

Part one of a four-part series highlighting the prospects and challenges for residents to realize their full potential in the Granite State.



INSTITUTE ON DISABILITY / UCED
A University Center for Excellence in Disability

The Institute on Disability at the University of New Hampshire was established in 1987 to provide a coherent university-based focus to improve knowledge, policies, and practices related to the lives of persons with disabilities and their families and to promote the inclusion of people with disabilities into their schools and communities.

Questions/Comments:

Please Contact:

Dr. Peter Antal
Institute on Disability/UCED
Tel/TDD: 603.228.2084
Fax: 603.228.3270
peter.antal@unh.edu

www.iod.unh.edu

Guiding Questions

Are we providing children with the supports they need to succeed?

The extent to which our children and young adults receive a quality education should be of concern to all of New Hampshire. Research clearly documents the link between an individual's level of education and the ability to obtain employment with higher wages and better benefits, including adequate health insurance. Individuals who are well educated not only enjoy a higher quality of life, they also are more likely to be involved in and contribute to the well being of their communities.

The importance of receiving a quality education is especially critical for children with disabilities. Knowledge and skills acquired early in life can mean the difference between self-sufficiency and life long dependency. Individuals with disabilities who received an adequate and appropriate education need fewer and less expensive supports as adults; they are much more likely to be employed, contributing members of their communities, rather than dependent upon publicly funded supports and services.

The educational data reviewed by the New Hampshire Institute on Disability for this report includes: children receiving early intervention services, disparities among students receiving special education services, preparation of special education students as measured by state-wide assessments, and high school drop-out rates. In this brief we have sought to answer the following questions:

- ▶ How many children with developmental disabilities and their families are served through Part C of the Individuals with Disabilities Education Act of 2004 (IDEA)? What kinds of services do they receive?
- ▶ What benchmarks can be used to determine the effectiveness of transition plans for young children from early intervention to preschool or other community programs, and from preschool to kindergarten?
- ▶ How many children receive special education services? In the last five years, have there been changes in the numbers of special education students with specific disabilities?
- ▶ To what extent are New Hampshire communities consistent in their provision of special education services to children with various types of disabilities who live in different regions of the state?
- ▶ Compared to children without disabilities, how do children with disabilities fare on statewide assessments?
- ▶ How much more likely is a child with a disability to drop out of high school as compared to a child without a disability?

In addressing these questions, it is important to note that the data reviewed **do not offer a comprehensive assessment of any one agency or program providing services for the residents of New Hampshire**. In a time of increasing accountability at both the federal and state levels, agencies now are required to gather information in a wide number of areas. The data presented here represent only a small portion of what is available. It provides "snapshots" of key policy areas that shape the services and supports available for children and youth with disabilities across the state. It is our hope that this brief will be a starting point for future discussions, further research, and needed action by disability rights advocates, legislators, and the broader public to improve the quality of special education in our state.

Educational Supports for Children with Disabilities

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An Introduction to the *Access New Hampshire* Series...

Making New Hampshire an even better place to live is a goal that we all share. For this goal to become a reality depends, in part, on opportunities such as good education and access to jobs with adequate living wages. It also is dependent on helping our citizens, regardless of their age or abilities, to maintain good health and to ensure that they have full access to the supports they need to participate fully in their communities.

The *Access New Hampshire* Series provides an overview to help legislators, state and local agencies, and the broader public understand the extent to which New Hampshire enables all its residents—particularly those living with some form of a disability—to live and participate in their communities. By highlighting key issues - education, health care, employment, and community supports – we hope not only to raise awareness about the barriers confronting individuals with disabilities, but also to initiate a statewide conversation about how to work together to address these challenges. We hope that this series will offer a glimpse of what it means to live with a disability in New Hampshire and encourage continued research and action to ensure that all our residents are included as valued members of their communities.

The contents of this document were in part developed by grants from the U.S. Department of Health and Human Services, Administration on Developmental Disabilities (90DD0557/05), the New Hampshire Department of Education, Division of Instruction, and the New Hampshire Department of Health and Human Services, Bureau of Developmental Services (CAN 723). However, these contents do not necessarily represent the policies or the endorsement of the federal government or the New Hampshire state government.

The Challenge

Service providers in New Hampshire use a broad array of criteria to determine who does or does not qualify for their services. The definition of “disability” can vary greatly depending upon which of the multitude of state and federal agencies are funding specific supports or services. Age may be a factor as well. There are different eligibility guidelines for mental health services for individuals under age 17 than for those who are older. Individuals with disabilities are entitled to special education, but upon turning 21 may find themselves on a waiting list for services in the adult system. Changes in federal eligibility criteria for Supplemental Security Income (SSI) and state administrative rules raising income eligibility for services can result in individuals losing services that they once depended upon.

Having eligibility criteria that changes from agency to agency and program to program makes it difficult for individuals to obtain the services and supports they need to participate fully in their communities. New Hampshire citizens with disabilities are systematically disconnected from their services or experience decreased supports, not because of a change in their needs, but rather because of gaps in our service systems.

To develop effective public policies to meet the needs of New Hampshire residents, we first must assess the extent to which programs and services are meeting current needs and determine where gaps exist. This is not always easy to accomplish. Although most providers offer services based on nationally recognized “best practices,” many lack the resources to document or prove the efficacy of their interventions. Even with documentation, it is difficult to identify effective programs due to differences in definitions and accounting measures, reporting tied to federal rather than state standards, and/or data that is hard to access or too technical for practical application.

The Solution – Step 1: Find the Facts

With these challenges in mind, the Institute on Disability at the University of New Hampshire is issuing a series of policy briefs aimed at achieving a better understanding of the needs of New Hampshire residents across the lifespan. The *Access New Hampshire* Series will provide an overview of data from agencies across the state, showing documentation of services relative to differing definitions of disability, as well as trends in the population. For New Hampshire residents born with a physical, educational, or mental health disability or who experience life-altering events, we hope to answer the following questions:

- To what extent do existing community supports effectively value and enable the attainment of each individual's full potential?
- To what extent are New Hampshire communities welcoming and inclusive of all their residents?
- In what service areas are supports strongest?
- Where are some of our greatest challenges?

The *Access New Hampshire* Series has an advisory board with representatives from the Institute on Disability, New Hampshire Disabilities Rights Center, Granite State Independent Living, New Hampshire Developmental Disabilities Council, the New Hampshire Department of Education, the New Hampshire Division of Behavioral Health, the New Hampshire Bureau of Developmental Services, and the Governor's Commission on Disability. The advisory board helps set direction for the project based on current and evolving topics of concern to New Hampshire. Data selected by the advisory board for review strictly maintains the confidentiality of New Hampshire's residents, provides a statewide perspective, and originates from sources respected for the reliability and quality of their information.

continued on next page

Early Intervention Supports for Children Birth to Three and Their Families

continued from page 3

The Solution – Step 2: Create a Circular Flow of Information

The *Access New Hampshire* Series is intended to be a stepping stone towards a collective understanding of what is needed to ensure equal access and participation in community life for all New Hampshire residents. In producing this four part series, we are hoping to create an interactive relationship with our readers. We encourage you to share your insights and make suggestions on how we can best move forward in collecting pertinent information and making policy recommendations. To be part of this effort, please visit our website at www.iod.unh.edu or email Peter Antal at Peter.Antal@unh.edu.

We will be collecting feedback and revising information to reflect both new sources of data and your input. The information will be published in an updated, comprehensive document in 2008 and will be revisited on an ongoing basis as we work together to strengthen New Hampshire's future.

The Solution – Step 3: Take Action

The *Access New Hampshire* Series is just one of many initiatives to improve the lives of citizens in our state. We encourage readers to learn more about supports and services in New Hampshire and to become involved in volunteer and career opportunities. Each of the data briefs includes sections for researchers, community organizations, and advocates to identify emerging questions in the field. There are also resource listings to answer questions about best practices in the field and to direct readers to additional information.

Early intervention for young children with disabilities or who are at risk for developmental delay because of a disability is critical to promoting optimal growth, development, and success in school (Ramey & Ramey, 1999). The Family Centered Early Supports and Services Program (ESS) was created to provide early intervention services in New Hampshire. In existence since 1993 (there have been several name changes through the years), this program meets the requirements of Part C of the Individuals with Disabilities Education Act of 2004 (IDEA). In New Hampshire, the mission of the program is four-fold:

- Enhance the development of children (ages birth to three) who experience developmental issues and risks;
- Assist and support families' abilities to care for their children (ages birth to three) experiencing developmental issues and risks;
- Provide assistance and training to increase the ability and commitment of communities to embrace and support families and children (ages birth to three) experiencing developmental issues and risks; and
- Promote and expand family-centered supports, both formal and informal, throughout the state.

New Hampshire's ESS program serves families of young children aged birth to three years who meet one or more of the following criteria: 1) have developmental delays of 33% or more in any one area of development or have atypical development; 2) are at risk for substantial developmental delay; and 3) have a diagnosed, established condition with a high probability of developmental delay. Program services are provided in natural settings as defined by the parent. Natural settings include a child's home or any other place where a child spends time. In partnership with families, an Individualized Family Support Plan (IFSP) is developed and implemented. This plan includes a range of supports and services according to family priorities and child and family needs. Ideally, these agreed upon early supports and services are incorporated into the family's daily routines. Examples of available supports and services include:

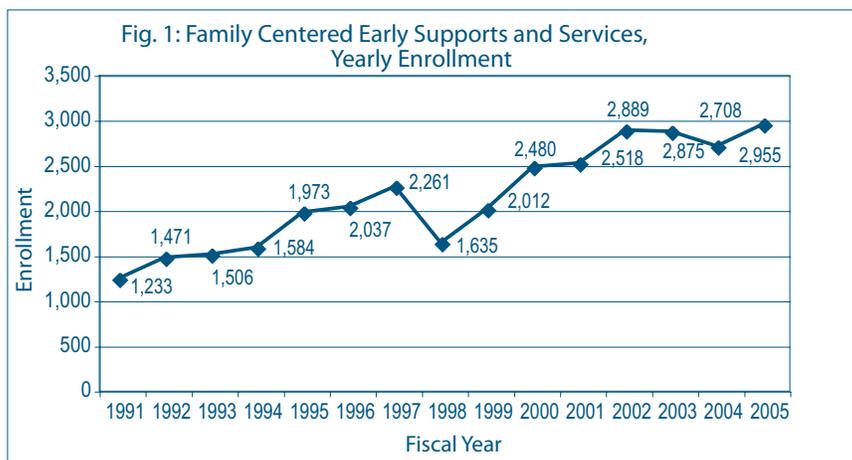
- family support education and counseling,
- vision services,
- hearing services,
- health and nursing services,
- medical diagnostic and evaluation services,
- nutrition counseling and assessment,
- occupational therapy,
- physical therapy,
- special equipment,
- special instruction,
- speech and language therapy,
- transportation services, and
- service coordination.

New Hampshire's ESS program also includes a central directory of information, referral, materials, and resources through the Family Resource Connection in the New Hampshire State Library. This service is provided free of charge and is a valuable resource for families, providers, students and others with an interest in children from birth to young adulthood.

Of note, in February 2003, New Hampshire IDEA Part C eligibility for a “child with a developmental delay” was amended (He-M 510.02(f)) to tighten the eligibility criteria from a 25% delay in one or more specified areas to a 33% delay. As a result, a number of children who would have been served under the earlier definition may enter preschool special education with greater needs because they did not receive early intervention supports and services.

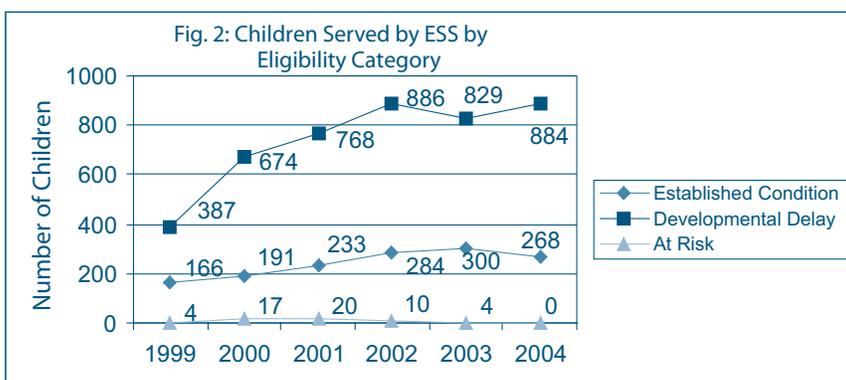
Children Receiving ESS Services

Since 1991 the state’s ESS program has more than doubled the number of children served from 1,233 to 2,955 in 2005 (an increase of 140%). Relative to changes in the state’s population among young children ages birth to three, the change represents a rate of increase from 24 per 1,000 children ages birth to three in 1990 to 67 per 1,000 children in 2004.¹ Note that these numbers represent the total number of children served throughout the calendar year rather than a point in time² calculation used in Fig. 2 and Table 1.



Data Source: DHHS/Bureau of Developmental Services/Family-Centered Early Supports and Services

Using a point in time estimate (Fig. 2), the number of children enrolled in ESS has increased 107% (from 557 in 1999 to 1,152 in 2004), with the greatest increase among children identified with developmental delay. The number served in 2004 is slightly higher (2.7%) than the national baseline (2.3%) (ESS Annual Report, 2005). In 2004, children were served either in the home (95%) or in programs designed for typically developing children (4%). The remaining 1% were served in hospitals, service provider locations, or other facilities.



Data Source: DHHS/Bureau of Developmental Services/Family-Centered Early Supports and Services

Table 1: As of Dec. 1 2004, Number of Infants and Toddlers and their Families Receiving Services

Service	Number served
Speech-Language Pathology	463
Occupational Therapy	348
Other Early Intervention Services: Family Support	238
Physical Therapy	210
Special Instruction	140
Family Training, Counseling, Home Visits, and Other Support	93
Vision Services	29
Respite Care	22
Audiology	17
Social Work Services	11
Assistive Technology Services / Devices	6
Health Services	6
Medical Services (for diagnostic or evaluation purposes)	6
Nutrition Services	3
Nursing Services	0
Psychological Services	0
Transportation and Related Costs	0

Data Source: DHHS/Bureau of Developmental Services/Family-Centered Early Supports and Services

Types of Services Received

Table 1 documents that, as of Dec. 1, 2004, the therapy most often provided was Speech-Language Pathology (463 children); other therapies delivered included: occupational therapy (348), physical therapy (210), and special instruction (140). Numbers for other services included: training, counseling, home visits, and other support (93); vision services (29); respite care (22); audiology (17); and social work (11). Fewer than ten children received services in each of the following categories: assistive technology, health services, medical services for diagnostic or evaluation purposes, or nutrition services. There were 238 families who received family support and transdisciplinary services.³ No children received nursing, psychological, or transportation services as a part of this program.

¹ Based on a 1990 Census population estimate of 50,595 children ages birth to three in 1990 and an estimate derived from American Community Survey data of 44,389 children in 2004.

² The use of a point in time estimate, in this case December 1st of each year, is used by ESS staff to enable more detailed information to be drawn out of existing data systems concerning characteristics of those receiving ESS services.

³ Services provided in the transdisciplinary manner address multiple needs, including language development, movement skills, as well as skills in all areas of development.

Children Transitioning from ESS

Under the monitoring priority for Effective General Supervision Part C / Effective Transition, the Department of Health and Human Services (DHHS) tracks the percentage of all children exiting Part C who received timely transition planning to support the transition to preschool and other appropriate community services by their third birthday. Four indicators reviewed for this publication included:

- Number of children who had a transition plan attached to their IFSP
- Number of children eligible for Part B/619 (preschool special education) who were referred
- Number of children with transition plan meetings occurring 90 days prior to their third birthday
- Number of children's transition plan meetings which included all necessary team members

Table 2: 2004-2005 Statewide Sample for Children Transitioning from ESS

	# Records Reviewed	# Yes	% Yes
Children have transition plans attached to their IFSP	281	272	97%
Children eligible for Part B/619 referred	556	556	100%
Transition plan meetings occurring 90 days prior to child's 3 rd birthday	198	94	47%
Transition plan meetings occurring with all necessary team members present	198	160	81%

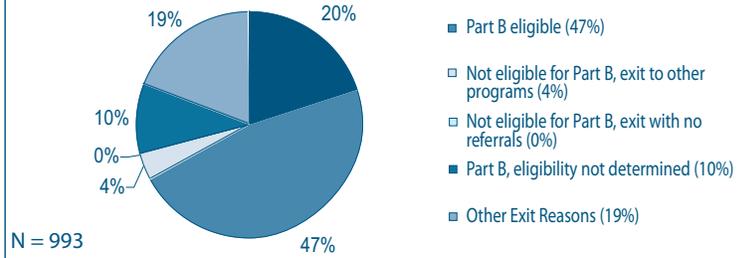
Publication Source: New Hampshire Part C State Performance Plan for 2005-2010

Based on the records reviewed in Table 2, children receiving Part C services and supports have a transition plan in place as a part of their IFSP and, where appropriate, are referred to Part B/619 services. As identified in the state performance plan, two points merit additional follow-up. **Only one in two children have their transition plan meeting occurring at least 90 days prior to the child's third birthday, and about one in five children have transition plan meetings that do not incorporate all of the necessary team members.** As cited by DHHS, challenges in holding timely transition meetings include difficulty coordinating school personnel and family schedules and a lack of awareness that meeting 90 days before the child's third birthday is a Part C requirement.

Children Exiting from ESS

In reviewing the reasons for exit from Part C services (see Fig.3), close to half (47%) of children were identified by ESS staff as potentially eligible for Part B/619 services. Approximately 20% completed their IFSP prior to reaching their maximum age for the program. For 10% eligibility for Part B/619 was not determined; 4% were not eligible for Part B/619 and went on to other programs. No children were identified as not being eligible for Part B/619 and having no other referrals in place. Other reasons for exit (20%) included: deceased, moved out of state, withdrawal by parent or guardian, and attempts to contact unsuccessful.

Fig. 3: Part C Services: Reasons for Exit 2004/2005

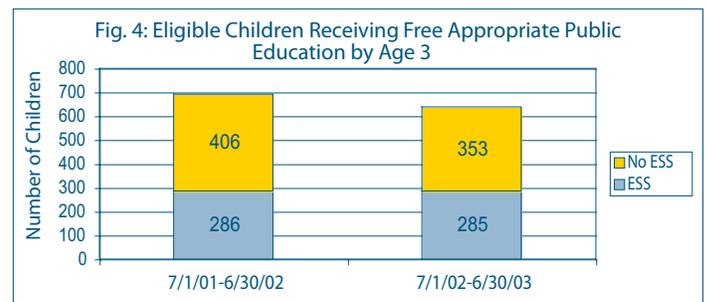


Publication Source: New Hampshire Part C State Performance Plan For 2005-2010

The available exit data is not complete enough to determine if all children leaving ESS continued to receive needed supports and services. The total number of children who completed an IFSP prior to maximum age (three), who exited to other programs, whose eligibility was not determined, who were withdrawn by parent or guardian, or who were not able to be contacted is 470 children (47%). Of note, this proportion may be somewhat higher as Part C documents 466 children as eligible for Part B services during 2004/2005, but Part B documents only 402 children as eligible for the same time period.⁴ **For these 470+ children, we have no systemic way of following up to determine whether the supports identified as needed prior to age three are still being provided.**

Children Transitioning from ESS to Part B/619 Services

In reviewing referral sources of children receiving IDEA Part B special education services by their third birthday, **the Department of Education documents 55% of 638 children enrolled were not reported as having received ESS services (Fig.4).** Possible reasons for this include: insufficient outreach to families, number of children coming in from out of state, the difference in eligibility criteria between Part C and Part B, the lack of available assessment tools to identify children at an earlier age, and discrepancies in reporting between Part C and Part B/619 data systems.

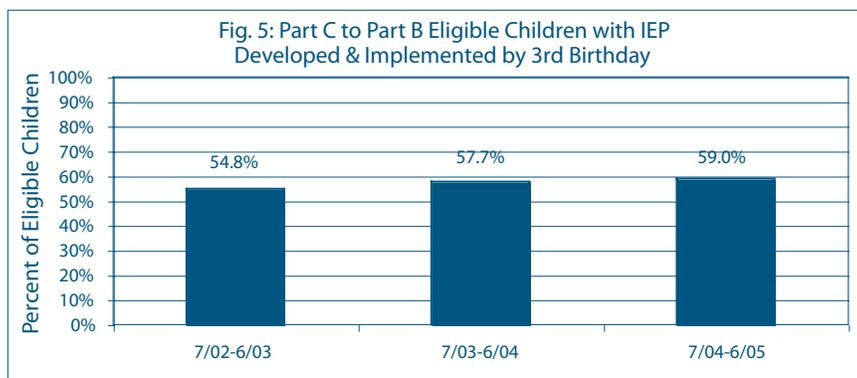


Publication Source: NH Department of Education Special Education Annual Performance Report, July 1, 2002-June 30, 2003

⁴ This difference in eligibility for Part B/619 services may be due to the fact that determination of eligibility is a "point in time estimate" that is likely completed at different points of the year by the two agencies and/or differences in eligibility documentation between the two agencies.

Timeliness of IEP Plan Development

For children served in Part C and referred to Part B for services, it is important to ensure that those who need services get them in an appropriate time period without substantial gaps. Among their targeted areas for improvement by 2010, the U.S. Office of Special Education Programs has set a goal to ensure that all eligible children will have an individualized education program (IEP) developed and implemented by their third birthday. As reflected by the last three years of data presented in Fig.5, **only 55%-59% of eligible children in New Hampshire have an IEP in place by their third birthday.**⁵



Publication Source: NH DOE: IDEA Part B/619 Special Education State Performance Plan For 2005-2010

Educational Supports for Children and Youth, Ages 3-21

Federal statutes and state standards require that students with educational disabilities receive a free, appropriate public education (FAPE) in the least restrictive environment (LRE). The Bureau of Special Education in the Department of Education is responsible for monitoring educational programs for New Hampshire students with disabilities.⁶

Children Identified with a Special Education Disability

Table 3 reflects the number of children identified with a disability within the New Hampshire Department of Special Education service system in 2005.⁷ These 31,782 children represent approximately 14% of the student population; 67% of the students are male, and 33% are female. Identification across all disability areas increased between 1990 and 2004, from 64 per 1,000 children ages 3-21 in 1990 to approximately 99 children per 1,000 in 2004.⁸ In reviewing the past five years of data, change in service provision was not consistent among different types of disability. Figs. 6-9 document data from 2000-2005 for each of the 14 types of disability tracked by the Department of Education.

⁵ Of note, 100% of the children served in FY 04/05 received their IEP by August 26th, 2005.

⁶ For more information, go to: <http://www.ed.state.nh.us/education/doe/organization/instruction/bose.htm>

⁷ **IMPORTANT!** These numbers reflect only those children and youth who have been identified as of Dec. 1 by special education teams for a particular disability during their first evaluation and are currently receiving services. The numbers are not reflective of the total incidence of a particular disability statewide, as there are many children who are not identified within the system due to perceived stigma by parents, children who drop out of high school after age 16, and children whose disabilities might not qualify them for special education services. Furthermore, these numbers only reflect the disability for which the child was initially enrolled into the system. Many of these children, during subsequent evaluations, may have been identified as having additional disabilities.

⁸ Based on a 1990 Census population estimate of 297,749 children ages three to 21 in 1990 and 19,018 children served by DOE and an estimate derived from American Community Survey data of 320,025 children in 2004 and a 12/1/2004 enrollment of 31,675 students with disabilities.

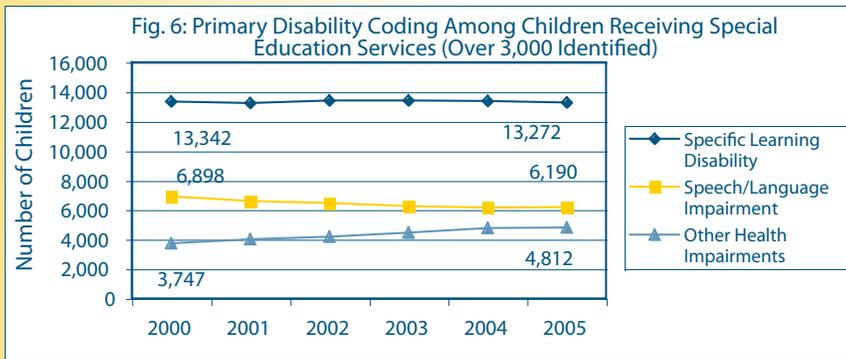
Table 3: Initial Evaluations of Disability Type as of 12/1/2005

DOE Disability Type	Children Ages 3-21
Autism	905
Deaf-Blindness	6
Deafness	73
Developmental Delay	2,098
Emotional Disturbance	2,580
Hearing Impairments	213
Mental Retardation	934
Multiple Disabilities	393
Orthopedic Impairments	107
Other Health Impairments	4,812
Specific Learning Disability	13,272
Speech/Language Impairment	6,190
Traumatic Brain Injury	64
Visual Impairments	135

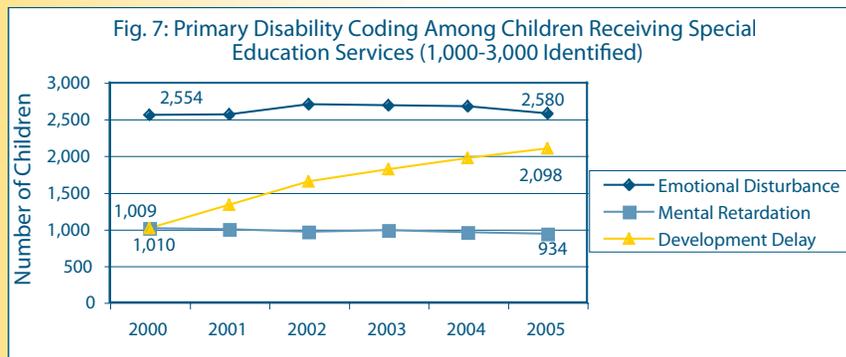
Data Source: New Hampshire Dept. of Education. as of 12/1/2005.

Disability type between 2000 and 2005 did not change greatly among 10 of the areas of disability. In the four areas where change did occur, identification for speech/language impairment decreased by 708 children (-5.3%), and increases were seen for Other Health Impairments (+1,065, (+28%)), Developmental Delay (+1,089, (108%)), and Autism (+486, (130%)).

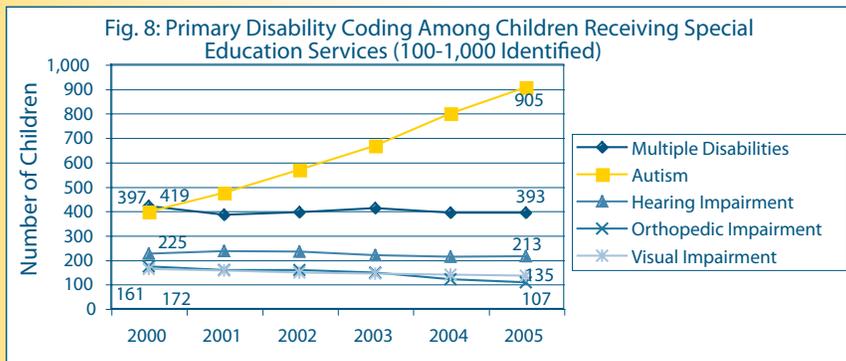
Reasons for increases overall since 1990 may be due to a number of factors, including changes in federal legislation and definitions for disability, better training among school professionals to identify children who can benefit from additional supports, greater awareness among parents about typical and atypical development, and/or a real increase in the prevalence of a disability. Concerning changes in developmental delay, autism and other health impairments, increases may in part be due to changes in screening practices or differences in how individual examiners code different disability types.



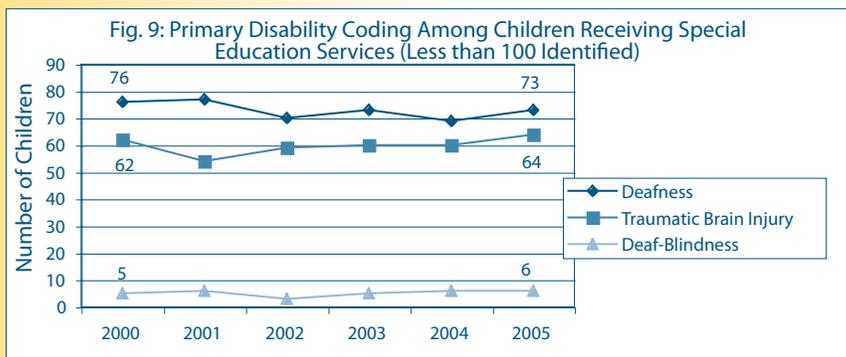
Data Source: New Hampshire Dept. of Education.



Data Source: New Hampshire Dept. of Education.



Data Source: New Hampshire Dept. of Education.

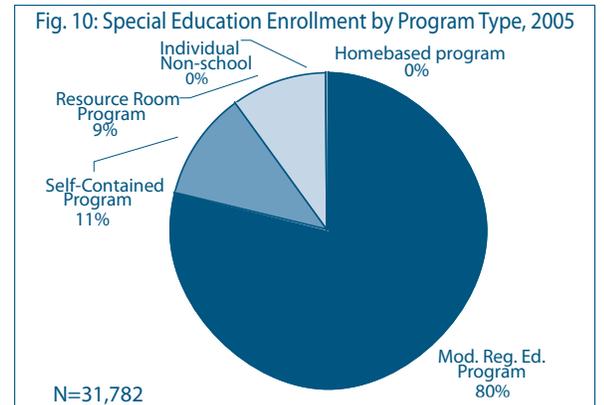


Data Source: New Hampshire Dept. of Education.

Placement and Program Type for Children Receiving Services

Almost all (99%) of the 31,782 New Hampshire children receiving special education services in 2005 are in day programs⁹, with only 1% in residential placements. Placement of children is largely made by district-level team decision (98%); a small percentage of placements are determined by court action (1.2%) and by parents (0.4%).

Fig. 10 documents that most students (80%) participate in a modified regular education program, 11% are in self-contained programs, 9% are in resource rooms, and less than 1% are in either individual non-school or home-based programs. Local schools (local education agency -LEA) operate 91% of the special education programs. SAUs (School Administration Units) operated (3%), private in-state organizations (2%), and private out-of-state organizations (1%). Less than 1% of special education students attend either publicly funded regional schools, state operated schools, or public out-of-state schools.



Data Source: New Hampshire Dept. of Education.

In reviewing the available data from the Department of Education, five critical issues were identified by the author and advisory board as meriting follow-up in the years ahead:

- Timeliness of services,
- Geographic disparities,
- Where children are educated,
- Scores on statewide assessment tests, and
- Percentage of special education students who drop out of high school.

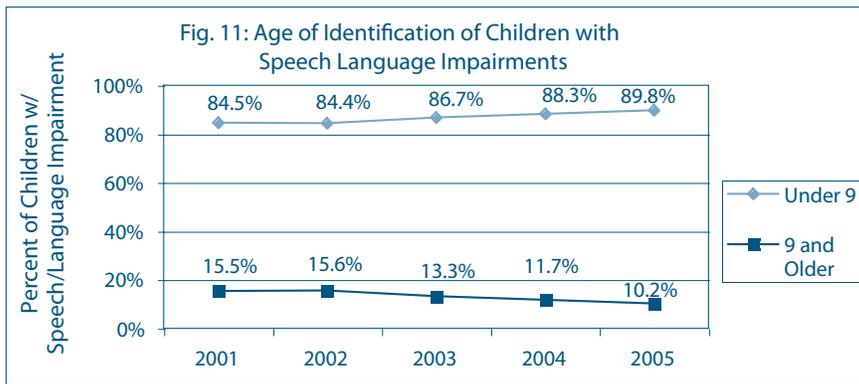
⁹ Children go to school during the day but return to a non-school residence at the end of each school day

Timeliness of Services

Timeliness of services is particularly critical to the first years of life as a child's ability to learn is directly influenced by experience (Thompson, 2002). Early intervention can foster future academic success and may reduce or prevent secondary issues such as frustration, anxiety, behavior problems, dropping out of school, increased academic difficulties, and motivational problems (Steele, 2004).

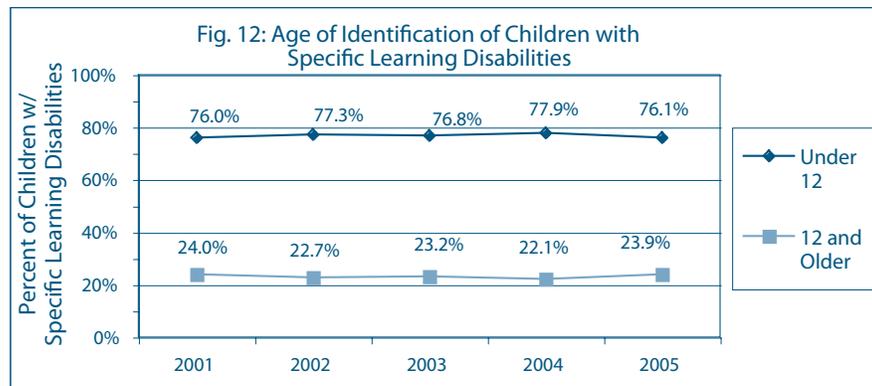
For New Hampshire's children, evidence suggests that many with speech/language impairments and specific learning disabilities may not be identified until a very late age and, as a result, not receive critical services at the time when they would be most beneficial.

Fig. 11 shows the ages children were identified by the special education system as having speech/language impairments. **Among children in this group (N=1,397 in 2004), one in ten was not identified until age nine or older.**¹⁰ Documentation for the past four years shows a slight decrease in the percentage of children with a Speech/Language Impairment identified after age nine.



Data Source: New Hampshire Dept. of Education.

Fig. 12 focuses on the age children are first identified by the special education system for a specific learning disability. **Among children in this group (N=1,913 in 2004), nearly one in four were not identified until age 12 or older.**¹¹ There does not appear to be substantial change over time for children identified after age 12 for specific learning disabilities.



Data Source: New Hampshire Dept. of Education.

¹⁰ The decision to use Age 9 as the cutoff point was based on discussions with NH educators who indicated that most children with this type of disability should have been identified before this age. Services provided after this point have missed an important opportunity to substantially improve the life of the child.

¹¹ The decision to use age 12 as the cutoff was based on discussions with NH educators who indicated that most children with this type of disability should have been identified prior to this age. Services provided after age 12, are much less likely to substantially impact the life of the child.

Geographic Disparities in Identification

In addition to questions about the age of identification, there are also concerns that the characteristics of an area where a child grows up may influence whether or not he or she will be identified with a significant disability. The graph on the following page shows distinct geographic variations in the rates for children identified with emotional disturbance, developmental delay, or mental retardation.¹² **Children who live in the poorest sections of the state are significantly more likely to be identified with one of these three disabilities than children living in wealthier communities.**¹³

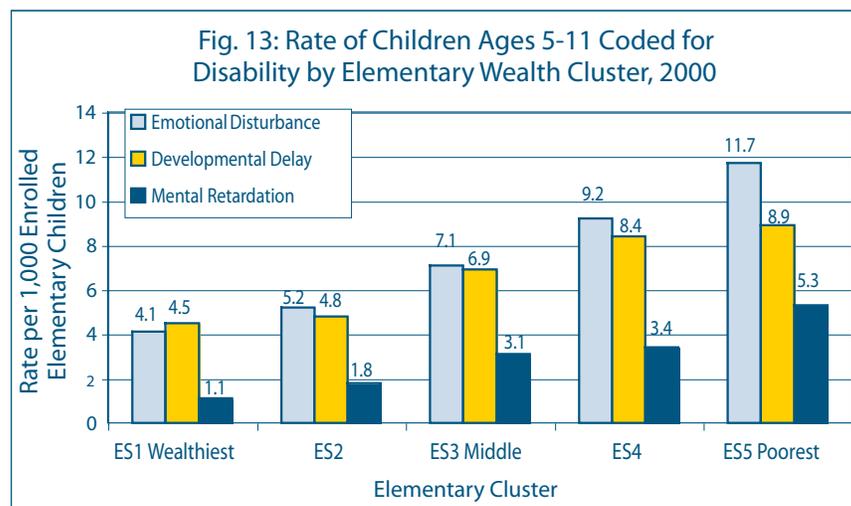
There may be a number of reasons for these disparities. For example, increased blood-lead levels and lower prenatal care rates, which are more common in the poorest areas of the state, may be directly linked to increased incidence of developmental delay and mental retardation. Similarly, unemployment, or insufficient family income, can lead to increased family stress and a higher likelihood of emotional disturbance among children. It also is possible that families with higher incomes may have better insurance coverage, can afford additional testing and supports for their children, and/or may have a better ability to "work the system" so that their children are not labeled as emotional disturbed or mentally retarded.

Where Children Are Educated

Inclusion of all children in the classroom is beneficial to students with disabilities, those without disabilities, and to the wider community. In the United States, special education law requires that all students with disabilities have access to, participate in, and make progress in the general education curriculum. The law further requires that they pursue that curriculum, to the maximum extent appropriate in, and with a clear preference for, the general education classroom (Wehmeyer, 2003). This legal requirement is supported by a growing body of research showing that students with disabilities are more engaged, develop better communication and social skills, demonstrate literacy skills, have fewer disciplinary referrals, have better attendance, and perform better on standardized measures of reading and math skills when they are included in general education classes (Baker, Wang, & Wahlberg, 1994/1995; McGregor & Vogelsberg, 1998; Blackorby, Chorost, Garza, & Guzman, 2003).

Did You Know?

New Hampshire data reflects national research showing that low-income families (below the poverty line) are almost 50% more likely to have a child with a disability than high-income families. Approximately 11% of higher-income families have a child with a disability; 6% of these children have a severe disability. The corresponding numbers for lower-income families are 16% and 9%. Single-mother families are more likely than two-parent or single-father families to have a child with a disability, with an increase in prevalence corresponding to lower income. Twenty-nine percent of low-income single mothers have a child with a disability, as compared to 17% of higher-income single-mother families. (Lee, Sills, and Oh, 2002)



Publication Source: Kids Count New Hampshire 2003

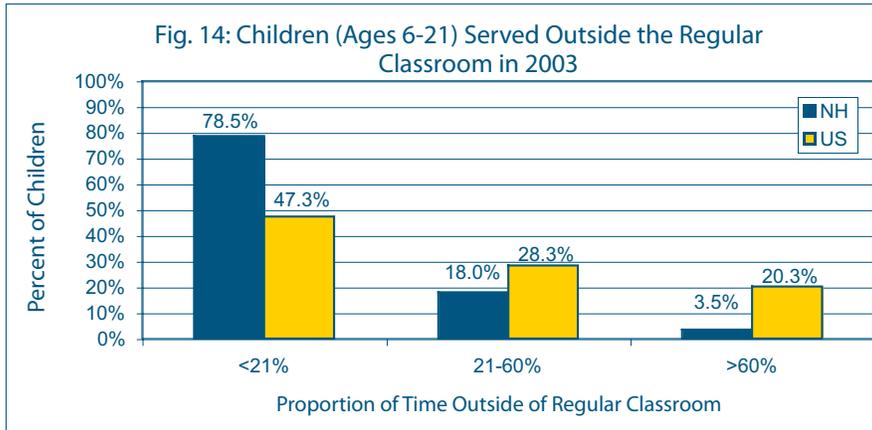
Moreover, communities benefit from the broader classroom diversity and students' exposure to different points of view and ways of life that come with inclusive education. Drinkwater's review (1992) noted a range of benefits to children and parents who participated in inclusive education. Preschoolers with disabilities who are included in typical settings experience a wide range of benefits including: (a) more appropriate social interaction with increased self-initiations in social situations, (b) more complex language/communication, (c) more opportunities for skill generalization, (d) equivalent developmental gains to non-handicapped peers, and (e) a decrease in inappropriate play. Preschoolers with disabilities who are integrated are more likely to have friends without disabilities. Other research confirms that preschoolers with disabilities make as much progress in integrated settings as they do in segregated settings; segregated settings have not been found to be superior.

Parents of preschoolers with disabilities report that integrated programs provide the following benefits for their children: (a) preparation for dealing with "the real world," (b) more appropriate interactions, (c) programs that are more stimulating than segregated ones, (d) increased communication skills with peers and family members, and (e) opportunities for families to interact and become friends with families of normally developing preschoolers.

Classmates without disabilities benefit from inclusion by: (a) helping to identify age-appropriate activities; children themselves are often the best facilitators of integration; (b) increased understanding of, sensitivity to, and tolerance for individual differences; (c) favorable attitudes toward students with severe disabilities as a result of direct contact with these children; and (d) positive gains in attitudinal development and/or change from participating in integrated programs. Furthermore, there are no detrimental effects to students without disabilities who have students with disabilities in their classes (Staub & Peck, 1994/1995).

¹² Significant disparities in disability were only found for these three areas. No significant geographic differences were found for the other 11 DOE disability types.

¹³ This graph was initially presented in the 2003 Kids Count NH Data Book and is based on data derived from the Kids Count 2003 Elementary District wealth clusters. Wealth clusters were determined by taking the average values for median family income, per capita income, percent of 0-17-year-olds below poverty, and percent of persons below 185% of poverty, sorting the elementary districts highest to lowest. Break-points for each of the five clusters were determined based on an equitable distribution of population size across all clusters.



NH Data: NH Department of Education Special Education Annual Performance Report, July 1,2002-June 30,2003
 US Data: Office of Special Education, 24th Annual Report to Congress

In this context, Fig. 14 shows that New Hampshire schools have done well in comparison to schools across the United States. **Fewer than 22% of children with disabilities in New Hampshire are served outside the regular classroom for more than 21% of their school time (compared to over 50% of children across the United States).**

NHEIAP Assessment Scores

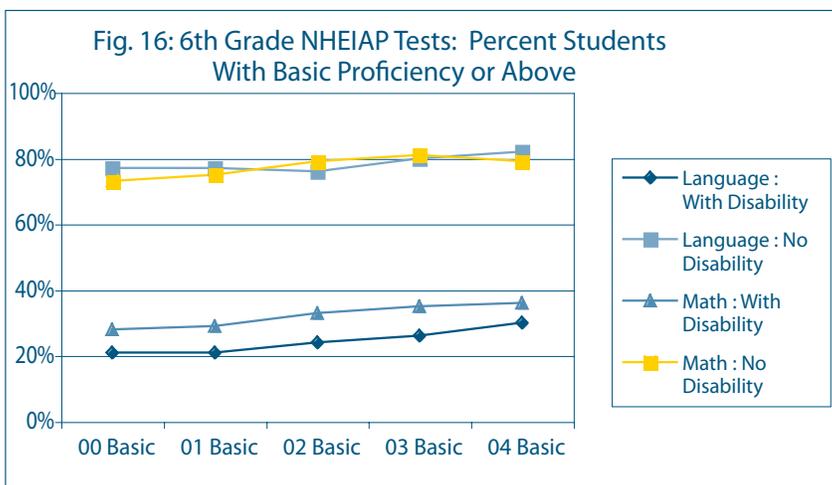
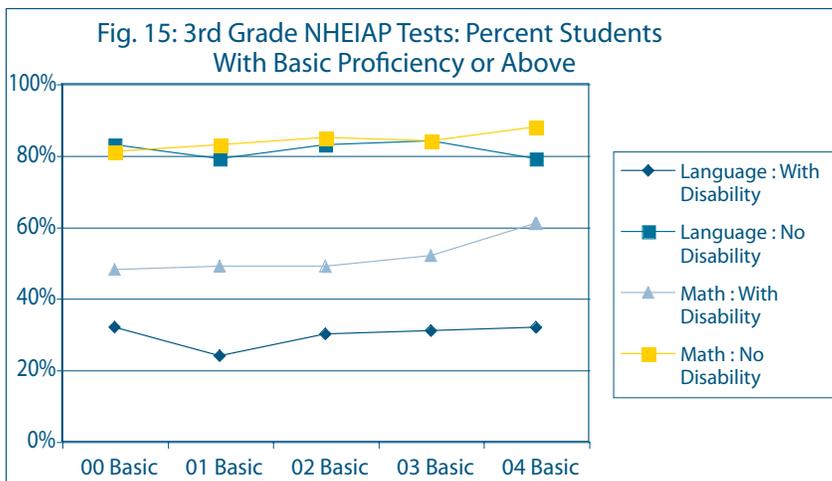
The New Hampshire Education Improvement and Assessment Program (NHEIAP) has been the primary method for New Hampshire schools to measure the extent to which New Hampshire students demonstrate basic skills in English Language Arts, Math, Science, and Social Studies.¹⁴ Historically, tests have been administered in the spring to 3rd, 6th, and 10th grade students. Students received scaled scores for each area, ranging from 200 to 300, with student achievement assessed as: Novice (200-239), Basic (240-259), Proficient (260-279), or Advanced (280-300). Descriptions of these rankings taken from the third grade 2004 reading assessment are provided below.

Novice: Students demonstrate some understanding of literary, narrative, factual, informational, and practical works. They recognize clearly-stated information in materials they read. They display a rudimentary ability to use language to solve problems and complete well-defined tasks.

Basic: Students demonstrate a general understanding of literary, narrative, factual, informational, and practical works. They form reasoned conclusions and make straight-forward connections among ideas and concepts. They use information obtained by reading to solve problems and complete tasks.

Proficient: Students demonstrate a solid understanding of a wide range of literary, narrative, factual, informational, and practical works. They make meaningful connections between and among ideas and concepts in materials they read. They evaluate and organize information, make and communicate informed judgments, and provide evidence for inferences and interpretations.

Advanced: Students demonstrate a broad and in-depth understanding of a wide range of literary, narrative, factual, informational, and practical works. They make complex connections between and among ideas and concepts in materials they read. They analyze text and make critical judgments. They provide extensive evidence for inferences and interpretations. They persuasively present, explain, and defend positions.



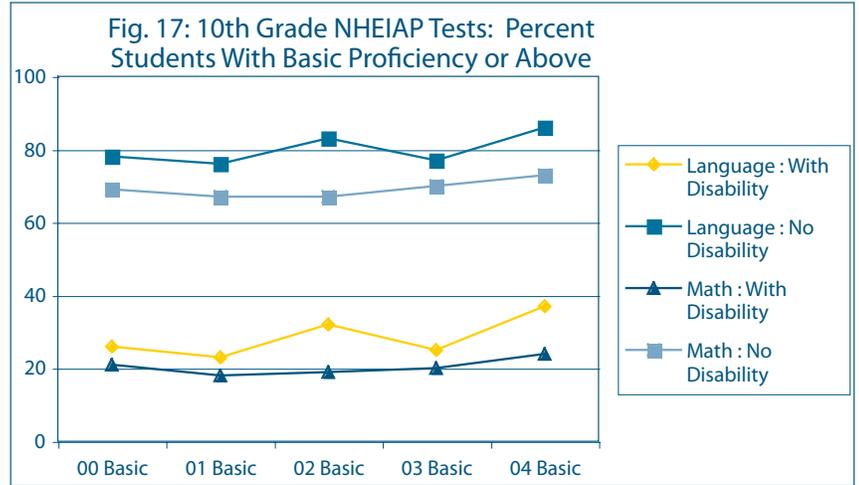
¹⁴ Testing for Science and Social Studies ended with the 2003 testing cycle.

How do children with disabilities fare on the state's NHEIAP tests when compared to children without disabilities? In both English Language Arts and Math assessments across grades three, six and ten, significant gaps exist between these two groups of students (see graphs on previous page). For example, in Reading at grade 3, **only 30% of third-grade children with disabilities scored at the Basic proficiency level or above, whereas approximately 80% of children without disabilities scored similarly.** Of note, there does appear to be some improvement across all groups over time, as the percent of children scoring at Basic or above has increased for most groups.

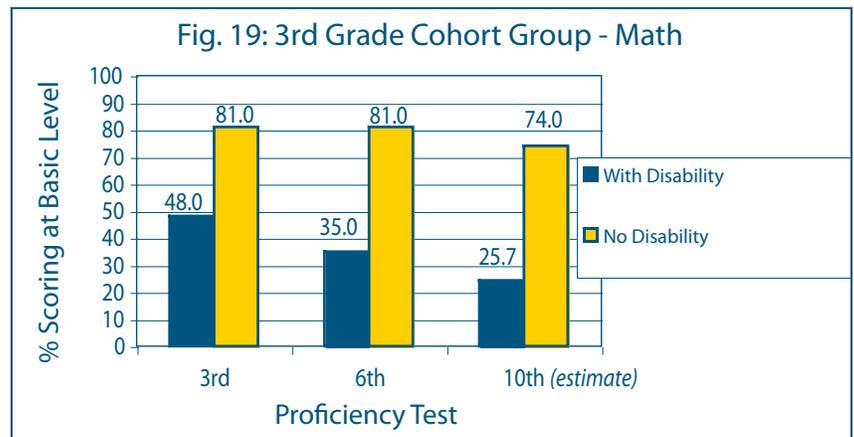
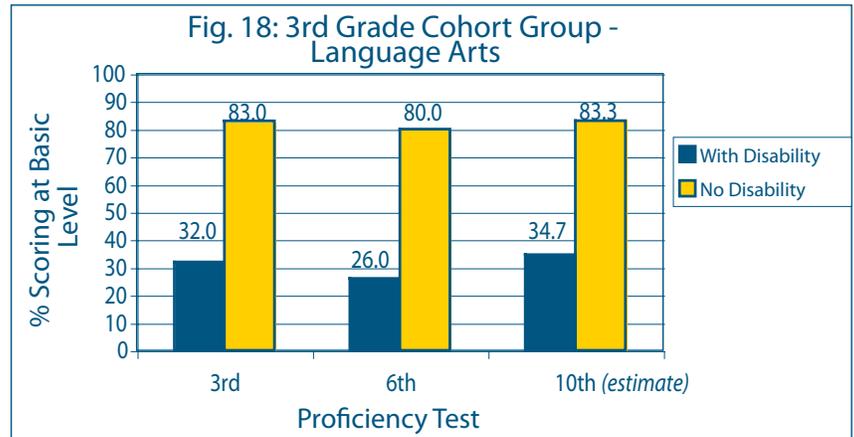
The two graphs to the right show NHEIAP test scores for one group of students over time: those children who were in third grade in 2000, and sixth grade in 2003. There is an estimate of their scores for 10th grade, were they to take the test at the end of 2007.¹⁵ The graphs indicate that between third and sixth grade, in both English Language Arts and Math, young children with disabilities are likely to experience an increasing gap in their ability to remain on par with students without disabilities.

Although this gap remains relatively stable by 10th grade for Language Arts and Math, both groups actually experience a substantial decrease in Math scores by the 10th grade. By this point, only 26% of children with disabilities score at the Basic Level in Math, compared to 74% of their peers.

These differences between children with and without disability are troubling in that they raise serious questions about how effective we have been in preparing youths with disabilities to make a successful transition into adulthood, go on to postsecondary education, and, to the fullest extent possible, achieve independence. Only one student in four with a disability scores at the basic proficiency level in Math at 10th grade. The percent scoring at the basic proficiency level in English Language Arts is only slightly better, with about one in three children achieving this score. **Such scores provide an initial indication that thousands of New Hampshire's children are not being adequately prepared to enter the next stage of their lives.**



Data Source: New Hampshire Dept. of Education.



Data Source: New Hampshire Dept. of Education.

¹⁵ Scores for 10th grade are based on an average of 3 years of 10th grade NHEIAP data (2003-2005)

A first look at the New England Common Assessment Program (NECAP)

Over the past several years, the New Hampshire Department of Education has worked with its counterparts in Rhode Island and Vermont to develop a new testing system (New England Common Assessment Program) and a common set of Grade-Level Expectations to replace the NHEIAP tests. These were created in response to the federally mandated No Child Left Behind Act, 2001 requiring that all students, beginning 2005–2006, be tested in grades three through eight in mathematics and reading/language arts.

In the fall of 2005, New Hampshire administered the New England Common Assessment Program for grades three through eight. Each grade received a reading and math exam, with grades three and eight also completing an additional writing exam. Each student received a scaled score X00 to 80 (where X indicates the grade level) for each area, with student achievement defined as: Substantially Below Proficient, Partially Proficient, Proficient, and Proficient with Distinction. Below is an example of these achievement level descriptors, for the third grade reading assessment.

Substantially Below Proficient: Student’s performance demonstrates minimal ability to derive/construct meaning from grade-appropriate text. Student may be able to recognize story elements and text features. Student’s limited vocabulary knowledge and use of strategies impacts the ability to read and comprehend text.

Partially Proficient: Student’s performance demonstrates an inconsistent ability to read and comprehend grade-appropriate text. Student attempts to analyze and interpret literary and informational text. Student may make and/or support assertions by referencing text. Student’s vocabulary knowledge and use of strategies may be limited and may impact the ability to read and comprehend text.

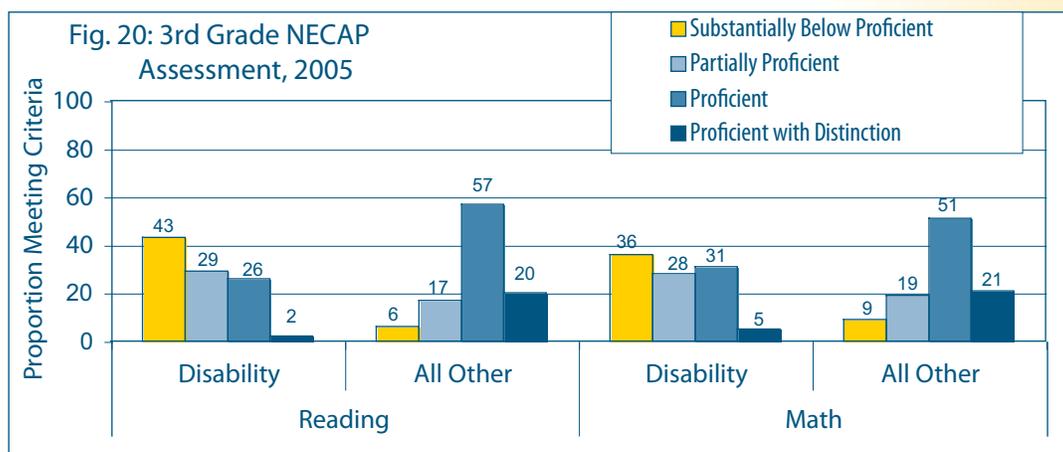
Proficient: Student’s performance demonstrates an ability to read and comprehend grade-appropriate text. Student is able to analyze

and interpret literary and informational text. Student makes and supports relevant assertions by referencing text. Student uses vocabulary strategies and breadth of vocabulary knowledge to read and comprehend text.

Proficient with Distinction: Student’s performance demonstrates an ability to read and comprehend grade-appropriate text. Student is able to analyze and interpret literary and informational text. Student offers insightful observations/assertions that are well supported by references to the text. Student uses range of vocabulary strategies and breadth of vocabulary knowledge to read and comprehend a wide variety of texts.

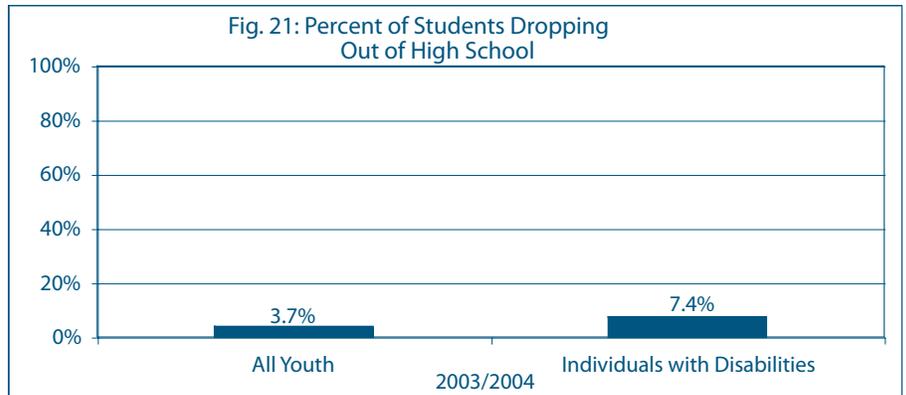
The four achievement levels for NECAP have different guidelines than the NHEIAP system. As a result, certain cohorts of students (e.g., a proportion of students in either the lowest or highest levels) should not be compared on a category to category basis across the two testing systems. However, it is important to continue assessing scores among children with disabilities and those without to measure the extent to which children with disabilities are prepared to enter the adult world at the same level as their peers. Fig. 20 displays the proportion of third grade students meeting the criteria for each of the four assessment categories for reading and math.

The graph documents the fact that--just as with the NHEIAP system--children with disabilities are substantially more likely to be categorized as less proficient than their peers. Seventy-two percent scored below proficiency in Reading in third grade vs. only 23% among all other children. Similarly, in Math, 64% were below the proficiency standard vs. only 28% of the remainder of the student population. Of particular concern was the fact that **more than one in three children with a disability scored in the lowest category, Substantially Below Proficient** (i.e., “...Student’s limited vocabulary knowledge and use of strategies impacts the ability to read and comprehend text.”).



Youth Dropping Out of High School

There is an enormous disparity in income and other quality of life indicators between individuals who have graduated from high school and those who have dropped out. It is critical to be able to identify and provide interventions to all students, but especially to those with disabilities, who are at risk of dropping out. Currently, most support, including financial assistance, for students with disabilities who are making the transition from high school to adulthood is geared primarily towards those who are college-bound. Unfortunately, for those students with disabilities who do not go on to college or drop out of high school, transitional support structures do not support students in identifying and pursuing other life paths. For these students, the National Council on Disability recommends that new models and mechanisms of support need to be explored and devised (National Disability Policy Review, 2005).



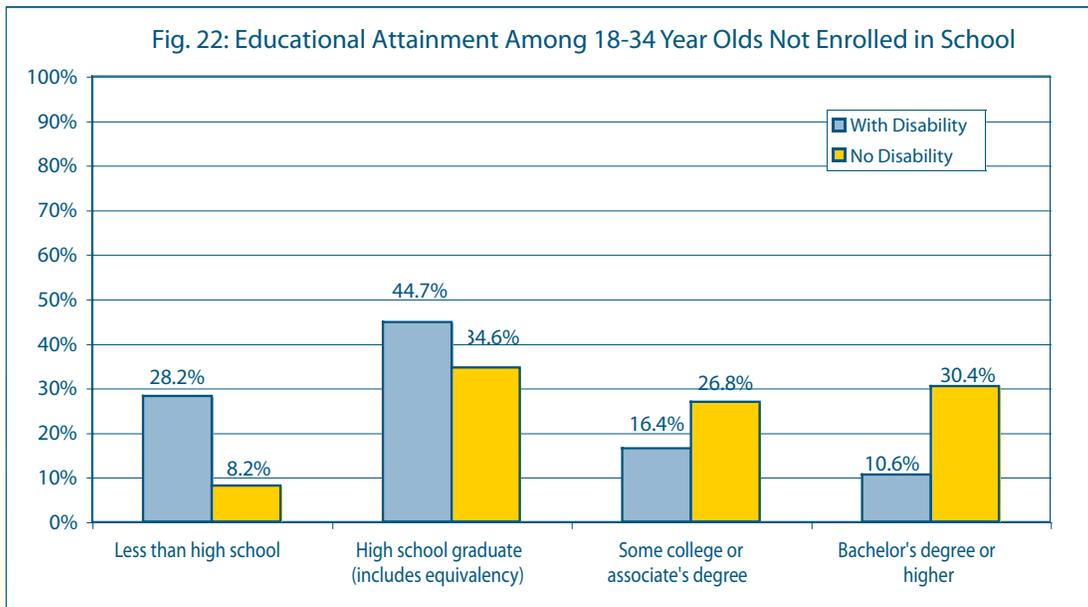
Publication Source: NH DOE: IDEA Part B Special Education State Performance Plan For 2005-2010

As has been well documented in New Hampshire, drop out rates among all students remains high, with one in four students dropping out at some point between the freshman and senior years of high school (Hall & Morton, 2004). In its 2005 State Performance Plan, the Department of Education provides current single-year data comparing drop out rates between all youth enrolled in high school and youth with disabilities. As shown below, single year **drop out rates¹⁶ for youth with disabilities are two times higher than for all youth attending New Hampshire schools.**

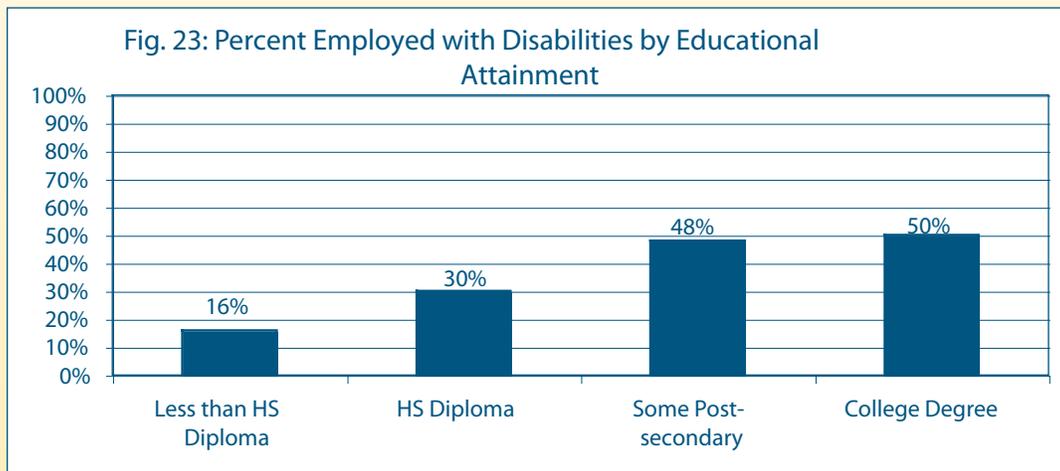
Based on data from the 2004 American Community Survey for New Hampshire residents ages 18-34 (Fig.22), almost one in three young adults with a self-reported disability have not completed high school and only one in four have gone on to receive an associates degree or higher.

Given the gaps in early intervention services, disparities in NHEIAP assessment scores, and a two-fold likelihood of dropping out of school, there are long term implications for employment and the ability to live independently for individuals with disabilities. In 2002, the Workforce Opportunity Council reported that employment rates among individuals with disabilities in New Hampshire are far lower than their peers, and that educational attainment has a direct correlation with their ability to find gainful employment.

¹⁶ The dropout rate as calculated by the New Hampshire Dept. of Education is based on: (2003-2004 Dropout Count) / (2003 Fall Enrollment + September 2003 Dropouts). Note that this does not provide a reflection as to the number of students with disabilities who drop out over the course of four years of high school.



Data Source: 2004 American Community Survey



Publication Source: NH DOE Special Education Annual Performance Report for July 1, 2002-June 30-2003

Summary Discussion

In its provision of early intervention and special education, New Hampshire can be proud of its role as a national leader in inclusive education. There are, however, a number of educational concerns that need to be addressed. For children receiving early intervention services, it is troubling that in FY 2004-05, only 59% of eligible children had an IEP developed and implemented by their third birthday. The lack of an established plan may reflect a gap of services at an age when consistent intervention is critical for long-term development. Of even greater concern is the lack of information about what happens for children leaving Early Supports and Services (ESS). For example, we don't know what happens to the 47% of children enrolled in ESS who are not identified as eligible for supports provided by special education. We know that some children and their families continue to receive ESS until the child's third birthday, some families exit because they do not want to continue to receive early supports and services, and some children are referred to other programs; but we lack information on how well these children are doing or whether they are receiving the appropriate supports they need to thrive. For those children eligible for special education services, it is important for us to understand why only half received services through the ESS program. Part of the problem may derive from insufficient outreach to families; however, other factors may be in play including: children coming in from out of state, the difference in eligibility criteria between Part C and Part B of IDEA, and certain learning difficulties not showing up until a child reaches a later developmental stage.

Concerns between age-appropriate identification and provision of services continue into a child's later years. We found that about one in 10 children with a speech language impairment was not identified until age nine or older, and more than one in five children with a specific learning disability were not identified until age 12 or older. Data from the Children's Alliance of New Hampshire show significant disparities in identification rates of children with emotional disturbance, developmental delay, or mental retardation, based upon the level of wealth of the child's elementary school district. Data show that children are five times more likely to be enrolled with a mental retardation code in the poorest elementary districts of New Hampshire. Additional research is needed to understand more about these disparities.

Data about the extent to which students with disabilities receive services in the least restrictive environment raises areas for further research. Fortunately, most (80%) children with disabilities are enrolled in regular but modified education programs, and only 21.5% of children are served outside the regular classroom more than 21% of the time. This is substantially better than the national average with 53% of children with disabilities being served outside the classroom more than 21% of the time. While this is a positive finding, it highlights the need to understand more about the quality of supports provided to children in regular classroom settings. Is the child with a disability an active participant with other children in the classroom or does he or she sit unengaged at a separate desk located at the rear of the class? Do both child and teacher have access to the necessary supports and services? What qualifications does a teacher need to provide an effective learning environment for all children, including those with identified disabilities?

The residents of New Hampshire should be alarmed by the disparity in statewide assessment scores for Language Arts and Math between students with and without disabilities. Given the knowledge and skills necessary for independent living, it is clear from these test results that students with disabilities are at a substantial disadvantage compared to their peers. In 2005, 43% of 3rd grade youth with a disability scored at the Substantially Below Proficient level in Reading and 36% scored at a similar level in Math. Even more disturbing than lower test scores is the fact that students with disabilities are twice as likely to drop out of high school than students who do not have disabilities. In the 2003/2004 academic year, one in 13 children with a disability dropped out of high school, versus one in 26 children without disability.

The process of reviewing data for this policy brief has helped to answer some questions, however, it has led to a host of new questions that need to be answered if we are to develop effective public policy to address issues faced by New Hampshire citizens with disabilities. The following section provides an overview of the key questions and issues raised during the development of this brief.

Opportunities for Research and Discussion in Education

Concerning ESS Services:

- What are the long-term implications for eligible children who do not receive early intervention services?
- What are the long-term implications for New Hampshire's recent change in early intervention eligibility criteria from a 25% demonstrated delay to 33%? For children who have a developmental delay, but who do not meet the stricter eligibility criteria for ESS, what effect does this have on their future?
- What happens to those children who receive early intervention services, but who do not qualify for preschool special education services?

Concerning Disparities in Identification by Age and Geography:

- What are the characteristics of children identified at a late age for speech/language impairment, or specific learning disabilities? Is there information that could help us identify and provide services for these children earlier in life?
- Why are so many more children in New Hampshire's poorest communities identified as having emotional disturbance, developmental delay, or mental retardation? What are the factors underlying the increase? To what extent are children who are eligible for ESS services more likely to be enrolled if they grow up in the poorest areas of the state? Do children in communities with Head Start Programs fare better than those without?

Concerning Disparities in NECAP Scores:

- How do the NECAP scores vary by disability type? How useful are the NECAP scores for gauging the ability of individuals with disabilities to go on to postsecondary education or obtain gainful employment? What other measures can we use to understand better whether or not students have the knowledge and skills they need?
- What is the impact of different types of accommodation on test scores? How valid are these differences?
- How will the new testing procedures established by the NECAP system affect our ability to identify and address performance disparities between children with disabilities and those without?

Concerning High School Drop-Outs:

- How do drop out rates vary by type of disability? What are the long-term implications for students with a disability? What about their ability to live independently?
- For those students who drop out, what services are they and/or their families receiving?

It is important to note that the New Hampshire Department of Education has embarked on a major restructuring of their data collection system that will enable service providers to more accurately determine the effectiveness of changes in school curriculum and resources. This system will help assess impact that these changes have on student outcomes. We anticipate that this new data system will help us to answer many of the questions posed above.

Selected Resources, Supports & Services in New Hampshire and Nationally

Available Data

- ▶ Department of Education Website. Data & Reports Section: <http://www.ed.state.nh.us/education/data/index.htm>
- ▶ IDEA Part B Special Education State Performance Plan for 2005-1010. Call 603-271-3741 for copies.
- ▶ IDEA Part C State Performance Plan for 2005-1010. Call 603-271-5060 for copies.

Best Practices Research

- ▶ CEC-Division of Early Childhood. www.dec-sped.org
- ▶ Early Childhood Outcomes Center (ECO). www.the-eco-center.org
- ▶ Family Resource Connection. www.nh.gov/nhsl/frc
- ▶ IOD Projects on Early Childhood and Special Education http://www.iod.unh.edu/projects/early_childhood.html
- ▶ IOD Projects on High School and Post-Secondary Education http://www.iod.unh.edu/projects/high_school.html
- ▶ National Early Childhood Technical Assistance Center. www.nectac.org
- ▶ U.S. Department of Education, Special Education Technical Assistance and Dissemination Network. www.ed.gov/parents/needs/speced/resources.html
- ▶ Zero to Three. www.zerotothree.org

Advocacy Groups

- ▶ Children's Alliance of New Hampshire. www.childrennh.org
- ▶ Disabilities Rights Center. www.drcnh.org
- ▶ NH Family Voices. www.nhfv.org
- ▶ Parent Information Center. www.parentinformationcenter.org

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About the *Access New Hampshire* Advisory Board

Special thanks and appreciation to the members of the project's advisory board who committed substantial time and energy to providing input, data, and reflection on this project. The role of the group is five-fold:

- 1) Review currently collected data and offered suggestions for important data and data sources,
- 2) Help interpret graphs,
- 3) Suggest overall themes and messages,
- 4) Act as a resource for media inquiries when the report is released, and
- 5) Provide guidance on needed areas of future research.

***Access New Hampshire* Advisory Board Members**

Peter Antal, Ph.D., Chair, Institute on Disability/UCED, University of New Hampshire

Gordon Allen, Executive Director, New Hampshire Developmental Disabilities Council

Matthew Ertas, Director, Bureau of Developmental Services, New Hampshire Department of Health and Human Services

Joan Holleran, Division of Adult Learning and Rehabilitation, New Hampshire Department of Education

Virginia O'Brien Irwin, Director, Division of Instruction, New Hampshire Department of Education

JoAnne Malloy, Institute on Disability/UCED, University of New Hampshire

Carol Nadeau, Executive Director, Governor's Commission on Disability, New Hampshire

Jan Nisbet, Ph.D., Director, Institute on Disability/UCED, University of New Hampshire

Jeff Priest, Ph.D., Institute on Disability/UCED, University of New Hampshire

Todd Ringelstein, Division of Behavioral Health, New Hampshire Department of Health and Human Services

Mary Schuh, Ph.D., Institute on Disability/UCED, University of New Hampshire

Clyde Terry, JD, CEO, Granite State Independent Living

Santina Thibedeau, State Director of Special Education, Bureau of Special Education, New Hampshire Department of Education

Julia Freeman-Woolpert, M.E.D., New Hampshire Disabilities Rights Center

Although advisory board members had multiple opportunities to provide input during the creation of the policy brief and are responsible for ensuring the accuracy of the data provided to the researcher, final interpretations of the data as presented in this data brief reflect the views of the Institute on Disability at UNH and may or may not reflect the views of the board members and/or the agencies they represent.

ACCESS
NEW HAMPSHIRE

Living with Disability in the Granite State

Institute on Disability / UCED
University of New Hampshire
10 West Edge Drive, Suite 101
Durham, NH 03824