and Paraprofessionals*
- *Improve Access of Mental Health Services Across Agencies*
- *Improve Interagency Cooperation and Coordinated Service Delivery*
- *Reduce System Bias Related to the Needs of Diverse Populations.*

Reorganization of Priorities

Prior to the initiation of self-improvement planning activities, an initiative was undertaken by staff of the Special Education Policy Unit to consolidate the 16 priorities by merging and integrating planning goals and objectives into a reduced number of priority areas. This task was accomplished by identifying commonalities within each priority area and reorganizing planning goals and objectives as necessary to result in self-improvement efforts that were more clearly focused and less redundant. For example, under the priority area of *Geographical Differences* the objective 2.6a: "Maintain similar proportions of licensed staff for high incidence disabilities across geographic regions of the state" was found to be similar to that of objectives under the priority *Ensure a Sufficient Number of Qualified Professionals and Paraprofessionals.* Likewise, similar objectives were identified and either merged or integrated into other priority areas.

It is important to note that *none* of the 16 priorities were eliminated—rather, the merging of objectives into various priorities is simply intended to reduce duplication of efforts and 'streamline" self-improvement planning activities. As a result, the "original" 16 priorities have since been reconfigured into 12 priorities, a reorganization effort that has been approved by Minnesota's Continuous Improvement Steering Committee. The reorganization of priorities are detailed in Appendix A: *A Proposal for the Organization of Future Planning Priorities for Minnesota's Continuous Improvement Steering Committee.* Appendix A provides a detailed summary of each revised priority area, including Planning Goals and Objectives. Appendix A also provides information about which specific priorities were merged or integrated into other priority areas. Based on the reorganization of priorities that were originally identified through self-assessment (i.e., Phase I), the following focused priorities were identified:

Phase II: Self-Improvement Part I

- Improve the Ability of Children and Youth to Make Successful Transitions
- Ensure a Sufficient Number of Qualified Professionals and Paraprofessionals
- Improve Access to Mental Health Services Across Agencies
- Improve Interagency Cooperation and Coordinated Service Delivery
- Reduce System Bias Related to the Needs of Diverse Populations

Phase III: Self-Improvement Part II

- Improving Educational Results for Children and Youth with Disabilities
- Family Involvement
- Accountability and Compliance

Phase IV: Self-Improvement Part III

- Inclusion
- Geographical Differences

- Child Find
- Assistive Technology

As a result, the priorities indicated above represent those in which Minnesota has focused its planning efforts in Self-Improvement Phases II through IV, and also which it intends to conduct its continuous review efforts in the future.

Phase II: Minnesota's Self-Improvement Plan—Part I

Phase II: Self-Improvement Process: Part I

Once the self-improvement priorities were identified from the self-assessment process, staff of the Special Education Policy Unit launched "Phase II" or *Minnesota's Self-Improvement Plan*[2]. This effort was conducted by assembling internal work groups to determine how best to address each priority. All work groups received ongoing input and support from specialists representing Parts B and C of IDEA. Basing much of their work on OSEP-recommended models for self-improvement, MDE staff developed self-improvement plans utilizing a four-step process: (1) the development of a draft plan, (2) review by a Quality Control Team (to ensure accuracy, consistency, and completeness), (3) review by the full Steering Committee, and (4) finally, "ratification."

To conduct the review process, MDE staff once again convened Minnesota's Continuous Improvement Steering Committee in 2001. Comprised of many of those who served on Minnesota's Self-Assessment Steering Committee, the primary role assigned to members was to "assist and advise CFL in its continuous improvement planning process under the IDEA for children and youth with disabilities, ages birth-21, and their families." Once draft plans were developed, they underwent intensive scrutiny by members of the Steering Committee. These efforts are described in the documentation prepared for *Minnesota's Self-Improvement Plan.*

Phase III: Minnesota's Self-Improvement Plan—Part II

Phase III: Self-Improvement Process: Part II

In 2002, MDE staff launched "Phase III" of the self-improvement process to address self-assessment indicators considered next highest in priority after the "Top Five" targeted in *Minnesota's Self-Improvement Plan.* Priorities in Phase III include: (1) *Improving Educational Results for Children and Youth with Disabilities*, (2) *Family Involvement*, and (3) *Accountability and Compliance.* However, unlike the planning activities that occurred in Phase II, the general process used to develop the current self-improvement plan changed considerably.

As a result of evaluating the overall process used in the initial self-improvement plan, a need was found to involve Steering Committee members at an earlier stage of the planning process. In addition, upon reflecting on "lessons learned," it was also concluded that additional efforts were needed to increase coordination of

[2] Minnesota Department of Education. (2002). *Minnesota's Self-Improvement Plan.* Report to the U.S. Department of Education Office of Special Education and Rehabilitative Services.

planning activities and maximize existing resources to ensure the sustainability of the planning process. In order to address these issues, a "design team" comprised of Steering Committee members and MDE staff was created to explore ways of resolving these issues in a manner that was logistically possible and feasible for members of the Steering Committee. As a result of the work of the design team, members of the Steering Committee were able to participate in the planning process at an earlier stage of the process, thus providing them with a much greater opportunity to engage in "hands-on" participation in the development of the plans.

In May 2002, a meeting of the Minnesota's Continuous Improvement Steering Committee was convened to review "process" changes recommended by the design team and to establish subcommittees needed for each Phase III priority. To ensure leveraging of all available resources, additional work group members from various organizations within the state could be sought for additional input and technical assistance, including MDE itself. Other individual and groups for which input could be solicited included those who had firsthand knowledge or expertise in specific topical areas, including (1) advocates, (2) parents, (3) Education Minnesota (the state's organization of teaching professionals), (3) Minnesota Administrators of Special Education, (4) Legal Advocacy, and (5) existing MDE work groups or leadership committees.

Phase IV: Minnesota's Self-Improvement Plan—Part III

Phase IV: Self-Improvement Process

Self Improvement Process for Phase IV

Based on an overall consensus of members of Minnesota's Continuous Improvement Steering Committee that the design changes implemented in the course of Phase III activities had proven to be a more effective approach in conducting self-improvement activities, a similar process was used in Phase IV as well. That is, subcommittees, or more specifically, "work groups" were formed around each of four priority areas targeted for self-improvement efforts: (1) *Inclusion,* (2) *Geographical Differences,* (3) *Child Find,* and (4) *Assistive Technology.* These areas represent the "final four" priorities originally identified as a result of *Minnesota's Self-Assessment Process.* An effort that began in January 2003, each work group concentrated on a specific priority, using a process described in the following section.

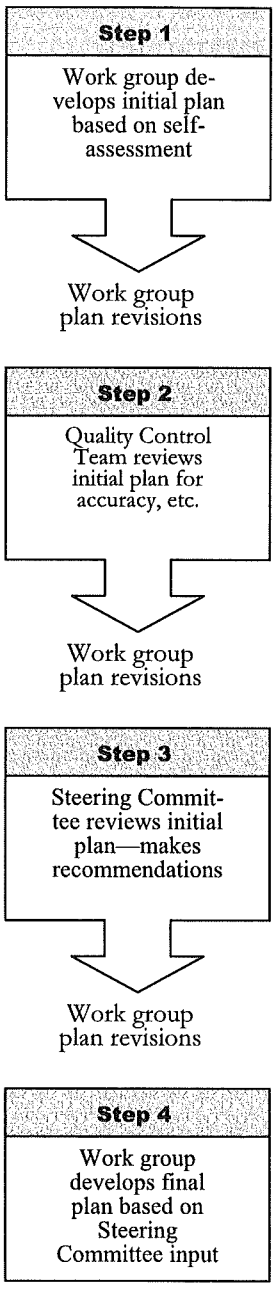
Phase IV Work Group Planning Activities

The Process Used by Work Groups for Plan Development

Once work groups were formed for each priority (i.e., "Inclusion," "Geographical Differences," "Child Find," and "Assistive Technology"), members met periodically to engage in self-improvement planning activities. A process that occurred throughout the 2002-2003 academic year, each work group was responsible for assigning work tasks internally and scheduling meetings as necessary throughout this time period. Because of the nature of the planning task for each priority, a great deal of discretionary decision-making was given to each work group to accomplish their specific planning tasks. For example, some work groups opted to

meet more frequently to plan as an entire group, while others preferred to meet less frequently, assigning specific tasks to subcommittees or specific individuals. However, irrespective of how each work group chose to organize its activities, all were required to develop plans to include the following components:

Figure 1: Four-Step Process



- **Desired Outcome**—A statement of the expected outcome as a result of implementing appropriate strategies.
- **Evidence**—A measurable objective that indicates the extent to which the Desired Outcome has been reached.
- **Data**—The extent to which data is currently available (i.e., "Yes" or "No").
- **Strategies**—Recommended actions based on an information Source that reflects a consensus of public input toward achieving a Desired Outcome.
- **Source**—Where specific Strategies have been identified (State Improvement Grant, IDEA, etc.).

These planning components are essentially the same as those used in Phase II and Phase III, the first and second self-improvement plans developed by the state. In all cases, MDE staff were in attendance to facilitate work group efforts and to ensure coordination of all planning activities.

Development of the Plan

Similar to the development of the state's other self-improvement planning initiatives (i.e., Phases II and III), a four-step process was employed. As shown in Figure 1, the first step required each work group to develop a draft plan using the Self-Improvement Planning Components (e.g., Desired Outcome, Strategies, Evidence). Once a draft plan was developed by the work group, it was reviewed by MDE's Quality Control Team for accuracy, consistency, and completeness. Members of the Quality Control Team included Team Leader, Dr. William McMillan—supervisor of the state's Continuous Improvement Monitoring Process (MnCIMP) efforts—other internal MDE staff (representing Parts B and C, including interagency initiatives) and external consultants. This review constituted the second step of this process.

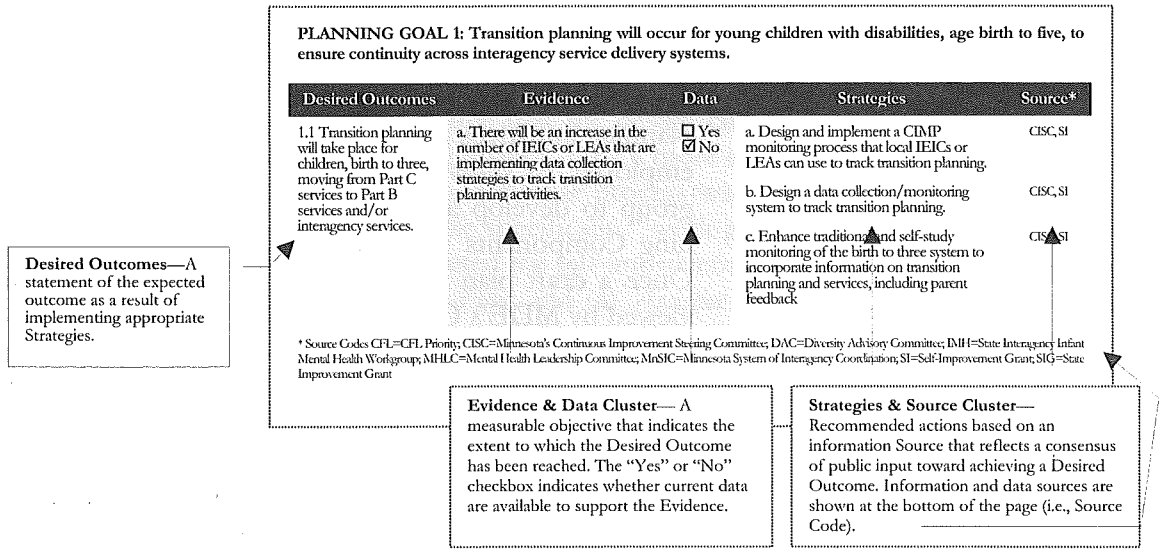
Upon undergoing review by the Quality Control Team, the plans were then revised and presented for discussion and review by Minnesota's Continuous Improvement Steering Committee, the third step in this process. In this step, the *entire* Steering Committee had the opportunity to review self-improvement plans developed by the various work groups. To facilitate the review process, representatives of the various work groups, including members of

the Steering Committee who participated in each work group, gave a presentation to the full Steering Committee to provide them with an overview of the strategies developed to achieve desired outcomes. At these presentations, members who did not participate in a work group other than their own were provided with the opportunity to ask questions or raise concerns. Changes and modifications were made as necessary to improve the plans. Once these final revisions were made, the fourth and final step of the planning process was implemented.

Organization of the Plan

Rather than configured as a single, all-encompassing "plan," Minnesota's self-improvement efforts represent a "focused-monitoring" and improvement approach. In this case, four priorities are addressed:: (1) *Inclusion,* (2) *Geographical Differences,* (3) *Child Find,* and (4) *Assistive Technology.* Each priority area contains one or more Planning Goals that include a "custom-tailored" set of planning components to achieve desired outcomes. Also, each self-improvement priority is accompanied by a narrative that provides: (1) a general overview of the priority, (2) a description of data sources to support its status as a "high" priority, and (3) a description of causes and barriers. The narrative is then followed by a detailed plan of self-improvement for each priority.

Figure 2: Example of Self-Improvement Plan



How to Read the Plan

Determining Whether a Desired Outcome Has Been Met

A sample of a self-improvement plan is presented in Figure 2. Every plan that is prepared for a priority contains one or more Planning Goals. Each Planning Goal, in turn, contains the following planning components: Desired Outcomes, Evidence, Data, Strategies, and Source(s) described in the section *Work Group*

Planning Activities. It is important to emphasize that the planning components are not presented in a "linear" manner; that is, in a stepwise progression moving from left to right. Rather, the plan is best viewed as two main "clusters" that address Desired Outcome(s) for each Planning Goal. In the example provided in Figure 2, the Evidence and Data cluster are directly related—they "go together." In other words, evidence must be supported by some type of data. Moreover, it is important to know whether such data are available (i.e., "Yes" or "No"). Similarly, the Strategies and Source(s) represent a second cluster—they are also directly related. That is, each Strategy must be based on—or emanate from—a requirement or priority established by a stakeholder group or entity. For example, a "Source" may emanate from a recommendation from the Minnesota Special Education Advisory Council (SEAC), a stakeholder group, or it may also be based on the requirements of an entity, for example, the federal government mandates of the Individuals with Disabilities Education Act (IDEA). Essentially, the Source represents where the proposed Strategy "came from."

While Strategies and Evidence are also obviously related, they do not necessarily represent a "one-to-one" correspondence. As a result, there may be multiple Strategies employed that contribute, directly or indirectly, to obtaining the Evidence necessary to show that the Desired Outcome had been met. In most cases, the Desired Outcomes that were included in the plan were typically those in which it was thought could be reasonably achieved in a one- to three-year time span.

Management of the Plan

Each self-improvement priority plan will be managed on a "day-to-day" basis by a specially designated work group consisting of Special Education Policy Unit staff, supported by various advisory groups, consultants, and support staff of the Minnesota Department of Education. Dr. Bill McMillan will provide overall general supervision of work group staff and ongoing facilitation of Minnesota's Continuous Improvement Steering Committee. This group is kept informed of progress by MDE management and members of each priority work group. In addition, ongoing communication and coordination efforts will be conducted with other relevant stakeholders across the state. Dr. McMillan will also assume responsibility for ensuring internal MDE communication and coordination activities, particularly with regard to such efforts as the State Improvement Grant (SIG) and other activities related to self-improvement.

Planning Activities are Directly Related to MDE's Annual Budget Process

Very much like the strategies used to develop previous self-improvement plans, MDE work group members provided specialized technical assistance in the development of the plans, and will assume responsibility for establishing timelines to complete the Desired Outcomes. To accomplish this task, each work group is required to develop an annual work plan that contains details regarding short-term (e.g., one-year) and long-term (three-year) goals, specific activities to be accomplished, and the designation of a "contact person" responsible for coordination

and/or implementation. In all cases, the workplans are developed commensurate with MDE's annual budgeting process, where funds are allocated according to the extent to which professional development, technical assistance, and outreach activities of MDE staff address planning goals.

In addition, each work group is also responsible for providing an overview of their implementation activities with members of Minnesota's Continuous Improvement Steering Committee to inform them of major tasks that will be accomplished throughout the year. These updates help to ensure fidelity with self-improvement areas identified by the Steering Committee and the priorities established by the Minnesota Special Education Advisory Council (SEAC) and the Special Education Policy Unit.

Future Directions for Self-Improvement: The Continuous Review Process

Future Directions

Figure 3 shows the cyclical nature of the planning process, from self-assessment to self-improvement and the continuous review process. With the completion of Phase IV of the self-improvement process, the State has addressed all 12 priority areas identified as a result of *Minnesota's Self-Assessment Process,* an effort that began in 2000. For each priority area, goals have been established and strategies and outcomes have been identified through self-improvement efforts. The next critical phase of the continuous improvement process will be to implement a continuous review process to assess the overall progress of the self-improvement plans. A schedule of the review process is presented in Table 1.

As shown in Table 1, the review process will begin with an assessment of Phase II planning activities, Minnesota's initial self-improvement plan. This will be accomplished by reconvening Minnesota's Continuous Improvement Steering Committee to judge the extent to which intended outcomes have been achieved. Assessment of Phase II will be conducted with assistance from staff of the Special

Figure 3: Minnesota's Continuous Improvement Monitoring Process

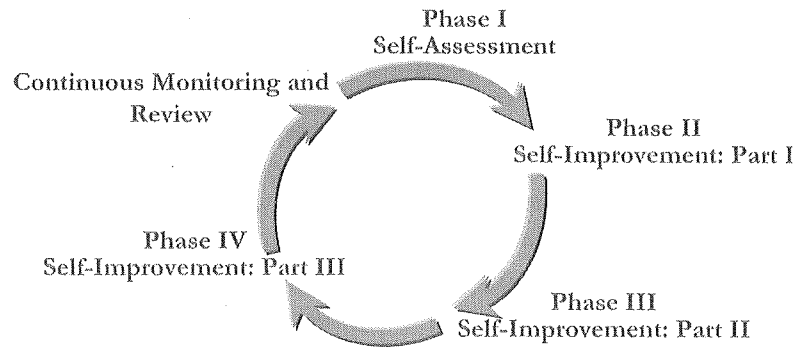


Table 1: Self-Improvement Review Process Schedule

	Plan Completed	Implementation Year 1	Implementation Year 2	Implementation Year 3	Status Report and Feedback	Data Review and Revision
Phase I: Minnesota's Self-Assessment Process	2000					
Phase II: Self-Improvement Plan Part I 1. Transition 2. Workforce 3. Mental Health 4. Interagency Coordination 5 Diversity	December 2001	2001-2002	2002-2003	2003-2004.	Fall 2003	Fall 2004
Phase III: Self-Improvement Plan Part II 1. Educational Results 2. Family Involvement 3. Accountability and Compliance	December 2002	2003-2004	2004-2005	2005-2006	Fall 2004	Fall 2005
Phase IV: Self-Improvement Plan Part III 1. Inclusion 2. Geographic Differences 3. Child Find 4. Assistive Technology	June 2003	2004-2005	2005-2006	2006-2007	Fall 2005	Fall 2006

Education Policy Unit of the MDE. That is, MDE staff will work with the Steering Committee to utilize formative and summative evaluation strategies in order to make judgments about the progress of outcomes relative to "contextual" considerations. For example, an important contextual element to consider is the general timeframe in which Phase II activities have been implemented. Given that the plan developed for each self-assessment priority can range in duration from one to three years, it will only be possible to assess partial progress, or the amount of progress made toward achieving a specific outcome. This constitutes a formative approach with regard to monitoring the progress of each Planning Goal. The summative aspect of the review process would entail the assessment of the extent to which specific strategies have actually been implemented based on timelines and budget objectives that have been developed by MDE staff.

In addition to thoroughly assessing the progress of each plan, the Steering Committee will also have the opportunity to engage in a discussion of aspects of the plan that may be changed or modified in light of new information or "lessons learned." This monitoring process will be repeated for the other phases of self-improvement planning, where plans will be monitored at least annually to assess progress of implementation and achievement of intended outcomes.

Inclusion

To the maximum extent appropriate, increase the inclusion, with appropriate supports and modifications, of children and youth with disabilities from birth to 21 in settings in which they would have participated if they had no disabilities

INTRODUCTION

The Minnesota Department of Education (MDE) has the responsibility of ensuring that the federal mandate of a free appropriate public education (FAPE) in the least restrictive environment (LRE) is available to each child identified to be eligible for special education. This means "that to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are non-disabled and that special classes, separate schooling or other removal of children from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services can not be achieved satisfactorily" (34 CFR 300.550). It also means that infants and toddlers with disabilities will receive services in natural environments, which means "settings that are natural or normal for the child's age peers who have no disabilities," (34 CFR 300.18).

Minnesota Rule provides additional direction. "To the maximum extent appropriate, pupils with disabilities shall be educated with children who do not have disabilities and shall attend regular classes. A pupil with a disability shall be removed from a regular educational program only when the nature or severity of the disability is such that education in a regular educational program with the use of supplementary aids and services cannot be accomplished satisfactorily. Furthermore, there must be an indication that the pupil will be better served outside of the regular program. The needs of the pupil shall determine the type and amount of services needed" (Minn. Rule 3525.0400).

Minnesota's Continuous Improvement Steering Committee adopted inclusion as a priority area as a result of the comprehensive self-assessment report submitted in 2000 to the U.S. Department of Education. The federal Office of Special Education Programs (OSEP) also prioritized the inclusion of children and youth with disabilities in *Focused Monitoring: A Model for the Present* (2002).

The goal identified for this self-improvement priority is multifaceted. Not only does it address inclusion from the standpoint of examining the percentages of K-12 students receiving services in the general education setting, it also includes strategies and outcomes to encompass inclusion issues in relation to infants, toddlers and preschool age children with disabilities, as well as children and youth

with disabilities placed in "separate facilities"—that is, public and private day and residential care and treatment programs, substance abuse treatment centers, and correctional facilities for juveniles. In addition, this goal also includes planning strategies for promoting partnership with local education agencies and service providers to increase the effectiveness of programs that operate in separate facilities within the state.

Inclusion Work group

In an effort to comprehensively address legal, ethical, and practical issues surrounding the inclusion of children and youth with disabilities, from birth through age 21, a work group was established that included members of Minnesota's Continuous Improvement Steering Committee (CISC), parents of children with disabilities and representatives from the University of Minnesota, Education Minnesota, PACER Center, Minnesota's Special Education Advisory Committee, the Governor's Interagency Coordinating Council and an elementary principal. Also participating on the work group were personnel from the Minnesota Department of Education specializing in early childhood special education, emotional-behavioral disorders, care and treatment, children's mental health, secondary transition, continuous improvement and special education funding. Work group members included:

WORK GROUP MEMBERS

- Barbara Braaten, *Principal, Minneapolis Public Schools, CISC*
- Wes Mattsfield, *Chair, Governor's Interagency Coordinating Council, CISC*
- Diana McHenry, *Teacher, Education Minnesota, CISC*
- Debra Niedfeldt, *Parent, Rochester Minnesota, CISC*
- Dao Xiong, *Advocate, PACER Center, CISC*
- Cindy Yess, *Chair, Minnesota Special Education Advisory Council, CISC*
- Jennifer York-Barr, *Professor, University of Minnesota, CISC*
- Lisa Backer, *Special Education Policy, Minnesota Department of Education*
- Cory Graham, *Special Education Compliance & Assistance, Minnesota Department of Education*
- Cathy Gibney, *Special Education Policy, Minnesota Department of Education*
- Chris Pellant, *Special Education Policy, Minnesota Department of Education*
- Cindy Shevlin-Woodcock, *Special Education Policy, Minnesota Department of Education*
- Marty Smith, *Special Education Policy, Minnesota Department of Education*
- Jayne Spain, *Special Education Policy, Minnesota Department of Education*
- Jeri Waters, *Special Education Policy, Minnesota Department of Education*

An initial step taken by the work group was to gain an understanding of the OSEP inclusion priority. As a key component of its focused monitoring process OSEP convened a broad group of stakeholders after significant public input that identified a limited number of priorities for IDEA Part B (6) and Part C (5). Each priority was paired with a goal statement. Indicators were selected to function as objective measures of the goals. Benchmarks identified an expected level of performance. The inclusion indicators and benchmarks developed by OSEP for children

for various age groups is shown in Table 1: *OSEP Indicators and Benchmarks for Educational Settings by Age Groups.*

Table 1: OSEP Indicators and Benchmarks for Educational Settings by Age Groups

Age	Indicator	Benchmark
Infants and Toddlers	Percentage of infants and toddlers whose primary service location is home or settings designed for typical infants and toddlers, disaggregated by race and ethnicity.	The primary service location for 90% of infants and toddlers is home or settings designed for typical infants and toddlers, and the percentage of those infants and toddlers is not greater or less than 10% in two or more race and/or ethnic categories as compared to state demographic data.
	Percentage of infants and toddlers whose primary service location is in a setting, other than the home, that is designed for typical infants and toddlers and disaggregated by race and ethnicity.	Other than the home, the primary service location for at least 5% of infants and toddlers is a setting designed for typical infants and toddlers, and the percentage of those infants and toddlers is not greater or less than 10% in two or more race and/or ethnic categories as compared to state demographic data.
3 through 21	Percentage of children with disabilities educated in a general education classroom for 80% or more of the school day, overall and disaggregated by race/ethnicity, gender, limited English proficiency, disability and "vulnerable population" status (e.g., homeless, migrant, in foster care, wards of the state, in the juvenile justice system, or institutionalized) for both preschool and school-age children.	Ninety percent (90%) of children with disabilities will be educated in general education classes for 80% or more of the school day.
	Percentage of children with disabilities educated outside the general education classroom for 60% or more of the school day, overall and disaggregated by race/ethnicity, gender, limited English proficiency, disability and vulnerable population status (for both preschool and school-age children).	Ninety percent (90%) of children with disabilities will be educated in general education classes for 80% or more of the school day.
	Percentage of children with disabilities educated in separate school buildings, overall and disaggregated by race/ethnicity, gender, limited English proficiency, disability and vulnerable population status (for both preschool and school-age children).	Ninety percent (90%) of children with disabilities will be educated in general education classes for 80% or more of the school day.

As the work group developed the outcomes and strategies that form the work plan for this self-improvement priority, it focused on legal requirements around educational settings, identified barriers to inclusion, and current research about the efficacy of inclusion. The group analyzed current data to ascertain the extent to which children with disabilities are in general education environments and whether factors such as gender, minority status, disability category, age or geographic strata are predictors of placement.

Data Sources

Three distinct sources of data informed the efforts of the work group. One source consists of analyses conducted for Minnesota Children and Youth with Disabilities—2002. This document was published by the Division of Special Education to satisfy the biennial performance reporting requirements of the federal Office of Special Education Programs (OSEP). A second source reflects the work of the Division of Accountability and Compliance in the areas of dispute resolution and compliance monitoring. Specifically, the data addressed the following questions: (1) to what extent do districts follow legal requirements to utilize the least restrictive or natural environments?, (2) are districts able to provide a full continuum of placements?, and (3) how often do disputes arise that are rooted in these issues? Finally, the group examined the results of published research in the area of inclusion. Outcomes in studies examined by the group revealed positive social and/or academic progress for children and youth serviced in fully inclusive placements (Freeman, Stephanny & Alkin, 2000; Rea, McGlaughlin & Walther-Thomas, 2002; Miller, 1993).

Minnesota collects annual data on the settings in which children and youth with disabilities receive special education services. Data on instructional setting is reported using a series of placement codes. One limitation of the data is that a single set of codes with different meanings is used for children age 3 to kindergarten entrance and children grades K-12.

Status of Inclusion in Minnesota

Analysis of placement data from the 2001-2002 school year indicates that approximately 73% of Minnesota's infants and toddlers with disabilities were served in their home or the home of a family childcare provider. An additional 5% were served in programs designed for children without disabilities. These settings are consistent with the federal definition of "natural environment." Generally, being served in a natural environment did not vary by disability category, except in the area of Autism, where it is often the case that intensive services are required to fully address the needs of these children. Use of natural environments did not vary significantly by strata or by ethnicity. Placement did vary by age—21% of 2-year olds were served in settings that were not natural environments compared to only 3.7% of the entire cohort of infants and toddlers, birth to age 2.

The data on preschool aged children indicates that 42% of children with disabilities, ages 3 to 5, were served at home or in programs within their communities designed primarily for children without disabilities. Forty-three (43%) were served in self-contained special education classrooms. In general, children in "out-state" schools, that is, outside the 7-county metropolitan area of Minneapolis and Saint Paul, were less likely to receive services in a special education classroom than their more urban and suburban counterparts. Disability category, gender, and ethnicity did not appear to impact placement.

The data on use of instructional settings for children and youth with disabilities in kindergarten through grade 12 demonstrates several noticeable trends. For example, an inverse relationship was observed between "age" and placement status in general education. Generally, as age increases, the probability that the child will be in a general education setting decreases. African American children with disabilities were less likely to be in a general education setting than are children from any other ethnic group. Also, children and youth identified as Developmental Cognitive Disability (DCD) were least likely to be served in a general education setting.

The term "separate facilities" includes public and private day and residential care and treatment programs, substance abuse treatment centers, and correctional facilities for juveniles. On the 2002 child count, 5.4% of children and youth with disabilities ages 6 through 21 were served in a separate facility. Children and youth identified as Emotional or Behavioral Disorder (EBD) were most likely to be served in a separate facility. It is estimated that the majority of students placed in separate sites exhibit a need for both specialized instruction and mental health services. Minnesota's Special Education Advisory Council (SEAC) focused its attention to this issue in 2001. SEAC's concerns included:

- The escalating costs of providing services in separate sites and other restrictive settings, particularly in relation to the care and treatment of relatively high numbers of students with Emotional and Behavioral Disorders.
- Evidence that students with disabilities in care and treatment facilities were not being provided with a Free and Appropriate Public Education (FAPE) in accordance with the federal requirements of the Individuals with Disabilities Education Act (IDEA 97).
- The lack of a coordinated system of services that provides students with disabilities with the transition and after care services necessary to successfully reintegrate to their home schools and/or districts when exiting from care and treatment facilities.

Given the issues indicated above, SEAC has articulated a critical need within Minnesota to provide training and support to ensure that youth with disabilities placed in separate sites and highly restrictive settings receive their FAPE and the necessary after care in order to make successful transitions back to their home school and community.

Causes and Barriers

CAUSES AND BARRIERS

Traditionally, barriers to inclusion have been thought to fall into three general categories: organizational, attitudinal, and knowledge barriers (Kochhar, West & Taymans, 2000). Organizational barriers include all those that relate directly to how schools are staffed and managed. Class size, scheduling, collaborative planning and co-teaching arrangements fall under this general category. Attitudinal barriers among teachers and administrators include openness to new instructional

styles or practices and a shift to assuming new roles and responsibilities. Studies conducted in schools that have implemented inclusive practices reveal that knowledge barriers also exist. In many cases, general educators indicate that they have not been appropriately trained to work with students with disabilities and their families (Mastropieri & Scruggs, 2000; Hines & Johnston, 1997). The work group agreed with organizational, attitudinal, and knowledge barriers and acknowledged their impact on the current status of inclusive practices within Minnesota's school and community settings. A consensus was also reached among members of the work group that efforts to overcome such barriers would likely be made more challenging given the current climate of statewide budget deficits and local efforts to fund or maintain educational, social, and community programs and services.

The potential impact of the No Child Left Behind Act (e.g., NCLB) on efforts to increase inclusive education for students with disabilities has yet to be determined. In 2001, the U.S. Congress reauthorized the Elementary and Secondary Education Act (ESEA)--the principal federal law affecting education from kindergarten through high school. In amending ESEA, the new law represents a major revision of federal efforts to support elementary and secondary education in the United States. A key component of NCLB is its emphasis on Adequate Yearly Progress (AYP). Minnesota's NCLB plan sets minimum standards that all schools and districts must meet for all their students, including students in defined categories based on ethnicity, income, language background and special education status. Further, NCLB strives to close the achievement gap and to hold educational agencies accountable to assuring all learners progress adequately. It is anticipated that NCLB will emerge as an important factor in efforts to implement strategies to promote inclusive practices within Minnesota's schools.

PLANNING GOAL

Planning Goal I: To the maximum extent appropriate, increase the inclusion, with appropriate supports and modifications, of children and youth with disabilities from birth to 21 in settings in which they would have participated if they had no disabilities.

The purpose of this comprehensive goal was to create a solid framework around which to build outcomes and strategies. Desired outcomes of the goal include: (1) Infants, toddlers and preschool age children with disabilities receive services in settings in which they would have participated if they had no disabilities; (2) Children and youth with disabilities, grades K-12, are included with appropriate supports and modifications in settings in which they would have participated if they had no disabilities, (3) Children and youth with disabilities placed in separate sites will receive an education comparable to their peers; and (4) Programs that operate in separate sites will work in partnership with local agencies and service providers.

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Self-Improvement Priority 1—Inclusion

To the maximum extent appropriate, increase the inclusion, with appropriate supports and modifications, of children and youth with disabilities from birth to 21 in settings in which they would have participated if they had no disabilities.

PLANNING GOAL 1: To the maximum extent appropriate, increase the inclusion, with appropriate supports and modifications, of children and youth with disabilities from birth to 21 in settings in which they would have participated if they had no disabilities.

Desired Outcomes	Evidence	Data	Strategies	Source*
1.1 Infants, toddlers and preschool age children with disabilities receive services in settings in which they would have participated if they had no disabilities.	a. There is an increase in the percent of infants and toddlers with disabilities, ages birth to three, receiving early intervention services in natural settings.	☑ Yes ☐ No	a. Ensure that the MDE data collection system allows districts to accurately report where children are being served and allows the data to be disaggregated in multiple ways to include measuring status of vulnerable populations.	IWG
	b. There is an increase in the percent of young children with disabilities, ages 3-kindergarten entrance, receiving special education and related services in programs designed primarily for children without disabilities.	☑ Yes ☐ No	b. Ensure delivery of special education services to young children with disabilities who participate in Head Start when their local Head Start program is not geographically located within the child's district of residence.	IWG
			c. Develop and disseminate materials for district staff to use in identifying or developing, and effectively utilizing inclusive placements in their communities including ECFE, school readiness, childcare, Head Start, Early Head Start and other public or private early childhood programs.	ICC Priority, SEAC
			d. Provide staff development and follow-up to ECSE program staff on team decision-making, use of natural learning opportunities and embedding interventions.	ICC Priority
			e. Partner with other agencies to disseminate information on the legal requirements, cost effectiveness, and comprehensive benefits of natural/least restrictive environments to local stakeholders including all parents, superintendents, school boards members, county social workers and public health nurses, elementary principals and local directors of special education, Head Start, community education and child care.	IWG
			f. Utilize MnCIMP self review as a vehicle to expand the use of natural/ least restrictive environments for infants, toddlers and pre-kindergartners with disabilities.	IWG
			g. Work with staff from MDE's Special Education Compliance and Accountability to ensure compliance in districts' use of natural environments for infants and toddlers and least restrictive environments for children age 3 to kindergarten entrance.	IWG
			h. Work with staff from MDE's Special Education Compliance and Accountability to ensure districts develop and utilize a continuum of placement options with adequate capacity to meet the individual needs of children served.	IWG, SEAC

*** Source Codes** ATWG=Assistive Technology Work Group; B-5 CFWG=B-5 Child Find Work Group; CISC=Minnesota's Continuous Improvement Steering Committee; GDWG=Geographical Differences Work Group; ICC=Governor's Interagency Coordinating Council on Early Childhood Education; IDEA=IDEA/OSEP Priority; IWG=Inclusion Work Group; MDE=MDE Priority; MHLC=Mental Health Leadership Committee; SEAC=Minnesota Special Education Advisory Council; SI=Self-Improvement Grant; 6-21 CFWG=6-12 Child Find Work Group; SA=Minnesota's Self-Assessment; SIG=State Improvement Grant; SATLT=State AT Leadership Team

Self-Improvement Priority 1: Inclusion

To the maximum extent appropriate, increase the inclusion, with appropriate supports and modifications, of children and youth with disabilities from birth to 21 in settings in which they would have participated if they had no disabilities.

Desired Outcomes	Evidence	Data	Strategies	Source*
			i. Work with higher education faculty to ensure that licensure programs include the development of skills and attitudes essential in serving young children inclusively and provide practical experience as a component of pre-service training.	IWG, SEAC
			j. Provide training and technical assistance to child care providers throughout the state to increase the capacity of quality childcare opportunities for young children with disabilities.	ICC Priority
1.2 Children and youth, with disabilities, kindergarten entrance through age 21, are included with appropriate supports and modifications in settings in which they would have participated if they had no disabilities. (see planning goals 1 and 2 from *Educational Results* Self-Improvement Plan).	a. There is an increase in modifications, accommodations, supplementary aides and services identified on IEPs and IIIPs in order to provide access to the general education curriculum in regular education settings.	☐ Yes ☑ No	a. Provide school communities with staff development and follow-up for adapting state curriculum standards to meet the needs of individual learners.	IWG
	b. There will be an increase in progress in the general education curriculum, performance on statewide assessments, and attainment of IEP/IIIP goals and objectives.	☐ Yes ☑ No	b. Provide professional development and training that supports and encourages the involvement of all personnel and families in addressing the learning needs of a diverse student population, including students with disabilities in inclusive settings and effectively meeting the needs of students with significant cognitive disabilities.	IWG
	c. There is an increase in the percent of children and youth with disabilities spending 80% or more of their day in a regular education setting.	☑ Yes ☐ No	c. Develop and implement training and technical assistance on cultural diversity and effective instruction for special education personnel (see *Reducing System Bias* Self-Improvement Plan, Outcome 2.4)	CISC
	d. There is a decrease in the number of ethnic minority and culturally and/or linguistically diverse children and youth placed in more restrictive environments. (see *Reducing System Bias* Self-Improvement Plan, Goal 2)	☑ Yes ☐ No	d. Work with higher education to ensure that general education teacher and administrator training programs will include competencies and courses about inclusion and provide field experiences in inclusive settings.	IWG, SIG
	e. There is an decrease in the number of children and youth with mental health concerns served in restrictive environments. (See also *Mental Health* Self-Improvement Plan, Goal 1)	☐ Yes ☑ No	e. Explore strategies, within existing policies, to effectively utilize multiple categorical funding streams (e.g., special education, LEP, migrant education and Title 1) to more effectively meet the individual needs of students who may qualify for services under more than one category.	IWG
			f. Develop, implement, and evaluate district or site-based research and development models that inform expanded use of inclusive practices.	IWG
			g. Work with staff from MDE's Special Education Compliance and Accountability to assure proper documentation of LRE and appropriate modifications, accommodations and supplemental aides and services on IEP/IIIP.	IWG
			h. Disseminate information on the legal requirements, cost effectiveness, and	IWG

*** Source Codes** ATWG=Assistive Technology Work Group; B-5 CFWG=B-5 Child Find Work Group; CISC=Minnesota's Continuous Improvement Steering Committee; GDWG=Geographical Differences Work Group; ICC=Governor's Interagency Coordinating Council on Early Childhood Education; IDEA=IDEA/OSEP Priority; IWG=Inclusion Work Group; MDE=MDE Priority; MHLC=Mental Health Leadership Committee; SEAC=Minnesota Special Education Advisory Council; SI=Self-Improvement Grant; 6-21 CFWG=6-12 Child Find Work Group; SA=Minnesota's Self-Assessment; SIG=State Improvement Grant; SATLT=State AT Leadership Team

Self-Improvement Priority 1: Inclusion

To the maximum extent appropriate, increase the inclusion, with appropriate supports and modifications, of children and youth with disabilities from birth to 21 in settings in which they would have participated if they had no disabilities.

Desired Outcomes	Evidence	Data	Strategies	Source*
			comprehensive benefits of least restrictive environments to local stakeholders including parents of students with and without disabilities, superintendents, school boards members, county social workers and public health nurses, principals, and directors of special education,	
			i. Identify, develop, and disseminate best practice strategies and effective models for the provision and coordination of mental health services between school and community settings, ensuring the LRE. (See *Mental Health* Self-Improvement Plan, Outcome 2.3)	MHLC, SIG
			j. Ensure that the MDE data collection system allows districts to accurately report where students are served and allows the data to be disaggregated in multiple ways to include measuring status of vulnerable populations.	IWG
			k. The general education curriculum will include universally designed learning (UDL) strategies in order to facilitate greater access for all students (see Assistive Technology Self-Improvement Priority, Outcome 1.1).	ATWG
1.3 Children and youth with disabilities placed in separate sites will receive an education comparable to their peers.	a. There will be an increase in the number of children and youth reintegrating from separate sites with an education plan.	☐ Yes ☑ No	a. Conduct and evaluate training for teachers and administrators working in separate sites on K-12 educational standards, service delivery models, and strategies for adapting state standards to meet the needs of learners with disabilities.	IWG
	b. There will be an increase in the number of children and youth who re-enroll, attend and graduate from school following placement in a separate site.	☐ Yes ☑ No	b. Develop mechanisms to insure that separate sites employ appropriately licensed staff.	IWG
			c. Facilitate reintegration to home, school, or next placement by revising the separate site Reintegration Manual to include specific student needs, i.e. checklists detailing progress and content mastery (not just a grade) while in the separate site and review of current goals and objective on IEP/IIIP. (See *Transition* Self-Improvement Plan, Goal 4).	IWG
			d. Identify uniform record-keeping criteria for any student placed in an alternative setting. (See *Transition* Self-Improvement Plan, Goal 4).	IWG
			e. Design and implement a follow-up system to monitor school attendance at 6-month intervals for a period of 2 years following reintegration from a separate site.	IWG
			f. Provide training for interagency partners to include guardians ad litem, judges, juvenile justice staff, etc. on appropriate placements and requirements of IDEA.	IWG

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Self-Improvement Priority 1: Inclusion

To the maximum extent appropriate, increase the inclusion, with appropriate supports and modifications, of children and youth with disabilities from birth to 21 in settings in which they would have participated if they had no disabilities.

Desired Outcomes	Evidence	Data	Strategies	Source*
1.4 Programs that operate in separate sites will work in partnership with local agencies and service providers.	a. There will be an increase in students reintegrating from separate sites, attending and graduating.	☐ Yes ☑ No	a. Develop, provide and evaluate training to enhance collaboration among all prospective agencies to increase the array of services accessible to both the student and families as they reintegrate. (See *Transition* Self-Improvement Plan, Goal 4).	IWG
	b. Local service providers and families report increase coordination and improvement of services.	☐ Yes ☑ No	b. Develop a system that collects data needed to identify and quantify those agencies involved with separate sites.	IWG

*** Source Codes** ATWG=Assistive Technology Work Group; B-5 CFWG=B-5 Child Find Work Group; CISC=Minnesota's Continuous Improvement Steering Committee; GDWG=Geographical Differences Work Group; ICC=Governor's Interagency Coordinating Council on Early Childhood Education; IDEA=IDEA/OSEP Priority; IWG=Inclusion Work Group; MDE=MDE Priority; MHLC=Mental Health Leadership Committee; SEAC=Minnesota Special Education Advisory Council; SI=Self-Improvement Grant; 6-21 CFWG=6-12 Child Find Work Group; SA=Minnesota's Self-Assessment; SIG=State Improvement Grant; SATLT=State AT Leadership Team

Geographical Differences

Reduce the geographic disparity in the provision of services to individuals regardless of disability

INTRODUCTION

The federal mandate of free, appropriate public education, as legislated by the Individuals with Disabilities Education Act (IDEA), occurs in Minnesota, as in all states, across a broad range of geographical locations. Special education and related services are provided in a wide variety of settings, including homes, schools, agencies, and communities. These services are provided through a variety of service provider arrangements, including school districts, educational cooperatives, other community agencies and contracted services. Districts, cooperatives, and agencies are situated within communities that present distinct and unique differences resulting from their location in urban, suburban, and rural areas and/or on American Indian reservations.

The promise of IDEA can be realized in different ways within Minnesota, through a system that is responsive to the needs and capacities at district, regional, and state levels. This Self-Improvement Plan represents the systemic application of the findings and recommendations obtained through Minnesota's Continuous Improvement Monitoring Process (MnCIMP) to reduce disparities that may occur in the provision of special education as a result of geographic location. The general term used throughout the self-improvement planning process to refer to disparities, variation, and dissimilarities among local education agencies is "geographical differences."

Geographical Differences Work Group Members

WORK GROUP MEMBERS

To address the issue of Geographical differences, the Minnesota Department of Education's Special Education Policy Section established a Geographical Differences Work Group. The members of the Work Group included:

- Linda Bonney, *CISC, Minnesota Disability Law Center*
- Janet Salk, *CISC, SEAC, St. Cloud State University*
- Judy Wolff, *CISC, Minnesota Regional Low Incidence Projects*
- Linda Watson, *Minnesota Regional Low Incidence Projects*
- Bob Vaadeland, CISC, *SEAC, Superintendent, Minne-waska Schools*
- Belle Aakhus, *Education Minnesota, Teacher*
- Kathy Knott, *Education Minnesota, Teacher*
- Clay Keller, *Special Education Policy Unit, MDE*
- Michael Eastman, *Special Education Policy Unit, MDE*
- Eric Kloos, *Special Education Policy Unit, MDE*

Data Sources

Data, documents, activities, and projects from the Special Education Policy Section provided most of the material considered by the Geographical Differences Work Group, as there appeared to be little professional literature on the topic of geographical differences. Unduplicated child count data that have been collected for federal reporting purposes were considered regionally. The results of *Minnesota's Self-Assessment Process: Goals and Indicators System for Children with Disabilities, Birth to 21, and their Families* and several of the other Self-Improvement Plans were used, as well as information from other statewide data collection and needs assessments efforts (e.g., Regional Low Incidence Projects).

One particular challenge remained constant throughout the data analysis process; that is, how to quantify or measure "equity" and "access." Several data sources used by the work group were found to have inherent limitations. For example, unduplicated child count data reflect only the primary disability for each person receiving special education services. This tends to vastly understate the level of service needs or the numbers of professionals needed to serve on each team, since many children and youth have more than one disability or are receiving services from a number of special education professionals. Despite the lack of availability of data sources needed to comprehensively address the issue of geographical differences, the current Self-Improvement Plan is a reflection of the work group's commitment to use the best data available. Even while acknowledging the shortcomings of data sources currently available, the plan has been designed to seek new and improved sources of data to measure and report on progress and current conditions in the area of geographical differences.

Causes and Barriers

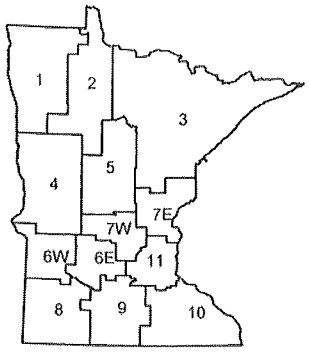
Geographical location within a state as large and diverse as Minnesota leads to potential differences in special education services that are available to children and youth with disabilities. Some variations may have little effect on quality, comparatively speaking, as each area and community contains unique strengths that can influence the provision of services in ways that are different, yet still recognized as effective. Geographical location also includes conditions—such as differences in the size of the area to be served, financial resources, and available expertise—that might lead to disparities as well.

CAUSES AND BARRIERS

The following represent challenges in the provision of special education services that are presented by the geography, climate, and demographics of some of Minnesota's educational regions—the eight large-scale areas that are combinations of the state's 11 Economic Development Regions (see Figure 1).

- Region 3, covering the northeast corner of the state, has 6,765 children and youth with disabilities receiving special education services, contains 37 school districts in 8 counties, and covers 18,682 square miles, an area

Figure 1: Minnesota's Economic Development Regions



greater than the states of Massachusetts, Connecticut, and Rhode Island combined.

- In Region 11, the 7-county metro area, there are 59,920 children and youth with disabilities receiving special education services, representing 51.7 % of those in the state receiving special education and related services.
- The transportation of students, particularly in rural areas, is challenged by the weather of Minnesota, including extreme temperatures, high winds, flooding, freezing rain, and blizzards.
- Many areas of the state are closer to major cities in other states than they are to major cities in Minnesota. For example, from Warren in Regions 1 and 2, it is 337 miles to the main state agency offices in St. Paul, 120 miles to its regional center of Bemidji, but only 129 miles to Winnipeg, Canada.

In addition, current national and state trends in education have compounded the challenges presented by geographical location. Trends that can adversely affect the availability of essential services include:

- growing teacher shortages,
- areas of declining general education enrollment,
- budget issues at the state and local level, and
- limited access to higher education licensure programs in many areas of the state.

Such trends may manifest themselves disproportionately in some regions of the state compared to others.

All special education efforts must satisfy federal and state requirements but how can these efforts make the best use of resources to counteract the possible limitations of regions and communities? In Minnesota, service providers within and

across communities often join together to effectively meet the needs of the state's children and families. Some collaborations are mandated, while others may be developed through the initiatives of state and federal agencies. Still other collaborative efforts may be strictly voluntary. Whatever the initial impetus, though, the end results are partnerships that have helped assure that issues in the delivery of a free and appropriate public education are addressed.

One example of such a collaborative partnership has been the statewide implementation of Minnesota's coordinated interagency early childhood intervention system. Established by the legislature in 1985 (Minn.Stat.125A.30), this initiative preceded similar federal legislation aimed at the provision of early intervention services. As a result, 96 local Interagency Early Intervention Committees (IEICs) have been established statewide to plan, develop, and implement comprehensive interagency early childhood identification, coordinated planning, and intervention services for eligible young children from birth through age five and their families in their respective communities. More recently, state legislation (Minn.Stat.125A.027) has required that governing boards be established and charged with developing a similar collaborative model for children with disabilities ages 3-21 and their families who receive services from two or more publicly funded agencies (Minn.Stat.125A.023). Other examples of formalized partnerships in Minnesota include: Family Service Collaboratives, Children's Mental Health Collaboratives, Children's Juvenile Justice Initiatives, and Community Transition Interagency Committees.

The Special Education Policy Section of the Minnesota Department of Education has also long sought to address geographical equity in its activities and projects. For instance, since 1981, the state has partnered with special education directors and local stakeholders to plan and coordinate Regional Low Incidence Projects. Located within each Economic Development Region in the state, these Projects seek to minimize the impact of regional differences and staffing patterns in low-incidence disability areas that have high intensity needs combined with difficulties in attracting and maintaining staff (see Table 1). State and regional teacher networks (such as the Autism Network) disseminate information and conduct training programs for practitioners across the state. The Early Hearing Detection and

Table 1: Minnesota's Classification of High and Low Disability Areas

High Incidence Disabilities	Low Incidence Disabilities
• Specific Learning Disabilities	• Other Health Disabilities
• Speech/Language Impairments	• Autism Spectrum Disorders
• Emotional/Behavioral Disorders	• Developmental Cognitive Disabilities: Severe-Profound
• Developmental Cognitive Disabilities: Mild-Moderate	• Deaf/Hard of Hearing
• Developmental Delay (birth to seven)	• Physical Impairments
	• Traumatic Brain Injury
	• Blind/Visually Impaired
	• Severely Multiply Impaired
	• DeafBlind

Intervention (EHDI) Project supports regional teams that screen for and treat hearing loss in newborns. A teacher preparation program in the area of blind/visually impaired is being developed for preservice educators statewide through a collaborative initiative between seven Minnesota colleges and universities, teachers of students with visual impairments, and the Minnesota Department of Education.

In developing a more systemic approach for addressing geographical differences, the Work Group identified two major challenges for this Self-Improvement Plan. The first challenge was how to develop a succinct yet thorough plan, as all components of the special education system are potentially affected by geographic differences. In the Minnesota Self-Assessment Process, Indicators 2.6(a) and 2.6(b) addressing geographical differences targeted similar proportions of licensed staff to child counts in high and low incidence disability areas across the regions of the state. The Work Group felt this was an important, but not the sole, factor that could create differences in the provision of services across regions and communities. To list all possible factors, though, would create an unwieldy if not unworkable Plan.

To address this challenge, the Plan connects to other Self-Improvement Plans when appropriate and recommends that they be examined and pursued geographically. The areas of Workforce, Child Find, Inclusion and Educational Outcomes were thought to be the most critical areas that are impacted by geographical differences. Thus, the intent of the Plan is to promote and pursue a geographical perspective or focus to the work that the agency does, an approach that is already beginning in several efforts within Minnesota's Continuous Improvement Monitoring Process. Other components that are particularly sensitive to the effects of geographical differences that have not been presented in previous Plans have been added here.

The second challenge was articulating standards for determining whether geographical disparity exists in the provision of special education services in Minnesota. Approached as a positive statement, the task was to define what constitutes equity in special education across regions and communities.

To develop a definition of equity, the Work Group focused on the range of federal and state requirements in special education. Meeting those requirements provides the base for equity in special education. Alignment among federal, state, and local efforts with an emphasis on self review and improvement is consistent with Minnesota's history of local control. Under the Continuous Improvement Monitoring Process: Self Review (MnCIMP:SR), a local school district can determine its own goals for improvement, develop a plan to achieve those goals, and then assess and marshal resources to execute the plan. In addition, the use of intermediate educational units, interagency agreements, sub-regional partnerships (e.g., IEICs), and larger collaborations like the Regional Low Incidence Projects,

point to a reality that efforts which occur above the level of a local education agency and below a state-wide level of service delivery are critical for meeting federal and state requirements in Minnesota. That assumption is strongly supported and extended here: These capabilities are already being utilized in the low incidence disability areas and may hold promise for high incidence disabilities as well.

PLANNING GOALS

Planning Goal I: People in urban, suburban, and rural Minnesota can all readily access the special education expertise they need.

The first planning goal follows from the belief of the Geographical Differences Work Group that information and knowledge are power. Thus, individuals at all levels of the special education system and in all regions of the state must have access to the information and expertise that are needed to educate Minnesota's children and youth with disabilities. The Desired Outcomes target the range of components within the statewide special education system where possible disparities in expertise may occur. These are: (1) qualified personnel working in special education; (2) qualified personnel from typically underrepresented groups; (3) consultants, experts and technical assistance; (4) knowledgeable general and special education administrators; (5) special education licensure programs; (6) preparation in high need and emerging areas of special education; and (7) special education information for families, staff, and administrators. The sets of Strategies for the Desired Outcomes often include: (a) using data on a regional or subregional level to develop and implement plans and (b) collaborating with existing local, regional, state, and other institutional resources and efforts.

Planning Goal II: Children and youth with disabilities, ages birth through 21, and their families in urban, suburban, and rural Minnesota can access a comprehensive continuum of appropriate special education and related services.

The second planning goal follows from the belief of the Geographical Differences Work Group that the promise of IDEA can be realized in different ways through a system that is responsive to the needs and capacities at district, regional, and state levels. The system may be complex and dynamic as it meets demographic and situational changes, but it can provide a unified system of special education services in Minnesota that has breadth, depth, and an absence of gaps. Planning Goal II highlights an increased use of subregional, regional, and interregional processes in the planning and delivery of comprehensive special education services as its first Desired Outcome. Such processes are based on analyses of data at regional and subregional levels. The subsequent Outcomes involve the application of such processes to improve: (1) the educational results for children and youth with disabilities, and (2) the availability of special education services and related services. The Strategies for the Desired Outcomes emphasize the use of the Continuous Improvement Monitoring Process-Self Review approach and the need for training and technical assistance as the major means for reducing geographical differences in these components.

Self-Improvement Priority 2—Geographical Differences

Reduce the geographic disparity in the provision of services to individuals regardless of disability

PLANNING GOAL 1: People in urban, suburban, and rural Minnesota can all readily access the special education expertise they need.

Desired Outcomes	Evidence	Data	Strategies	Source*
1.1 In each region, increase the percentages of qualified personnel working in special education.	a. There is an increase in the percentages of fully licensed special education teachers in each licensure area in each region.	☑ Yes ☐ No	a. Use regional special educator supply and demand data to develop and implement recruitment, preparation, and retention strategies for addressing regional personnel needs.	GDWG
	b. There is an increase in the percentages of qualified personnel in each related service profession in each region.	☐ Yes ☑ No	b. Collaborate with statewide incentive and training efforts to ensure availability in each region.	GDWG
	c. There is an increase in the percentage of fully qualified special education paraprofessionals in each region.	☐ Yes ☑ No	c. Develop and implement a system whereby paraprofessional training in Core and Special Education Competencies can apply to college degrees and special education teaching licenses.	WSIP
1.2 In each region, increase the percentage of qualified personnel from typically underrepresented groups working in the field of special education. (see *Workforce* Self-Improvement Plan, Outcome 1.2)	a. The proportion of special educators from ethnic minorities and culturally and/or linguistically diverse groups in each region increases to reflect the proportions of these groups in the regions' teaching-age populations.	☐ Yes ☑ No	a. Use regional special educator supply and demand data to develop and implement strategies for recruiting, preparing, and retaining special educators from typically underrepresented groups regionally.	GDWG
	b. There is an increase in the percentage of male special educators in each region.	☑ Yes ☐ No	b. Collaborate with efforts to coordinate coursework between two- and four-year institutions of higher education for prerequisite and other requirements of special educator preparation programs.	MDE
	c. The proportion of special educators with disabilities increases in each region's teaching-age population.	☐ Yes ☑ No		
1.3 In each region, increase the availability of consultants, experts, and technical assistance needed to provide appropriate special education services.	a. There is an increase in each region in the provision of special education technical assistance by Minnesota Department of Education staff.	☐ Yes ☑ No	a. Develop and implement plans to increase regionally available expertise in all areas of special education.	GDWG
	b. There is an increase in each region in the availability of special education technical assistance from resources other than state staff.	☐ Yes ☑ No	b. Develop and implement plans to collect and publicly disseminate information about regional resources for special education, related services, and other relevant agencies.	GDWG
			c. Extend the use of statewide and regional practitioner networks to additional areas of special education and related service professions.	GDWG
			d. Expand the use of state-developed listservs within special education and related service professions.	GDWG
			e. Promote equitable access to Special Education Policy Unit staff for technical assistance in all regions.	GDWG

*** Source Codes** ATWG=Assistive Technology Work Group; B-5 CFWG=B-5 Child Find Work Group; CISC=Minnesota's Continuous Improvement Steering Committee; GDWG=Geographical Differences Work Group; ICC=Governor's Interagency Coordinating Council on Early Childhood Education; IDEA=IDEA/OSEP Priority; IWG=Inclusion Work Group; MDE=MDE Priority; MHLC=Mental Health Leadership Committee; SEAC=Minnesota Special Education Advisory Council; SI=Self-Improvement Grant; 6-21 CFWG=6-12 Child Find Work Group; SA=Minnesota's Self-Assessment; SIG=State Improvement Grant; SATLT=State AT Leadership Team

Self-Improvement Priority 2: Geographical Differences

Reduce the geographic disparity in the provision of services to individuals regardless of disability

Desired Outcomes	Evidence	Data	Strategies	Source*
1.4 In each region, increase educational administrator knowledge of special education. (see *Workforce* Self-Improvement Plan, Outcome 3.3)	a. There is an increase in the percentage of special education administrators in each region who receive Minnesota Department of Education training in special education.	☑ Yes ☐ No	a. Collaborate with statewide incentives and training efforts that increase the number of educational administrators in each region who receive training in special education.	CISC
	b. There is an increase in the percentage of general education administrators in each region who receive Minnesota Department of Education training in special education.	☑ Yes ☐ No	b. Collaborate with institutions of higher education to coordinate training in special education for all educational administrators.	CISC
	c. There is an increase in the regional availability of special education administration licensure programs.	☑ Yes ☐ No	c. Extend the availability of educational administration licensure programs with strong special education components to all regions of the state.	GDWG
			d. Develop recommendations to the State Board of School Administrators that expand special education requirements for all administrative licenses.	GDWG
1.5 Increase regional access to licensure, certificate, and other preparation programs for special educators. (see *Workforce* Self-Improvement Plan, Outcome 2.1)	a. There is an increase in the number of special education teacher licensure programs available in each region.	☑ Yes ☐ No	a. Use regional special educator supply and demand data to identify special educator licensure, certificate, and other preparation program needs in regions and initiate efforts to add those programs in conjunction with state and local efforts.	GDWG
	b. There is an increase in the number of related service personnel licensure, certificate, and other preparation programs available in each region.	☑ Yes ☐ No	b. Collaborate with efforts to coordinate coursework between two- and four-year institutions of higher education for prerequisite and other requirements of special educator preparation programs.	MDE
			c. Collaborate with institutions of higher education on developing exemplary special educators as adjunct faculty for preparation programs.	MDE
1.6 Increase regional access to preparation programs in high need and emerging areas of special education. (see *Workforce* Self-Improvement Plan, Outcome 2.2)	a. There is an increase in the percentage of licensed personnel in each region who are trained in each high need and emerging area of special education.	☐ Yes ☑ No	a. Use regional special educator supply and demand data and other sources of information to identify regional needs in high need and emerging areas of special education and add training opportunities to address those needs.	GDWG
			b. Collaborate with institutions of higher education to coordinate training and extend the regional availability of preparation in high need and emerging areas of special education.	CISC
			c. Support regional implementation of competency preparation programs in high need and emerging areas of special education.	GDWG, MDE

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Self-Improvement Priority 2: Geographical Differences

Reduce the geographic disparity in the provision of services to individuals regardless of disability

Desired Outcomes	Evidence	Data	Strategies	Source*
1.7. Increase statewide and regional access to special education information for all families, staff, and administrators. (see *Family Involvement* Self-Improvement Plan, Outcome 1.2)	a. There is an increase within each region in the number and location of special education staff development opportunities.	☐ Yes ☑ No	a. Coordinate special education training activities across local, regional, and state efforts within a region.	GDWG
	b. There is an increase in each region in families, staff and administrators who report that they have access to the special education information and knowledge they need.	☐ Yes ☑ No	b. Determine how local, regional, and state staff development efforts can contribute to and/or substitute for requirements in special educator licensure, certificate, and nonlicensure preparation programs at institutions of higher education.	GDWG
			c. Evaluate the efficacy of existing means for providing families, staff, and administrators with access to special education information.	GDWG
			d. Develop and implement approaches for increasing the accessibility of special education information to all families, staff, and administrators.	GDWG
			e. Extend the use of statewide and regional practitioner networks to additional areas of special education and related service professions.	GDWG
			f. Develop approaches for interrelating special education and related service professions networks within and across regions.	MDE, GDWG
			g Expand the use of state-developed listservs within special education and related service professions.	GDWG

PLANNING GOAL 2: Children and youth with disabilities, ages birth through 21, and their families in urban, suburban, and rural Minnesota can access a comprehensive continuum of appropriate special education and related services.

Desired Outcomes	Evidence	Data	Strategies	Source*
2.1 Planning and delivery of special education services takes place across multiple levels in order to ensure a comprehensive continuum of services in all regions of the state.	a. There is an increase in the use of subregional, regional, and interregional special education service delivery approaches.	☐ Yes ☑ No	a. Collaborate with directors of special education to increase the accuracy and amount of special education data reported.	GDWG
			b. Conduct regional analyses of data in order to determine the extent of comprehensive special education services in each region.	GDWG
			c. Using collaborative strategies at the sub-regional, regional, and inter-regional levels, develop and implement strategies to eliminate disparities in the availability of comprehensive special education services in conjunction with state and local efforts.	GDWG
			d. Share successful models to promote the wider use of sub-regional, regional, and inter-regional planning and service delivery projects to meet the needs of children and youth with disabilities.	GDWG

*** Source Codes** ATWG=Assistive Technology Work Group; B-5 CFWG=B-5 Child Find Work Group; CISC=Minnesota's Continuous Improvement Steering Committee; GDWG=Geographical Differences Work Group; ICC=Governor's Interagency Coordinating Council on Early Childhood Education; IDEA=IDEA/OSEP Priority; IWG=Inclusion Work Group; MDE=MDE Priority; MHLC=Mental Health Leadership Committee; SEAC=Minnesota Special Education Advisory Council; SI=Self-Improvement Grant; 6-21 CFWG=6-12 Child Find Work Group; SA=Minnesota's Self-Assessment; SIG=State Improvement Grant; SATLT=State AT Leadership Team

Self-Improvement Priority 2: Geographical Differences

Reduce the geographic disparity in the provision of services to individuals regardless of disability

Desired Outcomes	Evidence	Data	Strategies	Source*
			e. Communicate and disseminate how subregional, regional, and interregional service delivery projects are contributing to the overall provision of comprehensive special education services in the state.	GDWG
2.2 In each region, increase the levels of educational results achieved for children and youth with disabilities.	a. There are decreases in regional disparities in educational results for students in special education: participation in the least restrictive or natural environment, suspensions, expulsions, graduation and drop out rates, and statewide assessment performance.	☐ Yes ☑ No	a. Analyze data on educational results by region. b. Provide training and technical assistance to support sub-regional, regional, and inter-regional efforts to address disparities in educational results.	GDWG GDWG
2.3 In each region, increase the availability of special education and related services provided to children and youth with disabilities.	a. There are decreases in regional disparities in citations for noncompliance with special education requirements. b. There are decreases in regional disparities in the use of special education services. c. There is regional comparability in special education teacher workloads, taking into account variables such as travel distances. d. There is an increase in the use of community and agency resources to support special education in each region.	☐ Yes ☑ No ☐ Yes ☑ No ☐ Yes ☑ No ☐ Yes ☑ No	a. Recommend that the CIMP-Self-Review address disparities in the availability and use of special education services. b. Provide training and technical assistance to support sub-regional, regional, and inter-regional efforts to address disparities in the availability and use of special education services.	GDWG GDWG

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Child Find

To improve the identification process so that services will be provided as soon as the child has an identified disability that will impact their educational performance

INTRODUCTION

Child find is a requirement under the Individuals with Disabilities Education Act (IDEA), Parts B and C, for children and youth with disabilities. Part C establishes early intervention services for young children, ages birth to three, and requires that states have a "comprehensive child find system" to assure that all children who are in need of early intervention or special education services are located, identified, and referred. Part B also has similar child find requirements for children with disabilities ages 3 through 21. Since Minnesota statutes establish a mandate for special instruction and related services beginning at birth, Part B child find requirements also need to be implemented for children in Minnesota beginning at birth.

Part B of the IDEA requires that the Minnesota Department of Education (MDE) has policies and procedures in effect to ensure the following: (1) the location, evaluation, and identification of all children with disabilities residing in the state who are in need of special education and related services, including children with disabilities attending private schools and children with any severity of disability and (2) the development and implementation of a practical method for determining which children are currently receiving needed special education and related services(20 U.S.C. 1412 (a)(3)(a)). These requirements also include policies and procedures for highly mobile children with disabilities (e.g. migrant and homeless children) and children with a suspected disability who are in transition from one grade to the next.

The Minnesota Department of Education is the designated lead agency for Part C of the IDEA. As such, MDE is responsible for policies and procedures to ensure a statewide coordinated, comprehensive, multidisciplinary, interagency system that includes the minimum components for: (1) a comprehensive child find system, including a system for making referrals to service providers that includes timelines and provides for participation for primary referral sources, (2) a public awareness program focusing on early identification of infants and toddlers with disabilities, (3) a central directory which includes early intervention services, resources and experts available in the state, and (4) a timely, comprehensive, multidisciplinary evaluation of the functioning of each infant and toddler with a disability in Minnesota and the needs of families to appropriately assist in the development of the infant or toddler with a disability.

According to Part C regulations, a comprehensive child find system includes at least seven major elements: definition of target population, public awareness, referral and intake, screening and identification of young children who may be eligible for services under IDEA, eligibility determination, tracking, and interagency coordination. Minnesota has also established child find rules and regulations, birth through 21, for local education agencies (LEAs) as well. All Minnesota LEAs are required to provide special instruction and services to children with disabilities are defined in state statute (Minnesota Statute § 125A.08 (a)(1)). Also, state rule (Minnesota Rule 3525.0750) further defines the responsibilities of school districts to develop systems designed to identify pupils with disabilities: (1) beginning at birth, (2) attending public and nonpublic schools; and (3) who are of school age and not attending any school.

The Interagency Services for Children With Disabilities Act (Minn. Stat. §§ 125A.023 and 125.027) promulgates the coordination of state, county, and school district child find requirements with services and initiatives of other federal and state programs. Minnesota Statute § 125A.027 charges the governing boards (i.e. school boards and county boards) of interagency early intervention committees (IEICs) with coordination at the local level.

Child find is a continuous process of public awareness, screening, and evaluation programs designed to locate children with disabilities as early as possible. Child find activities in Minnesota represent a collection of interagency services and programs, including those directed by school districts, private and public health care, county social services, childcare, Head Start, juvenile justice and corrections. For planning purposes, Minnesota has divided its child find efforts into two age groups: birth through age five; and, ages six through twenty-one.

Birth to Age 5

With regard to ages birth through five, child find is coordinated among local services via the local Interagency Early Intervention Committees (IEICs). Primary referral sources for this age group include physicians and other health care professionals, childcare providers, family members, and county social service and community public health staff. In addition, many state-level child find activities are coordinated by the Minnesota Department of Health under Part C. The statewide Central Directory of early childhood intervention resources and the toll-free telephone assistance line are available to both families and service providers who have questions or concerns regarding a child. Minnesota has also instituted a number of programs to support the child find process, for example, the "Follow Along Program" and the "Early Childhood Health and Developmental Screening" program. Summaries of these programs are provided below:

> **The Follow Along Program (FAP)** identifies children at risk for developmental or medical problems and monitors their development to assure early referrals to appropriate evaluation and intervention services. The FAP is managed by local community public health agencies with technical assistance from the state Department of Health.

At the present time, 85 of Minnesota's 87 counties and two Indian Reservations participate in the FAP. Data from the local FAPs are collected annually and analyzed by the Department of Health.

Early Childhood Health and Developmental Screening (ECS) is conducted by Minnesota school districts for young children (target age is 3 ½ to 4 years) and is required for kindergarten entrance. ECS is a universal program that has a direct impact on the early intervention system. This program is a child find activity for both health and developmental concerns and serves as a referral source for further evaluation for special education services.

Other state-initiated child find activities include the Universal Newborn Hearing Screening, which currently screens infants born at 95% of Minnesota's birthing hospitals, the Newborn Metabolic Screening, the Birth Certificate Registry, the Autism First Signs project, Child & Teen Checkups (Minnesota's Early Periodic Screening, Diagnosis and Treatment–EPSDT), and Project Exceptional, which assists child care providers in identifying and providing inclusive settings for young children with disabilities.

The Minnesota Departments of Education, Health, and Human Services are nearing completion of the development of quality indicators for community-based health and developmental screening programs for children. These indicators will provide a framework for community partners to plan for and evaluate comprehensive screening programs. The quality indicator framework includes outreach, screening, referral and follow-up for screening that occurs through Early Childhood Health and Developmental Screening (ECS), Head Start, and Child & Teen Checkups, and EPSDT in coordination with local child find efforts.

Ages 6 through 21

Minnesota has a commitment to a system of interagency coordination and collaboration to meet the needs of children and youth with disabilities (refer to section on State of Min nesota Requirements for Child Find). Partners include the Minnesota Departments of Human Services, Corrections, Health, Economic Security, Commerce, and Human Rights. As such, child find is a component within the array of interagency services.

Within the educational system, children and youth with suspected disabilities are identified by a variety of referral sources including teachers and family members. Each district or individual school building has a qualified team typically comprised of general education and special education teachers, social workers, school psychologists, and school administrators, that reviews the referrals and determines prereferral strategies, if appropriate. Prereferral interventions are then designed and instituted. If, after several prereferral interventions, the child or youth is still in need of further assistance in order to succeed in the classroom, an evaluation is conducted to determine eligibility for special education. A team may waive the prereferral requirements when it determines the student's need for an evaluation is

urgent. A school district must not allow prereferral interventions to deny a child with a disability the right to a special education evaluation.

Trends regarding the age of identification tend to vary according to disability category. For example, many of the low incidence disabilities such as deaf/hard of hearing or blind are due to medical or health related conditions and are more readily identified at a very young age. Learning disabilities and emotional behavioral disorders are developmental in nature and may not emerge until later in the school years. Many school districts analyze their child find data (i.e., referral and assessment data) to determine the effectiveness of their local child find process. This data is not submitted to the state.

Child Find Work Group

Two work groups were established in order to address child find issues from birth through 21. First, an Interagency Birth through Five Child Find Work Group (B-5 CFWG) was established in August 2002 to address OSEP's concerns regarding the effectiveness of Minnesota's Part C child find efforts. During the fall of 2002, a draft child find plan was developed that focused on young children birth through five years old. This draft was presented to both the Governor's Interagency Coordinating Council for Early Childhood Intervention (ICC) and the State Special Education Advisory Council (SEAC) for their input. After incorporating the recommendations from both of these groups, the draft plan was then given to the Continuous Improvement Steering Committee's Six through Twenty-one Child Find Work Group (6-21 CFWG) to continue working on building a framework for a coordinated, interagency child find system up through age twenty-one. Members of each work group are indicated below.

WORK GROUP MEMBERS

Birth through Five Child Find Work Group

- Lisa Backer, *Special Education Policy Unit, MDE**
- Sue Benolken, *Child Development, Minnesota Department of Human Services**
- Michael Eastman, *Special Education Policy Unit, MDE*
- Joann Cardenas Enos, *Child Development, Minnesota Department of Human Services**
- Lola Jahnke, *Minnesota Children with Special Health Needs, Minnesota Department of Health*
- Eric Kloos, *Special Education Policy Unit, MDE*
- Debbykay Peterson, *Early Learning Services, MDE**
- Jan Rubenstein, *Special Education Policy Unit, MDE**
- Marty Smith, *Special Education Policy Unit, MDE**
- Sarah Thorson, *CISC, Minnesota Children with Special Health Needs, Minnesota Department of Health, Governor's Interagency Coordinating Council on Early Childhood Intervention (ICC)* *
- Robyn Widley, *Special Education Policy Unit, MDE**

Six through Twenty-one Child Find Work Group

- Bryon Bland, *CISC, Special Education Advisory Council (SEAC)*
- Paul Eastwold, *Minnesota Department of Corrections*
- Jesús Villaseñor, *CISC, Pacer Center*
- Cindy Shevlin-Woodcock, *Special Education Policy Unit, MDE*

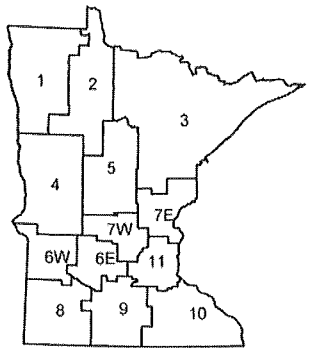
- Tom Delaney, *Special Education Policy, MDE*
- Veneta Lykken, *CISC, Governor's Interagency Coordinating Council for Early Childhood Intervention (ICC), parent*
- Lochlan Stuart, *Special Education Compliance and Assistance*
- Brenda Pautsch, *CISC, Minnesota Department of Corrections*
- Wes Mattsfield, *CISC, Governor's Interagency Coordinating Council for Early Childhood Intervention (ICC), parent*

* Indicates members who participated in both work groups.

Data Sources

Data sources for child find include state data collection systems at the Department of Education (MARSS, EDRS, and data from Early Childhood Screening which is not part of the aforementioned data collection systems), the Department of Health (Follow Along Program), as well as demographic data sources such as census information, county profiles, and the Minnesota KIDS Initiative. However, there are problems integrating the disparate databases. Census data follows county and city boundaries whereas school databases do not. The closest approximation for extracting meaning comes when the data are analyzed by region. The state's Economic Development Regions (see Figure 1) allow for aggregate and summary data by region across agencies and programs.

Figure 1: Minnesota's Economic Development Regions



Causes and Barriers

National Perspective

CAUSES AND BARRIERS

Previously, each state's child find performance under Part C was determined by the number of eligible children in the December child count. The number of eligible children in Minnesota with an IFSP on December 1st of each year increased from 2,312 in 1993 to 3,267 in 2002. However, in recognition of the work conducted by OSEP with regard to establish focused-monitoring indicators and benchmarks, performance criteria have undergone a considerable change. Based on the indicators and benchmarks outlined in *Focused Monitoring: A Model for the Present* (2002), the focused monitoring criteria developed by OSEP are shown in Table 1.

Table 1: OSEP Focused Monitoring Indicators and Benchmarks for Child Find

IDEA Part	Indicator	Benchmark
Part C	Percentage of infants, birth to one year of age, with IFSPs.	At least 1% of all infants, ages birth to one year, will have IFSPs.
	Percentage of infants and toddlers, ages birth to three years, with IFSPs.	At least 2% of all infants and toddlers, ages birth to three years, will have IFSPs (excluding infants and toddlers who are at risk for developmental delays under state eligibility criteria).
	Percentage of the total eligible population with an IFSP, disaggregated by race and ethnicity (excluding infants and toddlers who are at risk for developmental delays under state eligibility criteria).	The percentage of infants and toddlers, age birth to three years with IFSPs, disaggregated by race and ethnicity, is proportional to the general population (OSEP has deferred the use of this benchmark).
Part B	Average age of initial identification by disability.	None at the present time. (Deferred for further study)
	Percentage of disproportionate representation with respect to the state's overall representation of students in special education and in each eligibility category by race/ethnicity, gender, and limited English proficiency (LEP).	Not more than plus or minus 20% variance from the state's own identification rate across racial/ethnic groups.

Minnesota Perspective

Minnesota falls below the recommended Part C benchmarks that are presently used for child find. The percent of infants under age one on an IFSP is 0.7% based on the December 1, 2002 child count information. Similarly infants and toddlers, ages birth to two on IFSPs constitute 1.67% of the total population. However, there are difficulties with strict interpretation of these numbers. For example, the OSEP indicator for child find allows for the inclusion of children at risk for developmental delay if the state has established that within its eligible population. In 1988, Minnesota established a birth mandate for special education services for children. The eligibility criteria for special education services for very young children, ages birth through age 2, established under this mandate requires evidence of a significant developmental delay. As a result, infants and toddlers identified as being at risk for developmental delay are not eligible for Part C or special education services.

Although the state as a whole falls below the OSEP benchmarks, regional differences in performance have been identified. One region, in particular, stands out as "exemplary" in meeting the OSEP benchmarks. It is anticipated that this region could serve as a model for other regions of the state in need of improvement.

Currently, data are not available regarding the third OSEP Part C benchmark that compares race and ethnicity of those served under Part C to the general population. Minnesota does not have data regarding the racial or ethnic characteristics of the total population of young children under school age other than census data.

Table 2: Ethnic/Racial Representation of Children on an IFSP (Ages Birth-2)*

	American Indian		Asian		Black		Hispanic		White		
Age	N	%	N	%	N	%	N	%	N	%	Total
< One	7	1.5	8	1.7	40	8.6	33	7.2	371	81.0	459
One	20	2.2	28	3.1	71	7.8	48	5.3	744	81.6	911
Two	35	1.8	49	2.6	149	7.8	90	4.7	1,585	83.1	1,908
Total	62	1.9	85	2.6	260	7.9	171	5.2	2,700	82.4	3,278

*The percentages given in this table are based on young children, ages birth to three, who were receiving services on an IFSP on December 1, 2002. Data regarding the total population for this age group is not available since census data uses different racial/ethnic categories.

Table 3: Ethnic/Racial Representation of Children in Special Education (Ages 3-5)

	American Indian		Asian		Black		Hispanic		White		
Age	N	%	N	%	N	%	N	%	N	%	Total
Three	74	2.5	74	2.5	204	6.8	139	4.7	2,507	83.5	2,998
Four	118	2.7	87	2.0	288	6.7	185	4.4	3,618	84.2	4,296
Five	131	2.6	130	2.6	419	8.3	242	4.8	4,154	81.7	5,076
Total	323	2.6	291	2.4	911	7.3	566	4.6	10,279	83.1	12,370

* The percentages given in this table are based on three to five year olds who are currently served in Special Education. Data regarding the total population for this age group is not available since census data uses different racial/ethnic categories than school data.

However, making comparisons using census data is problematic since the categories used to determine race and ethnicity are different from those in state education databases. Table 2 shows the percentages of children, ages birth to two with IFSPs according to race and ethnicity. Table 3 shows similar information of children ages three to five in special education programs within the context of Part B program. Currently, Minnesota serves about 6% of the three to five year old population under Part B. In all cases, the percentages shown in the tables are based on the total served in special education programs for these age groups.

Table 4 shows data regarding the ethnic and racial representation of the school-aged population of children and youth in statewide special education programs, kindergarten through age 21 (i.e., K-12 enrollment). Minnesota currently serves

Table 4: Ethnic/Racial Representation of Children and Youth in Special Education (Kindergarten through Age 21)*

	American Indian		Asian		Black		Hispanic		White		
	N	%	N	%	N	%	N	%	N	%	Total
Total K-12 Enrollment	17,144	2.01	44,271	5.20	59,924	7.04	31,931	3.75	697,967	81.99	851,237
Total K-12 on IEPs	3,459	3.32	3,611	3.46	9,958	9.55	3,672	3.52	83,601	80.15	104,301

* The percentages given in this table are based on total public school enrollment for children and youth, kindergarten through age twenty-one for the 2001-02 school year.

about 10-12% of the total kindergarten to age 21 population. For comparison purposes, the racial and ethnic breakdowns of the total enrollment (kindergarten through age 21) are also shown in Table 4. The state is currently working to establish a system to analyze and integrate relevant data regarding race/ethnicity, gender and Limited English Proficiency (LEP) status. Compliance monitoring child find-related citations from 1999 through 2003 indicate that child find procedures under Part B are seldom cited. For example, a total of five citations were reported in the area of "child find," while three were reported in the area of "referral." No citations were reported in the area of "procedures for identification and location."

In recent years, Minnesota has seen dramatic changes in the demographic composition of its population with many immigrants from Southeast Asia, Northern Africa, the Middle East, Eastern Europe, and Latin America. The challenges presented by the influx of immigrants with diverse languages and cultures, as well as an increase in the number of foreign adoptions, have been felt throughout the state. Child find systems in Minnesota need to be sufficiently comprehensive in their inclusion of immigrant children and children adopted from foreign nations. Screening procedures and tools, as well as pre-referral interventions, should be free of bias. Feedback obtained by local communities (IEICs), particularly from the *IEIC Self-Assessment* conducted during FY 2002 indicated a desire for the State to assume greater responsibility in developing child find materials for local use that are culturally and/or linguistically appropriate for Minnesota's changing populations.

The State has developed new resources in the past several years. *Reducing Bias in Special Education Assessment for American Indian and African American Students* and *Talk with Me* are two examples of manuals that have been developed to assist in assessing culturally diverse populations, including children who do not speak English as their native language. In addition, the *Early Childhood Screening (ECS)* parent outreach brochure has been translated into ten languages other than English and is posted on the Minnesota Department of Education's website in all eleven language formats.

Families with limited English proficiency can use the Minnesota Department of Human Services (DHS) multilingual telephone referral number to access Early Childhood Screening in their communities. This effort is a result of a partnership between the Minnesota Department of Education's (MDE) Early Childhood Screening Program and DHS's Child Care Resource & Referral Program and Child Care Assistance. The DHS multilingual telephone operates in 10 languages - Arabic, Hmong, Khmer (Cambodian), Laotian, Oromo, Russian, Serbo-Croation (Bosnian), Somali, Spanish, and Vietnamese. People who speak little or no English can reach someone who speaks their language and be referred to the appropriate screening contact in the school district.

Currently, the state is seeking ways to address the issue of child find in a variety of educational venues. For example, child find strategies need to be put into place to ensure the inclusion of children attending private schools and charter schools, children who are home schooled, and those in juvenile justice facilities. In 2003, the Minnesota Legislature created a statute that requires mental health screenings to be conducted for children and youth in child protection, foster care, and corrections placements. Results from this screening initiative should positively impact interagency child find activities for children and youth with disabilities in Minnesota. However, despite efforts to address child find issues within the state, a number of challenges remain. One such challenge is that of meeting the needs of children from highly mobile families, including children from undocumented families. In many cases, these children often do not reside long enough in one location for the system to refer, identify, and provide them with needed special education programs and services. The policy implications of identifying these children and the subsequent risks or consequences to their families must be addressed in order to design a system to meet their needs.

Planning Goal I: Minnesota's statewide comprehensive, coordinated child find system ensures that eligible children and youth (age birth through twenty one) with disabilities and their families are identified, evaluated and referred for appropriate services under IDEA, Parts B & C and M.S. 125A.023.9/1/2003.

PLANNING GOAL

This planning goal addresses the entire interagency system of child find for children and youth, ages birth through twenty-one. Specific outcomes include coordinating across all agencies, including tribes and tribal organizations; conducting child find activities in ways that are culturally appropriate in order to ensure proportional representation of Minnesota's diverse communities; and ensuring that all eligible children and youth are identified, evaluated, and referred for services. Partnering agencies and primary referral sources differ by age of the child or youth, and the strategies reflect those differences.

As reflected in its self-improvement planning efforts, Minnesota is in the process of developing and implementing strategies to reinforce the child find system to meet the needs of all children and youth. Current self-improvement efforts also demonstrate the range of policies and procedures needed to ensure that data collection activities are put in place to accurately assess child find in both public and non-public settings.

References

Office of Special Education Programs (2002). *Focused monitoring: A model for the present.* Washington, D.C.: U.S. Department of Education.

Self-Improvement Priority 3—Child Find

To improve the identification process so that services will be provided as soon as the child has an identified disability that will impact their educational performance

PLANNING GOAL 1: Minnesota's statewide comprehensive, coordinated child find system ensures that eligible children and youth (age birth through twenty one) with disabilities and their families are identified, evaluated and referred for appropriate services under IDEA, Parts B & C and M.S. 125A.023.9/4/2003.

Desired Outcomes	Evidence	Data	Strategies	Source*
1.1 The child find system is coordinated across all relevant agencies.	a. State and local interagency Part C and MnSIC Governance Agreements articulate the child find system.	☑ Yes ☐ No	a. All relevant state agencies have input into the development of a comprehensive, coordinated child find system.	B-5 CFWG
	b. There is an increased number of IEICs demonstrating the existence and status of interagency, population-based, comprehensive and coordinated child find activities.	☐ Yes ☑ No	b. State agencies exchange information regarding the availability of data that could be integrated into current collection and analysis efforts to track child find efforts in Minnesota.	B-5 CFWG
	c. There are models of successful child find available to assist areas needing improvement.	☑ Yes ☐ No	c. State agencies develop protocol and provide training for local data collection and reporting on child find activities.	B-5 CFWG, ICC, SIG, SI
	d. Child find procedures are established for settings other than traditional school sites.	☑ Yes ☐ No	d. Develop and disseminate policy and procedure manuals to guide local child find efforts, including local interagency agreements	B-5 CFWG, ICC
	e. Child find procedures are established to link Part C efforts with tribes and tribal organizations.	☑ Yes ☐ No	e. Use data trends from new and existing systems to inform state and local child find efforts including tracking information from the Follow Along Program and Parts B and C child count by age.	B-5 CFWG, CISC
			f. Establish and maintain linkages between state and federal programs related to child find (e.g., SSI, early childhood screening, child & teen checkups/EPSDT, WIC, home visiting, Comprehensive Children's Mental Health Act, Corrections—see *Mental Health* Self-Improvement Plan, Outcome 1.1).	ICC, B-5 CFWG
			g. Develop and implement child find procedures for youth in state correctional facilities.	6-12 CFWG
			h. Develop and disseminate interagency child find procedures in response to risk factors such as high risk births, high mobility, truancy, repeated discipline problems, placement in foster care, involvement with Child Protection or involvement in juvenile justice system (see *Mental Health* Self-Improvement Plan, Outcome 1.1).	6-12 CFWG
			i. An ongoing, comprehensive marketing campaign is established at the state level and implemented at the local level for child find.	B-5 CFWG
			j. Provide outreach, training and information dissemination as needed to strengthen all components of child find, ages birth through twenty one, including materials targeted for primary referral sources.	B-5 CFWG, ICC

*** Source Codes** ATWG=Assistive Technology Work Group; B-5 CFWG=B-5 Child Find Work Group; CISC=Minnesota's Continuous Improvement Steering Committee; GDWG=Geographical Differences Work Group; ICC=Governor's Interagency Coordinating Council on Early Childhood Education; IDEA=IDEA/OSEP Priority; IWG=Inclusion Work Group; MDE=MDE Priority; MHLC=Mental Health Leadership Committee; SEAC=Minnesota Special Education Advisory Council; SI=Self-Improvement Grant; 6-21 CFWG=6-12 Child Find Work Group; SA=Minnesota's Self-Assessment; SIG=State Improvement Grant; SATLT=State AT Leadership Team

Self-Improvement Priority 3: Child Find

To improve the identification process so that services will be provided as soon as the child has an identified disability that will impact their educational performance

Desired Outcomes	Evidence	Data	Strategies	Source*
			k. Provide special education information for families with children and youth in non-public school settings (including public school dropouts and American Indians residing on reservations who receive education services from BIA-funded schools).	6-21 CFWG
			l. Identify areas of the state that are successfully reaching families in order to provide models of child find to areas that need assistance.	ICC
			m. As part of the Workforce Self-Improvement Plan, link with higher education around child find issues that should be included in pre-service training programs and continuing education such as awareness of resources, referral points, pre-referral interventions and evaluation strategies.	ICC
			n. Develop and implement child find procedures in settings other than traditional school sites (e.g., charter schools, alternative learning centers, private schools including home schools, care & treatment facilities, correctional, and juvenile detention sites—see *Mental Health* Self-Improvement Plan, Outcome 1.1).	6-21 CFWG
			o. Develop child find procedures that establish ongoing linkages between Part C and tribes and tribal organizations.	IDEA
1.2 Culturally relevant strategies and materials are available for educators and families in order to promote access to the child find system.	a. The percentage of the total eligible population (ages birth to three) with an IFSP/IIIP, disaggregated by race and ethnicity, is proportional to the general state population of children. (OSEP Part C cluster)	☑ Yes ☐ No	a. Examine current data and define under- and over-identified populations within disability categories and across specific regions of the state.	SI
	b. The percentage of disproportionate representation decreases with respect to the state's overall representation of students in special education and in each eligibility category by race/ethnicity, gender and limited English proficiency (LEP) status. (OSEP Part B indicator)	☑ Yes ☐ No	b. Identify and implement ethnically and linguistically appropriate child find practices at the state and local levels (i.e., *Talk to Me, Reducing Bias* manual).	B-5 CFWG
			c. Conduct a statewide public awareness campaign and provide informational materials and training in partnership with other agencies for families about referral and identification services in a variety of formats, languages, and locations targeting multicultural populations and under-represented groups. (OSEP-Part C cluster areas and indicators.)	ICC, B-5 CFWG
			d. Determine whether evaluation procedures used in eligibility determinations for Special Education are culturally biased and result in either over- or under-identification of children and youth from culturally, ethnically and/or linguistically diverse groups.	ICC, B-5 CFWG

* **Source Codes** ATWG=Assistive Technology Work Group; B-5 CFWG=B-5 Child Find Work Group; CISC=Minnesota's Continuous Improvement Steering Committee; GDWG=Geographical Differences Work Group; ICC=Governor's Interagency Coordinating Council on Early Childhood Education; IDEA=IDEA/OSEP Priority; IWG=Inclusion Work Group; MDE=MDE Priority; MHLC=Mental Health Leadership Committee; SEAC=Minnesota Special Education Advisory Council; SI=Self-Improvement Grant; 6-21 CFWG=6-12 Child Find Work Group; SA=Minnesota's Self-Assessment; SIG=State Improvement Grant; SATLT=State AT Leadership Team

Self-Improvement Priority 3: Child Find

To improve the identification process so that services will be provided as soon as the child has an identified disability that will impact their educational performance

Desired Outcomes	Evidence	Data	Strategies	Source*
			e. Recommend that the local MnCIMP: Self Review incorporate issues related to child find including disproportionality, eligibility and referral patterns and interagency service availability.	6-21 CFWG
			f. Develop guidance materials for child find practices to address the needs of diverse populations including pre-referral procedures when working with children with Limited English Proficiency (LEP) and children from cross-cultural adoptions (see *Diversity* Self-Improvement Plan, Outcome 2.5 and *Family Involvement* Self-Improvement Plan, Outcome 1.2)	6-21 CFWG, DSIP, FISIP
			g. In collaboration with efforts under the Diversity Self-Improvement Plan, clarify legal requirements for schools and other agencies regarding child find for children from undocumented families.	6-21 CFWG
1.3 All eligible children and youth, ages birth through twenty one, are identified, evaluated and referred for services. (Parts B and C)	a. At least 1% of all infants, ages birth to one year, will have IFSPs (OSEP-Part C benchmark).	☑ Yes ☐ No	a. Provide training for LEAs on the interpretation of the eligibility criteria in order to ensure all eligible children and youth and their families receive services at the earliest possible time with particular focus on autism, deaf/hard of hearing and emotional or behavioral disorders.	ICC, B-5 CFWG
	b. At least 2% of infants and toddlers, age birth to three have IFSPs including service coordination. (OSEP-Part C benchmark)	☑ Yes ☐ No	b. Communicate local referral processes to all potential primary referral sources.	B-5 CFWG
	c. The percent of children completing early childhood health and developmental screening by age four increases.	☑ Yes ☐ No	c. Establish baseline data regarding the initial age of identification according to disability, gender, race/ethnicity, and LEP.	CISC, SA, 6-21 CFWG
	d The average age of initial identification by disability categories (birth through 21) for Special Education decreases when appropriate. (modified Part B indicator)	☐ Yes ☑ No	d. Analyze data within disability categories and program sites to identify trends in the relationship between identification, eligibility and service provision.	ICC, B-5 CFWG
			e. Implement child find initiatives that focus on identification of low incidence disabilities such as Early Hearing Detection and the First Signs Project (autism) throughout the state.	6-21 CFWG
			f. Disseminate mental health screening tools that can be used when appropriate (see *Mental Health* Self-Improvement Plan, Outcome 1.1).	6-21 CFWG
			g. Recommend that the local MnCIMP:SR include an option for districts to evaluate their child find processes including tracking of pre-referrals and subsequent eligibility for Special Education.	CISC

*** Source Codes** ATWG=Assistive Technology Work Group; B-5 CFWG=B-5 Child Find Work Group; CISC=Minnesota's Continuous Improvement Steering Committee; GDWG=Geographical Differences Work Group; ICC=Governor's Interagency Coordinating Council on Early Childhood Education; IDEA=IDEA/OSEP Priority; IWG=Inclusion Work Group; MDE=MDE Priority; MHLC=Mental Health Leadership Committee; SEAC=Minnesota Special Education Advisory Council; SI=Self-Improvement Grant; 6-21 CFWG=6-12 Child Find Work Group; SA=Minnesota's Self-Assessment; SIG=State Improvement Grant; SATLT=State AT Leadership Team

Assistive Technology

To enhance the effective and efficient use of universally designed learning materials and assistive technology for children and youth with disabilities and their families

INTRODUCTION

The Individuals with Disabilities Education Act (IDEA), as reauthorized in 1997, calls for the consideration of assistive technology (AT) by every child's individual education planning team (34 C.F.R. §300.346). As a result, consideration for AT is required for all children and youth with disabilities when developing their Individual Education Plan (IEP), Interagency Family Service Plan (IFSP), or Individual Interagency Intervention Plan (IIIP). IDEA stipulates that schools or education agencies must provide for the provision of AT devices and services as deemed necessary to ensure that children and youth with disabilities are provided a free, appropriate public education (FAPE). Assistive technology is defined in IDEA as both a "device" and a "service." A "device" refers to an actual product or mechanism that increases, maintains, or supports the independence of a child with a disability, whether designed specifically for an individual, modified, or purchased "off the shelf" (34 C.F.R. §300.5). On the other hand, a "service" refers to any services necessary to support the selection, acquisition or use of an AT device (34 C.F.R. §300.6).

The field of AT has been increasingly expanding within the last decade, driven by rapid changes in electronic and rehabilitation technologies. While nearly an unknown field fifteen years ago, assistive technologies are now considered to be an essential component of standard educational practice, reinforced by the requirements of federal and state laws and rules. However, despite the rapid change which has occurred in this field, a number of problems persist. For example, there is no "universal list" of preferred AT devices, nor are there specific criteria established to define AT competencies. Also, in many cases, educators and parents lack ready access to information on AT devices, leaving critical decisions to be made by others who may lack a comprehensive understanding of the student's educational needs. Currently, the processes and procedures used to consider and make decisions about AT for children and youth with disabilities are not monitored by any organization which has regulatory and enforcement responsibilities.

As a result of *Minnesota's Self-Assessment Process: Goals and Indicators System for Children with Disabilities, Birth to 21, and their Families* conducted by the Special Education Policy Unit of the Minnesota Department of Education (MDE) in 2000, the following objective was identified as part of statewide self-improvement efforts: "To enhance the effective and efficient statewide use of assistive technology for students and educational technology for students and staff." At that time, concern was expressed among members of Minnesota's Continuous Improvement Steering

Committee that there was "insufficient data" to determine how effectively schools within the state were providing AT services. Committee members also expressed a particular concern regarding the level of knowledge and skills that existed among special educators to meet the federal requirements. In response to these concerns, three specific recommendations arose as part of the state's self-assessment: (1) the need to implement staff AT development activities, (2) the need to assess AT practices in local education agencies, and (3) the need to engage a wider range of stakeholders to establish a framework of AT practices in Minnesota. The current self-improvement plan focuses on Minnesota's efforts to ensure that the AT requirements of IDEA are implemented according to state and federal policies.

Assistive Technology Work Group

To assist with the task of developing self-improvement strategies to ensure that children and youth are provided access to appropriate AT devices and services as required by IDEA, an Assistive Technology Work Group was formed. In response to the recommendation made by Minnesota's Continuous Improvement Steering Committee during the state's self-assessment process, work group participation was sought from individuals who represented multiple and diverse viewpoints. Work group membership included specialists in the field of AT as well as a parent of a student with disabilities and those representing state advocacy organizations. Members of the Assistive Technology Work group included:

WORK GROUP MEMBERS

- Brenda Ackerson, *State AT Leadership Team Member*
- Patricia Bahr, *State AT Leadership Team Member*
- Joan Breslin Larson, *Special Education Policy Unit, MDE*
- Emily Knight, *Special Education Policy Unit, MDE*
- Veneta Lykken, *Parent, ICC Member, CISC*
- Janet Peters, *Pacer Simon Technology Center, State AT Leadership Team Member*
- Michael Sharpe, *Institute on Community Integration, University of Minnesota, Continuous Improvement Steering Committee Member*
- Marty Smith, *Special Education Policy Unit, MDE*
- Camille Sterner Sampers, *Special Education Policy Unit, MDE*

Data Sources

Data sources used in the development of the AT self-improvement plan include information obtained from *Minnesota's Self-Assessment for Children and Youth with Disabilities, Birth to 21*, preliminary data collected from the *Assistive Technology Survey* administered to educators and administrators in Minnesota, the results of a statewide focus group of AT practitioners, a directed discussion session by the State AT Leadership Team, and from data made available from the PACER Simon Technology Center which tracks requests for technical assistance to their information and referral service. All of these data sources were used to identify the outcomes and strategies included in the AT self-improvement plan.

Causes and Barriers

In reviewing data obtained through the self-assessment process and other sources of information (e.g., State AT Leadership Team), multiple themes emerged applicable to both national and statewide AT efforts. An overarching theme revolved around the issue of how to provide children and youth with disabilities increased access to the curriculum through the effective use of AT devices and services. To accomplish this task, the work group concluded that there was a significant need to increase awareness of the availability of various AT among special educators and to provide the training necessary to provide educational professionals with the competencies for the effective use of AT devices and services.

National Perspective

Due largely to the emerging nature of assistive technology, little is currently known regarding the extent to which it is utilized in the field of special education—including its overall efficacy. Nevertheless, anecdotal reports abound, representing viewpoints that range from depicting AT as the universal "answer," to those who suggest AT is of only limited value—even a burden on already limited educational resources. More likely, the reality of how useful AT is probably lies somewhere in the middle of these two extremes. Diane Golden (2002), Executive Director of the Missouri Assistive Technology Project and author of *Assistive Technology in Special Education Policy and Practice* estimates that *every* student in disability categories of vision, hearing, deaf-blind, physical, and multiple disabilities will need AT. Golden further suggests that anywhere from 50 to 75 percent of children and youth with traumatic brain injury and autism will need AT. However, in other disability categories, it is suggested that perhaps only 10 to 35 percent of children and youth will need AT. While these estimates probably more accurately reflect current use, no definitive evidence on a national scale exists at this time that shows how frequently AT is being used and how effective it has been in improving the performance of children and youth with disabilities.

Despite attempts to monitor the use of assistive technology in several states, a comprehensive picture of AT remains incomplete. Potential reasons for this include:

- Schools may not recognize all the items and services that fall under the definition of AT devices and services and may not be taking credit for them.
- Accurate data must be provided to a data collection source.
- Data collection may not include devices which belong to a student as well as that provided by a school system.

Another theme that emerged as a result of the efforts of the Assistive Technology Work Group was the concept of incorporating the principles of universal design for learning (UDL) in assistive technology. The central premise of UDL is that a

curriculum should include alternatives to make it accessible and appropriate for individuals with different backgrounds, learning styles, abilities, and disabilities in widely varied learning contexts. In a universally designed environment, adaptability is subtle and integrated into the design. A key concept of UDL is that designing for the divergent needs of special populations also increases usability for everyone. It is worthwhile to note, however, the term "universal" in UDL does not imply one optimal solution for everyone. Rather, it reflects an awareness of the unique nature of each student, thus creating a learning experience that suits the individual and maximizes his or her ability to progress. (Center for Applied Special Technology, 2002).

It is anticipated that through universally designed learning environments, the use of AT would likely decrease as a result of the reduced need to "retrofit" an entire learning environment or instructional materials for the student with disabilities. However, to achieve the goal of providing access to universally designed learning environments calls for a significant paradigm shift on multiple levels of the educational system, including the design and selection of curriculum materials, the manner in which technologies are accessed, the physical design of instructional settings, and the preparation of special educators to implement practices consistent with a UDL model. The Assistive Technology Act of 1998 (PL 105-394) addresses universal design through the following definition:

> *The term 'universal design' means a concept or philosophy for designing and delivering products and services that are usable by people with the widest possible range of functional capabilities, which include products and services that are directly usable (without requiring assistive technologies) and products and services that are made usable with assistive technologies.*

Despite the advances that would likely be realized by the implementation of universally designed learning environments, the need for AT will never be entirely eliminated. Given the unique and highly specialized needs of many children and youth with disabilities, there will always be a need to provide AT devices and services to meet their learning needs within the educational setting.

An additional national and state theme that reoccurred in Assistive Technology Work Group discussions was the importance of providing special education staff with the knowledge and skills necessary to meet the AT requirements of IDEA. Simply put, student access to appropriate assistive technology devices can only be provided when members of the planning team know how to: (1) consider and assess the AT needs of children and youth, (2) identify the range of AT devices and services available, (3) actually get the device "into the hands" of the student, and (4) evaluate the effectiveness in meeting instructional needs. To meet this goal, however, a commitment to the provision of quality AT services must be made at

all levels, from special education staff who deliver specialized services, to the administrators and other decision-makers who are responsible for providing children and youth with disabilities with an appropriate educational program.

State Perspective

Minnesota's State Improvement Grant (SIG) enhances staff development opportunities in assistive technology. The annual MDE sponsored conference on assistive technology, *Charting the Cs*, has attracted a wider range of attendees in recent years. Attendance at this conference has increased by over 300% in recent years, and attracts a broad base of attendees, including parents, district information technology staff and representatives from higher education. The *Up to the MN*AT Summer Institute* is an initiative started in 2001 that focuses on the acquisition of higher level AT skills and the formation of peer mentoring teams. Another significant achievement is the publication of the *Minnesota Assistive Technology Manual* that contains technical assistance for the consideration and evaluation of assistive technology.

Using current data systems in Minnesota, it is not possible to accurately monitor either the number of children and youth having access to AT to complete IEP/IFSP/IIIP goals, or the funding provided by schools to provide assistive technology devices or services. Currently, no coding system is in place to count the number of children and youth provided with AT, nor is there a required format to report the need for, or use of, assistive technology on student IEPs. As a result, it is difficult to ascertain how many children and youth are currently using AT, or the extent to which AT is being considered for children and youth with disabilities by planning teams.

Most importantly, however, little information exists regarding the role of assistive technologies in supporting student performance. For example, concerns have been expressed that children and youth with disabilities are unable to use various types of assistive technologies to complete the Basic Standards Test (BSTs) or Minnesota Comprehensive Tests (MCAs). Those knowledgeable in the field of AT believe that such technologies will allow children and youth with disabilities greater independence in completing various academic areas of these tests.

From a Minnesota perspective, current information is available which suggests that administrative support for AT is an area where statewide self-improvement efforts are needed. Similarly, self-improvement efforts also need to be focused in the consideration, evaluation, and documentation of necessary AT in the IEP planning process. Information to support these need areas was obtained through the results of a 2003 statewide *Assistive Technology Survey* that was developed by staff of the Special Education Policy Unit, in cooperation with the Institute on Community Integration (ICI) of the University of Minnesota. The *Assistive Technology Survey* was distributed to a stratified sample of special educators, administrators, related service providers, members of regional assistive technology networks and

members of Minnesota's AT Leadership Team. These last two groups served as an "expert panel" to calibrate how AT practice occurs in Minnesota schools.

The content of the survey was developed using a competencies-based matrix developed by a national group of AT practitioners, the Quality Indicators in Assistive Technology Consortium (QIAT—pronounced "Quiet"). An interesting finding that emerged from preliminary results of the survey was that "non-experts" in the field of special education actually indicated a higher level of proficiency in the delivery of AT services than did members of the expert panel. While it is difficult to precisely know why this discrepancy occurred, a possible explanation to account for at least some of this difference is that the "average" special educator or administrator may not be entirely aware of the broader implications of AT delivery. In other words, "not knowing what they need to know" to provide effective AT services. In contrast, an individual who is highly skilled in the consideration and use of AT may be more aware of what constitutes effective AT services and thus perhaps more sensitive with regard to identifying gaps in services and needs to meet federal requirements. For example, an important finding from the survey which seemed to support a general lack of knowledge about AT was observed in the number of respondents who indicated "Don't Know" about how a particular practice or quality indicator in relation to school, district, or cooperative policies. The range of responses which included "Don't Know" ranged from 0% to a high of 56%. In contrast, members of the expert panel had a much lower frequency of "Don't Know" responses. The final results from this survey will be used to assess the status of local practices within the state and eventually, to gauge national practice. Thus far, Minnesota is the first state to use the QIAT matrix to determine the nature and range of AT practices in its self-improvement efforts, so there is not comparable data from other states yet.

The lack of knowledge recognized by experts and non-experts alike suggests a need for continuing support and monitoring of AT practices through local continuous improvement efforts and compliance monitoring conducted by the Accountability and Compliance Unit of the Minnesota Department of Education. Based on the results of preliminary survey data, there are three areas in particular which need to be addressed: (1) consideration of AT, which includes how decisions are made regarding the need for AT devices and services, (2) documentation of AT, which includes how AT is written into IEPs to describe measurable and observable outcomes, and (3) administrative support for AT, which includes assurances that an education agency has a systematic procedure to evaluate the components of AT services to ensure accountability for individual progress.

Recent research indicates a significant need for enhanced access to assistive technology devices and services for youth at transition to postsecondary placements (Sharpe, 2003). Based on a sample of 139 individuals with disabilities who graduated from postsecondary institutions across the United States, most study participants (48%) indicated that they learned to use AT the postsecondary level, while

23% indicated that they first learned to use AT while in high school. Only 24% of the sample indicated they learned about how to use assistive technology at the pre-school, elementary, middle or junior high levels.

Based on statewide surveys and other data sources related to the issue of assistive technology, the following themes have emerged as need areas:

- A need for enhanced administrative support for assistive technology in special education, including increased financial support and providing additional staff to implement state and federal assistive technology requirements.
- A need for continuous information dissemination and training regarding assistive technology devices and services for parents, educators, and related service providers.
- A need for access to materials and environments that support a universal design for learning (UDL), including the need to develop a stronger collaborative relationship with general education.
- A need to ensure families that their child is being provided with AT devices and services from practitioners who are skilled in the field.
- A need to collect and report data regarding student use and achievement with assistive technology, including the need for children and youth to use AT devices in completing statewide comprehensive assessments.
- A need for making available AT devices for short-term usage and evaluation purposes.

Strengths in AT services statewide were identified as:

- Access to a process for AT consideration and evaluation, found in the *Minnesota Assistive Technology Manual*, published in 2000 and revised in 2003.
- Enhanced networking opportunities among practitioners, through the State AT Leadership Team and mentoring teams formed at the *Up to the MN*AT Summer Institute.*
- Enhanced, high quality staff development opportunities, including face-to-face and distance learning strategies, including *Charting the Cs* and the *Up to the MN*AT Summer Institute.*
- Support from state special education leadership for work in AT.
- An expression of vision and commitment from the statewide AT Leadership Team.

PLANNING GOAL

Planning Goal I: Enhance the effective and efficient use of universally designed learning materials and assistive technology for children and youth with disabilities and their families.

The purpose of Planning Goal 1 is to identify and implement strategies that will achieve the following outcomes: (1) to ensure that children and youth with disabilities have access to the general curriculum through components of universal design for learning, (2) to increase equitable access for children and youth with disabilities to assistive technology services and devices, (3) to improve skills of education professionals to provide assistive technology services, (4) to increase awareness and knowledge among parents and interagency partners of the availability and use of AT devices, and (5) to ensure that districts are in compliance with IDEA regarding assistive technology.

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Self-Improvement Priority 4—Assistive Technology

To enhance the effective and efficient use of universally designed learning materials and assistive technology for children and youth with disabilities and their families

PLANNING GOAL 1: Enhance the effective and efficient use of universally designed learning materials and assistive technology for children and youth with disabilities and their families.

Desired Outcomes	Evidence	Data	Strategies	Source*
1.1 Children and youth with disabilities have access to the general curriculum through components of universal design for learning.	a. Increase access to accessible instructional materials	☑ Yes ☐ No	a. Study and develop policy changes needed to support the concept of universal design for learning, particularly as it relates to curriculum materials.	ATWG
	b Increase number of media specialists, administrators and general educators participating in training regarding universal design.	☐ Yes ☑ No	b. Provide training in multiple and accessible formats to administrators, parents, media, and information technology specialists on the concepts of universal design.	ATWG
	c. Determine efficacy of universally designed learning (UDL) based on grant dollars/demonstration site.	☐ Yes ☑ No	c. Collaborate with information technology specialists at Minnesota Department of Education to incorporate universal design into school technology planning guide for use by districts and public libraries.	ATWG
	d. There will be an increase in progress in the general education curriculum performance, on statewide assessments and attainment of IEP/IIIP goals and objectives through use of UDL curriculum.	☐ Yes ☑ No	d. Collaborate with Title 1 to promote access to universally designed learning materials for students.	ATWG
			e. Secure grant dollars to provide incentives for a demonstration site to model the concepts of universal design for learning.	ATWG
			f. Provide incentives to media specialists to participate in training on accessible and assistive technologies.	ATWG
1.2 Increase equitable access for children and youth with disabilities to UDL materials and assistive technology services and devices (see *Educational Results* Self-Improvement Plan, Outcome 1.1).	a. Increase in usage of regional training kits through maintaining representational content, training curriculum and awareness activities.	☑ Yes ☐ No	a. Develop or maintain, implement and evaluate training on assistive technology products and services for education professionals, parents, and interagency partners through a combination of face-to-face and distance learning opportunities.	SIG
	b. Increase in availability and use of equipment for evaluation or other short term use	☑ Yes ☐ No	b. Monitor equipment available for short term use through regional training kits and other loan networks.	SEAC, ATWG
	c. Increase access to appropriate AT devices and services to children and youth with disabilities.	☐ Yes ☑ No	c. Provide grants to statewide equipment loan programs to obtain additional equipment for evaluation and/or short term use.	SEAC, ATWG
	d. Increase access to appropriate AT devices and services to youth in transition to post secondary settings.	☐ Yes ☑ No	d. Develop and implement mechanisms to determine the number of students with access to or potential need for AT by obtaining base rate data.	ATWG
	e. Develop strategies to support districts and regions in obtaining appropriate AT devices and services for children and youth with disabilities.	☐ Yes ☑ No	e. Study implications of and barriers to the use of AT in statewide assessments.	SATLT
			f. Develop resources to support access to appropriate AT devices and services to students in the transition process.	ATWG, SATLT
			g. Study the cost/benefit relationship of access	ATWG

*** Source Codes** ATWG=Assistive Technology Work Group; B-5 CFWG=B-5 Child Find Work Group; CISC=Minnesota's Continuous Improvement Steering Committee; GDWG=Geographical Differences Work Group; ICC=Governor's Interagency Coordinating Council on Early Childhood Education; IDEA=IDEA/OSEP Priority; IWG=Inclusion Work Group; MDE=MDE Priority; MHLC=Mental Health Leadership Committee; SEAC=Minnesota Special Education Advisory Council; SI=Self-Improvement Grant; 6-21 CFWG=6-12 Child Find Work Group; SA=Minnesota's Self-Assessment; SIG=State Improvement Grant; SATLT=State AT Leadership Team

Self-Improvement Priority 4: Assistive Technology

To enhance the effective and efficient use of universally designed learning materials and assistive technology for children and youth with disabilities and their families

Desired Outcomes	Evidence	Data	Strategies	Source*
			to assistive technology devices for children and youth with disabilities in educational settings.	
1.3 Improve skills of education professionals to provide assistive technology services (see *Workforce* Self-Improvement Plan, Outcome 3.3)	a. Increased awareness of UDL and assistive technology among special education staff, administrators, and parents measured by follow up survey using QIAT indicators.	☑ Yes ☐ No	a. Provide training to general and special education administrators in concepts of UDL and quality indicators in assistive technology, emphasizing staff responsibilities, alternate funding for AT, data-based decision making and process evaluation.	SEAC, SATLC
	b. AT certificate is in place.	☑ Yes ☐ No	b. Continue development of mentoring teams statewide for mutual support/training in AT topics.	SATLC
			c. Continue interagency collaborative activities regarding assistive technology.	ATWG, SATLT
			d. Collaborate with State AT Leadership Team and Institutes of Higher Education (IHEs) to identify competencies for assistive technology practitioners and provide certificate documenting competencies.	SEAC, ATWG
1.4 Increase awareness and knowledge among parents and interagency partners of the availability and use of AT devices.	a. Parents indicate satisfaction with access to assistive technology devices and services for their children with disabilities.	☐ Yes ☑ No	a. Provide training to parents and related agency partners regarding AT devices, services and other AT topics.	SEAC, SATLC, ATWG
	b. Information regarding AT is available to a range of interagency partners to assist parents in understanding the role of AT in special education.	☑ Yes ☐ No	b. Collaborate with related agency partners to provide information resources regarding AT devices, services and state, regional and local resources.	SEAC, ATWG
1.5 Districts are in compliance with Individuals with Disabilities Education Act (IDEA) regarding assistive technology.	a. Increase the percent of districts and trained district staff systematically conducting assistive technology evaluations.	☑ Yes ☐ No	a. Provide resources in evaluation of assistive technology to education professionals and parents through training on the AT Manual for Consideration and Evaluation of Assistive Technology.	SEAC, SATLC
	b. Monitors and special education policy staff collaborate on best practice in including AT in the IEP.	☐ Yes ☑ No	b. Collaborate with Division of Accountability and Compliance (DAC) to support districts in documenting AT in Individual Education Plans (IEPs).	ATWG
			c. Monitor complaints regarding AT issues referred to DAC.	ATWG
			d. Monitor self review process to assess current status in AT.	ATWG

*** Source Codes** ATWG=Assistive Technology Work Group; B-5 CFWG=B-5 Child Find Work Group; CISC=Minnesota's Continuous Improvement Steering Committee; GDWG=Geographical Differences Work Group; ICC=Governor's Interagency Coordinating Council on Early Childhood Education; IDEA=IDEA/OSEP Priority; IWG=Inclusion Work Group; MDE=MDE Priority; MHLC=Mental Health Leadership Committee; SEAC=Minnesota Special Education Advisory Council; SI=Self-Improvement Grant; 6-21 CFWG=6-12 Child Find Work Group; SA=Minnesota's Self-Assessment; SIG=State Improvement Grant; SATLT=State AT Leadership Team

Appendix A

A Proposal for the Organization of Future Planning Priorities for Minnesota's Continuous Improvement Steering Committee

Introduction

As a result of *Minnesota's Self-Assessment Process* (Phase I), 16 priorities were originally identified and assigned rankings in 2000. Five (5) of these priorities were addressed in the state's initial *Self-Improvement Plan* (Phase II). The remaining 11 priorities were reorganized for future self-improvement efforts for Phases III and IV. Because several priority areas were considered to closely related to one another, they have been synthesized and collapsed into seven general, but more comprehensive priorities. As such, Phase III addressed four priority areas (i.e., (1) Improving Educational Results for Children and Youth with Disabilities, (2) Family Involvement, and (3) Accountability and Compliance, while Phase IV, the current self-improvement effort, will be focused on the remaining four priority areas (i.e., (1) Inclusion, (2) Geographic Differences, (3) Child Find, and (4) Assistive Technology). The rationale for integrating objectives of each priority appears in the footnotes at the bottom of the page.

Improving Educational Results for Children and Youth with Disabilities

Objective 1.1 Improve the involvement rate and academic performance of children and youth on statewide assessments.

1.1 (a) Increase performance on MN Comprehensive Assessments.[1]

1.1 (b) Increase performance and pass rates on MN Basic Skills Test.[2]

1.1 (c) Increase performance on alternate assessments.[3]

1.1 (d) Maintain an exempt status rate of between 10-20% of children and youth with disabilities on statewide assessments.

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[1] Improvement in MCA scores has also been addressed in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.4, Evidence a.

[2] Improvement in performance on the Basic Skills Test has also been addressed in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.4, Evidence a.

[3] Improvement in performance on the Basic Skills Test has also been addressed in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.4, Evidence a.

Objective 1.3 Increase the effective participation of children and youth with disabilities through a continuum of educational and related services provided in Minnesota.

1.3 (a) Increase the percentage of children and youth participating in the general education curriculum with appropriate supports.[4]

1.3 (b) Increase the percentage of youth that graduate from high school.[5]

1.3 (c) Decrease the dropout rate of children and youth.[6]

1.3 (d) Increase the array of appropriate early intervention, special education and related services for children in charter schools, separate sites and community placements.

1.3 (e) Reduce the percentage of suspensions/expulsions for students with disabilities.[7]

1.3 (f) Increase the percentage of children exiting from special education to general education.

Objective 1.4 Improve goal attainment of children and youth with disabilities in cognitive, social, emotional and physical domains.

1.4 (a) Increase personal/social attribute ratings of students exiting special education.

1.4 (b) Increase the percentage of children and youth showing growth in their individual plan goals (three year monitoring longitudinal reviews).[8]

Accountability and Compliance

Objective 2.5 Implement a Continuous Improvement Monitoring Process (CIMP) designed to improve student learning, program effectiveness and self-monitoring in all local special education administrative units in the state.[9]

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[4] Service provision in the LRE has also been addressed in Self Improvement Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 1.7, Evidence b and Outcome 2.3, Evidence a; and in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.4, Evidence d.

[5] Improvement in high school graduation rates has also been addressed in Self Improvement Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 1.7, Evidence b and in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.4, Evidence a.

[6] A reduction in dropout rates has also been addressed in Self Improvement Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 1.7, Evidence b and in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.4, Evidence a.

[7] A reduction in expulsions and suspension rates has also been addressed in Self Improvement Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 1.7, Evidence b and in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.4, Evidence a.

[8] Improvement in goal attainment has also been addressed in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.4, Evidence b.

2.5 (a) Annually increase the number of administrative units that meet criteria for effective Continuous Improvement Monitoring Process (CIMP) planning.

2.5 (b) Increase the number of administrative units implementing Minnesota's Continuous Improvement Monitoring Process (CIMP).

Objective 3.1 Improve access and quality of due process options in district and interagency programs.

3.1 (a) Improve the resolution of complaints with 100% of the complaints resolved within the 60 day time limit.

3.1 (b) Increase the number of mediations requested by parents.

3.1 (c) Improve the efficiency of hearings.

3.1 (d) Improve the fairness and impartiality of hearings.

3.1 (e) Increase the consistency of hearing decisions relative to state policy and interpretations.

Objective 3.2 Increase compliance in district and interagency programs.[10]

3.2 (a) Decrease the overall frequency of citations.

3.2 (b) Decease in the frequency of citations in student eligibility by disability.

3.2 (c) Reduce to zero the number of districts and interagency programs that require more than one on-site follow-up to complete their corrective action plan.

3.2 (d) Increase the timely implementation of corrective action (made by DAC) in school districts, special education programs run by the Department of Corrections, treatment centers and other non-traditional programs.

3.2 (e) Ensure through monitoring and state oversight that programs provide, pay for and/or facilitate payment for early intervention services.

3.2 (f) Decrease the percentage of maltreatment reports that are unsubstantiated.

3.2 (g) Increase the percentage of districts demonstrating compliance related to Extended School Year Programs (ESY).

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[9] CIMP efforts are enhanced through the following aspects of previous Self Improvement Priorities: Priority 1, Improve the Ability of Children and Youth to Make Successful Transitions, under Outcome 1.1, Strategy a; Outcome 1.2, Strategy a; Outcome 2.1, Strategy e. Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 1.4, Strategy b; Outcome 1.7, Evidence a, Strategy a. Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.1, Evidence a and Outcome 2.5, Evidence a, Strategy g.

[10] Accountability and Compliance issues have been addressed in the following aspects of previous Self Improvement Priorities: Priority 1, Improve the Ability of Children and Youth to Make Successful Transitions, under Outcome 1.2, Strategy c; Outcome 3.2, Evidence b, Strategy c and Outcome 4.1, Strategy d. Priority 4, Improve Interagency Cooperation and Coordinated Service Delivery, under Outcome 1.2, Evidence h, Strategies f&g. Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.4, Evidence b, Strategy b and Outcome 2.5, Evidence a, Strategy f.

Family Involvement

Objective 2.9 Increase the information, knowledge and skills of parents/families to meet the needs of children and youth with disabilities.

2.9 (a) Increase parental awareness and understanding of rules, procedures and due process laws.[11]

2.9 (b) Increase parental participation in their child's education.[12]

2.9 (c) Increase parental satisfaction with child performance, service delivery systems and general compliance.[13]

Inclusion

Objective 2.1 To the maximum extent appropriate, increase the inclusion, with appropriate supports and modifications, of children and youth with disabilities from birth to 21 in settings in which they would have participated if they had no disabilities.

2.1 (a) Increase the percentage of infants and toddlers, ages birth to three, served in natural settings.

2.1 (b) Increase the percentage of children and youth, ages 3-21, served in general education settings and decrease the percentage of students served in special education settings.

2.1 (c) Increase the percentage of children and youth, ages 3-21, served in the same school buildings as their general education peers and decrease the percentage of children and youth served in special education settings in separate sites.

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[11] Increased parental knowledge and skills have also been addressed in Self Improvement Priority 1, Improve the Ability of Children and Youth to Make Successful Transitions, under Outcome 3.2, Evidence a, Strategies b & d; Self Improvement Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 1.1, Evidence a, Strategies a & b and Outcome 2.5, Strategy b; Self Improvement Priority 4, Improve Interagency Cooperation and Coordinated Service Delivery, under Outcome 2.1, Evidence d & e, Strategies f & g; and Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 1.2, Evidence a, Strategies a & b and Outcome 2.1, Evidence a, Strategies a, b & c and Outcome 2.2, Evidence b, Strategies a & b.

[12] Increased parental participation has also been addressed in Self Improvement Priority 1, Improve the Ability of Children and Youth to Make Successful Transitions, under Outcome 3.2, Evidence a, Strategies b & d; Self Improvement Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 1.1, Evidence a, Strategies a & b and Outcome 2.5, Strategy b; Self Improvement Priority 4, Improve Interagency Cooperation and Coordinated Service Delivery, under Outcome 2.1, Evidence d & e, Strategies f & g; and Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 1.2, Evidence a, Strategies a & b and Outcome 2.2, Evidence b, Strategies a & b.

[13] Increased parental satisfaction has also been addressed in Self Improvement Priority 1, Improve the Ability of Children and Youth to Make Successful Transitions, under Outcome 1.2, Strategy c and Outcome 3.1, Evidence b, Strategy b and Outcome 2.1, Evidence b, Strategy c and Outcome 2.5,Evidence a and Strategy c; Self Improvement Priority 4, Improve Interagency Cooperation and Coordinated Service Delivery, under Outcome 1.1, Strategy g and Outcome 1.2, Evidence e, Strategy e and Outcome 2.1, Evidence a, Strategy c; and Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 1.2, Evidence a, Strategies a & b and Outcome 2.2, Evidence a, Strategy c

Geographic Disparities

Objective 2.6 Reduce the geographic disparity in the provision of services to individuals regardless of disability.

2.6 (a) Maintain similar proportions of licensed staff to unduplicated child count for high incidence disabilities across geographic regions of the state.[14]

2.6 (b) Maintain similar proportions of licensed staff who work in licensed and unlicensed disability areas to unduplicated child count for low incidence disabilities across geographic regions of the state.[15]

Child Find

Objective 1.2 Improve the identification process so that services will be provided as soon as it is identified that the child has a disability which will impact his/her educational performance.

1.2 (a) Decrease the average age at which children and youth are referred and screened.

1.2 (b) Decrease the average age at which children and youth are served.

1.2 (c) Maintain a percentage of evaluations that determine appropriate early intervention services for infants, toddlers and their families at or above the national average.[16]

Assistive Technology

Objective 2.8 Enhance the effective and efficient use of assistive technology for students and educational technology for students and staff.

2.8 (a) Improve access to assistive technology services and devices.

2.8 (b) Increase the percent of districts and trained district staff systematically conducting assistive technology evaluations.

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[14] Increasing the number of special educators has also been addressed in Self Improvement Priority 2, Ensure a Sufficient Number of Qualified Professionals and Paraprofessionals under Outcome 1.1; Outcome 2.1, Evidence a & b, Strategies a-h; Outcome 3.5, Evidence a & b, Strategies a-c; and Outcome 4.1, Evidence a, Strategies a-d and Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 3.1, Evidence a, Strategies a&b; Outcome 3.2, Evidence a, Strategy a and Outcome 3.4, Evidence a, Strategies a&b. Increasing knowledge and skills of special education professionals has also been addressed in Self Improvement Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 1.1, Evidence a, Strategies a&b; Outcome 1.5, Evidence a, Strategy a; Outcome 2.4, Evidence a, Strategy c.

[15] . Increasing knowledge and skills of special education professionals in emerging areas has also been addressed in Self Improvement Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 3.3, Evidence a, Strategies a-c and with respect to the needs of diverse populations in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Outcome 2.5, Strategy h.

[16] Child Find activities have also been addressed in Self Improvement Priority 5, Reduce System Bias Related to the Needs of Diverse Populations, under Strategy b, Objective 2.5 and Self Improvement Priority 3, Improve Access to Mental Health Services Across Agencies, under Outcome 1.1, Evidence b.

2.8 (c) Increase performance of children and youth with disabilities on factors such as productivity, independence, participation, quality, quantity, speed and accuracy as a result of using assistive technology.

2.8 (d) Improve the ability of IEP/IFSP and collaborative service teams to make informed decisions through increased awareness, access, knowledge, training and skills on educational technology.