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Governance Brief

California's Children and Youth with Disabilities

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Introduction

California's current funding system for public schools, the Local Control Funding Formula (LCFF), provides board members with more flexibility in decision-making at the local level. Recognizing that local communities know their students best, the formula allows local educational agencies (LEAs)—school districts, county offices of education, and charter schools—to spend funds in ways that they believe best meet the needs of their students.

The school board's role is to ensure local policies serve all students, including those with disabilities from birth through age 21. During the 2017-18 school year, more than 770,000 students with identified disabilities in this age range were enrolled in California public schools.¹ LEAs are responsible for providing all students, including students with disabilities, with rigorous academic instruction and with improving their educational progress. To meet these responsibilities, special education funding and some services are administered through consortia known as Special Education Local Plan Areas (SELPA). In some instances, an individual district may be a SELPA.

This brief provides information about California's children with disabilities including infants, toddlers, school-aged children, and young adults; their various disabling conditions; the sometimes complicated challenge of accurately assessing these conditions; and the implications of identifying a child as having a disability. It is part of a series of briefs focused on the requirements and processes related to educating students with disabilities. With accurate information, board members can make the best decisions to ensure equity, transparency, and accountability in the education provided to all students.

In this brief you will find:

- » An overview of California's students with disabilities
- » Information about the importance of early identification and services for infants and toddlers
- » An overview of the disabilities in school-age children (ages 3 through 21)
- » Challenges in identifying specific learning disabilities
- » Issues of disproportionality in special education
- » Questions for board members to consider

Who Are Students with Disabilities?

Students with disabilities have learning or physical differences that may range from minor to severe. Schools provide a vital service by ensuring that all students have the opportunity to meet challenging objectives. In fact, the federal Individuals with Disabilities Education Act (IDEA) requires LEAs to identify all students in their jurisdiction who have a disability and ensure the provision of "resources, adapted instruction, and specialized assistance to mitigate the effects of [their] disability."² The application of IDEA varies from infants and toddlers (birth to age 3) to school-age children and young adults (ages 3 through 21).

Early Intervention

Some children are born with a risk condition or developmental concern that is evident from birth, while others are assessed after a family member, physician, or other professional (such as a child care provider) expresses a concern about the child's development. The term *developmental delay* describes the difference between a child's development compared to peers of the same age or to a typical developmental trajectory. It encompasses a broad range of conditions and behaviors that suggest below-average progress in one or more of the areas in which children develop.

Children develop more rapidly and learn more quickly during their first three years of life than at any time afterward. During this period, a developmental delay (such as undetected hearing loss) can profoundly delay the child's ability to communicate. Early and appropriate intervention, treatment, and support have been proven to significantly lessen the long-term effects of a developmental delay, and sometimes can even resolve the initial concerns.³ The goal of early intervention is to ensure that infants and toddlers with a developmental delay have the best possible chance to live full and meaningful lives; the earlier the intervention is started, the greater the likelihood of its positive impact on the child's development.⁴

Identification and Services for Infants and Toddlers

When a developmental delay is suspected in a child younger than 3, the LEA or Regional Center is contacted for an assessment, and a service coordinator is assigned to assist the parents through the assessment process.

If a developmental delay is confirmed, the infant or toddler and his or her family are eligible for early intervention services. The service coordinator, parents, and other appropriate professionals then work as a team to design an Individualized Family Services Plan (IFSP), which outlines the services and supports that the child and family will receive.⁵ An IFSP typically includes early intervention specialists, service providers and service coordinators, and the child's parents.

IFSPs remain in effect until the child turns 3 years old, the developmental concern is resolved, or the child transitions to Part B preschool services. The agency responsible for serving the child (either the Regional Center or the local school district) arranges for the provision of services such as speech therapy, occupational or physical therapy, or special instruction. According to the California Department of Developmental Services, "Local educational agencies are primarily responsible for services for infants with vision, hearing, and severe orthopedic impairments, including

SELPAs and Regional Centers

SELPAs coordinate services for students with disabilities. In many cases, they also provide special education services. While SELPAs are often organized in regions, they are not the same thing as Regional Centers (see below). Typically, SELPAs work with school districts and county offices of education to ensure that all children and youth with disabilities within their local areas receive whatever special education-related services and supports they need from birth through age 21. SELPAs also coordinate the state and federal funds earmarked to provide those services and supports.

Regional Centers are private, nonprofit organizations that provide or coordinate services and supports for individuals with developmental disabilities across their lifespans. The state's 21 centers provide some case management and contract out for other limited services, in addition to contracting with the California Department of Developmental Services. Their services are generally therapeutic and less education-focused compared to SELPAs. Regional Centers and a network of about 40 Early Start Family Resource Centers—which connect families of young children with other parents, specialists, referral services, information, and support—are spread throughout the state to help individuals and their family members find and access services. For more information, see <https://www.dds.ca.gov/RC/index.cfm>.

any combination of these solely low-incidence disabilities. Regional Centers are responsible for services for all other children eligible for Early Start."⁶

Part C of IDEA, known as Early Start in California, requires an assessment of any child from birth until age 3 for whom there is a reasonable suspicion of developmental delay. To access Early Start services, parents can request an interdisciplinary assessment of their child when they have reasonable concerns. For any concern about developmental delay in an infant or toddler, parents should contact their Local Regional Center, LEA, or family resource center. The purpose of the assessment is to confirm or dismiss the suspicion of a developmental delay in one or more of the developmental domains (gross or fine motor, speech, language development, social or emotional, or self-help skills).⁷

California has a robust network of about 40 Early Start Family Resource Centers. The centers connect parents of children with developmental delays and provide them support, information, and referral services.⁸ Part C of IDEA requires each

state to make Early Start services available free to every eligible family, regardless of income. A family receives services to help parents and other family members learn how to best support their child and his or her development considering the delay. The services are designed with family routines in mind rather than clinical therapies. For example, a family might receive instructions on how to manage a piece of equipment to better position a child that lacks adequate physical muscle tone or guidance on how to play with a child with a neurological disability. These early intervention services are guided by a commitment to family-centered⁹ approaches within the child’s natural environment—either the child’s home or childcare setting.¹⁰

Disabilities in School-Age Children

Part B of IDEA includes more specific requirements and definitions than those in Part C. Part B requires schools to provide special education and related services to students ages 3 through 21 who have one or more identified disabilities. To be eligible and receive special education and related services, the disability must adversely affect a child’s educational performance.

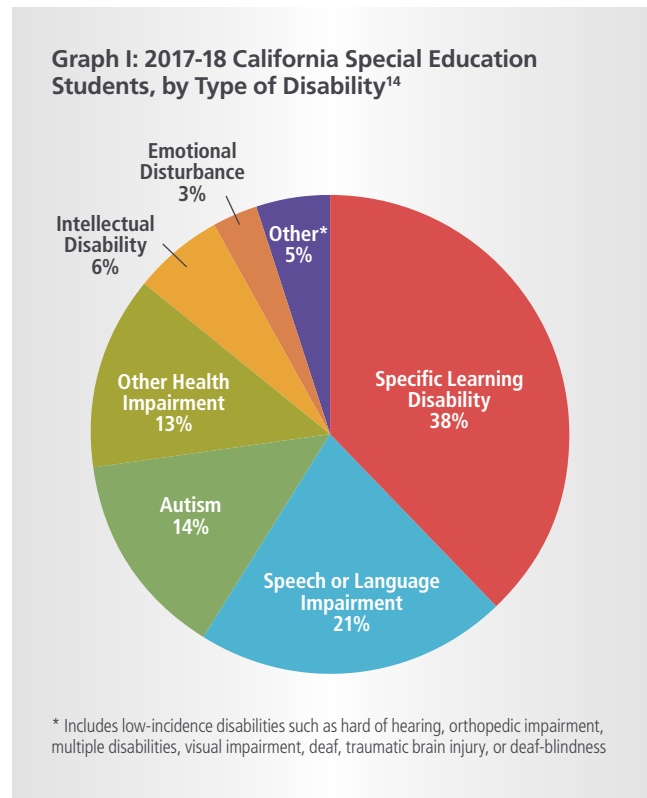
California identifies the following disability categories, which mirror those identified under IDEA.¹¹

- » Specific learning disability (e.g., dyslexia)
- » Speech or language impairment
- » Autism
- » Intellectual disability
- » Emotional disturbance
- » Orthopedic impairment
- » Hearing impairment
- » Visual impairment, including blindness
- » Traumatic brain injury
- » Other health impairment
- » Deafness
- » Deaf-blindness
- » Multiple disabilities

The category “multiple disabilities” encompasses a combination of impairments affecting the child’s developmental and educational challenges that “cannot be

accommodated in special education programs solely for one of the impairments.”¹²

During the 2017-18 school year, the disabilities of 86 percent of all California public school students identified for special education services fell into four categories: specific learning disability (38 percent), speech or language impairment (21 percent), autism (14 percent), and other health impairment (13 percent).¹³



Over the past 10 years (from 2007-08 to 2017-18), the number of students identified for special education services has increased by 96,761 students. During this same period, both the number and percentage of students identified with autism and other health impairments have more than doubled, while the identification of students with a specific learning disability and speech or language impairment has dropped. There is not consensus among researchers about the explanations for shifts in identification over time, but some of these changes could be explained—at least in part—by reclassification of students as physicians, families, and educators become more knowledgeable about specific disabilities. For example, a student who in the past might have been classified as having a severe intellectual disability or emotional disturbance might now be classified as having autism.¹⁵

The Vast Majority of Students with Disabilities Attend Traditional Public School

In 2017-18, 85 percent of students with disabilities attended public day school, while about 7 percent attended charter schools. An additional 7 percent attended other school types, such as private schools, correctional programs, independent study, residential programs, transition programs, and higher education institutions.¹⁶

Services Provided to Students with Disabilities

Given the diverse needs identified as part of students' Individualized Education Programs (IEPs), California's students receive a wide range of services. In 2017-18, students with disabilities in the state received more than 1.8 million services, with many students accessing multiple services. Table 1 provides a breakdown of these services by type.

Table 1: Services Provided to California Students with Disabilities (2017-18)

Services	Number of Students	Percentage
Specialized Academic Instruction	635,219	34%
Language and Speech	380,265	20%
Vocational/Career	186,919	10%
Mental Health Services	150,852	8%
All Other Services	511,620	27%
Total	1,864,875	100%

Source: California Department of Education¹⁷

Challenges with Assessing Specific Learning Disabilities

Proper identification of students with a specific learning disability is critical for them to access the appropriate services to have the opportunity to meet challenging objectives. A specific learning disability is "an umbrella term that points to weaknesses in such areas as reading, writing, spelling, math, and other kinds of skills," because the brain processes information in a different way.¹⁸ Researchers also note that the concept "focuses on the notion of a discrepancy between a child's academic achievement and his or her apparent capacity to learn."¹⁹

Some of the categories of disability represent indisputable conditions, and the path to providing services and supports is obvious. A child who is blind or who has a profound stutter has a confirmed disability. The child who is blind may, for example, receive instruction in Braille and be provided books in Braille. The child with a stutter may receive speech therapy and possible counseling for maintaining their self-esteem.

Other categories are not so clear. For example, IDEA defines "other health impairment" as "...having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—

- (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and
- (ii) Adversely affects a child's educational performance."²⁰

Many of the conditions included in this definition are certainly indisputable (diabetes, epilepsy, leukemia, etc.). But it can be challenging to accurately identify attention deficit hyperactivity disorder (ADHD). The second-grade boy who simply can't sit still might be, in one teacher's mind, a clear case of ADHD, while another teacher might interpret the behavior as typical normal for his age and gender. Some studies have shown that "more boys have problems with attention and focus than girls."²¹ The Centers for Disease Control and Prevention note that "there is no single test to identify ADHD, and many other problems, like sleep disorders, anxiety, depression, and certain types of learning disabilities, can have similar symptoms."²² This can further complicate efforts to identify the disability accurately. In fact, other researchers have argued that ADHD is equally prevalent in males and females, but gender stereotypes and misconceptions about the symptoms of ADHD have led to under-identification in girls.²³

Categories of disability also sometimes overlap. According to Harvard Medical School researcher Dr. Nancy Rappaport, half of students with attention problems also have other learning disabilities. She notes that for these students to be successful, their IEPs should address both attention issues and any other learning disabilities.²⁴

English Learners

One significant challenge that professionals face when determining the presence of a specific learning disability involves children whose first language is not English. This includes students who are not proficient in English, or English

learners (ELs). While knowing more than one language has many cognitive benefits,²⁵ ELs can take more time to begin speaking or reading English in comparison to their English-fluent peers. Disentangling a delay related to their EL status from a possible specific learning disability is complicated, and evidence suggests that information resulting from the complex process for determining a specific learning disability may not always be accurate for ELs. Research suggests that in some cases ELs are over-identified for special education, while other studies have found that they are under-identified for special education.^{26,27} Clearly, educators must proceed with caution when considering these cases. Any educator whose professional judgment indicates that an EL may have a disability must ensure that the student is appropriately and carefully assessed.

Instructional Quality and Classroom Climate

The strength of the instruction and the classroom climate are key components to ensuring that children are not mis-identified. Research identifies favorable attributes that contribute to learning, such as “a positive social climate; strong instructional leadership; increased time for reading instruction; high expectations and strong accountability; continuous monitoring of student achievement; ongoing professional development based on effective reading strategies; and integral parental involvement.”²⁸ In situations where these qualities are weak or absent, a child’s inability to read may be due to the quality of instruction rather than to a learning disability.

Emotional Disturbance

Recent legislation and current statewide initiatives have placed a spotlight on the IDEA category of disability called “emotional disturbance.” This attention has been prompted by increased identification of behavioral and emotional disturbances in children and youth.²⁹

Early childhood trauma is emerging as one likely reason for these challenges. Abuse of any kind (physical, sexual, or emotional), physical or emotional neglect, divorce, mental illness in a parent, family violence, substance abuse, or the incarceration of a family member can all create toxic stress in a child’s life. Research shows a strong connection between these kinds of experiences, the number of experiences that occur, and a child’s ability to learn, regulate behavior, and get along with others. Studies indicate that six out of every 10 children in California have experienced at least one of these adverse childhood experiences (ACEs).³⁰ When experienced before the age of 18 and without the support of a mental health professional, ACEs can change the way a child’s brain develops and disrupt learning, behavior, and lifetime health.³¹

Disproportionality and Students with Disabilities

Inequity remains a challenge for students with disabilities and their families. California is attempting to address patterns of inequity, in part through a focus on what is termed disproportionality—an imbalance in any one of the three following areas:

1. The patterns of disciplining students from any student group at markedly higher rates or in different ways than their peers (especially in instances of suspension and expulsion);³²
2. The rates that students from any racial or ethnic group are identified as having a disability; and
3. The patterns of school or classroom placements for these students.

Discipline Disparities

Disproportionate discipline refers to disciplinary patterns that are not applied equally. In the case of racial and ethnic disparities, research has shown that “African-American students are referred to the [school] office for infractions that are more subjective in interpretation” than referrals for other students.³³ And African-American males are three times more likely to be suspended or expelled than white students.³⁴ Students with disabilities are also disciplined at higher rates than their non-disabled peers, and, among students with disabilities, the problem is compounded by racial and ethnic discipline gaps.³⁵ In response, the U.S. Department of Education issued a *Dear Colleague* letter with guidance to schools on providing the appropriate behavioral supports to ensure students have access to the “meaningful educational benefit” they are guaranteed under the law.³⁶

Personal and school contexts also influence how a child behaves, as well as how that behavior is perceived. Inappropriate behavior can be the result of students’ experience with a range of trauma and other stressors, from hunger or abuse to bullying or the illness of a family member. The official identification of emotional disturbance should not result from a few isolated incidents but requires that specifically identified behaviors are exhibited “over a long period of time and to a marked degree that adversely affects a child’s educational performance.”³⁷

Disparities in Identification

Identifying students for special education services can be a controversial issue. Researchers continue to debate whether certain racial and ethnic groups are over- or under-identified

for special education services. On one hand, most scholars have found that “children of color . . . are identified as students with disabilities at substantially higher rates than their peers.”³⁸ Other studies using different methodological approaches report that, “among children who were otherwise similar in their academic achievement, poverty exposure, gender, and English language learner status, racial or ethnic minority children were consistently less likely than white children to be identified as having disabilities.”^{39,40,41}

Although researchers continue to study disproportionality and identification for special education, LEAs should attend carefully to their local data. IDEA requires states and LEAs to consistently gather data to track instances of these kinds of imbalances. LEAs found to be consistently and significantly disproportionate (as defined by the state) in any one of the three identified areas for up to three prior consecutive years⁴² must find the source of the imbalance and must also spend 15 percent of their IDEA money to address the problem. For example, the LEA might use funds to provide professional development to staff, improve basic instruction, or introduce a schoolwide program of positive behavioral supports.⁴³

Conclusion

Children and youth with disabilities represent a highly diverse group of individuals with an equally diverse set of needs, abilities, and educational requirements. While determining the appropriate services for these students is not always easy, it is essential for educators and school leaders to make the best effort possible to provide a challenging academic program with the necessary supports and services to ensure access, participation, and academic achievement.

Understanding the various disabilities of students in California public schools along with the challenges of identification are critical to ensure that all students get the supports they need to achieve their potential. By identifying and reaching out to students with disabilities, school professionals can have a profound impact on school climate, culture, language, and other areas. Board members can support this mission by ensuring that their LEA has a coherent system to identify and support students, families, and staff with the skills to assess, engage, and educate students with disabilities.

Questions for School Board Members

Board members can help their schools better serve students identified for special education services by answering the following questions:

1. How many students are identified as having a disability in our schools? What are the types of disabilities for which they are identified?
2. How are students with disabilities distributed throughout our schools or programs? Do some schools in our LEA have higher concentrations of students with disabilities? If so, is this due to a strategic coordination of resources or are there other issues at play, such as differences in how the staff approach the student study team or IEP process?
3. What are the procedures for identifying students with disabilities in our schools? Are the professionals trained at identifying and understanding the various disabilities?
4. In the assessment process, how are our staff considering the possible impact of other factors, such as school environment, English learner status, etc.?
5. Are certain ethnic groups in our schools being disproportionately represented in special education rosters or in restrictive classrooms, such as resource specialist classes and special day classes?

Resources

Key Organizations and Agencies

- » **U.S. Department of Education.** *Individuals with Disabilities Education Act (IDEA)*. <http://idea.ed.gov>
- » **California Department of Education.** Special Education Division. <http://www.cde.ca.gov/sp/se/>
- » **California Department of Developmental Services.** *Regional Centers Directory*. <https://bit.ly/2v5SnAZ>
- » **Disability Rights Education & Defense Fund (DREDF).** A national civil rights law and policy center directed by individuals with disabilities and families who have children with disabilities. <https://dredf.org>

Early Intervention

- » **Why Early Intervention Programs Benefit Kids with Developmental Delays.** Information about early intervention programs from the Child Development Institute. <http://bit.ly/2G3LC16>
- » **Overview of Early Intervention.** Information in English and Spanish from the Center for Parent Information and Resources. <https://www.parentcenterhub.org/ei-overview/>

- » **California Early Start.** Resource page by the California Early Intervention Technical Assistance Network. <https://bit.ly/2HhLaT5>
- » **Together, We Make a Difference: California Early Start for Infants and Toddlers with Disabilities and Their Families** (2014). Handbook by the Interagency Coordinating Council on Early Intervention (ICC). <http://bit.ly/2gVWbhC>
- » **Early Intervention.** Website for Zero to Three, which provides information about early intervention in English and Spanish for parents, educators, and policy makers. <https://www.zerotothree.org/espanol/early-intervention>

Identifying Students

- » **Reasons for Concern When You Suspect Your Child or a Child in Your Care May Have a Disability or Special Need(s).** Resource page by the California Department of Education. <https://bit.ly/2Htz9Yt>
- » **RTI-Based SLD [Specific Learning Disability] Identification Toolkit: Considerations for English Language Learners.** Toolkit by the National Center for Learning Disabilities. <https://bit.ly/2Hvh7oK>
- » **The State Performance Plan Technical Assistance Project (SPP-TAP).** The SPP-TAP is funded by the California Department of Education through a contract to the Napa County Office of Education to help California LEAs address performance and compliance issues related to disproportionality in student identification and placements. It provides technical assistance consisting of training, coaching, information dissemination, and referrals of best practices. Services include: sustaining a cadre of expert Technical Assistance Facilitators; conducting webinars; designing and facilitating a community of practice; and developing and providing workshops and symposia. <http://sptap.org>

Endnotes

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- 8 For more about these resource centers and to find the one closest to you, go to Family Resource Centers Network of California at <http://www.frcnca.org>
- 9 For more about family-centered early intervention, see *Family-Centered Early Intervention for Infants and Toddlers with Disabilities* by Nicole Tomasello, Amy Manning, & Catherine Dulmus, in the *Journal of Family Social Work* (2010) at <https://bit.ly/2Hn9q3d>
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