

Study to Measure the Delivery of Services in Accordance
with the Individualized Education Programs of Students with Disabilities
2006-07

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Submitted by:

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Table of Contents

Executive Summary.....	vi
Introduction.....	1
Methodology.....	4
Results.....	15
Conclusions and Recommendations.....	31
Appendix.....	37

List of Tables

Table ES1:	IEP-Log Analyses by Disability.....	viii
Table ES2:	IEP-Log Analyses by Specific Learning Disability.....	viii
Table ES3:	IEP-Log Analyses by Service.....	ix
Table ES4:	IEP-Log Frequency and Duration Analyses by Disability.....	x
Table 1:	Disability Codes (Population).....	4
Table 2:	DIS Service Codes (Population).....	5
Table 3:	Collapsed Disability Categories (Sample).....	6
Table 4:	Collapsed Service Categories (Sample).....	7
Table 5:	Service Observations (Sample).....	12
Table 6:	Disability Category Distribution of the Sample.....	15
Table 7:	Number of Logs Requested by Service.....	16
Table 8:	IEP-Log Discrepancy Analysis: Number and Percentage of Services Provided and Those with No Evidence of Provision by Disability..	17
Table 9:	IEP-Log Discrepancy Analysis: Number and Percentage of Services Provided and Those with No Evidence of Provision by Disability (SLD Only).....	17
Table 10:	IEP-Log Discrepancy Analysis: Number and Percentage of Services Provided and Those with No Evidence of Provision by Service.....	18
Table 11:	IEP-Frequency Discrepancy Analysis: Number and Percentage of Services With and Without Discrepancies by Disability.....	19
Table 12:	IEP-Frequency Discrepancy Analysis: Number and Percentage of Services With and Without Discrepancies by Disability (SLD Only)	19
Table 13:	IEP-Frequency Discrepancy Analysis: Number and Percentage of Services With and Without Discrepancies by Service.....	20
Table 14:	IEP-Time Discrepancy Analysis: Number and Percentage of Services With and Without Discrepancies by Disability.....	21
Table 15:	IEP-Time Discrepancy Analysis: Number and Percentage of Services With and Without Discrepancies by Disability (SLD Only).....	21
Table 16:	IEP-Time Discrepancy Analysis: Number and Percentage of Services With and Without Discrepancies by Service.....	22
Table 17:	Probability and Weights of First-Stage Sample (Excluding SLD)...	23
Table 18:	Probability and Weight of First-Stage Sample (SLD Only).....	24
Table 19:	Overall Population Estimate and Confidence Intervals.....	25
Table 20:	Number and Percentage of Observations by Session Status.....	26
Table 21:	IEP-Site Visit Observations by Service: Session Status of Service Observations (Counts).....	27
Table 22:	IEP-Site Visit Observations by Service: Session Status of Service Observations (Percentages).....	27
Table A1:	3-Year IEP-Log Analyses by Disability.....	37
Table A2:	3-Year IEP-Log Analyses by Disability (SLD).....	37
Table A3:	3-Year IEP-Log Analyses by Service.....	38
Table A4:	3-Year IEP-Frequency Analyses by Disability.....	39

Table A5:	3-Year IEP-Duration Analyses by Disability.....	39
Table A6:	3-Year IEP-Frequency Analyses by Service.....	40
Table A7:	3-Year IEP-Duration Analyses by Service	40

Executive Summary

Overview

This document presents the results from a study to measure the Los Angeles Unified School District's (LAUSD) progress towards meeting the goals of Outcome #13 of the Modified Consent Decree (MCD). Since the District did not meet the outcome by June 2006 we continued to collect data and monitor service delivery in 2006-07.

The outcome states that the District must provide evidence of at least 93% of service delivery, and agreement between Individualized Education Programs (IEPs) and log frequency and duration must be 85%. This outcome is for all disabilities combined excluding Specific Learning Disability (SLD), as well as for SLD individually.

The following three questions are being addressed by this study:

- (1) Was there evidence of service delivery?
- (2) Did the student receive service at the frequency (i.e., how often the service was provided) stated on the IEP?
- (3) Did the student receive service for the duration (i.e., amount of time service was provided) stated on the IEP?

These questions were answered by examining the agreement between IEPs and service delivery logs over an 8-week/2-month period. The study consists of two elements: 1) a comparison between student IEPs and service delivery logs, and 2) a comparison between the actual delivery of service and service delivery logs. The District's special education population was over-sampled and 4,496 student names were drawn randomly. Welligent IEPs were requested from the Information Technology Division as an extract, whereas non-Welligent IEPs were requested directly from the schools. IEPs were received for 4,435 students (99%).

Based on the service specification on the IEPs, 7,015 logs were requested from the Division of Special Education (the Division). Logs are the official record of service and therefore should reflect the services that are occurring in the District. Most logs were entered into Welligent. Although only 7% of the logs were still on paper, over 40% of the Non-Public Agency and Pre-School logs were on paper. It was also determined that over one-third of the Resource Specialist Program logs were either on paper or were not being completed at all.

A separate observation study (N = 200 students) involved unannounced visits to the schools to see if services were occurring as planned. This observation data was compared to the logs to determine accuracy of reporting.

Summary of Findings

Table ES1 illustrates the findings on the percent of agreement between the information noted on the students' IEP and the information provided on the service logs by disability category. Students with Specific Learning Disabilities (SLD) are not included in this table (see Table ES2).

The findings for the percent of agreement were converted into an overall districtwide population estimate. The results indicate that the service provision agreement was 86.6% for the IEP-log estimate. Therefore, the District did not meet the outcome of 93%. However, this was an increase from last year (84.8%). Visual Impairment (96%) and Multiple Disability/Deaf-Blind (95%) were the only disabilities to meet the outcome goal of 93% individually.

Table ES1
IEP-Log Analyses by Disability

Disability	Evidence of Service Provided		No Evidence of Provision		Total
Visual Impairment	722	96%	29	4%	751
Multiple Disability/Deaf-Blind	622	95%	34	5%	656
Deaf/Hard of Hearing	572	90%	61	10%	633
Autism	629	89%	75	11%	704
Orthopedic Impairment/ Traumatic Brain Injury	752	89%	89	11%	841
Mental Retardation	502	87%	75	13%	577
Speech and Language Impairment	394	86%	65	14%	459
Other Health Impairment	392	81%	91	19%	483
Emotional Disturbance	351	80%	86	20%	437
Overall Population Estimate	86.6%<1>				

<1> The 95 percent confidence interval for the population estimate using the IEP-log service agreement rates is 83.2 to 90.1.

Since SLD had its own outcome goal, it was examined separately. The IEP-log agreement (74%) was lower than for all disabilities (excluding SLD) and was also a decrease from last year (79.4%).

Table ES2
IEP-Log Analyses by Specific Learning Disability

Disability	Evidence of Service Provided		No Evidence of Provision		Total
Specific Learning Disability	881	74%<2>	306	26%	1,187

<2> The 95 percent confidence interval for the point estimate using the IEP-log service agreement rate is 71.3 to 76.7.

Table ES3 displays this same data by service category. Based on the IEP-log comparison, 6 of the 11 service categories met the 93% goal and 2 additional categories were close with 92%. Resource Specialist Program (71%) and Language and Speech (82%) had the lowest rates of log evidence. Since many students receive Resource Specialist Program and/or Language and Speech services, this had a negative impact on Outcome #13.

Table ES3
IEP-Log Analyses by Service

Type of Service	Evidence of Service Provided		No Evidence of Provision		Total
Visual Impairment	394	100%	0	0%	394
Adaptive Physical Education	1,017	98%	21	2%	1,038
Physical Therapy	213	98%	5	2%	218
Deaf/Hard of Hearing	430	96%	18	4%	448
Least Restrictive Environment (LRE)	244	96%	10	4%	254
Pre-School	95	95%	5	5%	100
Non-Public Agency (NPA)	142	92%	13	8%	155
Occupational Therapy	492	92%	45	8%	537
Mental Health	498	87%	74	13%	572
Language and Speech	1,160	82%	260	18%	1,420
Resource Specialist Program (RSP)	1,132	71%	460	29%	1,592
Total Services	5,817	86%	911	14%	6,728

Table ES4 displays the agreement between IEPs and frequency and duration as specified on the logs. As was the case last year, population estimates and confidence intervals were not used for the frequency and duration analyses. There were too many paper logs, especially in some services, to justify this level of analysis this year. Although no disability met the outcome, there were large overall increases in the frequency and duration as compared to last year (63% and 65% respectively).

Table ES4
IEP-Log Frequency and Duration Analyses by Disability

Service	IEP-Log Frequency Agreement		IEP-Log Duration Agreement	
	% of services with frequency at least equal to the IEP	Total No. of Logs	% of services with duration at least equal to the IEP	Total No. of Logs
Autism	66%	581	60%	573
Deaf/Hard of Hearing	75%	528	76%	513
Emotional Disturbance	74%	320	77%	310
Mental Retardation	74%	462	69%	463
Multiple Disability/Deaf-Blind	80%	531	82%	548
Orthopedic Impairment/ Traumatic Brain Injury	78%	612	78%	641
Other Health Impairment	70%	351	65%	338
Specific Learning Disability	65%	794	56%	762
Speech and Lang. Impairment	62%	360	62%	354
Visual Impairment	82%	690	81%	685
Total	73%	5,229	70%	5,187

In the past we conducted observations as a validation of the IEP-log comparison. This year observations were conducted but they were used to examine the accuracy of the log reporting. Unfortunately, a large number of logs did not reflect what we saw or were told in the field.

Conclusions

In Year 4 more IEPs were Welligent IEPs and more logs were Welligent logs than in the previous years. Although the District did not meet any of the requirements of Outcome #13, there was a slight increase in the evidence of logs for DIS services and a large increase in both frequency and duration. SLD was still below the goal but it is unknown whether SLD students were not receiving services or if the problem was due to the lack of logs provided by the schools. The log-site visit comparison provided us with new insight on the usability of the log data. Unfortunately, some of the information did not match. Service visits and reasons for non visits must be accurately reported for this data to be truly meaningful. It is important to keep in mind when reviewing the results

that many of the providers were still learning how to use the Welligent log system and therefore the rates may be partially due to inexperience with the system. As the District continues to move towards better documentation practices and a central database for IEPs and logs there should be better accountability and agreement.

Recommendations

1. By 2007-08 all IEPs should be entered into Welligent for ease of data analyses and accountability. The Division of Special Education must maintain accurate IEP records. Safeguards should be put into the system so that items on one page match the other pages and all of the parts of the IEP must be finished before the IEP is considered complete. Furthermore, IEP goals must be written so the providers are accountable and it is possible to determine if services are being provided.
2. It should be required that all providers complete logs and that all logs be entered on Welligent in 2007-08. Fortunately, most service providers are already using the Welligent system for their logs. The bulk of the paper logs came from three services (i.e., Resource Specialist Program, Non-Public Agency, and Pre-School). As taking attendance is part of a teachers' job description, documenting service delivery should be part of the job requirements of the providers.
3. The Division of Special Education did not meet any of the three requirements for SLD. This was partially the result of problems stemming from too few Resource Specialist Program logs. We do not know why RSP providers are not completing their logs on Welligent. Efforts should be taken to determine

why RSP providers are failing to log service delivery and steps should be taken to help them meet this requirement.

4. The Division of Special Education should clearly define what constitutes service. Providers are still using their time to go to IEP meetings and trainings. This takes service time away from the students. If an IEP states that a student is supposed to receive 30 minutes of service every week in order to reach his/her performance goal, then they should be receiving that amount of time. Time spent apart from working with the student usually does not facilitate his/her reaching the goal. Perhaps IEPs and trainings should be held before and after school so the provider can make maximum use of the school day.
5. Also, it is important that providers understand what they can enter into the Welligent system as completed service and what does not count as service. Based on the site visit-log comparison, services are not always documented correctly. Accuracy is paramount if a system is to be developed that is useful in monitoring service delivery.
6. Providers should be assigned to one track and their vacations should coincide with their students. This change would provide continuous service to the students. The logs showed that providers were sometimes off-calendar when their students were not on vacation. During breaks the providers can substitute where needed, helping schools where there are not enough providers to meet the needs of the students.

7. The Division of Special Education needs to continue to explore additional ways to hire speech therapists, as there is still a shortage of providers. This is apparent in the high number of students not assigned a service provider. Another problem we saw was that parents do not always avail themselves of Non-Public Agency speech services. This phenomenon needs to be examined and perhaps different procedures need to be put into place to contact parents to make sure their students are getting the services they need.
8. Once all IEPs and logs are electronically entered into the Welligent system, the Division of Special Education can use Welligent to monitor service provision. This move towards electronic IEPs and logs will allow special education management to easily determine at the central level if services are occurring in the amount and frequency stated on the IEPs as well as allowing the principal and/or assistant principal to monitor the delivery of services at the school level. As stated last year, the Division should produce an electronic comparison of IEPs and logs that can be used to compare to our database next year. This should be built into the Welligent system.

Introduction

Purpose of the Study

This is the fourth year of a study on Outcome #13 of the Modified Consent Decree (MCD). The focus of this outcome is to measure the District's delivery of services as compared to the students' Individualized Education Programs (IEPs). During 2003-04, the American Institutes for Research (AIR) conducted the first-year study in order to provide information leading to outcome measures and a research methodology. Based on AIR's findings, baselines and outcome measures for Outcome #13 were established. During 2004-05 and 2005-06, the Program Evaluation and Research Branch (PERB) of the Los Angeles Unified School District (LAUSD) conducted the study building on the methodology from AIR. This report documents the findings of the study conducted during 2006-07.

History of the Modified Consent Decree

In 1993 a suit on behalf of Chanda Smith was brought against LAUSD, alleging that LAUSD was in violation of the Individuals with Disability Education Act. This prompted a 10-month comprehensive study of the District's special education program resulting in the Chanda Smith Consent Decree. The District was ordered to develop plans to improve its special education system. In 2001, the parties resumed negotiations due to plaintiff dissatisfaction with the District's progress. In 2003, the Modified Consent Decree replaced the Chanda Smith Consent Decree, but unlike the original consent decree, the new consent decree has quantifiable outcomes. The District was required to meet these outcomes by June 2006 in order to be disengaged from the consent

decree. Outcome #13 was not met in 2005-06 so the study continued for another year. Outcome measures and goals remained the same for 2006-07.

The parties established an Independent Monitor (IM) responsible for overseeing the progress of the District towards the outcomes. The IM verifies the accuracy of the District data and determines disengagement from the Modified Consent Decree.

Outcome #13

Outcome #13 specifically questions whether the District is delivering special education services as stated in the students' IEPs. The outcome states the following:

The Independent Monitor, in consultation with the parties, shall establish a performance outcome to measure the District's delivery of services in accordance with a child's Individualized Education Programs. The performance outcome will seek to determine whether the District is implementing Individualized Education Programs in substantial compliance with the law. In order to establish and monitor this outcome measure, the following shall occur:

- a. The baseline criteria and subsequent benchmarks shall be based on scientific sampling techniques that gather data representative of the disability population in the District.*
- b. The Independent Monitor shall, with the assistance of one or more entities and with input from the District's Program Evaluation and Research Branch, design the sampling methodology to establish criteria and subsequent benchmarks. The chosen entity will also verify the validity of the sampling technique as well as the accuracy of the findings during the first year. Such entity shall be chosen by the Independent Monitor.*
- c. In subsequent years, the District shall conduct these studies in accordance with the design. The Independent Monitor shall verify the accuracy of the findings. Any modifications to the study design must be approved by the Independent Monitor.*

In June 2004, based on the findings of the first year study and discussions between the parties, the following outcome was established:

By June 30, 2006, 93% of the services identified on the IEPs of students with disabilities in all disability categories except specific learning disability will show evidence of service provision. In addition, by June 30, 2006, 93% of the services identified on the IEPs of students with specific learning disability will show evidence of service provision.

By June 30, 2006, the District will provide evidence that at least 85% of the services identified on the IEPs of students with disabilities have a frequency and duration that meets IEP compliance. For the purposes of assessment of frequency, provider absences will not constitute evidence of non-provision of service if such absence is the result of short-term (maximum two consecutive weeks) illness, family emergency or jury duty. Student absences/no shows will not constitute evidence of non-provision of service. For the purposes of assessment of duration, sessions not completed as the result of conflicts with a student's school schedule or late arrival/early departure by student will not constitute evidence of an incomplete session.

Brief Description of the Study

During the first three years, the study consisted of two elements: 1) the collection and comparison of student IEPs and service delivery logs, and 2) the comparison between student IEPs and the actual delivery of services. This second part served as a validation of the IEP-log comparison. In the fourth year, the Independent Monitor dropped the observation element of the study as a validation of services. A smaller observation study was conducted but the observations were compared to the provider logs to document the accuracy of log reporting. This is an important step in determining the accuracy of the logs.

IEPs are supposed to identify the Designated Instruction and Services (DIS) and/or Resource Specialist Services (RSS or RSP) a student is to receive as well as the frequency (how often) and duration (how long) of the service. Provider services should directly reflect what is stated on the IEPs. The service providers are required to keep accurate logs to document these services. In this study, the information from the student IEPs was compared to service provider logs. If we received a log it counted as providing evidence of service. We also measured whether there was frequency and duration agreement between the IEP and the log.

Methodology

Sampling

The study population was derived from the District’s Student Information Services (SIS) special education files gathered on “Norm Day,” October 13, 2006. This database contained 74,314 cases with a special education eligibility code. As in previous years, students were excluded if they attended Non-Public Schools, had graduated or left the District, or were not 3 years old by September 30, 2006. The number of students with an eligibility code decreased from last year (76,448). Tables 1 and 2 describe the database according to disability and service codes.

Table 1
Disability Codes (Population)

	Frequency	Percent
Autistic (AUT)	5,734	7.7%
Deaf – Blindness (DBL)	8	.0%
Deafness (DEA)	377	.5%
Developmental Delay (DD)	2,187	2.9%
Emotional Disturbance (ED)	1,181	1.6%
Established Medical Disability (EMD)	24	.0%
Hard of Hearing (HOH)	627	.8%
Mentally Retarded (MR)	4,332	5.8%
Multiple Disabilities – Hearing (MDH)	109	.1%
Multiple Disabilities – Orthopedic (MDO)	1,415	1.9%
Multiple Disabilities –Vision (MDV)	176	.2%
Orthopedic Impairment (OI)	752	1.0%
Other Health Impairment (OHI)	4,287	5.8%
Specific Learning Disability (SLD)	42,365	57.0%
Speech and Language Impairment (SLI)	10,312	13.9%
Traumatic Brain Injury (TBI)	161	.2%
Visual Impairment (VI)	267	.4%
Total	74,314	100%

Table 2
DIS Service Codes (Population)¹

	First Service Listed	Second Service Listed	Third Service Listed	Fourth Service Listed	Fifth Service Listed
Audiology	387	187	13	5	1
Blind/Partially Sighted Itinerant	173	69	39	18	6
Pupil Counseling	3,023	409	83	21	5
Deaf/Hard of Hearing Itinerant	629	214	50	15	7
Special Nursing	301	122	77	33	11
Orientation Mobility for Blind	80	95	13	6	0
Adaptive PE	4,210	1,841	471	84	23
Language and Speech	15,808	2,975	493	119	37
Inclusion	86	77	90	40	9
Physical Therapy	219	226	178	94	13
Nonpublic Agency Services	196	297	308	181	70
Home/Hospital	20	1	0	0	0
Occupational Therapy	1,617	1,667	601	144	35
Parent Counseling	4	3	0	0	0
Vision Services and Therapy	3	4	0	0	0
School Mental Health	1,237	101	16	3	0
Least Restrictive Environment Counselor	264	272	140	54	16
Assistive Technology	5	2	2	2	0
RSP-Itinerant	14	4	1	0	0
NPA-Speech	410	285	109	47	18
Pre-Kindergarten Itinerant	1,278	327	45	12	2
LAS-27	1	2	0	0	0
Recreation Therapy	1	0	1	1	1
After School Early Education Program (ASEEP)	59	9	4	1	0
Phonological After School Program (PHONO)	241	34	2	0	0
Intensive Language After School Program (ILEAP)	75	9	4	1	0
Pre-School Kindergarten Itinerant Teacher Head Start (PKIT-HS)	568	4	0	0	0
Community Mental Health Services	1	2	0	0	0
Total	30,910	9,238	2,740	881	254

Note. Students may have multiple DIS or RSP-itinerant services or no DIS or RSP-itinerant services. These numbers are from the SIS database and do not include RSP services.

The disability codes were collapsed into 10 categories (see Table 3). This method combined disability categories that were similar in nature as well as consolidating low-incidence categories. For example, Developmentally Disabled (DD) was moved to Mentally Retarded (MR) and Multiple Disability Vision (MDV) was moved to Visually

¹ Not all service codes were used because some of them had no students, were not observable, or did not have logs.

Impaired (VI). The consolidation of codes was the same as what was done in Years 2 and 3.

The goal was to have 330 students in each of the 10 categories (total of 3,300). Because the first year’s results showed approximately 15% errors and 15% attrition/transiency in the data, we over-sampled by approximately 30% to reach our goal of 3,300. We wanted to be able to make statements about the whole population as well as specific disabilities and services. As was done during the previous 2 years, we randomly selected 380 cases in each category except for SLD. Since we were no longer conducting sub-studies using this database we only chose students who had at least one service, our primary interest. For VI there were not 380 cases in the database this year so we selected all of the cases (376). For SLD, we randomly selected 1,080 cases, for a grand total of 4,496 cases. The rationale for increasing SLD cases was since SLD represented the largest group in the population, it had a disproportional impact on the outcomes in Years 1-3.

Table 3
Collapsed Disability Categories (Sample)

Disability	Maps To	N
DD, DI, MR	MR	380
DEA, HOH	DHH	380
APH, SLI	SLI	380
BL, PS, VI, MDV	VI	376
ED	ED	380
OI, TBI	OI/TBI	380
EMD, OHI	OHI	380
SLD	SLD	1,080
DBL, MDG, MDH, MDO	MD/DBL	380
AUT	AUT	380
Total		4,496

The service codes were collapsed into 11 categories as described in Table 4. Again, services similar in nature were combined and categories were collapsed to minimize low-incidence services.

Table 4
Collapsed Service Categories (Sample)

Service Category	Maps To
Adaptive Physical Education	Adaptive PE (APE)
Audiology Deaf/Hard of Hearing Itinerant	Deaf & HOH (DHH)
Language and Speech	Language and Speech (LAS)
Inclusion Least Restrictive Environment Counselor	Least Restrictive Environment (LRE)
Occupational Therapy	Occupational Therapy (OT)
Physical Therapy	Physical Therapy (PT)
Pupil Counseling School Mental Health	Mental Health (MH)
Blind/Partially Sighted Itinerant Orientation Mobility for Blind Vision Services and Therapy	Visual Impairment (VI)
RSP (Class Code), RSP Itinerant	Resource Specialist Program (RSP)
Pre-Kindergarten Itinerant, PKIT-HS	Pre-School (PreS)
Non-Public Agency Services Non-Public Agency Services-Speech	Non-Public Agency (NPA)

IEP Data Collection and Entry

A list of the 4,496 students was provided to the Information Technology Division (ITD). They provided PERB evaluators with online IEPs in an extract form including both current IEPs and the amendments. Those IEPs that were not in Welligent or were over 18 months old were requested directly from the schools based on the SIS information. For those with older IEPs, we used the older one when we did not get a newer one from the school. Letters requesting that principals send current IEPs and amendments for specific students by November 28, 2006 were sent on October 31, 2006. The information was accepted up until December 15, 2006. Letters were sent to 113 schools requesting data on 158 students. This was a large decrease from last year when we had to request IEPs for 509 students. Of the 158 students, 101 had no Welligent IEP and 57 had IEPs older than 18 months. If a student transferred to another District school, we attempted to contact the new school. On November 30, 2006, a list was given to the

Division of Special Education of those IEPs we did not receive. The Division helped us to reach the remaining schools.

After the extract information was downloaded into a FileMaker database, we added the paper IEP information, targeting the same pages as the Welligent extract for consistency of information. An effort was made to ensure that the information on page 4 matched other pages as page 4 was used to request the logs. For instance, if a service was listed on page 5 of the IEP but not on the list of services on page 4 then it was added to the page 4 list.

Log Data Collection and Entry

Based on page 4 of the IEPs, a list was generated for all of the services the students were supposed to receive. Since RSP is not often listed as a service, RSP students were identified if they had RSS checked on page 8 or DIS Code 24 or RSP listed on page 4. For those on a Traditional Track, we requested October and November logs; for those on Tracks 3A, 4A, and 4D, we requested September, October, and November data; for those on Track 3C, we requested September and October data; and for those on Tracks 3B, 4B, and 4C, we requested December, January, and February data. This was done to get 8 weeks or 2 full months of data. Some service providers had vacations during our requested period, so adjustments in the weeks had to be made for certain services and tracks. As some services are monthly services, we asked for complete months even though the focus was on the specific 8 weeks. The following identifies the 8 weeks selected per track:

Single Track – October 2 to November 24

3A – September 4 to October 27 or September 11 to November 3

3B – December 11 to 15 and January 1 to February 16

- 3C – September 4 to October 27
- 4A – September 4 to October 27 or September 11 to November 3
- 4B – December 4 to 15 and January 1 to February 9
- 4C – December 4 to 15 and January 1 to February 9
- 4D – September 4 to October 27 or September 11 to November 3

On January 17, 2007 we made a request to District DIS and RSP personnel requesting the September/October/November DIS and RSP service logs within 3 weeks from the date of the request. Those in Welligent were given to us in the form of an extract. Those not in Welligent were paper logs obtained from the schools. The Division of Special Education collected the logs from the service providers and then provided them to us. Since RSP logs were the largest number and many were not in Welligent, the Division was granted an extra week to collect the logs. The second request for logs was made to Division personnel at the end of February since we were collecting December/January/February log information. Last year RSP logs were requested directly from the schools but, since many are now on Welligent, they were collected using the same procedures as the DIS logs.

Although most providers were trained on how to use the Welligent computerized system last year, some of the forms were still paper logs. Based on those logs submitted, there were 6% paper logs and 1% part paper logs and part Welligent logs. This number does not reflect those logs we did not receive which may be paper logs but were not submitted to us. The bulk of the paper logs came from RSP, NPA, and Pre-School. Close to half of those with part-paper logs came from Audiology.

Data personnel entered paper log information into the same FileMaker database as the IEPs. Lack of uniformity in log format and entry made some paper logs hard to interpret in the past. Since few logs were on paper this year, this was not a huge problem.

Following the methodology used in Years 2 and 3, we instructed data entry personnel to use the IEP information, the logs, common practices, and the provider notes to determine if service was provided. Rules were provided to the data enterers to maintain consistency when answering the research questions.

Research Questions

The following were the three research questions based on the requirements of Outcome #13:

1) Was there evidence of service delivery? If there was evidence of a log for any month during the study framework (October through February), this counted as a yes. Since we did not always have correct track information, this seemed like the safest approach. If no log was provided to us, it counted as no evidence of service. In some instances the Division provided information as to why there was no log. If the excuse was valid (e.g., the student left the District), the student was dropped from this analysis.

2) Did the student receive service in the frequency stated on the IEP? This question was answered only if the student got a yes on question #1. The responses were yes, no, can't determine, or drop. Based on the IEP it was determined how many times the student should have received service during the eight weeks or two months. For instance, if the IEP noted that service was to be provided once a week we would expect service to occur eight times over the eight weeks. Two additional categories had to be added because sometimes based on either the log or the IEP we couldn't determine if service was provided or not. Some students received a yes on question #1 but then had to be dropped from question #2. For instance, a log was provided for October but then the

student left the District in November. This showed evidence of service but we couldn't calculate if they met the frequency or not because we only had one month of service.

3) Did the student receive service in the duration stated on the IEP? To replicate the AIR study, frequency and duration were calculated as two separate analyses. Like the question on frequency, only if the student received a yes on question #1 was this question answered. Again, the responses were yes, no, can't determine, or drop. Duration refers to the amount of time service should occur as stated on the IEP. The minutes reported on the logs were added together and compared to the IEP over the eight weeks to determine if the provider met the duration measure. Again, we had to provide rules to interpret unclear data. For instance, if the services were provided in a class in a middle school or high school, the services were counted as full time. This was especially true for RSP and APE because these services are often classes attended by students when so prescribed by their IEP.

Observations

A subsample of 200 from the 4,496 cases described above was selected for field observation. These observations were compared directly to Welligent logs to determine if the information was documented accurately. Observations occurred in January, February, and March. After completion of the observations, an extract was requested for the subsample for those months to be used for comparison. The sample was based on 7 service categories (RSP, LAS, APE, DHH, MH, OT, and VI). A sample of 20 in each category except for RSP and LAS which had 50 in each was selected. RSP and LAS are the largest service categories. See Table 5. Students were only selected if they had Welligent information in SIS. This selection was based on all 5 service variables

including RSP. Only students who had specific frequency and duration information (e.g., one time a week for 30 minutes) were selected for observation. Students were not chosen if there was a range listed (e.g., 1 to 5 times a week).

Table 5
Service Observations (Sample)

Service Category	Number
Adaptive Physical Education	20
Deaf/Hard of Hearing	20
Language and Speech	50
Mental Health	20
Occupational Therapy	20
Resource Specialist Program	50
Visual Impairment	20
Total	200

This part of the study is a three-step process. The first step was a call to the school to determine scheduling information. Administrators, special education coordinators, or IEP (special education) clerks were contacted at each of the schools where sample students were enrolled. Schools with multiple-tracks having students who were about to go off track were contacted first. A Site Visitation Calling Form was used to document whether the student in the database was still at the school, whether or not he or she was receiving special education services, the required frequency and duration of current IEP services, and scheduling information.

We inquired about all of the specific Designated Instructional Services (DIS) or Resource Specialist Programs (RSP) listed on the IEP, so that the schools would not know the specific focus of our visit. No attempt was made to set up a visit time. We simply asked appropriate school personnel for the days of the week or month and the time of day on which the services were offered. Service data were further coded as to whether the frequency and duration were flexible or fixed. Flexible meant that no specific day and/or time could be given; for example, if we were told services occur

sometime during the morning. Fixed meant they gave us a specific day and time. For example, we were told services occurred Fridays at 9 o'clock. In the flexible cases we asked the school to try to find out the schedule for the next few months. If a student was no longer receiving the service selected by the random sample, we did not attempt to visit any other service for that same student.

The second step was the actual visit to the school. Upon arrival at the school, the data collector would identify herself and ask to be escorted to where the student would receive the service. The escort was further asked to identify the student and the service provider. In cases where there was no escort, the service provider was asked to identify the student. The following codes were used to record a visit:

1. Service provided. Session completed.
2. Service provided. Session incomplete.
3. Service not provided because the provider was absent due to illness, jury duty, or family emergency. Student was present at school.
4. Service not provided because the provider was in a meeting (e.g., IEP, school, or District). Student was present at school.
5. Service not provided even though provider was available and on-site because the student was absent due to illness or physician appointment, etc.
6. Service not provided even though provider was available and on site because the student was unavailable for service due to school assembly, etc.
7. Service not provided because the provider was absent due to an unknown reason and the student was present at school.
8. Service not provided for other reasons, e.g., service was never initiated.
9. Service was too flexible. Service time or day was too flexible to observe. No one could give us a specific day and time. Also, the service was either monitor, collaborative or consultative and therefore could not be observed.

10. Student was dropped from the study, e.g., the student may have been exited from special education, moved to a Non-Public School, or left the District.

Some of the service observations had to be made from remote locations, such as in counseling sessions where the observer would sit outside the room. The nature and quality of the service itself were not part of the study so this was not a problem.

Confidentiality was strictly maintained in this study. Even though the data collector and the PERB office team knew who the student was, this information was never divulged to anyone else not involved with the study.

The third step was the comparison of this information directly to log information. Comparisons were made between what we saw and the log as well as what we were told by school staff and the log. For instance, if the school staff told us that the provider was at an IEP meeting we would expect the log to say that the provider was at an IEP meeting.

Results

Of the 4,496 students in the sample we were able to obtain interpretable IEPs for 4,435 students (99%). This was an increase from last year's study of 4,272 IEPs (95%). Some schools never sent us IEPs or did not have an IEP in the system (23). Some students had to be dropped from the sample because they left the District, exited special education, or moved to a Non-Public School setting (36) and 2 were hard to interpret because of different IEP formats. However, our overall goal of 3,300 students was met. See Table 6 for the distribution by disability. Our goal of 330 IEPs per disability was also met. The distribution is very similar to the original distribution in the sample. SLD was by far the largest at 24% with the remainder ranging from 8.3% to 8.6%.

Table 6
Disability Category Distribution of the Sample

Disability	Students with IEPs	
	n	Percent
Autism	375	8.5%
Deaf/Hard of Hearing	375	8.5%
Emotional Disturbance	366	8.3%
Mental Retardation	378	8.5%
Multiple Disability/Deaf-Blind	379	8.5%
Orthopedic Impairment/Traumatic Brain Injury	377	8.5%
Other Health Impairment	380	8.6%
Specific Learning Disability	1,064	24.0%
Speech and Language Impairment	367	8.3%
Visual Impairment	374	8.4%
Total	4,435	100%

Students could receive one service or multiple services depending on their particular needs. Based on the IEPs of 4,435 students, we requested 7,015 service logs. This was an increase from last year when we requested 5,616 logs. There are more logs requested this year because we only picked students for the sample who had at least one

service whereas last year students could be chosen who had no services since we conducted two supplemental studies that did not require students to have DIS and/or RSP services. See Table 7 for the number of logs per service. RSP (23%), Language and Speech (21%), and Adaptive Physical Education (16%) comprised the largest number of logs whereas Pre-School (2%) was the smallest category.

Table 7
Number of Logs Requested by Service

Type of Service	n	Percent
Adaptive PE	1,091	15.6%
Deaf/Hard of Hearing	466	6.6%
Language and Speech	1,446	20.6%
LRE	256	3.6%
Mental Health	575	8.2%
Non-Public Agency	227	3.2%
Occupational Therapy	558	8.0%
Physical Therapy	261	3.7%
Pre-School	118	1.7%
RSP	1,609	22.9%
Visual Impairment	408	5.8%
Total	7,015	100%

Log Analysis

IEP-Log Discrepancy Analysis: Was there evidence of service delivery?

Since a log was considered a record of a service, if a log was obtained we assumed a service was provided. Of the log requests, 5,817 (83%) had logs, 911 had no log (13%), and another 287 student services were dropped from the analyses based on information provided by the Division (4%). Based on the log information, students were dropped from a service if they left the District, exited special education, or exited the service. Only those in the first two categories (log or no log) were included in the analysis (6,728). See Tables 8, 9, and 10 for differences by disability and service.

Overall, we received 89% of the logs we requested for all disabilities except SLD. This was the same as last year (89%). Visual Impairment (96%) and Multiple Disability/Deaf-Blind (95%) each met the outcome goal of 93%. The largest change was for Speech and Language which increased from 78% to 86%. For SLD students, we received 74% of the logs which was a decrease from last year (79%).

Table 8
IEP-Log Discrepancy Analysis: Number and Percentage of Services Provided and Those with No Evidence of Provision by Disability

Disability	Evidence of Service Provided		No Evidence of Provision		Total
Autism	629	89%	75	11%	704
Deaf/Hard of Hearing	572	90%	61	10%	633
Emotional Disturbance	351	80%	86	20%	437
Mental Retardation	502	87%	75	13%	577
Multiple Disability/Deaf-Blind	622	95%	34	5%	656
Orthopedic Impairment/ Traumatic Brain Injury	752	89%	89	11%	841
Other Health Impairment	392	81%	91	19%	483
Speech and Language Impairment	394	86%	65	14%	459
Visual Impairment	722	96%	29	4%	751
Total *	4,936	89%	605	11%	5,541

*Please note that since SLD is a separate outcome the total does not include SLD

Table 9
IEP-Log Discrepancy Analysis: Number and Percentage of Services Provided and Those with No Evidence of Provision by Disability (SLD Only)

Disability	Evidence of Service Provided		No Evidence of Provision		Total
Specific Learning Disability	881	74%	306	26%	1,187

Differences in discrepancy were also examined across services. As can be noted in Table 10, overall, 86% of the logs were provided. Visual Impairment, Adaptive Physical Education, Physical Therapy, Deaf/Hard of Hearing, Least Restrictive Environment, and Pre-School were over 93%. Non-Public Agency and Occupational Therapy came close to meeting the goal with 92%. Pre-School had the largest increase from 38% to 95%. This rate is more consistent with the previous year. RSP had the

smallest percentage of logs, providing evidence of only 71% as compared to last year (77%).

Table 10
IEP-Log Discrepancy Analysis: Number and Percentage of Services Provided and Those with No Evidence of Provision by Service

Type of Service	Evidence of Service Provided		No Evidence of Provision		Total
Adaptive PE	1,017	98%	21	2%	1,038
Deaf/Hard of Hearing	430	96%	18	4%	448
Language and Speech	1,160	82%	260	18%	1,420
LRE	244	96%	10	4%	254
Mental Health	498	87%	74	13%	572
Non-Public Agency	142	92%	13	8%	155
Occupational Therapy	492	92%	45	8%	537
Physical Therapy	213	98%	5	2%	218
Pre-School	95	95%	5	5%	100
RSP	1,132	71%	460	29%	1,592
Visual Impairment	394	100%	0	0%	394
Total Services	5,817	86%	911	14%	6,728

Frequency Analysis

IEP-Log Discrepancy Analysis: Did the student receive service in the frequency stated on the IEP? The first question asked if there was evidence of service or not. The second question examined if the service was being provided with the frequency specified on the IEP. The analysis was based only on those students who had a log. The information was coded as met or exceeded frequency, didn't meet frequency, couldn't determine frequency, or needed to be dropped from the analysis. Sometimes we could not determine frequency because no frequency was listed on the IEP, and in some instances, we couldn't determine frequency based on the log. Some students were dropped from this question because they left special education or the District and therefore we couldn't expect full frequency. Therefore, these students were included in the first question but not the second and third questions.

Tables 11 and 12 present the data by disability. Overall, the frequency of services delivered was met for 74% of the logs (excluding SLD). This was an increase from last year (64%). SLD was lower than DIS with frequency being met for 65% of the logs. Again, this was an increase from last year (54%). All of the disabilities were below the outcome of 85%; however, both Visual Impairment (82%) and Multiple Disability/Deaf-Blind (80%) approached the goal. Similar to last year, Speech and Language Impairment had the lowest agreement (62%).

Table 11
IEP-Frequency Discrepancy Analysis: Number and Percentage of Services With and Without Discrepancies by Disability

Disability	Frequency Does Meet IEP		Frequency Does Not Meet IEP		Total
Autism	386	66%	195	34%	581
Deaf/Hard of Hearing	395	75%	133	25%	528
Emotional Disturbance	237	74%	83	26%	320
Mental Retardation	340	74%	122	26%	462
Multiple Disability/Deaf-Blind	426	80%	105	20%	531
Orthopedic Impairment/ Traumatic Brain Injury	476	78%	136	22%	612
Other Health Impairment	247	70%	104	30%	351
Speech and Language Impairment	222	62%	138	38%	360
Visual Impairment	563	82%	127	18%	690
Total*	3,292	74%	1,143	26%	4,435

*Total does not include SLD.

Table 12
IEP-Frequency Discrepancy Analysis: Number and Percentage of Services With and Without Discrepancies by Disability (SLD Only)

Disability	Frequency Does Meet IEP		Frequency Does Not Meet IEP		Total
Specific Learning Disability	516	65%	278	35%	794

Frequency was also examined by service category (see Table 13). Visual Impairment (92%) and LRE (87%) were the only services that met the outcome of 85% agreement between the IEP and the log. Both Adapted PE and Deaf/Hard of Hearing were over 80% and approaching the goal. APE, DHH, LAS, MH, NPA, OT, RSP, and

VI all increased from last year. LRE stayed the same and PT and Pre-School showed decreases. For Pre-School this change is more a reflection of the change in the number of logs that were submitted. Similar to last year, RSP had the lowest agreement (67%); however, there was an increase from last year in this category (54%).

Table 13
IEP-Frequency Discrepancy Analysis: Number and Percentage of Services With and Without Discrepancies by Service

Type of Service	Frequency Does Meet IEP		Frequency Does Not Meet IEP		Total
Adaptive PE	767	81%	178	19%	945
Deaf/Hard of Hearing	323	81%	74	19%	397
Language and Speech	647	60%	438	40%	1,085
LRE	185	87%	27	13%	212
Mental Health	324	71%	135	29%	459
Non-Public Agency	87	71%	36	29%	123
Occupational Therapy	310	72%	119	28%	429
Physical Therapy	81	71%	33	29%	114
Pre-School	66	76%	21	24%	87
RSP	666	67%	328	33%	994
Visual Impairment	352	92%	32	8%	384
Total Services	3,808	73%	1,421	27%	5,229

Duration Analysis

IEP-Log Discrepancy Analysis: Did the student receive service in the duration stated on the IEP? Overall, duration was met for 73% of the logs across disabilities (excluding SLD). This was an increase from last year (66%). Duration for SLD was met 56% of the time. This was a slight decrease from last year (59%). None of the disabilities met the goal of 85%. Both Multiple Disability/Deaf-Blind (82%) and Visual Impairment (81%) were over 80%. Speech and Language Impairment was the lowest with 62%. See Tables 14 and 15 for duration by disability.

Table 14

IEP-Time Discrepancy Analysis: Number and Percentage of Services With and Without Discrepancies by Disability

Disability	Duration Does Meet IEP		Duration Does Not Meet IEP		Total
Autism	343	60%	230	40%	573
Deaf/Hard of Hearing	389	76%	124	24%	513
Emotional Disturbance	238	77%	72	23%	310
Mental Retardation	320	69%	143	31%	463
Multiple Disability/Deaf-Blind	449	82%	99	18%	548
Orthopedic Impairment/ Traumatic Brain Injury	500	78%	141	22%	641
Other Health Impairment	219	65%	119	35%	338
Speech and Language Impairment	218	62%	136	38%	354
Visual Impairment	556	81%	129	19%	685
Total*	3,232	73%	1,193	27%	4,425

*Total does not include SLD.

Table 15

IEP-Time Discrepancy Analysis: Number and Percentage of Services With and Without Discrepancies by Disability (SLD Only)

Disability	Duration Does Meet IEP		Duration Does Not Meet IEP		Total
Specific Learning Disability	423	56%	339	44%	762

Duration was also examined by service category. Visual Impairment was the only service to exceed the outcome (89%). Deaf/Hard of Hearing (84%), Adaptive PE (83%), LRE (81%), and Physical Therapy (80%) were all approaching the outcome. In fact, 7 of the 11 services showed increases from last year. Non-Public Agency (55%) and RSP (55%) were both only slightly over 50% and both were decreases from last year. Both LRE and Pre-School showed decreases from last year as well. See Table 16 for duration by service.

Table 16

IEP-Time Discrepancy Analysis: Number and Percentage of Services With and Without Discrepancies by Service

Type of Service	Duration Does Meet IEP		Duration Does Not Meet IEP		Total
Adaptive PE	788	83%	157	17%	945
Deaf/Hard of Hearing	320	84%	63	16%	383
Language and Speech	634	60%	430	40%	1,064
LRE	170	81%	41	19%	211
Mental Health	330	74%	115	26%	445
Non-Public Agency	65	55%	54	45%	119
Occupational Therapy	291	67%	144	33%	435
Physical Therapy	138	80%	35	20%	173
Pre-School	59	69%	27	31%	86
RSP	520	55%	426	45%	946
Visual Impairment	340	89%	40	11%	380
Total Services	3,655	70%	1,532	30%	5,187

Overall Population Estimate

In this report, we estimated the degree of discrepancy between the IEPs and provider logs by category of disability and type of service. It was also important to calculate an overall discrepancy estimate for the population. The population discrepancy estimate represents an overall estimate of the percentage of IEP services that were provided to students with disabilities in LAUSD. The overall estimate was obtained by assigning a weight to the discrepancy rate of each disability category. Table 17 shows the population and sample size of each disability category. Please note that the SLD category is being presented as a separate outcome.

The probability shown in column C represents the probability that each student had of being selected into the sample. In order to obtain this probability, we divided the sample size by the population size for each disability category. For example, the probability of each student with Autism being selected is equal to 6% (366/5,734). Column D depicts the *probability weight*, which is obtained by dividing one by the

probability of being selected into the sample. The *probability weight* shows the number of students in the population represented by each student in the sample. For example, each student who was deaf or hard of hearing in the sample represents approximately three students with this disability in the population.

Table 17
Probability and Weights of First-Stage Sample (Excluding SLD)

Disability	Population	First-Stage	Probability	Weight
	(SIS)	Sample		
	A	B	C	D
Autism	5,734	366	.064	15.7
Deaf/Hard of Hearing	1,004	375	.374	2.7
Emotional Disturbance	1,181	356	.301	3.3
Mental Retardation	6,519	364	.056	17.9
Multiple Disability/Deaf-Blind	1,532	352	.230	4.4
Orthopedic Impairment/Traumatic Brain Injury	913	370	.405	2.5
Other Health Impairment	4,311	364	.084	11.8
Speech and Language Impairment	10,312	363	.035	28.4
Visual Impairment	443	370	.835	1.2
Total	31,949	3,280		

Note. The First-Stage Sample excludes students with no services.

Table 18 depicts the population and sample size for the SLD category separately. Because SLD is a unique outcome required by the MCD, we calculated a point estimate² in place of the population estimate. This category of disability is very large in the LAUSD population. In fact, SLD students account for about 57% of the special education population in LAUSD.

² A point estimate is one specific estimate of the parameter of interest (SLD). This estimate is imprecise in that it potentially contains a larger amount of error than the population estimate. We are presenting it for an approximate comparison to the other estimates.

Table 18
Probability and Weight of First-Stage Sample (SLD only)

Disability	Population	First-Stage	Probability	Weight
	(SIS)	Sample		
	A	B	C	D
Specific Learning Disability	42,365	1,008	.024	42.0
Total	42,365	1,008	.024	42.0

Note. The First-Stage Sample excludes students with no services.

As shown in Table 19, using the IEP-log rates by category of disability from Table 8, we used the weights in Table 17 to obtain an overall population service compliance estimate of 86.6% with a 95 percent confidence interval of 83.2 to 90.1. That is, 86.6% of all IEP services appear to be provided to students with disabilities in LAUSD (except SLD), based on data from the sample of service logs provided for this study. For SLD students we used the IEP-log rates by SLD from Table 9 to calculate the point estimate of the service compliance (74.0%). The 95 percent confidence interval for this point is 71.3 to 76.7.

In conclusion, the requirement of 93% was not met for the percentage of services received by all students with disabilities (except SLD) in LAUSD. The requirement of 93% for the percentage of students with SLD was also not met. In part, this may have been due to the lack of RSP logs received or inconsistent record-keeping at the school sites. These two factors make it unclear whether it was an actual lack of services for SLD.

Table 19
Overall Population Estimate and Confidence Intervals

	Overall Population Estimate of Service Provision	Discrepancy Rate of Service NOT Provided
Percentage of services received by all students with disabilities in LAUSD – Using log data (Does not include SLD)	86.6% <1>	13.4%
Percentage of services received by students with Specific Learning Disabilities in LAUSD – Using log data	74.0% <2>	26.0%

<1> The 95 percent confidence interval for the population estimate (not including SLD) using the IEP-log service agreement rates is 83.2 to 90.1.

<2> The 95 percent confidence interval for the point estimate for SLD students using the IEP-log service agreement rate is 71.3 to 76.7.

Similar to last year, population estimates and confidence intervals were not used for the frequency and duration analyses. There were still too many paper logs, especially in some services, to justify this analysis. They will be calculated once all of the logs are standardized in the Welligent system.

Site Visit Analysis

As indicated in Table 20, 50% of services were provided according to requirements of the most recent version of the IEP at the time of observation. This number should not be used to compare to last year as the sample was chosen for other purposes. This year this analysis was only used to determine if providers are reporting their service or lack of service accurately. “Service provided” encompassed five codes. These codes included:

- Session completed
- Service provided but session incomplete
- Provider absent (illness, emergency, jury duty) but student present
- Student absent but provider present
- Student no show but provider present.

Service was not provided in 22% of cases. “Service Not Provided” encompassed three codes:

- Provider in meeting but student present
- Provider absent (reason unknown) but student present
- No provider assigned.

Services that were unable to be observed are included in a category called “Other.” Based on the total, 14% were deemed too flexible to observe and 15% were dropped from the study for other reasons.

Table 20
Number and Percentage of Observations by Session Status

Status of Session	Observations	Percent
Service Provided		
Code 1. Session completed	69	35%
Code 2. Service provided but session incomplete	6	3%
Code 3. Provider absent (illness, emergency, jury duty)	6	3%
Code 5. Student absent/ provider present	9	5%
Code 6. Student no show/ provider present	9	5%
	99	50%
Service Not Provided		
Code 4. Provider in meeting/ student present	14	7%
Code 7. Provider absent (reason unknown)/student present	21	11%
Code 8. No provider assigned	9	5%
	44	22%
Other		
Code 9. Service too flexible to be observed	28	14%
Code 10. Drop from analysis	29	15%
	57	29%

Note. Numbers do not add to 100% because of rounding.

The observations, including the ones too flexible to observe and the ones dropped for other reasons, are further delineated in Tables 21 and 22.

Table 21

IEP-Site Visit Observations by Service: Session Status of Service Observations (Counts)

	Service Provided						Service Not Provided				Other	Other
	Service Provided Total	Code 1 Session Completed	Code 2 Session Not Completed	Code 3 Provider Ill, Etc.	Code 5 Student Absent	Code 6 Student No Show	Service Not Provided Total	Code 4 Provider in Meeting	Code 7 Provider Absent	Code 8 Provider No Show	Code 9 Too Flexible	Code 10 Dropped Cases
APE	14	8	1	2	3	0	1	0	1	0	0	5
DHH	4	3	0	0	0	1	3	1	2	0	8	5
LAS	26	19	0	2	1	4	15	3	4	8	3	6
MH	5	5	0	0	0	0	7	3	4	0	4	4
OT	7	4	0	2	1	0	6	2	4	0	3	4
RSP	30	21	4	0	2	3	9	5	4	0	7	4
VI	13	9	1	0	2	1	3	0	2	1	3	1
Total	99	69	6	6	9	9	44	14	21	9	28	29

Note. RSP and LAS each have 50 cases and the remainder each have 20 cases.

Table 22

IEP-Site Visit Observations by Service: Session Status of Service Observations (Percentages)

	Service Provided						Service Not Provided				Other	Other
	Service Provided Total	Code 1 Session Completed	Code 2 Session Not Completed	Code 3 Provider Ill, Etc.	Code 5 Student Absent	Code 6 Student No Show	Service Not Provided Total	Code 4 Provider in Meeting	Code 7 Provider Absent	Code 8 Provider No Show	Code 9 Too Flexible	Code 10 Dropped Cases
APE	70%	40%	5%	10%	15%	0%	5%	0%	5%	0%	0%	25%
DHH	20%	15%	0%	0%	0%	5%	15%	5%	10%	0%	40%	25%
LAS	52%	38%	0%	4%	2%	8%	30%	6%	8%	16%	6%	12%
MH	25%	25%	0%	0%	0%	0%	35%	15%	20%	0%	20%	20%
OT	35%	20%	0%	10%	5%	0%	30%	10%	20%	0%	15%	20%
RSP	60%	42%	8%	0%	4%	6%	18%	10%	8%	0%	14%	8%
VI	65%	45%	5%	0%	10%	5%	15%	0%	10%	5%	15%	5%
Total	50%	35%	3%	3%	5%	5%	22%	7%	11%	5%	14%	15%

APE, VI, and RSP had 60% or more observations as service completed or as an acceptable reason for no service. In fact, these 3 services had 40% or more services observed in full. DHH had 65% that was unobservable either because of the service being delivered flexibly or because the cases had to be dropped. MH and OT also had a fair number that could not be observed (40% and 35% respectively). As expected, LAS had the largest number with no provider assigned to the student (16%) since there is a shortage of speech therapists.

This provided us with a variety of different situations to compare to the logs and the Division information. We asked the Division to provide us with logs for January, February, and March. Information was compared on day, time, and amount for Codes 1 and 2 and status for all of the codes. The comparisons are divided by the 10 coding categories listed above.

Code 1: Service completed

Observers were able to see 69 complete observations. Of these 60 had service listed on the correct day, 7 had nothing on the log, and 2 were incorrect. A different pattern emerged when we examined the time they indicated on the log. Of the 60 cases, 36 had the correct start time and 22 had the start time indicated differently. Some logs were paper logs and did not indicate a start time. When we examined amount of time, 43 had the correct amount, 14 had less time indicated on the log, 2 had more time listed, and one was unclear.

Code 2: Service provided but session incomplete

In 6 instances we observed service but for less time than was scheduled. In 2 cases the service was not listed on the log and in 4 cases the service was on the log but did not match what we observed. Only one of these had the correct start time and none had the correct amount of time. In 3 cases the amount of time on the log was more than we observed and in one case it was less.

Code 3: Provider absent (illness, emergency, jury duty)

If the school indicated that the provider was out because of illness, jury duty, or an emergency we would expect the log to reflect this information. There were 6 cases where the school said the provider was out for an acceptable reason. In 3 cases the log

mirrored this; however, on one log there was nothing and in 2 instances the Division did not submit a log because they said the student was not receiving services.

Code 4: Provider attending a meeting

In 14 instances the school said the provider was in a meeting. In one case the log said the provider was at an IEP meeting and in 2 cases it just said the provider was absent for no reason. In 4 cases we were told the provider was at a meeting but the log said the service was completed. In 3 cases there was nothing on the log for that day.

Code 5: Student absent

In 9 instances the school indicated that the student was absent. In 6 cases the log also indicated that the student was absent. For the remaining 3 cases the following was found: nothing was indicated on the log, no log was provided, and the service was completed on the log.

Code 6: Student no show

In 9 instances the student couldn't attend the service. In 2 cases the log indicated that the student was at an event or on a field trip and, in one case, it said the student changed their schedule. In 5 cases the log indicated nothing and in one instance the log said the service was completed.

Code 7: Provider absent, no reason given

In 21 instances we were told that the provider was not there at the scheduled time and an acceptable reason was not given. In only one case, the log stated that the provider was absent with no reason documented. In 9 cases the log said service was completed but at a different time on the same day. In 6 cases nothing was written on the log for that day.

Code 8: No provider was assigned

In 9 instances the school said that no provider had been assigned to the student. In 6 cases the Division agreed. In 3 cases we received a log, but in 2 of these cases it may have been after our phone call to the school.

Code 9: Service was too flexible

Based on school information, 28 instances were too flexible to observe. After examining the logs it was determined that 13 cases were, in fact, provided in a flexible schedule, but 9 cases had a set schedule on the logs. In 2 cases we did not get a log and in 4 cases we couldn't determine the schedule.

Code 10: Cases dropped

There were 29 cases that had to be dropped from the analyses either because the student left the school or exited the service or because they did not fit into our categories.

Conclusions and Recommendations

The study consisted of a comparison between IEPs and service delivery logs. The goal was to have 3,300 students in the comparison. After over-sampling from the special education population, we requested IEPs for 4,496 students. We received usable IEPs for 4,435 students. Some schools did not send us IEPs and some students had to be dropped from the study because they left the District, exited special education, or moved to a Non-Public School. Logs were requested for 7,015 services.

The MCD states that 93% of the services identified in all disability categories excluding SLD must show evidence of service provision. SLD must also meet this requirement. Following AIR's methodology in Year 1, we calculated an overall discrepancy estimate for the population and confidence intervals. The population estimate was 86.6% with a 95% confidence interval of 83.2 to 90.1 for all of the disabilities excluding SLD. The point estimate for SLD was 74% with a 95% confidence interval of 71.3 to 76.7. Therefore, the District did not meet the outcome for all disabilities excluding SLD or for SLD alone. However, this population estimate was an increase from last year for all disabilities excluding SLD but a decrease for SLD individually.

The MCD further states that at least 85% of the services must have a frequency and duration that meets the IEP in 2006-07. This outcome must be true for all of the disability categories combined excluding SLD as well as for SLD alone. Unfortunately, this was not the case for either. Only 74% of the logs met the frequency goal for all disabilities excluding SLD, and only 65% of the SLD logs met this criterion. This was an increase from last year (64% and 54% respectively). Duration was higher than last year

for DIS services, 73% versus 66%, but there was a decrease for SLD (56% versus 59%). None of the disability categories individually met either goal. However, when the same comparison was made for service categories, VI met the frequency and duration goals and LRE met the frequency goal.

An important step in being able to use the log data is to determine if it accurately reflects what is occurring at the schools. This year a sub-set of logs was compared to observations. Unfortunately, many of the logs did not reflect what we saw or were told in the field.

IEP and Log Challenges

Challenges to determining the correspondence between IEPs and service logs can be divided into two main categories: 1) quality of the IEPs and 2) quality of the logs.

Quality of the IEPs. At this point in time there are still two types of IEPs (Welligent and paper); however, there was a large increase in Welligent IEPs from Year 2 to Year 3. The Welligent IEPs were easier to manage but we still found that sections on the IEPs did not always match and were not always entered correctly.

Quality of the Logs. Although the log quality was much better this year than last year, there were still problems due to not all logs are being entered into Welligent. For most of the services, the Division collected the logs and provided us with additional information if no log was provided. Therefore, we can be fairly certain that if there was no log provided, then no service was provided. Since many RSP logs were still not being done in Welligent and paper ones had to be collected from the schools, we do not know if no log means that no service was provided, that service was provided but no log was completed, or that service was completed but the log was not submitted. Another issue

surfaced when we compared the observations to the logs. There was a fair amount of disagreement between what we saw or were told and what was entered onto the logs. A limitation may be that when asked why no service was provided the source gave us incorrect information or did not give us all of the information. Another limitation may be that providers are still learning how to use the system and mistakes were made in reporting services. Nonetheless, service delivery logs need to be accurate and comprehensible if they are to be used to monitor service delivery.

Three-Year Comparison

The Appendix displays the results across the last three years. For the IEP-log by disability comparison, the outcome goal was met for all disabilities excluding SLD for the first year but did not continue to meet the goal in Years 2 and 3. SLD showed a different pattern. SLD did not meet the goal in any of the three years and the second year was the highest of the three. For frequency and duration there was an increase from Year 1 to Year 2 and from Year 2 to Year 3.

When we compare the IEP-log results by type of service, 8 of the 11 services achieved 93% or more the first year but only 6 did so in the second and third years. For frequency most of the services increased both years, with Visual Impairment and LRE both reaching the 85% outcome goal in the third year. None of the services had decreases both years; however, Non-Public Agency, RSP, Physical Therapy, and Pre-School did not consistently show increases. For duration most of the services also increased both years but only Visual Impairment reached the goal in the last year. Non-Public Agency, Pre-School, and RSP decreased from Year 1 to 2 and Year 2 to 3.

Recommendations

1. By 2007-08 all IEPs should be entered into Welligent for ease of data analyses and accountability. The District must maintain accurate IEP records. Safeguards should be put into the Welligent system so that items on one page match the other pages and all of the parts of the IEP must be finished before the IEP is considered complete. Furthermore, IEP goals must be written so the providers are accountable and it is possible to determine if services are being provided.
2. It should be required that all providers complete logs and that all logs be entered on Welligent in 2007-08. Fortunately, most service providers are already using the Welligent system for their logs. The bulk of the paper logs came from three services (i.e., RSP, NPA, and Pre-School). As taking attendance is part of a teachers' job description, documenting service delivery should be part of the job requirements of all of the providers.
3. The Division of Special Education did not meet any of the three requirements for SLD. This was partially the result of problems stemming from too few RSP logs. We do not know why RSP providers are not completing their logs on Welligent. Efforts should be taken to determine why RSP providers are failing to log service delivery and steps should be taken to help them meet this requirement.
4. The Division of Special Education should clearly define what constitutes service. Providers are still using their time to go to IEP meetings and trainings. This takes service time away from the students. If an IEP states that a student is supposed to receive 30 minutes of service every week in order to reach his/her performance goal, then they should be receiving that amount of time. Time spent apart from working

with the student usually does not facilitate his/her reaching the goal. Perhaps IEPs and trainings should be held before and after school so the provider can make maximum use of the school day.

5. Also, it is important that providers understand what they can enter into the Welligent system as completed service and what does not count as service. Based on the site visit-log comparison, services are not always documented correctly. Accuracy is paramount if a system is to be developed that is useful in monitoring service delivery.
6. Providers should be assigned to only one track and their vacations should coincide with their students. This change would provide continuous service to the students. The logs showed that providers were sometimes off-calendar when their students were not on vacation. During breaks the providers can substitute where needed, helping schools where there are not enough providers to meet the needs of the students.
7. The Division of Special Education needs to continue to explore additional ways to hire speech therapists, as there is still a shortage of providers. This is apparent in the high number of students not assigned a service provider. Another problem we saw was that parents do not always avail themselves of Non Public Agency speech services. This phenomenon needs to be examined and perhaps different procedures need to be put into place to contact parents to make sure their students are getting the services they need.
8. Once all IEPs and logs are electronically entered into the Welligent system, the Division of Special Education can use Welligent to monitor service provision. This move towards electronic IEPs and logs will allow special education management to

easily determine at the central level if services are occurring in the amount and frequency stated on the IEPs as well as allowing the principal and/or assistant principal to monitor the delivery of services at the school level. As stated last year, the Division should produce an electronic comparison of IEPs and logs that can be used to compare to our database next year. This should be built into the Welligent system.

Appendix

This is the fourth year of the study of Outcome #13. During the first year (2003-04), AIR conducted the study to determine outcomes and a methodology. PERB conducted the study in 2004-05, 2005-06, and 2006-07. The methodology was revised in 2004-05. The following tables compare the results over the last three years as the same methodology was replicated.

Table A1
3-Year IEP-Log Analyses by Disability

Disability	2004-05		2005-06		2006-07	
	% of services for which there was evidence of service provision	Total No. of Logs	% of services for which there was evidence of service provision	Total No. of Logs	% of services for which there was evidence of service provision	Total No. of Logs
Autism	95%	528	87%	594	89%	704
Deaf/Hard of Hearing	95%	546	93%	524	90%	633
Emotional Disturbance	81%	306	85%	355	80%	437
Mental Retardation	96%	385	88%	457	87%	577
Mult. Disability/Deaf-Blind	98%	432	93%	446	95%	656
Orthopedic Impairment/ Traumatic Brain Injury	93%	693	91%	740	89%	841
Other Health Impairment	84%	416	84%	424	81%	483
Speech & Lang. Impairment	95%	338	78%	389	86%	459
Visual Impairment	98%	630	96%	659	96%	751
Total	93%	4,274	89%	4,588	89%	5,541

Table A2
3-Year IEP-Log Analyses by Disability (SLD)

Disability	2004-05		2005-06		2006-07	
	% of services for which there was evidence of service provision	Total No. of Logs	% of services for which there was evidence of service provision	Total No. of Logs	% of services for which there was evidence of service provision	Total No. of Logs
Specific Learning Disability	73%	723	79%	744	74%	1,187

Table A3
3-Year IEP-Log Analyses by Service

Service	2004-05		2005-06		2005-06	
	% of services for which there was evidence of service provision	Total No. of Logs	% of services for which there was evidence of service provision	Total No. of Logs	% of services for which there was evidence of service provision	Total No. of Logs
Adaptive PE	99%	977	96%	962	98%	1,038
Deaf/Hard of Hearing	100%	390	99%	392	96%	448
Language and Speech	96%	1,075	86%	1,147	82%	1,420
LRE	85%	197	95%	198	96%	254
Mental Health	88%	409	86%	459	87%	572
Non-Public Agency	95%	55	85%	110	92%	155
Occupational Therapy	98%	402	93%	427	92%	537
Physical Therapy	100%	131	94%	148	98%	218
Pre-School	100%	75	38%	110	95%	100
RSP	65%	959	77%	1,055	71%	1,592
Visual Impairment	99%	327	97%	324	100%	394
Total	90%	4,997	88%	5,332	86%	6,728

Table A4
3-Year IEP-Frequency Analyses by Disability

Disability	2004-05		2005-06		2006-07	
	% of services with frequency at least equal to the IEP	Total No. of Logs	% of services with frequency at least equal to the IEP	Total No. of Logs	% of services with frequency at least equal to the IEP	Total No. of Logs
Autism	56%	458	59%	462	66%	581
Deaf/Hard of Hearing	58%	486	66%	423	75%	528
Emotional Disturbance	49%	206	67%	254	74%	320
Mental Retardation	54%	348	61%	365	74%	462
Mult.Disability/Deaf-Blind	60%	363	70%	374	80%	531
Orthopedic Impairment/ Traumatic Brain Injury	67%	543	70%	582	78%	612
Other Health Impairment	56%	305	58%	298	70%	351
Specific Learning Disability	52%	442	54%	459	65%	794
Speech & Lang. Impairment	49%	289	50%	282	62%	360
Visual Impairment	60%	571	68%	583	82%	690
Total	57%	4,011	63%	4,082	73%	5,229

Table A5
3-Year IEP-Duration Analyses by Disability

Disability	2004-05		2005-06		2006-07	
	% of services with duration at least equal to the IEP	Total No. of Logs	% of services with duration at least equal to the IEP	Total No. of Logs	% of services with duration at least equal to the IEP	Total No. of Logs
Autism	58%	458	59%	463	60%	573
Deaf/Hard of Hearing	60%	484	68%	419	76%	513
Emotional Disturbance	65%	200	69%	255	77%	310
Mental Retardation	55%	345	64%	365	69%	463
Mult. Disability/Deaf-Blind	60%	359	74%	373	82%	548
Orthopedic Impairment/ Traumatic Brain Injury	68%	542	73%	582	78%	641
Other Health Impairment	59%	299	61%	302	65%	338
Specific Learning Disability	56%	435	59%	467	56%	762
Speech & Lang. Impairment	51%	288	53%	282	62%	354
Visual Impairment	63%	567	69%	581	81%	685
Total	60%	3,977	65%	4,089	70%	5,187

Table A6
3-Year IEP-Frequency Analyses by Service

Service	2004-05		2005-06		2005-06	
	% of services with frequency at least equal to the IEP	Total No. of Logs	% of services with frequency at least equal to the IEP	Total No. of Logs	% of services with frequency at least equal to the IEP	Total No. of Logs
Adaptive PE	68%	893	70%	865	81%	945
Deaf/Hard of Hearing	62%	362	69%	346	81%	397
Language and Speech	42%	965	48%	895	60%	1,085
LRE	80%	145	87%	174	87%	212
Mental Health	45%	318	65%	352	71%	459
Non-Public Agency	80%	39	70%	77	71%	123
Occupational Therapy	55%	367	67%	365	72%	429
Physical Therapy	61%	72	79%	90	71%	114
Pre-School	80%	51	81%	36	76%	87
RSP	60%	498	54%	593	67%	994
Visual Impairment	63%	301	71%	289	92%	384
Total	57%	4,011	63%	4,082	73%	5,229

Table A7
3-Year IEP-Duration Analyses by Service

Service	2004-05		2005-06		2005-06	
	% of services with duration at least equal to the IEP	Total No. of Logs	% of services with duration at least equal to the IEP	Total No. of Logs	% of services with duration at least equal to the IEP	Total No. of Logs
Adaptive PE	67%	881	73%	869	83%	945
Deaf/Hard of Hearing	64%	361	72%	342	84%	383
Language and Speech	44%	959	50%	899	60%	1,064
LRE	80%	144	87%	176	81%	211
Mental Health	62%	313	67%	355	74%	445
Non-Public Agency	83%	42	68%	77	55%	119
Occupational Therapy	56%	365	66%	369	67%	435
Physical Therapy	60%	72	75%	81	80%	173
Pre-School	86%	51	83%	36	69%	86
RSP	61%	487	60%	601	55%	946
Visual Impairment	67%	302	72%	284	89%	380
Total	60%	3,977	65%	4,089	70%	5,187