UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

October 18, 2000

Honorable Richard W. Lorang
Acting Secretary
Department of Health and Social Services
1 West Wilson Street
P.O. Box 7850
Madison, Wisconsin 53702

Honorable John T. Benson
State Superintendent
Wisconsin Department of Public Instruction
P.O. Box 7841
Madison, Wisconsin 53702

Dear Secretary Lorang and Superintendent Benson:

The U.S. Department of Education's Office of Special Education Programs (OSEP) conducted a review in Wisconsin during the weeks of November 2, 1998 and February 22, 1999 for the purpose of assessing compliance in the implementation of the Individuals with Disabilities Education Act (IDEA) and assisting your State in developing strategies to improve results for children with disabilities. The IDEA Amendments of 1997 focus on "access to services" as well as "improving results for infants, toddlers, children and youth with disabilities." In the same way, OSEP's Continuous Improvement Monitoring Process is designed to focus Federal, State and local resources on improved results for children with disabilities and their families through a working partnership among OSEP, Wisconsin Department of Health and Family Services (DHFS), the Wisconsin Department of Public Instruction (DPI), and parents and advocates in Wisconsin.

In conducting its review of Wisconsin, OSEP applied the standards set forth in the IDEA 97 statute and in the Part C regulations (34 CFR Part 303) and Part B regulations (34 CFR Part 300), as they were in effect at the time of the OSEP review. The Part C regulations in effect in November 1998 were those published by the Department on July 30, 1993, as revised by the Technical Amendments published on April 14, 1998. The Part B regulations in effect in November 1998 were those published on September 29, 1992. All citations to 34 CFR Parts 303 and 300 in this report are to the regulations, as published on those dates. On March 12, 1999, the Department published new final Part B regulations and conforming changes to the Part C regulations that took effect on May 11, 1999. In planning and implementing improvement strategies to address the findings in this Report, DHFS and DPI should ensure that all improvement strategies are consistent with the new final regulations.

A critical aspect of the Continuous Improvement Monitoring Process is collaboration between Steering Committees of broad-based constituencies, including representatives from DHFS, DPI,

and OSEP. The Steering Committees assessed the effectiveness of State systems in ensuring improved results for children with disabilities and protection of individual rights. In addition, the Steering Committees will be designing and coordinating implementation of concrete steps for improvement. Please see the Introduction to the Report for a more detailed description of this process in Wisconsin, including representation on the Steering Committees.

OSEP's review placed a strong emphasis on those areas that are most closely associated with positive results for children with disabilities. In this review, OSEP clustered the Part C requirements (regarding services for children aged birth through 2) into five major areas: Child Find and Public Awareness, Family-Centered Systems of Services, Early Intervention Services in Natural Environments, Early Childhood Transition, and General Supervision. OSEP clustered the Part B requirements (services for children aged 3 through 21) into four major areas: Parent Involvement, Free Appropriate Public Education in the Least Restrictive Environment, Secondary Transition and General Supervision. OSEP identified components for each major area as a basis to review the State's performance through examination of State and local indicators.

The enclosed Report addresses strengths of the State's systems, areas that require corrective action because they represent noncompliance with the requirements of the IDEA, and technical assistance regarding improvement for best practice. Enclosed you will find an Executive Summary of the Report, an Introduction including background information, and a description of issues and findings.

DHFS and WDPI have indicated that this Report will be shared with members of the Steering Committees, the State Interagency Coordinating Council, the State Advisory Panel, and members of the public. OSEP will work with your Steering Committees to develop corrective actions and improvement strategies to ensure improved results for children with disabilities.

Thank you for the assistance and cooperation provided by your staffs during our review. Throughout the course of the review, Beth Wroblewski, Mitchell Kremer, and Donna Miller in DHFS, and Dr. Juanita Pawlisch, Paul Halverson, Stephanie Petska, and members of their staff from WDPI, were responsive to OSEP's requests for information. They each provided access to necessary documentation that enabled OSEP staff to work in partnership with the Steering Committees to better understand the State's systems for implementing the IDEA. An extraordinary effort was made by State staff to arrange the public input process during the Validation Planning week and, as a result of their efforts, OSEP obtained information from a large number of parents (including underrepresented groups), advocates, service providers, school and agency personnel, school and agency administrators, and special education unit administrators.

Thank you for your continued efforts toward the goal of achieving better results for infants, toddlers, children and youth with disabilities in Wisconsin. Since the enactment of the IDEA and its predecessor, the Education of All Handicapped Children Act, one of the basic goals of the law, ensuring that children with disabilities are not excluded from school, has largely been achieved. Today, families can have a positive vision for their child's future.

While schools and agencies have made great progress, significant challenges remain. Now that children with disabilities are receiving services, the critical issue is to place greater emphasis on attaining better results. To that end, we look forward to working with you in partnership to continue to improve the lives of individuals with disabilities.

Sincerely,

Kenneth R. Warlick
Director
Office of Special Education Programs

Enclosures

cc: Ms. Stephanie Petska
Mr. David Sorenson

EXECUTIVE SUMMARY

WISCONSIN MONITORING 1999

The attached report contains the results of the first two steps (Validation Planning and Validation Data Collection) in the Office of Special Education Programs' (OSEP) Continuous Improvement Monitoring of the Individuals with Disabilities Education Act (IDEA), Parts B and C, in the State of Wisconsin during the weeks of November 2, 1998 and February 22, 1999. The process is designed to focus resources on improving results for infants, toddlers and children with disabilities and their families through enhanced partnerships between the State agencies, OSEP, parents and advocates. The Validation Planning phase of the monitoring process included a series of public forums with guided discussions around core ideas of IDEA and the organization of Steering Committees that provided further comments on the information. The Validation Data Collection phase included interviews with parents, agency administrators, local program and school administrators, service providers, teachers and service coordinators, and reviews of children's records. OSEP shared the information it obtained from these data sources in a Part B meeting with the Wisconsin Department of Public Instruction (DPI) and the Chairperson of the State Special Education Advisory Council, and a Part C meeting with the Department of Health and Family Services (DHFS) and members of the Part C Steering Committee.

The Report includes a detailed description of the process utilized to collect data, and to determine strengths, areas of non-compliance with IDEA, and suggestions for improved results for children.

Early Intervention Services for Infants and Toddlers with Disabilities Part C of IDEA

Strengths

OSEP observed the following strengths:

- There is effective State inter- and intra- agency collaboration between DHFS staff, State Medicaid officers and the preschool coordinator for special education in WDPI, all of whom are key players in providing funding for early intervention services and ensuring early childhood transitions.

- DHFS uses a county radio system to disseminate throughout the State information each month to early intervention programs.

- DHFS has conducted numerous studies to evaluate the effectiveness of early intervention and disseminates information.

- Public awareness and outreach to families from Southeast Asia are notable. The State also uses a variety of public awareness strategies to provide information to families from diverse backgrounds.

- The comprehensive system of personnel development, and the Assistive Technology Initiative support the Birth to 3 system.

- The State Interagency Coordinating Council and DHFS adopted principles for implementing family-centered services. Parents are encouraged to participate in leadership activities.

- DHFS and DPI conduct ongoing joint planning, technical assistance and training related to transition.

Areas of Noncompliance

OSEP observed the following areas of non-compliance:

- The natural environments requirements are not being fully implemented.

- Teams are not making individualized determinations in the development of all IFSPs, and criteria, procedures and timelines for measuring progress are not always included on the IFSPs.

- Teams frequently are not identifying needed health and medical services on IFSPs.

- Services and supports for families to meet the developmental needs of their child are not consistently considered, with the agreement of the family, and addressed in the development of the IFSPs.

- DHFS is not ensuring that a transition planning conference is held at least 90 days prior to a child's third birthday for all eligible children.

Special Education Services for Children with Disabilities
Part B of the IDEA

Strengths

OSEP observed the following strengths:

- The Wisconsin Statewide Parent-Educator Initiative helps to promote school-parent partnerships and to inform parents regarding the rights and needs of their children with disabilities.

- WDPI's web-site provides extensive, user-friendly information to parents about the State's systems for general supervision, special education laws and regulations, parents' rights, and training opportunities.

- WDPI has funded an extensive statewide initiative to ensure effective access to and use of assistive technology services and devices.

- Through two statewide initiatives, the *Wisconsin Design for Transition Services* and *Piloting a Comprehensive Multi-CESA Approach to Provide Transition Services in the State of Wisconsin*, WDPI has supported innovative practices throughout the State for facilitating school to adult life transition for students with disabilities.

- Through a very inclusive process, WDPI has developed and implemented a very effective system for special education mediation.

Areas of Noncompliance

OSEP observed the following areas of non-compliance:

- Psychological counseling services are not provided to all students with disabilities who need them to benefit from special education.

- School districts do not ensure that all children who need speech and language pathology as related service to benefit from special education receive that service.

- School districts apply the State's special education eligibility criteria regarding children with specific learning disabilities in a manner that is not consistent with the requirements of Part B.

- School districts do not ensure that all students' IEPs include the supplementary aids and services they need, and that children with disabilities are removed from regular education classes only when the nature and severity of their disabilities is such that their education cannot, even with the use of supplementary aids and services, be achieved in the regular education environment.

- Public agencies do not ensure that where the consideration of needed transition services is a purpose of an IEP meeting, the notification to the parents of the meeting includes all required information.

- WDPI does not ensure that all Part B complaints are resolved within 60 calendar days.

WISCONSIN MONITORING REPORT
TABLE OF CONTENTS

INTRODUCTION **2**
The Part C System 2
The Part B System 3
Validation Planning: Part C 4
Validation Planning: Part B 5
Validation Data Collection 5
I. PART C: GENERAL SUPERVISION **7**
A. STRENGTHS 8
B. SUGGESTIONS FOR IMPROVED RESULTS FOR INFANTS, TODDLERS, AND THEIR FAMILIES 9
II. PART C: CHILD FIND AND PUBLIC AWARENESS **13**
A. STRENGTH 14
B. SUGGESTIONS FOR IMPROVED RESULTS FOR INFANTS, TODDLERS, AND THEIR FAMILIES 14
III. PART C: EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS **17**
A. STRENGTHS 18
B. AREAS OF NONCOMPLIANCE 19
IV. PART C: FAMILY-CENTERED SYSTEM OF SERVICES **22**
A. STRENGTH 23
B. AREA OF NONCOMPLIANCE 23
V. PART C: EARLY CHILDHOOD TRANSITION **26**
A. STRENGTH 26
B. AREA OF NONCOMPLIANCE 27
VI. PART B: PARENT INVOLVEMENT **29**
A. STRENGTHS 29
B. SUGGESTION FOR IMPROVED RESULTS FOR CHILDREN 30
VII. PART B: FREE APPROPRIATE PUBLIC EDUCATION IN THE LEAST RESTRICTIVE ENVIRONMENT **32**
A. STRENGTH 33
B. AREAS OF NONCOMPLIANCE 34
VIII. PART B: SECONDARY TRANSITION **39**
A. STRENGTHS 39
B. AREA OF NONCOMPLIANCE 40
IX. PART B: GENERAL SUPERVISION **42**
A. STRENGTHS 44
B. AREA OF NONCOMPLIANCE 45
C. SUGGESTION FOR IMPROVED RESULTS FOR CHILDREN WITH DISABILITIES 45

INTRODUCTION

Wisconsin is a large State geographically, with a population of approximately five million people. Most of the State is rural, with large urban population centers in Milwaukee, Madison, Racine and Kenosha. The State's economy consists primarily of manufacturing, tourism and agriculture.

The Part C System

The Department of Health and Family Services (DHFS) is the State's Lead Agency for Part C. The State's Part C system is known as the "Birth to 3 Program". In order to provide a system of early intervention services, DHFS contracts with 72 county administrative agencies, of which 67 are county human service agencies and five are county public health agencies. Each county board designates a county Birth to 3 Program administrative agency. Public and private agencies and individual practitioners (including individual private practitioners, therapy clinics, rehabilitation agencies, hospitals, and Cooperative Educational Service Units) provide early intervention services.

Each county administrative agency has a designated single point of entry for referrals to the early intervention system. The staff of the county administrative agency assigns responsibility to one of the local contractors for initial service coordination, multidisciplinary evaluation, and development of the Individualized Family Service Plan (IFSP). County Birth to 3 Program contractors provide most ongoing service coordination, and a large number of families also receive service coordination from the agency that provides most of the family's early intervention services. Five counties contract with independent service coordination agencies, which provide only service coordination to the Birth to 3 Program families.

With a budget of approximately $20 million from Federal, State, and local dollars, the Birth to 3 Program served 3,785 infants and toddlers on December 1,1997 (1.9 per cent of the State's birth to three population). The number of referrals to the Program is increasing, at the same time that the State's birth rate is decreasing. Between 30 to 40 per cent of participants are enrolled in the program before their first birthday, 32 per cent between 12 and 24 months, 22.5 per cent between 24 and 30 months, and ten per cent between 30 and 36 months.

In 1997, the racial distribution of enrolled children was 22.6 per cent African American, 5.2 per cent Hispanic, 1.9 per cent Asian, 1.2 per cent Native American, and 69 per cent white. The program serves a higher percentage of minority children than are in the general population according to the 1990 census, particularly in Milwaukee County. The program also serves more boys than girls ("Wisconsin's Birth to 3 Program: A Description of Program Participants and Services," October 1998).

Approximately 70 per cent of the toddlers that exited the Birth to 3 Program in 1997 transitioned to preschool special education programs in 1997; for the remaining 30 per cent, the family moved or chose not to seek preschool special education services, or it was determined that the child did not need special education services (Wisconsin's "Participant's Study"). Interviews conducted

with families and service providers indicated that children who do not transition to Part B services are referred to Head Start, childcare, or remain at home after they leave the Birth to 3 Program.

At the time of OSEP's visits to Wisconsin, three DHFS staff members, with a combined full-time equivalent of 2.5, and one fulltime support person, were assigned to the Birth to 3 Program. Two additional fulltime equivalent staff positions were vacant at the time of review. One of these positions was filled shortly after OSEP's February 1999 visit. The Birth to 3 Program uses an additional 0.6 full-time equivalent through a contractual arrangement to conduct program reviews and provide technical assistance.

The Part B System

The State has divided Wisconsin's 427 school districts into 12 Cooperative Educational Service Agencies (CESAs). The Cooperative Educational Service Agencies are educational service agencies that provide technical assistance to each of the school districts within their geographic boundaries. When a school district requires a specific special education or related service that is not available within the school district, the Cooperative Educational Service Agency locates the closest district that can provide the service or assists the school district in identifying an appropriate way in which to secure the needed service for the child. Each school district may determine whether its Cooperative Educational Service Agency CESA region will operate all or part of its educational programs. Each Cooperative Educational Service Agency employs a special education coordinator for all special educational programs in the region, but each school district may also elect to manage its own special education programs and contract with the Cooperative Educational Service Agency to serve a particular child with unique needs. A school district within a given Cooperative Educational Service Agency may choose not to utilize the services of its Cooperative Educational Service Agency for any of its special educational programs.

During the 1997-1998 school year, approximately 114,000 children with disabilities received Part B services in Wisconsin.

There are six juvenile detention facilities in Wisconsin, each of which has a special education program, and several correctional institutions, two of which provide special educational services to students with special needs. All of these programs are under the jurisdiction of the Department of Corrections, which has a cooperative agreement with WDPI. WDPI includes these facilities within its regularly scheduled monitoring activities.

There are two State Supported programs in Wisconsin, the State School for the Deaf and the State School for the Blind and Visually Impaired.

At present, the Statewide assessment system, the Wisconsin Student Assessment System (WSAS), includes the Wisconsin Reading Comprehension Test (WRCT) at *third grade* and the Wisconsin Knowledge and Concepts Examinations (WKCE) *at fourth, eighth, and tenth grade*s.

Since the reauthorization of IDEA, WDPI's Special Education Team has been working in conjunction with the Office of Educational Accountability to formulate state policy regarding the inclusion of students with disabilities in statewide assessments. WDPI has provided extensive in-service and written guidance regarding Part B and State requirements for including students with disabilities in the Statewide assessment program. The WDPI Assessment Workgroup, which includes staff from both WDPI's Special Education Team and its Office of Educational Accountability, developed two power point presentations that were used to provide inservice training sessions throughout the State that reached approximately 2,775 people. In October 1997, 54 and 69 per cent of students with disabilities, respectively, participated in the reading component of the fourth and eight grade Wisconsin Knowledge and Concepts Examinations, compared with 71 and 85 per cent, respectively, in February 1999. In October 1997, 62 and 70 per cent of students with disabilities, respectively, participated in the mathematics component for the fourth and eighth grade examinations, compared with 80 and 85 per cent, respectively, in February 1999. In October 1997, 63 and 71 per cent of students with disabilities, respectively, participated in the science and social studies components of the fourth and eight grade Examinations, respectively, compared with 83 and 86 per cent in February 1999. Seventy-one and 85 per cent participated in the language component of fourth and eighth grade Examinations, respectively, in February 1999; that component was not a part of the October 1997 Examinations. In order to remove any incentive for school districts to exclude children with disabilities from the standardized assessment program, the State has required that all children who do not participate in the standard assessment be counted as performing at the lowest or "prerequisite" level. Thus, including a child in the standard assessment could raise, but could not lower, the reported performance of the child, school or school district. WDPI has provided guidance to school districts suggesting a very broad range of possible accommodations for participation in the standard assessment. If, however, a particular assessment would invalidate the results for a particular component of a test, IEP teams are directed to ensure that the child participates in alternate assessment for that component. For example, where the purpose of a particular component is to measure a child's reading skills, WDPI guidance explains that reading the passages or questions to the child would invalidate the results of the test in measuring the child's reading skills.

Validation Planning: Part C

In preparation for the Part C Validation Planning visit, OSEP reviewed information about the State's Birth to 3 Program, such as performance reports and DHFS' applications for Fiscal Year 1997 and 1998 Part C funds.

In 1997 and 1998, the Birth to 3 Program completed a comprehensive Self-Study. This Self-Study was invaluable to OSEP in the continuous improvement process. DHFS conducted the Self-Study through written surveys using a cluster sampling of 429 families and 524 providers including: county Birth to 3 Program coordinators, service coordinators, directors of provider agencies, members of the State Interagency Coordinating Council, selected State staff, public health agency directors, local special education directors, and randomly-selected service providers. Fifty-seven per cent of the families and 54 per cent of the providers responded to the surveys. DHFS also convened a Committee that met for more than a year to review data from the

written surveys, and to identify State accomplishments, concerns, level of satisfaction with the system's progress, and action steps to address system issues. The Committee included 27 members from a broad range of perspectives, including parents, institutions of higher education, State staff, public and private service providers, a special education director, members of the State Interagency Coordinating Council, and the Great Lakes Intertribal Council.

During the week of November 2, 1998, OSEP conducted public input meetings in Milwaukee, Wausau, and Madison, in order to identify issues and concerns about the Part C system, and strengths in that system. Approximately 85 participants attended. Discussions addressed the following Part C issues: child find and public awareness, the family-centered system of services, early intervention services in natural environments, transition from Part C to other appropriate services, and DHFS general supervision of the Part C system. In addition, OSEP met with selected providers who presented their promising practices, State Medicaid officers, and members of the Self-Study Committee, staff from DPI and DHFS. At the end of the week, OSEP and DHFS met with the State's Part C Steering Committee to review information from the public forums and the Self-Study, and to discuss specific issues that OSEP could investigate as part of Validation Data Collection. The Part C Steering Committee was comprised of the State Interagency Coordinating Council and selected members of the Self-Study Committee. DHFS also reviewed possible sites for OSEP's visit with the Steering Committee.

Validation Planning: Part B

During the week of November 2, 1998, OSEP conducted public input meetings in Milwaukee and Wausau, in order to identify issues and concerns about the State's educational programs for children with disabilities, as well as strengths in WDPI's implementation of Part B. In those meetings, OSEP sought input from parents, educators, advocates, personnel from other agencies that serve children with disabilities, and others interested in special education issues, regarding: (1) parent involvement; (2) provision of a free appropriate public education in the least restrictive environment; (3) secondary transition; and (4) general supervision. More than 150 people participated in the two public input meetings.

WDPI chose to use its Council on Special Education (formerly the Council on Exceptional Education) as its Part B Special Education Advisory Council. During the week of November 2, 2000, OSEP also met with the Council to review the information that WDPI and OSEP had collected from the public input meetings, as well as input from the Council's members, and to help identify issues on which OSEP could focus, and school districts that it could visit, as part of Validation Data Collection.

Validation Data Collection

OSEP visited the State during the week of February 22, 1999, for the purpose of collecting data to address issues identified during Validation Planning.

For Part C, OSEP visited Milwaukee, Brown, and Marathon counties. OSEP met with representatives from the Great Lakes Intertribal Council, a non-profit consortium of eleven Tribal

governments in Wisconsin and administrators from Migrant Head Start. OSEP collected information from the review of children's records and State and local policies and procedures, reviewed monitoring reports and interviewed State personnel, and parents, county program directors, service coordinators, service providers, county interagency collaborators, and State Interagency Coordinating Council members. At the end of the week, OSEP met with DHFS and members of the Steering Committee to summarize OSEP's preliminary Part C findings.

For Part B, OSEP visited the Bloomer, Madison, Milwaukee, Mount Horeb, Racine and River Falls School Districts. In each of those school districts, OSEP reviewed student records and district policies and procedures and data related to issues such as parent involvement, placement, related services, and transition. OSEP also reviewed State policies and procedures, records relating to its monitoring, complaint, mediation, due process, and personnel developments systems, technical assistance, and other issues, and interviewed WDPI personnel regarding those systems and issues. At the end of the week, OSEP met with WDPI and the chair of the Council on Special Education to summarize OSEP's preliminary Part B findings.

I. PART C: GENERAL SUPERVISION

The State lead agency, DHFS, is responsible for developing and maintaining a statewide, comprehensive, coordinated, multidisciplinary, interagency early intervention system. Administration, supervision and monitoring of the early intervention system are essential to ensure that each eligible child and family receives the services needed to enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay. Early intervention services are provided by a wide variety of public and private entities. Through supervision and monitoring, the State ensures that all agencies and individuals providing early intervention services meet the requirements of IDEA, whether or not they receive funds under Part C.

While each State must meet its general supervision and administration responsibilities, the State may determine how that will be accomplished. Mechanisms such as interagency agreements and/or contracts with other State-level or private agencies can serve as the vehicle for the lead agency's implementation of its monitoring responsibilities. The State's role in supervision and monitoring includes: (1) identifying areas in which implementation does not comply with Federal requirements; (2) providing assistance in correcting identified problems; and (3) as needed, using enforcement mechanisms to ensure correction of identified problems.

Validation Planning and Data Collection

Prior to OSEP's validation planning visit, the Wisconsin Self-Study identified the following concerns and recommendations related to the State's oversight of the early intervention system:

- "Considerable concern was expressed by administrative agencies and providers about the future funding for the program. Funding has not kept up with inflation or increased numbers of children being served by Birth to 3.

- "Renewed focus on the roles, responsibilities, and leadership of the State ICC [Interagency Coordinating Council] as a supporting body to the Birth to 3 system needs to occur. Interagency collaboration has been strong at the state level, and will need continued attention. Local coordination efforts have been supported in some communities through the existence of planning groups representing all agencies that work with and support young children and their families. To increase the abilities of local communities to coordinate systems, resources and funding, the development of planning groups' needs to be emphasized and technical assistance to these groups needs to be expanded.

- "State Birth to 3 staff size is too small for all the work that needs to be done. The loss of positions and vacancies in DHFS, as well as reduction in the Wisconsin Personnel Development Project contract, resulted in a reduction of direct technical assistance to individual counties. Counties face continued challenges with funding, coordination, insurance, contracting and the hiring and retention of qualified personnel, and understanding the IDEA requirements and look to the state staff for continued technical assistance. "

Issues raised during the public forums mirrored many of those identified by the Self-Study, as summarized above. The participants also stated that they need State guidance and technical assistance about the implementation of Part C, particularly funding, use of private insurance, natural environments and service coordination. In addition, a number of participants expressed concern about the ability of Birth to 3 to meet the needs of low-income families who have children with disabilities, particularly families enrolled in the State welfare reform initiative ("W-2"). Families reported having difficulty participating in their child's early intervention program and locating licensed and trained child care providers for their children with disabilities so that they can return to work.

OSEP reviewed and analyzed the data and identified the following strengths and suggestions for improved results for infants and toddlers and their families. During the validation data collection phase, OSEP did not collect local data regarding funding. However, discussions took place with DHFS about this concern, during OSEP's visits to the State and thereafter.

A. STRENGTHS

1. State Inter- and Intra-agency Collaboration

State inter- and intra-agency collaboration is evident in the close, problem-solving, working relationships between DHFS staff, State Medicaid officers and the preschool coordinator for special education in WDPI, all of whom are key players in providing funding for early intervention services and ensuring early childhood transitions. At the time of OSEP's visit, State staff received an award from the State Chapter of the Division of Early Childhood for its exemplary collaboration.

2. Information Dissemination

In order to disseminate information to county programs, DHFS has sponsored monthly broadcasts through the Educational Telecommunications Network, a county radio system available throughout the State. DHFS selects topics based on needs assessments that may include issues raised from program reviews. The sessions are available on audiotape for persons who cannot attend the live sessions.

3. Utilization of Results from Surveys and Studies to Monitor Trends in the State Part C System

The State has shown notable initiative in evaluating the effectiveness of the Birth to 3 Program. Studies such as a "1997 Family Impact Survey," the "1998 Wisconsin's Birth to 3 Program: A Description of Program Participants and Services," and the "1997-98 Self-Study," completed prior to OSEP's visits to the State, provide valuable data about the current status of the State's implementation of Part C.

OSEP suggests that DHFS utilize these data to support and implement its ongoing oversight responsibilities. Although taking the first step to conduct these studies is a strength, the

results/trends noted in these evaluations have important implications that could be used to improve the State's Part C system. For example, the "Wisconsin's Participants" highlighted data about minority children participating in the Birth to 3 Program.[1] It states that African American children are "more likely than other racial/ethnic groups to have the primary location of service delivery" in classrooms with other disabled children. Children in Native American families were "more likely to have the primary location of service delivery be the hospital." Another finding related to all children exiting the program in 1996 and 1997. The Study stated that minority children were less likely to exit the program because they were no longer in need of services and more likely to exit because the family chose to discontinue services.

B. SUGGESTIONS FOR IMPROVED RESULTS FOR INFANTS, TODDLERS, AND THEIR FAMILIES

OSEP made the following observations about improving state administration and supervision.

1. Improve Oversight of Corrective Actions

Each State is required to adopt and use proper methods of administering the program, including: monitoring agencies, institutions and organizations used by the State to provide early intervention services; enforcing the Part C obligations imposed on those entities; providing technical assistance, if necessary; and correcting deficiencies that are identified through monitoring.

DHFS initiated a "Program Review Process" in October 1997. Prior to this time, DHFS reviewed and analyzed annual plans and budgets from each of the 72 county programs and provided technical assistance and training, but it did not otherwise monitor compliance with Part C. As described by DHFS, Wisconsin's current Program Review has five facets: (1) an approach to program review that focuses on the provision of technical assistance, rather than on the identification of noncompliance; (2) a self assessment completed by local programs; (3) a written report with findings and priority areas; (4) an exit interview; and (5) a corrective action plan when the review discovers severe deficiencies or non-compliance issues. Early intervention record reviews and a review of program policies and procedures provide information about quantitative measures of program standards. While file and paper reviews are important to Wisconsin's process, DHFS believes that program staff, families and community members are valuable sources of information about the performance of the program. This information is gleaned from interviews or surveys.

The schedule for site reviews is based on random selection according to DHFS geographic administrative regions. DHFS conducts county reviews on a five-year review cycle, but encourages county programs to conduct ongoing self-assessment. By July 1999, DHFS completed reviews for 26 of the 72 county Birth to 3 programs, and it projects that it will complete all 72 program reviews by 2002.

---

1 This report cited several caveats in interpretation of data. The report is based on analysis of the information available for all cases active and entered in calendar year 1996 and all cases active in 1997. The data files contain some errors, including having duplicate records of some children.

DHFS staff who conduct the State's Program Reviews under Part C told OSEP that self-assessment and technical assistance can be very important in helping county programs to improve their services and compliance, but that there was not enough emphasis on the clear identification of noncompliance and systematic tracking of correction of that noncompliance.
OSEP's review of eight Program Reports confirmed that those reports did not clearly communicate the specific nature of the noncompliance with Part C and the actions needed to correct it.

2. Increase Capacity for Technical Assistance

Because the State's administrative and oversight practices are heavily weighted toward a technical assistance philosophy, the State's capacity to provide oversight requires sufficient staff to provide the required technical assistance. DHFS hired a new Part C Coordinator three months prior to OSEP's November 1998 visit to the State, after the position had been vacant for several months. Support for the Wisconsin Personnel Development Project, a major resource of technical assistance for correcting deficiencies, had been drastically reduced in recent years.

Service providers and service coordinators in one county stated that they had not received any technical assistance from DHFS on monitoring findings in their locale. Administrators from one densely populated county told OSEP they would welcome targeted technical assistance from the State to address unique concerns in this area, although their county was not scheduled for the formal State's Program Review process for some time. Administrators in another county told OSEP that a useful source of technical assistance, the Birth to 3 Newsletter, is not being issued as frequently as in the past. This Newsletter was being issued quarterly and distributed to over 9,000 individuals including health care providers, local public health, social service and education agencies; state agencies, parents, parent support groups, advocacy groups, legislators, and professional organizations.

The Self-Study reported, "State Birth to 3 staff size is too small for all the work that needs to be done." According to the Study, Counties face continued challenges with funding, coordination, use of private insurance, contracting, the hiring and retention of qualified personnel, and understanding the IDEA requirements, and look to the State staff for continued technical assistance. The Self-Study Committee recommended that the State develop a mechanism for sharing among counties because each county "spins its wheels" to develop paperwork when perhaps another county already has accomplished this task.

Since OSEP's visit to the State in 1998 and 1999, DHFS initiated strategies to strengthen its oversight practices. These include mandating certain types of technical assistance activities, providing additional on-site consultation with county staff and providers, tracking program's responses to non-compliance findings, and requiring counties to submit annual data about how they have improved their systems as a result of program reviews. In addition, the State ICC reorganized its operations and formed a number of task forces, including ones on funding and natural environments, to assist DHFS in bolstering the Part C system. One of the federal Part C funded positions was filled through a contractual arrangement. The other position was filled in

February 2000. OSEP recommends that DHFS continue its efforts to improve technical assistance.

3. Increase Oversight of Services and Improve Collaboration for Infants and Toddlers in Migrant Farm Worker Families

The 1997 Amendments to IDEA specifically require States to identify, locate and evaluate all children with disabilities, including migrant children. Part C requires that DHFS coordinate child find efforts with programs funded by other programs, including Head Start, and ensures that families of traditionally underserved groups have access to services within their local geographic areas. The Head Start Performance Standards require Head Start grantees to develop interagency agreements to build a foundation of collaboration for infants and toddlers with disabilities served by Head Start programs.

During Wisconsin's agricultural season, more than 500 infants and toddlers receive services from Migrant Head Start and migrant childcare providers in 14 counties/towns throughout the State. The majority of these children reside in the State from May through November. While several Birth to 3 providers worked collaboratively with Migrant Head Start to serve 4 infants and toddlers with disabilities during the 1998 agricultural season, the Migrant Head Start administrators reported some difficulties in obtaining Birth to 3 services for some children. Some county Part C programs did not believe they were responsible for providing Birth to 3 services for migrant children. Bilingual staff was not available to serve some children. At the time of OSEP's visit to the State, less than half of the 14 counties where migrant children reside had interagency agreements between the Birth to 3 program and Migrant Head Start to clarify roles and responsibilities for child find and services. DHFS was in the process of drafting a State Interagency Agreement that would include Migrant Head Start, but that Agreement is not yet in place.

OSEP encourages DHFS to proceed with finalizing this Agreement and to provide guidance to county programs about their responsibilities for migrant infants and toddlers residing in their State.

4. Evaluate Effects of "W-2" Program on Children in Birth to 3 Programs

The Self-Study, participants in the public forums, and interagency collaborators in one densely populated county all reported that the W-2 program, Wisconsin's welfare reform initiative, has created some new challenges in providing early intervention services. For example, it is harder for families to be involved in the Birth to 3 program because families' primary concern is to provide food and shelter for their children rather than focus on their child's development. Interagency collaborators reported that it is now more difficult for W-2 families to obtain Medicaid eligibility and other related programs. Interagency referral mechanisms that were previously in place have now been altered and there continues to be confusion among referral sources about how to facilitate families enrollment in these programs. One multi-service agency serving families enrolled in the W-2 program and Birth to 3 reported to OSEP, however, that it had been able to arrange for families to have their IFSP-related meetings counted as work hours.

OSEP encourages DHFS to continue to determine possible results of W-2 on families with infants and toddlers with disabilities and to look for resolution of these outcomes with other responsible State agencies.

II. PART C: CHILD FIND AND PUBLIC AWARENESS

The needs of infants and toddlers with disabilities and their families are generally met through a variety of agencies. However, prior to the enactment of Part C of IDEA, there was little coordination or collaboration for service provision, and many families had difficulty locating and obtaining needed services. Searching for resources placed a great strain on families.

With the passage of Part C in 1986, Congress sought to ensure that all children needing services would be identified, evaluated, and served, especially those children who are typically underrepresented, (e.g., minority, low-income, inner-city, American Indian and rural populations) through an interagency, coordinated, multidisciplinary system of early intervention services.

Each State's early intervention system must include child find and public awareness activities that are coordinated and collaborated with all other child find efforts in the State. Part C recognizes the need for early referral and short timelines for evaluation because development occurs at a more rapid rate during the first three years of life than at any other age. Research in early brain development has demonstrated what early interventionists have known for years: that children begin to learn and develop from the moment of birth. Therefore, the facilitation of early learning and the provision of timely early intervention services to infants and toddlers with disabilities are critical

Validation Planning and Data Collection

Based on the Self-Study, the Wisconsin Part C Steering Committee identified several needs and priorities related to public awareness and child find: (1) refocus efforts on media outreach (public service announcements and commercials), provide additional dollars for local outreach programs, and continue outreach to under-represented families with literature and forms in the languages of the families using the program; and, (2) conduct outreach with the medical community so that they will become knowledgeable and supportive of Birth to 3 and make early referrals to the program.

The public forums corroborated the Self-Study findings and added that other system changes have affected child find efforts in the State, particularly the W-2 program because local referral networks are changing. Some participants expressed concerns that outreach to families living in poverty may not be effective.

State data show that referrals to the Birth to 3 program are increasing while at the same time the State's birth rate is decreasing. The December 1, 1997 count for infants and toddlers served was 3,785 (1.9 per cent of the 0-3 population). Data from the Wisconsin Participants Study showed that of all children enrolled during the calendar year 1997, 35 per cent of the participants were enrolled in the program before their first birthday, 32 per cent between the ages of one and two; and 32 per cent between the ages of two and three.

OSEP reviewed and analyzed the data and identified the following strength and suggestions for improved results for infants and toddlers and their families.

A. STRENGTH

1. Activities to Promote Public Awareness and Outreach to Southeast Asian Families

The results of State initiatives to reach out to Southeast Asian families were evident in two counties that OSEP visited. The Laotian Family Resource Center, in one county, is working closely with the Birth to 3 program. The Resource Center has a bilingual social worker assigned to assist with outreach, evaluation services and translation for home-based services for children enrolled in Birth to 3. This Resource center also provides a number of other social services to families from Laos and Vietnam. In this community, there are approximately 6,000 Laotian and Hmong families and 1,000 Vietnamese families. In another county where a large group of Hmong families reside, bilingual staff in the Birth to 3 program is conducting outreach to this community by utilizing radio and television stations and developing outreach materials specifically for the Hmong community.

2. Diversity Outreach Project

The State is using a variety of public awareness strategies to provide information to families from diverse backgrounds. For example, in 1995, the State funded outreach projects in 20 counties to modify or improve their outreach efforts to diverse populations. Three counties focused on urban outreach plans, six counties explored outreach to families of Hmong and Southeast Asia, five counties to Hispanic families, and five counties to Native American families, two counties to single and teen parents, four counties to rural, low income families and physicians, and three counties to parents with cognitive disabilities. These efforts resulted in a State publication that highlighted recommendations for outreach and sample materials from these projects. In addition, local materials were translated into Spanish and Hmong, resource guides were distributed to parents and others, staff received training on diversity and cultural sensitivity, local videotapes were produced, and collaboration was built among groups that were not previously connected.

B. SUGGESTIONS FOR IMPROVED RESULTS FOR INFANTS, TODDLERS, AND THEIR FAMILIES

OSEP made the following observations about child find and public awareness.

1. Improve Procedures for Referrals by Medical Personnel

DHFS informed OSEP that there are activities occurring at the county and State levels to promote child find with the medical community. In collaboration with the State Medicaid office, DHFS authored two articles in “Medicaid Updates,” a policy bulletin that is widely disseminated to physicians and others throughout the State. These articles emphasized the referral process and detailed the natural environment requirements. The Part C Coordinator met with members of the State Medical Society and presented information about the Birth to 3 program and referral procedures. DHFS has allocated Part C federal grant dollars to hire a Health Coordinator who will serve as liaison with health and medical communities. DHFS monitors the public awareness

activities during the Program Review process and expects counties to have a comprehensive informed referral network.

In one county visited by OSEP, Birth to 3 providers are participating in two hospital transition teams that facilitate infants' transition from hospital to home. In another county, the Birth to 3 program has developed a referral network with their county hospital so that 80 per cent of their referrals are from the hospital.

Despite these activities, the Self-Study, participants in the public forums, and administrators and providers identified a number of barriers in the early referral system in Wisconsin, that include: (1) some physicians do not refer children until therapy services covered by private insurance are exhausted; (2) some physicians believed that Birth to 3 is only for eligible children who qualify for Medicaid and not for children whose families have private insurance; (3) some physicians serving low income children are not aware of Birth to 3; and not all of those who are aware of the program are making timely referrals to it; (4) due to their history of referring infants and toddlers to providers with whom they were personally familiar, physicians and other primary referral sources are continuing to refer infants and toddlers to individual providers, rather than the Birth to 3 system as a single point of entry; (5) the need for more training and public awareness activities about the value and importance of early intervention to infants and toddlers with disabilities for health and medical community. One parent told OSEP that she left the hospital with her infant who had a diagnosed condition with no information about the program or how to learn more about her child's condition. Some families indicated that, although they realized they could refer their child directly, they were hesitant to do so without a recommendation from their child's physician (Family Impact Survey).

OSEP recommends that DHFS evaluate the effectiveness of its recent steps to ascertain whether referrals have increased and continue to pursue avenues for increased collaboration with the medical community to ensure early access to the Birth to 3 Program.

2. Improvement in Public Awareness Activities

While DHFS continues to produce and disseminate materials for general public awareness, some participants in the "Wisconsin Family Impact Study" reported that the general public, including doctors, child care providers, and parents, do not know much about the Birth to 3 programs and its services. One county administrator told OSEP and DHFS that the county had not disseminated public service announcements for some time, although it had been engaged in monthly public awareness activities with public health clinics, the Perinatal Society, and child care programs. Interagency collaborators in one county told OSEP that children living in poverty fall "through the cracks." They also said that many of the children whose families are enrolled in W-2 are attending unlicensed childcare, and the child find efforts are not reaching these children. In another location visited by OSEP, an interagency representative reported that childcare providers need more information about how to make a referral to the Birth to 3 program.

OSEP discussed this issue with the Steering Committee during OSEP's exit conference. DHFS then conducted an assessment of public awareness activities implemented by county programs

and determined that all counties are using the State materials or have developed their own materials about the Birth to 3 program. Sixty percent of the counties have their own newsletters. DHFS received feedback about how the State should update the current materials and additional materials that need to be developed. The ICC established a Work Group to develop additional strategies to enhance public awareness activities. OSEP encourages the State to continue to address improved public awareness activities, and to evaluate the effectiveness of its recent steps.

3. Child Find for Native American and Hispanic Families

On some Reservations, Indian Health Clinics and Birth to 3 are not coordinating screening and evaluations. A tribal representative reported that it is the practice that the Indian Health Clinic in one county not refer infants suspected of having a disability to the Birth to 3 program until the infant is five months of age. When these clinics do make referrals to Birth to 3, Indian Health clinics reported that they lose contact with the families. State child find data for 1997 showed that Indian children were the only group, of all ethnic groups in the State, that had no children served by the Birth to 3 program for more than 30 months, as noted in a DHFS report, "A Description of Program Participants and Services."

Service coordinators, in one county, told OSEP and DHFS that Hispanic families do not know about early intervention services because these types of services do not exist in their respective home countries. They also said that more materials and information, particularly about early childhood development, are needed in the Spanish language.

OSEP encourages DHFS to continue to address the needs of the State's diverse population in order to improve early access to the early intervention system.

III. PART C: EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS

In creating the Part C legislation, Congress recognized the urgent need to ensure that all infants and toddlers with disabilities and their families receive early intervention services according to their individual needs. Three of the principles on which Part C was enacted include: (1) enhancing the child's developmental potential, (2) enhancing the capacity of families to meet the needs of their infant or toddler with disabilities, and (3) improving and expanding existing early intervention services being provided to children with disabilities and their families.

To assist families in this process, Congress also requires that each family be provided with a service coordinator, to act as a single point of contact for the family. The service coordinator's responsibilities include assisting families in understanding and exercising their rights under Part C, arranging for assessments and IFSP meetings, and facilitating the provision of needed services. The service coordinator coordinates required early intervention services, as well as medical and other services the child and the child's family may need. With a single point of contact, families are relieved of the burden of searching for essential services, negotiating with multiple agencies and trying to coordinate their own service needs.

Part C requires the development and implementation of an IFSP for each eligible child. The evaluation, assessment, and IFSP process is designed to ensure that appropriate evaluation and assessments of the unique needs of the child and of the family, related to the enhancing the development of their child, are conducted in a timely manner. Parents are active members of the IFSP multidisciplinary team. The team must take into consideration all the information gleaned from the evaluation and child and family assessments, in determining the appropriate services to meet the child's needs.

The IFSP must also include a statement of the natural environments in which early intervention services will be provided for the child. Children with disabilities should receive services in community settings and places where normally developing children would be found, so that they will not be denied opportunities that all children have - to be included in all aspects of our society. Since 1991, IDEA has required that infants and toddlers with disabilities receive early intervention services in natural environments. This requirement was further reinforced by the addition of a new requirement in 1997 that early intervention could occur in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment. In the event that early intervention cannot be satisfactorily achieved in a natural environment, the IFSP must include a justification of the extent, if any, to which the services will not be provided in a natural environment.

Validation Planning and Data Collection

The majority of the issues that emerged from the Wisconsin Self-Study and the public forums related to systemic changes that will need to occur to implement services in natural environments. The Self-Study and public forums indicated that many parents, providers and administrators do not have an understanding of Part C's natural environment requirements and

that State guidance has been lacking about how to provide services in natural environments. Specific issues were related to incorporating family concerns, priorities and resources in the provision of early intervention services in natural environments, promoting pre-service training of therapists to work in natural environments, and funding services in natural environments. Other concerns were that some counties offer "packaged" services to all eligible children (with little or no individualization), too many counties are offering primarily center based programs only for children with disabilities, and IFSPs do not reflect an array of services.

Related to improving the State's early intervention services, the Self-Study suggested that State and local coordination increase, particularly with health agencies, health maintenance organizations and Head Start. Migrant Head Start officials informed OSEP and DHFS that bilingual providers are needed for infants and toddlers in migrant farm worker families.

OSEP reviewed and analyzed the data and identified the following strengths and areas of noncompliance.

A. STRENGTHS

1. Comprehensive System of Personnel Development

DHFS supports a comprehensive system of personnel development, the Wisconsin Personnel Development Project. This project, established in 1989, has continued to be a consistent resource for parents and professionals. A highlight of activities includes: establishment of an easily accessible lending library, leadership training for parents, coordinated activities with WDPI to address birth to 5 training needs, promoting higher education curriculum revisions related to young children with disabilities, and providing ongoing State, regional and county specific training activities focusing on best practices in early intervention. This project's work within higher education has resulted in the identification of approximately 800 students who are interested in working in early intervention. The Self-Study describes this long-standing project as a strength, and OSEP encourages the State to provide a continuous level of support in order to maintain the positive outcome of this Project.

2. Assistive Technology

The Wisconsin Assistive Technology Initiative works collaboratively with DHFS to promote training and technical assistance to parents and county Birth to 3 programs. Twelve half-time regional consultants are providing on-site technical assistance and local training to staff and parents. In 1998, the project provided 14 workshops for parents and Birth to 3 staff, as well as additional one-on-one consultations.

B. AREAS OF NONCOMPLIANCE

1. Natural Environments

34 CFR §303.167(c) requires the State to ensure that to the maximum extent appropriate, early intervention services are provided in natural environments. The provision of early intervention services for any infant or toddler may occur in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant and toddler in a natural environment. Moreover, each child and family's IFSP must include the location and natural environments in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment. 34 CFR §303.344(d)(1)(ii). Natural environments are defined as settings that are natural or normal for the child's age peers who have no disability. 34 CFR §303.12(b)(2).

OSEP found that the State is not ensuring the effective implementation of the policies and procedures in its approved Part C Application related to provision of early intervention services in natural environments. The State must ensure that the IFSP team makes service location decisions for each child, based on the child's needs.

State data indicate that, for 1997, almost half of the infants and toddlers enrolled in the Birth to 3 program were served in early intervention classrooms only for children with disabilities. Parents in one county told OSEP that they were given two options for receiving services, and both were in segregated center programs.

The majority of the 23 IFSPs reviewed by OSEP did not list the location or natural environments in which services would be provided. In instances where IFSPs listed location for services as center-based classrooms with other disabled children, the IFSPs did not contain any justifications for the extent to which early intervention could not be satisfactorily achieved in natural environments.

DHFS Program Reviews that occurred just prior to OSEP's visit found that a Birth to 3 contractor for one Reservation offered early intervention services only in hospital settings, and that IFSPs in four counties did not contain the required natural environment information.

Prior to OSEP's visit, DHFS identified the need to focus on the provision of services in natural environments, based on individual needs of the child. DHFS required each county contractor to submit an implementation plan for providing services in natural environments and specific funding was disseminated to counties to assist in system change. DHFS focused its training on natural environments and convened a Work Group in 1999, comprised of parents, providers, administrators, and institutions of higher education, to guide the State's implementation of the natural environment requirements. Program reviews are being conducted to ensure that service providers are complying with State procedures for implementing services in natural environments. The State reports that the percentage of children with services in natural environments increased in 1998-1999.

The State should evaluate the effectiveness of the steps taken since OSEP's visit and be able to demonstrate compliance with the natural environment requirements.

2. Individualized IFSP Decisions regarding Services for Each Child

34 CFR §303.344(d) requires States to ensure that each IFSP include a statement of specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes listed in the IFSP, including the frequency, intensity and method of delivering the service. Frequency and intensity mean the number of days or sessions that a service will be provided, the length of time the service will be provided, and whether the service is provided on an individual or group basis. 34 CFR §303.344(d)(2)(i). The development of an IFSP is a planning process to assist the IFSP team, including parents, in making decisions about services, frequency, intensity, and duration of services on an individual basis to meet the child's and family's unique needs.

OSEP found evidence that IFSP teams are not making individualized decisions for all infants and toddlers with disabilities, based on the unique needs of each child and family.

Administrators in a large urban county told OSEP that the frequency and intensity of delivering therapy services is limited by the authorization levels under which the county can bill and the types of services that insurance plans provide, rather than the needs of the child and family. The majority of service coordinators and parents in the same county told OSEP that decisions about frequency and intensity of therapy are determined by fiscal constraints and "a kind of menu" of services. Administrators in this county also informed OSEP that therapists decide the frequency and intensity of services prior to the IFSP meetings, and there is no opportunity for the IFSP team to determine the frequency and intensity based on the needs of the child and family. The service coordinators in two areas that OSEP visited also stated their understanding that the determination of services was based solely on therapists' recommendations and resources available, rather than an individualized determination by the IFSP team based on the child's needs. DHFS observed this practice during its 1997-1998 Program Review in two counties not visited by OSEP.

Related to this issue, as described in the Wisconsin Self-Study, Appendix D, a sample of respondents indicated that some counties offer packaged services to eligible children, not individual services, that IFSPs do not always reflect an array of services, and that some service providers come into the IFSP meeting having predetermined the frequency of services and goals, rather than developing these with family input in the IFSP meeting.

3. Including Criteria, Procedures and Timelines in IFSPs To Measure Progress

34 CFR §303.344(c) requires States to ensure that each IFSP contain the criteria, procedures and timelines for evaluating whether major outcomes on the IFSP are being achieved for the children and family. This must include the means used to measure the degree to which progress toward achieving outcomes is being made, and whether modification or revision of the outcomes or services is necessary.

OSEP found that DHFS is not ensuring that IFSPs document procedures for measuring progress and evaluating whether services and outcomes require modification. The majority of the 23 IFSPs that OSEP reviewed included no criteria, procedures or timelines for evaluating progress. Without this information on each IFSP, families and other team members do not have an effective method for monitoring individual child progress. State Program Reviews during 1997-1998 confirmed that this practice was also occurring in three counties OSEP did not visit.

4. IFSP Identification of Services Related to Children's Health Needs

The IFSP provides a comprehensive picture of the child's total service needs, including the need for medical and health services, and families' unique needs to achieve outcomes identified on the IFSP. The IFSP must include, to the extent appropriate, medical and other services that the child needs, but are not required under Part C, the funding sources for those services, or the steps to secure these services from private and public sources. 34 CFR §303.344(e).

As discussed below, OSEP found that DHFS has not ensured that IFSP teams identify needed health and medical services or the steps to secure these services.

Eleven IFSPs that OSEP reviewed for children with severe medical conditions, who would be expected to have ongoing medical conditions that might affect the provision of early intervention services (e.g., requiring frequent visits to medical facilities), did not specify any needed health, nursing, medical, or nutrition services. With the exception of one IFSP, health professionals were not involved in the development of the IFSPs for the eleven children with severe medical conditions. Although not a requirement, the State may want to consider such involvement for these children.

None of the 23 IFSPs reviewed by OSEP listed health, nursing, medical or nutrition services, regardless of the needs of the child. Two health providers told OSEP that the IFSPs for many of the children who were receiving services from their county health agency and Part C services from the Birth to 3 Program did not include nutrition services or provide for a referral for a nutrition screening. One health professional reported to OSEP that he is involved in health care for foster children and that he is concerned that coordination between Birth to 3 and primary medical homes for foster children is not occurring. The Self-Study reported the need for better coordination between health agencies and county systems.

According to the State's Self-Study, in instances where children have significant health/medical needs or families have multiple stresses, service coordinator caseloads impact the ability of the service coordinators to facilitate health and medical referrals and services. Since the majority of service coordinators in Wisconsin provide direct services as well as service coordination, there is not sufficient time to facilitate the medical referrals.

Thus, in addition to ensuring that IFSPs include the health and medical services a child needs, the State may wish to examine whether the service coordinators are effectively coordinating these other services for families.

IV. PART C: FAMILY-CENTERED SYSTEM OF SERVICES

Research has shown that improved outcomes for young children are most likely to occur when services are based on the premise that parents or primary caregivers are the most important factors influencing a child's development. Family-centered practices are those in which families are involved in all aspects of the decision-making, families' culture and values are respected, and families are provided with accurate and sufficient information to be able to make informed decisions. A family-centered approach keeps the focus on the developmental needs of the child, while including family concerns and needs in the decision-making process. Family-centered practices include establishing trust and rapport with families, and helping families develop skills to best meet their child's needs.

Parents and other family members are recognized as the linchpins of Part C. As such, States must include parents as an integral part of decision-making and service provision, from assessments through development of the IFSP, to transition activities before their child turns three. Parents bring a wealth of knowledge about the abilities and dreams of their child and family, and an understanding of the community in which they live.

In 1986, Part C of the IDEA was recognized as the first piece of Federal legislation to specifically focus attention on the needs of the family related to enhancing the development of children with disabilities. In enacting Part C, Congress acknowledged the need to support families and enhance their capacity to meet the needs of their infants and toddlers with disabilities. On the cutting edge of education legislation, Part C challenged systems of care to focus on the family as the unit of services, rather than the child. Viewing the child in the context of her/his family and the family in the context of their community, Congress created certain challenges for States as they designed and implemented a family-centered system of services.

Validation Planning and Data Collection

Prior to OSEP's visits to the State, DHFS had conducted two comprehensive surveys/studies related to the effectiveness of family-centered practices in the Birth to 3 Program.

The first, a 1996 "Wisconsin Family Impact Survey" provided data from approximately 1,000 families who had exited the program, for any reason, between June 1995 and July 1996. Although eighty percent of the respondents reported satisfaction with the services that Birth to 3 offered (e.g., speech therapy, physical therapy, and occupational therapy), the Study found that the Birth to 3 program "appears somewhat less successful in meeting the needs of families needing help with finding ways to reduce stress and cope with the impact of their child's special needs, getting in touch with other parents, or joining parent support groups, balancing their child's care and service plan with other family concerns, and learning to cope with difficult social situations related to their child's special needs" (p. 9).

Survey results from families participating in the "Wisconsin Self-Study" reported similar impressions. The responses were positive that the Birth to 3 program was meeting their child's needs, but respondents indicated that "families want access to other services…by the Birth to 3

staff," "...more informed about progress of [their] child", and "families wanted to see families' needs better met." Participants in the public forums stated that more resources needed to be targeted on training for parents about community services available to them.

In Wisconsin, the services most often provided to infants and toddlers and their families, as reported in the Wisconsin "Participants" Study, are speech services (69 per cent), special instruction (60 per cent), occupational therapy (40 per cent), and physical therapy (34 per cent). Infants, toddlers and their families are less likely to receive family education and counseling. No respite care services are reported as being provided.

Prior to OSEP's visit, the Self-Study Committee recommended that actions be taken to improve family centered practices in the Birth to 3 program. The Committee recommended: (1) providing more funding to facilitate community linkages for families; (2) providing training and technical assistance to providers and service coordinators in such areas as linking families to community agencies, implementing a family-focused philosophy and family directed assessments, and developing and writing functional family outcomes; (3) providing training and technical assistance for parents on topics such as procedural safeguards, parent involvement in local and State policy development, and service coordination for families who want to be service coordinators for children other than their own; and (4) providing training and technical assistance on ways to improve communication between families and Birth to 3 programs.

OSEP reviewed and analyzed the data and identified the following strength and area of noncompliance.

A. STRENGTH

Family Centered Principles

DHFS makes consistent and extraordinary efforts to ensure that parents have significant input into all aspects of policy development for the Part C system. DHFS includes family representatives are on all committees and workgroups, solicits parent input on publications and other materials, funds ongoing parent leadership training, and strongly encourages parent input on rule and policy revisions. DHFS also encourages parents to attend all training offered through the Wisconsin Personnel Development Project, and provides stipends and scholarships to support their involvement. DHFS has also developed six publications targeted to parent education about family centered practices. Similarly, the State Interagency Coordinating Council's "Guiding Principles," adopted by in 1998, strongly reflect the family-centered philosophy of the Birth to 3 Program.

B. AREA OF NONCOMPLIANCE

Identification of Family Supports and Services in IFSPs

The IFSP results from a family-centered process of identifying child and family strengths and needs. The Part C regulations require that, with the concurrence of the family, a family directed

assessment be conducted to determine the resources, priorities and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child. 34 CFR §303.322(d). Moreover, 34 CFR §303.344(b) requires the IFSP to include, with the concurrence of the family, a statement of the family's resources, priorities, and concerns related to enhancing the development of the child. The IFSP must also include the specific early intervention services to meet the unique needs of the family and the outcomes to be achieved for the family. 34 CFR §303.344(c) and (d).

The family-centered approach envisioned by Part C emphasizes the identification of strategies, supports and resources, with family concurrence, and the implementation of services and supports on the IFSP. This approach can include providing services to enhance the family's skills and knowledge about their child's condition; developing outcomes on the IFSP that are functional for the family (for example, facilitating the child's sleeping, eating, playing, and communicating); supporting families to gain access to services that address their needs through community agencies and providing or referring families to social support networks.

OSEP finds that the State is not ensuring that, with the concurrence of the family, IFSP teams identify the services and supports necessary to enhance the family's capacity to meet the developmental needs of their child and to meet the unique needs of the child and family.

In two of the areas that it visited, OSEP interviewed many families who did not know that, if the parents concur, their child's IFSP must include a statement of the family's concerns, priorities, services and supports. These families reported that they thought services specified in the IFSP were only to address the needs of their children, based solely on recommendations from occupational, physical and speech therapists and the available staff resources and available funds.

Respondents to the Self-Study stated that "parents' role in evaluation and assessment is rarely planned and negotiated ahead of time…and that additional training for providers about how to conduct family assessments is needed"(Appendix D). DHFS found that family directed assessments were not being offered in one county they had visited in the 1997-98 program review cycle. This county was not visited by OSEP.

Eleven of the 23 IFSPs that OSEP reviewed did not include any information regarding the family's priorities, concerns, resources, services, or supports, and the children's files did not include any indication that the families had been informed of and rejected the option to have a family assessment.

In four of the 12 IFSPs in which OSEP did find families' concerns, priorities and resources, the IFSP identified no outcomes or services to address the needs. Administrators in one densely populated area told OSEP that they had already recognized the need to put renewed focus on promoting comprehensive services to infants, toddlers and their families, prior to OSEP's visit. These same administrators told OSEP and DHFS that the focus of IFSPs has been on individual services for the child and not the needs of the family unit to enhance the development of the child. The Self-Study also identified the need to enhance the provision of comprehensive supports and services to families through the IFSP process.

One of the outcomes of the family-directed assessment and IFSP process is to support families in gaining access to services that address their needs through community agencies and to provide or refer families to social support networks. Respondents to the Self-Study reported the need to have a better mechanism to inform families about all services available to eligible children and their families. Two interagency representatives, who were involved in early intervention as both professionals and parents of children with disabilities, told OSEP and DHFS that families in their area are not aware of all relevant family support services. Administrators and DHFS confirmed that Birth to 3 Programs refer families to the Statewide Family Support Program, but that there is about a two-year waiting period for services. (This program, funded with State and county funds, provides a $3,000 per year stipend for family support services, such as equipment and respite.)

Although, as noted above, there were significant problems in implementing family-centered practices, the majority of service providers in one county stated that they had not been offered training in family-centered practices. Administrators in another county told OSEP that their work force largely comprises very young therapists who have excellent technical skills, but have not been exposed to training on family-centered practices nor practical experiences with family-centered practice. Self-Study respondents noted that providers need "more training on writing outcomes that reflect a family's priorities and routines…Outcomes are often still tasks analysis in different [developmental] domains" (Appendix D).

V. PART C: EARLY CHILDHOOD TRANSITION

Congress included provisions to ensure that preschool or other appropriate services would be provided to eligible children leaving early intervention at age three. Transition is a multifaceted process to prepare the child and the child's family to leave early intervention services. Congress recognized the importance of coordination and cooperation between the educational agency and the early intervention system by requiring that a specific set of activities occur as part of a transition plan. Transition activities typically include: (1) identification of steps to be taken to prepare the child for changes in service delivery and to help the child adjust to a new setting, (2) preparation of the family (i.e., discussions, training, visitations), and (3) determination of other programs and services for which a child might be eligible. Transition planning for children who may be eligible for Part B preschool services must include scheduling a meeting, with approval of the family, among the lead agency, the educational agency and the family, at least 90 days (with parental permission up to six months) prior to the child's third birthday. Transition of children who are not eligible for special education also includes making reasonable efforts to convene a meeting to assist families in obtaining other appropriate community-based services. For all Part C children, States must review the child's program options for the period from the child's third birthday through the remainder of the school year and must establish a transition plan.

Validation Planning and Data Collection

The Self-Study survey results demonstrated that transition, though working well in some areas of the State, continues to be a problem in others, particularly for children who turn three during the summer months and enter special education programs offered through a local education agency. Of 33 providers who provided specific comments on the survey, the majority stated that some type of problem exists during transition. Issues identified during the public forums were that county Birth to 3 programs need additional technical assistance about developing and implementing interagency agreements with local education agencies and models for transition. State data indicate that approximately 70 per cent of the toddlers in Birth to 3 programs qualify for preschool special education services at age 3 and that approximately 24 per cent receive no formal services after they exit the program.

OSEP reviewed and analyzed the data and identified the following strength and area of noncompliance.

A. STRENGTH

Collaboration between DHFS and WDPI

DHFS and WDPI regularly engage in ongoing joint planning, technical assistance and training on matters related to transition. A WDPI preschool staff member participates in monthly DHFS staff meetings to facilitate ongoing communication and problem-solving pertaining to transition. The Chairpersons of the Part C and Part B Steering Committees have also made a commitment to facilitate problem-solving around transition matters as a result of OSEP's visits. This

collaboration has helped to ensure more effective transition practices in some counties. For example, in one of the counties that OSEP visited, a local educational agency representative typically makes, together with Birth to 3 providers, at least one home visit to meet the child and family as a part of transition planning.

B. AREA OF NONCOMPLIANCE

Convening Transition Conference at Least 90 Days before the Child's Third Birthday

DHFS must ensure a smooth transition for children participating in early intervention into Part B or other appropriate services. The Part C regulations require that public agencies develop IFSP transition plans and that a transition planning conference be held, with the approval of the child's family, at least 90 days before the child's third birthday to develop the transition plan with the family, early intervention representatives, and the local education agency, for children who may be eligible for Part B services. 34 CFR §§303.148 and 303.344(h). The purpose of the conference is to discuss any services the child may receive and review the child's program options for the period from the child's third birthday through the remainder of the school year. The outcome of this conference is a transition plan for the child and family. 34 CFR §303.344(h) requires that the IFSP include the steps to be taken to support the transition of the child to preschool services under Part B of IDEA, to the extent that those services are appropriate, or other services that may be available, if appropriate. DHFS policies and procedures also require that the early intervention service coordinator meet and discuss possible options with families at least six months prior to transition at age three.

As discussed below, OSEP found that DHFS did not ensure that a transition planning conference was held at least 90 days before a child's third birthday for those who may be eligible for Part B, or make reasonable efforts to convene a transition conference for children who are not likely to be eligible for Part B services.

From interviews with service coordinators, interagency collaborators, and administrators, and from record reviews, OSEP found in two of the four areas visited that individual transition conferences are not systematically being held for children who may be eligible for Part B. In one county, the Birth to 3 program is inviting all parents whose children are thirty-three months or older and the respective local educational agency representatives to group informational meetings. These group informational meetings are being held in lieu of an individualized transition conference with the family. OSEP found that only one of seven IFSPs that OSEP reviewed in that county for children who were thirty-three months or older documented a transition plan that met the 90-day conference requirement. DHFS reported findings that three counties in the 1997-98 program review schedule were not holding individual transition conferences. These were counties OSEP did not visit.

The Self-Study cited concerns that: Birth to 3 providers are not following the specified rules and procedures; some counties do not hold individual transition conferences; families report a high level of stress during transitioning; local agreements or procedures with local education agencies are not in place; and, transition to health care, child care and Head Start systems need to be

addressed (Appendix D). Other examples of lack of effective transition planning noted during OSEP's visit included: (1) tribal representatives reported that transition planning is not being coordinated between Birth to 3 and with schools districts in two areas of the State, resulting in children not being served on their third birthday; (2) administrators in one county told OSEP that they did not have a current interagency agreement in place that included the new transition requirements under IDEA; (3) in another county, the Birth to 3 providers are inviting LEA representatives to transition meetings but the LEA is not attending. The LEA representative confirmed that this is indeed occurring; (4) one service coordinator, who serves a preponderance of foster children, reported that 80 per cent of the children on her caseload are not receiving special education or other appropriate services on their third birthday; and (5) service providers in one location told OSEP and DHFS that they had not participated in training provided by DHFS on transition. They were aware that training had been held, but attendance at the workshop was not mandatory and they did not attend. These providers said they do have a State document that describes the transition requirements consistent with Federal regulations.

VI. PART B: PARENT INVOLVEMENT

One of the purposes of the IDEA Amendments of 1997 is to expand and promote opportunities for parents and school personnel to work in new partnerships at the State and local levels. Parents must now have an opportunity to participate in meetings with respect to the identification, evaluation, and educational placement of their child, and the provision of a free appropriate public education to their child. Parental involvement has long been recognized as an important indicator of a school's success and parent involvement has positive effects on children's attitudes and social behavior. Partnerships positively impact achievement, improve parents' attitudes toward the school, and benefit school personnel as well.

Validation Planning and Data Collection

Prior Monitoring Findings: OSEP's 1994 monitoring report included no commendations or findings of noncompliance regarding parent involvement.

Public Input Process: One of the focus questions asked during the public input meetings was, *"Is the provision of a free appropriate public education facilitated through parent partnerships?"* Parents indicated that there was a need for more formal training opportunities and outreach from school districts to help ensure that parents understand their rights and those of their children.

To investigate the concerns identified during the Validation Planning process, OSEP collected information from the review of children's records and State and local policies and procedures, and interviews with State personnel, local administrators and teachers, and parents. OSEP reviewed and analyzed the data and identified the following strengths and suggested area for improvement.

A. STRENGTHS

1. Wisconsin Statewide Parent-Educator Initiative

To help schools promote partnerships with families of children with disabilities, WDPI developed the Wisconsin Statewide Parent-Educator Initiative (WSPEI). This Initiative is a service for parents, educators, and others interested in parent-educator partnerships for children with disabilities. As part of the Initiative, a WDPI consultant works with school districts and parents to help them in the development of partnerships among schools and families in the education of children with disabilities. The goal of the Initiative is to help parents and school districts find or create the resources that will help them foster positive working relationships that support shared decision-making and children's learning. It supports increased dissemination of information among parents, schools, projects, organizations, and agencies through networking meetings, conferences, person-to-person contact, and media, and it is based on: (1) support and leadership for parents and local school districts; (2) collaboration with the twelve Cooperative Educational Service Agencies; (3) information exchange and referral to other agencies and

organizations; (4) cooperation with the Family-School-Community Partnerships Team; and (5) alignment with and access to State and Federal initiatives.
Parents who call the Initiative's toll-free number will reach a staff person, who can help them to: (1) decide what kind of information or assistance they need; (2) connect with a parent liaison in their school district or Cooperative Educational Service Agency, if the district or Agency has funded such a position; (3) find a special agency or organization; (4) find or develop training and/or educational materials for parents or educators; (5) ensure that parents are included on school advisory committees; and (6) find other assistance related to families and special education.

In tandem with the Initiative, many of the Cooperative Educational Service Agencies are providing significant support and training to parents. One Cooperative Educational Service Agency has, for example, developed a class to assist parents in identifying and implementing strategies to deal with difficult child behaviors. Some of the Agencies have hired "parent liaisons," who answer parents' questions and provide other technical assistance to them. One of the Agencies has distributed special "organizing" files to parents, to help them organize and maintain training information related to their child's special education program.

2. WDPI Web-Site

WDPI has developed a user-friendly web-site that provides parents and others with ready access to many different kinds of information to support their involvement in the education of their children with disabilities. This includes, for example, (1) extensive and detailed information regarding WDPI's monitoring, complaint management, mediation, and due process systems (see Section IX of this report); (2) the text of State and Federal special education statutes and regulations; (3) information in English and Spanish regarding parents' rights in special education; and (4) information regarding training sessions and materials that are available to parents.

B. SUGGESTION FOR IMPROVED RESULTS FOR CHILDREN

Improved Training and Information Dissemination

Many of the individuals with whom OSEP spoke as part of Validation Planning and Validation Data Collection emphasized that improving the ways in which public agencies provide training and information to the parents of children with disabilities could significantly improve parent involvement in making decisions regarding their children's education. A number of school district personnel and parents explained that districts provide few "formal" training sessions in which several parents are brought together with school personnel to hear and share information regarding the legal rights of children with disabilities and their parents, best practices for special education, etc. Rather, the primary way in which school districts share such information with parents is on a one-to-one basis as part of IEP meetings and other child-specific meetings. This "hands-on" approach to training can be very helpful in imparting planning skills and can help to accommodate the needs of parents for whom it is difficult to attend meetings other than IEP meetings due to such issues as work schedules, childcare needs, transportation barriers, etc. It does not, however, afford parents the opportunity to "network" or support each other's learning.

School districts may want to work with local advisory groups, parent groups, and Statewide groups like the parent training and information entity to identify and implement effective strategies for training and informing parents.

VII. PART B: FREE APPROPRIATE PUBLIC EDUCATION IN THE LEAST RESTRICTIVE ENVIRONMENT

The provision of a free appropriate public education in the least restrictive environment is the foundation of IDEA. The provisions of the statute and regulations (evaluation, IEP, parent and student involvement, transition, participation in large-scale assessment, eligibility and placement decisions, service provision, etc.) exist to achieve this single purpose. It means that children with disabilities receive educational services at no cost to their parents, and that the services provided meet their unique learning needs. These services are provided, to the maximum extent appropriate, with children who do not have disabilities and, unless their IEP requires some other arrangement, in the school they would attend if they did not have a disability. Any removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

The IDEA '97 Committee Reports of the Senate Committee on Labor and Human Resources and the House of Representatives Committee on Education and the Workforce emphasized that too many students with disabilities are failing courses and dropping out of school. Those Reports noted that almost twice as many children with disabilities drop out as compared to children without disabilities. They expressed a further concern about the continued inappropriate placement of children from minority backgrounds and children with limited English proficiency in special education. The Committees stated their intention that "once a child has been identified as being eligible for special education, the connection between special education and related services and the child's opportunity to experience and benefit from the general education curriculum should be strengthened. The majority of children identified as eligible for special education and related services are capable of participating in the general education curriculum to varying degrees with some adaptations and modifications. This provision is intended to ensure that children's special education and related services are in addition to and are affected by the general education curriculum, not separate from it."

Validation Planning and Data Collection

Prior OSEP Part B Monitoring Findings: As explained in its 1994 Wisconsin Part B monitoring report, OSEP made the following findings regarding the provision of a free appropriate public education: (1) students with disabilities in some school districts did not receive extended school year services, or related services (including psychological counseling, occupational therapy, and physical therapy), that they needed as a component of a free appropriate public education; (2) public agencies developed IEPs in meetings that did not include an agency representative; and (3) IEPs did not include all required content. Regarding placement in the least restrictive environment, OSEP found that DPI had not ensured that public agencies: (1) educated students with disabilities with nondisabled students to the maximum extent appropriate; (2) removed students with disabilities from the regular education environment only when their education could not, with the use of supplementary aids and services, be achieved satisfactorily without such removal; and (3) ensured that students with disabilities participated

with nondisabled students in extracurricular and nonacademic activities and services to the maximum extent appropriate.

Public Input Process: One of the focus questions asked during the public input meetings was: *"Do students with disabilities receive a free appropriate public education in the least restrictive environment that promotes a high quality education and prepares them for employment and independent living after they exit school?"* A number of participants expressed their concerns regarding longstanding noncompliance in urban school districts with basic IDEA requirements regarding current IEPs and evaluations. Many participants also expressed concerns regarding the placement of many children with disabilities in unnecessarily restrictive placements, and the failure of school districts to provide needed related services and to meet the needs of children with emotional and/or behavioral disabilities.

To investigate the concerns identified during the Validation Planning process, OSEP collected information from the review of children's records and State and local policies and procedures, and interviews with State personnel, local administrators, teachers, and related services personnel, parents, and students. OSEP reviewed and analyzed the data and identified the following strength and areas of noncompliance.

A. STRENGTH

Assistive Technology

For the past several years, WDPI has funded a statewide initiative to: (1) improve the availability and use of assistive technology for children with disabilities; (2) help ensure that every child with a disability in Wisconsin who needs assistive technology devices and services has timely access to evaluation and any needed assistive technology devices and services, regardless of the age, disability, or location within the State; and (3) to build and improve the capacity of school districts to provide needed assistive technology services and devices. As part of this initiative, WDPI has implemented a number of strategies, including all of the following: (1) establishing regional assistive technology specialists in each of the State's 12 Cooperative Education Service Agencies; (2) developing, training and supporting assistive technology teams at the district level to assess and meet the assistive technology needs of children with disabilities; (3) establishing a statewide and regional assistive technology lending libraries; (4) operating a used equipment market place for assistive technology to provide increased district and parent access to lower cost assistive technology devices and services; (5) developing and disseminating a number of resource and training manuals that focus on how to assess and meet the assistive technology needs of children with disabilities; and (6) developing and disseminating a form called the "Assistive Technology Consideration Guide," to assist IEP teams in documenting their consideration of a child's assistive technology needs, and a matrix called the "School Profile of Assistive Technology Services" to assist school districts in evaluating the effectiveness of their assistive technology practices.

B. AREAS OF NONCOMPLIANCE

1. Availability of Psychological Counseling as a Related Service

Part B requires public agencies to provide psychological services, including psychological counseling for children and parents, to children with disabilities who need those services to benefit from special education. 34 CFR §§300.16(a) and (b)(9) and 300.300 of the regulations as in effect at the time of OSEP's visit. The special education director and special education teachers in one district informed OSEP that psychological counseling was not available as a related service, even if a child with a disability needed that service to benefit from special education. District-level administrators in another school district informed OSEP that psychological counseling could be written into an IEP as a related service. However, many other individuals that OSEP interviewed in that district at the school level (all of whom participate in the development of students' IEPs), informed OSEP that to their knowledge psychological counseling was not a service that could be included in IEPs, and that they did not, therefore, ever consider the need for this service in developing IEPs. These individuals included teachers of children identified as emotionally disturbed. A special education teacher informed OSEP that none of the children she is working with have psychological counseling as part of their IEP. The teacher stated that, for the most part, parents secure such services through insurance. Some children with disabilities participate in groups conducted by guidance counselors, but such services are not written into IEPs, regardless of student need for such services to benefit from special education. The special education director stated that some students do receive psychological counseling as a related service, but acknowledged that there is inconsistency across schools in the understanding of staff regarding the availability of psychological counseling.

2. Speech and Language Pathology as a Related Service

Part B requires public agencies to provide speech and language pathology as a related service to children with disabilities who need that service to benefit from special education. 34 CFR §§300.16(a) and (b)(13) and 300.300 of the regulations as in effect at the time of OSEP's visit. As set forth at 34 CFR §300.17(a)(2) of those regulations, the term "special education" includes speech pathology, if the service consists of specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, and is considered special education, rather than a related service under State standards. Each State must ensure, however, that any child with a disability who needs speech pathology to benefit from special education receives that service, even if he or she does not meet the State's criteria to receive speech pathology as a special education service.

A speech pathologist, a special education teacher, and a building administrator in one of the school districts that OSEP visited informed OSEP that in order to receive direct speech and language pathology services, a student's development in language skills must be at least one-and-a-half standard deviations lower than his or her level of cognitive development. They explained that, for example, if a student with severe retardation had less than a one-and-a-half standard deviation difference between his or her level of language development and his or her level of cognitive development, the student could not receive direct speech and language pathology

services as a component of a free appropriate public education, even if the child needed such services to benefit from special education. District level administrators stated that such a child should be able to receive speech and language pathology services, but acknowledged that there was confusion in some schools regarding availability of speech and language pathology as a related service, even if a child did not qualify for speech as a program.

A speech and language pathologist in another district informed OSEP that students with disabilities are eligible to receive speech and language pathology services only if their language development is one-and-a-half standard deviations below their general functioning level. Therefore, if a student's language development is commensurate with his or her intellectual development, the student is not eligible to receive speech and language pathology services. The pathologist provided OSEP with a copy of the written district criteria that she uses to make eligibility determinations. Page 56 of that document, the Division of Special Services Speech and Language Disabilities Program Manual, August 1998 to June 1999, requires a significant discrepancy, which is defined as "language standard scores falling 1.5 standard deviations below intellectual functioning for students age 6-21 years." That page also states: "Students are excluded from programming if overall receptive language functioning falls below 16 months of age. This does not apply to the [hearing impaired] or the Autistic population." Two district level administrators stated although this Program Manual does not set forth formal District criteria for determining eligibility for speech/language services, it does reflect District "guidelines for implementation."

3. Eligibility of Students with Specific Learning Disabilities

Federal requirements for the identification of students with specific learning disabilities are set forth at 34 CFR §§300.7(b)(10) and 300.540-300.543. Part B accords States the flexibility to establish and implement State eligibility criteria that operationalize the Federal requirements, so long as a State's criteria do not: (1) exclude from services children who are eligible under Part B; or (2) permit the use of Part B funds to provide services to children who do not meet Federal eligibility criteria. In 1994, OSEP determined that although Wisconsin's definition of "significant discrepancy" as "functional achievement at or below 50 per cent (.5) of expected achievement did not violate the provisions of Part B, the State's criteria could be applied to exclude from consideration for Part B eligibility students who, although they would meet the Federal criteria for specific learning disabilities, either: (1) have a disorder in one, but not two, of the basic psychological processes involved in understanding or using spoken or written language or mathematical calculations or reasoning; or (2) have a verbal or performance quotient less than 90, but do not have mental retardation. After conducting an extensive study to determine the impact of the criteria at the local level, DPI agreed to provide Statewide guidance to clarify that the criteria must be applied in a manner that is consistent with the Part B requirements. WDPI has provided extensive guidance, which was consistent with the requirements of Part B, and training based upon that guidance, to help clarify Part B requirements for determining the eligibility of children suspected of having a specific learning disability, and has proposed changes to its regulations to further clarify those requirements. WDPI staff informed OSEP that, although it had provided the guidance and training described above, there was still some confusion at the school level regarding the application of the State

eligibility criteria for specific learning disabilities, and some school personnel were continuing to make eligibility determinations that were inconsistent with Part B and the State's guidance.

As described below, OSEP found, during the 1999 monitoring review, that personnel who participate in eligibility determinations in some school districts were continuing to apply the State criteria for specific learning disabilities in a manner that was inconsistent with Part B requirements and the State's guidance.

In one school district visited by OSEP, a special education teacher who participates in eligibility decisions stated that to be eligible as a child with a specific learning disability, a child must have an average or above average Intelligence Quotient (IQ), and a severe discrepancy (a lag of two years or 50 per cent) in math or in two or more other academic areas. The special education teacher provided OSEP with a copy of written eligibility criteria that confirmed her description of those criteria. A psychologist and the district's special education director confirmed that criteria that the teacher described remained in use. The special education director informed OSEP of the new forms that had been developed for the district. As part of the new forms, the director showed OSEP staff the district's criteria for specific learning disabilities that were also consistent with the criteria described by the special education teacher, psychologist, and director. When the director compared the "new form" with the checklist that WDPI had provided, the director acknowledged that the district's criteria needed to be revised to make them consistent with the WDPI guidance.

A school psychologist in another district informed OSEP that the eligibility criteria for specific learning disabilities require that a child have average intelligence, and a processing deficit with significant discrepancy in two or more areas, or math alone. The psychologist further stated that he was not completely sure about the criteria and provided OSEP a copy of the district's eligibility criteria for children with specific learning disabilities. Those criteria require that:

> "… the child when first identified, shall have a significant discrepancy in functional achievement in 2 or more of the readiness or basic skill areas of math, reading, spelling, and written language. To determine a significant discrepancy in the readiness areas, the M-Team shall consider the child's receptive and expressive language and fine motor functioning. A significant discrepancy in the single area of math, accompanied by less significant, yet demonstrable discrepancies in other basic skill areas may satisfy the academic eligibility criteria."

The district's special education director confirmed that these were the criteria the district was continuing to use, and stated that the district would revise the criteria in the future to make them consistent with Part B requirements.

Special education teachers in a third district informed OSEP that a child needed to have a severe discrepancy in two or more areas to qualify as a child with a learning disability.

4. Provision of Supplementary Aids and Services

34 CFR §300.550(b) requires that: (1) to the maximum extent appropriate, children with disabilities are educated with children who are not disabled; and (2) removal of children with disabilities from the regular education environment may occur only when the nature or severity of the disability is such that education in regular classes, with the use of supplementary aids and services, cannot be achieved satisfactorily. Further, IDEA 97, at section 614(d)(1)(A)(iii), requires that each child's IEP include: "a statement of the special education and related services and supplementary aids and services to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided for the child -- (I) to advance appropriately toward attaining the annual goals; (II) to be involved and progress in the general curriculum in accordance with [section 614(d)(1)(A)(i)] and to participate in extracurricular and other nonacademic activities; and (III) to be educated and participate with other children with disabilities and nondisabled children in the activities described in [section 614(d)(1)(A)(iii)]."

OSEP determined that children with disabilities do not always receive the supplementary aids and services that they need in order to succeed in regular education classes, that IEPs do not include a statement of the supplementary aids and services that children need so that their education can be achieved satisfactorily without removal from the regular education environment, and removal of children with disabilities does not always occur only after an individualized determination that their education cannot, with the use of supplementary aids and services, be achieved satisfactorily in regular education classes.

In one of the school districts that OSEP visited, none of the IEPs that OSEP reviewed included any supplementary aids and services. Special education teachers confirmed that it was not their practice to include needed supplementary aids and services in IEPs, regardless of individual student need. They explained that they used a “mainstream form,” separate from the IEP, to inform regular education teachers of the needs of children with disabilities in their classes. This form would inform the regular education teachers of such needs as adapted materials or testing accommodations, but would not include other supplementary aids and services, such as consultation from the special education teacher or special education instruction in the regular classroom, regardless of individual student need. Two special education teachers informed OSEP that such supports as peer tutoring, extended times for tests, hand-over hand assistance, low student/teacher ratios, buddy system, adult accompanying student in regular education class, and medical assistance were provided for some students, but that they had not been directed to include such services in the IEP.

In reviewing the IEPs and notice forms for students with disabilities in this district, OSEP found no evidence that the school district had considered placement in regular education with the use of supplementary aids and services prior to removing a student from the regular education class for some or all of the day. Special education teachers confirmed that it was not their practice to consider placement in regular education with the use of supplementary aids and services prior to removing a student from the regular education class for some or all of the day.

Special education and regular education teachers in another district informed OSEP that needed supplementary aids and services are not included in students' IEPs. The regular education teachers further stated that they do not discuss their need for support in IEP meetings, because in the past any such supports were "taken out of the regular education budget." The special education teachers stated that although they are not written into students' IEPs, some supplementary aids and services are provided to support children with disabilities in regular classes; however, the provision of such services depends upon the availability of resources. Both special education and regular education teachers stated that more children with disabilities could be educated in regular education classes if more aides were available to support them in those classes.

VIII. PART B: SECONDARY TRANSITION

The National Longitudinal Transition Study states that the rate of competitive employment for youth with disabilities out of school for three to five years was 57 percent, compared to an employment rate of 69 percent for youth in the general population. The Study identifies several factors that were associated with post-school success in obtaining employment and earning higher wages for youth with disabilities. These include completing high school, spending more time in regular education, and taking vocational education in secondary school. The Study also shows that post-school success is associated with youth who had a transition plan in high school that specifies an outcome, such as employment, as a goal. The secondary transition requirements of IDEA focus on the active involvement of students in transition planning, consideration of students' preferences and interests by the IEP team, and the reflection, in the IEP, of a coordinated set of activities within an outcome-oriented process which promotes movement from school to post-school activities. The involvement of students, parents, and all of the agencies that can provide transition services, are important in the appropriate identification of student needs and services that can best meet those needs.

Validation Planning and Data Collection

Prior OSEP Part B Monitoring Findings: As explained in its 1994 monitoring report, OSEP found that in some school districts: (1) the IEPs for students with disabilities, aged 16 or older, did not include statements of needed transition services that met Part B requirements; and (2) notice to parents of IEPs meetings for students with disabilities, aged 16 or older, did not include all required transition-related information.

Public Input Process: One of the focus questions asked during the public input meetings was: *"Do students with disabilities, ages 14 and older, receive instruction and coordinated services that facilitate successful transition from school to work or from school to post-secondary education?"* Participants expressed their concerns that districts needed to establish better linkages with other agencies so that appropriate services would be available with students with disabilities after they leave high school, and that the content of IEPs did not adequately address the transition needs of students.

To investigate the concerns identified during the Validation Planning process, OSEP collected information from the review of children's records and State and local policies and procedures, and interviews with State personnel, local administrators and teachers, parents, and students. OSEP reviewed and analyzed the data and identified the following strengths and area of noncompliance.

A. STRENGTHS

1. Wisconsin's Design for Transition Services

Wisconsin received OSEP funding for a five-year State systems change project on transition, beginning in 1993. The focuses of this joint project of WDPI and the Division of Vocational

Rehabilitation, "Wisconsin's Design for Transition Services," included the following: (1) funding and other support for three-year transition projects for 15 local consortia; (2) developing transition content for secondary curricula; (3) supporting the implementation of the Interagency Agreement for Transition Services between WDPI and the Division of Vocational Rehabilitation; (4) providing State categorical aid for transition specialists; (5) providing workshops and other presentation on transition to parents, State agency staff, schools, transition service providers, employers, community agencies, advocates, and other organizations; (6) developing and disseminating Statewide printed resources and power point presentations on a variety of transition-related subjects, including a parent guide to transition, the requirements of Part B and the Rehabilitation Act, vocational programming, etc.; and (7) developing and providing training on self-empowerment; personal futures planning; functional assessment; interagency agreements; transition content in IEPs, minority issues, community based instruction, assistive technology, etc.

2. Piloting a Comprehensive Multi-CESA Approach to Provide Transition Services in the State of Wisconsin

Following the completion of Wisconsin's Design for Transition Services, WDPI has initiated another OSEP-funded Statewide project, entitled, "Piloting a Comprehensive Multi-CESA Approach to Provide Transition Services in the State of Wisconsin." This project has the following goals: (1) creation of a Cooperative Educational Service Agency-level support services plan, that will develop one county Transition Advisory Council and two school district-level Transition Action Teams for each year of the project; (2) development of a Cooperative Educational Service Agency-level information dissemination plan, including needs assessment, and development of "list serves," mailing lists, a Cooperative Educational Service Agency transition web-site, and a Cooperative Educational Service Agency-level transition "chat room;" and (3) development and implementation of a Cooperative Educational Service Agency-level staff development plan for transition.

B. AREA OF NONCOMPLIANCE

Transition Information in IEP Meeting Notices

OSEP visited a high school in each of four school districts. In three of those public agencies, WDPI did not ensure that, if a purpose of an IEP meeting was the consideration of transition services for a student, the notice indicated this purpose, indicated that the agency would invite the student, and identified any other agency that would be invited to send a representative, as required by 34 CFR §300.345, in the Part B regulations in effect at the time of OSEP's monitoring visit.

In most of the files of children with disabilities--aged 16 or older--that OSEP reviewed in three districts, the most recent IEP meeting notice did not indicate that transition was a purpose of the IEP meeting. In one of those districts, the notice in the majority of these files also did not indicate that the district would invite the student to attend the meeting. In one of the districts that OSEP visited, OSEP reviewed IEP meeting notices to parents of eight students with disabilities

who were 16 years or older. Only one of those notices, and fewer than one-half of the IEP meeting notices to parents of students with disabilities who were 16 years or older that OSEP reviewed in another district, indicated that a purpose of the meeting would be to consider the student's transition service needs.

If transition is a purpose of an IEP meeting (as it must be for all children with disabilities aged 16 or older), school districts must invite to the IEP meeting a representative of any other agency that is likely to be responsible for providing or paying for transition services, and the IEP meeting notice must identify any such agency that the district will invite. Although an interagency agreement between one of the districts and the Division of Vocational Rehabilitation indicates that the Division must also be invited to an IEP meeting at which transition will be addressed, none of the eight notices that OSEP reviewed for students aged 16 or older identified the Division, or any other agency, that the district would invite to the IEP meeting. In another large urban district, only the notices for children with severe disabilities indicated that the agency would invite any agency that was likely to be responsible for providing or paying for transition services.

IX. PART B: GENERAL SUPERVISION

IDEA assigns responsibility to State education agencies for ensuring that its requirements are met and that all educational programs for children with disabilities, including all such programs administered by any other State or local agency, are under the general supervision of individuals in the State who are responsible for educational programs for children with disabilities and that these programs meet the educational standards of the State educational agency. State support and involvement at the local level are critical to the successful implementation of the provisions of IDEA. To carry out their responsibilities, States provide dispute resolution mechanisms (mediation, complaint resolution and due process), monitor the implementation of State and Federal statutes and regulations, establish standards for personnel development and certification as well as educational programs, and provide technical assistance and training across the State. Effective general supervision promotes positive student outcomes by promoting appropriate educational services to children with disabilities, ensuring the successful and timely correction of identified deficiencies, and providing personnel who work with children with disabilities the knowledge, skills and abilities necessary to carry out their assigned responsibilities.

Validation Planning and Data Collection

Prior OSEP Part B Monitoring Findings: In its 1994 Wisconsin Monitoring Report, OSEP found that: (1) WDPI's monitoring document omitted, or incompletely addressed, a number of Part B requirements; (2) WDPI's monitoring procedures were not effective in ensuring compliance for children with disabilities who were being educated in a setting other than the school they would attend if they did not have a disability; (3) WDPI was not collecting sufficient data to determine compliance with a number of requirements (including those relating to: (a) including all needed services in each student's IEP; (b) placement in the least restrictive environment; and (c) transition services); and (4) WDPI was not effective in ensuring that public agencies corrected certain findings of noncompliance related to the content of IEPs.

Public Input Process: One of the focus questions asked during the public input meetings was, *"Does the State exercise effective general supervision of the implementation of IDEA through the development and utilization of tools, mechanisms, and activities that result in all eligible students having an opportunity to receive a free appropriate public education in the least restrictive environment?"* Participants expressed their concerns regarding the timeliness of complaint decisions, and WDPI's effectiveness in ensuring the timely correction of noncompliance, especially in districts with long-standing histories of noncompliance. Many participants were particularly concerned about long-standing noncompliance in two large urban districts that OSEP visited as part of the February 1999 visit.

Description of WDPI's Monitoring Activities: WDPI implemented a revised monitoring system during the 1995-96 and 1996-97 school years, monitoring 150 districts during those school years.

During the 1997-98 school year, WDPI worked with all of the districts in the State through 25 regional meetings. Through this process, WDPI worked with each district to conduct a self-

assessment of the extent to which the district's policies and procedures were consistent with the requirements of IDEA 97 and to develop an implementation plan for making the policies and procedures consistent with IDEA 97. WDPI's focus during that year was on technical assistance and supporting districts in strategic planning.

WDPI continued this focus on technical assistance during the 1998-99 school year, providing technical assistance regarding new State requirements through 16 multi-day meetings throughout the State. As part of those meetings, WDPI staff met with personnel from each district to follow-up on the self-assessment/implementation planning process. WDPI specifically followed-up on how each district: (1) included parents in the planning process; (2) included parents and educators in the design and delivery of staff development; and (3) was meeting requirements around ten specified core areas. WDPI reported to OSEP that school districts were very positive in their response to the planning process implemented during the 1997-98 and 1998-99 school years.

During the 1999-2000 school year, WDPI conducted onsite reviews of 96 public agencies, in order to determine the extent to which the public agencies were correctly implementing certain new requirements of Part B and State law. In July 2000, WDPI sent all public agencies a summary of the results from those monitoring reviews. In that summary, WDPI explained it had made the following findings in a number of public agencies: (1) parents were not appropriately included in the review of existing data as a part of initial evaluations and reevaluations; (2) the present levels of educational performance in IEPs frequently did not address how the child's disability affected the child's involvement and progress in the general curriculum; (3) in many instances, IEP teams did not consider supplementary aids and services for children with disabilities, (4) many IEPs did not include statements that clearly distinguished between the extent of the child's non-participation in the regular education environment and the extent of non-participation in the general curriculum; (5) IEPs for many students aged 14 or older did not include a statement of transition service needs that met the requirements of Part B; and (6) some public agencies sent grade reports to parents of children with disabilities, but did not report to parents on their child's progress toward the annual goals.

In February 2000, WDPI sent the public agencies that it did not monitor during the 1999-2000 school year a Record Review Checklist addressing special education requirements. WDPI urged, but did not require, those public agencies to conduct self-assessments using the checklist. WDPI plans each year to encourage public agencies to continue using the self-assessment process as a tool for continuous improvement.

As reported on WDPI's web-site, it has begun a six-year on-site monitoring cycle, starting with the 2000-2001 school year, and it will be monitoring 76 school districts during the 2000-2001 school year. WDPI has established focus areas from which special education requirements were selected for implementation monitoring in the 2000-2001 school year, including: parent participation; participation in the general curriculum and in the general education environment; IEP team participation; annual goal progress reports; participation in state-wide assessments; teachers' knowledge of their IEP responsibilities; transition issues for 14 and 16 year olds; IEP content when behavior is a special factor; discipline; and implementation of IEPs.

Because of the implementation timetable described above, OSEP could not, during its February 1999 Validation Data Collection visit, review the effectiveness of WDPI's new monitoring system. As part of the improvement planning process, OSEP will work with WDPI and the steering committee to review the effectiveness of the new system in identifying and correcting noncompliance.

OSEP reviewed and analyzed the data and identified the following strengths, area of noncompliance, and suggested area of improvement.

A. STRENGTHS

1. Mediation System

The Wisconsin Special Education Mediation Project was initially founded by a parent and a special education director, who found that the traditional methods used to resolve issues (i.e., complaints, due process hearings and litigation) were expensive, time-consuming, polarizing, adversarial, and often without satisfactory results to either side. The Project received a discretionary grant from WDPI to plan a mediation system in Wisconsin, and in 1996, in collaboration with WDPI, convened an Advisory Council to develop legislative language for special education mediation in Wisconsin. An experienced mediator from Marquette University facilitated the Council, which included key stakeholders, including parents, school representatives, legislators, attorneys and advocates. The Council developed a proposal with strong consensus from the members and the constituencies they represented, and Wisconsin Act 164, Chapter 115.797, was unanimously passed by both houses of the State legislature and enacted on December 19, 1997, establishing the Wisconsin Special Education Mediation System. In continuing collaboration with WDPI, the Wisconsin Special Education Mediation Project administers the Mediation System, with responsibility for intake, screening, and referral. It has trained 23 mediators for the roster, provided technical support for parents, school districts, mediators and attorneys, and educated the public about early conflict prevention and management techniques. In the first three years of the Special Education Mediation System, a high percentage of mediated cases have resulted in written mediation agreements (82 per cent in the first year, 79 per cent in the second year, and 94 per cent in the third year). In addition, 16 due process hearing requests and two Part B complaints were withdrawn as a result of the mediation process during the second year of the Mediation System, and eight hearing requests, one complaint to the Office for Civil Rights, and three Part B complaints were withdrawn during the third year.

2. Web-Site

WDPI has developed a user-friendly web-site, on which it posts clear and exceptionally detailed information regarding a broad array of subjects, including: (1) its monitoring system (including the six-year cycle for on-site reviews, the monitoring schedule for the current school year, the substantive areas on which the on-site reviews will focus, and forms that WDPI uses to monitor school districts); (2) information regarding its complaint resolution system (such as a listing of complaints by date and district, the issues addressed in each complaint, and--with personally-

identifiable data redacted--WDPI's decision on each complaint.); (3) information regarding its mediation and due process hearing systems, including --with personally-identifiable data redacted--the text of hearing decisions; (4) substantive advisory bulletins; (5) the Special Education Plan (application for State and Federal special education funds); (6) information regarding inservice training and publications; (7) "Special Education Rights for Parents and Students" (the State's procedural safeguards notice), in both English and Spanish; and (8) and Federal and State special education statutes and regulations.

B. AREA OF NONCOMPLIANCE

Resolution of Complaints within 60 Calendar Days

Part B requires that WDPI resolve all Part B complaints within 60 calendar days, and that WDPI may extend that timeline only if exceptional circumstances exist with respect to a particular complaint. §300.661(a) and (b)(1). Thus, a State educational agency may not extend or exceed the 60-calendar day timeline for resolving a complaint for reasons that relate to the resources or workload of that agency, rather than exceptional circumstances that exist with respect to a particular complaint. WDPI reported to OSEP that there has been a significant increase in the number of complaints, and the number of issues raised by each complaint, over the last seven years. For example, during the 1993 calendar year, WDPI received 44 Part B complaints with 73 issues; during the 1998 calendar year, WDPI received 74 Part B complaints with 187 issues. WDPI acknowledged that it continued to experience problems in resolving complaints with the 60-calendar day timeline under Part B. For the period of July 1997 through June 1998, WDPI resolved approximately one-third of the complaints it received within 60 calendar days, extended another one-third due to exceptional circumstances with respect to a particular complaint, and extended the timeline for the remaining one-third for reasons that did not relate to exceptional circumstances with respect to a particular complaint. In January 1999, WDPI increased the staff that resolves complaints from 2.3 full time equivalents to 3.5 full time equivalents. Although WDPI staff expected that this increase in staff would help resolve the agency's inability to resolve all complaints within 60 days, they acknowledged that at the time of OSEP February 1999 visit, WDPI was continuing to exceed the Part B timeline.

C. SUGGESTION FOR IMPROVED RESULTS FOR CHILDREN WITH DISABILITIES

Ensuring Correction of Identified Noncompliance

Most of the Part B local-level noncompliance that OSEP identified, as described in Sections VII and VIII of this the report, was in two large urban districts. During the November 1998 and February 1999 visits, WDPI informed OSEP that while it had generally been able to ensure timely correction of noncompliance in most districts in the State, it had been especially difficult to ensure correction in these two districts. As noted above, By February 1999, WDPI had begun to demonstrate a clear commitment and take increasingly strong action, with significantly improved results, to ensure compliance in these two districts.

For example, WDPI found in March 1998 that one of these two districts was not ensuring that all children with disabilities had a current IEP. WDPI met with district officials the following month, and received the district's corrective plan in May and documentation of the corrective actions in July 1998. In July 1998, WDPI informed the district of the need to take additional corrective action. Following multiple WDPI audit reviews beginning in December 1998, WDPI informed the district in June 1999 that it would not receive more than $600,000 of its Part B funds. WDPI also required the district to take additional corrective actions, and informed the district that it will flow Part B discretionary funds to the district only for the purpose of correcting outstanding noncompliance.

After OSEP's visit, WDPI continued to take more rigorous action with the district. WDPI received documentation from the district in August 1999 that it had corrected the IEP issue. Before informing the district, however, that WDPI deemed the issue resolved, WDPI sampled IEPs in August 1999 and January 2000, and conducted an on-site monitoring visit in May 2000. WDPI took similar action during the same period of time to ensure that the district corrected noncompliance regarding the timeliness of evaluations.

It will be important that WDPI continue its efforts to improve the effectiveness of its enforcement actions including, where necessary, the use of financial and other sanctions, in order to ensure that these two districts and other districts that do not take prompt and demonstrably effective corrective ensure the timely correction of noncompliance, and that WDPI evaluate the effectiveness of its actions to secure correction and, if necessary, take more rigorous action to ensure timely correction.