

2016

Legislative Task Force on the Best Practices for Special Education DRAFT Report

August 10, 2016



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INTRODUCTION

Act 839 of 2015 created the Legislative Task Force on the Best Practices for Special Education. The Act calls for 22 members representing the following entities:

- The Governor's office
- The General Assembly
- Arkansas Advocates for Children and Families
- Arkansas Association of Educational Administrators;
- Arkansas Education Association who is a teacher specializing in special education;
- Arkansas Public Policy Panel;
- Arkansas School Boards Association;
- Department of Education;
- Disability Rights Arkansas;
- Arkansas Association of Special Education Administrators;
- A charter school origination or support group for charter schools;
- An institution of higher education who works in a teacher preparation program specializing in special education;
- Special education teachers
- Parents of special education students
- Special education students

The following individuals were named to the Task Force:

1. Senator Uvalde Lindsey
2. Representative Tim Lemons
3. Senator Blake Johnson
4. Representative Sheilla E. Lampkin
5. Ms. Carla Brainard
6. Ms. Jessica Dewitt
7. Ms. Lisa Haley
8. Ms. Barbara Hunter Cox
9. Ms. Renee Johnson
10. Ms. Sarah Moore
11. Ms. Bailey Perkins
12. Ms. Debra Poulin
13. Ms. Shirley Ann Renix
14. Ms. Lisa Tisdale-Parker
15. Ms. Tina Vineyard
16. Ms. Cindy Marie Weathers
17. Ms. Angela Winfield
18. Mr. Samuel Young
19. Dr. Anne Butcher
20. Dr. Greg Murry
21. Dr. Bruce Smith
22. The 22nd member has not been appointed.

During the Task Force's first meeting, the members elected Senator Lindsey to serve as chair and Representative Lemons to serve as vice chair.

Act 839 required the Task Force to perform the following functions:

- (A) Review the current practice for identifying students for special education services and programs in public schools in Arkansas and other states;
- (B) Compare outcomes of students participating in special education services in programs in Arkansas with those in other states;
- (C) Review the requirements for teacher preparation and licensure of special education teachers in Arkansas and other states;
- (D) Review the requirements for professional development: related to special education, including anticipated changes to professional development in Arkansas and other states;
- (E) Review support staff and staffing ratios for special education services and programs, including nurses, teacher aides, and personal student aids;
- (F) Review discipline practices for students in special education programs in Arkansas and other states;
- (G) Review Response to Intervention (RTI) practices in Arkansas, including identifying RTI programs in public schools that are successful and can be identified as best practices;
- (H) Review the current practice for screening students for learning disabilities and the services provided for students with learning disabilities;
- (I) Review the availability of support services for special education programs, students, and families, including without limitation behavioral health services and social services with an effort made to identify best practices;
- (J) Review the practices of school districts regarding self-contained classrooms, inclusion programs, and resource rooms, including model policies and programs in Arkansas and other states;
- (K) Review the use of outside services and organizations by school districts that provide the best level of support for students receiving special education services or participating in special education programs;
- (L) Review the facilities, equipment, and materials available in school districts for special education services and programs;
- (M) Compare the amount of academic instruction with the training time for independent function and career development;
- (N) Review special education services and programs currently in Arkansas public charter schools and public charter schools outside of Arkansas;
- (O) Identify exemplary school district special education programs in Arkansas and other states; and
- (P) Review the research and findings of national organizations that support students receiving special education services or students participating in special education programs.

For each item above, the Task Force was required to consider the separate strengths and challenges for children who:

- (A) Are developmentally delayed;
- (B) Have severe behavioral challenges; or
- (C) Have severe physical disabilities.

The Act also required the Task Force to review the financial support provided for special education services and programs, including whether or not the financial support provided is adequate to meet the needs of the students in special education programs or receiving special education services. The Act also required the study to include a review of the financial practices of school districts in Arkansas for the support of special education services and programs.

The Task Force met 13 times between August 2015 and August 2016 and covered each of the topics required by statute. The matrix on the following pages is the tool the Task Force used each month to track the statutorily required topics the group reviewed and the people who provided the information.

I. SPED Task Force Responsibilities	Reference & Report Provided
(A) Review the current practice of identifying students for special education services and programs in public schools in Arkansas and other states.	11/04/2015- Handout 3: Arkansas IDEA Part B Determination, Results Driven Accountability, June 30, 2015, Handout 4: Eligibility Criteria and Program Guidelines for Children with Disabilities, Ages 3-21 and Special Education and Related Services Procedural Requirements and Program Standards, Section 6.00 Evaluation and Eligibility Criteria, Handout 5: ADE-Special Education Unit Technical Assistance Resources, Lisa Haley, Associate Director, Special Education, Division of Learning Services, Arkansas Department of Education (ADE)
	12/09/2015- Handout 2: Disability Rights Presentation, Debra Poulin, Legal Director, Cassie Howell, Staff Attorney and Samuel Kauffman, Staff Attorney
	2/10/2016- Handout 1 (Part 1): Understanding Learning Disabilities Screening and Eligibility for Services; Peggy Schaefer-Whitby, Associate Professor, University of Arkansas-Fayetteville (UAF) and David Hanson, UAF
	3/02/2016- Exhibit E: Evaluating for Special Education Eligibility under IDEA, Robert Crouch and Jennifer Jackson, School Psychology Specialists, Fayetteville, AR
	4/05/2016-Exhibit C: Emotional and Behavioral Issues, Bruce Smith, Arkansas Department of Higher Education
	4/05/2016-Exhibit D: Utilizing our Expertise in Addressing the Special Education Task Force Responsibilities, Kami Rowland, Hall High School and Chenell Loudermill, Arkansas Speech-Language-Hearing Association
(B) Compare outcomes of students participating in special education services in Arkansas with those in other states.	11/04/2016- Handout 2: Special Education and Funding Report (SPEDFR), pages 6-10
(C) Review the requirements for teacher preparation and licensure of special education teachers in Arkansas and other states.	11/04/2016- Handout 2: Special Education and Funding Report (SPEDFR), pages 16-17
	10/07/2015- Handout 2: Proposed Options for increasing the number of teachers for Special Education, Ann Clemmer, Senior Associate Director, Academic Affairs, ADHE
	1/6/2016- Exhibit D: 2015 State Teacher Policy Yearbook (Comprehensive Evaluation of Teacher Preparation), Exhibit D-1: National Council on Teacher Quality (NCTQ), Darrick Williams, Director of Educator Licensure, ADE and Joan Luneau, Educator Preparation Coordinator, ADE
(D) Review the requirements for professional development related to special education, including anticipated changes to professional development in Arkansas and other states.	10/7/2015- Handout 1: Overview of the State Systemic Improvement Plan (SSIP), pages 8-9; Jennifer Gonzales, SSIP Coordinator, ADE
	4/05/2016- Exhibit D: Utilizing our Expertise in Addressing the Special Education Task Force Responsibilities (Page 18), Kami Rowland and Chenell Loudermill
(E) Review support staff and staffing ratios for special education services and programs, including nurses, teacher aides, and personal student aids.	9/16/2015- Exhibit C-1: The Resource Allocation of Foundation Funding for Arkansas School Districts and Open-Enrollment Charter Schools
	1/6/2016- Exhibit C: School Nurse Survey Results, Paula Smith, State School Nurse Consultant, Arkansas Department of Health
	2/10/2016- Exhibit F: Peer Mediated Support Strategies for Special Education Students, Dianna Varady, Arkansas Autism Resource and Outreach Center
	3/02/2016-Exhibit F: Special Education Pay Differential Survey (conducted by ADE), Darrick Williams
(F) Review discipline practices for students in special education programs in Arkansas and other states.	10/7/2015- Handout 1: Overview of the State Systemic Improvement Plan (SSIP), page 7
	4/05/2016- Exhibit C: Emotional and Behavioral Issues, Bruce Smith
	12/9/2015- Handout 2: Disability Rights Arkansas Presentation

I. SPED Task Force Responsibilities	Reference & Report Provided
(G) Review Response to Intervention (RTI) practices in Arkansas, including identifying RTI programs in public schools that are successful and can be identified as best practices.	10/702015- Handout 1- Overview of the State Systemic Improvement Plan (SSIP) pages 10-11, Jennifer Gonzales: 12/09/15- Disability Rights Arkansas Presentation, Debra Poulin, Cassie Howell and Samuel Kaufman: 3/2/2016- Exhibit C-1: (Articles 1-7), Dee Dee Cain, Exhibit C-3: RTI- A Comprehensive and Systemic Process for Preventing Reading Failure, Linda Dorn and Kent Layton, College of Education and Health Professions, Center for Literacy, UALR 6/8/16- Exhibit E- Response to Intervention White Paper
(H) Review the current practice for screening students for learning disabilities and the services provided for students with learning disabilities.	12/09/2015- Handout 2: Disability Rights Presentation 2/10/2016- Handout 1 (Part II): Autism Early Childhood Screening and Eligibility for School Services, David Hanson, UAF 4/05/2016- Exhibit D: Utilizing our Expertise in Addressing the Special Education Task Force Responsibilities (Page 15 Assessment); 05/11/2016- Exhibit C: Best Buddies Arkansas, Dr. Angela Kremers, State Director
(I) Review the availability of support services for SPED programs, students, and families, including without limitation, behavioral health services and social services with an effort made to identify best practices.	12/09/2015- Handout 3: Arkansas Guide for Promoting Family Engagement, Tonya Russell-Williams, Director, DHS, Division of Child Care and Early Childhood Education 2/10/16- Exhibit E: Peer Mediated and Peer Support Strategies 4/05/2016- Exhibit C: Emotional and Behavioral Issues, Bruce Smith 4/05/2016- Exhibit D: Utilizing our Expertise in Addressing the Special Education Task Force Responsibilities, Kami Rowland and Chenell Loudermill; 5/11/2016- Exhibit C: Best Buddies Arkansas, Dr. Angela Kremers, State Director and program participants. 7/6/2016- Input from Parents of Special Education students.
(J) Review the practices of school districts regarding self-contained classrooms, inclusion programs, and resource rooms, including model policies and programs in Arkansas and other states.	Overview of the State Systemic Improvement Plan (SSIP) , page 6 SPEDFR, page 5; 05/11/2016- Exhibit C: Best Buddies Arkansas, Dr. Angela Kremers, State Director
(K) Review the use of outside services and organizations by school districts that provide the best level of support for students receiving special education services or participating in special education programs.	4/05/2016- Exhibit D: Utilizing our Expertise in Addressing the Special Education Task Force Responsibilities, (pages 17-20), Kami Rowlan and Chenell Loudermill 4/05/2016- Handout 1: Vickie Kingston, Director of Special Education, Bryant Public School District; and Karen Massey, Southwest Education Cooperative; 05/11/2016- Exhibit C: Best Buddies Arkansas, Dr. Angela Kremers, State Director
(L) Review the facilities, equipment, and materials available in schools districts for special education services and programs.	4/05/2016- Handout 1: Vickie Kingston, Bryant Public School District 05/11/2016- Mutt-I-grees Curriculum, Judy Clay, Arch Ford, Early Childhood Coordinator; 05/11/2016- Exhibit C: Best Buddies Arkansas, Dr. Angela Kremers, State Director
(M) Compare the amount of academic instruction with the training time for independent function and career development.	4/05/2016- Handout 1: Vickie Kingston, Bryant Public School District
(N) Review special education services and programs currently in Arkansas public charter schools and public charter schools outside of Arkansas.	6/8/2016- Exhibit C: Public Charter Schools Special Education Services and Programs: Trip Walter, APSRC; Barbara Hunter-Cox, APSRC; Angela Larriston, Lisa Academy; John Bacon, E-stem 7/6/ 2016- Exhibit D and Handout 3: Special Education in Arkansas, Bailey Perkins, Arkansas Advocates for Families and Children

I. SPED Task Force Responsibilities	Reference & Report Provided
(O) Identify exemplary school district special education programs in Arkansas and other states.	<p>05/11/2016-See minutes of this meeting, presenters included the following: Judy Clay, Tina Rooks, Becky Butler, Angie Bobo, Michele Sadler, Karen Massey, Carla Bryant and Lana Bullington (all representatives of area educational co-ops)</p> <p>6/8/2016- Rethink Autism Presentation, Denny Hoover;</p> <p>6/8/2016- Easter Seals Outreach Program, STAR Autism Support Training, Joel Arick</p>
(P) Review of the research and findings of national organizations that support students receiving special education services or student participating in special education programs.	<p>4/05/2016- Exhibit D: Utilizing our Expertise in Addressing the Special Education Task Force Responsibilities, (page 7 critical roles), Kami Rowland and Chenell Loudermill</p>
II. SPED Task Force Responsibility - Financial	
(4a) Review of the financial practices of school districts in Arkansas for the support or special education service.	<p>9/16/2015- Exhibit C and C1: Bureau Brief and Resource Allocation of Foundation Funding for Arkansas School Districts and Open-Enrollment Charter Schools, July 09, 2014 and Handout 1: The Funding Matrix, Nell Smith, Administrator, Policy Analysis and Research, Bureau of Legislative Research</p>
(B) The review under subdivision (d)(4)(A) shall include a review of the financial practices of school districts in Arkansas for the support of special education services and programs.	<p>9/16/2015- Exhibit C and C1: Bureau Brief and Resource Allocation of Foundation Funding for Arkansas School Districts and Open-Enrollment Charter Schools, July 09, 2014 and Handout 1: The Funding Matrix, Nell Smith, Administrator, Policy Analysis and Research, Bureau of Legislative Research 3/02/16- Exhibit F: Pay Differential Survey conducted by ADE, Darrick Williams 11/04/2015- Handout 2:Special Education Funding and Expenditures, November 3, 2015, Nell Smith</p>

Draft

The body of this report summarizes the presentations made to the Task Force and, in many cases, uses the presenters' own text. The original presentation materials for each meeting may be located at the following link:

<http://www.arkleg.state.ar.us/assembly/2015/2015R/Pages/PastMeetings.aspx?committeecode=098>

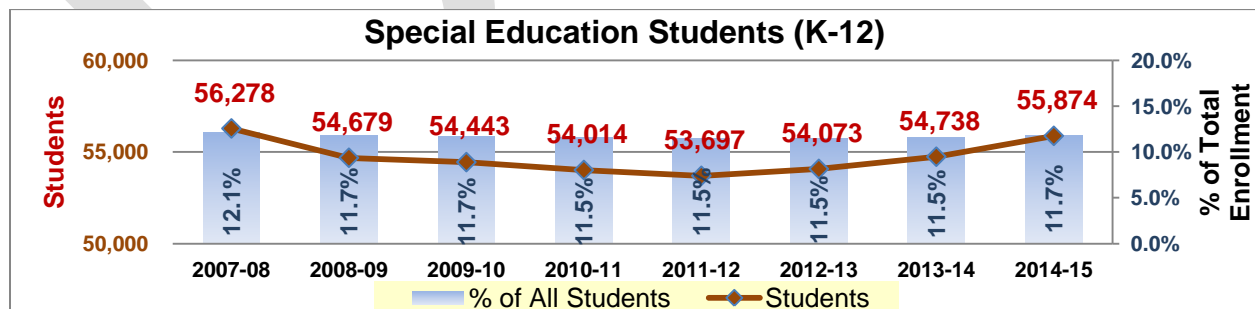
Act 839 required the Task Force to prepare a preliminary report by February 1, 2016, and a final report by September 1, 2016. The Task Force submitted a preliminary report on Feb. 1, 2016, and this document serves as the Task Force's final report. Each section of the report corresponds with a required area of study listed in Act 839.

The Task Force's mission is to explore the best practices in special education and communicate them to Arkansas educators and policymakers. The Task Force is proud of the work being done by Arkansas schools to ensure all students with disabilities are identified early and that they receive the education services and support that will allow them to achieve to their fullest potential. The Task Force is also proud of the advancements being made by the Arkansas Department of Education to ensure schools have adequate staff and resources to help these students thrive. The Task Force members are committed to continuing to advance special education expertise in this state and hope this report will serve as a guide to members of the General Assembly, the Department of Education and educators across the state.

SPECIAL EDUCATION IN ARKANSAS: BY THE NUMBERS

STUDENT COUNT

There were 55,874 special education K-12th grade students in Arkansas public schools in the 2014-15 school year (not including students in the Division of Youth Services [DYS], the Department of Correction or the Conway Human Development Center), making up 11.7% of the total student enrollment in the state¹. The statewide proportion of students with disabilities has remained fairly stable — between 11% and 12% of all students over the last six years. However, individual districts' (not including charter schools) proportion of students with disabilities varies considerably—from 6.8% (Springhill School District) in 2014-15 to 20.7% (Fordyce School District. Most of the students with disabilities in Fordyce are in a residential facility located in the district). Charter schools typically have lower percentages of students with disabilities than traditional school districts. Six charter schools have the lowest proportions of students with disabilities of all districts and charter schools, while only three charter schools have higher proportions than the state average.



Source: Arkansas Department of Education, Annual December 1 Child Count and Annual Oct. 1 Enrollment Data. Data does not include Conway Human Development Center, the Division of Youth Svs. or the Ark. Dept. of Correction.

A comparison of state student counts with the national average is only possible using federally collected data. The federal government counts students with disabilities and the total student enrollment slightly differently from the calculation in the chart above. According to data reported

¹ Calculation made using data retrieved from the Arkansas Department of Education's Dec. 1, 2014, special education child count data.

by the Arkansas Department of Education (ADE) to the U.S. Department of Education (U.S. DOE), students with disabilities comprised 12.2% of the total student body among children ages 6 through 21 in 2012-13, compared with the national average of 13%.²

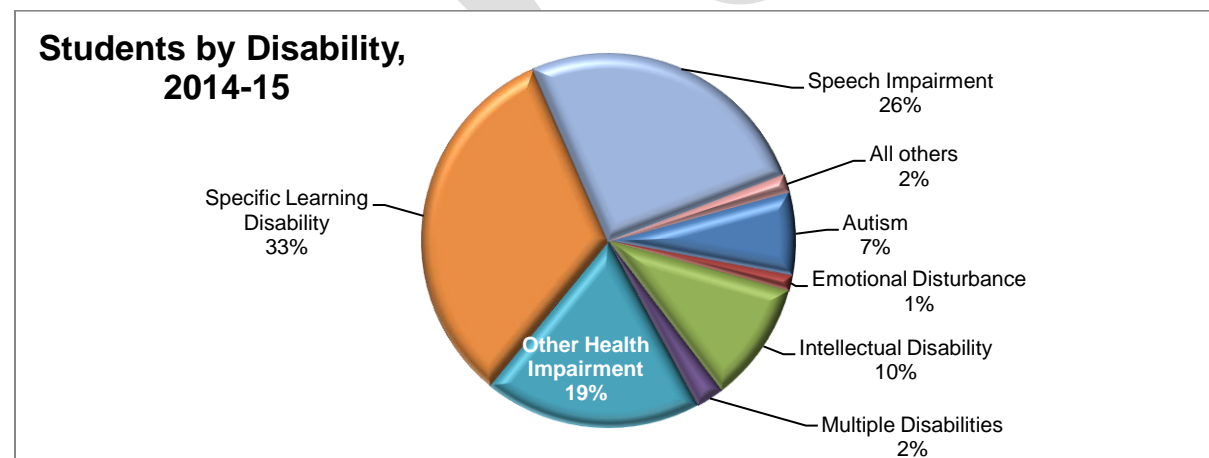
TYPES OF DISABILITIES

In Arkansas, there are 12 categories of disabilities used to determine students' eligibility for special education for students ages 5-21. Appendix A provides the definitions of each of the 12 categories. Appendix B provides the number of students in each category in each school district and charter school in the 2014-15 school year.

- Autism
- Hearing impairment, including deafness
- Intellectual disability (formerly known as mental retardation)
- Orthopedic impairment
- Speech or language impairment
- Visual impairment, including blindness
- Deaf-blindness
- Emotional disturbance
- Multiple disabilities
- Specific learning disability
- Traumatic brain injury
- Other health impairment

The "other health impairment" category includes chronic or acute health problems that result in limited strength, vitality or alertness that adversely affects a child's educational performance. These health problems include asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, Tourette's Syndrome and sickle cell anemia.³ The 12 disabilities that qualify for special education mirror the 13 disabilities named in the Individuals with Disabilities Education Act (IDEA), except that Arkansas combines hearing impairment and deafness into one category.

The following chart and table provide a breakdown of the types of disabilities affecting Arkansas students with disabilities. Specific learning disabilities — which include perceptual disabilities, brain injury, minimal brain dysfunction and dyslexia⁴ — are the most prevalent impairments among special education students, affecting about 33% of the state's students with disabilities, or 3.8% of all students.⁵ Speech impairments are the second most common disability, affecting 26% of students with disabilities, or 3.0% of all students.



Data Source: Arkansas Department of Education

² U.S. Department of Education, Office of Special Education Programs, Part B Data Display: Arkansas, Publication Year 2015, Retrieved at <https://osep.grads360.org/#communities/pdc/documents/8086>

³ Arkansas Department of Education, Special Education and Related Services 6.00 Evaluation-Eligibility Criteria, 6.09.8

⁴ <http://nichcy.org/disability/categories#ld>

⁵ Calculation made using Dec. 1, 2012, Arkansas special education child count data (excluding the counts of the Conway Human Development Center, the Division of Youth Services, and the Arkansas Department of Correction) provided by the Arkansas Department of Education and enrollment data for the 2012-13 school year, <https://adedata.arkansas.gov/statewide/Districts/EnrollmentCount.aspx>

Some of the increase in the number of students with disabilities over the last several years is due to an increase in students with autism. In 2011, there were 2,733 students with autism and by 2015, that number had grown to 3,944, a 44% increase. The number of students in the “other health impairment” category also increased significantly from 8,494 in 2011 to 10,522 in 2015, a 24% increase.

For a national comparison, 2012-13 is the most recent year for which data are available. The following table shows the percentage of students with disabilities for each of the 12 categories of impairments. Values in **red** indicate the state’s percentage is **lower than the nation’s**, while values in **blue** indicate the state’s percentage is **higher than the nation’s**. The table also shows students in each disability category as a percentage of total enrollment.

2012-13	% of Students with Disabilities		% of All Students	
Disability	State	Nation	State	Nation
Autism	6.6%	8.4%	0.81%	1.06%
Deaf-Blindness	0.0%	0.0%	0.00%	0.00%
Emotional Disturbance	1.4%	6.2%	0.17%	0.78%
Hearing Impaired	0.8%	1.2%	0.10%	0.15%
Multiple Disabilities	2.6%	2.2%	0.31%	0.28%
Intellectual Disabilities	10.6%	7.3%	1.29%	0.93%
Orthopedic Impairment	0.3%	0.9%	0.04%	0.11%
Speech Impairment	24.0%	18.3%	2.93%	2.32%
Specific Learning Disabilities	34.3%	40.4%	4.19%	5.13%
Traumatic Brain Injury	0.3%	0.4%	0.04%	0.06%
Vision Impairment	0.4%	0.4%	0.04%	0.06%
Other Health Impaired	18.6%	14.2%	2.27%	1.80%
Total	100%	100%		

Source: Part B Data Display: Arkansas Publication Year 2015, <https://osep.grads360.org/#communities/pdc/documents/8086>

There are many different reasons students are placed in individual disability categories. There are few checks and balances statewide to ensure that districts appropriately place students in the most appropriate category.

A. CURRENT PRACTICES OF IDENTIFYING STUDENTS WITH DISABILITIES

Task Force Responsibility: A) Review the current practice for identifying students for special education services and programs in public schools in Arkansas and other states.

What is considered a disability has a broad definition and is defined differently by different statutes. Disability includes both physical and mental impairments.

IDENTIFYING STUDENTS WITH DISABILITIES

The Individuals with Disabilities Education Act (IDEA) requires that:

- The state has policies and procedures in place to ensure ALL children with disabilities are identified, located, and evaluated, regardless of the severity of their disability.
- The state’s plan includes identification of homeless children, wards of the state and those attending private school.
- The state’s plan includes children suspected of being a child with a disability in the evaluation/identification process, even if the child is advancing from grade to grade.

Each local educational agency must develop and maintain a written child find plan, which also must document the annual child find activities.

Under federal law and state rules, a school or a child's parent may request an initial evaluation of a student to determine if the child has a disability that requires special education services. Schools must conduct the evaluation within 60 days of receiving parental consent. The evaluation must consist of procedures:

- 1.) To determine if the child has a disability under IDEA and
- 2.) To determine the educational needs of the child.

As part of a student's initial evaluation, a district's individualized education program (IEP) team must review the student's existing evaluation data, determine what additional data is needed and conduct the review. Within 30 days of the evaluation, an evaluation/programming conference must be conducted. The IEP team, which consists of a group of qualified professionals and the child's parent must decide if the student has a disability as defined in federal regulations. The school must provide a copy of the evaluation to the parents. If the child is determined to have a disability that requires special education services, an IEP must be developed describing the educational services to be provided.

In FY2015, Disability Rights Arkansas, Inc. (DRA), a private, non-profit organization designated by the Governor to implement the federally funded protection and advocacy system throughout the state, had 121 cases involving evaluation/identification issues in FY2015.

In those cases, DRA focused on the following issues:

- Students eligible under the category of Serious Emotional Disturbance (SED) being under-identified. Many students with SED present with difficult or challenging behaviors. They may experience an increase in disciplinary action due to a lack of or inadequate programming, yet they may continue to progress from grade to grade and/or are academically strong.
- Reluctance by districts to identify students as eligible for special education services.
- Use of Response to Intervention (RTI) for prolonged periods of time. (See page ## for more information on RTI.)
- Inappropriate use of Alternative Learning Environments (ALE). ALE may be presented to parents as a structured environment that can better meet a child's needs than placement within the regular school setting. (For more information about ALEs, see page ##.) Students are often sent into ALEs without ever being identified or provided with special education and related services. Some districts are not completing the required assessments, interventions, or plans prior to or upon placement within the ALE.

ARKANSAS LAW ON IDENTIFYING STUDENTS

Arkansas's statute for identifying students with disabilities is provided in § 6-41-103. The statute was established in 1991 and has not been amended since. The statute calls for the identification of children only with specific learning disabilities and does not include any provisions for identifying students with any of the other disabilities recognized under the federal IDEA.

IDENTIFICATION OF STUDENTS WITH EMOTIONAL DISTURBANCE

Task Force member Dr. Bruce Smith provided information to the group about students with emotional and behavioral issues. The presentation included an excerpt from a report that indicated students classified under the category of SED are under-identified. For example, in Arkansas, 0.11% of students received assistance for a Emotional Disturbance (ED) diagnosis. In contrast, Vermont school districts identified and served 1.44% of its students labeled with ED. The Vermont legislature passed Act 264 of 1988 to create an advisory panel for students diagnosed with SED. The act created an interagency team to assist children and adolescences by developing a comprehensive, integrated system of care for those experiencing severe emotional disturbance and behavior problems. The following is an excerpt from Act 264 of 1988:

“D. [a child] falls into one or more of the following categories, whether or not he or she is diagnosed with other serious disorders such as mental retardation, severe neurological dysfunction or sensory impairments. (ii). Children and adolescents who are classified as management or conduct disorder because they manifest long-term behavior problems including developmentally inappropriate inattention, hyperactivity, impulsiveness, aggressiveness, anti-social acts, refusal to accept limits, suicidal behavior, and substance abuse.”

The state of Arkansas does not include children who are socially maladjusted, unless it has been determined that they have an emotional disturbance. There are some early intervention programs that have been found to be successful at helping young students who are at risk for or who already have been identified as having emotional and behavioral disorders. These programs include the First Step to Success program, School Wide Positive Behavior, and Integrated Academic and Behavior RTI models.

IDENTIFYING STUDENTS WITH AUTISM

Given the fact that the number of special education students with autism has increased 44% between 2011 to 2015, the Task Force concluded that this report should focus attention on identifying students with Autism. Autism Spectrum Disorder (ASD) is identified by developmental monitoring, developmental screening – Ages and Stages Questionnaire (ASQ), Autism screening – MCHAT, Autism diagnosis – Autism Diagnostic Observation Schedule (ADOS), Autism Diagnostic Interview – Revised (ADI-R), and expertise. The eligibility for services under the IDEA includes: checklists, observation, medical reports, and psycho-educational evaluation (which helps answer the question – Does the autism impact educational access?). In addition, the criteria noted in the DSM-5 (a diagnostic manual for mental disorders) also mentions the following conditions for diagnosing ASD:

- One disorder – Autism Spectrum Disorder;
- Combines social and communication;
- Includes sensory issues in the behavior domain;
- Documents genetic disorders, language disorders, intellectual disabilities, seizures, depression, and gastrointestinal problems;
- Adds a new category: Social Communication Disorders; and
- Categorizes based on level of care.

According to national data, 1 out of 68 children will be diagnosed with ASD. To break that number down further, 1 out of 42 boys and 1 out of 189 girls will be diagnosed with ASD. In Arkansas, 1 out of 65 children will be diagnosed with ASD. This includes 1 out of 40 boys and 1 out of 172 girls who will be diagnosed with ASD. According to the National Autism and Developmental Disabilities Monitoring (ADDM) findings, more children are diagnosed at an earlier age, but most are not identified until well after age four. In addition, boys are still five times as likely as girls to be diagnosed with ASD. Although this doesn't account for the total increase, there has been an increase in the number of Latino and black children being identified. Of those children identified with ASD, 31% also had an intellectual disability (ID).

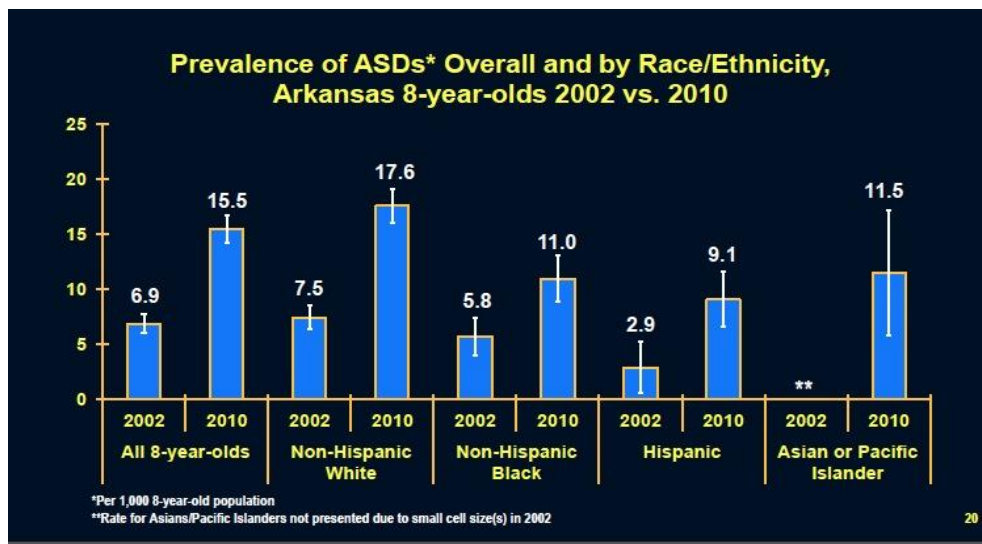


Figure 1

Between 2002 and 2010, there has been an increase across all categories (noted in Figure 1) in the identification and diagnosis of eight-year-old non-Hispanic white, non-Hispanic black, Hispanic, Asian or Pacific Islander children with ASD.

Arkansas Statewide & Regional ASD Prevalence: 2002 vs. 2010

	Surveillance Year 2002			Surveillance Year 2010		
	ASD confirmed cases	Population 8-year old	Prevalence per 1,000 population	ASD confirmed cases	Population 8-year old	Prevalence per 1,000 population
State Total	251	36,317	6.9	605	38,956	15.5
Northwest Region	70	11,261	6.2	231	13,365	17.3
Southwest Region	26	4,437	5.9	53	4,184	12.7
Central Region	91	9,460	9.6	164	10,561	15.5
Northeast Region	44	7,071	6.2	109	7,349	14.8
Southeast Region	20	4,088	4.9	48	3,497	13.7

Figure 2

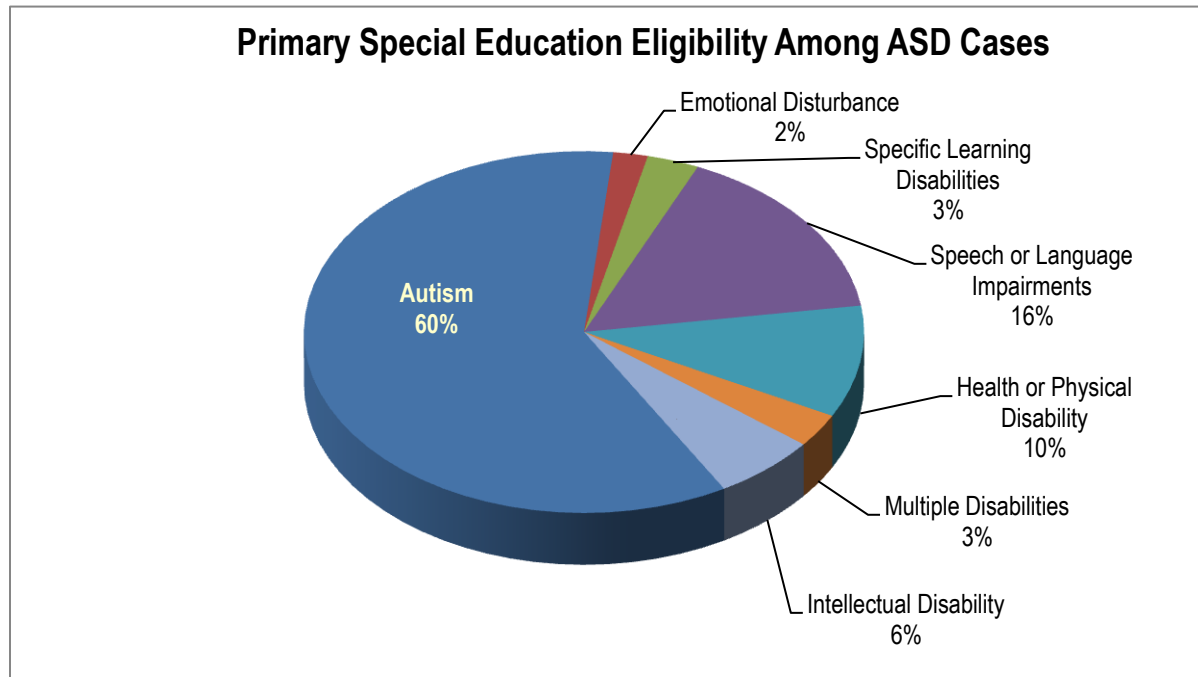
In 2002, there were 251 confirmed ASD cases out of 36,317 eight-year-olds in Arkansas. As of 2010, there was a statewide total of 605 confirmed cases out of 38,956 eight-year-olds as shown in Figure 2.

INTELLECTUAL DISABILITY (ID)

Arkansas Autism and Developmental Disabilities Monitoring (ADDM) was one of seven sites with data on ID. In 95% of Arkansas cases, IQ scores were available. Arkansas ranked 2nd highest after North Carolina (with 96%). There was collaboration with ADE on data quality. Among kids in Arkansas diagnosed with ASD, children with ID had an IQ of less than or equal to 70 that accounted for 35% of ASD diagnoses. Children with no ID and an IQ greater than 70 accounted for 65% of ASD diagnoses. White children were more likely to have ASD without ID than were black or Hispanic children. Black children with ASD were more likely to have ID than white or Hispanic children.

SPECIAL EDUCATION ELIGIBILITY

The ASD diagnosis accounts for 60% of primary special education eligibility out of the total number of ASD cases with special education records. This is followed by speech or language impairment, health or physical disability, intellectually disability, multiple or specific learning disabilities, and an emotional disturbance as shown in the chart below.



The median age for the first evaluation (the earliest documented ASD diagnosis between 2002 and 2010):

- Arkansas SY2010 is 61 months (highest in ADDM Network);
- ADDM Network SY2010 is 53 months (range between 46 to 61 months); and
- Arkansas SY2002 is 59 months.

In Arkansas, 69% of children have a previous diagnosis (DSM-IV-TR) in their records. In the ADDM Network, 72% of children have a previous diagnosis, which ranged between 59% to 88% of cases.

There are more children with ASD and more with High Functioning Autism (HFA), and there are also missing kids who need more services. **CLARIFICATION NEEDED.** More children with ASD are served in the general education environment. There is a struggle to meet the needs of these kids when trying to answer the following questions: What do they need? Where do they fit? How do we serve them?

OUTCOMES

There are three categories of *outcomes*—limited, good, or optimal. Early Intense Intervention (EII) can change the trajectory of the disorder for many children. In addition, there is a reduction in societal costs, and there is an increase in the quality of life for both the child and his/her family. Although the variables that impact outcomes are not fully understood, they can be put into two categories: Intrinsic factors and Extrinsic factors. *Intrinsic factors* include the severity of symptoms, cognitive ability, behavior, and co-morbid mental health issues. *Extrinsic factors* include socioeconomic status, access to services, coordinated services, and transition services. However, without support, there may be limited job opportunities, difficulty in retention, limited career advancement, and negative work experiences. As a result, this could impact the overall

quality of life for the individual and create additional, yet preventable, long-term costs for society.

The long-term preventable costs associated with an ASD diagnosis can be in the millions or billions of dollars. According to research reviewed by the Task Force, costs can include:

- Loss of productivity of one parent;
- Loss of productivity of the person with autism;
- Cost of therapy; and
- Societal costs of long-term care could total approximately \$137 billion dollars per year.

In terms of lifetime care, a person with autism and ID may pay about \$2.3 million dollars. A person without ID may pay about \$1.4 million. There are services available for people with ASD, but professionals, families, and stakeholders have limited knowledge of different services.

Families need access to intensive autism specific services as well as education on evidence-based practices in identification, treatment, and education. Arkansas has some great resources, but we need to make sure all stakeholders have access to education, training and resources.

RECOMMENDATIONS

A-1. The Arkansas Department of Education and school districts should establish a high priority and focus on the establishment and maintenance of a Child Find Plan.

A-2. Examine the federal mandate to ensure that it promotes early diagnoses and does not limit diagnoses. (Need presentation from the sponsors of the Arkansas Dyslexia Law to discuss the rationale behind the legislation)

A-3. "Milestone Moments", a publication of the Centers for Disease Control and Prevention should be distributed with the issuance of all birth certificates in the state. (Sen. Johnson to check with the Governor's Office about making this a mandate of the Department of Health through special language during the Fiscal Session beginning in April 13, 2016. Dr. Whitby to check with CDC to see if the brochures are available for this undertaking and to see if other states are distributing the brochure. Lisa Haley to see if ADE can post this brochure on line.)

A-4. Arkansas statute on identifying students with disabilities should be updated to include all disabilities covered by the federal IDEA.

STUDENT OUTCOMES IN ARKANSAS AND OTHER STATES

Task Force Responsibility: B) Compare outcomes of students participating in special education services in programs in Arkansas with those in other states.

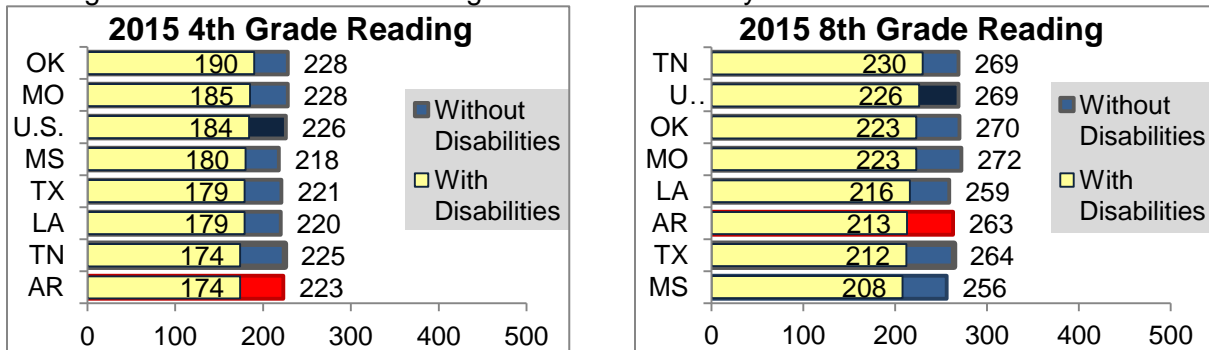
NATIONAL ASSESSMENT OF EDUCATIONAL PROGRESS

Because each state assesses students using its own test, it is difficult to accurately compare student proficiency from one state to another in the same way that the state compares one school's or one district's student performance with another. The best way to compare the student achievement of students with disabilities in Arkansas with those in other states is with the National Assessment of Educational Progress (NAEP) scale scores.

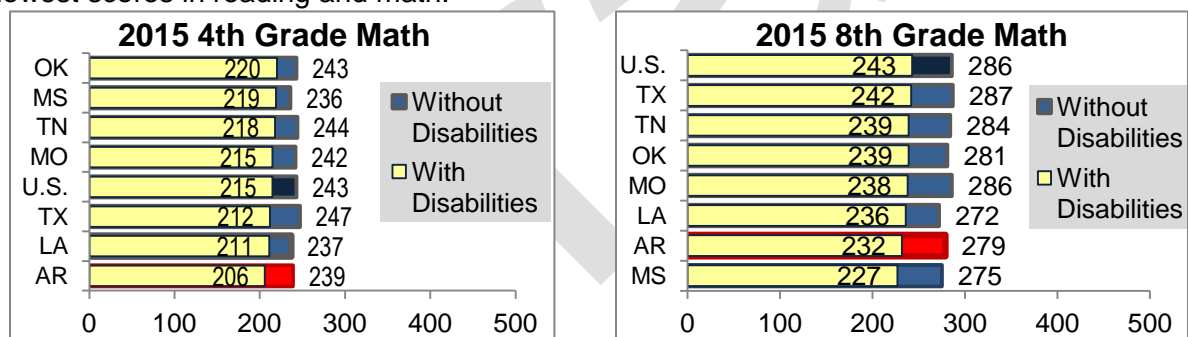
However, caution must be used in making state-to-state NAEP comparisons. The NAEP scores are based on a random sample of students — not the entire state population of students — in each state. Therefore, these scores are estimates with sampling errors, which means that if the entire population had been tested, the score may have differed somewhat. It is also possible that states may apply federal guidelines a little differently in classifying children with disabilities.

Finally, NAEP is still working to achieve uniformity in the way states exclude some students with disabilities from the test taking process and the way they make accommodations for other students. The lack of uniformity has narrowed over the past five years. However, it is still an issue that NAEP officials address in national conferences. There does not appear to be a consensus on how much lack of uniformity exists.

Considering those cautionary notes, the following tables show how the average scale score for Arkansas's students with disabilities (excluding those with 504 plans) compares with the average scale scores in surrounding states and nationally.



Arkansas's students with disabilities scored below similar students in surrounding states. Arkansas's 4th grade students scored below 4th grade students with disabilities in all other surrounding states in both reading (tying with Tennessee) and math. Arkansas's 8th grade students with disabilities fared somewhat better. They outperformed two surrounding states in reading and one state in math. Arkansas's 4th graders had the lowest NAEP scale scores among surrounding states, while Arkansas's 8th grade students with disabilities had nearly the lowest scores in reading and math.



STATE ASSESSMENT UNDER IDEA

Each year the U.S. DOE assesses whether each state meets the requirements of Part B of the federal IDEA. In 2013, Arkansas was one of 38 states considered to have met the requirements of IDEA, Part B on the basis of specified compliance measures (e.g., students were evaluated in a timely manner, etc.). However, in 2014, the U.S. DOE announced a significant change in the methodology it uses for evaluating states' special education programs. The new methodology focuses less on "procedural requirements" and more on student achievement results. In 2014, just 15 states received a "meets requirements" assessment, compared with 38 a year earlier. In 2015, 19 states received a "meets requirements" rating, but Arkansas was not among them.

Under the new methodology, Arkansas's overall score was "needs assistance" in both 2014 and 2015. This lower score was the result of low "results-driven" scores based on student achievement measures, rather than "compliance" scores. In 2015, the state received 20 of 20 possible points on compliance indicators and just 11 of 24 available points on results indicators.

In 2015, two of the states surrounding Arkansas received an overall score of "meets requirements": Missouri and Oklahoma. Three surrounding states—Louisiana, Mississippi, and Tennessee—are considered "needs assistance" states, and Texas is considered a "needs intervention" state.

The tables below provide the indicators on which Arkansas's performance was measured. The state received two points for each indicator colored green, one point for each indicator in yellow and zero points for each indicator in red.

Indicator for Results-Driven Score	2015 Assessment
State Assessment Participation (Students With Disabilities)	
% of 4 th grade students participating in state reading assessments	82%
% of 8 th grade students participating in state reading assessment	80%
% of 4 th grade students participating in state math assessments	82%
% of 8 th grade students participating in state math assessment	80%
NAEP Performance (Students With Disabilities)	
% of 4 th grade students scoring basic or above on NAEP reading assessments	23%
% of 8 th grade students scoring basic or above on NAEP reading assessments	20%
% of 4 th grade students scoring basic or above on NAEP math assessments	53%
% of 8 th grade students scoring basic or above on NAEP math assessments	22%
NAEP Participation (Students With Disabilities)	
% of 4 th grade students participating in NAEP reading assessments	92%
% of 8 th grade students participating in NAEP reading assessment	83%
% of 4 th grade students participating in NAEP math assessments	90%
% of 8 th grade students participating in NAEP math assessment	84%
Graduation and Drop Out Rates (Students With Disabilities)	
% of students who dropped out	13%
% of students who graduated with a regular high school diploma	85%
Districts with a significant discrepancy, by race and ethnicity, in the suspension and expulsion rates and the percentage of those districts with policies procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements	0%
Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification	0%
Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification	0%
Timely initial evaluation	99.62%
IEP developed and implemented by third birthday	99.86%
Secondary transition (IEPs of students 16 and older contain all the required components)	98.58%
Timely and accurate state-reported data	100%
Timely state complaint decisions	100%
Timely due process hearing decisions	100%
Longstanding noncompliance	

STATE SYSTEMIC IMPROVEMENT PLAN (SSIP)

The U.S.DOE's Office of Special Education Programs (OSEP) has required states to develop a State Systemic Improvement Plan (SSIP) focused on improving results for children with disabilities.

ADE has developed a comprehensive, multi-year plan to:

- 1.) Improve results for children with disabilities and
- 2.) Support improvement and build the capacity of school districts to implement, scale up and sustain evidence-based practices.

Phase I of the plan, which occurred in federal fiscal year 2013, focused on the ADE doing an in-depth data and infrastructure analysis to guide the selection of coherent improvement strategies that will increase the state's capacity to lead meaningful change with school districts to improve results for all children. This plan was delivered to the U.S.DOE on April 2015. The data and infrastructure analysis recommended that the state's emphasis should be on literacy in the following areas:

- Instructional practices, including how teachers instruct;
- Materials or content of instruction;

- Child variables, including individualized and differentiated instruction, and
- Time or scheduling considerations

Phase II, which occurred in federal fiscal year 2014, was a planning phase. During Phase II, the department developed a multi-year plan addressing the following three areas:

- Infrastructure development
- Strategies for supporting school districts in implementing evidence-based practices
- An evaluation plan

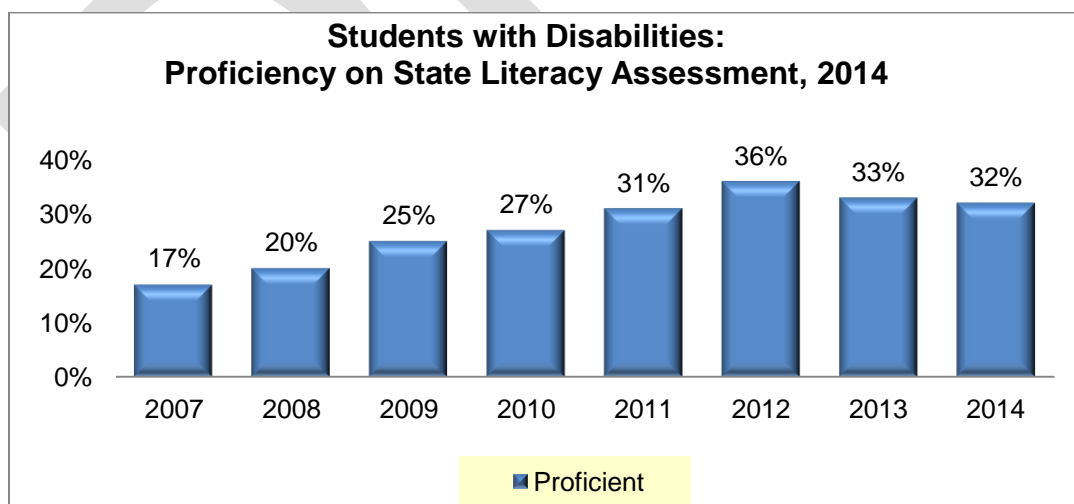
Phase II of the SSIP will focus on building state-level capacity through the alignment and coordination of efforts/systems to support school districts' capacity to implement evidence-based systems and practices. The improvement strategies are:

- ADE will create a system of professional development and technical assistance that is aligned across ADE Units and is differentiated based on school district's needs as evidenced by data.
- Restructure Arkansas' Response-to-Intervention (RTI) model using evidence based personnel development to implement a multi-tiered system of supports for behavior and academics, with a focus on literacy. For more information on ADE's integrated framework for using an RTI model for dealing with behavioral issues, see page ##.

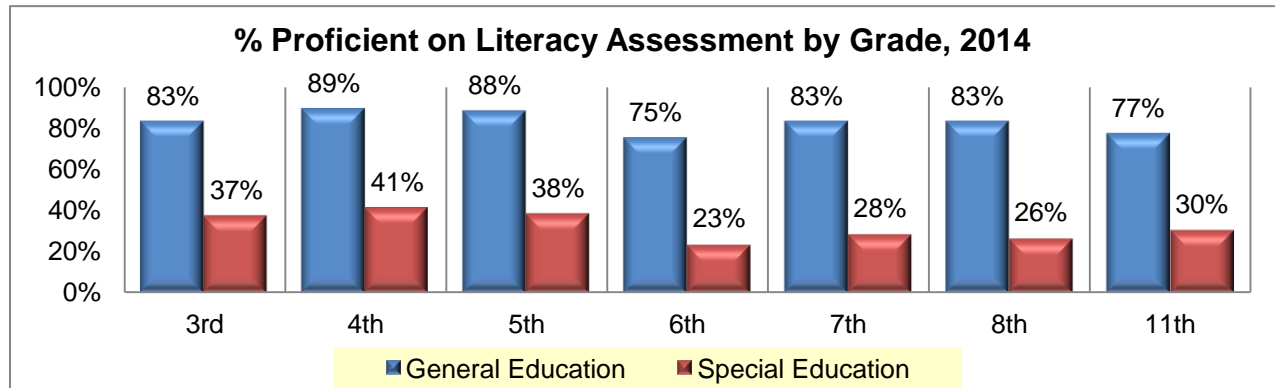
Phase III, which spans federal fiscal year 2015 through 2018, focuses on evaluating the state's progress under its plan. During this phase, the state will report on the progress made and will make any necessary revisions to the plan. The state's progress reporting will provide information on:

- The results of ongoing evaluation and
- The extent of the progress made.

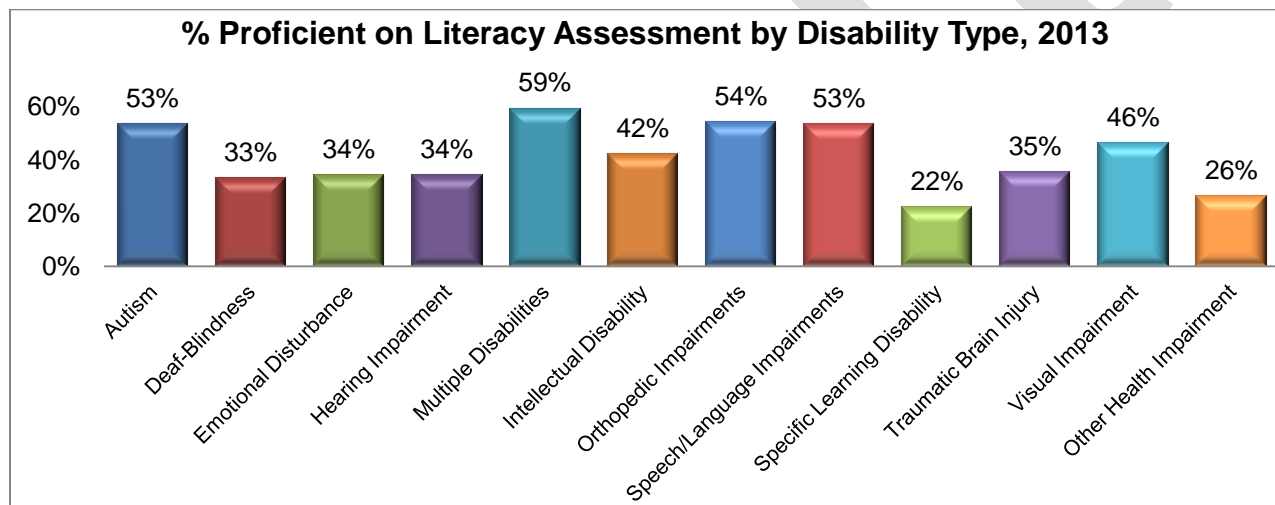
During Phase I of the plan, the ADE identified low literacy achievement as a focus for improvement. The following chart indicates that only 32% of the state's students with disabilities scored in the proficient range on state literacy assessments in 2014.



The following chart shows that student achievement drops precipitously in 6th grade and remains low through the middle school and high school years.



The next chart shows the level of proficiency on state literacy assessments by the type of disability students have. Proficiency levels are lowest among students with a specific learning disability, and they are highest among students with multiple disabilities.



Many children in special education may be instructional casualties, because they did not get adequate instruction prior to identification. A struggling reader is one who has the necessary cognitive tools to be a successful reader but has developed a breakdown in strategic processing and meta-cognition, and, as a result, is experiencing difficulty with controlling and managing cognitive resources in a reflective purposeful way. Between 80-90% of children identified as learning disabled (LD) are impaired in reading. In addition, inappropriate reading instruction might lead children to practice inappropriate processing behaviors, which become very resistant to intervention. Therefore, these confused readers are learning to be learning disabled with increasing severity as long as the inappropriate responding continues.

Arkansas's data and infrastructure analysis indicate that the state has a need for professional development and technical assistance related to providing effective, individualized, and differentiated instruction. As part of the state's SSIP, ADE has included school district capacity building strategies for increasing RTI supports for academics and behavior. These strategies include:

- Creating a tiered system of supports for literacy,
- Creating a tiered system of supports for behavior, and
- Increasing and supporting the number of students with disabilities in the general education classroom.

The resources and tools developed to support SSIP will be directly aligned with and will support the RTI Arkansas statewide initiative. For more information on the state's use of RTI, see page ##.

RECOMMENDATIONS

B-1. All services should be coordinated with a goal of tearing down existing silos and ensuring and encouraging coordination.

B-2. The Arkansas Department of Education will continue to work on child-find outreach and are working collaboratively to increase parent involvement and early childhood outcomes through the State Systemic Improvement Plan.

B. SPECIAL EDUCATION TEACHER PREPARATION AND LICENSURE

Task Force Responsibility: C) Review the requirements for teacher preparation and licensure of special education teachers in Arkansas and other states.

SPECIAL EDUCATION TEACHER COMPENSATION

According to figures compiled by ADE, there are currently 7,235 people who are licensed to teach special education, although not all of those individuals are actually teaching special education. In 2014-15, there were more than 3,500 full-time employee (FTEs) working as special education teachers in Arkansas school districts. On average, districts employ 1 special education teacher for every 15.6 students with disabilities. However, this ratio ranged from one teacher per 10.6 students in one district to one teacher for every 55 students in another district. On average, special education teachers earned \$49,296 in annual salary in 2014-15. Appendix C provides information on starting salaries for all teachers in each district. The following tables show average teacher salary, teacher to student ratios and total special education teacher expenditures per student. The data is provided by district size and poverty level (percent of students eligible for free or reduced-price lunch). The data show large districts tend to pay special education teachers more than small districts and employ more teachers for their special education student population. High poverty districts pay special education teachers lower salaries and employ fewer special education teachers for their students with disabilities.

	Small	Medium	Large
Average SPED Teacher Salary	\$40,732	\$45,837	\$55,794
Total SPED Teachers Per 500 Students	3.67	3.68	4.03
Total SPED Teachers Per 100 SPED Students	5.37	6.31	6.82
SPED Students as % of Total Enrollment	14%	12%	12%
Total SPED Teacher Expenditure Per Student	\$377	\$422	\$569

Note: Small=750 students or less; Medium=751-5,000 students and Large=5,001 or more students

	Less than 70% FRPL Low Poverty	70-90% FRPL	90%+ FRPL High Poverty
Average SPED Teacher Salary	\$49,504	\$49,183	\$43,274
Total SPED Teachers Per 500 Students	3.74	3.96	3.72
Total SPED Teachers Per 100 SPED Students	6.45	6.30	7.45
SPED Students as % of Total Enrollment	11%	13%	12%
Total SPED Teacher Expenditure Per Student	\$466	\$490	\$412

Note: FRPL=Percent of students eligible for free or reduced price lunch

The National Center for Education Statistics (NCES) provides data on total expenditures for special education salaries in each state. The most recent data available for all states are from 2012-13. According to the NCES data, Arkansas schools spent \$385.16 per student on special education instructional staff in 2012-13. This NCES category includes expenditures made for the salaries of "certified teachers and certified substitute teachers providing instruction to

students with special needs,” according to NCES. (The enrollment data used to calculate the per-student special education expenditures include pre-K students.) On a per-student basis, Arkansas ranks among the lowest 25% of the states.

	Expenditures Per Student for Special Education Instructional Staff Salaries: Arkansas's Rank
All States and Washington D.C. (51)	40 th highest
SREB States (16)	12 th highest
Surrounding States (7, including AR)	5 th highest

Due to the shortage of teachers who are qualified and interested in teaching special education, some districts offer **incentive pay** to special education teachers. To obtain a better understanding of how pervasive this is, the ADE sent a survey to all districts regarding their special education teacher salary schedule, planning time, and other incentives. Out of the 234 districts and 22 open enrollment charter schools surveyed, there were a total of 143 respondents.

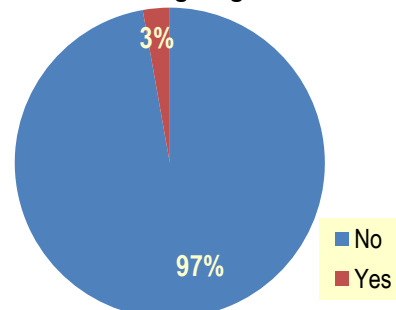
DISTRICT SALARY SURVEY

The first three questions of the ADE survey asked districts questions regarding the salary schedule and other bonuses offered to their special education teachers. The charts below illustrate the district responses.

Q1. Does your district offer a **one-time sign-on bonus** for special education teachers?

Out of 143 respondents, the majority of districts – 97% (139) said they did not provide a sign-on bonus for special education teachers. Only four districts, responded that their district offered a sign-on bonus to special education teachers.

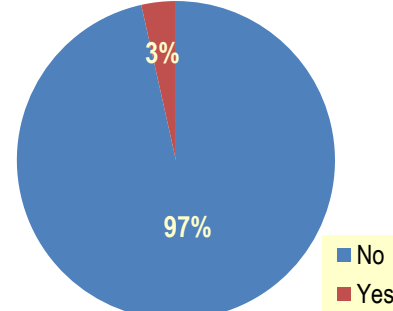
One Time Signing Bonus



Q2. Does your district offer an **annual bonus** for special education teachers?

According to the survey results, only five school districts offer an annual bonus for their special education teachers. The majority of the school districts (138) responded they do not offer an annual bonus to special education teachers.

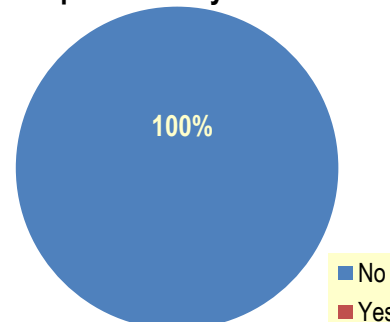
Annual Bonus



Q3. Does your district have a **separate salary** schedule for special education teachers?

All survey respondents (143) answered they do not have a separate salary schedule for special education teachers.

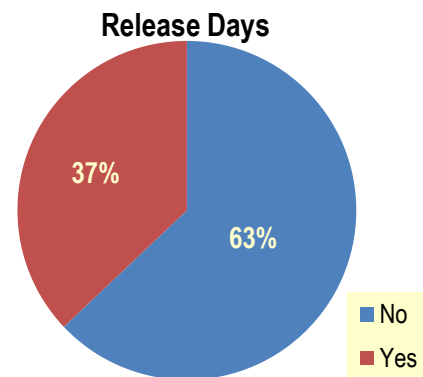
Separate Salary Schedule



ADE's survey posed two questions about teachers' planning time and paperwork. For a more in-depth discussion about the amount of paperwork completed by special education teachers, please see the section titled, "Paperwork Reduction."

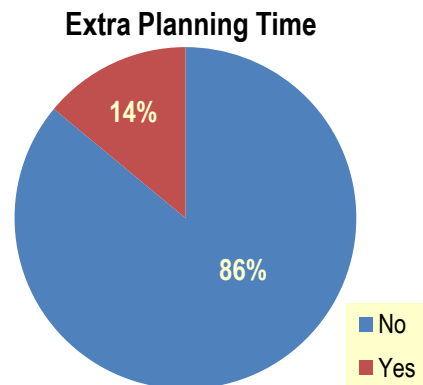
Q4. Does your district provide **release days** for special education teachers (beyond those provided to other staff members) to complete paperwork and prepare for Individualized Education Plan (IEP) conferences?

About 37% of districts (53) surveyed offer release days for special education teachers to complete paperwork. Over half of the respondents (90) did not grant special education teachers release days to complete paperwork.



Q6. Does your district provide **extra planning time** for special education teachers?

Although more districts granted release days to special education teachers, fewer districts provided extra planning time for special education teachers. About 14% of districts (20) provided extra planning time, compared to 37% (53) that provided extra release days.



The last question in ADE's special education teacher survey asked districts about incentives offered to special education teachers. Out of 143 respondents, 84% of districts responded they did not offer other incentives for their special education teachers. Only two districts answered yes without elaboration, and 20 districts (13.9%) explained the types of incentives offered to their special education teachers. Below are a sample of the additional comments respondents provided:

- "We provide 5 additional days on employee contracts for paperwork. Also, dually certified teachers are paid a \$5,000 stipend for teaching in our integrated model."
- "Self-contained teachers receive [an] extra \$5,500 and Speech [teachers] receive [an] extra \$10,900."
- "We offer an incentive to Speech Language Pathologists for holding the Certificate for Clinical Competence, similar to the National Board incentive for teachers. We also provide additional compensation for a few early childhood special ed teachers who have an inordinate number of conferences for students enrolling from outside agencies and centers."
- "Rural Incentive Bonus."

SPECIAL EDUCATION TEACHER LICENSURE

One issue districts have faced in providing special education is an inadequate supply of appropriately licensed special education teachers who choose to teach in the field. A district that cannot find an appropriately licensed teacher must apply to ADE for a waiver from the licensing requirements. As of October 2015, 138 districts and charter schools had requested waivers for 295 special education teachers who are not fully licensed to teach special education. Among all of the district and charter school requests for waivers, 38% were for special education teachers.

In an effort to increase the number of people who are certified to teach special education and to reduce the number of waivers districts need, ADE recently changed the special education licensure to create more opportunities for teachers to become certified in special education. Until 2014, ADE regulations required individuals who wanted to teach special education to get an initial license and then add a special education endorsement to their license. This meant that in addition to the undergraduate degree required for their initial teaching license, they also must take an additional 21 credit hours of a master's level special education program for the endorsement. There was concern that many aspiring teachers chose not to get special education certification because it required additional training but offered no increase in salary.

As a result, the ADE made the following changes to licensure rules:

1. ADE created a new **K-12 first time license** for special education, allowing teachers to get their standard license in special education. This change allows them to teach special education after obtaining their bachelor's degree without having to add an endorsement to their license. Arkansas universities launched preparation programs for the K-12 special education license in the fall of 2014. Today six Arkansas higher education institutions offer a bachelor's degree in K-12 special education.
2. ADE created a **K-6, 7-12 special education resource endorsement** option. This option is for individuals who are already licensed to teach elementary grades (K-6) or English, math, or science (4-8 or 7-12). Previously, teachers who wanted to add a special education endorsement were required to complete at least 21 hours of graduate-level coursework in special education. The new resource endorsement option, which received final approval in late October, requires teachers to complete 12 credit hours of additional coursework. Three of those hours must be obtained through a course called "SPED 101 Academy," which will be developed by higher education institutions. Applicants who completed a special education survey course as part of their undergraduate degree can count up to three credits toward the 12 required for this endorsement. Teachers with this certification will be certified to provide indirect services and teach students with exceptionalities in inclusion settings, co-taught settings and/or resource settings.
3. ADE created a route to credential special education teachers through a **Master's of Arts in Teaching (MAT) program**. This avenue allows people who are not certified teachers to obtain a master's degree in teaching to become certified. Previously this option was not available to individuals who wanted to teach special education.

The Task Force reviewed the National Council on Teacher Quality's (NCTQ) evaluation of each state's policies affecting the teaching profession. The NCTQ gave Arkansas an overall grade of a B- in its [2015 State Teacher Policy Yearbook](#), but the report also evaluated the state's progress for special education teachers specifically. For special education teacher preparation, the state received the lowest grade of "does not meet" the NCTQ goals. For special education preparation in reading, the state was deemed to be meeting "only a small part" of the goals.

Several members of the Task Force questioned NCTQ's credibility and suggested its grading system should not be the standard the state should follow.

RECOMMENDATIONS

C-1. School districts should consider providing special education teachers an additional five days on employee contracts for the extra time required to comply with IDEA and state special education regulations and paperwork requirements.

C-2. The ADE and the Arkansas Department of Higher Education (ADHE) are to be commended for their cooperative work to establish alternative paths for obtaining special education licensure.

C-3. The ADE and the ADHE should create a plan whereby special education aides could pursue a quick path toward becoming special education teachers.

C-4. Explore various options to increase the number of special education teachers.

C-5. The ADE and the ADHE will continue the Certified Teacher Assistant (CTA) initiative designed to allow and encourage schools to utilize talented students to pursue education, especially providing opportunities to serve as paraprofessionals in the field of special education. Programs like the University of Arkansas at Monticello's paraprofessional route to licensure allowing special education paraprofessionals to earn a degree and licensure without having to leave their positions and securing their jobs in their district or in neighboring districts will be continued as a grow your own initiative.

C. PROFESSIONAL DEVELOPMENT

Task Force Responsibility: D) Review the requirements for professional development related to special education, including anticipated changes to professional development in Arkansas and other states.

STATE PROFESSIONAL DEVELOPMENT POLICY CHANGES

Arkansas statute and regulations require educators to receive professional development in one of the following topics each year on a rotating basis over four years:

- Two hours on parental involvement
- Two hours on Arkansas history (only for teachers who teach Arkansas history)
- Two hours of teen suicide awareness and prevention
- Two hours on child maltreatment

Though there is no specific requirement for PD in special education, Act 1294 of 2013 did require all teachers to received PD in dyslexia awareness by 2014-15.

Up until 2013, ADE rules required districts to provide teachers with 60 hours of professional development, but in 2013, the General Assembly significantly reduced the amount of funding provided to districts for that purpose. In an effort to buoy the public school employee insurance plan, Act 2 of the 1st Extraordinary Session of 2013, reduced the PD funding rate by 40%, from \$54 per student (which had been established for FY2015 during the 2013 regular session) to \$32.40 per student. This change was expected to free up \$10.1 million for public school employee health insurance. In 2015, the General Assembly passed Act 44, which reduced the number of PD days in the basic teacher contract from 10 to six.

The Task Force recognizes that professional development is a vital component of providing students with disabilities with an appropriate education. Professional development on the needs of special education students is important for both teachers who specialize in special education as well as for general education teachers who have special education students in their classes. Teachers can benefit from regular professional development in student behavior, classroom management, and alternative learning styles as well as training from other professionals, such as speech-language pathologists, who work with students with disabilities.

Professional development is also critical for an effective Response to Intervention process. A collaborative problem-solving, data-driven RTI process requires classroom and specialty teachers to work together for student success. The framework also combines progress monitoring data and specific interventions along with diagnostic information to provide a clear, data-based profile of how well the student is responding to instruction. Curriculum congruency is especially important for children who are not responding to instruction, and strong leadership is essential for an effective implementation. RTI uses three degrees of intense and precise interventions to meet the unique needs of struggling readers.

FEDERAL PROFESSIONAL DEVELOPMENT GRANT

The Student Outcomes Section (Section B) of this report contains information about student assessments and how Arkansas can improve, according to an assessment made by the U.S. DOE's Office of Special Education Programs. To that end, Arkansas is developing a State Systematic Improvement Plan (SSIP) to address the state's shortcomings identified by the federal assessment. Federal officials have suggested that the state's emphasis should be on instructional practices, including how teachers instruct. The federal officials also indicated that the state has a need for professional development and technical assistance related to providing effective, individualized and differentiated instruction.

In August 2015, ADE received a \$5 million five-year grant that will be used to:

- Develop Response to Intervention (RTI) literacy and behavior resources and tools;
- Provide professional development and technical assistance for districts and schools to assist all students, especially students with disabilities; and
- Evaluate implementation fidelity and outcomes at the state, regional, district, school, and student level.

Through the grant, the state will also partner with:

- The American Institutes for Research to support RTI resource development;
- Arkansas State University's Center for Community Engagement to implement a statewide multi-tiered system of support for behavior; and
- The Parent Teacher and Information Center to provide parents with an understanding of RTI and their role in supporting their child.

RECOMMENDATIONS

D-1. The state should restore and fully fund 60 hours of professional development, including a block of three hours of special education professional development annually for all teachers and administrators.

D-2. Roll out quality programs to ensure RTI is implemented properly. RTI needs to be in every building. (Lisa Haley, ADE to support the University System in the development of training and to provide that training to the schools. Tonya Williams needs to be involved in this training and implementation.)

D. SUPPORT STAFF

Task Force Responsibility: E) Review support staff and staffing ratios for special education services and programs, including nurses, teacher aides, and personal student aides.

The Task Force heard presentations on a variety of school services that support special education students. This section of the report summarizes some of the information presented.

HEALTH SERVICES

School nurses assess the health of students, deliver emergency care, administer medication and vaccines, perform health care procedures, and provide health care counseling and programs. They are particularly important to some students with disabilities who may have more daily medical needs than their peers.

State law requires school districts to have a school nurse for every 750 students. The General Assembly provides funding for school nurses through its per-student foundation funding. The funding formula on which the foundation funding rate is calculated is known as the matrix. The matrix includes funding to support .67 full-time school nurses for every 500 students (which is

equivalent to 1 nurse per 750 students). In 2016, the matrix provided about \$86 per student in foundation funding for school nurses.

Still more than 30 districts do not appear to provide adequate levels of nursing staff, according to nurse employee data districts submit through the Arkansas Public School Computer Network system. Under state law, the nurse-to-student ratio is only required if the General Assembly provides funding for this purpose. Recently the Arkansas Attorney General opined that the General Assembly has not made funding available specifically for school nurses and therefore districts are not required maintain the staffing level.

Act 414 of 2013 created the Public School Health Services Advisory Committee and charged it with studying the on-campus health needs of public school students and the provision of school health services. As part of its research, the Committee surveys public school nurses with the help of the Arkansas Department of Health. The survey conducted for the 2013-14 and 2014-15 school years found that school nurses deal with many health issues among students and faculty alike. The survey found that common allergies suffered by students include:

- Insect stings
- Peanuts
- Dairy
- Treenuts

Rescue medications that school nurses most commonly administer include albuterol, epinephrine, glucagon and diazepam. The most frequent types of emergencies that require a call to 911 or to a doctor/dentist are 1.) sprain/strain 2.) laceration 3.) head injury 4.) respiratory difficulty 5.) fractures. The most common procedures school nurses perform include helping students with toileting, blood sugar and counting carbohydrates. School nurses deal with a variety of issues including students who are pregnant, who are homebound, who have dropped out of school and who are at high risk.

School nurses also provide health care services to school faculty and staff, including blood pressure checks, first aid and height and weight measurements.

According to the survey, many nurses must split their time between more than one campus, leaving some buildings without the services of a nurse for part of the day or week. A total of 937 school campuses share a nurse with at least one other campus. Five nurses cover more than six campuses. What's more, 174 school nurses surveyed said they spent between five and 30 minutes between campuses and another five nurses said they drive more than 30 minutes between campuses. When a school nurse is available only during limited windows of time, it can cause backlogs of students waiting to be seen. For students who frequently need to see the nurse, including many with disabilities, waiting for the school nurse may mean significant time out of class.

Among the items school nurses said their office needs were:

- | | | |
|---------------------------------------|-------------|------------------------|
| • Running water | • Telephone | • Locking file cabinet |
| • A double lock cabinet for medicines | • Toilet | • Refrigerator |
| • Privacy | • Cot/bed | • Sharps container |

The survey also asked school nurses about their salaries. Licensed practical nurses (LPNs) in Arkansas typically earn between \$15,000 and \$30,000, and most registered nurses (RNs) make more than \$30,000.

INSTRUCTIONAL AIDES

Special education instructional aides, often called paraprofessionals, are an essential part of providing an appropriate education to students with disabilities in some settings. Districts may be required to employ these aides as a provision of students' IEP. Currently the funding formula

for the state's foundation funding does not provide money for instructional aides. However, many districts rely on these staff to extend the reach of their licensed teachers, particularly in a special education setting. In 2014-15, districts and charter schools spent more than \$62 million on instructional aides from foundation funds, or about \$132 per student. Of that amount, about 45% was spent on special education instructional aides. In 2014, education finance consultants hired by the General Assembly recommended providing funding to districts for 3.3 special education aides for every 500 students.

BEHAVIORAL SUPPORT SERVICES

Students with both academic and behavior problems are at a much higher risk for negative school outcomes, including dropping out of school. ADE has an integrated framework in place for using an RTI model for dealing with behavioral issues. There is a multi-tier integrated RTI model or framework in Arkansas for preventing, identifying, and solving both academic and behavior problems.

- Tier 1 : Prevention Services for All Students (100%) – Core instructional interventions for all settings for all students; primary preventative and proactive efforts, such as effective and positive classroom management that establishes positive classroom climates; effective school- wide problem solving, conflict resolution and social/emotional skills programs.
- Tier 2 : Strategic Intervention Services for Some Students (15%) – Targeted group interventions for some students (at-risk) that reconnect students with schools; high- efficiency and rapid response, such as peer/adult mentoring and mediation programs; strategic behavioral interventions; small specialized group social skills training (anger, self- control, attention, etc.) ; special situation group counseling (divorce, loss, post-traumatic stress disorder, etc.)
- Tier 3 : Crisis Management/Intensive Need Services for Few Students (5%) – Intensive, individual interventions that are assessment based, intense, and durable interventions, such as individual counseling/therapy; multi-systemic therapy, cognitive behavior modification; intensive wrap-around continuum of care programming.

For more information on behavioral interventions, see page ##.

LITERACY COACHES AND TUTORS

Within the Response to Intervention framework, Tier I is made up of evidence-based core classroom instruction that provides support for low-performing readers. These students are almost grade level and should be able to reach proficiency with additional support in the classroom. As part of the Tier I instruction, Learning Disabled (LD) students are provided the following assistance:

- Literacy coaches can assist classroom teachers in implementing research-based practices for low-performing readers.
- Additional support can be provided by trained tutors.
-

RECOMMENDATIONS

E-1. The General Assembly should consider increasing the school nurse component of the matrix to \$\$\$.

E-2. Increase the number of nurses and CNAs within the school districts. Specifications for maintaining and delivering medical services to special education students (running water and double locked cabinets).

E. DISCIPLINE PRACTICES

Task Force Responsibility: F) Review discipline practices for students in special education programs in Arkansas and other states.

DISCIPLINARY REMOVALS

State data indicate that students with disabilities were removed from class for disciplinary reasons a total of 27,262 times in 2014-15. The following table shows that about 10% of the special education population were suspended or expelled from school and nearly 14% of special education students were removed for in-school suspension. The data do not include students at the Arkansas School for the Deaf, Arkansas School for the Blind or the Division of Youth Services.

	10 Days or Less	More Than 10 Days	% of SPED Population
Students in Out-of-School Suspension or Expulsion	5,311	490	10.4%
Students in In-School Suspension	7,174	619	13.9%

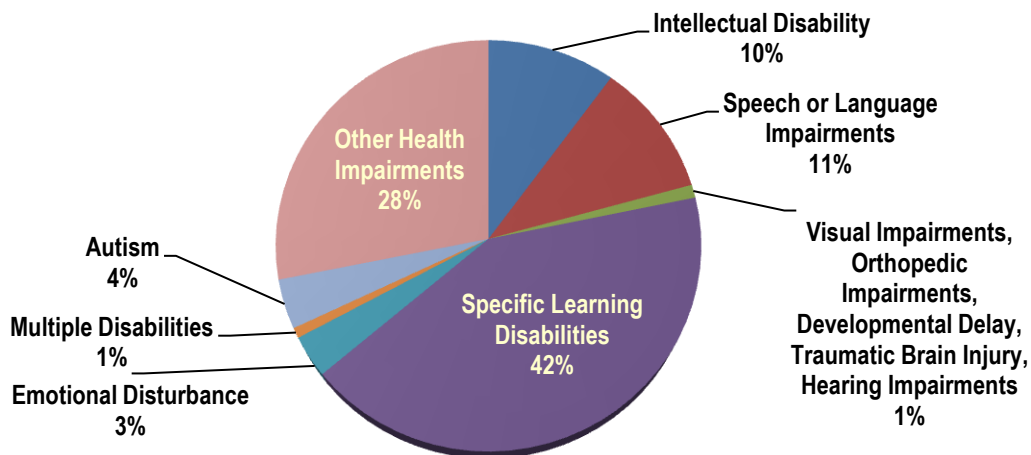
Students with disabilities can be suspended for up to 10 days without a Manifestation Determination (MD) (see page ### for more information about the Manifestation Determination process), but for suspensions beyond 10 days, the IEP team must perform a MD. If that process leads them to determine that the behavior for which the student is being suspended was influenced by the student's disability, then there cannot be further suspension. If it is determined that there was not a manifestation of the disability, the student can be suspended beyond 10 days, but special education services in the IEP must be provided in whatever setting the student serves the suspension. If students are being suspended beyond 10 days without a MD being done, it is not in compliance of the law.

The following table shows the number of students by the total length of disciplinary removals (out-of-school suspensions, expulsions, and in-school suspensions collectively).

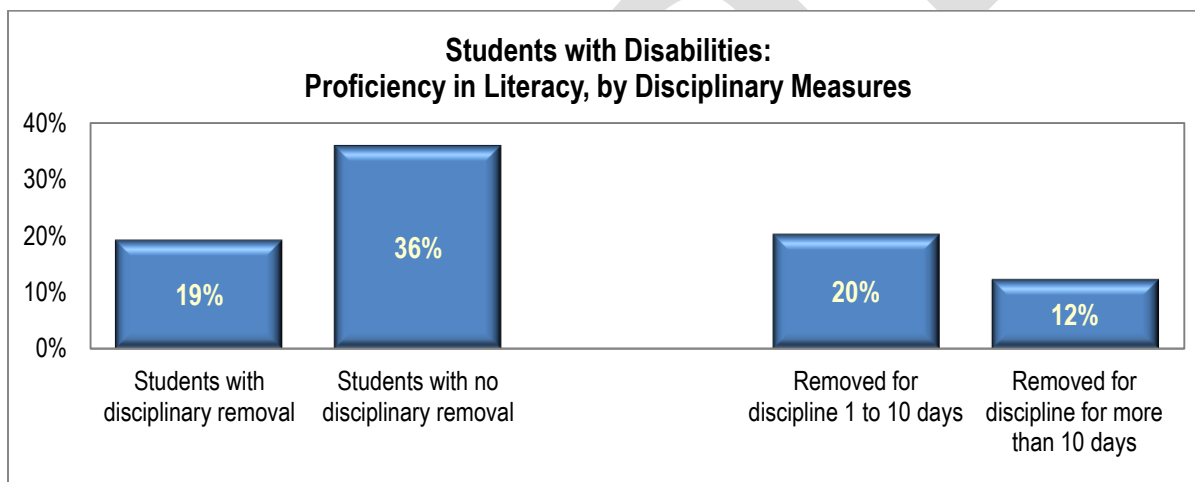
	1 Day	2-10 Days	10+ Days
Number of Students	2,408	6,926	1,548
Percent of All Special Education Students	4.3%	12.4%	2.8%

Students with specific learning disabilities make up 42% of the special education students removed from the classroom for disciplinary reasons, though they comprise just 33% of the population of students with disabilities. Students with speech or language impairments make up 11% of the students with disabilities removed, though they make up 26% of the total special education population.

Students With Disciplinary Removals By Disability, 2014-15



Students with lower levels of disciplinary removals performed better academically. The first set of bars in the following chart indicate that students with disabilities who were not removed from the classroom for disciplinary measures performed better on the state literacy assessments. Of those students who were removed for disciplinary reasons, the students who were removed for shorter periods of time had higher levels of proficiency than those removed for longer durations.



It is difficult to interpret these findings. It may be that students with more severe behavior issues also have more severe learning issues. However, the knowledge base on suspension and expulsion also suggests that being excluded from the classroom setting can lead to poor achievement (Skiba & Rausch, 2006). Suspension and expulsion are some of the most widely used disciplinary procedures in schools, but are associated with a number of negative outcomes, such as lower school achievement and dropping out of school. They do not appear to be effective means of discipline in that students who are suspended and expelled have higher rates of recidivism. Furthermore, they appear to be used disproportionately on students of color.

Upon a review of the research, Skiba and Rausch (2006) provided the following recommendations for moving away from the practice of suspension and expulsion:

- Disciplinary removals should be used only for the most serious and severe disruptive behaviors and these behaviors need to be defined explicitly.
- Discipline should be provided through a graduated system of discipline where the consequences are geared to the seriousness of the offense (again, only serious, safety-threatening infractions should result in serious exclusion from school).

- All infractions should be carefully defined and reported and data should be collected based on these careful definitions. For example, even the descriptions of infractions provided in this report for the use of restraints and seclusion (see page ##) are vague and open to misinterpretation: destructive to property; aggressive toward others; severely disruptive to class.
- The array of interventions, options, and alternatives for schools dealing with serious behaviors should be expanded.
- Preventative measures that improve school climate and help reconnect students who have been isolated and alienated from the general population should be implemented.
- The collaboration and communication among school personnel, parents, juvenile justice, and mental health professionals to help develop more effective alternatives to suspension and expulsion should improve.
- All school discipline and prevention strategies should be evaluated as rigorously as academic strategies are so we can ensure that these interventions, programs, and strategies are having positive effects on student behavior, school safety, and academic achievement.

MANIFESTATION DETERMINATION REVIEW

If a school district proposes to change the placement of a child for more than 10 days (not necessarily consecutive and including suspensions), the district must conduct a Manifestation Determination Review (MDR). An MDR is designed to determine if the student's behavior is a manifestation of her disability or a failure of the district to implement the IEP. The IEP Team makes this determination. If the determination is that the disability is a manifestation of his/her disability, the student should remain in his/her current placement. The disciplinary practices that Disability Rights Arkansas addresses in the state include(see page ## for more information about DRA and its role):

- Failure by districts to conduct MDRs
- Reliance on corporal punishment
- Improper use of restraint/seclusion
- Failure to implement IEPs and behavior support plans properly
- Reliance by districts on contracted mental health providers
- Placement of students with disabilities in ALEs. Use of Family in Need of Services (FINS) by schools to remove students with disabilities
- Use of delinquency by schools to remove students with disabilities and committing students to Division of Youth Services (DYS) custody

RESTRAINTS AND SECLUSION

Both the U.S. and Arkansas Departments of Education have issued guidance on the use of restraints in schools, recommending that:

- Every effort should be made to prevent the need for physical restraint.
- Every student has the right to be treated with dignity and to be free from abuse.
- Physical restraint should only be used when a student's behavior poses imminent threat of serious physical harm to self or others and should be discontinued as soon as this threat has passed.
- Chemical and mechanical restraints should never be used in a school setting.

Because the restraint guidelines are not established in statute or regulations, there is no enforcement mechanism to ensure districts follow them.

However, Arkansas has adopted regulations regarding seclusion in school. Section 20.00 of the ADE Special Education and Related Services Procedural Requirements and Guidelines establishes rules for a "Time-Out Seclusion Room."

Under the rules, schools are instructed to use seclusion only if the student's behavior is:

- Destructive to property
- Aggressive toward others
- Severely disruptive to the class

Students are not to be secluded for general noncompliance or academic refusal AND only when less restrictive means of controlling behavior have proven ineffective.

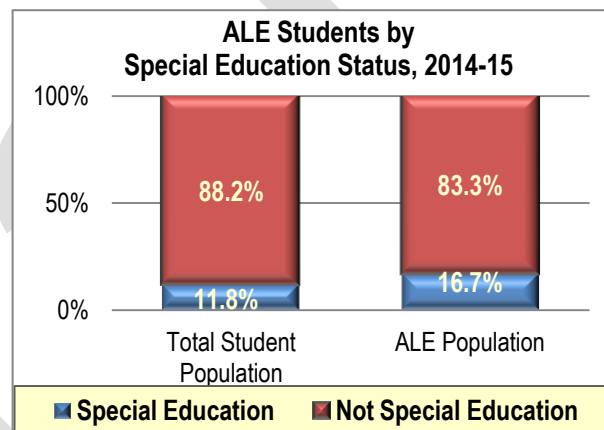
Appendix D provides the ADE's Advisory Guidelines for the Use of Student Restraints in Public School or Educational Settings.

USE OF ALE, FINS AND DELINQUENCY

The placement of students in disciplinary ALEs, the use of FINS and the use of delinquency to remove students with disabilities with behavior issues—instead of identifying them as students with disabilities and providing needed specialized instruction, services, supports and accommodations—circumvents federal and state law requirements for students with disabilities.

USE OF ALTERNATIVE LEARNING ENVIRONMENTS

ALE is sometimes presented to parents as a structured environment that can better meet a child's needs than placement within the regular school setting. Students are often sent into ALEs without ever being identified or provided with special education and related services. Some districts do not complete the required assessments, interventions, or plans prior to or upon placement within the ALE. In Arkansas, a greater proportion of ALE students are identified as special education students compared with the total student population. The proportion of special education students among ALE students is nearly 42% higher than the proportion of special education students among the total student population.



Source: Arkansas Department of Education.

Note: The Total Student Population data do not include students in charter schools because charter schools do not have ALE students.

ALEs in Arkansas are for both students at-risk of academic failure and students who show high aptitudes in certain disciplines, such as STEM. The ADE Alternative Education website has information about both types of ALEs. The U.S. DOE (2002) defines an alternative school as “a public elementary/secondary school that addresses the needs of students that typically cannot be met in a regular school, provides nontraditional education, serves as an adjunct to a regular school, or falls outside the categories for regular, special education or vocational education.” This definition does not include alternative education programs within schools. In Arkansas, such ALE's must be in compliance with Arkansas Code § 620–2303(2) and, as mandated by the ADE:

- Every district in Arkansas, either on its own or in partnership with other districts, must create an ALE.
- Each district with an ALE must assess participating students either before or upon entry into the program.
- Every ALE must provide participants with non-punitive intervention strategies that address both behavioral and educational needs.

According to Porowski, O'Conner, and Luo (2014) definitions of ALEs vary across the 43 states and District of Columbia that have formal definitions (Arkansas is one), and include decisions

made about 4 core dimensions: whom the program serves; where the program operates, what the program offers, how the program is structured. The key findings from their study suggest that ALEs primarily serve students with behavior problems and that the most common services are regular academic instruction, counseling, social/life skills, job readiness, and behavioral services. Arkansas's Definition: Alternative learning environment means an alternative class or school environment that seeks to eliminate learning barriers for students whose academic and social progress are negatively affected by their personal characteristics or situations.

In September 2015, ADE provided the most recent version of the document: **Emergency Rules Governing the Distribution of Student Special Needs Funding and the Determination of Allowable Expenditures of Those Funds** that contained the following regarding ALEs for students with special needs in Arkansas:

4.01.3 An ALE shall not be punitive but shall provide the guidance, counseling, and academic support necessary to enable students who are experiencing emotional, social, or academic problems to continue to make progress toward educational goals appropriate to each individual student's specific situation, characteristics, abilities, and aspirations.

4.02 ALE Student Eligibility and Placement

4.02.1 To be an eligible ALE student, a student must exhibit two (2) or more of the characteristics identified in Section 4.02.1.1 and Section 4.02.1.2. Students will not be placed in the ALE based on academic problems alone.

4.02.1.1 Situations that negatively affect the student's academic and social progress may include, but are not limited to:

- Ongoing, persistent lack of attaining proficiency levels in literacy and mathematics;
- Abuse: physical, mental, or sexual;
- Frequent relocation of residency;
- Homelessness;

4.02.1.2 Students placed at risk, though intelligent and capable, typically manifest one or more of the following characteristics:

- Inadequate emotional support; Mental/physical health problems; Pregnancy; or Single parenting.
- Personal or family problems or situations; Recurring absenteeism;
- Dropping out of school; or Disruptive behavior.

FEATURES OF EFFECTIVE ALE PROGRAMS

Although ALEs have been prominent in education in the U.S. since the 1970s and in Arkansas since the late 1990s, there is a lack of adequate empirical research on effective ALEs for students at-risk of academic failure and dropout. However, some general guidelines for effective ALEs can be gleaned from the existing research. According to Aronson (1995) in an early review of the ALE literature, there are essentially three categories of ALEs based on underlying assumptions and overarching goals:

- **True educational alternatives.** Based on the theory that all students can learn if provided with the right educational environment, these programs strive to meet students' needs in order to help them succeed. Exemplary programs of this type usually incorporate many of the features listed below.
- **Alternative discipline programs.** These "last chance" programs for disruptive students focus on behavior modification. They attempt to change students and return them to their traditional schools or classrooms.
- **Therapeutic programs.** Like the second type, these programs assume that students need to change to succeed in traditional schools. They elicit change through counseling,

rather than behavior modification.

Aronson's review of the literature to that point (1995) suggested that programs of the first type, true educational alternatives, achieved the most success. In contrast, alternative discipline programs rarely lead to substantial gains for students. Therapeutic programs had mixed results: students often made progress while in the alternative program, but regressed upon return to the traditional one.

In 2006, Quinn & Pointer submitted a final grant report to OSEP on a study of effective alternative education programs that involved an extensive review of the research to that date as well as results from their own study. That report provides the following suggestions from the knowledge base for effective ALEs:

- Small class size and small student body
- Personalized school environment in which students feel included in the decision-making process
- Flexibility
- Effective classroom management
- Choice
- High expectations/belief in the students
- Special teacher training
- Parent involvement
- Collaboration
- Community support
- Administrative leadership
- Targeted to a specific population
- Transition support

Quinn & Pointer also note the following characteristics of successful alternative education programs:

- Program philosophies emphasize that it is the educational approach rather than the individual student that needs to be changed to accommodate learning differences among at-risk students.
- Program administrators and staff subscribe to the philosophy that all students can learn. These programs communicate and support high expectations for positive social, emotional, behavioral, and academic growth in all students.
- Program and school administrators are leaders who support the vision and mission of their programs; effectively support staff; listen to teachers, students, and parents; and genuinely care about their students.
- Low adult-student ratios in the classroom are considered integral to successful outcomes.
- Teachers receive specialized training (e.g., behavior and classroom management, alternative learning styles, communication with families) to support their effectiveness in working with students who do not succeed in traditional educational settings.
- Interactions between students and the staff are non-authoritarian in nature. Positive, trusting, and caring relationships exist between staff, and between students and staff.
- The opinions and participation of family members in the education of their children is valued, and students' families are treated with respect.

For more information on effective behavioral interventions in use in Arkansas schools, see page ## and ##.

RECOMMENDATIONS

F-1. ADE should focus attention on those school districts that appear to be lax in implementing programs to identify students with disabilities. The Task Force is concerned that some school districts may not be diagnosing special education students but are inappropriately relegating those students to ALEs rather than providing special education services.

F. RESPONSE TO INTERVENTION (RTI) PRACTICES

Task Force Responsibility: G) Review Response to Intervention (RTI) practices in Arkansas, including identifying RTI programs in public schools that are successful and can be identified as best practices.

Response to Intervention (RTI) is a systemic and comprehensive process for supporting struggling learners across general education and special education programs. It is comprised of an array of procedures that can be used to determine how well students respond to changes in instruction. The purpose of RTI is not only to provide early intervention for students who are at risk for school failure but also to develop a more valid procedure for identifying students with reading disabilities. RTI's multi-tiered approach is intended to be carefully monitored, with increasing interventions in order to reach the desired level of progress. RTI cannot be used to deny or delay formal evaluation required under IDEA.

As part of the state's comprehensive, multi-year State Systemic Improvement Plan (SSIP), ADE has included school district capacity building strategies for increasing RTI supports for academics and behavior. These strategies include:

- Creating a tiered system of supports for literacy,
- Creating a tiered system of supports for behavior, and
- Increasing and supporting the number of students with disabilities in the general education classroom.

The resources and tools developed to support SSIP will be directly aligned with and will support the RTI Arkansas statewide initiative.

Many children in special education may be instructional casualties, because they did not get adequate instruction prior to identification. A struggling reader is one who has the necessary cognitive tools to be a successful reader but has developed a breakdown in strategic processing and meta-cognition, and as a result is experiencing difficulty with controlling and managing cognitive resources in a reflective purposeful way. Between 80-90% of children identified as learning disabled (LD) are impaired in reading. In addition, inappropriate reading instruction might lead children to practice inappropriate processing behaviors, which become very resistant to intervention. Therefore, these confused readers are learning to be learning disabled with increasing severity as long as the inappropriate responding continues.

TEACHERS' APPROACH TO RTI

RTI allows teachers to judge which students need special education instruction in reading. This is based on whether or not the student can respond to either typical classroom instruction or the type of support that is possible in a typical classroom (e.g., brief but intensive small-group intervention on key skills). The RTI framework is designed to provide teachers with a consistent problem-solving framework for assessing students over time and making data-based instructional decisions.

A collaborative problem-solving, data-driven process requires classroom and specialty teachers to work together for student success. The framework also combines progress monitoring data and specific interventions along with diagnostic information to provide a clear, data-based profile of how well the student is responding to instruction. Curriculum congruency is especially

important for children who are not responding to instruction, and strong leadership is essential for an effective implementation. RTI uses three degrees of intense and precise interventions to meet the unique needs of struggling readers.

RTI: THE TIERED SYSTEM APPROACH

The RTI system includes a three-tiered system of coordinated and research-based support.

Tier I is evidence-based core classroom instruction that provides support for low-performing readers. These students are almost grade level and should be able to reach proficiency with additional support in the classroom. LD students in this tier are provided with the following assistance:

- Classroom teacher monitors student progress to determine if a more intensive intervention is needed.
- Differentiated instruction includes scaffolding techniques for tailoring support for low-performing readers.
- Literacy coaches can assist classroom teachers in implementing research-based practices for low-performing readers.
- Additional support can be provided by trained tutors.

Tier II is a more targeted and intensive intervention for low-performing readers. These students are considered at risk for reading failure and are placed immediately in a more intensive intervention, and their progress is systematically monitored. LD students in this tier also receive other help such as:

- Intervention is generally 30 minutes per day with a reading specialist or intervention specialist.
- Use of evidence-based programs and research-based practices from United States Department of Education (U.S.DOE) and What Works Clearinghouse are proven effective.
- Classroom teacher and specialist should consult at frequent intervals to determine progress across settings.

Tier III is the most intensive intervention for hardest to teach readers. These are students for whom specialized education or some type of specialized intensive intervention may be appropriate. For the most difficult to remediate students, special education teachers should be trained in research-based methods for meeting the needs of these struggling readers. Elements of research-based interventions include: phonological awareness, decoding, and word study; independent reading of progressively more difficult texts; writing exercises; and engaging students in practicing comprehension while reading meaningful texts.

In addition, the special education teacher and classroom teacher can collaborate on ways to support the student across both settings, and their progress is monitored at designated intervals. The U.S.DOE – Institute of Education Sciences’s What Works Clearing House offers resources for research- and evidence-based practices.

PREVENTION AND CRITICAL READING SKILLS

Prevention programs are more effective than remediation and will significantly lower the number of older children identified with a Specific Learning Disability (SLD). Researchers estimate the number of students identified and found eligible for special education can be reduced up to 70% through early identification and prevention programs. Other research completed by a member of the Task Force noted six critical skills for reading to help struggling readers:

- Word-level skills (phonemic awareness, word analysis strategies, sight word vocabulary, and practice to increase fluency while reading;

- Vocabulary knowledge and oral language skills (strategies to build vocabulary and strengthen listening comprehension);
- Broad conceptual knowledge (information-rich curriculum that develops students' background knowledge that is necessary for good reading comprehension);
- Comprehension strategies (cognitive strategies for problem-solving within texts);
- Thinking and reasoning strategies (making inferences as text becomes more complex);
- Motivation to understand and work toward academic goals (persistence and mental effort to stay engaged in a task).

In addition to the skills suggested for critical reading, further research presented to the Task Force indicates the following recommendations to help struggling readers:

- Teach students to use reading comprehension strategies.
- Teach students to identify and use the text's organizational structure to comprehend, learn, and remember content.
- Guide students through focused, high-quality discussion on the meaning of the text.
- Select texts purposely to support comprehension development.
- Establish an engaging and motivating context in which to teach reading comprehension.
- Provide explicit vocabulary instruction.
- Provide direct and explicit comprehension strategy instruction.
- Provide opportunities for extended discussion of text meaning and interpretation.
- Increase student motivation and engagement in literacy learning.
- Make available intensive and individualized interventions for struggling readers that can be delivered by trained specialists.

Teachers must be experts in observing systematic changes over time in literacy behaviors that indicate cognitive changes. Teachers must understand how to adjust instruction to build on the student's current skills and knowledge, while providing degrees of scaffolding to keep the reader engaged in successful problem-solving activity at a higher level. Dynamic assessment on literacy tasks provides a tool for studying how well a reader is learning from instruction.

In July 2016, the Institute of Education Sciences released an evidence-based [practice guide](#) that provides four recommendations for teaching foundational reading skills to students in kindergarten through 3rd grade. The recommendations are:

1. Teach students academic language skills, including the use of inferential and narrative language, and vocabulary knowledge.
2. Develop awareness of the segments of sounds in speech and how they link to letters.
3. Teach students to decode words, analyze word parts, and write and recognize words.
4. Ensure that each student reads connected text every day to support accuracy, fluency and comprehension.

RECOMMENDATIONS

G-1. In all elements of public education in Arkansas there should be established as a central priority and goal the establishment of open communication and the elimination of silos between organizations, division, programs and people to add benefit to the citizens of our state.

G-2. Mandate that all schools are implementing RTI. Ensure that appropriate funding for professional development and training through the University System is provided. (Lisa Haley-ADE/ Tonya Williams with DHS-Division of Child Care and Early Childhood Education)

G-3. General education teachers should be trained on the RTI framework. Build in support for these teachers with a focus on tearing down silos. There is a great need for coordination of effort, and planning to eliminate silos. (Lisa Haley noted that RTI is available to all schools in the state and that this is a priority for all of the Co-ops.)

G. SCREENING FOR LEARNING DISABILITIES

Task Force Responsibility: H) Review the current practice for screening students for learning disabilities and the services provided for students with learning disabilities.

Specific Learning Disability is one category of disabilities identified under IDEA. Under ADE rules, “The term means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.” The category of specific learning disabilities “does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage,” according to ADE rules.

About 7-8% of the student population has a diagnosable learning disability. To determine eligibility for disability status, the Diagnostic and Statistical Manual (DSM)-V is used to make a clinical diagnosis, while the Response to Intervention (RTI) process is used to determine eligibility for educational services. (For more information on RTI for students with learning disabilities, see page ##.) Common types of learning disabilities include dyslexia, dysgraphia, and dyscalculia, in addition to nonverbal learning disabilities and auditory processing disorder.

Dyscalculia is the term associated with learning disabilities in math. Although features of dyscalculia vary from person to person, common characteristics include:

- Difficulty with counting, learning number facts and doing math calculations;
- Difficulty with measurement, telling time, counting money and estimating number quantities;
- Trouble with mental math and problem-solving strategies.

Dysgraphia is the term associated with specific learning disabilities in writing. It is used to capture both the physical act of writing and the quality of written expression. Features of learning disabilities in writing are often seen in individuals who struggle with dyslexia and dyscalculia, and will vary from person to person and at different ages and stages of development.

Dyslexia is the term associated with specific learning disabilities in reading. Although features of dyslexia in reading vary from person to person, common characteristics include:

- Difficulty with phonemic awareness (the ability to notice, think about, and work with individual sounds in words);
- Phonological processing (detecting and discriminating differences in phonemes or speech sounds);
- Difficulties with word decoding, fluency, rate of reading, rhyming, spelling, vocabulary, comprehension, and written expression.

RTI ensures that all students receive effective, research-based instruction. The RTI frameworks of prevention, intervention, and ongoing assessment result in identifying students' instructional needs and appropriate learning supports. The Individuals with Disabilities Education Act (IDEA) of 2004 allows for the use of a student's RTI for identifying specific learning disabilities, including dyslexia. Importantly, IDEA requires high-quality, research-based general education instruction. This ensures that students' difficulties are not the result of inadequate instruction.

H. SUPPORT SERVICES

Task Force Responsibility: I) Review the availability of support services for special education programs, students, and families, including without limitation behavioral health services and social services with an effort made to identify best practices.

PEER-MEDIATED SUPPORT SERVICES

For preschool students with poor language skills, being surrounded by peers with better language skills helps them make greater gains. There are several benefits to such inclusive education. For students with disabilities, integrated instructional settings with students without disabilities allow them to advance socially and academically. The teachers of these students feel more confident in their abilities to reach these students, and the non-disabled students learn to be more accepting and tolerant of their disabled peers. In sum, inclusive education has no negative effects.

There are two types of peer-mediated support strategies: peer training programs and peer support arrangements. Peer training programs are characterized by an indirect approach and a broad focus. Disabled students' peers are provided with disability awareness training on a variety of topics, including how to communicate and socialize with their disabled peers and how to be helpful and supportive of them. Instruction on interacting with disabled peers who have difficulty making friends include lessons on identifying isolated children on the playground and engaging them in playground activities as well as how to provide social supports to disabled peers in the classroom and during unstructured times. Peer training programs have resulted in higher levels of popularity, playground engagement, and teacher perceptions of social skills in disabled students. Peers are encouraged to seek guidance from school staff and to ask questions. In doing all of this, a child with a disability is not necessarily identified to his/her classmates.

Peer support arrangements focus on the individual needs of students with disabilities, and involve peer training and ongoing facilitation by education professionals. Peer support arrangements tend to be designed for a particular student, and the peers for this student are selected based on both the support needs of the special education student and the particular skills and needs of the potential peer partners. These peer partners are provided with training and ongoing monitoring, guidance, and support from teachers and paraprofessionals. As part of this peer support arrangement, a formal "peer partner plan" is developed and included as part of the disabled student's IEP.

Some examples of academic supports provided by peers include sharing notes, highlighting important information shared by the teacher, brainstorming answers to questions together, helping the disabled student organize his/her assignments and materials, and redirecting the disabled student when he/she is off task. Some examples of social supports provided by peers include telling jokes with the disabled student, encouraging interactions with other classmates, helping the disabled student fit in by learning social norms, and talking with the disabled student about shared interests and hobbies.

Peer support arrangements are beneficial to both the disabled student and the peer support partner. For the disabled student, peer support arrangements result in improved academic engagement, more frequent, higher quality social interactions, reduced need for interventions to address problem behaviors, and increased independence. For the peer support partners, peer support arrangements also result in improved academic engagement, a greater appreciation for diversity, higher expectations of classmates with disabilities, a sense of accomplishment, and the acquisition of new skills.

BEHAVIORAL INTERVENTION PROGRAMS

There are some early intervention programs that have been found to be successful at helping young students who are at-risk for or who already have been identified as having emotional and behavior disorders, such as:

- Integrated Academic and Behavior Response to Intervention (RTI) Models
- The First Step to Success Program
- School Wide Positive Behavior Support (SWPBS)

RTI FOR ADDRESSING BEHAVIORAL ISSUES

ADE already has an integrated framework in place for using an RTI model for dealing with behavioral issues. According to the RTI Arkansas site on the ADE website, “Response to Intervention (RTI) is a multi-component, general education model, designed to identify students who may be at risk for learning or behavior challenges, offer support, and monitor progress.”

According to Bohanan, Goodman, & Macintosh, there is a tendency for academic or behavior RTI systems to be implemented independently, although there are suggestions in the knowledge base for these systems to be integrated into a comprehensive model of RTI. There are clear links between low academic skills and behavior issues, that can appear early in a child’s education, but manifests across the entire school experience. Students with both academic and behavior problems are at a much higher risk for negative school outcomes, including dropping out of school.

There is a multi-tier integrated RTI model or framework in AR for preventing, identifying, and solving both academic and behavior problems. The Arkansas State Personnel Development Grant site on the ADE website has several resources for implementing RTI/Data-Based Problem Solving tools to guide intervention teams, such as the 2011 ADE SPED Guidebook: Integrating the School Prevention, Review, and Intervention Team (SPRINT) and Response-to-Instruction/Intervention (RtI2) Process : A Model Implementation Guidebook for Schools and Districts. The site also includes a link to a 2009 briefing paper by ADE: “School- wide Discipline, Behavior Management, and Student Self-Management: Focusing on Social Skills Instruction and Selecting an Evidence-based Social Skills Program: A State Personnel Development Grant Technical Assistance Report.” The report provides a three-tiered map of positive behavioral supports and interventions. These resources suggest best practices for behavioral systems for each of the three tiers of RTI services that are generally supported by the professional knowledge base:

- Tier 1 : Prevention Services for All Students (100%) – Core instructional interventions for all settings for all students; primary preventative and proactive efforts, such as effective and positive classroom management that establishes positive classroom climates; effective school- wide problem solving, conflict resolution and social/emotional skills programs.
- Tier 2 : Strategic Intervention Services for Some Students (15%) – Targeted group interventions for some students (at- risk) that reconnect students with schools; high- efficiency and rapid response, such as peer/adult mentoring and mediation programs; strategic behavioral interventions; small specialized group social skills training (anger, self- control, attention, etc.) ; special situation group counseling (divorce, loss, PTSD, etc.)
- Tier 3 : Crisis Management/Intensive Need Services for Few Students (5%) – Intensive, individual interventions that are assessment based, intense, and durable interventions, such as individual counseling/therapy; multi-systemic therapy, cognitive behavior modification; intensive wrap- around continuum of care programming.

POSITIVE BEHAVIOR SUPPORT SYSTEM

A Positive Behavioral Support System, known as Project Achieve, is being implemented in Arkansas schools as described on the Arkansas State Personnel Development Grant site on the [ADE website](#) and in a 2014 paper by Howard M. Knoff, [Implementing Project ACHIEVE at the School and District Levels: Positive Behavioral Support System \(PBSS\) Implementation Fact Sheet](#).

The extent to which the behavioral side of the RTI system has been implemented and the extent to which the academic and behavioral systems are integrated is unclear. In Arkansas the academic side of the RTI model is the major focus of RTI efforts. At times, it appears to be an almost exclusive focus on reading, the treatment of struggling readers, and the identification of students with reading disabilities due to a failure to respond to intervention.

There are several multi-tiered RTI models in the professional knowledge base that can help to guide restructuring and fine-tuning of the system already in place, (e.g., the IRIS Center's RTI Modules and the RTI Action Network). There are also several multi-tiered Positive Behavioral Support Models in the knowledge base that can assist these efforts (e.g., The Technical Assistance Center on Positive Behavioral Interventions and Supports established by the U.S. Department of Education's Office of Special Education Programs(OSEP)). Research by Kim, Macintosh, and Hoselton, suggests that schools that have adequate Tier 1 implementations of effective behavioral interventions for all students tend to have stronger Tier II and III interventions for students with behavior problems. So, it may not be enough to try to enact treatments for chronically misbehaving students.

CONTRACTED MENTAL HEALTH SERVICES

Many districts do not employ their own school-employed mental health providers, instead choosing to contract with local mental health providers. Some districts and contracted mental health providers are either unable or unwilling to communicate effectively. As a result, districts experience a disconnect in what the student needs for the district to provide a free appropriate public education.

SPEECH-LANGUAGE PATHOLOGISTS

The Arkansas Speech-Language-Hearing Association provided the Task Force with information about the role of speech-language therapists in the special education context. A speech-language pathologist (SLP) is a professional who engages in clinical services, prevention, advocacy, education, administration, and research in areas of communication and swallowing across the life span from infancy through geriatrics. SLPs' clinical practice target areas are collaboration, counseling, prevention and wellness, screening, assessment, treatment, modalities, technology, instrumentation, population and systems. Their professional practice target areas are advocacy and outreach, supervision, education, and research. SLPs work in educational settings (early intervention programs and preschool and school-based services in K-12. About 35% of SLPs work in a medical setting.

Students with speech-language impairments made up 17.9% of all students nationally, and were the 2nd most prevalent disability category in 2013 for students ages 6-21. For ages 3-5, speech-language impaired made up 44.2%. When examining the trend across different racial/ethnic groups, speech-language impairments was either 2nd or 3rd most prevalent. About 87% of students who were reported to have a speech-language impairment were educated inside the regular education classrooms. In the 2016 report from the Little Rock School District, 11% (2,730) of the student population received special education services. About 54% of the special education population has a speech-language impairment as a primary or secondary disability. About 30% of the special education population has a speech-language impairment as a primary disability.

ROLES AND RESPONSIBILITIES OF SLPS IN SCHOOLS

The critical roles of SLPs include working across all levels, serving a range of disorders, ensuring educational relevance, providing unique contributions to curriculum, highlighting language/literacy, providing culturally competent services. SLPs provide appropriate speech-language services in pre-K, elementary, middle, junior high, and high schools with no school-level underserved (in some states, infants and toddlers would be included in school services). SLPs work with students exhibiting the full range of communication disorders, including those involving language, articulation (speech sound disorders), fluency, voice/resonance, and swallowing where a myriad of etiologies may be involved. More specifically, SLPs provide services to those with speech production issues (can't say sounds correctly), fluency (stuttering), language (expressive, receptive, and written language), voice and resonance (ability to produce voice; breathing), and social aspects (autism spectrum disorders; difficulties with social skills). SLPs also provide services to improve cognitive communication (intellectual

development disorders; memory; unspecified neurodevelopmental disorders; dementia), hearing (auditory habilitation and rehabilitation), feeding and swallowing (coordinating suck, swallow, breathe; speaking and breathing; aerodigestive function), and augmentative alternative communication (those that need communication devices).

The litmus test for roles assumed by SLPs with students with disabilities is whether the disorder has an impact on the education of students. Therefore, SLPs address personal, social/emotional, academic, and vocational needs that have an impact on attainment of educational goals. SLPs make important contributions to ensure that all students receive quality, culturally competent services. SLPs have the expertise to distinguish a language disorder from “something else,” such as: cultural and linguistic differences; socioeconomic factors; lack of adequate education; and the process of acquiring the dialect of English used in the schools.

Current research supports the interrelationships across the language processes of listening, speaking, reading, and writing. SLPs contribute significantly to the literacy achievement of students with communication disorders, as well as other learners who are at risk for school failure, or those who struggle in school settings. Positive, significant correlations between oral language development and reading comprehension have been well documented in the literature. These correlations demonstrated that language development is key to reading and writing development. SLPs have extensive training and knowledge in the sound system of English. SLPs are trained to recognize deficits in the sound system that affects language development. SLPs are trained to address these deficits utilizing a therapeutic approach in order to meet students where they are and teach skills to mastery. SLPs are the first line of defense. Children will not develop adequate literacy skills if they do not develop adequate language skills.

The range of SLPs’ responsibilities include: prevention; assessment; intervention; program design; data collection and analysis; and compliance. SLPs are integrally involved in the efforts of schools to prevent academic failure in whatever form those initiatives may take. For example, in Response to Intervention (RTI), SLPs use evidence-based practice (EBP) in prevention approaches. SLPs conduct assessments that help to identify students with communication disorders as well as to inform instruction and intervention, consistent with EBP. SLPs provide intervention that is appropriate to the age and learning needs of each individual student and is selected through an evidence-based decision-making process. It is essential that SLPs configure school-wide programs that employ a continuum of service delivery models in the least restrictive environment for students with disabilities, and that they provide services to other students as appropriate. SLPs, like all educators, are accountable for student outcomes. Therefore, data-based decision-making, including gathering and interpreting data with individual students, as well as overall program evaluation, are essential responsibilities. SLPs are responsible for meeting federal and state mandates as well as local policies in performance of their duties. Activities may include Individualized Education Plan (IEP) development, Medicaid billing, report writing, and treatment plan/therapy log development.

SLPs collaborate with other school professionals, with universities, within the community, with families, and with students. SLPs provide services to support the instructional program at a school. Therefore, SLPs’ unique contributions complement and augment those made by other professionals who also have unique perspectives and skills. Working collegially with general education teachers who are primarily responsible for curriculum and instruction is essential. SLPs also work closely with reading specialists, literacy coaches, special education teachers, occupational therapists, physical therapists, school psychologists, audiologists, guidance counselors, and social workers, in addition to others. Working with school and district administrators in designing and implementing programs is crucial.

SLPs form important relationships with universities in which both the SLPs and the universities can benefit from shared knowledge and perspectives. Additionally, SLPs can serve as resources for university personnel and the university students whom they teach.

SLPs work with a variety of individuals and agencies (e.g., physicians, private therapy practitioners, social service agencies, private schools, and vocational rehabilitation) who may be involved in teaching or providing services to children and youth. For students of all ages, it is essential that SLPs engage families in planning, decision-making, and program implementation. Student involvement in the intervention process is essential to promoting personal responsibility and ownership of communication improvement goals. SLPs actively engage students in goal planning, intervention implementation, monitoring of progress, and self-advocacy appropriate to age and ability level.

SLPs take leadership roles in advocacy, supervision and mentorship, professional development, parent training, and research. The role and responsibilities of SLPs in the schools stems from educational reform, legal mandates, and evolving professional practices. Each of these three arenas is addressed with implications for services in schools.

SLPs need to contribute to the goals of educational reform, be contributors at all education levels, and address a range of disorders with considerable attention to language and literacy goals. A new era of accountability has required a significant focus on data collection, analysis, and compliance for SLPs. SLPs must work effectively and collegially with a number of different constituents with specific requirements driven by law. SLPs must define and articulate their roles and responsibilities and ensure delivery of appropriate services to students, keep abreast of changes, and also design and conduct professional development and parent training when appropriate.

SLPs are faced with serving students with severe disabilities as well as preventing school failure through work for at-risk students. SLPs also must identify and implement assessments and approaches regardless of students' cultural, linguistic, or socioeconomic backgrounds. SLPs must ensure students they work with meet performance standards and become productive citizens of society. They must also determine how academic strengths and weaknesses relate to communication disorders while working with the students within their least restrictive environment. Federal statutes and regulations specify requirements for group processing and decision-making when developing IEPs such that the team includes parent, general education teacher, and SLP when appropriate as collaboration is key.

SLPs' roles in the schools have expanded in the past decade causing them to strategize on how to provide services to the many students who need their help to succeed in the classroom. SLPs' biggest changes have come through an emphasis on curriculum and literacy acquisition and prevention activities expanding needs to students that were not traditionally on SLPs' caseloads. SLPs must collaborate closely with educators on literacy, curriculum, and RTI. SLPs must continue to develop and strengthen strong partnerships with classroom teachers, parents, and other support personnel. New roads of collaboration with medical professionals may also be necessary in working with medically fragile students. Evolving practices require SLPs to advocate for appropriate roles and responsibilities to their expanded arenas and others and continue professional development in areas where they may not have preparation.

With the increase of babies being born prematurely, not only do they present with medical problems, but also heightened risk of enduring disabilities, such as cognitive impairments, learning and behavioral problems, and vision and hearing loss. SLPs must take on roles and responsibilities in the schools that used to be considered those of medically-based SLPs.

Feeding and swallowing is the school's responsibility under IDEA when it assures safety of eating and addresses the risk of choking and aspiration, provides adequate nutrition for students accessing the curriculum, decreases illnesses due to malnutrition and hydration, and also promotes students to learn skills to enable them to eventually participate with peers in meal and snack time safely.

With only 29% of 8th graders meeting reading proficiency below grade level in 4th through 12th grade, and for the past 35 years graduates showing no improvement, it is crucial to point out

that language problems are a major component of almost all cases of reading disabilities, sometimes the cause, and other times the consequence.

A framework for addressing the diverse learning needs of all students at a school to prevent failure and provide an alternative method for identifying students with learning disabilities through high quality instruction matched to students' needs, and using learning rate over time and level of performance to make important educational decisions. An appropriate model of service delivery for the practice of speech-language pathology and audiology and may be used to overcome barriers of access to services caused by distance, unavailability of specialists and/or subspecialists, and impaired mobility.

BEST BUDDIES

Best Buddies is an international non-profit organization that pairs students with intellectual and developmental disabilities (IDD) with volunteer peer students who do not have such disabilities to foster friendships. Best Buddies aims to reduce bullying, isolation, loneliness, and depression many students with intellectual or developmental disabilities experience. Nearly half of Arkansas students with ID spend more than 60% of their school day separated from their peers. Participation in Best Buddies offers students with IDD the opportunity to develop positive relationships, leading to better school attendance and better academic performance. Best Buddies operates in middle and high schools, colleges and beyond. Best Buddies opened an Arkansas office in 2015 and has 252 people participating across 10 chapters. In 2015-16, Best Buddies operated in four Arkansas school districts (Bryant, Conway, Beebe and Jonesboro) and six universities. To participate, school districts pay chapter dues of \$350, which covers summer conference fees for leadership training in Indiana.

EASTER SEALS

Easter Seals provides teacher coaching and workshops using the STAR Autism Support (Strategies for Teaching Based on Autism Research) program.

RETHINK AUTISM

Rethink Autism is a company that offers an digital platform to provide autism resources for teachers, interventionists and parents. The Rethink Training Center provides a sequence of 7-10 minute training modules modeling research based instructional techniques for teachers, paraprofessionals and parents.

Rethink also provides a library of more than 1,500 video-based exercises, lesson plans and printable materials that allow teachers to assess an individual child and provide a curriculum specifically tailored to that child's needs. Rethink includes a behavior tracking component and a system for building behavior plans.

RECOMMENDATIONS

I-1. ADE should establish a priority for implementing Peer Mediated Support Services for special education students.

I-2. Use various methodologies of communication to ensure that all services are coordinated. If the Department of Education approves the development of Rural Centers and if funded; the centers should address all disabilities not just autism spectrum disorder. The centers should also provide its services to anyone who needs them to include doctors, and other service providers in the continuum of care. (Dr. Peggy Whitby, Dr. Smith and Lisa Haley to come back to the Task Force to address a continuum of care and education for all involved providers after Dr. Whitby's February 29, 2016 presentation of plans for the \$2.5 million that was in the U of A budget but was unfunded. Bailey Perkins to research the cost of rural centers in Michigan, Florida and Virginia.)

I-3. Encourage adoption of peer mediated support strategies in a way that will work in each of the school districts in Arkansas. Provide information and monitor the voluntary implementation of these strategies. School principals will have to be involved in this process to make it work. This could also be a recruitment tool for getting students involved and interested in majoring in special education.

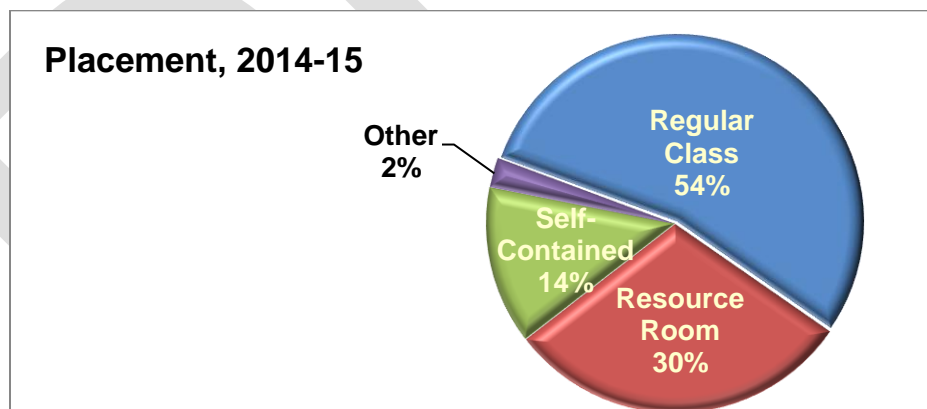
I. SELF-CONTAINED CLASSROOMS, INCLUSION PROGRAMS, AND RESOURCE ROOMS

Task Force Responsibility: J) Review the practices of school districts regarding self-contained classrooms, inclusion programs, and resource rooms, including model policies and programs in Arkansas and other states.

Under IDEA, students with disabilities are to be educated in the “least restrictive environment.” According to the law, that means “to the maximum extent appropriate,” students with disabilities should be educated with children who are not disabled. Education provided outside the regular educational environment should occur “only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.”⁶

The following chart shows the educational placement of students in school districts and charter schools. Each placement category is defined as follows⁷:

- Regular class: Students who are in the regular classroom 80% or more of the school day.
- Resource room: Students who are in the regular classroom between 40-79%.
- Self-contained: Students who are in the regular classroom less than 40% of the school day.
- Other: Special education students who are in publicly funded facilities, private day schools, hospitals, private or public residential facilities, etc. (The chart below includes only students for whom school districts are responsible and does not include students in the Conway Human Development Center, the Division of Youth Services (DYS) or the Arkansas Department of Correction.)



Source: Arkansas Department of Education

As part of its responsibilities under IDEA, Arkansas is required to provide data on students with disabilities by their educational environment. The following table shows the percentage of students for each placement description. Values in **red** indicate that the state's percentage is **lower than the nation's**, while values in **blue** indicate the state's percentage is **higher than the nation's**.

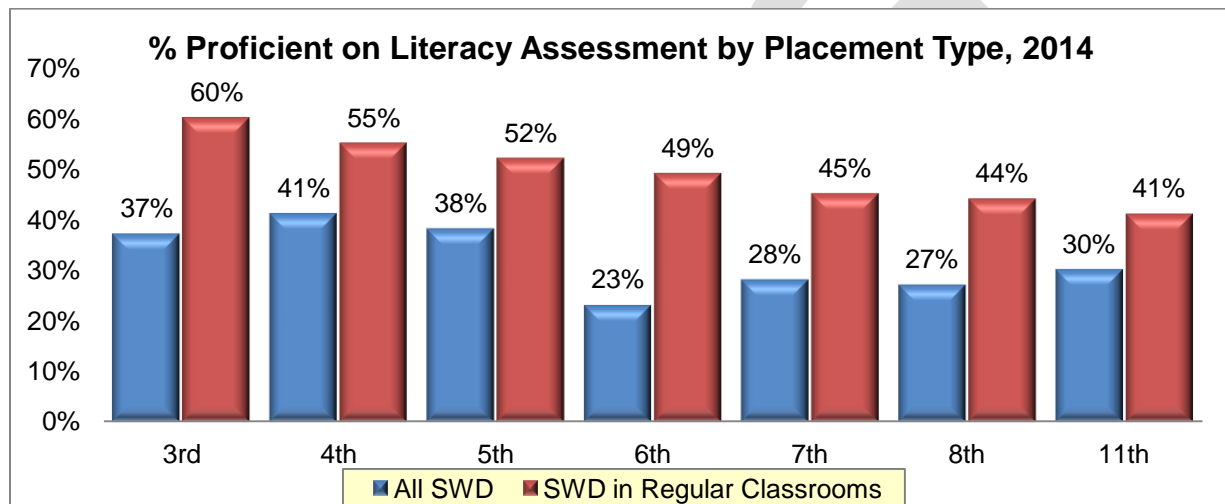
⁶ 20 U.S.C. §1412(a)(5)(A)

⁷ Arkansas Department of Education, Special Education School Age Data Dictionary, https://arksped.k12.ar.us/documents/data_n_research/DataDictionaries/dataDictionary_SchoolAge.pdf

2012-13	State	Nation
% of Day Spent in Regular Classroom		
0-39%	13.4%	13.6%
40-79%	30.6%	19.2%
80-100%	52.9%	62.0%
Separate Residential Facility	1.8%	3.3%

Source: Part B Data Display: Arkansas Publication Year 2015,
<https://osep.grads360.org/#communities/pdc/documents/8086>

The following table indicates that students with disabilities who are placed in the regular classroom for at least 80% of the school day have higher levels of proficiency than all students with disabilities collectively. The chart also shows that while proficiency drops precipitously among all students with disabilities in the 6th grade, this drop is less dramatic among the students with disabilities placed in regular classrooms.



J. USE OF OUTSIDE SERVICES AND ORGANIZATIONS

Task Force Responsibility: K) Review the use of outside services and organizations by school districts that provide the best level of support for students receiving special education services or participating in special education programs.

CIRCUIT: The Centralized Intake and Referral/Consultant Unified Intervention Team is a referral service provided by the state to connect school districts with direct and supportive services for special education students. State special education consultants help schools and school districts identify interventions students with certain disorders may need. These disorders include sensory, intellectual and multiple disabilities, disruptive and self-injurious behavior, autism spectrum disorders and brain injuries.

When services are requested, CIRCUIT consultants will refer the request to the appropriate CIRCUIT group. The CIRCUIT groups include:

- Behavioral Support Specialists
- Consultant for Students with Brain Injury
- Easter Seals Outreach
- Technology and Curriculum Access Center
- Educational Audiology/Speech Pathology Resource Services (EARS)
- Education Services for the Visually Impaired
- Arkansas Transition Services

Other additional outside services that assist schools and families include the following:

- Arkansas Co-Teaching Project
- Medicaid in the Schools
- Children and Youth with Sensory Impairments
- Arkansas state Personnel Development
- UALR School of Law Mediation Project

BRYANT SCHOOL DISTRICT'S OUTSIDE SPECIAL EDUCATION SERVICES

The Bryant School District was asked to provide the Task Force with an overview of its outside special education service vendors utilized by students in the district. The district takes circuit referrals through the ADE Special Education Department. The Child and Adolescent Service System Program (CASSP) and CCC provide wrap-around services for students with significant health concerns. The local juvenile court system addresses students' issues with pending criminal charges, truancy, or Family In Need of Service (FINS) petitions. The district also uses the Methodist Day School to treat students with educational and mental health needs. The Arkansas Children's Hospital (ACH) is used by the district to coordinate health care for special clinics that deal with diabetes and asthma. Furthermore, the district also uses the ACH Educational Audiology/Speech Pathology Resources for Schools (EARS) program. The Bryant School District contract for the EARS program allows them to offer school audiology services to its students. The district also established contracts for occupational and physical therapy services as well as speech services. The district has their own Connection Company, which hires local therapists to provide mental health services to their students. In addition, the school district partners with local adult disability programs such as Civitan, Friendship, and Arkansas Rehab. They also utilize the local Boys and Girls Clubs and participates in the Special Olympics. The district participates in other special events such as the Miracle League, A Night to Remember, and A Very Special Pageant.

K. FACILITIES, EQUIPMENT, AND MATERIALS

Task Force Responsibility: L) Review the facilities, equipment, and materials available in school districts for special education services and programs.

The Bryant School District was asked to provide the Task Force with an overview of its special education facilities, equipment, and materials available. In the district, there are classrooms, restrooms, and therapy rooms located in age appropriate campuses in neighborhood schools. Special education classrooms are provided with all regular equipment and materials by the building principal. These materials include: teacher and student desks, tables, chairs, wastebasket, shelves, smart board, teacher computer, projector or ELMO, regular curriculum, annual \$500 school supply money (for elementary schools only), and professional development training.

The district noted that "special" equipment may include specialized furniture such as wheelchair tables, audiometer, vision equipment, Rifton position chairs, Hoyer lifts, changing tables, sound field systems, standers, and gait belts. The special education classroom may also have assistive technology such as Augmentative Communication Devices, student computers, I-Pads, therapy equipment, sensory wings, mats, a squeeze machine, and weighted vests. The Bryant School District noted that specialized curriculum may include learning tools not typically found in same-grade classrooms such as manipulatives for secondary students. Teacher printers, kitchen appliances, and pre-vocational learning materials are some of the other items that may be located in a special education classroom. For their transportation needs, the district uses lift buses, bus radios, bus video cameras, car seats, and vests for the transport of their special education students. The district's teachers are provided with special education-specific professional development training.

The Task Force noted that the extensive resources available in the Bryant School District may serve as a model for other districts in the state. It is important to note that many districts do not have access to the extensive facilities, equipment and materials available to the Bryant District.

L. ACADEMIC INSTRUCTION VS. INDEPENDENT FUNCTION TRAINING AND CAREER DEVELOPMENT

Task Force Responsibility: M) Compare the amount of academic instruction with the training time for independent function and career development.

The Bryant School District was asked to compare the amount of academic instruction needed with the training time for independent function and career development. In the elementary school, students who are alternately assessed focus primarily on pre-academic and academic skills. In addition, those students spend time on learning classroom routines and behaviors. Each students' focus is determined individually. In the middle school, students who are alternatively assessed spend more of their day working on pre-vocational skills than functional academics. This would include cooking, personal hygiene, housekeeping, and laundry. All of these tasks are done in a meaningful, real-world manner. In high school, students spend most of their day working on functional academics and pre-vocational skills. This may progress to job shadowing, learning to use a time clock, and operating a school snack bar. Based on individual need, students may be selected for internship both off and on campus. The district noted it is currently in the planning stages to implement more off campus internships by partnering with Civitan and Friendship Adult Service Centers.

The district recently requested waivers from ADE that will allow all Bryant students to have more internship options. This will provide more opportunities for students that are typically assessed. Many classrooms use project-based learning in content classes.

M. SPECIAL EDUCATION IN CHARTER SCHOOLS

Task Force Responsibility: N) Review special education services and programs currently in Arkansas public charter schools and public charter schools outside of Arkansas.

Charter schools are required to accept all students until oversubscribed. Then students must be accepted through a lottery. The disproportionate charter school enrollment of students with disabilities raises some concerns. "Counseling out" and "pushing out" of special education students by charter schools may be issues. Charter schools typically have lower percentages of special education students than traditional school districts. In 2014-15, six charter schools had the lowest proportions of special education students of all districts and charter schools, while only three charter schools had higher proportions than the state average. On average, about 8.5% of charter school students have disabilities, compared with 11.8% of students in traditional school districts.

Charter School	Total Enrollment	Total SPED Students	% of Enrollment
Arkansas Arts Academy	758	77	10.2%
Responsive Ed Solutions Northwest Ark Classical Academy	522	24	4.6%
Pine Bluff Lighthouse Academy	293	34	11.6%
Responsive Ed Solutions Quest Middle School of Pine Bluff	57	3	5.3%
Imboden Charter School District	64	11	17.2%
KIPP Delta Public Schools	1,324	131	9.9%
Academics Plus School District	749	70	9.3%
LISA Academy	1,488	90	6.0%
Arkansas Virtual Academy	1,647	205	12.4%
Covenantkeepers Charter School	157	13	8.3%
eSTEM Public Charter School	1,462	116	7.9%
Little Rock Preparatory Academy	398	34	8.5%
Jacksonville Lighthouse Charter	913	69	7.6%

Charter School	Total Enrollment	Total SPED Students	% of Enrollment
SIATech Little Rock Charter	152	6	3.9%
Responsive Ed Solutions Premier High School of Little Rock	130	14	10.8%
Responsive Education Solutions Quest Middle School of Little Rock	166	13	7.8%
Exalt Academy of Southwest Little Rock	112	3	2.7%
Haas Hall Academy	320		0.0%

While charter schools enroll a smaller percentage of students with disabilities compared with traditional public schools, the types of disabilities of students in charter schools occur in proportions that are similar to those of traditional public schools. However, charter schools have larger percentage of students with autism than traditional public school have. Charter schools are more likely to place students with disabilities in regular classrooms than in resource rooms or separate day programs.

In May 2016, the Arkansas Public School Resource Center conducted a survey of all 22 open enrollment charter schools. Through the survey, the charter schools reported that they provide all required services and they shared specific examples of the use of “wrap around” services. All of the open enrollment charters schools reported having an increase in student with 504 plans in 2015-16, and 91% of the schools reported having an increase in special education students.

Newly established charter schools have the lowest percentage of special education served. The reason for this low percentage may be a lack of awareness about the new charter schools and their special education services. However, as awareness about the charter schools increase, so does the number of students identified and served. After the first three years of operations, the special education numbers increase steadily but are usually lower than local district average.

There is a trend in charter schools focusing on integrating students into the regular classroom due to the fact that charter schools typically have smaller class sizes. The expansion of special education options has been discussed with a parent/service provider group that wants to establish a charter school focusing on special education similar to those established in other states. There has been a significant move to community-based “wrap around” and contractual services in charter schools. Charter schools have focused on expanded transition services.

In terms of compliance issues, charter schools report no current problems identified by ADE compliance audits. Only two charter schools reported past “due process” hearings that resulted in parental settlement or mandated training. In terms of meeting state and federal requirements, charters are very similar to traditional schools.

The survey explored the differences in special education service delivery based on unique design of charter schools. Some examples include the following:

- Rockbridge and Ozark Montessori charter schools provides services to students in small groups with hands on highly engaged Montessori curricular materials utilizing a “push-in” instructional model.
- SIA Tech is a dropout recovery program focusing on re-engaging and motivating students to complete high school and earn their diplomas.
- Imboden Charter mainstreams special education students with a sequential personalized educational plan based on their small class size and inclusion service delivery.
- The Arkansas Arts Academy offers art-focused Fridays that allow special education students to develop their artistic talents while providing extra time for instructional support.
- The Arkansas Virtual Academy offers online therapy options, virtual RTI interventions and co-teaching within a digital platform
- KIPP uses a rotation model with self-contained students to provide an opportunity to switch classes while providing the intensive interventions needed.

Some strategies and innovations used by charter schools include:

- Establishing a sequential personalized learning plan for every student in the charter which supports and enhances IEPs for the mainstreamed students.

- Systematic use of pre-teaching with newly enrolled students to expose them to the content before it is introduced in the regular classroom.
- A specialized schedule for self-contained students with allows them to rotate among the special education staff so they have the opportunity to switch classes and prepares them for transition.
- Use of technology. Each student is issued an iPad which has special education programs tailored to the student.
- Utilization of online interventions within a virtual school environment
- Homework HELP and after-school tutoring
- One of two pilot sites for CIRCLES.

Some issues identified by charter schools include:

- Paperwork reduction
- Recruitment and retention of highly qualified special education staff
- More training for regular education teachers
- Request for more collaboration with other schools including sharing of resources

N. EXEMPLARY SPECIAL EDUCATION PROGRAMS

Task Force Responsibility: O) Identify exemplary school district special education programs in Arkansas and other states.

RECOMMENDATIONS

O-1. Develop a manual of identified best practice for special education. State in relevant policy that all schools are encouraged to implement identified practices. (Superintendent's Association and School Board to adopt this initiative as a policy for all schools Dr. Murry and Dr. Butcher)

O-2. An entity should be created to continue the dialogue and communication for best practices in special education.

O. NATIONAL RESEARCH

Task Force Responsibility: P) Review the research and findings of national organizations that support students receiving special education services or students participating in special education programs.



P. FINANCIAL SUPPORT

Task Force Responsibility: Review the financial support provided for special education services and programs, including whether or not the financial support provided is adequate to meet the needs of the students in special education programs or receiving special education services.

The study shall include a review of the financial practices of school districts in Arkansas for the support of special education services and programs.

FOUNDATION FUNDING

Arkansas funds special education through the foundation funding matrix, which provides funding for 2.9 special education teachers for every 500 students, or \$366.15 per student in 2014-15. To calculate this as a per-student amount, the following formula is used:

$$(2.9 \text{ teachers} \times \text{the salary and benefit amount in the matrix}) / 500 \text{ students}$$

	2011	2012	2013	2014	2015	2016
Number of special education teachers	2.9	2.9	2.9	2.9	2.9	2.9
Salary and benefits	\$58,214	\$59,378	\$60,566	\$61,839	\$63,130	\$63,663
Per-student amount	\$337.64	\$344.39	\$351.28	\$358.67	\$366.15	\$369.25

Under this funding methodology, the state funds special education based on each district's total number of students, rather than the total number of students with disabilities. Like every other component of the matrix (with the recent exception of health insurance), districts' use of the special education funding is unrestricted, meaning they can spend the money however they choose. This differs from the way funding is distributed for English language learners (ELL), students in alternative learning environment (ALE) programs, and students who are economically disadvantaged (those who qualify for a free or reduced price lunch). That categorical funding is based on the number of ELL, ALE and economically disadvantaged students, respectively, and its use is limited to certain types of expenditures.

The Joint Committee on Educational Adequacy set the special education funding rate in the foundation funding matrix in 2003. The Committee determined that the matrix would fund 2.9 special education teachers for every 500 students. The Committee's consultants, Lawrence O. Picus & Associates, had originally proposed funding 2.0 special education teachers, but after receiving input from panels of Arkansas educators, the Joint Committee opted to increase the number to 2.9 teachers. Hired again in 2006, Picus & Associates affirmed the state's methodology of funding special education using a "census" approach — funding based on total enrollment rather than on the number of students with disabilities.

In 2006, Picus & Associates recommended continuing the census-based funding methodology, and they affirmed the state's funding of 2.9 special education teachers for "high-incidence, lower cost students with disabilities."

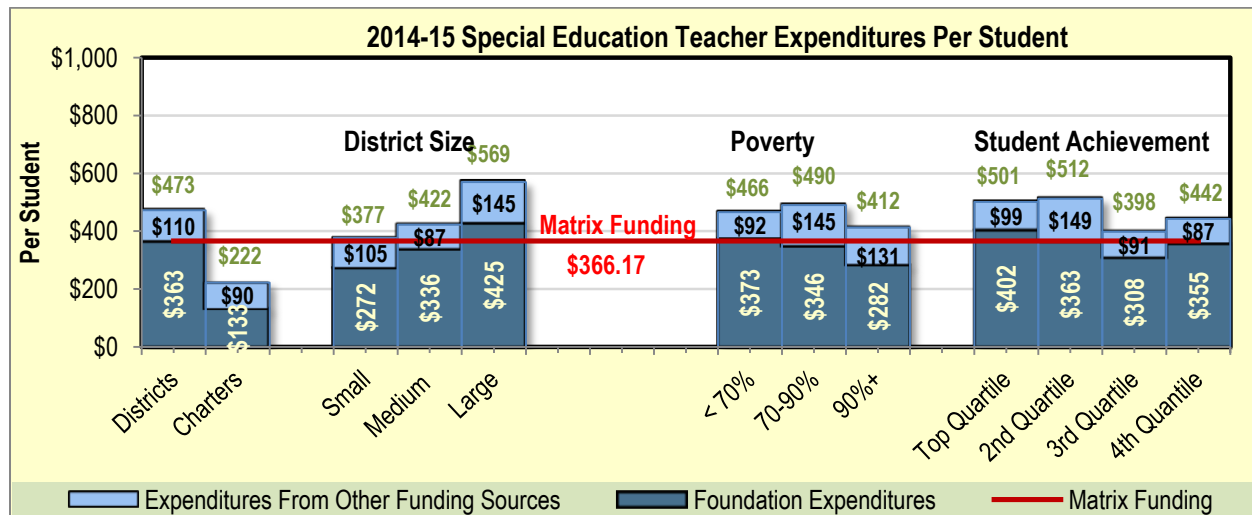
In 2014, Picus Odden and Associates performed a desk audit of Arkansas's education finance system and presented evidence to the House and Senate Education Committees on the recent developments in their evidence-based model. They offered recommendations for applying the new evidence to the Arkansas matrix. The consultants' model would increase the recommended number of special education teachers from 2.9 teachers per 500 students to 3.3 teachers. Their model also would add funding to pay for 3.3 special education aides per 500 students. The current matrix does not include any funding for special education aides.

In 2014-15, districts received about \$168.8 million in foundation funding for special education teachers, and they spent about \$166.7 million from foundation funding on special education teachers (spending just slightly less than they received). While the matrix provides funding for 2.9 special education teachers, districts hired 2.97 special education teachers, on average, using foundation funding.

Foundation Funding Received for Special Ed	Foundation Funding Spent for Special Ed	Number of Special Ed Teachers in Matrix	Number of Special Ed Teachers From Foundation Funds
\$168.8 million	\$166.7 million	2.9	2.97

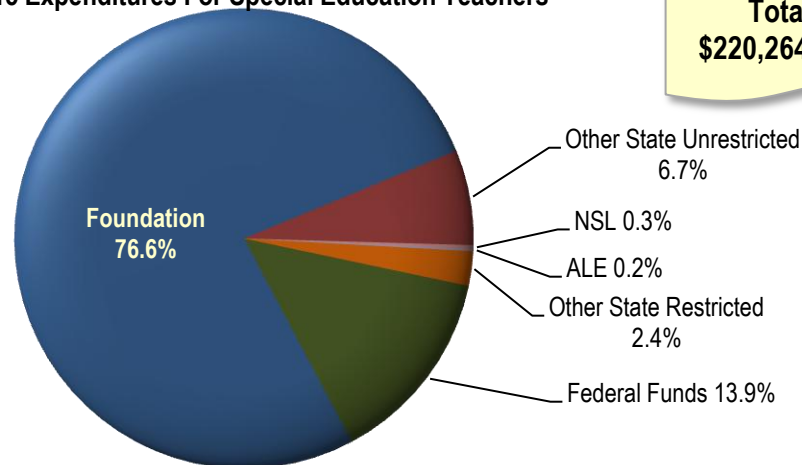
Of the 236 districts operating in 2015, 126 employed fewer than 2.9 special education teachers using foundation funding, while 110 districts employed more than 2.9 special education teachers.

Open-enrollment charter schools spent considerably less foundation funding per student on special education teachers than traditional school districts, as shown in the following chart. This is true when considering only foundation funding expenditures (\$133 per student compared with districts' \$363) as well as expenditures from all funding sources (\$172 per charter school student compared with districts' \$222). This lower level of spending may be due to the fact that charter schools as a group have a smaller percentage of students in special education, about 8.5%, compared with 11.7% of students in traditional school districts.



Foundation funding covered about 76.6% of districts' total expenditures on special education teachers in 2014-15. Districts used other funding, including federal IDEA, Part B funds and state Catastrophic Occurrences funding to pay for special education teachers.

2014-15 Expenditures For Special Education Teachers



CATASTROPHIC FUNDING

Because districts receive the same rate of foundation funding regardless of the severity of students' disabilities, the state's consultants in 2003, Picus & Associates, noted the need to provide supplemental funding. "The small category of students with severe and multiple disabilities, i.e., the low incidence and very high disabled students, are not found in equal percentages in all districts and their excess costs need to be fully funded by the state," they wrote in their 2003 report. At the time, the state provided additional state aid, known as Catastrophic Occurrences funding, when the cost of educating a student exceeded \$30,000 of district expenditures. "Because this expenditure threshold is far above what any district receives in state equalization aid, a considerable financial burden is placed on districts for these students," the consultants wrote. They recommended the state reduce the expenditure threshold. In 2004, the

State Board of Education approved new rules that established the threshold at \$15,000, in effect making more students' costs eligible for reimbursement. To support the change, the General Assembly increased the Catastrophic Occurrences funding appropriation from \$1 million for FY2004 to \$9.8 million for FY2005. In 2006, the consultants recommended continuing the Catastrophic Occurrences funding, and they affirmed the new \$15,000 threshold and the cap on funding at \$100,000 per child.

State statute defines special education catastrophic occurrences as "individual cases in which special education and related services required by the individualized education program (IEP) of a particular student with disabilities are unduly expensive, extraordinary, or beyond the routine and normal costs associated with special education and related services provided by a school district and funding is pursuant to rules promulgated by the state board" (A.C.A. § 6-20-2303). These students may be tube fed, for example, or they may require nursing assistance all day long.

Districts qualify for the funding for any student who needs more than \$15,000 worth of services, after Medicaid, federal IDEA Part B funding (see following section), and available third-party funding is applied. Districts are reimbursed \$15,000 for each catastrophic occurrence, 80% of the amount between \$15,000 and \$50,000, and 50% of the costs between \$50,000 and \$100,000.

The number of students incurring catastrophic expenditures is increasing, as is the number of districts that are eligible for catastrophic funding. At the same time, catastrophic funding has been provided at a flat \$11 million for at least the past five years. In 2011, districts that were eligible for funding received nearly \$26,000 per eligible student. In 2015, the average per student amount dropped to less than \$9,600.

	# of Students	# of Districts/Charters	Funding Per Student	Total Eligible Expenditures*	Total Funding Provided	Amount Not Funded
2010-11	487	111	\$22,587	\$15.96 million	\$11 million	(\$4.96 million)
2011-12	546	129	\$20,052	\$17.96 million	\$10.95 million	(\$7.01 million)
2012-13	599	137	\$18,364	\$18.05 million	\$11 million	(\$7.05 million)
2013-14	1,102	145	\$9,981	\$27.78 million	\$11 million	(\$16.78 million)
2014-15	1,136	153	\$9,565	\$30.18 million	\$10.87 million	(\$19.31 million)

*Eligible expenditures are those that ADE has deemed eligible, but to which the formula (\$15,000+80% of the amount between \$15,000 and \$50,000+50% of any additional costs) has not been applied.

In 2014, the number of students incurring eligible expenditures spiked from just under 600 students in 2013 to about 1,100 students in 2014. According to ADE, the spike resulted from a change in the rubric the Department uses to identify students whose expenses qualify as catastrophic. The previous rubric focused on students with low IQs who needed extensive occupational, physical and speech therapy. It did not adequately adjust for students with autism or another disability who may have a high IQ and good mobility skills, but still require considerable supervision.

The General Assembly has appropriated \$11 million in Catastrophic Occurrences funding since 2008. However, ADE requested a \$1.9 million increase for FY2014 to keep pace with the growing number of students incurring catastrophic expenses, according to the Summary Budget Information provided for the 2013-15 biennium. The General Assembly appropriated \$12.9 million each year for FY14 and FY15, but only \$11 million of the appropriation was funded. The General Assembly returned to appropriating \$11 million for this program for FY16.

OTHER STATE FUNDING

The state provides additional funding that is specifically intended to pay for services necessary for students with disabilities. These funding programs and the amount the state provided in 2014-15 are provided in the following table.

	Program Description	Funding Recipient			
		Districts	Charter Schools	Education Svs Cooperatives	Dept. of Human Svs
Children With Disabilities—LEA Supervisors	Funds to support the salaries for special education supervisors	\$1,776,518	\$28,189		
Extended School Year	Funding for Extended School Year service for eligible students	\$908,128	\$13,468	\$76,220	
Residential Treatment-Children With Disabilities	Funding to reimburse school districts for educational costs associated with disabled students in approved residential treatment facilities	\$5,638,371			
Early Childhood Special Education	Base funding for special education services for 3- to 5-year-old children with disabilities. Funding is also provided to education service cooperatives for behavioral intervention services for preschool programs	\$3,490,468	\$46,755	\$13,046,547	\$255,387

FEDERAL FUNDING

A major source of funding is the federal IDEA Part B funding (also known as Title VI-B). Part B funding must be used to pay the excess costs of providing a free and appropriate public education. Districts can use the funding to pay for:

- Special education teachers and administrators
- Related services personnel
- Materials and supplies for students with disabilities
- Professional development for special education personnel or general education teachers who teach students with disabilities
- Specialized equipment or devices

For FY2015, school districts received \$102.4 million in federal IDEA funding and charter schools received more than \$2 million. IDEA Part B funds are not distributed to districts based on the number of students with disabilities in each district. They are provided to each state based on historic funding levels, the number of children in the state and the number of children living poverty in the state.⁸

SCHOOL DISTRICT FINANCIAL PRACTICES

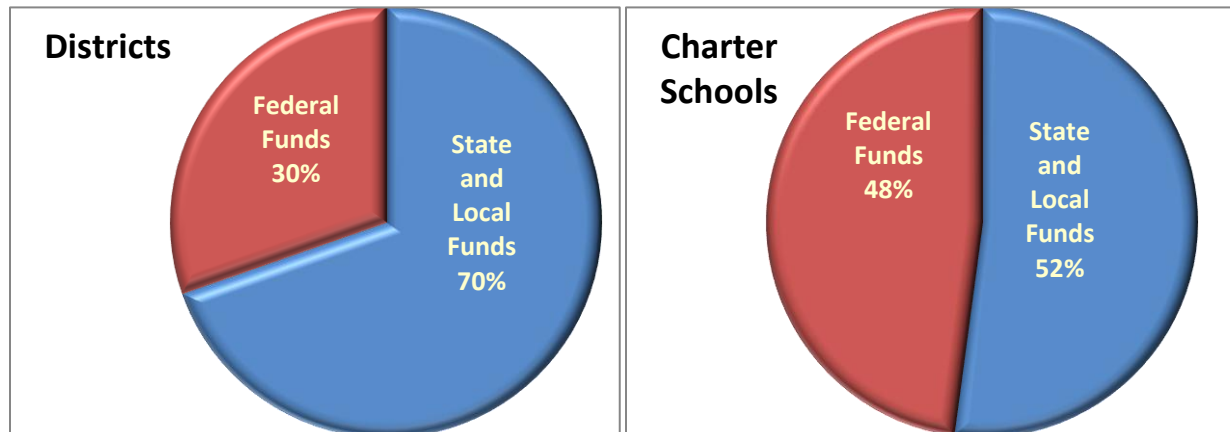
This section of the report provides information on the cost of providing special education services. In 2014-15, districts spent nearly \$423 million on special education services, or about \$7,694 per special education student, according to the data districts reported in the Arkansas Public School Computer Network (APSCN). Charter schools spent a little over \$5 million providing special education services, or about \$5,516 per special education student. Those figures should not be mistaken for the total cost of educating students with disabilities, because they do not include expenditures that districts make on behalf of all students, such as the cost of principal salaries or utilities. Those figures represent only the expenditures that are specific to special education services or students.

The following chart shows the districts' and charter schools' total special education expenditures. The expenditures are broken down by the type of funding they used to make the expenditures. The numbers do not represent the total amount spent from each funding

⁸ U.S. Department of Education, Office of Special Education Programs, <http://www2.ed.gov/programs/osepgts/index.html>

category, only the total amount from each funding category spent on special education. According to expenditures reported in APSCN, districts used state and local funds to cover about 70% of their special education costs, and federal funds cover the remaining 30%. About 52% of the cost of special education provided in charter schools was paid for with state funds, and 48% of it was paid for using federal funds.

2014-15 Special Education Expenditures	
Districts	\$422.9 million
Charters	\$5.0 million



The following chart provides a breakdown of special education expenditures based on the funding source that districts and charter schools used.

Funding Type	Description	Expenditures	
		Districts	Charters
State and Local			
Foundation funding, local funds, and activity funds	Foundation funding, additional local millage transferred for salaries or operations and local funds raised by event ticket sales, concessions, etc.	\$264,626,259	\$2,410,584
Isolated, Student Growth, Declining Enrollment	State isolated or special needs isolated funding, student growth and declining enrollment	\$434,649	\$21,927
Catastrophic Occurrences	State funding designed to reimburse districts for students with disabilities with unusually high needs	\$9,834,592	\$31,934
Special Education Services	State funding designed to help districts pay for special education supervisors and extended-year services for students with disabilities	\$2,707,120	\$64,294
Residential	State funding for the education provided to students in residential treatment centers, youth shelters and juvenile detention centers	\$6,651,517	
Early Childhood Special Education	State funding for special education services provided by school districts for 11,500 pre-school children with disabilities	\$3,973,376	\$42,854
Categorical funds	State National School Lunch, English Language Learner and Professional Development categorical funds	\$2,840,746	\$53,122
Desegregation	State payment to three Pulaski County school districts for desegregation lawsuit	\$3,392,798	
Other state funds		\$14,824	
Federal			
IDEA	Federal funding provided to help states meet the excess costs of providing education and services to students with disabilities	\$102,338,462	\$2,190,815
IDEA Early Childhood		\$1,098,454	\$30,062
Medicaid	Medicaid reimbursement for services districts provided to Medicaid-eligible students	\$24,935,876	\$190,961
Medicaid Pre-K		\$13,645	
Other federal		\$2,310	
Total		\$422,864,627	\$5,036,554

The following chart provides information on the same special education expenditures. However, this time the expenditures are broken down by the type of service provided. The data show that about 35% of districts' special education expenditures were spent in resource room instruction, while 53% of charter schools' expenditures were spent in the resource room. About 24% of districts' expenditures were spent on instruction in self-contained classrooms, compared with about 2% of charter schools' expenditures. Health expenditures accounted for about 23% of districts' special education expenditures, and about 33% of charter schools' expenditures.

Service Type	Description	Expenditures	
		Districts	Charters
Instructional Expenditures			
Itinerant Instruction (excluding itinerant speech pathologists)	Instruction provided by an educator serving more than one school, in their homes or in hospitals	\$12,282,772	\$800
Resource Room	Education provided by a resource teacher who works with students who are assigned to regular classrooms more than half of the school day	\$147,441,614	\$2,693,782
Special Class (Self-Contained Class)	Education provided to students assigned to a special class for at least half of the school day. Student to teacher ratios range from 1:15 to 1:6.	\$101,835,637	\$84,266
Residential/Private	Education provided to students in residential facilities, separate day schools or by other private agencies	\$10,678,361	
Co-Teaching	Education provided by both a special education teacher and a non-special education teacher in the same class	\$4,385,894	
Pre-school	Education provided to preschool students	\$6,746,382	\$40,941
SPED director	Supervisor of special education services	\$25,293,193	\$449,584
Health Expenditures			
Guidance counseling services		\$535,774	
Nurses		\$2,411,880	\$7,225
Psychological testing and other psychological services		\$16,452,743	\$69,644
Speech therapy and audiology services (including itinerant speech pathologists)		\$45,450,159	\$1,076,871
Physical and occupational therapy		\$23,024,148	\$470,321
Medicaid match		\$6,479,914	\$40,941
School-based mental health		\$647,581	
Other health services		\$529,579	\$845
Other Expenditures			
Transportation		\$7,142,028	
Other expenditures		\$11,526,967	\$101,370
TOTAL		\$422,864,627	\$5,036,554

RECOMMENDATIONS

Q-1. The state should consider implementing and fully funding the 2014 recommendation of education consultants Picus Odden and Associates that the funding matrix be amended from 2.9 special education teachers to 3.3 special education teachers per 500 students. In addition, the consultants recommended the addition of 3.3 special education aides per 500 students. The projected cost of these matrix changes is estimated to be \$\$\$ per student or \$\$\$ million annually.

Q-2. The state should increase the Catastrophic Funding appropriation and funding from \$11 million annually to \$30 million annually to fully fund the total eligible expenditures for the provision of services for students with severe disabilities. The General Assembly recognized the need for additional funding when it appropriated \$12.9 million each year for FY14 and FY15, but only funded \$11 million of the appropriation. Eligible expenditures shall be calculated as the balance after the application of any and all Medicaid, federal IDEA Part B, and other available third-party funding. The state is considered to be a payer of last resort.

Q-3. The General Assembly should fully fund the adequacy study recommendations adopted by the House and Senate Education Committees.

PAPERWORK REDUCTION

The Task Force's statutory framework does not require an examination of the paperwork demands on special education teachers. However, it is a topic that has received considerable discussion and interest among members. The amount of time special education teachers are required to spend on paperwork is an ongoing concern in Arkansas and nationally. The ADE is committed to reviewing special education paperwork to reduce unnecessary items and duplication as much as possible, while maintaining accountability, procedural safeguards, and parental involvement.

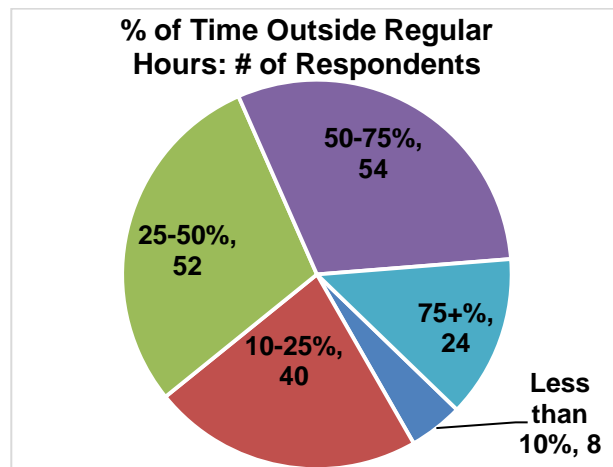
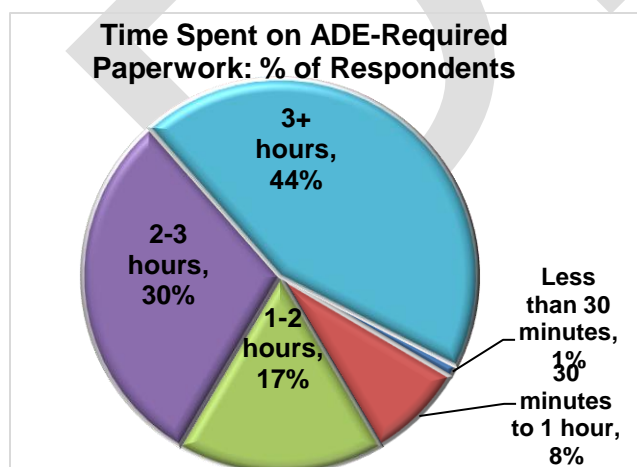
As part of its efforts, ADE surveyed all special education supervisors in the state. When asked whether paperwork reduction is an important issue for the Department's Special Education Unit to review, more than 98% of respondents said it is. Below are a sample of the additional comments respondents provided:

"Paperwork reduction is a real issue that affects the ability of teachers to provide quality instruction. Planning time is limited. Teachers become more fixated upon the compliance of the documentation (which is important) rather than the quality of the instruction."

"Teaching is the vital part of special education. Teachers have paper work just with teaching (lesson plans etc.) then put all of the due process on top of that. It is just way too much. We have to do everything a classroom teacher does and then much much more."

"It is the top reason teachers tell me they leave special education. Special education teachers are trained to teach in a specialized manner, but don't have time to do so due to paperwork. I agree, the documentation is important, my question is, could it not be done by requiring a district to have a designee to take some of the load off of those teachers."

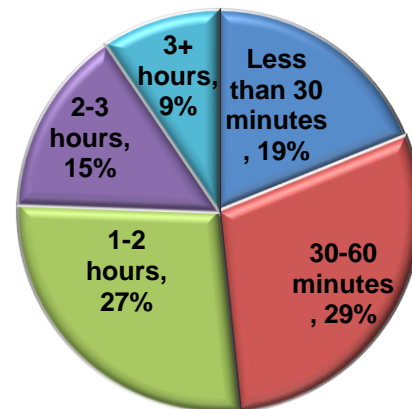
When asked to estimate the amount of time special education teachers spend on ADE-required paperwork each week, 44% of the respondents said teachers spend at least three hours each week on paperwork. Another question asked special education supervisors to quantify the amount of that time spent outside of regular school hours. About 13% of respondents (24) said at least 75% of the amount of time spent on ADE-required paperwork occurs outside of their regular work hours.



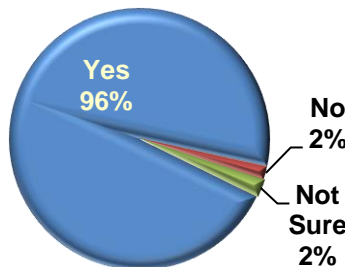
The same question was asked of the time spent on additional district-required (NOT ADE-required) special education paperwork. About 9% of respondents said special education teachers spend more than three hours a week on district-required paperwork, compared with 44% who said they spend more than three hours on paperwork required by ADE.

The survey also asked respondents if they believe the amount of paperwork negatively affects the recruitment and retention of special education teachers and the quality of instruction. The overwhelming majority said they believe it does.

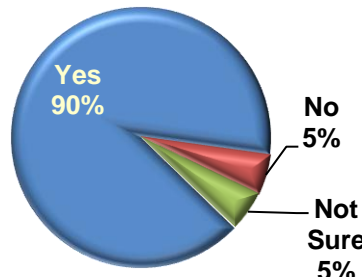
Time Spent on District-Required Paperwork: % of Respondents



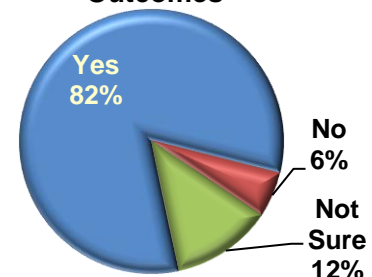
Paperwork Negatively Affects Recruitment and Retention



Paperwork Negatively Affects Instruction



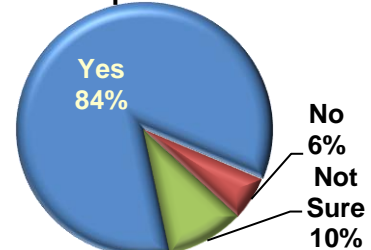
Paperwork Is a Barrier to Increasing Student Outcomes



In addition to the survey of special education supervisors across the state, ADE also surveyed more than 2,000 *general education* teachers regarding special education paperwork. A few questions from the survey are listed below.

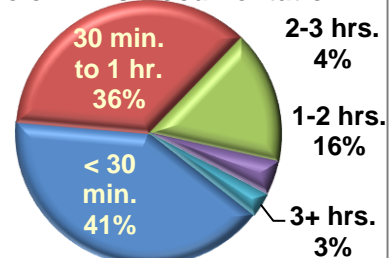
General education teachers were asked if they thought special education **paperwork is an important issue for the state to consider**. Eighty-four percent (84%) of respondents answered that it is an important issue for the State to consider. The general education teachers were asked if they thought some special education paperwork was redundant. The overwhelming response from the teachers with 94.7% saying yes.

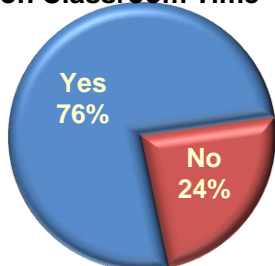
Paperwork Importance



Respondents were also asked about their typical work week. They were asked about the **amount of time general education teachers spend on documentation for Individualized Education Program (IEP)**. Most of the participants, about 40%, said they spend less than 30 minutes on IEP paperwork. Thirty-five percent said they spend about 30 minutes to 1 hour on IEP paperwork.

Time on IEPs Documentation



**Impact of Paperwork
on Classroom Time**

The final survey question pertained to the general education teachers' perception on the **impact of special education paperwork** on classroom instruction time. Seventy-six percent of respondents said that the amount of time spent on special education paperwork affected instruction time.

Some districts use due process software vendors, such as SpEDFast, to speed up the process of completing required documentation. Available software can be customized to state reporting requirements to reduce redundancy between the federal and state required paperwork. The software can also be

used to access previously entered data and auto populate routinely required data. File transfer, report writing, IEP tools, compliance reporting and other features are also available. SpEDFast is currently being used by 75 school districts.

The ADE has formed a task force representing multiple stakeholder groups to convene around the issue of special education paperwork reduction. The first meeting was held January 20, 2016, and five additional monthly meetings are scheduled with the last meeting set for June 8, 2016. Additional stakeholder groups will be involved in the review of the task force recommendations throughout this period. Key task force activities include:

- Review initial LEA special education paperwork survey results including specific comments for streamlining.
- Identify additional stakeholder groups to be surveyed.
- Review Arkansas special education paperwork required for specific events or conferences.
- Crosswalk Arkansas required forms with federal and state regulatory requirements.
- Eliminate duplication and unnecessary items and forms.
- Identify opportunities to save time (drop downs, etc.).
- Review paperwork requirements from other states.

RECOMMENDATIONS

R-1. Reduce the amount of paperwork required of special education teacher while ensuring that student rights are protected. The Arkansas Department of Education has formed a core group to work on this issues and a member of the Best Practices Task Force will serve on the work group.

R-2. The state should provide new funding to school districts to help pay for the filing of special education paperwork. This funding should be added to the to the technology line of the matrix, which is used to calculate the per student foundation funding rate.

RECOMMENDATIONS

This document represents the Task Force's **DRAFT** report and reflects the data-gathering process that has dominated the group's deliberations.

A-1. The Arkansas Department of Education and school districts should establish a high priority and focus on the establishment and maintenance of a Child Find Plan.

A-2. Examine the federal mandate to ensure that it promotes early diagnoses and does not limit diagnoses. (Need presentation from the sponsors of the Arkansas Dyslexia Law to discuss the rationale behind the legislation)

A-3. "Milestone Moments", a publication of the Centers for Disease Control and Prevention should be distributed with the issuance of all birth certificates in the state. (Sen. Johnson to check with the Governor's Office about making this a mandate of the Department of Health through special language during the Fiscal Session beginning in April 13, 2016. Dr. Whitby to check with CDC to see if the brochures are available for this undertaking and to see if other states are distributing the brochure. Lisa Haley to see if ADE can post this brochure on line.)

A-4. Arkansas statute on identifying students with disabilities should be updated to include all disabilities covered by the federal IDEA.

B-1. All services should be coordinated with a goal of tearing down existing silos and ensuring and encouraging coordination.

B-2. The Arkansas Department of Education will continue to work on child-find outreach and are working collaboratively to increase parent involvement and early childhood outcomes through the State Systemic Improvement Plan.

C-1. School districts should consider providing special education teachers an additional five days on employee contracts for the extra time required to comply with IDEA and state special education regulations and paperwork requirements.

C-2. The Arkansas Department of Education and the Arkansas Department of Higher Education are to be commended for their cooperative work to establish alternative paths for obtaining special education licensure.

C-3. The Arkansas Department of Education and the Arkansas Department of Higher Education should create a plan whereby special education aides could pursue a quick path toward becoming special education teachers.

C-4. Explore various options to increase the number of special education teachers.

C-5. The Arkansas Department of Education and the Arkansas Department of Higher Education will continue the Certified Teacher Assistant (CTA) initiative designed to allow and encourage schools to utilize talented students to pursue education, especially providing opportunities to serve as paraprofessionals in the field of special education. Programs like the University of Arkansas at Monticello's paraprofessional route to licensure allowing SPED paraprofessionals to earn a degree and licensure without having to leave their positions and securing their jobs in their district or in neighboring districts will be continued as a grow your own initiative.

D-1. The state should restore and fully fund 60 hours of professional development, including a block of three hours of special education professional development annually for all teachers and administrators.

D-2. Roll out quality programs to ensure RTI is implemented properly. RTI needs to be in every building. (Lisa Haley, ADE to support the University System in the development of training and to provide that training to the schools. Tonya Williams needs to be involved in this training and implementation.)

E-1. The General Assembly should consider increasing the school nurse component of the matrix to \$\$\$.

E-2. Increase the number of nurses and CNAs within the school districts. Specifications for maintaining and delivering medical services to special education students (running water and double locked cabinets).

F-1. ADE should focus attention on those school districts that appear to be lax in implementing programs to identify students with disabilities. The Task Force is concerned that some school districts may not be diagnosing special education students but are inappropriately relegating those students to ALEs rather than providing special education services.

G-1. In all elements of public education in Arkansas there should be established as a central priority and goal the establishment of open communication and the elimination of silos between organizations, division, programs and people to add benefit to the citizens of our state.

G-2. Mandate that all schools are implementing RTI. Ensure that appropriate funding for professional development and training through the University System is provided. (Lisa Haley-ADE/ Tonya Williams with DHS-Division of Child Care and Early Childhood Education)

G-3. General education teachers should be trained on the RTI framework. Build in support for these teachers with a focus on tearing down silos. There is a great need for coordination of effort, and planning to eliminate silos. (Lisa Haley noted that RTI is available to all schools in the state and that this is a priority for all of the Co-ops.)

I-1. ADE should establish a priority for implementing Peer Mediated Support Services for special education students.

I-2. Use various methodologies of communication to ensure that all services are coordinated. If the Department of Education approves the development of Rural Centers and if funded; the centers should address all disabilities not just autism spectrum disorder. The centers should also provide its services to anyone who needs them to include doctors, and other service providers in the continuum of care. (Dr. Peggy Whitby, Dr. Smith and Lisa Haley to come back to the Task Force to address a continuum of care and education for all involved providers after Dr. Whitby's February 29, 2016 presentation of plans for the \$2.5 million that was in the U of A budget but was unfunded. Bailey Perkins to research the cost of rural centers in Michigan, Florida and Virginia.)

I-3. Encourage adoption of peer mediated support strategies in a way that will work in each of the school districts in Arkansas. Provide information and monitor the voluntary implementation of these strategies. School principals will have to be involved in this process to make it work. This could also be a recruitment tool for getting students involved and interested in majoring in special education.

O-1. Develop a manual of identified best practice for special education. State in relevant policy that all schools are encouraged to implement identified practices. (Superintendent's Association and School Board to adopt this initiative as a policy for all schools Dr. Murry and Dr. Butcher)

O-2. An entity should be created to continue the dialogue and communication for best practices in special education.

Q-1. The state should consider implementing and fully funding the 2014 recommendation of education consultants Picus Odden and Associates that the funding matrix be amended from 2.9 special education teachers to 3.3 special education teachers per 500 students. In addition, the consultants recommended the addition of 3.3 special education aides per 500 students. The projected cost of these matrix changes is estimated to be \$\$\$ per student or \$\$\$ million annually.

Q-2. The state should increase the Catastrophic Funding appropriation and funding from \$11 million annually to \$30 million annually to fully fund the total eligible expenditures for the provision of services for students with severe disabilities. The General Assembly recognized the

need for additional funding when it appropriated \$12.9 million each year for FY14 and FY15, but only funded \$11 million of the appropriation. Eligible expenditures shall be calculated as the balance after the application of any and all Medicaid, federal IDEA Part B, and other available third-party funding. The state is considered to be a payer of last resort.

Q-3. The General Assembly should fully fund the adequacy study recommendations adopted by the House and Senate Education Committees.

R-1. Reduce the amount of paperwork required of special education teacher while ensuring that student rights are protected. The Arkansas Department of Education has formed a core group to work on this issues and a member of the Best Practices Task Force will serve on the work group.

R-2. The state should provide new funding to school districts to help pay for the filing of special education paperwork. This funding should be added to the to the technology line of the matrix, which is used to calculate the per student foundation funding rate.

APPENDIX A - ADE RULES ON SPECIAL EDUCATION

The following is an excerpt of the ADE rules on [Special Education and Related Services Evaluation and Eligibility Criteria](#).

6.09 ELIGIBILITY CRITERIA The terms used to establish eligibility criteria are defined as follows -

6.09.1 Autism

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of 34 CFR 300.8 and at § 6.09.3 of these regulations.

6.09.1.1 A child who manifests the characteristics of autism after age 3 could be diagnosed as having autism if the criteria in this part are satisfied.

6.09.2 Deaf-Blindness.

Deaf-Blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

6.09.3 Emotional Disturbance.

Emotional disturbance means -

6.09.3.1 The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance -

- A. An inability to learn that cannot be explained by intellectual, sensory, or health factors.*
- B. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.*
- C. Inappropriate types of behavior or feelings under normal circumstances.*
- D. A general pervasive mood of unhappiness or depression.*
- E. A tendency to develop physical symptoms or fears associated with personal or school problems.*

6.09.3.2 The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph 6.09.3.1 of this section and 34 CFR 300.8(c)(4).

6.09.4 Hearing Impairment Including Deafness.

6.09.4.1 Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects educational performance.

6.09.4.2 Hearing impairment means impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in this section.

A. Audiological Indicators.

1. An average pure-tone hearing loss in the speech range (500 - 2000 Hz) of 20dB or greater in the better ear. A child with a fluctuating hearing impairment, such as one resulting from chronic otitis media, is classified as hearing impaired (HI).
2. An average high frequency, puretone hearing loss of 35dB or greater in the better ear at two or more of the following frequencies: 2000, 3000, 4000 and 6000Hz.
3. A permanent unilateral hearing loss of 35dB or greater in the speech range (pure-tone average of 500 - 2000Hz).
4. A diagnosis of auditory neuropathy.

6.09.5 Mental Retardation.

Mental retardation means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

6.09.6 Multiple Disabilities

Multiple disabilities means concomitant impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple Disabilities does not include deaf-blindness.

6.09.7 Orthopedic Impairment

Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

6.09.8 Other Health Impairment

Other health impairment means 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 -

6.09.8.1 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

6.09.8.2 Adversely affects a child's educational performance.

6.09.9 Specific Learning Disability.

6.09.9.1 General. The term means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

6.09.9.2 Disorders not included. Specific Learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

6.09.10 Speech or Language Impairment.

Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance.

6.09.11 Traumatic Brain Injury.

Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic Brain Injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic Brain Injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

6.09.12 Visual Impairment.

Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

6.09.12.1 Students with partial sight are those whose vision, although impaired, is still the primary channel of learning and, with adjustments, are able to perform the visual tasks required in the usual school situation. Generally, their visual acuity with correction is 20/70 or less.

6.09.12.2 Students with blindness are those with no vision or with little potential for developing vision as a primary channel for learning and, therefore, must rely upon tactile and auditory sense to obtain information.

APPENDIX B – 2014-15 DISTRICT ENROLLMENT BY DISABILITY CATEGORY

The following table shows the number of students (K-12) in each school district and open enrollment charter school in each disability category for 2014-15. The table also provides the total enrollment in each district and charter school.

District LEA	School District Description	2014-15 Total Enrollment	Autism	Deaf-Blindness	Emotional Disturbance	Hearing Impaired	Multiple Disabilities	Intellectual Disabilities	Other Health Impairment	Orthopedic Impairment	Speech Impairment	Specific Learning Disability	Traumatic Brain Injury	Vision Impairment	Total SPED
0101000	Dewitt	1,257	5	0	3	0	0	15	48	0	16	68	0	0	155
0104000	Stuttgart	1,661	20	0	2	1	2	25	25	2	52	55	0	0	184
0201000	Crossett	1,785	14	0	0	2	10	25	39	1	42	28	0	0	161
0203000	Hamburg	1,935	14	0	6	0	4	26	52	0	33	42	0	2	179
0302000	Cotter	701	7	0	1	0	3	7	13	1	21	38	0	0	91
0303000	Mountain Home	3,960	20	0	4	3	4	43	39	1	103	159	1	0	377
0304000	Norfolk	472	4	0	2	1	2	5	10	0	17	17	1	1	60
0401000	Bentonville	15,497	227	1	52	17	47	75	359	5	330	440	3	4	1,560
0402000	Decatur	544	1	0	1	1	0	10	12	0	14	16	0	0	55
0403000	Gentry	1,418	28	0	1	1	3	20	20	0	24	54	0	1	152
0404000	Gravette	1,870	13	0	7	1	12	20	53	1	40	87	0	2	236
0405000	Rogers	15,027	318	0	28	25	37	121	314	8	280	467	8	2	1,608
0406000	Siloam Springs	4,113	40	0	13	0	17	65	85	1	112	120	0	0	453
0407000	Pea Ridge	1,841	14	0	2	3	4	20	25	0	41	60	0	0	169
0440700	Ark. Arts Academy	758	16	0	3	1	1	0	17	0	20	15	0	0	73
0442700	Resp. Ed Solutions NW Ark Classical Academy	522	4	0	1	1	0	0	3	0	13	2	0	0	24
0501000	Alpena	521	3	0	0	0	0	7	21	0	15	42	0	0	88
0502000	Bergman	1,132	5	0	0	0	0	14	23	2	21	59	0	0	124
0503000	Harrison	2,699	15	0	1	0	7	18	44	0	43	91	1	1	221
0504000	Omaha	412	4	0	0	2	0	5	7	0	6	24	0	0	48
0505000	Valley Springs	934	4	1	1	0	0	10	36	0	11	46	0	0	109
0506000	Lead Hill	368	1	0	0	0	1	4	7	0	7	27	0	0	47
0601000	Hermitage	405	3	0	0	0	1	2	3	0	21	13	0	0	43
0602000	Warren	1,655	7	0	0	0	3	16	16	0	67	33	0	0	142
0701000	Hampton	538	0	0	0	1	1	8	1	0	25	28	0	0	64
0801000	Berryville	2,054	20	0	3	3	2	21	38	1	42	121	0	1	252
0802000	Eureka Springs	604	5	0	8	0	1	8	18	0	10	25	0	0	75
0803000	Green Forest	1,220	8	0	0	0	5	15	26	0	24	43	0	1	122
0901000	Dermott	415	1	0	0	0	1	12	5	0	16	25	0	0	60
0903000	Lakeside (Chicot)	1,061	1	0	1	0	3	30	9	0	19	37	0	2	102
1002000	Arkadelphia	1,903	6	0	8	1	4	35	35	5	49	60	4	1	208
1003000	Gurdon	705	2	0	2	2	6	9	12	0	17	33	3	0	86
1101000	Corning	920	4	0	1	1	1	14	25	0	29	36	0	0	111
1104000	Piggott	889	10	0	2	0	1	14	40	0	45	23	1	1	137

District LEA	School District Description	2014-15 Total Enrollment	Autism	Deaf-Blindness	Emotional Disturbance	Hearing Impaired	Multiple Disabilities	Intellectual Disabilities	Other Health Impairment	Orthopedic Impairment	Speech Impairment	Specific Learning Disability	Traumatic Brain Injury	Vision Impairment	Total SPED
1106000	Rector	609	1	0	0	0	0	6	32	0	24	30	0	0	93
1201000	Concord	446	4	0	1	0	1	5	10	0	21	30	0	0	72
1202000	Heber Springs	1,791	8	0	0	2	1	13	23	1	58	107	0	1	214
1203000	Quitman	656	5	0	1	1	1	9	15	0	22	33	0	1	88
1204000	West Side (Cleburne	445	3	0	1	0	2	3	17	0	15	29	0	0	70
1304000	Woodlawn	542	1	0	0	0	0	4	12	0	27	21	0	0	65
1305000	Cleveland County	873	5	0	0	0	4	11	21	0	14	30	0	2	87
1402000	Magnolia	2,930	14	0	0	1	5	41	55	0	53	108	0	0	277
1408000	Emerson-TaylorBradley	987	2	0	0	0	1	9	11	0	24	34	0	0	81
1503000	Nemo Vista	429	4	0	0	0	1	3	10	1	14	34	0	0	67
1505000	Wonderview	417	1	0	0	0	5	5	13	1	14	30	0	1	70
1507000	South Conway County	2,294	11	0	0	1	1	9	34	0	105	58	0	1	220
1601000	Bay	586	2	0	0	0	1	2	12	1	21	36	0	0	75
1602000	Westside Cons.Craig.	1,709	13	0	1	0	2	13	84	0	77	73	0	0	263
1603000	Brookland	2,097	16	0	3	1	2	19	65	0	59	46	0	2	213
1605000	Buffalo Is. Central	812	5	0	1	1	0	12	39	0	11	38	0	0	107
1608000	Jonesboro	5,875	36	0	3	1	10	121	126	1	137	264	0	1	700
1611000	Nettleton	3,264	36	0	13	2	8	59	133	1	76	131	1	0	460
1612000	Valley View	2,683	16	0	6	0	3	15	41	3	77	85	2	0	248
1613000	Riverside	802	9	0	4	0	0	17	25	0	29	50	0	0	134
1701000	Alma	3,221	28	0	5	8	11	26	101	1	102	101	0	1	384
1702000	Cedarville	871	3	0	0	0	1	29	8	0	12	61	1	0	115
1703000	Mountainburg	660	5	0	0	1	0	16	20	1	15	53	2	0	113
1704000	Mulberry	366	1	0	0	1	0	17	7	0	12	26	0	0	64
1705000	Van Buren	5,828	28	0	6	2	3	70	44	1	158	323	1	1	637
1802000	Earle	612	0	0	0	1	0	21	4	0	12	31	0	0	69
1803000	West Memphis	5,437	16	0	1	4	3	160	49	0	64	276	0	0	573
1804000	Marion	4,122	37	0	1	2	9	38	103	0	47	223	1	1	462
1901000	Cross County	616	2	0	1	1	7	6	10	0	14	34	0	0	75
1905000	Wynne	2,810	26	0	5	5	13	31	103	1	44	139	0	1	368
2002000	Fordyce	836	2	0	12	2	7	76	34	0	16	19	0	0	168
2104000	Dumas	1,401	10	0	2	1	2	38	6	1	15	49	1	1	126
2105000	McGehee	1,164	7	0	1	0	2	26	9	0	22	67	2	0	136
2202000	Drew Central	937	5	0	0	0	1	9	24	1	34	46	2	0	122
2203000	Monticello	2,091	11	0	0	0	9	33	59	1	21	40	2	1	177
2301000	Conway	9,771	75	0	5	5	21	34	307	4	180	414	3	0	1,048
2303000	Greenbrier	3,375	31	0	3	3	7	24	69	1	67	96	2	0	303
2304000	Guy-Perkins	408	9	0	2	1	7	1	11	1	19	19	0	0	70
2305000	Mayflower	1,123	16	0	1	1	2	6	24	0	49	45	1	0	145
2306000	Mt. Vernon/Enola	497	5	0	0	0	0	6	7	1	12	23	0	0	54

District LEA	School District Description	2014-15 Total Enrollment	Autism	Deaf-Blindness	Emotional Disturbance	Hearing Impaired	Multiple Disabilities	Intellectual Disabilities	Other Health Impairment	Orthopedic Impairment	Speech Impairment	Specific Learning Disability	Traumatic Brain Injury	Vision Impairment	Total SPED
2307000	Vilonia	3,228	25	0	9	2	10	22	101	4	60	207	0	1	441
2402000	Charleston	876	2	0	0	0	5	12	23	1	15	33	0	1	92
2403000	County Line	456	1	0	2	0	0	6	13	0	8	15	0	0	45
2404000	Ozark	1,866	11	0	1	1	3	29	25	0	50	51	1	0	172
2501000	Mammoth Spring	450	2	0	3	0	0	5	13	0	17	15	1	0	56
2502000	Salem	766	4	0	0	1	2	12	13	0	18	47	0	0	97
2503000	Viola	392	0	0	0	0	2	2	7	0	10	33	1	0	55
2601000	Cutter-Morning Star	601	6	0	0	0	0	3	23	0	9	29	1	0	71
2602000	Fountain Lake	1,306	9	0	0	2	6	5	26	5	43	46	1	0	143
2603000	Hot Springs	3,689	22	0	10	2	21	71	87	0	106	148	0	3	470
2604000	Jessieville	903	7	0	0	0	0	1	32	0	13	50	1	0	104
2605000	Lake Hamilton	4,443	35	0	9	1	11	27	126	1	136	85	0	2	433
2606000	Lakeside Garland	3,319	33	0	4	1	7	38	103	4	93	46	1	0	330
2607000	Mountain Pine	536	1	0	0	0	1	10	22	0	25	16	0	0	75
2703000	Poyen	582	2	0	0	0	1	6	14	0	16	37	0	0	76
2705000	Sheridan	4,119	33	0	0	2	10	33	62	1	73	172	1	0	387
2803000	Marmaduke	743	2	0	1	0	2	15	30	1	23	34	0	0	108
2807000	Greene Co Tech	3,556	29	0	1	0	5	45	110	0	111	239	1	1	542
2808000	Paragould	3,049	10	1	3	2	9	64	85	1	102	74	2	1	354
2901000	Blevins	490	1	0	0	0	4	5	9	1	17	28	0	2	67
2903000	Hope	2,501	11	0	6	0	11	25	31	0	53	115	2	1	255
2906000	Spring Hill	570	2	0	0	0	2	2	7	0	10	10	0	0	33
3001000	Bismarck	969	9	0	3	0	2	17	27	0	17	35	0	0	110
3002000	Glen Rose	1,003	9	0	1	1	4	25	39	0	15	47	0	0	141
3003000	Magnet Cove	672	7	0	0	0	1	7	12	2	10	10	1	0	50
3004000	Malvern	2,065	15	0	2	2	7	54	53	1	72	76	1	2	285
3005000	Ouachita	513	3	0	0	0	0	5	13	0	7	11	0	0	39
3102000	Dierks	583	0	0	0	2	1	0	9	0	13	27	0	1	53
3104000	Mineral Springs	406	2	0	1	0	1	14	16	0	10	25	0	0	69
3105000	Nashville	1,908	11	0	1	1	2	22	50	0	50	89	2	1	229
3201000	Batesville	3,027	13	0	2	3	19	30	73	0	100	84	0	1	325
3209000	Southside Indep	1,658	8	0	0	0	8	33	18	1	34	91	0	0	193
3211000	Midland	501	7	0	0	0	1	9	12	0	5	14	1	0	49
3212000	Cedar Ridge	835	5	0	1	0	1	15	22	0	42	53	0	0	139
3301000	Calico Rock	396	0	0	0	0	0	2	8	0	12	22	0	1	45
3302000	Melbourne	851	5	0	0	0	2	17	24	0	30	35	0	0	113
3306000	Izard Co Consol	482	6	0	0	0	4	11	11	0	15	25	0	0	72
3403000	Newport	1,266	8	0	0	0	5	38	34	0	69	50	0	0	204
3405000	Jackson Co.	851	4	0	0	0	1	11	23	0	21	29	0	0	89
3502000	Dollarway	1,297	5	0	4	1	4	29	12	0	17	49	0	0	121

District LEA	School District Description	2014-15 Total Enrollment	Autism	Deaf-Blindness	Emotional Disturbance	Hearing Impaired	Multiple Disabilities	Intellectual Disabilities	Other Health Impairment	Orthopedic Impairment	Speech Impairment	Specific Learning Disability	Traumatic Brain Injury	Vision Impairment	Total SPED
3505000	Pine Bluff	4,240	10	0	8	1	17	140	76	0	50	222	1	1	526
3509000	Watson Chapel	2,779	10	0	1	2	5	62	54	0	34	80	0	0	248
3510000	White Hall	2,944	13	0	4	1	1	37	46	0	80	97	1	2	282
3541700	Pine Bluff Lighthouse	293	2	0	0	0	0	5	2	0	11	13	0	0	33
3542700	Resp. Ed Solutions Quest Middle School Of Pine Bluff	57	0	0	0	0	0	0	2	0	0	1	0	0	3
3601000	Clarksville	2,685	16	0	6	4	17	21	38	0	51	116	0	3	272
3604000	Lamar	1,251	7	0	0	0	2	24	25	0	37	52	1	2	150
3606000	Westside Johnson	654	2	0	0	0	3	16	12	0	23	49	0	0	105
3704000	Lafayette County	648	2	0	0	0	4	4	10	0	8	17	1	0	46
3804000	Hoxie	863	6	0	4	0	1	22	19	0	24	35	1	0	112
3806000	Sloan-Hendrix	706	4	0	0	1	1	9	11	0	11	47	0	0	84
3809000	Hillcrest	422	0	0	1	0	0	9	14	1	8	20	0	0	53
3810000	Lawrence County	922	9	0	2	0	1	17	26	0	47	24	0	0	126
3840700	Imboden Charter	64	1	0	0	0	0	1	2	0	1	6	0	0	11
3904000	Lee County	827	0	0	0	0	0	23	7	0	33	58	0	0	121
4003000	Star City	1,570	8	0	0	1	3	17	12	3	48	52	1	0	145
4101000	Ashdown	1,446	15	0	6	0	6	15	21	0	41	33	1	1	139
4102000	Foreman	502	2	0	1	0	0	5	7	0	9	38	0	0	62
4201000	Booneville	1,271	7	0	0	5	1	24	39	1	33	67	0	1	178
4202000	Magazine	525	1	0	0	1	1	7	17	0	18	45	0	0	90
4203000	Paris	1,089	11	0	0	4	2	19	20	0	24	38	1	2	121
4204000	Scranton	413	0	0	1	3	1	3	2	0	8	16	0	0	34
4301000	Lonoke	1,754	8	0	2	0	11	8	47	0	55	77	0	1	209
4302000	England	752	6	0	1	0	0	20	13	0	24	41	0	0	105
4303000	Carlisle	686	3	0	0	0	0	3	19	0	17	38	0	0	80
4304000	Cabot	10,128	106	0	59	5	28	161	247	3	235	288	3	3	1,138
4401000	Huntsville	2,303	8	0	2	4	5	26	31	0	52	90	0	1	219
4501000	Flippin	811	6	0	0	0	3	10	14	0	16	54	0	0	103
4502000	Yellville-Summit	694	4	0	0	1	0	9	21	0	15	44	0	1	95
4602000	Genoa Central	1,086	5	0	0	0	3	2	10	1	19	30	0	1	71
4603000	Fouke	1,018	1	0	0	1	2	6	10	0	36	33	0	1	90
4605000	Texarkana	4,321	24	0	4	0	5	84	90	2	63	86	0	0	358
4701000	Armored	424	3	0	0	0	0	4	5	1	8	21	0	0	42
4702000	Blytheville	2,348	21	0	0	4	5	84	49	2	48	87	2	0	302
4706000	Rivercrest 57	1,247	4	0	0	1	1	20	20	0	26	30	2	1	105
4708000	Gosnell	1,305	15	0	2	0	3	26	37	0	31	25	0	0	139
4712000	Manila	1,058	4	0	0	1	0	12	25	0	38	52	0	0	132
4713000	Osceola	1,300	4	0	0	0	5	54	13	0	17	49	0	2	144

District LEA	School District Description	2014-15 Total Enrollment	Autism	Deaf-Blindness	Emotional Disturbance	Hearing Impaired	Multiple Disabilities	Intellectual Disabilities	Other Health Impairment	Orthopedic Impairment	Speech Impairment	Specific Learning Disability	Traumatic Brain Injury	Vision Impairment	Total SPED
4801000	Brinkley	518	4	0	0	0	0	8	13	0	7	43	0	0	75
4802000	Clarendon	550	0	0	1	0	0	14	8	0	9	54	0	0	86
4901000	Caddo Hills	574	5	0	1	0	2	4	11	0	22	33	0	0	78
4902000	Mount Ida	483	4	0	1	0	0	6	13	0	25	24	0	0	73
5006000	Prescott	1,006	2	0	0	3	5	10	20	0	19	40	0	0	99
5008000	Nevada	411	1	0	2	0	1	6	12	0	12	20	0	0	54
5102000	Jasper	876	6	0	0	1	1	12	24	0	14	40	0	1	99
5106000	Deer/Mt. Judea	355	0	0	0	0	1	4	13	1	3	45	0	0	67
5201000	Bearden	525	3	0	0	0	1	4	6	0	18	15	0	0	47
5204000	Camden Fairview	2,567	21	0	1	1	10	32	51	0	82	63	0	2	263
5205000	Harmony Grove Ouach	960	4	0	0	1	0	2	27	0	15	41	0	0	90
5301000	East End	611	8	0	2	0	2	8	21	0	29	39	0	0	109
5303000	Perryville	977	3	0	1	0	0	11	47	1	30	78	0	0	171
5401000	Barton-Lexa	818	0	0	0	0	0	10	14	0	6	49	0	0	79
5403000	Helena/ West Helena	1,586	4	0	1	0	0	37	4	0	50	59	0	0	155
5404000	Marvell-Elaine	375	0	0	0	0	2	12	2	0	2	46	0	0	64
5440700	Kipp Delta Public Sch	1,324	5	0	1	0	0	29	7	0	27	59	0	0	128
5502000	Centerpoint	942	5	0	1	0	0	7	27	0	39	28	0	0	107
5503000	Kirby	371	1	0	0	0	1	0	14	0	7	9	0	0	32
5504000	South Pike County	695	0	0	2	0	4	3	20	0	38	34	0	0	101
5602000	Harrisburg	1,219	13	0	0	0	6	25	40	0	40	70	0	0	194
5604000	Marked Tree	558	4	0	3	0	0	11	14	1	21	35	0	0	89
5605000	Trumann	1,636	11	0	3	0	4	51	45	0	47	97	2	2	262
5608000	East Poinsett Co.	706	1	0	1	3	1	9	26	3	27	38	0	1	110
5703000	Mena	1,751	10	0	2	0	10	18	36	0	38	49	2	1	166
5706000	Ouachita River	712	2	0	0	1	2	2	15	0	32	16	1	2	73
5707000	Cossatot River	1,092	9	0	0	2	2	4	21	0	35	45	1	0	119
5801000	Atkins	1,002	2	0	0	1	3	8	39	1	37	44	1	0	136
5802000	Dover	1,394	14	0	1	0	0	11	53	4	47	37	0	1	168
5803000	Hector	577	4	0	0	0	2	2	12	0	21	20	0	1	62
5804000	Pottsville	1,647	14	0	0	2	3	13	63	0	41	41	0	1	178
5805000	Russellville	5,191	53	0	1	7	19	43	124	6	130	133	0	2	518
5901000	Des Arc	562	0	0	0	0	1	4	8	0	17	36	0	0	66
5903000	Hazen	634	4	0	0	1	1	18	15	0	18	38	0	0	95
6001000	Little Rock	23,363	241	1	38	17	82	211	736	7	851	555	13	7	2,759
6002000	N. Little Rock	8,576	40	0	10	2	23	69	185	1	266	223	1	1	821
6003000	Pulaski County Spec	16,592	136	0	32	12	101	152	435	8	571	683	3	6	2,139
6040700	Academics Plus	749	6	0	0	0	0	0	11	1	25	20	0	0	63
6041700	Lisa Academy	1,488	16	0	1	1	0	5	15	2	19	30	1	0	90
6043700	Arkansas Virtual Acad	1,647	37	0	6	2	3	11	52	0	24	69	0	1	205

District LEA	School District Description	2014-15 Total Enrollment	Autism	Deaf-Blindness	Emotional Disturbance	Hearing Impaired	Multiple Disabilities	Intellectual Disabilities	Other Health Impairment	Orthopedic Impairment	Speech Impairment	Specific Learning Disability	Traumatic Brain Injury	Vision Impairment	Total SPED
6044700	Covenantkeepers Chart	157	0	0	0	0	0	1	5	0	5	2	0	0	13
6047700	Estem Public Charter	1,462	16	0	0	0	1	1	26	2	23	42	1	0	112
6049700	Little Rock Preparatory Academy	398	2	0	0	0	0	0	6	0	19	4	0	2	33
6050700	Jacksonville Lighthouse Charter	913	2	0	2	0	0	1	4	0	22	33	0	0	64
6052700	Siatch Little Rock Charter	152	0	0	1	0	0	1	3	0	0	1	0	0	6
6053700	Resp. Ed Solutions Premier High School Of Little Rock	130	0	0	1	0	0	0	5	0	0	8	0	0	14
6054700	Resp.Ed Solutions Quest Middle School Of Little Rock	166	3	0	0	0	0	0	6	0	1	3	0	0	13
6055700	Exalt Academy Of Southwest Little Rock	112	0	0	0	0	0	0	0	0	3	0	0	0	3
6102000	Maynard	445	1	0	0	1	0	6	13	0	11	29	0	0	61
6103000	Pocahontas	1,883	18	0	1	1	11	51	35	0	86	38	0	0	241
6201000	Forrest City	2,668	20	0	5	1	4	57	94	0	74	96	1	1	353
6202000	Hughes	318	2	0	0	0	1	9	13	0	12	19	0	0	56
6205000	Palestine-Wheatley	767	1	0	0	0	1	11	19	0	13	45	0	0	90
6301000	Bauxite	1,595	4	0	0	3	3	5	29	1	18	60	1	0	124
6302000	Benton	5,000	25	0	12	1	8	36	92	0	108	157	3	3	445
6303000	Bryant	9,017	87	0	18	7	23	58	152	13	182	374	5	2	921
6304000	Harmony Grove Saline	1,153	5	0	2	0	2	7	31	0	24	46	0	0	117
6401000	Waldron	1,521	8	0	1	1	4	38	41	0	12	108	1	0	214
6502000	Searcy County	816	2	0	0	2	2	6	12	0	18	28	1	0	71
6505000	Ozark Mountain	657	2	0	1	1	3	11	19	1	4	50	0	0	92
6601000	Fort Smith	14,317	126	0	44	15	48	96	168	5	900	511	10	7	1,930
6602000	Greenwood	3,621	29	0	15	2	8	19	87	1	162	110	1	0	434
6603000	Hackett	610	3	0	4	1	1	11	6	0	16	39	0	0	81
6604000	Hartford	298	1	0	0	0	1	10	3	0	12	22	0	0	49
6605000	Lavaca	850	5	0	1	0	1	4	18	0	21	50	0	1	101
6606000	Mansfield	839	5	0	0	0	1	16	8	0	8	56	1	0	95
6701000	Dequeen	2,415	8	0	2	2	4	26	17	0	44	59	0	0	162
6703000	Horatio	855	2	0	2	1	2	7	20	0	16	27	1	0	78
6802000	Cave City	1,284	8	0	1	2	4	27	22	0	28	66	0	0	158
6804000	Highland	1,601	15	0	4	0	1	24	37	2	40	33	0	0	156
6901000	Mountain View	1,661	7	0	1	1	7	28	33	0	54	82	0	0	213
7001000	El Dorado	4,502	12	0	0	1	30	42	65	2	67	71	1	2	293

District LEA	School District Description	2014-15 Total Enrollment	Autism	Deaf-Blindness	Emotional Disturbance	Hearing Impaired	Multiple Disabilities	Intellectual Disabilities	Other Health Impairment	Orthopedic Impairment	Speech Impairment	Specific Learning Disability	Traumatic Brain Injury	Vision Impairment	Total SPED
7003000	Junction City	679	1	0	0	0	3	1	9	0	16	18	0	0	48
7007000	Parkers Chapel	783	2	0	0	0	5	5	16	0	10	28	1	0	67
7008000	Smackover-Norphlet	1,182	8	0	0	1	7	6	21	1	30	47	0	0	121
7009000	Strong-Huttig	335	2	0	0	0	6	5	5	0	11	14	0	0	43
7102000	Clinton	1,293	15	0	5	0	5	20	32	0	49	64	2	0	192
7104000	Shirley	412	3	0	3	1	0	7	18	0	13	31	0	1	77
7105000	South Side Vanburen	497	1	0	0	0	2	4	29	1	17	27	0	1	82
7201000	Elkins	1,112	11	0	3	1	3	11	16	0	21	38	0	1	105
7202000	Farmington	2,321	24	0	4	4	2	21	51	0	61	77	1	0	245
7203000	Fayetteville	9,503	172	0	54	13	31	44	195	11	212	358	2	5	1,097
7204000	Greenland	836	12	0	4	1	4	11	15	0	11	52	0	2	112
7205000	Lincoln	1,194	10	0	4	0	3	20	47	0	25	38	0	0	147
7206000	Prairie Grove	1,840	16	0	4	2	2	11	38	2	59	63	0	0	197
7207000	Springdale	21,120	196	0	40	31	61	260	333	9	413	656	7	8	2,014
7208000	West Fork	1,122	9	0	5	2	7	4	33	0	20	60	0	4	144
7240700	Haas Hall Academy	320													
7301000	Bald Knob	1,257	5	0	1	0	2	9	34	0	40	54	0	2	147
7302000	Beebe	3,261	27	0	3	3	10	9	88	0	97	153	2	3	395
7303000	Bradford	445	1	0	0	0	1	0	11	0	14	18	0	0	45
7304000	White Co. Central	680	3	0	1	0	2	7	18	0	20	47	0	0	98
7307000	Riverview	1,369	7	0	2	1	2	18	33	2	45	62	0	2	174
7309000	Pangburn	766	2	0	0	0	3	0	16	0	23	21	0	0	65
7310000	Rose Bud	842	2	0	0	0	0	5	18	0	33	62	2	0	122
7311000	Searcy	4,142	43	0	14	2	9	61	105	1	95	126	1	0	457
7401000	Augusta	374	3	0	0	0	1	8	4	1	10	19	0	0	46
7403000	Mccrory	626	1	0	0	0	0	10	6	0	17	40	0	0	74
7503000	Danville	864	1	0	1	0	1	9	14	0	30	58	0	0	114
7504000	Dardanelle	2,097	16	0	1	6	9	39	36	2	74	95	1	1	280
7509000	Western Yell Co.	423	1	0	1	1	0	7	9	0	23	31	0	1	74
7510000	Two Rivers	794	6	0	0	0	0	14	25	0	18	81	0	0	144
			3,778	4	780	348	1,293	5,669	10,451	181	12,535	18,064	147	153	53,403

APPENDIX C – 2015-16 MINIMUM TEACHER SALARY BY DISTRICT

The following table provides the minimum teacher salary for each school district for the 2015-16 school year.

LEA	District	BACHELOR'S			MASTER'S		HIGHEST
		BA: 0 yrs	BA: 15 yrs	TOP BA	MA: 0 yrs	MA: 15 yrs	TOP SCH
101	DEWITT	\$35,535	\$42,660	\$43,135	\$39,784	\$47,284	\$47,784
104	STUTTGART	\$35,320	\$42,670	\$44,274	\$38,657	\$46,877	\$51,811
201	CROSSETT	\$31,000	\$37,750	\$40,100	\$35,300	\$42,800	\$48,053
203	HAMBURG	\$32,000	\$38,750	\$42,432	\$36,500	\$44,150	\$47,620
302	COTTER	\$30,983	\$37,969	\$42,930	\$35,336	\$43,082	\$48,037
303	MOUNTAIN HOME	\$35,780	\$44,180	\$56,285	\$39,455	\$47,855	\$57,545
304	NORFORK	\$30,900	\$37,650	\$44,600	\$35,025	\$42,525	\$48,025
401	BENTONVILLE	\$44,708	\$55,664	\$57,358	\$47,843	\$59,578	\$71,121
402	DECATUR	\$31,600	\$38,350	\$43,562	\$35,725	\$43,225	\$48,225
403	GENTRY	\$35,000	\$42,500	\$51,030	\$39,532	\$47,032	\$55,768
404	GRAVETTE	\$41,300	\$49,550	\$56,510	\$44,645	\$53,645	\$66,035
405	ROGERS	\$44,250	\$56,480	\$67,892	\$46,696	\$58,926	\$73,605
406	SILOAM SPRINGS	\$39,500	\$46,970	\$52,197	\$41,700	\$49,820	\$58,207
407	PEA RIDGE	\$40,000	\$47,875	\$57,450	\$42,550	\$50,425	\$60,850
501	ALPENA	\$32,000	\$39,500	\$44,750	\$35,870	\$44,270	\$53,120
502	BERGMAN	\$32,151	\$42,408	\$47,058	\$35,401	\$45,658	\$51,058
503	HARRISON	\$33,780	\$43,005	\$48,975	\$37,120	\$46,345	\$51,545
504	OMAHA	\$31,000	\$37,750	\$40,000	\$35,650	\$43,150	\$44,650
505	VALLEY SPRINGS	\$31,126	\$40,143	\$45,978	\$35,369	\$45,183	\$52,554
506	LEAD HILL	\$30,122	\$37,122	\$38,122	\$34,640	\$42,140	\$43,140
601	HERMITAGE	\$30,122	\$36,872	\$41,271	\$34,640	\$42,140	\$47,026
602	WARREN	\$31,100	\$37,900	\$45,964	\$34,928	\$42,478	\$48,528
701	HAMPTON	\$32,049	\$38,799	\$46,179	\$35,174	\$42,839	\$54,177
801	BERRYVILLE	\$33,750	\$40,500	\$45,750	\$37,875	\$45,375	\$51,375
802	EUREKA SPRINGS	\$35,750	\$42,500	\$50,093	\$39,875	\$47,375	\$52,375
803	GREEN FORREST	\$32,650	\$39,400	\$44,900	\$36,881	\$44,381	\$50,381
901	DERMOTT	\$30,122	\$36,872	\$38,872	\$34,640	\$42,140	\$43,965
903	LAKESIDE	\$34,244	\$40,994	\$43,044	\$38,630	\$46,130	\$48,130
1002	ARKADELPHIA	\$31,204	\$38,074	\$40,822	\$35,329	\$42,949	\$48,013
1003	GURDON	\$32,621	\$40,496	\$42,596	\$37,438	\$46,063	\$48,363
1101	CORNING	\$31,000	\$39,445	\$40,571	\$35,650	\$44,016	\$45,142
1104	PIGGOTT	\$31,910	\$39,110	\$40,845	\$35,685	\$43,635	\$45,455
1106	RECTOR	\$32,305	\$40,555	\$40,555	\$35,505	\$44,505	\$44,505
1201	CONCORD	\$32,000	\$40,250	\$45,550	\$36,500	\$44,750	\$48,050
1202	HEBER SPRINGS	\$31,550	\$39,990	\$46,520	\$35,750	\$44,190	\$52,680
1203	QUITMAN	\$32,000	\$39,500	\$40,305	\$36,535	\$45,535	\$46,341
1204	WESTSIDE	\$32,000	\$39,500	\$48,000	\$36,000	\$44,250	\$51,400
1304	WOODLAWN	\$31,000	\$38,500	\$46,300	\$36,150	\$43,650	\$48,650
1305	CLEVELAND COUNTY	\$31,136	\$38,786	\$43,046	\$35,427	\$43,077	\$47,337
1402	MAGNOLIA	\$37,700	\$44,450	\$49,700	\$40,400	\$47,900	\$54,400

LEA	District	BACHELOR'S			MASTER'S		HIGHEST
		BA: 0 yrs	BA:15 yrs	TOP BA	MA: 0 yrs	MA:15 yrs	TOP SCH
1408	EMERSON-TAYLOR-BRADLEY	\$34,000	\$40,750	\$43,900	\$38,500	\$46,000	\$49,500
1503	NEMO VISTA	\$30,530	\$40,280	\$42,280	\$34,655	\$43,655	\$43,655
1505	WONDERVIEW	\$31,050	\$38,550	\$39,580	\$35,700	\$43,950	\$44,435
1507	SOUTH CONWAY CO.	\$33,260	\$42,260	\$47,960	\$37,860	\$48,360	\$52,860
1601	BAY	\$33,254	\$40,124	\$42,414	\$37,453	\$45,088	\$47,633
1602	WESTSIDE	\$31,995	\$40,095	\$46,249	\$36,741	\$44,841	\$59,129
1603	BROOKLAND	\$36,886	\$46,186	\$51,766	\$39,386	\$48,686	\$57,366
1605	BUFFALO ISLAND	\$32,850	\$39,600	\$43,744	\$35,637	\$43,137	\$45,637
1608	JONESBORO	\$39,000	\$47,400	\$53,185	\$41,800	\$50,200	\$64,385
1611	NETTLETON	\$36,524	\$44,549	\$51,014	\$39,883	\$47,908	\$56,544
1612	VALLEY VIEW	\$35,910	\$44,385	\$49,305	\$38,910	\$47,385	\$54,405
1613	RIVERSIDE	\$32,577	\$39,327	\$43,977	\$36,137	\$43,937	\$48,977
1701	ALMA	\$38,800	\$45,100	\$59,540	\$40,800	\$47,100	\$63,540
1702	CEDARVILLE	\$31,800	\$39,300	\$43,850	\$36,025	\$44,275	\$52,625
1703	MOUNTAINBURG	\$32,400	\$39,960	\$48,588	\$36,552	\$44,112	\$54,816
1704	MULBERRY	\$30,132	\$36,972	\$40,164	\$34,640	\$42,380	\$46,772
1705	VAN BUREN	\$37,600	\$44,620	\$52,876	\$40,272	\$47,292	\$56,784
1802	EARLE	\$33,000	\$40,304	\$43,283	\$34,982	\$45,953	\$49,732
1803	WEST MEMPHIS	\$42,000	\$48,750	\$54,600	\$44,275	\$51,025	\$58,475
1804	MARION	\$39,305	\$46,505	\$54,185	\$41,580	\$48,780	\$61,010
1901	CROSS COUNTY	\$31,500	\$38,250	\$42,000	\$36,000	\$44,250	\$55,600
1905	WYNNE	\$37,000	\$47,200	\$55,400	\$41,200	\$51,400	\$61,100
2002	FORDYCE	\$30,500	\$38,000	\$42,300	\$34,725	\$42,225	\$45,425
2104	DUMAS	\$30,122	\$37,202	\$39,562	\$34,640	\$42,140	\$46,140
2105	MCGEHEE	\$32,125	\$39,985	\$45,521	\$36,500	\$44,360	\$49,897
2202	DREW CENTRAL	\$32,000	\$38,750	\$45,330	\$36,500	\$44,000	\$49,880
2203	MONTICELLO	\$32,000	\$39,500	\$45,286	\$36,650	\$44,300	\$50,346
2301	CONWAY	\$39,878	\$52,332	\$56,196	\$45,189	\$57,643	\$70,355
2303	GREENBRIER	\$39,650	\$49,025	\$56,502	\$43,513	\$52,888	\$65,353
2304	GUY-PERKINS	\$32,500	\$41,770	\$42,733	\$37,155	\$47,970	\$48,952
2305	MAYFLOWER	\$33,273	\$42,818	\$47,440	\$37,517	\$47,146	\$53,115
2306	MT VERNON-ENOLA	\$33,500	\$40,250	\$41,600	\$37,650	\$45,900	\$47,550
2307	VILONIA	\$37,245	\$47,595	\$55,875	\$40,005	\$50,355	\$59,985
2402	CHARLESTON	\$36,650	\$46,223	\$55,797	\$39,841	\$49,414	\$58,988
2403	COUNTY LINE	\$31,606	\$38,356	\$46,272	\$36,272	\$43,772	\$46,872
2404	OZARK	\$37,119	\$45,744	\$50,494	\$41,494	\$50,119	\$58,394
2501	MAMMOTH SPRING	\$30,516	\$37,266	\$37,266	\$35,018	\$42,518	\$42,518
2502	SALEM	\$34,500	\$42,000	\$46,000	\$38,500	\$46,000	\$48,000
2503	VIOLA	\$32,000	\$39,500	\$44,600	\$36,200	\$43,700	\$47,200
2601	CUTTER-MORNING STAR	\$30,500	\$38,000	\$44,500	\$34,800	\$43,050	\$50,050
2602	FOUNTAIN LAKE	\$38,255	\$45,905	\$52,535	\$42,380	\$50,030	\$60,785
2603	HOT SPRINGS	\$38,749	\$46,459	\$51,139	\$40,913	\$46,823	\$56,441
2604	JESSIEVILLE	\$34,054	\$41,554	\$50,754	\$37,054	\$44,554	\$53,054
2605	LAKE HAMILTON	\$40,050	\$50,550	\$52,800	\$43,150	\$53,650	\$60,250

LEA	District	BACHELOR'S			MASTER'S		HIGHEST
		BA: 0 yrs	BA:15 yrs	TOP BA	MA: 0 yrs	MA:15 yrs	TOP SCH
2606	LAKESIDE	\$40,813	\$49,629	\$59,003	\$44,473	\$53,288	\$62,663
2607	MOUNTAIN PINE	\$31,000	\$38,350	\$43,850	\$36,000	\$44,100	\$49,100
2703	POYEN	\$33,050	\$40,550	\$48,750	\$37,875	\$45,375	\$52,875
2705	SHERIDAN	\$36,500	\$46,850	\$53,282	\$39,482	\$49,832	\$57,644
2803	MARMADUKE	\$32,500	\$41,500	\$43,800	\$34,700	\$43,700	\$49,300
2807	GREENE CO TECH	\$33,450	\$40,950	\$43,450	\$37,000	\$44,950	\$54,250
2808	PARAGOULD	\$32,300	\$39,350	\$42,230	\$36,500	\$44,450	\$54,280
2901	BLEVINS	\$30,122	\$36,872	\$39,122	\$34,640	\$42,140	\$44,640
2903	HOPE	\$32,025	\$39,225	\$43,465	\$36,340	\$44,440	\$53,940
2906	SPRING HILL	\$31,966	\$39,466	\$45,966	\$36,257	\$44,507	\$51,657
3001	BISMARCK	\$31,940	\$38,690	\$40,940	\$36,274	\$43,774	\$46,274
3002	GLEN ROSE	\$32,820	\$43,024	\$44,384	\$37,196	\$47,399	\$50,120
3003	MAGNET COVE	\$31,500	\$39,000	\$44,500	\$35,500	\$43,000	\$50,000
3004	MALVERN	\$35,199	\$45,004	\$49,579	\$39,382	\$49,186	\$53,761
3005	OUACHITA	\$32,000	\$38,750	\$40,300	\$36,550	\$44,050	\$45,550
3102	DIERKS	\$31,975	\$38,725	\$40,975	\$36,266	\$43,766	\$46,266
3104	MINERAL SPRINGS	\$33,133	\$40,783	\$43,117	\$38,103	\$46,593	\$49,618
3105	NASHVILLE	\$36,600	\$45,600	\$47,700	\$41,500	\$50,500	\$52,600
3201	BATESVILLE	\$31,310	\$40,779	\$43,430	\$36,007	\$45,475	\$48,127
3209	SOUTHSIDE	\$31,635	\$40,635	\$43,535	\$35,760	\$44,760	\$47,660
3211	MIDLAND	\$31,000	\$37,750	\$40,000	\$35,500	\$43,000	\$45,500
3212	CEDAR RIDGE	\$31,000	\$38,800	\$40,250	\$35,400	\$42,900	\$45,100
3301	CALICO ROCK	\$31,250	\$38,000	\$43,631	\$35,631	\$43,131	\$43,631
3302	MELBOURNE	\$33,300	\$40,050	\$41,400	\$37,634	\$45,134	\$46,634
3306	IZARD COUNTY	\$32,700	\$39,450	\$41,700	\$37,000	\$44,500	\$47,000
3403	NEWPORT	\$32,000	\$41,360	\$46,560	\$36,160	\$45,520	\$51,760
3405	JACKSON COUNTY	\$30,628	\$37,378	\$39,628	\$35,015	\$42,515	\$45,105
3502	DOLLARWAY	\$32,275	\$39,775	\$44,775	\$36,275	\$43,775	\$46,775
3505	PINE BLUFF	\$33,394	\$46,504	\$50,828	\$36,405	\$49,515	\$55,775
3509	WATSON CHAPEL	\$36,500	\$45,125	\$50,875	\$40,300	\$48,925	\$56,775
3510	WHITE HALL	\$37,500	\$49,487	\$53,844	\$39,299	\$51,286	\$57,901
3601	CLARKSVILLE	\$37,500	\$44,550	\$55,145	\$40,500	\$49,575	\$61,710
3604	LAMAR	\$34,977	\$42,702	\$46,864	\$39,264	\$46,989	\$53,231
3606	WESTSIDE	\$31,440	\$38,190	\$45,050	\$35,565	\$43,815	\$51,775
3704	LAFAYETTE COUNTY	\$31,500	\$38,250	\$38,700	\$35,625	\$43,125	\$43,625
3804	HOXIE	\$31,038	\$38,493	\$42,875	\$35,424	\$43,149	\$48,453
3806	SLOAN-HENDRIX	\$31,611	\$38,361	\$43,656	\$35,902	\$43,402	\$51,192
3809	HILLCREST	\$30,730	\$37,684	\$37,684	\$35,248	\$42,975	\$42,975
3810	LAWRENCE COUNTY	\$30,900	\$37,650	\$39,550	\$35,225	\$42,875	\$46,425
3904	LEE COUNTY	\$32,660	\$40,910	\$42,660	\$35,260	\$43,510	\$48,240
4003	STAR CITY	\$32,014	\$42,469	\$51,418	\$36,669	\$47,610	\$56,997
4101	ASHDOWN	\$32,250	\$38,850	\$44,630	\$36,250	\$43,600	\$49,980
4102	FOREMAN	\$31,844	\$38,594	\$40,894	\$36,230	\$43,730	\$45,980
4201	BOONEVILLE	\$33,475	\$40,725	\$45,775	\$35,875	\$43,625	\$49,225

LEA	District	BACHELOR'S			MASTER'S		HIGHEST
		BA: 0 yrs	BA:15 yrs	TOP BA	MA: 0 yrs	MA:15 yrs	TOP SCH
4202	MAGAZINE	\$31,608	\$38,558	\$42,308	\$35,946	\$43,446	\$47,527
4203	PARIS	\$33,200	\$40,100	\$43,440	\$35,950	\$43,600	\$49,050
4204	SCRANTON	\$31,700	\$39,200	\$41,700	\$35,975	\$43,475	\$45,475
4301	LONOKE	\$33,966	\$41,016	\$44,856	\$37,154	\$46,104	\$53,484
4302	ENGLAND	\$30,996	\$38,157	\$43,462	\$35,373	\$43,329	\$48,899
4303	CARLISLE	\$31,000	\$38,125	\$40,050	\$35,400	\$43,275	\$47,450
4304	CABOT	\$40,575	\$50,775	\$59,550	\$43,230	\$53,430	\$61,795
4401	HUNTSVILLE	\$35,073	\$49,102	\$53,311	\$38,230	\$52,259	\$56,468
4501	FLIPPIN	\$31,500	\$39,300	\$43,400	\$35,500	\$44,000	\$50,200
4502	YELLVILLE-SUMMITT	\$32,100	\$39,975	\$44,625	\$36,200	\$44,075	\$49,825
4602	GENOA CENTRAL	\$33,025	\$42,025	\$46,975	\$36,550	\$45,550	\$51,175
4603	FOUKE	\$31,050	\$40,365	\$46,265	\$35,242	\$44,557	\$50,456
4605	TEXARKANA	\$35,958	\$44,736	\$46,842	\$40,639	\$50,295	\$54,391
4701	ARMOREL	\$32,500	\$40,000	\$42,500	\$38,000	\$45,500	\$48,000
4702	BLYTHEVILLE	\$32,961	\$40,448	\$48,427	\$35,236	\$43,554	\$51,429
4706	RIVERCREST	\$32,605	\$40,105	\$42,605	\$36,405	\$43,905	\$48,405
4708	GOSNELL	\$35,187	\$42,766	\$49,197	\$35,936	\$44,237	\$51,123
4712	MANILA	\$33,374	\$45,149	\$48,284	\$35,714	\$47,489	\$50,624
4713	OSCEOLA	\$34,065	\$42,260	\$46,175	\$35,865	\$44,510	\$50,665
4801	BRINKLEY	\$31,200	\$40,575	\$43,700	\$35,325	\$44,700	\$50,825
4802	CLARENDON	\$30,760	\$38,260	\$38,260	\$34,885	\$43,135	\$43,135
4901	CADDO HILLS	\$30,500	\$37,325	\$40,576	\$35,018	\$42,593	\$44,108
4902	MOUNT IDA	\$30,250	\$37,750	\$41,410	\$34,640	\$42,290	\$45,950
5006	PRESCOTT	\$31,550	\$38,300	\$41,225	\$35,884	\$43,384	\$46,634
5008	NEVADA COUNTY	\$30,122	\$36,872	\$37,772	\$34,640	\$42,140	\$43,140
5102	JASPER	\$30,415	\$39,440	\$44,200	\$34,928	\$43,953	\$46,962
5106	DEER/MOUNT JUDEA	\$30,122	\$36,872	\$39,150	\$34,640	\$42,140	\$43,200
5201	BEARDEN	\$31,050	\$38,150	\$43,350	\$35,250	\$42,750	\$47,100
5204	CAMDEN FAIRVIEW	\$34,022	\$41,672	\$45,442	\$36,852	\$44,502	\$49,802
5205	HARMONY GROVE	\$32,100	\$38,850	\$43,100	\$35,100	\$42,600	\$47,500
5301	EAST END	\$30,122	\$37,622	\$42,381	\$34,640	\$42,140	\$47,640
5303	PERRYVILLE	\$31,748	\$39,473	\$44,528	\$36,473	\$44,198	\$47,803
5401	BARTON-LEXA	\$38,246	\$45,622	\$48,080	\$40,868	\$49,063	\$53,899
5403	HELENA W.HELENA	\$36,246	\$45,561	\$47,424	\$39,017	\$48,332	\$50,195
5404	MARVELL-ELAINE	\$36,500	\$43,250	\$44,150	\$40,368	\$48,768	\$55,867
5502	CENTERPOINT	\$30,122	\$36,872	\$37,872	\$34,640	\$42,140	\$43,140
5503	KIRBY	\$30,122	\$36,872	\$37,322	\$34,640	\$42,140	\$42,640
5504	SOUTH PIKE COUNTY	\$30,122	\$37,622	\$40,622	\$34,640	\$42,890	\$46,190
5602	HARRISBURG	\$31,400	\$39,350	\$43,850	\$35,740	\$46,565	\$55,865
5604	MARKED TREE	\$32,000	\$38,750	\$42,450	\$36,000	\$43,500	\$48,500
5605	TRUMANN	\$32,310	\$39,060	\$45,860	\$36,530	\$44,180	\$51,980
5608	EAST POINSETT	\$31,500	\$39,000	\$41,500	\$35,000	\$43,250	\$46,000
5703	MENA	\$33,100	\$39,850	\$46,900	\$35,500	\$43,000	\$53,100
5706	OUACHITA RIVER	\$30,122	\$36,872	\$43,372	\$34,640	\$42,140	\$47,140

LEA	District	BACHELOR'S			MASTER'S		HIGHEST
		BA: 0 yrs	BA:15 yrs	TOP BA	MA: 0 yrs	MA:15 yrs	TOP SCH
5707	COSSATOT RIVER	\$30,122	\$36,872	\$43,222	\$34,640	\$42,140	\$48,640
5801	ATKINS	\$32,236	\$41,236	\$44,736	\$36,636	\$45,636	\$49,136
5802	DOVER	\$33,705	\$45,360	\$48,468	\$37,830	\$49,485	\$51,039
5803	HECTOR	\$31,250	\$40,250	\$42,850	\$35,550	\$44,550	\$45,150
5804	POTTSVILLE	\$35,623	\$44,623	\$50,023	\$38,023	\$47,023	\$52,423
5805	RUSSELLVILLE	\$37,550	\$45,500	\$53,450	\$40,190	\$48,890	\$66,290
5901	DES ARC	\$30,122	\$36,872	\$43,868	\$34,640	\$42,140	\$49,140
5903	HAZEN	\$30,122	\$36,872	\$41,372	\$34,640	\$42,140	\$47,140
6001	LITTLE ROCK	\$35,232	\$54,202	\$62,231	\$40,550	\$59,521	\$68,634
6002	NORTH LITTLE ROCK	\$34,510	\$49,887	\$56,038	\$37,687	\$53,064	\$65,873
6003	PULASKI COUNTY	\$34,106	\$47,906	\$54,206	\$39,806	\$55,856	\$69,206
6102	MAYNARD	\$30,122	\$37,622	\$39,955	\$34,640	\$42,890	\$45,080
6103	POCAHONTAS	\$34,600	\$42,535	\$45,585	\$38,584	\$46,519	\$49,569
6201	FORREST CITY	\$36,832	\$46,942	\$53,728	\$41,230	\$51,340	\$62,775
6205	PALESTINE-WHEATLEY	\$30,951	\$39,951	\$44,151	\$35,089	\$44,089	\$48,289
6301	BAUXITE	\$40,000	\$47,900	\$54,800	\$41,600	\$49,500	\$58,000
6302	BENTON	\$36,425	\$49,835	\$56,570	\$39,143	\$52,553	\$61,529
6303	BRYANT	\$38,580	\$51,450	\$59,398	\$42,080	\$54,950	\$68,746
6304	HARMONY GROVE	\$38,200	\$46,450	\$54,550	\$40,600	\$48,850	\$58,850
6401	WALDRON	\$34,550	\$41,675	\$46,450	\$37,950	\$45,825	\$49,450
6502	SEARCY COUNTY	\$31,000	\$37,750	\$40,500	\$34,905	\$42,405	\$45,400
6505	OZARK MOUNTAIN	\$30,122	\$36,872	\$39,572	\$34,640	\$42,140	\$43,840
6601	FORT SMITH	\$37,500	\$51,850	\$62,350	\$44,250	\$58,600	\$69,100
6602	GREENWOOD	\$40,341	\$47,841	\$59,591	\$43,341	\$50,841	\$63,841
6603	HACKETT	\$35,500	\$42,250	\$48,500	\$39,400	\$46,900	\$53,800
6605	LAVACA	\$33,450	\$40,950	\$46,130	\$37,475	\$44,975	\$51,675
6606	MANSFIELD	\$30,939	\$37,689	\$45,964	\$36,576	\$44,076	\$50,576
6701	DeQUEEN	\$38,200	\$45,700	\$48,200	\$40,700	\$49,700	\$52,700
6703	HORATIO	\$33,300	\$40,800	\$45,550	\$35,800	\$45,550	\$48,800
6802	CAVE CITY	\$30,740	\$37,490	\$39,740	\$35,126	\$42,626	\$44,876
6804	HIGHLAND	\$32,750	\$40,250	\$43,250	\$36,775	\$44,275	\$54,325
6901	MOUNTAIN VIEW	\$30,122	\$40,435	\$48,061	\$35,374	\$45,686	\$51,562
7001	EL DORADO	\$35,000	\$41,950	\$43,750	\$37,625	\$45,125	\$49,175
7003	JUNCTION CITY	\$31,470	\$38,970	\$41,470	\$35,970	\$43,470	\$47,970
7007	PARKERS CHAPEL	\$31,704	\$38,574	\$42,964	\$35,904	\$43,539	\$49,234
7008	SMACKOVER-NORPHLET	\$32,000	\$38,750	\$41,900	\$36,500	\$44,000	\$45,000
7009	STRONG-HUTTIG	\$30,122	\$36,872	\$39,872	\$34,640	\$42,140	\$44,640
7102	CLINTON	\$31,494	\$38,244	\$43,587	\$35,880	\$43,380	\$46,880
7104	SHIRLEY	\$30,122	\$37,081	\$41,101	\$34,640	\$42,364	\$46,690
7105	SOUTH SIDE	\$33,000	\$40,400	\$41,400	\$37,200	\$45,300	\$45,300
7201	ELKINS	\$33,301	\$40,051	\$48,751	\$36,301	\$43,801	\$55,876
7202	FARMINGTON	\$40,200	\$47,910	\$57,120	\$42,700	\$50,410	\$59,120
7203	FAYETTEVILLE	\$41,310	\$50,235	\$53,397	\$44,778	\$56,253	\$70,176
7204	GREENLAND	\$33,008	\$39,758	\$46,208	\$36,730	\$44,230	\$51,030

LEA	District	BACHELOR'S			MASTER'S		HIGHEST
		BA: 0 yrs	BA:15 yrs	TOP BA	MA: 0 yrs	MA:15 yrs	TOP SCH
7205	LINCOLN	\$36,000	\$42,750	\$49,500	\$39,000	\$46,500	\$54,000
7206	PRAIRIE GROVE	\$38,700	\$45,874	\$53,251	\$40,847	\$49,386	\$56,636
7207	SPRINGDALE	\$46,816	\$57,161	\$68,692	\$49,340	\$59,891	\$75,316
7208	WEST FORK	\$35,007	\$43,482	\$52,857	\$37,607	\$46,082	\$54,957
7301	BALD KNOB	\$36,900	\$43,920	\$48,540	\$40,150	\$48,106	\$52,600
7302	BEEBE	\$39,000	\$47,625	\$54,385	\$42,240	\$50,865	\$60,500
7303	BRADFORD	\$31,750	\$39,400	\$40,000	\$35,875	\$43,525	\$43,525
7304	WHITE CO. CENTRAL	\$34,000	\$41,500	\$47,250	\$38,125	\$45,625	\$50,625
7307	RIVERVIEW	\$40,250	\$47,750	\$53,450	\$44,375	\$51,875	\$56,875
7309	PANGBURN	\$34,000	\$42,250	\$46,500	\$38,200	\$46,450	\$49,200
7310	ROSE BUD	\$35,250	\$43,500	\$45,150	\$39,375	\$47,625	\$49,275
7311	SEARCY	\$40,100	\$48,725	\$57,550	\$42,800	\$51,425	\$60,700
7401	AUGUSTA	\$30,122	\$36,872	\$36,872	\$34,640	\$42,140	\$42,140
7403	MCCRORY	\$36,200	\$43,700	\$45,700	\$39,500	\$47,000	\$49,000
7503	DANVILLE	\$32,000	\$38,825	\$42,810	\$36,000	\$43,575	\$47,910
7504	DARDANELLE	\$36,650	\$46,192	\$48,533	\$40,649	\$50,440	\$53,260
7509	WESTERN YELL CO	\$31,000	\$37,750	\$42,144	\$35,650	\$43,150	\$47,794
7510	TWO RIVERS	\$31,600	\$38,350	\$43,860	\$36,020	\$43,520	\$49,330

APPENDIX D – ADVISORY GUIDELINES ON THE USE OF RESTRAINTS

Arkansas Department of Education
Advisory Guidelines for the Use of Student Restraints
in Public School or Educational Settings
2014

The Arkansas Department of Education (ADE) believes that it is the responsibility of every school district in the state to ensure the safety of all of its students and school personnel. This includes the responsibility of ensuring that every student is safe and protected from being unnecessarily or inappropriately restrained. (Duncan, U.S. Department of Education, July 31, 2009)

In 2009, the Congressional Research Service published a report documenting a number of serious injuries and even deaths resulting from the use of different types of restraints in selected schools nationwide. In the summer of 2009, U.S. Secretary of Education, Arne Duncan, asked all state departments of education to address this issue by reviewing their respective statutes, regulations, rules, or advisory documents in this area to determine whether they needed to be developed (if not yet in existence) or updated (Duncan, U.S. Department of Education, July 31, 2009). This review was extended to include both acts of student restraints and seclusion, and in 2012, the U.S. Department of Education published *Restraint and Seclusion: Resource Document* (U.S. Department of Education, Washington D.C., 2012) to assist states in this process.

The *Restraint and Seclusion: Resource Document* clearly states that every effort should be made (a) to prevent the need for the use of physical restraint and seclusion; and (b) any behavioral intervention must be consistent with the student's right to be treated with dignity and to be free from abuse. The document also emphasizes that:

- Restraint should be avoided to the greatest extent possible without endangering the safety of students and staff; and
- Physical restraint should not be used except in situations where the student's behavior poses imminent danger of serious physical harm to self or others, and it should be discontinued as soon as the imminent danger of serious physical harm to self or others has dissipated. Chemical and mechanical restraint should never be used in a school setting.

The Arkansas Department of Education (ADE) has developed this advisory document to provide guidelines and recommendations to Arkansas school districts on essential principles, policies, and practices to implement in order to meet the above goals. This document includes (a) definitions of important terms, (b) approaches that prevent the need for student restraint, (c) the responsibilities of Arkansas school districts, (d) guidance on how and when to use a restraint if needed, (e) details on how to communicate, report, and debrief following the use of restraint, and (f) recommended training and program components.

These guidelines are applicable to any school-aged and enrolled student, regardless of whether the student has an identified disability, but they do not supersede federal or state law. Districts must still follow all relevant federal and state laws, including the Individuals with Disabilities Education Act (IDEA), the Americans with Disabilities Act of 1990 (as amended), and Section 504 of the Rehabilitation Act of 1973 (as amended), whenever a student with a disability is restrained or secluded, or whenever such action is contemplated. Because these laws and legal requirements exist in separate statutes, they are not addressed in this document.

It is recommended that all Arkansas school districts review this document and adopt policies and procedures consistent with the guidance herein. Additionally, school districts should review the ADE Special Education and Related Services, Procedural Requirements, Section 20.00, governing the use of a Time-Out Seclusion Room. The regulatory requirements for the use of

Time-Out Seclusion are not addressed in this advisory document. It is further recommended that all Arkansas school districts provide their staff with the training, tools, and supports needed to ensure the safety of all students and personnel.

Section 1. Definitions.

(1) Arkansas Department of Education (ADE) – the State educational agency (SEA) designated in State law as responsible for the State supervision of public elementary and secondary schools. (ADE Special Education and Related Services, Procedural Requirements, Sec. 2.00)

(2) Aversive behavioral interventions – a physical or sensory intervention program intended to modify behavior through the use of substances or stimuli that the implementer knows would cause physical trauma, emotional trauma, or both, to a student, even when the substance or stimulus appears to be pleasant or neutral to others, and may include hitting, pinching, slapping, water spray, noxious fumes, extreme physical exercise, loud auditory stimuli, withholding of meals, or denial of reasonable access to toileting facilities. (Kentucky Administrative Regulations, 704 KAR 7:160)

(3) Behavior intervention – the implementation of services, supports, or strategies to teach and increase appropriate behavior and/or substantially decrease or eliminate behavior that is dangerous, inappropriate, or otherwise impedes the learning of the student and/or other students.

(4) Behavior Intervention Plan (BIP) [also referred to as a Behavior Support Plan (BSP)] – a written plan, developed by a team, that delineates emotional, social, and/or behavioral goals for a student and the steps that the school, student, parent and/or others will take to positively support the student's progress toward those goals. A Behavior Intervention Plan is comprised of practical and specific strategies to increase or reduce defined behaviors or one or more patterns of behavior exhibited by a student. A Behavior Intervention Plan includes the following:

- a) A definition or description of the desired target behavior(s) or outcome(s) in specific, measurable terms.
- b) A plan for preventing and eliminating inappropriate student behavior (where it exists) by changing some of the conditions that are triggering, motivating, underlying, or supporting that behavior as determined through a Functional Behavior Assessment (FBA).
- c) A plan for teaching the student to demonstrate appropriate social, emotional, or behavioral self-management, or new ways to address or meet his or her own needs.
- d) A description of how specific incentives and/or consequences will be used to, as needed, decrease or eliminate inappropriate student behavior, and to increase appropriate behavior.
- e) A plan for how to manage crisis situations if they occur.
- f) A data collection, analysis, and evaluation system.
- g) The people, other resources, and training needed before implementing the plan.
- h) The timelines for implementing different facets of the intervention, including when the intervention will be formally reviewed.

(5) Chemical restraint – the use of a drug or medication to control a student's behavior or restrict his freedom of movement. This does not include medications prescribed by a licensed physician, or other qualified health professional acting under the scope of the professional's authority under state law, for the standard treatment of a student's medical or psychiatric condition, and administered as prescribed by the licensed physician or other qualified health professional acting under the scope of the professional's authority under state law. (*Keeping All Students Safe Act*, H.B. 1381 (2011))

(6) Consequence – an event that occurs immediately after a behavior or behavioral response, or a planned action in response to an inappropriate student behavior, whose purpose is to motivate the student to demonstrate an appropriate behavior the next time.

(7) Crisis – a situation where a student is engaging in behaviors that threaten the health and safety of him or herself or others. Often these are situations in school where a student becomes aggressive or violent and is unable to regain self-control without posing a danger of injury to self or others.

(8) Crisis Intervention – the implementation of services, supports, and strategies to immediately stabilize a crisis situation, and after the crisis is over, to prevent the crisis from reoccurring.

(9) Crisis Intervention Training Program – a program that provides training, using effective evidence-based practices, in: (a) the prevention of the use of physical restraint; (b) keeping both school personnel and students safe in imposing physical restraint in a manner consistent with these guidelines; (c) the use of data-based decision making and evidence-based positive behavioral interventions and supports, safe physical escort, conflict prevention, behavioral antecedents, functional behavior assessments, de-escalation of challenging behaviors, and conflict management; and (d) first aid, including the signs of medical distress, and cardiopulmonary resuscitation; and requires certification, including periodic renewal, in the practices and skills necessary for school personnel to properly implement the program. (*Keeping All Students Safe Act*, S.B. 2020 (2011))

(10) Dangerous behavior – behavior that presents an imminent danger of serious physical harm to self or others. This does not include inappropriate behaviors such as disrespect, noncompliance, or insubordination, nor destruction of property that does not create imminent danger.

(11) Day; School day – day means calendar day unless otherwise indicated as a school day.

School day means any day, including a partial day, that students are in attendance at school for instructional purposes. (ADE Special Education and Related Services, Procedural Requirements, Sec. 2.00)

(12) De-escalation – the use of behavior management techniques that help a student to become more emotionally and behaviorally in control, thus reducing a present or potential level of danger that, in turn, reduces the imminent danger of serious physical harm to self or others.

(13) Emergency – a serious, unexpected, and often dangerous situation requiring immediate action.

(14) Functional Behavior Assessment (FBA) – the problem analysis step that occurs within the context of data-based problem-solving, and that involves (a) the review of existing records and other sources of information, (b) diagnostic and historical interviews, (c) structured academic or behavioral observations, and (d) authentic, criterion-referenced, or norm-referenced tests. The goal of a functional behavior assessment is to determine why a specific problem or situation is occurring so that a strategic intervention can be directly linked to the assessment and solve or resolve the problem. (ADE Special Education and Related Services, Procedural Requirements, Sec. 2.00)

(15) Imminent danger – when a danger exists that could reasonably be expected to cause death or serious physical harm immediately.

(16) Incident – an event or occurrence.

(17) Individuals with Disabilities Education Act (IDEA) – the Federal statute that requires states to provide all eligible students with disabilities with a free appropriate public education, from infancy through age 21 years, consistent with State law age provisions for making education available. (ADE Special Education and Related Services, Procedural Requirements, Sec. 2.00)

(18) Individualized Education Program (IEP) – a written plan for a student with a disability that is developed, reviewed, and revised in accordance with federal and state regulations. (ADE Special Education and Related Services, Procedural Requirements, Sec. 2.00)

(19) Mechanical restraint – the use of any device or equipment to restrict a student's freedom of movement. 42 USC 290jj(d)(1). This does not include devices used by trained school personnel, or used by a student, for the specific and approved therapeutic or safety purposes for which such devices were designed and, if applicable, prescribed, nor does it include vehicle safety restraints when used as intended during the transport of a student in a moving vehicle. (*Keeping All Students Safe Act*, S.B. 2020 (2011)) (The use of a weighted vest, bean bag chair, muffling earphones, or deep pressure/sensory stimulation, are examples of devices that should be included in the IEP if necessary and prescribed by a licensed physician or other qualified health professional acting under the scope of the professional's authority under state law.)

(20) Parent – a biological or adoptive parent of a student; a foster parent; a guardian generally authorized to act as the student's parent, or authorized to make educational decisions for the student (but not the State if the student is a ward of the State); an individual acting in the place of a biological or adoptive parent (including a grandparent or stepparent, or other relative) with whom the student lives, or an individual who is legally responsible for the student's welfare; or a surrogate parent who has been appointed in accordance with 34 CFR § 300.519. (ADE Special Education and Related Services, Procedural Requirements, Sec. 2.00)

(21) Physical escort – a temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of redirecting or inducing a student to move to a safe location. 42 USC 290jj(d)(2)

(22) Physical restraint – a personal restriction that immobilizes or reduces the ability of a student to move his or her torso, arms, legs, or head freely. This does not include a physical escort. 42 USC 290jj(d)(3)

(23) Positive Behavioral Supports (PBS) – the application of behavior analysis to achieve socially important behavior change. PBS occurs (a) at the prevention level for all students in a school; (b) at the strategic intervention level for students who are not responding, from a social-emotional and behavioral perspective, to the prevention level; and (c) at the intensive service or crisis-management level for students who need multi-faceted and/or comprehensive behavioral or mental health services. PBS involves a planned and collaborative school-wide approach with a goal of establishing positive and supportive school environments that teaches and reinforces students' prosocial behavior, holding students positively accountable for meeting established behavioral expectations, and maintaining a level of consistency throughout the implementation process. This goal is accomplished by using positive behavioral programs, strategies, and approaches. (ADE Special Education and Related Services, Procedural Requirements, Sec. 2.00)

(24) Prone restraint – occurs when a student is restrained in a face down position on the floor or other surface, and physical pressure is applied to the student's body to keep the student in the prone position. (Ky. Admin. Reg., 704 KAR 7:160)

(25) Punishment – an action, usually following an inappropriate student behavior, whose goal is to decrease, stop, or eliminate that inappropriate behavior's reoccurrence in the future. Punishments generally are not focused on replacing inappropriate behaviors with future appropriate behavior(s).

(26) School personnel – any person who works with students in an elementary or secondary public school, a public charter school, a school district, or an education service cooperative, including without limitation, a:

- a. School or school district administrator;
- b. Teacher;
- c. Coach for a school athletics program;

- d. School counselor;
- e. School social worker;
- f. School psychologist;
- g. School nurse; and
- h. Paraprofessional

This does not include volunteers or other persons not employed by the district. 20 USC 7161(10)

(27) Serious physical harm – bodily injury which involves a substantial risk of death, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ, or mental faculty. 18 USC Sec. 1365(h)

(28) Student – any person legally enrolled in a public school district in Arkansas and any student receiving services in Arkansas under section 619 or Part C of the IDEA. (*Keeping All Students Safe Act*, S.B. 2020 (2011))

(29) Student with a disability – a student evaluated in accordance with 34 CFR 300.304 - 300.311 and § 6.00 of ADE Special Education and Related Services, Procedural Requirements, as having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), serious emotional disturbance (referred to as “emotional disturbance”), an orthopedic impairment, autism, traumatic brain injury, other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services. (ADE Special Education and Related Services, Procedural Requirements, Sec. 2.00)

(30) Supine restraint – occurs when a student is restrained in a face up position on the student’s back on the floor or other surface, and physical pressure is applied to the student’s body to keep the student in the supine position. (Ky. Admin. Reg., 704 KAR 7:160).

Section 2. Prevention

Safe, effective, evidence-based strategies are available to support children who display challenging behaviors in school settings. Staff training focused on evidence-based positive behavior supports, de-escalation techniques, and physical restraint prevention, can reduce the incidence of injury, trauma, and death. The effective implementation of school-wide positive behavior supports is linked to greater academic achievement, significantly fewer disciplinary problems, increased instruction time, and staff perception of a safer teaching environment. (*Keeping All Students Safe Act*, H.B. 1381 (2011))

Positive Behavioral Supports (PBS) involve school-wide approaches that result in positive classroom and school climates, prosocial student and staff interactions, and the teaching and reinforcement of students’ academic and social, emotional, behavioral engagement and achievement.⁹ When effective positive behavioral supports are established in a school, emergency situations that require the need for restraints can be prevented.¹⁰

⁹ PBS approaches occur at the (a) prevention level for all students in a school; (b) strategic intervention level for students who are not responding, from a social, emotional, and/or behavioral perspective, to the prevention level; and (c) intensive service or crisis-management level for students who need multi-faceted and/or comprehensive behavioral or mental health services. A PBS system includes teaching and reinforcing interpersonal, social problem solving, conflict resolution, and coping skills to students, holding them positively accountable for meeting established behavioral expectations, and maintaining a high level of consistency throughout the implementation process.

Building effective positive behavioral supports in schools involve several, interrelated activities, including (a) proving a school-wide approach to students discipline and safety rather than just students with behavior problems (b) focusing on preventing the development and occurrence of problem behavior (c) reviewing behavior data regularly to adapt school procedures to the needs of all students; and (d) providing a multi-tiered approach to

Section 3. Physical Restraint

The ADE recommends that all Arkansas school districts adhere to the following guidelines:

(1) School personnel should not impose the following on any student at any time:

- (a) Mechanical restraint;
- (b) Chemical restraint;
- (c) Aversive behavioral interventions that compromise health and safety;
- (d) Physical restraint that is life-threatening; and
- (e) Physical restraint that is medically contraindicated¹¹.

(2) Physical restraint should never be used:

- (a) As punishment or discipline;
- (b) As a means of coercion to force compliance;
- (c) As retaliation;

academic and behavior services and supports to meet the academic and behavioral achievement of all students. (U.S. Department of Education, *Restraint and Seclusion: Resource Document*, Washington, D.C., 2012)

The following principles represent the foundation to a school's positive behavioral support system and to its approaches when conflict resolution or de-escalation is needed (Council for Children with Behavioral Disorders, 2009):

- Schools should promote the right of all students to be treated with dignity.
- Students should receive necessary academic, and social, emotional, and behavioral supports provided in safe and the least-restrictive environments possible.
- Positive and appropriate academic and social, emotional, and/or behavioral interventions, as well as mental health supports, should be provided routinely to all students who need them, and school staff should be trained to employ these techniques.
- Behavioral interventions should emphasize prevention and are delivered within a school's positive behavioral support system.
- Schools should have the staff to effectively provide positive supports to students, and they should be appropriately trained and able to address the needs of all students.
- All school staff should receive mandatory training in the use of positive behavior supports for student behavior and in preventive techniques for teaching and motivating prosocial student behavior.
- All school staff should have mandatory conflict de-escalation and resolution training, and these techniques should be employed by all school staff to prevent, defuse, and debrief crisis and conflict situations.
- All students who exhibit ongoing behaviors that interfere with their learning or the learning of others, and that have been non-responsive to effectively implemented classroom or administrative interventions, should receive more intensive behavioral interventions that are based on functional assessments and data-based problem solving.

¹⁰ For students who are exhibiting social, emotional, or behavioral difficulties that may escalate, if not addressed, to potentially dangerous behavior, schools should involve (or establish) a problem-solving and intervention team. At the ADE, this school-level team is called the SPRINT team (the School Prevention, Review, and Intervention Team), and its permanent members include the best academic and behavioral assessment and intervention professionals in or available to the school. The SPRINT team should work with the classroom teachers to complete a functional behavior assessment of the student and any problematic situations, and consider the need for a Behavior Intervention Plan (BIP). The goal of the BIP is to prevent or resolve the student's social, emotional, or behavioral difficulties, and to develop responses that will de-escalate and stabilize potential emergency situations that are approaching a level of danger. If the student is suspected of having a disability that relates to the behavioral concerns, the school should follow district, state, and federal special education procedures. All of these preventative approaches focus on decreasing the probability that student restraints or seclusions will become necessary with the student in question.

¹¹ When utilizing crisis intervention procedures and techniques, the individual's health and safety must be considered and monitored. Possible existing medical conditions may make the use of physical restraint inadvisable.

- (d) As a substitute for appropriate educational or behavioral support;
 - (e) As a routine school safety measure;
 - (f) As a planned behavioral intervention in response to behavior that does not pose imminent danger of serious physical harm to self or others;
 - (g) As a convenience for staff; or
 - (h) To prevent property damage unless the act of damaging property causes imminent danger of serious physical harm to self or others.
- (3) Prone restraint or other restraints that restrict breathing should never be used because they can cause serious injury or death.
- (4) When implementing a physical restraint, personnel should use only the amount of force reasonably believed to be necessary to protect the student or others from imminent danger of serious physical harm to self or others.
- (5) The use of physical restraint should never be accompanied by any verbal abuse, ridicule, humiliation, taunting, or the equivalent, which could result in the emotional distress or trauma of the student involved.
- (6) Restraint should only be used for limited periods of time and should cease immediately when the imminent danger of serious physical harm to self or others has dissipated or a medical condition occurs putting the student at risk of harm.
- (7) School personnel should use the least restrictive technique necessary to end the threat of imminent danger of serious physical harm.
- (8) A student's ability to communicate should not be restricted unless less restrictive techniques would not prevent imminent danger of serious physical harm to the student or others.
- (9) If restraint is used, the student should be continuously and visually observed and monitored while he or she is restrained.
- (10) School personnel administering physical restraint should use the safest method available and appropriate to the situation. Supine restraint should only be used if the school personnel administering the restraint has received training by an individual or individuals who are certified by a training program that meets the established criteria in Section 7 of these Guidelines, and in the judgment of the trained staff member, such method is required to provide safety for the student or others present.
- (11) The use of physical restraint as a planned behavioral intervention should not be written into a student's Individualized Education Program (IEP), Section 504 Plan, BIP, individual student safety plan, or any other planning document for an individual student. Physical restraint may be considered as a crisis intervention, if appropriate for the student.
- (12) A functional behavior assessment should be conducted following the first incident of restraint, unless one has been previously conducted for the behavior of issue.
- (13) Physical restraint should only be implemented by assigned personnel appropriately trained to administer physical restraint.
- (14) School personnel administering physical restraint in accordance with these guidelines should:
- (a) Be trained by an individual or individuals who are certified by a training program that meets the established criteria in Section 7 of these Guidelines, except in the case of clearly unavoidable emergency circumstances when trained school personnel are not immediately available due to the unforeseeable nature of the emergency circumstance; and
 - (b) Be trained in state guidelines and school district policies and procedures regarding restraint.
- (15) If an incident occurs where trained school personnel are not immediately available due to the unforeseeable nature of the emergency circumstance, the district should:
- (a) Reevaluate the district's staff training needs and restraint policy or practices, and

(b) Develop a plan to prevent future incidents.

(16) The use of any technique that is abusive is illegal and should be reported to the appropriate authorities.

Section 4. District Responsibilities

As it relates to the use or potential use of physical restraints, it is recommended that school districts develop policies and procedures to:

- (1) Ensure that school personnel are aware of and parents are notified how to access state and local policies and procedures regarding restraint;
- (2) Ensure the safety of all students, including students with the most complex and intensive behavioral needs, school personnel, and visitors;
- (3) Require appropriate school personnel to be trained in accordance with these ADE advisory guidelines;
- (4) Establish appropriate procedures during and after any incident involving the imposition of physical restraint upon a student, including notice to parents, documentation of the event, and debriefing, as outlined in Section 5 of these ADE advisory guidelines;
- (5) Establish a procedure for accepting complaints from parent(s) regarding specific incidents of the use of physical restraint. Such complaints should be referred to appropriate personnel for review or the student's IEP or 504 team, if applicable. If the student has an IEP or 504 plan, the team should consider whether a BIP should be developed or revised, or if additional behavioral goals and interventions should be included in the existing plan; and
- (6) Establish a procedure to regularly review data on restraint incidence and adjust procedures as needed.

Section 5. Documentation/Notification/Debriefing

After a restraint incident occurs, it is recommended that school personnel complete the following documentation and notification activities:

- (1) All incidents involving the use of physical restraint should be documented by a written record and be maintained in the student's education record. Each incident record should include all information contained on the ADE recommended Physical Restraint Incident Record, attached, and any additional documentation the district deems necessary.
- (2) The Incident Record outlined above should be completed within (24) hours following the incident involving the use of physical restraint. A copy of the Incident Record should be sent to the parent(s) within one (1) school day of the report being completed.
- (3) The principal of the school, or other designated administrator, should be notified of the use of physical restraint as soon as possible, but no later than the end of the school day on which it occurred.
- (4) The parent(s) of the student should be notified of the use of physical restraint verbally or through electronic communication as soon as possible but no later than the end of the day on which it occurred. If the parent cannot be reached by either means within (24) hours, a written communication should be sent to the parent within (48) hours of the incident.
- (5) A debriefing meeting should be held within (2) school days of the incident involving the use of restraint.
- (6) The debriefing meeting should include all district personnel present during the restraint incident, district personnel who were in the proximity of the student immediately before and during the time of the incident, a district administrator, and other staff determined appropriate by the district.
- (7) The purpose of the debriefing meeting is to:
 - (a) Determine whether the procedures used during the incident were necessary;
 - (b) Evaluate the staff's use of behavioral supports and de-escalation techniques prior to and during each incident; and
 - (c) Evaluate the school district's positive behavioral support system and prevention techniques in order to minimize the future use of restraint.

- (8) At the debriefing meeting, district personnel should:
- (a) Consider relevant information in the student's records and information from teachers, parents, other school district professionals, and the student, including the student's social/medical history, functional behavior assessment(s), behavior intervention plan, and parent concerns;
 - (b) Discuss and identify the events and conditions that preceded the physical restraint including intervention and de-escalation techniques used;
 - (c) Discuss whether positive behavior supports were implemented with fidelity;
 - (d) Discuss the duration and frequency of the use of physical restraint with the student;
 - (e) Discuss appropriate actions to be taken to prevent and reduce the need for restraint and consider whether additional interventions and supports are necessary for the student or staff; and
 - (f) Consider how and when to debrief individuals not present at the debriefing meeting, including the parent(s), student, and other staff and students that witnessed the incident.

(9) The ADE recommended Debriefing Report, or an alternate report including all of the information contained on the ADE recommended Debriefing Report, should be completed during the debriefing meeting and filed with the school district's designated administrator. A copy should be sent to the student's parent(s) within (2) school days after the meeting. All documentation utilized in the debriefing meeting should become part of the student's education record.

Section 6. Personnel Training

School districts should conduct the following personnel training activities:

- (1) Appropriate school personnel should be trained to use an array of positive behavior interventions, strategies, and supports to increase appropriate student behaviors and decrease inappropriate or dangerous student behaviors.
- (2) Appropriate school personnel should be trained annually on how to respond to students in a behavioral crisis and how to prevent a behavioral crisis. The training may be delivered utilizing web-based applications and should include:
 - (a) Appropriate procedures to prevent the need for physical restraint and crisis intervention, including positive behavior management and support strategies;
 - (b) The proper use of positive reinforcement;
 - (c) The continuum of alternative behavioral interventions;
 - (d) Crisis prevention; and
 - (e) De-escalation strategies for problematic behavior, including verbal de-escalation, and relationship building.
- (3) A core team of selected school personnel should be designated to respond to crisis and emergency situations, which may require the physical restraint of students. The core team should receive annual training in the following areas:
 - (a) Appropriate procedures for preventing the need for physical restraint or crisis intervention that shall include the de-escalation of problematic behavior, relationship building, and the use of alternatives to restraints;
 - (b) A description and identification of dangerous behaviors on the part of students that may indicate the need for physical restraint or crisis intervention and methods for evaluating the risk of harm in individual situations, in order to determine whether the use of physical restraint or crisis intervention is safe and warranted;
 - (c) Simulated experience of administering and receiving physical restraint and crisis intervention, and instruction regarding the effect(s) on the person restrained, including instruction on monitoring physical signs of distress and obtaining medical assistance;
 - (d) Instruction regarding documentation reporting requirements and investigation of injuries; and

(e) Demonstration by participants of proficiency in administering physical restraint and crisis intervention.

(4) All school personnel should be notified by the district of those school personnel who have been trained to engage in physical restraint procedures.

Section 7: Crisis Intervention Training Program Criteria

Any program used by a district to train its personnel should have the following characteristics or components:

- (1) Teach evidence-based techniques that are shown to be effective in the prevention and safe use of physical restraint;
- (2) Provide evidence-based skills training related to positive support, conflict prevention, de-escalation, and crisis response techniques including:
 - (a) Guidelines on when to intervene (understanding imminent danger to self and others);
 - (b) Emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);
 - (c) Refresher information on alternatives to the use of restrictive interventions;
 - (d) Strategies for the safe implementation of restrictive interventions;
 - (e) The use of emergency safety interventions which include continuous assessment and monitoring of the physical well-being of the student and the safe use of restraining throughout the duration of the restrictive intervention;
 - (f) Prohibited procedures;
 - (g) Debriefing strategies, including their importance and purpose; and
 - (h) Documentation methods/procedures;
- (3) Be competency-based, and include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives, and measurable methods to determine passing or failing the course;
- (4) Require re-certification a minimum of biennially; and
- (5) Be consistent with the philosophies, practices and techniques for physical restraint that are established by these Guidelines.

APPENDIX E - ACRONYMS

The following provides a list of acronyms used throughout this report.

ADDM: Autism and Developmental Disabilities Monitoring
ADE: Arkansas Department of Education
ADHE: Arkansas Department of Higher Education
ADI-R: Autism Diagnostic Interview-Revised
ADOS: Autism Diagnostic Observation Schedule
ALE: Alternative Learning Environment
ASD: Autism Spectrum Disorder
ASQ: Ages and Stages Questionnaire
CTA: Certified Teaching Assistant
DRA: Disability Rights Arkansas
DSM-5: Diagnostic and Statistical Manual of Mental Disorders
DYS: Division of Youth Services
ED: Emotional Disturbance
EII: Early Intense Intervention
FINS: Family in Need of Services
FTE: Full-time equivalent
HFA: High Functioning Autism
ID: Intellectual Disability
IDEA: Individuals with Disabilities Education Act
IEP: Individualized Education Program
LD: Learning disability or learning disabled
LEA: Local Educational Agency
LPN: Licensed Practical Nurse
NAEP: National Assessment of Educational Progress
MAT: Masters of Arts in Teaching
MD: Manifestation Determination
NCES: National Center for Education Statistics
NCTQ: National Council on Teacher Quality
OSEP: Office of Special Education Programs
PD: Professional Development
RN: Registered Nurse
RTI: Response to Intervention
SED: Serious Emotional Disturbance

SLP: Speech-Language Pathologist

SPD: Specific Learning Disability

SSIP: State Systemic Improvement Plan

U.S. DOE: U.S. Department of Education

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