

5. *Changes in School Enrollment and Student Services*

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A 2-year period can bring important changes in the school lives of students with disabilities.

This chapter focuses on the changes students with disabilities experience with regard to the schools they attend, their IEP process, and special education services continuation status during Waves 1 and 2 of SEELS. It also examines variations in the types of services and supports students receive.

Over the course of 2 years, students with disabilities experience changes typical to most children this age. For example, some students change schools because families move or their changing grade level takes them from elementary to middle or middle to high school, usually after 5th or 6th grade. Moving from one school to another involves acclimating to a new school environment, including new teachers, classmates, rules and expectations. Some students benefit from special education services to the degree that they no longer have Individual Education Programs (IEPs) and become general education students. As they progress to higher grade levels, some may experience new learning challenges that require changes in the services called for in their IEPs. Some students with disabilities cope well with these transitions, others find the changes to be particularly challenging. It is important to understand how schools and services evolve for students with disabilities so that they are well-prepared for each transition as it arrives.

The following sections highlight changes in a 2-year period in students' school mobility, special education status, and the IEP process. It includes information about the types of services and supports students receive, including those from or through their school or district. Findings are reported for students with disabilities as a whole and for students who differ in their primary disability category, age, and selected demographic characteristics when significant.

School Enrollment

- Across Waves 1 and 2, nearly all students with disabilities continue to attend public schools¹ (98% and 97%, respectively; Exhibit 5-1). The majority of students also continue to attend regular school that serve a wide range of

¹ SEELS students were chosen from rosters of students receiving special education from or through public school districts. Districts were instructed to include all students for whom they were responsible, regardless of where they went to school or the type of school attended (e.g., a residential school in another state). Despite these instructions, it is possible that districts underreported students served in such placements, thereby increasing the proportion of students reported to be attending public schools.

Exhibit 5-1
Changes in Type of Schools Attended by Students
with Disabilities

	Wave 1	Wave 2	Percentage- Point Change
Percentage attending a:			
Public school	98.2	97.4	
Regular school serving a wide range of students	94.9	92.4	-2.5*
Neighborhood school	78.8	74.3	-4.5*
Special school serving only students with disabilities	2.1	2.9	
Magnet school	1.7	1.8	
Charter school	.3	.9	
Alternative school	.6	.9	

Source: SEELS parent interviews, Waves 1 and 2.

Statistically significant difference in a two-tailed test at the following level: * $p < .05$.

students, although the 92% who do so in Wave 2 is a small, but significant decline from the 95% who attended regular schools in Wave 1.

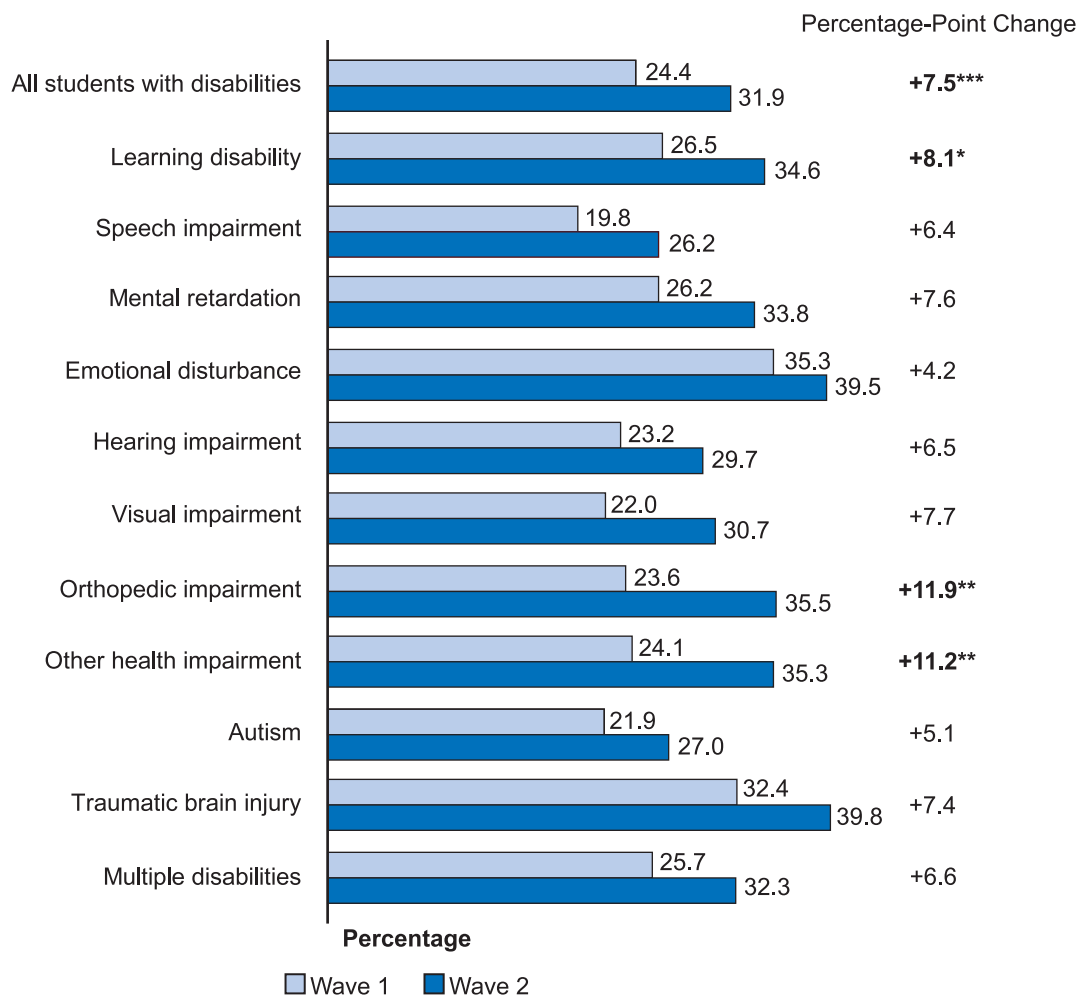
- Consistent with a decline in enrollment in regular schools, a 4-percentage-point decrease also is noted in students with disabilities attending neighborhood schools. This may be due, in part, to the transition to middle school.
- Those who left regular and/or neighborhood schools are dispersed among other kinds of schools (e.g. special, magnet, charter school, or alternative school) so that no one kind of school shows a marked increase in enrollment. The slight decline in attendance at regular schools has occurred only among students with emotional disturbances (8 percentage points) or other health impairments (5 percentage points).
- Only students with learning disabilities have experienced the decline in attending neighborhood schools noted for students with disabilities as a whole (6 percentage points).
- Only students with disabilities living in households with incomes of \$25,000 or less have experienced a decline in attending regular schools (4 percentage points).
- The decline in attending neighborhood schools has occurred entirely among students with disabilities living in households with incomes of more than \$50,000 (7 percentage points) and among those who are white (5 percentage points).

School Mobility

In a 2-year period, many students with disabilities would be expected to change schools, some because natural grade-level progression takes them from elementary to middle school or from middle to high school, others because of family moves or other reasons.

- Almost one-third of students with disabilities are spending their first year in a new school in Wave 2, an increase from the one in four students who were doing so in Wave 1 (Exhibit 5-2).
- The increase in the likelihood that students with disabilities are spending their first year in a new school is apparent for students with learning disabilities, mental retardation, or orthopedic or other health impairments, with increases ranging from 8 to 12 percentage points.
- Students with emotional disturbances or traumatic brain injuries were the most likely to be new to their schools in both Wave 1 (35% and 32%, respectively) and Wave 2 (40%). In both waves, students with speech impairments or autism were the least likely to be spending their first year in a new school (20% and 22% in Wave 1, 26% and 27% in Wave 2).

Exhibit 5-2
Changes in Students with Disabilities Attending New Schools,
by Disability Category



Source: SEELS parent interviews, Waves 1 and Wave 2.

Statistically significant difference in a two-tailed test at the following levels:

* $p < 0.05$; ** $p < .01$; *** $p < .001$.

- The increase in students' changing schools results largely from their changing grade levels (Exhibit 5-3). Almost half of students who were attending a new school in Wave 1 had parents who attributed the move to a change in grade level (48%), compared with 62% of students in Wave 2, a 14-percentage-point increase.
- Wave 1 fourth or fifth graders were the only group more likely to spend their first year in a new school by Wave 2 (24 percentage points). In Wave 1, 18% of these students had experienced a change in schools between third and fourth or fourth and fifth grades. In Wave 2, 42% are spending their first year in a new school, having changed schools between fifth and sixth or sixth

and seventh grades, years when students typically transition from elementary to middle school.

Exhibit 5-3
Changes in Reasons for Recent School Mobility among Students with Disabilities

	Wave 1	Wave 2	Percentage-Point Change
Percentage whose parents report students spending their first year in a new school changed schools due to:			
Grade-level progression	47.9	61.7	+13.8***
Family move	25.3	18.7	
Change in household or living situation	3.4	1.3	
Family chose different school	13.0	9.4	
School system assigned child to different school	8.6	10.6	

Source: SEELS parent interviews, Waves 1 and 2.

Statistically significant difference in a two-tailed test at the following level: *** $p < .001$.

- Consistent with this, the entire increase in grade-level change as a reason for school mobility has occurred among students who were in fourth or fifth grades in Wave 1; 71% of those students who are spending their first year in a new school are reported by parents to have changed schools due to grade-level progression, up from 18% in Wave 1. Correspondingly, there are marked declines in these students changing schools because of family moves or other reasons.
- According to parents, students with disabilities represented in SEELS have made an average of 1.6 moves since starting kindergarten. However, this masks wide variation in school mobility. About 3 out of 10 students with disabilities have never changed schools, and 45% have made one or two school changes. Parents report that 19% of their children have made three or four school moves, and 6% have made five school changes or more. Although the effects of these changes vary among children, frequent school changes can be detrimental to both their academic and emotional development (Fowler-Finn, 2001) and high mobility rates create added challenges for schools (Kerbow, 1996; Stover, 2000).

Differential Changes in School Mobility across Disability Categories

Across the disability categories, students have experienced school mobility differently.

- Increased numbers of students have changed schools due to grade-level progression in seven disability categories (Exhibit 5-4). The largest increase

(42 percentage points) is noted among students with visual impairments, making them the category of students most likely to change schools for this reason in Wave 2 (75% do so).

- In Wave 2, students with emotional disturbances are the least likely to have changed schools because of grade-level progression (47%).

Exhibit 5-4
School Mobility, by Disability Category

	Learning Disability	Speech/ Language Impair- ment	Mental Retar- dation	Emotional Distur- bance	Hearing Impair- ment	Visual Impair- ment	Ortho- pedic Impair- ment	Other Health Impair- ment	Autism	Traumatic Brain Injury	Multiple Disabili- ties
Percentage whose parents report students spending their first year in a new school changed schools due to:											
Grade-level progression											
Wave 1	58.6	39.3	48.4	27.3	33.3	33.6	44.8	52.8	31.6	32.4	33.5
Wave 2	62.3	67.7	56.1	47.1	58.4	75.1	64.1	59.2	57.0	56.6	54.6
Percentage-point change		+28.4**		+19.8**	+25.1**	+41.5***	+19.3*		+25.4***		+21.1**
Family move											
Wave 1	23.6	30.9	22.7	23.2	26.3	22.0	33.9	20.2	21.8	14.8	19.1
Wave 2	20.8	14.8	19.6	22.8	12.8	15.3	21.0	17.3	15.6	23.8	15.8
Percentage-point change		-16.1*			-13.5*						
Percentage reporting number of school changes since starting kindergarten											
None	25.0	42.5	20.1	15.3	33.4	29.9	28.6	23.7	25.1	19.1	21.5
1 or 2	46.8	43.6	47.0	35.9	41.5	49.6	50.3	49.4	47.1	44.5	43.2
3 or 4	22.2	11.9	24.9	26.3	20.9	16.7	15.8	18.9	21.4	24.3	25.5
5 or more	6.0	2.1	8.0	22.6	4.2	3.8	5.3	8.1	6.4	12.1	9.8
Mean number of school changes	1.7	1.1	2.0	2.8	1.5	1.5	1.5	1.8	1.8	2.1	2.0

Source: SEELS parent interviews, Waves 1 and 2.

Statistically significant difference in a two-tailed test at the following levels: * $p < .05$, ** $p < .01$, *** $p < .001$.

- The decline in students with disabilities changing schools because of a family move has occurred only among children with speech or hearing impairments.
- Students with speech impairments have made considerably fewer school changes than their peers in every other disability category. Parents of children with speech impairments report that 42% have never changed schools, compared with 15% of children with emotional disturbances, 19% and 20% of children with traumatic brain injuries or mental retardation,

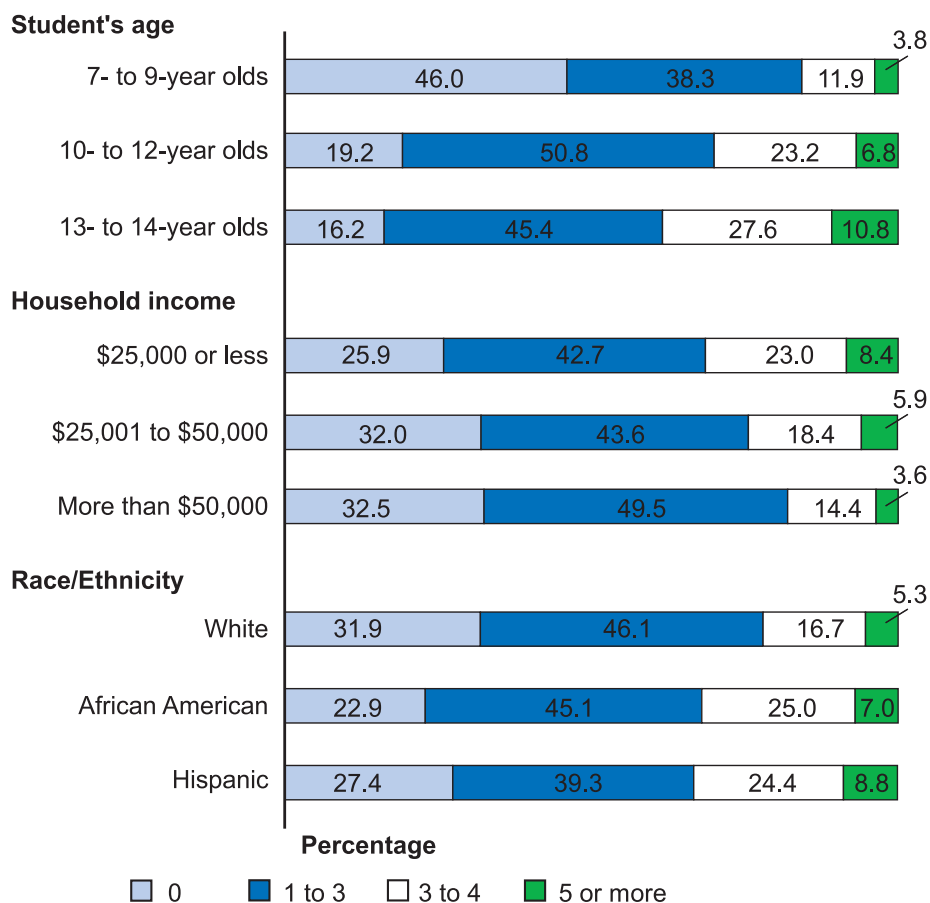
respectively, and 33% of children with hearing impairments. On average, students with speech impairments have made 1.1 school changes.

- One or two school moves are common for students in most disability categories (ranging from 42% of students with hearing impairments to 50% of students with orthopedic impairments).
- Students with emotional disturbances have made the greatest number of school changes; 23% are reported to have made five or more moves to new schools. On average, students with emotional disturbance make 2.8 school changes, almost twice the average of students with most other disabilities.

Differential Changes in School Mobility across Demographic Groups

- As expected the youngest students have experienced the fewest school changes, 46% are reported to have none compared with 19% and 16% of the middle and oldest two groups respectively (Exhibit 5-5). About half of each of the older student groups have experienced one or two school moves, one-quarter of each group have changed schools three or four times, and 10% of the oldest students have changed school five or more times since beginning elementary school.
- On average, children living in the highest income households have made 1.4 school changes, compared with an average of 1.9 school changes made by children in the lowest-income households. Students with disabilities living in the lowest-income households are more likely than their wealthier peers to have changed schools three or four times (23% vs. 14%), and five times or more (8% versus 4% respectively).
- African-American students with disabilities are more likely than their white peers to have changed schools three or four times (25% vs. 17%) and less likely to have experienced no moves at all (23% vs. 32%).

Exhibit 5-5
Number of School Changes since Starting Kindergarten among Students with Disabilities, by Student's Age, Income, and Race/Ethnicity



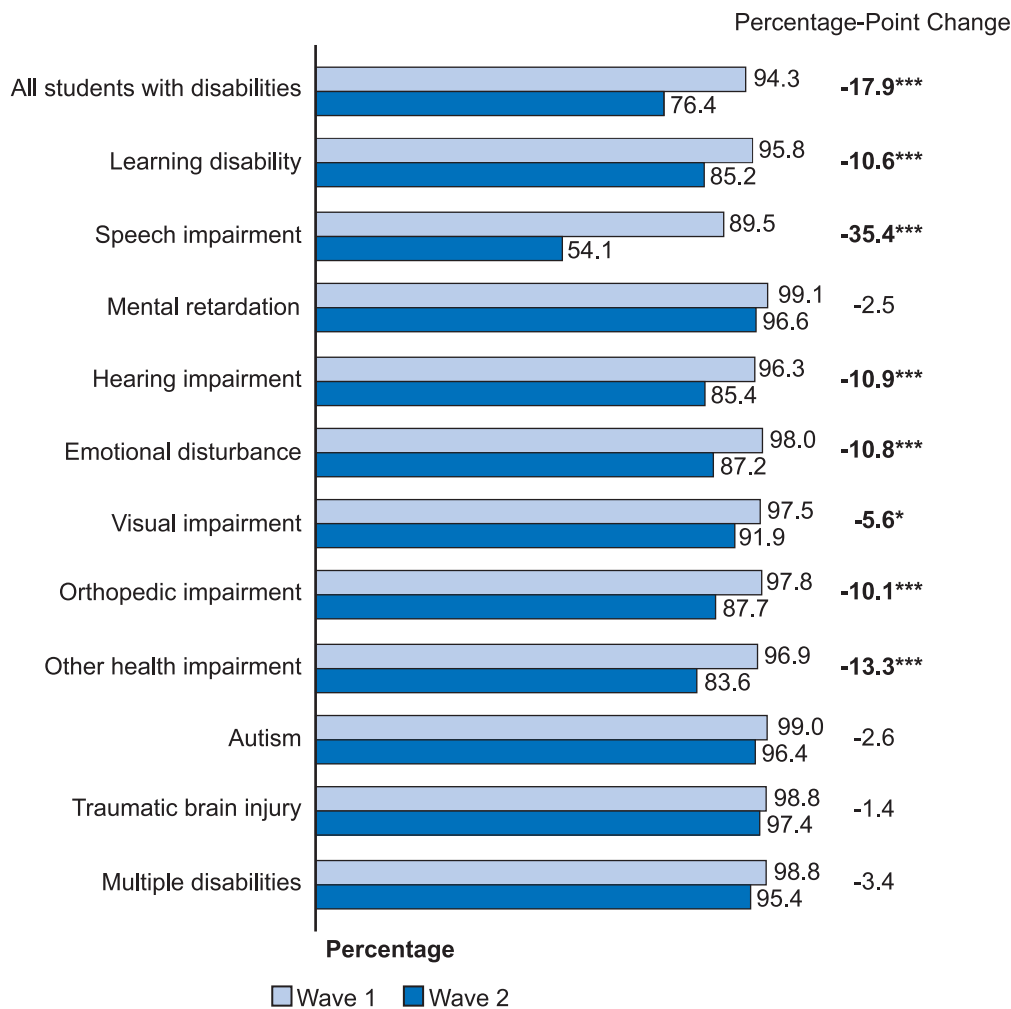
Source: SEELS parent interviews, Waves 1 and 2.

Special Education Participation and Services

Although special education has been dubbed “a one-way street” down which “it’s relatively easy to send children...but they rarely return” (Finn, Rotherham, & Hokanson, 2001, p. 339), a number of students with disabilities discontinue their special education programs each year.

- All students with disabilities represented in SEELS had received special education services at some time during the 1999-2000 school year. By the end of that year, 94% still were receiving special education services, according to parents (an exit rate of 6%). By the end of the 2001-02 school years, parents of 76% of students with disabilities reported they were still receiving special education services, a cumulative exit rate of 24% (Exhibit 5-6).

Exhibit 5-6
Changes in Students Continuing to Receive Special Education Services,
by Disability Category



Source: SEELS parent interviews, Waves 1 and Wave 2.

Statistically significant difference in a two-tailed test at the following levels:

* $p < .05$; *** $p < .001$.

- Only 1% of students with disabilities in the SEELS age range have a plan to receive accommodations for a special needs, as authorized under Section 504 of the Vocational Rehabilitation Act (referred to as a “504 plan”), as an alternative to receiving special education services.

Differential Changes in Special Education Participation across Disability Categories

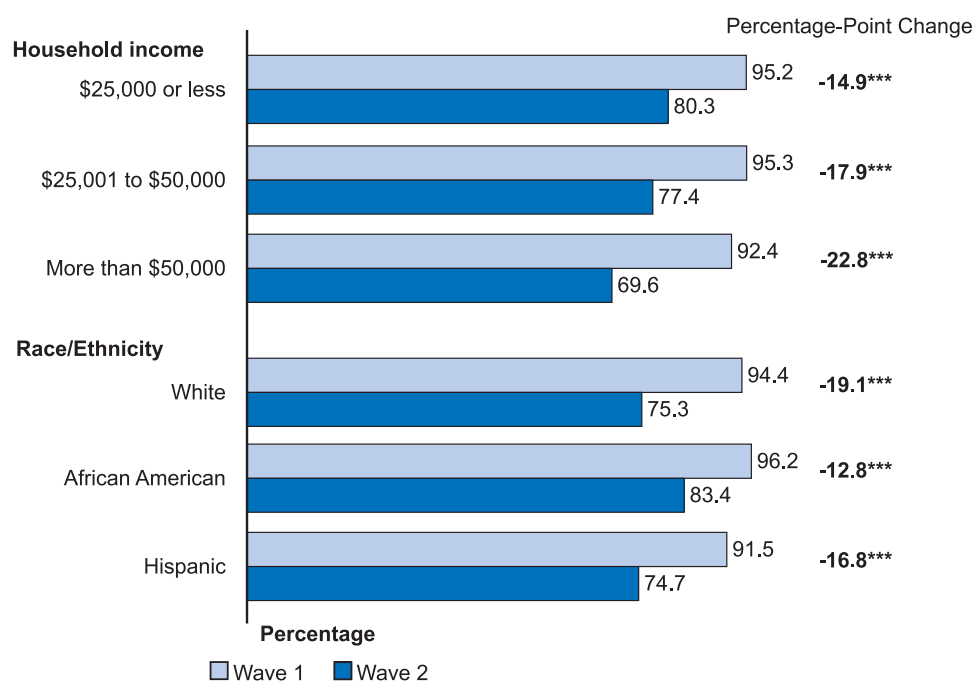
- Some students in every disability category are reported by parents to have exited special education.

- Students with speech impairments have experienced by far the greatest decline in special education participation; in Wave 2, only 54% of students who had received special education services in the 1999-2000 school year still are, an exit rate of 46%.
- Wave 2 continuation rates range from 84% to 88% for students with learning disabilities; emotional disturbances; or hearing, orthopedic, or other health impairments.
- In Wave 2, 92% of students with visual impairments continue to receive special education services, as do 95% or more of students with mental retardation, autism, traumatic brain injuries, or multiple disabilities.

Differential Changes Special Education Status across Demographic Groups

- Rates of continuing to receive special education services were uniform across age groups, ranging from 74% of students with disabilities who were ages 7 through 9 in Wave 1 to 81% of those who were 13 to 14.
- Students with disabilities from lower-income households have continued to receive special education services at much higher rates than their wealthier peers (Exhibit 5-7). In Wave 2, 80% of students living in households with annual incomes of \$25,000 or less are still receiving services, compared with 70% of students living in households with annual incomes more than \$50,000.

Exhibit 5-7
Students Continuation in Their Special Education Programs,
by Students' Demographic Characteristics



Source: SEELS parent interviews, Waves 1 and 2.

Statistically significant difference in a two-tailed test at the following level:

*** $p < .001$.

- In Wave 1, special education services were received by similar proportions of white, African-American, and Hispanic students (92% to 96%); in Wave 2 African-American students are more likely still to be receiving services (83%) than are their white or Hispanic peers (75%).

IEP Process

The Individuals with Disabilities Education Act (IDEA) Amendments of 1997 are intended “to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs” [IDEA '97 Final Regulations, Section 300.1(a)]. The process of developing an individualized education program (IEP) for each child who is found eligible for special education and related services is the mechanism through which his or her unique needs are identified and an education program is crafted to meet them. Further, “the IDEA Amendments of 1997 require that parents have an opportunity to participate in meetings with respect to the identification, evaluation, and educational placement of the child and the provision of FAPE (i.e., a free appropriate public education)

to the child or on behalf of the child (National Dissemination Center for Children with Disabilities, NICHCY, 1999, p. 7).

Parents' Attendance at IEP Meetings

The majority of students with disabilities children with disabilities represented in SEELS have parents who attend IEP meetings.

In Wave 1, 93% of parents had reported attending an IEP meeting at some point during the current or preceding school year. An 8-percentage-point decline is noted in attendance at IEP meetings during a 2-year period; in Wave 2, 86% of students with disabilities have parents who reported they had done so.

IEP Goals Development

IEP goals typically are determined by IEP teams comprised of family members, teachers, school staff, related service personnel, and sometimes the student.

- SEELS findings indicate that goal-setting in IEP meetings has become more collaborative as students have aged. In Wave 2, 71% of students with disabilities have parents who report IEP goals are determined by family members and school staff together, a 6-percentage-point increase over Wave 1. There is a corresponding 6-percentage point decline in school-staff-driven goals (33% to 27%).
- In both Waves 1 and 2, few students with disabilities have their educational goals decided primarily by family members (1% and 2% in the two waves), with no differences for students in different disability categories or demographic groups.

Differential Changes in IEP Participation across Disability Categories

- The decrease in parents attending IEP meetings that is noted for students with disabilities as a group is consistent across disability groups, although the change is greatest for students with learning disabilities (10 percentage points, Exhibit 5-8).
- The overall trend toward more collaborative IEP goal development results from an increase in shared decision-making only among students with mental retardation, among whom there has been an 11-percentage point decrease in staff-driven IEP goal setting and a 9-percentage-point in collaborative goal setting.

Exhibit 5-8
Changes In IEP Participation, by Disability Category

	Learning Disability	Speech/ Language Impairment	Mental Retardation	Emotional Disturbance	Hearing Impairment	Visual Impairment	Orthopedic Impairment	Other Health Impairment	Autism	Traumatic Brain Injury	Multiple Disabilities
Percentage with parents attending an IEP meeting in the current or preceding school year											
Wave 1	93.7	91.3	95.3	92.7	95.0	96.7	97.6	96.4	98.0	96.4	94.0
Wave 2	83.6	84.4	89.4	87.6	89.8	91.1	91.2	91.2	92.8	88.2	86.7
Percentage-point change	-10.1***	-6.9*	-5.9**		-5.2*	-5.6*	-6.4**	-5.2*	-5.2**		-8.3**
Percentage whose parents report IEP goals were decided by:											
Mostly school staff											
Wave 1	32.6	36.4	33.7	30.8	27.5	27.3	23.8	25.3	25.2	23.4	30.8
Wave 2	26.2	31.7	22.9	27.7	27.3	22.9	21.1	24.8	21.5	20.7	24.8
Percentage-point change			-10.8**								
Families and staff together											
Wave 1	66.5	61.8	65.3	66.8	70.7	69.7	75.2	72.7	72.4	75.2	67.5
Wave 2	72.3	66.5	74.3	71.1	71.0	74.2	76.7	72.0	75.3	76.5	72.3
Percentage-point change			+9.0*								

Source: SEELS parent interviews, Waves 1 and 2.

Statistically significant difference in a two-tailed test at the following levels: * p < .05, ** p < .01, *** p < .001.

Differential Changes in IEP Participation across Demographic Characteristics

- Declines in parents' IEP attendance have occurred among students of all age groups (Exhibit 5-9), although the decline has been largest among students who were 13 or 14 years old in Wave 1 (12 percentage points).
- Only students with disabilities who were ages 10 through 12 in Wave 1 show a decline in the IEP goal-setting process being school-staff driven. No increases in collaborative goal setting attain statistical significance.

Exhibit 5-9
Changes In IEP Participation, by Students' Age

	Age in Wave 1		
	7 through 9	10 through 12	13 or 14
Percentage with parents attending an IEP meeting in the current or preceding school year			
Wave 1	94.0	92.9	93.4
Wave 2	87.4	84.9	81.8
Percentage-point change	-6.6**	-8.0***	-11.6*
Percentage with parents reporting IEP goals mostly set by			
School staff			
Wave 1	32.9	33.4	30.9
Wave 2	26.9	26.8	26.7
Percentage-point change		-6.6*	
Families and staff together			
Wave 1	65.5	65.3	68.5
Wave 2	71.6	71.0	71.0
Percentage-point change			

Source: SEELS parent interviews, Waves 1 and 2.

Statistically significant difference in a two-tailed test at the following levels:

* p < .05, ** p < .01, *** p < .001.

- Decreased attendance at IEP meetings is evident for all income groups, ranging from 6 to 10 percentage points (Exhibit 5-10).
- Only students with disabilities in the lowest-income group have experienced an increase in collaborative IEP goal setting. A 9-percentage point increase in parents reporting that students' IEP goals are set by families and school staff together is accompanied by a 10-percentage-point decline in goals being set mostly by school staff.

Exhibit 5-10
Changes In Participation in IEP Meetings , by Household Income and Race/Ethnicity

	Household Income			Race/Ethnicity		
	\$25,000 and Less	\$25,001 to \$50,000	More than \$50,000	White	African American	Hispanic
Percentage of parents who attend an IEP meeting during 2-year period 1999-00 or 2001-02:						
Wave 1	89.3	97.3	95.8	95.8	88.4	87.8
Wave 2	80.8	87.4	89.4	89.8	76.7	77.4
Percentage-point change	-8.5**	-9.9***	-6.4**	-6.0***	-11.7**	
Percentage with parents reporting IEP goals mostly set by:						
School staff						
Wave 1	34.9	30.9	32.0	32.1	32.3	37.9
Wave 2	25.0	25.2	29.7	27.4	28.6	23.0
Percentage-point change	-9.9**					-14.9*
Families and staff together						
Wave 1	64.2	67.4	66.6	66.4	66.1	61.6
Wave 2	73.0	72.6	68.5	70.9	67.9	76.0
Percentage-point change	8.8*					+14.4*

Source: SEELS parent interviews, Waves 1 and 2.

Statistically significant difference in a two-tailed test at the following levels: * p < .05, ** p < .01, *** p < .001.

- Both white and African-American students with disabilities show declines in their parents' attendance at IEP meetings. A 10-percentage-point decline for Hispanic students with disabilities does not attain statistical significance.
- Only Hispanic students with disabilities have experienced an increase in collaborative IEP goal setting, with an increase in shared goal setting of 15 percentage points being accompanied by a decrease of 14 percentage points in goals being set primarily by school staff.

Related Services and Supports

Students come to school with a wide range of personal characteristics, family dynamics, and functional, cognitive, and social abilities that contribute to how they learn, how much they benefit from their school experiences, and how well they manage their transitions as they get older. Some children, particularly those with disabilities, need supports and interventions besides the traditional classroom experiences to be successful at school. Recognizing this fact, the Individuals with Disabilities Education Act Amendments of 1997 mandate that "all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living" [IDEA '97 Final Regulations, Section 300.1(a)] (U.S. Department of Education, 1999).

Parents are an important source of information about the full range of services children with disabilities receive because they are aware of services arranged for privately and those that may be provided by family members themselves (e.g., respite care, Exhibit 5-11). SEELS parents were asked whether their children with disabilities had received any of 15 services in the preceding 12 months and, if so, whether each service had been provided from or through their child's school or district.²

- In both waves, some students with disabilities were reported to be receiving none of the services investigated in SEELS; with twice as many students being reported to receive no services than in Wave 1 (21% vs.10%).
- Receipt of most kinds of services has not changed over the 2-year period between Waves 1 and 2. In Wave 2, 27% of students with disabilities receive tutoring; occupational therapy, special transportation, and case management each are received by 10% to 12% of students with disabilities; physical therapy, social work services, assistive technology devices and services, audiology services, and the help of a reader or interpreter are each received by 5% to 9% of students with disabilities. The families of 3% of students with disabilities receive respite care; nursing care and orientation and mobility services each are provided to 1% of students with disabilities.
- Only speech-language pathology services, diagnostic medical services, and orientation/mobility services show changes in rates of receipt by students with disabilities. Declines of 16 percentage points are noted in students with disabilities receiving speech-language pathology services at all and from or through their school. Declines in diagnostic medical services and orientation/mobility services are smaller (5 and 1 percentage points, respectively) and occur only in the rates of receipt overall; there are no changes in the rates at which students with disabilities receive these services from or through their school.

² The services investigated in SEELS include assistive technology services or devices, audiology services, medical services for diagnosis or evaluation related to a disability, nursing care, occupational therapy, orientation and mobility services, a personal assistant or aide, physical therapy, psychological or mental health services or counseling, a reader or interpreter, respite care, social work services, speech-language pathology services, transportation because of a disability, tutoring, and vocational services. Each service was read to parents, who reported whether the service had been received in the past 12 months. If parents responded positively, they then were asked if the service had been received from or through their children's schools. Because providing definitions for each service would have been too burdensome in the context of a telephone interview, parents may have differed in their interpretations or definitions of a service. It also is possible that parents may have had different understandings of what it meant to receive a service "from or through the school or district" (e.g., whether they mentioned only direct services provided on the school grounds or services the school arranged that were provided outside of school).

Exhibit 5-11
Changes in Services Received by Students with Disabilities

	Received Service:	
	From any source	From or through the school or district
Percentage receiving service in the past 12 months:		
Speech-language pathology		
Wave 1	56.6	56.1
Wave 2	40.5	40.0
Percentage-point change	-16.1***	-16.1***
Diagnostic medical services		
Wave 1	27.9	6.7
Wave 2	22.6	5.5
Percentage-point change	-5.3 **	
Orientation/mobility services		
Wave 1	1.9	14.0
Wave 2	.7	13.6
Percentage-point change	-1.2*	

Source: SEELS parent interviews, Waves 1 and 2.

Note: Only services for which there has been a significant change are included in the exhibit.

Statistically significant difference in a two-tailed test at the following levels:

* p < .05, ** p < .01, *** p < .001.

Differential Changes in Receipt of Related Services across Disability Categories

- Consistent with the high rate at which students with speech impairments have exited special education, they show the greatest decrease in receiving related services (Exhibit 5-12). In Wave 1, 94% of these students were reported to be receiving one or more of the services investigated in SEELS, a rate of service receipt that dropped by 22 percentage points to 72% in Wave 2.
- Notable declines in receipt of any related service also are noted for students with emotional disturbances or other health impairments (7 and 6 percentage points), also categories with relatively lower rates of continuation in special education.

Exhibit 5-12
Changes In Related Services Received from Any Source, by Disability Category

	Learning Disability	Speech/ Language Impairment	Mental Retardation	Emotional Disturbance	Hearing Impairment	Visual Impairment	Orthopedic Impairment	Other Health Impairment	Autism	Traumatic Brain Injury	Multiple Disabilities
Percentage receiving service in the past 12 months:											
Any of the services investigated in SEELS											
Wave 1	83.0	94.2	91.3	92.5	98.1	92.0	96.7	93.3	98.7	94.4	96.2
Wave 2	77.3	72.5	87.6	85.8	93.2	93.4	95.0	87.4	88.5	96.9	96.5
Percentage-point change		-21.7***		-6.7*				-5.9*			
Speech-language pathology services											
Wave 1	30.3	89.0	68.7	27.6	79.3	38.5	41.8	40.5	91.0	56.4	81.0
Wave 2	22.8	57.0	61.4	19.4	67.2	31.9	36.3	31.7	87.1	54.7	75.1
Percentage-point change	-7.5*	-32.0***		-8.2*	-12.1**			-8.8*			
Occupational therapy											
Wave 1	7.5	7.2	32.1	13.0	15.5	33.6	56.3	28.6	60.0	36.7	60.9
Wave 2	5.7	6.8	29.1	10.8	14.4	29.6	48.6	21.0	56.5	34.5	55.8
Percentage-point change								-7.6*			
Psychological/mental health											
Wave 1	19.5	16.0	24.7	73.7	19.6	19.8	20.7	38.4	35.5	40.0	32.4
Wave 2	23.1	13.8	24.8	64.2	23.1	15.0	21.9	38.2	34.9	39.7	33.6
Percentage-point change				-9.5*							
Diagnostic medical services											
Wave 1	23.5	19.9	37.1	45.2	34.6	48.5	56.0	53.6	42.7	49.4	49.3
Wave 2	20.4	14.3	28.7	36.4	34.4	43.9	47.7	43.0	44.3	44.2	46.2
Percentage-point change			-8.4*	-8.8*				-10.6**			
Nursing care											
Wave 1	.2	.1	2.1	2.0	3.8	5.0	8.6	3.3	3.8	5.3	11.1
Wave 2	.5	.3	3.0	.9	3.0	12.0	12.8	2.6	4.4	5.0	7.8
Percentage-point change						+7.0*					
Percentage receiving service in the past 12 months:											
Audiology services											
Wave 1	4.7	9.8	11.0	4.7	82.3	5.9	6.8	8.5	9.3	5.8	15.7
Wave 2	4.7	5.4	10.4	4.5	74.4	5.3	5.4	4.2	10.3	4.1	12.9
Percentage-point change					-7.9*						
Orientation/ mobility services											
Wave 1	.2	.4	7.2	1.5	1.9	43.8	11.3	4.1	4.4	9.6	13.5
Wave 2	.0	.3	1.4	.4	2.5	44.5	5.6	1.1	0.3	9.3	6.2
Percentage-point change			-5.8***				-5.7*	-3.0*	-4.1***		-7.3**

Source: SEELS parent interviews, Waves 1 and 2.

Statistically significant difference in a two-tailed test at the following levels: * p < .05, ** p < .01, *** p < .001.

- Students in other disability categories received services and supports in comparable proportions in Waves 1 and 2, with more than 90% of students with disabilities with hearing, visual, or orthopedic impairments; traumatic brain injuries, or multiple disabilities receiving services in both waves.
- Several kinds of services for which there has been no meaningful change for students with disabilities overall have changed markedly for students in some disability categories; seven services have changed significantly for students in at least one disability category, with all changes being declines in the percentages of students who receive the services.
- Declines are most widespread with regard to speech-language pathology services and orientation/mobility services. Declines in receipt of speech-language pathology services range from 8 percentage points among students with learning disabilities or other health impairments to 32 percentage points among students with speech impairments (consistent with the high rate of exit from special education for the latter group). Declines in receipt of orientation/mobility services range from 3 percentage points for students with other health impairments to 7 percentage points for those with multiple disabilities.
- Decreases in receipt of diagnostic medical services are evident for students with mental retardation, emotional disturbances, or other health impairments, ranging from 8 to 11 percentage points.
- Decreases in receipt of other kinds of services occur for only one category of students. Only students with other health impairments show a decline in receipt of occupational therapy (8 percentage points), only those with visual impairments have experienced a decrease in receipt of nursing care, and only students with hearing impairments have notable declines in receipt of audiology services (8 percentage points).
- Only three services show declines in receipt from or through students' school (Exhibit 5-13). Again declines in speech-language pathology services are the most widespread, with declines evident for students with learning disabilities; emotional disturbances; or speech, hearing, or other health impairments. As is true for receipt of this service overall, the decline has been largest for students with speech impairments (32 percentage points).
- Declines in receipt of diagnostic medical services from or through the schools are evident for students with mental retardation or autism (6 percentage points), where as receipt of nursing services from or through the schools is evident only for students with visual impairments (6 percentage points).

Exhibit 5-13
Changes in Related Services and Supports Received by Students With Disabilities from The School or District in Waves 1 and 2 by Disability Category

	Learning Disability	Speech/ Language Impairment	Mental Retardation	Emotional Disturbance	Hearing Impairment	Visual Impairment	Orthopedic Impairment	Other Health Impairment	Autism	Traumatic Brain Injury	Multiple Disabilities
Percentage reported receiving service or support in past 12 months through school:											
Speech/language therapy											
Wave 1	29.9	88.7	67.9	27.2	78.6	37.5	40.8	38.6	90.0	55.6	79.5
Wave 2	22.7	56.4	60.6	18.4	66.3	31.4	34.7	30.9	85.8	54.2	73.4
Percentage-point change	-7.2*	-32.3***		-6.8*	-12.3**			-7.7*			
Diagnostic medical services											
Wave 1	5.3	3.5	13.9	16.8	11.8	9.8	9.7	8.6	8.0	14.6	14.2
Wave 2	5.4	2.6	8.1	11.7	11.0	10.0	7.1	7.1	13.7	14.3	11.3
Percentage-point change			-5.8*						+5.7*		
Nursing care											
Wave 1	1.9	.0	1.2	1.4	1.9	1.8	4.6	2.8	1.9	2.6	6.9
Wave 2	.6	.0	2.4	1.1	1.4	7.6	7.1	2.4	3.1	2.6	5.4
Percentage-point change			+1.2			+5.8*					

Source: SEELS parent interviews, Waves 1 and 2.

Statistically significant difference in a two-tailed test at the following levels: * p < .05, ** p < .01, *** p < .001.

Differential Changes in Receipt of Related Services across Demographic Groups

- No decline in students with disabilities receiving any related service is noted for the oldest age group—79% of those who were 13 or 14 in Wave 1 were receiving at least one of the related services investigated in SEELS at that time, whereas 76% receive services in Wave 2.
- There has been a 10-percentage-point decline in the youngest group of students receiving any service (94% of 7- through 9-year olds in Wave 1 receiving services then vs. 85% in Wave 2), and a 13-percentage-point decline in receipt of services among students who were 10 through 12 in Wave 1 (88% vs. 75%).
- Differences in rates of change across the age groups somewhat close the gap in rates of service receipt that had existed in Wave 1; whereas there was a 15-percentage-point difference in the rate of receiving any service between the

youngest and oldest age group in Wave 1, that difference has been cut by almost half, to 8 percentage points, in Wave 2.

- Younger students are far more likely to experience a decrease in receiving speech or language services (18 and 17 percentage points for the youngest and middle-age groups) than are the oldest students.
- Age does not factor into any of the change patterns for related services and supports with the exceptions that declines in receipt of speech-language pathology services and diagnostic medical services are evident only among the youngest two age groups. There are 17-percentage-point declines in receipt of speech-language pathology services for students who were 7 through 9 and 10 through 12 in Wave 1 and declines of 5 percentage points for each group in receipt of diagnostic medical services.
- Although most of the experiences highlighted in this report do not vary between boys and girls with disabilities, boys are less likely to be reported by their parents as receiving any services both in Wave 1 (80% boys, 91% girls) and in Wave 2 (76% boys, 87% girls). It is important to note however, that the increase between Waves 1 and 2 are the same between genders (4 percentage points).
- The decline in receipt of any services is evident only among students with disabilities in the middle and highest income groups (13 and 16 percentage points, respectively). In Wave 2, between 20% and 22% of students across the income groups receive services.
- White and African-American students are somewhat less likely to receive services in Wave 2 (decreases of 12 and 10 percentage points, respectively). No change is noted for Hispanic students with disabilities.
- Over time, speech-language pathology services are received by fewer students in each of the household income groups, and by each racial/ethnic group. However, the decline in receiving this service is twice as great among students in wealthier households than among students in the lowest income group (22 vs. 11 percentage points).
- White students and students living in the highest income group also are the only groups less likely to receive medical diagnostic services in Wave 2 than in Wave 1, showing declines of 6 percentage points.
- A decline in receipt of orientation/mobility services is noted only among students with disabilities in the lowest income group, and a decline in receipt of occupational therapy is evident only among white students with disabilities.

Summary

This chapter has examined changes in the school enrollment, special education participation, IEP process and services of students with disabilities.

Changes in School Enrollment

The majority of students with disabilities continue to attend public, regular schools in their neighborhoods. Only students with emotional disturbances or other health impairments or students from the lowest-income homes have experienced a decline in attending regular schools. The decline in attending neighborhood schools occurs only for students with learning disabilities or for students who are white or live in the highest income households.

In the 2-year period between Waves 1 and 2 of SEELS, many students with disabilities made the transition from elementary school to middle or junior high school. Almost one-third of students are spending their first year in a new school in Wave 2, an increase from the one in four students who were doing so in Wave 1. As expected, the majority of students who experienced this increase did so for grade level changes from fifth to sixth or from sixth to seventh grades. The increase in attendance at a new school is most evident for students with learning disabilities, mental retardation, or orthopedic or other health impairments. Students with emotional disturbance or traumatic brain injuries were most likely to be new to their schools in both Waves 1 and 2, an experience that was least likely to occur for students with speech impairments or autism.

Students with disabilities represented in SEELS have made an average of 1.6 school changes since starting kindergarten. However, there is a wide variation in school mobility among students with disabilities. About one-third of students have never changed schools, but this experience ranges from only 15% of students with emotional disturbances to 42% of students with speech impairments. The proportions of students who have changed schools three or four times vary from one in ten students with speech impairments to about one in four students with mental retardation, emotional disturbances, traumatic brain injuries, or multiple disabilities. Further, parents report that 6% of their children have made five or more school moves, but 23% of students with emotional disturbances find themselves at new schools at least five times. In addition, students in the lowest income households are most likely to have changed schools frequently. Thus, students with emotional disturbances and students in the lowest income group are less likely than their peers to experience the school stability and subsequent consistency that is important in forming relationships and maintaining academic advancement.

Special Education Participation

There has been a noticeable decline in the proportions of students with disabilities who continue to receive special education services, so that in Wave 2, 24% of students who had received special education services in the 1999-2000 school years no longer are doing so. Students with speech impairments have experienced the greatest decline in special education status; 46% no longer participate in special education in Wave 2. In contrast, exit rates are 5% or less for students with mental retardation, autism, traumatic brain injuries, or multiple disabilities. This is a significant marker that distinguishes students with speech impairments from their peers in other disability categories. The high exit rate

among students with speech impairments is reflected in the larger declines in receipt of many services that is evident for this group than for students in other disability categories.

The IEP Process

The majority of parents report they attend IEP meetings, although parents appear to be more likely to attend these meetings in Wave 1, with the greatest decline for parents of students with learning disabilities (decrease of 10 percentage points). Although two-thirds of parents report decisions regarding students' IEP goals had been generated collaboratively by school staff and family in Wave 1, there is a 5-percentage-point increase in collaborative decision-making process in Wave 2. This is most apparent for students with mental retardation, for whom collaborative IEP goal-setting increased by 9 percentage points.

Receipt of Related Services

Students with disabilities receiving special education services come to school with a wide range of personal characteristics, family dynamics, and functional, cognitive, and social abilities. What children with disabilities bring to the classroom affects how they learn, how much they benefit from their school experiences, and how well they manage their transitions as they age. Consequently, some students need an array of supports and interventions besides the traditional classroom experiences to be successful at school, an array that may change as students age and face more challenging academic tasks.

Over time, the proportion of students with disabilities who are reported by their parents to receive any of the related services investigated in SEELS has decreased by 11 percentage points from Wave 1 (90%) to Wave 2 (79%). Consistent with their high exit rate from special education, the largest increase is apparent for students with speech or language impairments; 28% of these students are not receiving any services or supports in Wave 2, a 22-percentage-point increase from Wave 1. Students with emotional disturbances or other health impairments also are less likely to be receiving services in Wave 2, although the decline is not as dramatic.

Although the percentages of students with disabilities who receive most kinds of services have not changed over time, there have been large declines (16 percentage points) in the likelihood that students with disabilities receive speech-language pathology services at all and from or through their school. The declines are fairly widespread, involving students in five disability categories, although the decline is by far the largest among students with speech impairments (32 percentage points).

The only other declines in services are a 5-percentage-point drop in students receiving diagnostic medical services and a reduction by half in students receiving orientation/mobility services (from 2% to less than 1%). The decline in diagnostic services occurs only for students with other health impairments, emotional disturbances, or mental retardation, and orientation/mobility services

have declined among students with speech, orthopedic, or other health impairments or autism. Declines in receipt of occupational therapy, audiology and nursing services, and psychological/mental health services each has occurred among students in only one disability category.

Declines in service receipt are most notable among the younger two groups of students, with service receipt decreasing from 94% to 85% for the youngest students and 8% to 75% for students in the middle-age group. Students living in the middle or highest income groups are more likely than students in lower-income households to have a significant decrease in receipt of any services. Similar decreases occur for white and African-American students.

By describing the overall school enrollment and special education participation of students with disabilities, this chapter provides a context for considering students' school programs in greater detail, as addressed in the next chapter.