Self-Assessment Report

Continuous Improvement Monitoring Process (CIMP)

December, 2001

Rhode Island Department of Education
Office of Special Needs

Rhode Island Department of Health
Early Intervention Services

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Executive Summary

The United States Department of Education, Office of Special Education Programs (OSEP) is responsible for monitoring all states to ensure compliance with the Individuals with Disabilities Education Act (IDEA). The Continuous Improvement Monitoring Process (CIMP) is the vehicle it uses to measure compliance and assess the impact and effectiveness of state and local efforts to provide early intervention services to infants and toddlers with disabilities and developmental delays and their families, and a free appropriate public education to children and youth with disabilities.

The CIMP proceeds through phases, the first of which is the completion of a Self-Assessment. The Self-Assessment indicates how well the State is achieving results for children with disabilities, establishes a baseline for measurement of progress, and measures adherence to pertinent Federal and State legal requirements. The following is a summary of the Self-Assessment process in Rhode Island.

The Self Assessment process in Rhode Island was designed to collect and analyze data about the status of services currently being provided and to produce a Self-Assessment Report for submission to OSEP and for use by the Rhode Island Departments of Health and Education in developing an Improvement Plan to address identified needs. The Self-Assessment process was a unified and public driven partnership to improve results for children with disabilities. A total of 97 individuals representing a broad range of constituents with diverse perspectives participated in the Rhode Island process on the CIMP Steering and Cluster Committees. Part C and Part B constituencies worked in concert to facilitate a seamless birth to age twenty-one systems perspective.

To develop and implement the Self-Assessment, the state appointed and worked with a Steering Committee, composed of key stakeholders. The Steering Committee coordinated Rhode Island's overall process, using a subcommittee structure known as "Cluster Committees" to conduct the Self-Assessment related to "clusters" of specific "indicators" identified by OSEP related to IDEA requirements.

Seven Cluster Committees were formed to assess Rhode Island's performance in the following eight federal cluster areas:

- General Supervision
- Early Childhood Transition
- Secondary Transition
- Family Centered Services
- Parent Involvement
- Early Intervention Services in Natural Environment
- Free Appropriate Public Education in the Least Restrictive Environment
- Comprehensive Public Awareness and Child Find System

Each Cluster Committee reviewed numerous federal and state data sources concerning Rhode Island. They analyzed this data and used a modified consensus process to identify Rhode Island strengths and concerns most supported by the data for their respective cluster area. The Cluster Committees produced eight cluster reports, which detail their results.

Numerous statewide strategies were utilized to garner additional public input including forums, questionnaires, surveys, news releases, mailings, and focus groups. The Steering Committee used this public input to identify themes to validate the strengths and concerns identified by the cluster Committees.

In conducting the Self-Assessment, gaps in data were discovered that were most essential in supporting effective improvement planning. These gaps were identified as data needs that should be addressed as Rhode Island continues through the CIMP phases.

A summary of the results of the Self-Assessment process in Rhode Island follows. The highlights for each of the eight cluster areas include (1) identification of major themes related to strengths and concerns most supported by data and (2) identification of major data needs resulting from the Self-Assessment that should be addressed. A complete listing of these findings is provided in each of the cluster sections of the full report. The highest ranked items for each cluster were the following:

General Supervision

Highest ranked strength
Under Part C, the Tom Hehir Report and the Governor's Commission to Study Early Intervention was used to initiate changes, e.g., fee for services, transition

coordinator. Under Part B, monitoring findings were used re: the Speech and Language Subcommittee.

Highest ranked concern
Some families don't understand their due process rights and procedures.

Highest ranked data need
A consistent format is needed for equalizing, standardizing, and clarifying data, e.g., informal complaints.

Transition: Early Childhood

Highest ranked strength
There are written guidelines for the implementation of the transition process.

Highest ranked concern
There is no accountability for implementing recommended guidelines by Part C and Part B.

Highest ranked data need
The Part C and Part B data systems need to be linked.

Transition: Secondary

Highest ranked strength
Some interagency agreements are in place at the state level.

Highest ranked concern
Comparative post-school outcome data for all students needs to be consistent with data collected in the RI Transition Outcome Study (with the capacity to disaggregate data for students with and without disabilities). Post secondary outcomes for students with disabilities need to improve.

Highest ranked data need
Comparative post-school outcome data for all students needs to be consistent with data collected in the RI Transition Outcome Study (with the capacity to disaggregate data for students with and without disabilities).

Family Involvement: Family-Centered Services (Part C)

Highest ranked strength
Family satisfaction survey results are positive and indicate that Early Intervention services and supports are family-centered and respectful of family choices.

Highest ranked concern
What are the benefits beyond Early Intervention? Data does not exist to measure effectiveness of Early Intervention.

Highest ranked data need
Data sources need to measure long-term outcomes for children and families who receive services in Early Intervention.

Family Involvement: Parent Involvement (Part B)

Highest ranked strength
Invitations/opportunities exist for family involvement and data demonstrates that families are participating in developing policies at the state and local levels.

Highest ranked concern
Family involvement policies are not clearly valued, defined, articulated, and integrated resulting in poor, inaccurate, insufficient data to drive positive strategic change. This includes:

- Data sources are not specific in describing the population of parents and children/students;
- Data sources are not complete, therefore, producing inequitable results;
- Data sources are not currently disaggregated;
- There is no overall state wide policy;
- Data sources are not asking all pertinent questions;
- We lack data to measure equal participation; and
- Data is not systemic across all components, i.e., family involvement in all other CIMP areas.

Highest ranked data need
There is a need to retrieve the SALT Survey data report that is disaggregated by responses from families of students with disabilities.

Inclusion: Early Interventions Services in Natural Environments

Highest ranked strength
The Department of Health is attempting to reimburse for services in natural environments in a way that will support programs providing these services in natural environments.

Highest ranked concern
Within Rhode Island, we lack a true accepted/shared definition of natural environments by all providers and families. It is currently based on location rather than current literature defining services in natural environments.

Highest ranked data need
Data for capturing services in natural environments only captured yes/no responses. It did not identify true natural environment settings. Data needs to be revised to capture a true picture of what types of natural environments - as understood through a shared definition.

Inclusion: Free Appropriate Public Education in Least Restrictive Environments

Highest ranked strength
There are several pre and in-service professional development activities that are excellent and effective.

Highest ranked concern
There is variability in practice and implementation:

- How evaluation teams identify students;
- How Local Education Agencies (LEAs) provide services (including contract language

and ratios); and

- How Functional Behavior Assessment and positive behavioral supports are implemented.

Highest ranked data need
There is a need for an individual student identifier that allows for longitudinal tracking.

Comprehensive Public Awareness and Child Find

Highest ranked strength
Rhode Island screens every baby born through its Universal Newborn Screening program and follows up for those eligible with a Level 2 in-home screening. This process includes hearing screening through the RI Hearing Assessment Program based at Women & Infants Hospital.

Highest ranked concern
Local commitment of staffing and resources to conduct Child Outreach is variable across districts. There is no state level standard for local implementation. The RIDE resources (staff & budget) devoted to overseeing and supporting the preschool screening system (Child Outreach) have been gradually eliminated since 1990.

Highest ranked data need
Enable the RIDE data system to portray the relationship between the percentage of students in poverty and the percentage of students identified with disabilities living in poverty. Consider exploration of all factors, such as teacher expectations, educational responsiveness, referral-identification procedures, etc., contributing to any correlation between poverty and incidence.

Moving Toward Improvement Planning

During this first phase of the federal monitoring process, the task in Rhode Island was Self-Assessment, not improvement planning. However, if ideas for improvement planning emerged, they were "parked" for later use. These ideas for improvement/maintenance strategies will serve as a "starting point" for improvement *after* completion of the Self-Assessment process.

The next step for Rhode Island will be to move forward with the Improvement Planning phase of the CIMP. It will continue to be a unified and public driven partnership to improve results for children with disabilities. Rhode Island will use the same joint Part B and Part C approach for system change used during the Self-Assessment. The prioritization of major themes and linkage to public input, as well as the ideas for improvement/maintenance strategies from this phase will facilitate Rhode Island's transition to this next level of the Continuous Improvement Monitoring Process.

Introduction

Preface

The Individuals with Disabilities Education Act (IDEA) requires each state to provide early intervention (Part C of the law) and special education (Part B of the law) to children with disabilities ages birth – twenty-one. The United States Department of Education, Office of Special Education Programs (OSEP) is responsible for monitoring all states to ensure compliance with the IDEA. The Continuous Improvement Monitoring Process (CIMP) is the vehicle used to assess the impact and effectiveness of state and local efforts to provide early intervention services to infants and toddlers and their families, and a free appropriate public education to children and youth with disabilities.

The CIMP proceeds through phases, the first of which is the completion of a Self-Assessment. The Self-Assessment indicates how well the State is achieving results for children with disabilities, establishes a baseline for measurement of progress, and measures adherence to pertinent Federal and State legal requirements. This document describes the Self-Assessment process in Rhode Island.

Overview of IDEA Implementation in Rhode Island

Infants and Toddlers Birth to Age Three

Very young children ages birth to three with disabilities or significant developmental delays are entitled to services through the State's Early Intervention System. The lead agency responsible for the administration of the Early Intervention system in Rhode Island is the Department of Health. Through a statewide network of community-based providers, all eligible infants and toddlers and their families receive comprehensive services until children

reach age three. If children enrolled in Early Intervention need ongoing services and supports when they reach age three, services and supports are provided to transition children to other appropriate services. The Department of Health is responsible for:

- Ensuring statewide compliance with all Federal and Sate mandates governing the provision of Early Intervention.
- Providing leadership and technical support to all agencies within the Early Intervention system.
- Promoting collaboration among all agencies and individuals involved in the provision of Early Intervention services and supports.
- Administering federal and state funds appropriated to ensure the provision of quality Early Intervention services and supports to all eligible infants and toddlers with disabilities.

Children from Age Three - Twenty-One
Among the many principles that guide the work of the Rhode Island Department of Education, the following are beliefs that apply to all children but particularly to children with disabilities:

- All children can and want to learn and do so in a variety of ways.
- Family is the primary influence on a child's development.
- Higher expectations drive higher achievement.

The mission of the Department of Education is to lead and support schools and communities in ensuring that all students achieve at the high levels needed to lead fulfilling and productive lives, to compete in academic and employment settings, and to contribute to society.

To do this the Rhode Island Department of Education:

- Advocates for coherent public policy.
- Enhances local capacity to improve teaching and learning.
- Sustains an effective accountability system by building innovative partnerships, which create positive change.

The Office of Special Needs at the Rhode Island Department of Education provides the following services to ensure that this mission results in improved outcomes for children with disabilities and their families:

- Oversight and monitoring of the implementation of the IDEA and its regulations in all Rhode Island schools and communities.
- Training and technical assistance to service providers and parents in the design, delivery, and evaluation of special education and related services.
- The administration of federal funds to support the design, delivery, and evaluation of special education and related services throughout Rhode Island.

- The facilitation of partnerships and collaboration to improve results for children with disabilities and their families.
- Collaboration with the Rhode Island Department of Health to ensure a smooth transition from the Early Intervention to School System of Services.

Continuous Improvement Monitoring Process

The Continuous Improvement Monitoring Process (CIMP) is a systems change process that drives and supports improved results for infants, toddlers, children, and youth with disabilities and their families, but also measures compliance. CIMP is an inclusive, public process that includes stakeholders as partners including broad dissemination of the process and its results. It is continuous and ongoing rather than implemented as a single event. It is data-driven and uses quantitative and qualitative information to assess performance.

CIMP includes multiple phases as depicted below:

The CIMP phases consist of the following:

- *Self-Assessment.* The state appoints and works with a Steering Committee, composed of key stakeholders representing diverse perspectives, to develop and implement a Self-Assessment that analyzes how successful the state has been in achieving compliance and improving results.
- *Validation Planning.* The Steering Committee works with OSEP staff to plan strategies for validating the Self-Assessment results including public input meetings, surveys, telephone calls, etc.
- *Validation Data Collection.* OSEP collects data, presents the data to the Steering Committee and works with the Steering Committee to plan the reporting process. OSEP may collect data at both the state and local levels.
- *Reporting to the Public.* OSEP's report reviewing the state's performance is made available to the public.
- *Improvement Planning*. Based upon the Self-Assessment and validation results, the Steering Committee develops an improvement plan that addresses both compliance and improvement of results for children with disabilities. It includes timelines, benchmarks, and methods to verify improvement.
- *Implementation of Improvement Strategies*. The state implements its improvement plan and evaluates the effectiveness of the plan.
- *Verification and Consequences*. Based upon documentation that OSEP receives from the state and its Steering Committee, as well as other sources, OSEP verifies the effectiveness of actions taken in implementing the improvement plan.

This report presented herein reflects completion of the Self-Assessment phase described above as well as initial activities to validate self-assessment results via the use of a variety of public input strategies.

Self-Assessment Framework

The Self-Assessment process is organized around eight cluster areas. Each cluster area has an objective and a list of components, which reflect statutory and regulatory requirements. Within each component are indicators, which are used to measure performance.

Cluster Area	Objective
General Supervision	Effective general supervision of the implementation of the IDEA is ensured through the State Education Agency's and Lead Agency's development and utilization of mechanisms and activities, in a coordinated system, that results in all eligible children with disabilities having an opportunity to receive a free appropriate public education in the least restrictive environment, and all infants and toddlers and their families having available Early Intervention services in natural environments appropriate for the child.
Early Childhood Transition	Transition planning results in needed supports and services, available and provided as appropriate, to a child and the child's family when the child exits Part C.
Secondary Transition	All youth with disabilities, beginning at 14 and younger when appropriate, receive individualized, coordinated transition services, designed within an outcome-oriented process, which promotes movement from school to post-school activities.
Family Centered Services	Outcomes for infants and toddlers and their families are enhanced by family centered supports and systems of services.
Parent Involvement	Provision of a free appropriate public education to children with disabilities is facilitated through parent involvement in special education services, at all levels of decision making
Early Intervention Services in Natural Environments	Eligible infants and toddlers and their families receive early intervention services in natural environments appropriate for the child.
Free Appropriate Public Education in the Least Restrictive Environment	All children with disabilities receive a free appropriate public education in the least restrictive environment that promotes a high quality education and prepares them for employment and independent living.
Comprehensive Public Awareness and Child Find System	All children birth through 21 who have developmental delays, disabilities, and/or are at-risk are identified, evaluated and referred for services.

Description of the Self-Assessment Process in Rhode Island

The following describes the process used in Rhode Island to carry out the self-assessment phase of the CIMP. This description includes:

1. A Unified Part C and Part B Approach to Systems Change
2. Membership and Committee Structures for Self-Assessment Process
3. Utilization of Framing Questions and a Systems Change Model to Guide the Self-Assessment Process
4. Steering Committee Work Plan of Tasks and Timelines

A Unified Part C/Part B Approach to Systems Change

The Self-Assessment process in Rhode Island was designed to be a unified and public driven partnership to improve results for children with disabilities. To facilitate a seamless birth through age twenty-one systems perspective, Part C and Part B constituencies worked in concert. The Director of the Office of Special Needs of the Rhode Island Department of Education and the Chief of Early Intervention Services of the Rhode Island Department of Health co-chaired the Core Team which was established to coordinate support for the Steering Committee and the overall CIMP. To ensure the focus was on consumers, the Chair of the Rhode Island State Advisory Committee on Special Education for Part B and the Chair of the Interagency Coordinating Council for Part C, both parents of children with special needs, co-chaired the Steering Committee.

Membership and Committee Structures for Self-Assessment Process

Stakeholder involvement/public input is the cornerstone of the CIMP. A total of 97 individuals representing a broad range of constituents with diverse perspectives participated in the Rhode Island Self-Assessment process. These individuals represented parents of infants, toddlers, children and youth with disabilities, the Rhode Island Parent Information Network including the Parent Training and Information Center, Family Voices of Rhode Island and the Parent Consultant Program, the Parent Support Network, individuals with disabilities, special and general education service providers, Early Intervention staff, staff from Head Start and child care, the Rhode Island Departments of Education, Health, Mental Health, Retardation and Hospitals, Children, Youth and Families, and Human Services, the Rhode Island Technical Assistance Project, the University Affiliated Program, institutions of higher education, special education advisory committees, the State Interagency Coordinating Council for Early Intervention, advocacy groups, traditionally under-represented populations, and public and private agencies. Support was provided by the Northeast Regional Resource Center. A complete membership list for the CIMP Steering and Cluster Committees is located in Appendix B. A variety of other public input strategies were also used to gather input to validate Self-Assessment results. These are described later in this Introduction and are documented in Appendix D.

The following group structure was put in place:

Group	Role and Responsibilities
Core Team	Coordinate support for the Self-Assessment process.
Steering Committee	1. Represent broad range of constituents providing information to and gathering input from their respective constituencies. 2. Provide overall direction for Self-Assessment process that analyzes how successful the State has been in achieving compliance and improving results for children with disabilities and their families. 3. Provide direction to Cluster Committees, including approval of Cluster Committee recommendations for indicator additions. 4. Provide direction to Cluster Committees, as requested, on location of data sources. 5. Review reports from Cluster Committees and develop recommendations for final report to be submitted to OSEP. 6. Following Self-Assessment, work with state agencies and OSEP re: (a) Self-Assessment validation, (b) reporting results to the public, and (c) state improvement plan development, implementation and evaluation including improvement plan verification and consequences. 7. Decide on process for updating Self-Assessment.
Steering Committee Executive Committee of Cluster Committee Chairs	Each Cluster Committee had two co-chairs, one representing Part C & one representing Part B. Cluster Committee Co-Chairs: 1. Serve as the Executive Committee for the Steering Committee. 2. Synthesize & finalize recommendations coming from the Cluster Committees 3. Ensure continuity across the Clusters.

Group	Role and Responsibilities
Cluster Committees	1. Represent a broad range of constituents in the self-assessment process (Steering Committee member served on Cluster Committees) 2. Provide content expertise related to cluster 3. Confirm indicators for Self-Assessment, adapting or adding to OSEP indicators as deemed appropriate 4. Identify data needed to verify indicators 5. Collect and analyze data 6. Develop a report resulting from data analysis including cluster, components, indicators, data sources examined, strengths, concerns & improvement/maintenance strategies

The Steering Committee coordinated Rhode Island's overall process, using a subcommittee structure known as "Cluster Committees" to conduct the Self-Assessment related to "clusters" of specific "indicators" identified by OSEP related to IDEA requirements and further refined by the Steering Committee. The Cluster Committees in Rhode Island were organized as follows:

1. General Supervision Cluster Committee: Parts B and C
2. Transition: Early Childhood - Part C and Part B Cluster Committee
3. Transition: Secondary - Part B Cluster Committee
4. Family Involvement Cluster Committee: This Cluster Committee produced two separate reports related to family involvement: (a) Family Centered-Services Part C and (b) Parent Involvement Part B, working as a unified Committee to promote a comprehensive examination of family involvement ages birth through 21 years.
5. Inclusion: Early Intervention Services in Natural Environments - Part C Cluster Committee
6. Inclusion: Free Appropriate Public Education in the Least Restrictive Environment - Part B Cluster Committee.
7. Comprehensive Public Awareness and Child Find System Parts B and C - Although OSEP provided indicators related to IDEA, Part C requirements, the Steering Committee expanded the scope of this Cluster Committee to examine the Comprehensive Public

Awareness and Child Find System under both Part C and Part B in order to promote a unified approach.

Each Cluster Committee was provided with the following personnel support:

1. Facilitators –
   Outside "neutral" facilitators were used to (a) facilitate Cluster Committee work, supporting them in producing the needed report within the given time frame and (b) collaborating with the Cluster Committee Co-Chair and Data Coordinator re: planning, facilitating and evaluating Cluster Committee sessions. In addition, an overall outside "neutral" facilitator was used to coordinate the Steering Committee process.

2. Data Coordinators –
   State staff from both the Part C and Part B agencies were assigned to each Cluster Committee. Their role was to support - not participate - in committee deliberations by: (a) locating and synthesizing data needed by the committee; (b) maintaining data collected by the committee (data from many sources, e.g., Part C and B agencies, Steering Committee members); (c) providing data and related information to the overall CIMP Data Coordinator (role assumed by a Part B state staff who also served on the Core Team); and (d) serve as recorder for the committee, recording committee decisions on the Cluster Committee Report form.

Utilization of Framing Questions and a Systems Change Model to Guide the Self-Assessment Process

The Steering Committee utilized a set of framing questions and a systems change model to guide the Self-Assessment process (see Framing Questions in Appendix B). These framing questions correlated to the Cluster Committee Report form, which the Committees used to report their findings. These reports are presented in the body of this document. Cluster Committees were also provided with Ground Rules including "Task Parameters" to guide their work (see Steering Committee Ground Rules in Appendix B). The format for the Cluster Committee reports with an explanation of each item and associated activities is as follows:

- Objective
  An objective statement for each cluster area was supplied by OSEP based on IDEA. It was used by each Cluster Committee to guide its work.

- Component
  One or more component statements for each cluster area were supplied by OSEP based on IDEA. It was used by each Cluster Committee to guide its work. Cluster Committees were instructed that when reviewing the framing questions, "Ultimately, you are assessing the degree to which this component is being addressed. Analysis of the data for each indicator is intended to support you in doing that."

- Indicator
  One or more indicator statements for

each cluster area were supplied by OSEP based on IDEA. Cluster Committees were directed through the framing questions to review these indicators and consider "Are federally suggested indicators adequate in number and scope to provide Rhode Island with information on IDEA implementation to support Improvement Planning at the conclusion of self-assessment? If not, what needs to be added or modified?" In making this determination, Cluster Committees were directed to "discuss, what is this measuring? How does this indicator relate to the component and overall cluster objective? What are underlying assumptions made by this indicator? As a result of Cluster Committee review of OSEP identified indicators, indicators were added or modified to ensure that they addressed (a) issues important to the Steering/Cluster Committees and (b) interface with the RI Part B and Part C Performance Goals and Objectives developed respectively by the RI Department of Education (Part B) and the Rhode Island Department of Health (Part C) (see Appendix E for materials showing the linkage of these goals and objectives to the indicators).

- Data/Information Sources
  Some initial data/information sources for assessing the degree to which the component is being addressed were identified by OSEP. The Cluster Committee added to these sources to produce a list of data/information that would assist them in the Self-Assessment process. The framing questions provided them with the following direction related to data collection and use: (a) " use data sources that are reliable, relevant to indicator, current, understandable." (b) "use qualitative and quantitative data. Do not use anecdotal data." (c) "ensure we have enough data but remember... 'More is NOT better. Focus on quality - not quantity.'" and (d) "if data are NOT available or are inadequate, identify a need for development of a mechanism for data collection and analysis as part of ideas for improvement/maintenance strategies." Related to data gaps and associated needs, each Cluster Committee identified and prioritized data needs identified through the Self-Assessment that should be addressed as Rhode Island establishes its ongoing Self-Assessment system. These data needs are identified in each of the Cluster Committee reports, which appear in the body of this document.

- Data Analysis Related to Strengths and Concerns
  The Steering Committee incorporated a "logic model" for systems change suggested by OSEP into its data analysis. Cluster Committees were asked to identify Rhode Island strengths and concerns that were supported by indicator and overall component data. They were asked to determine these strengths and concerns in relationship to these system components:

A. *Outcomes for Children and Families* - what happens to families and children as a result of their participation in the system of services?

B. *State Systems Level Structures and Supports* - e.g., consistent policies and procedures across agencies; mechanisms for training and TA; clear agency responsibilities, funding plans and agreements; ongoing interagency planning/groups/mechanisms

C. *Local/Community Systems Level Structures and Supports* - e.g., consistent and supportive agency and program policies and procedures; job descriptions and supervisor expectations; local service options; ongoing interagency planning groups/mechanisms

D. *Personnel Issues: Recruitment, Training and Support* - e.g., personnel shortages; needs for information, skills, and attitudes; needs for ongoing support

E. *Implementation Procedures* - e.g., how policies and procedures are actually being implemented related to appropriate sequence, according to timelines, with the appropriate people involved

The strengths and concerns supported by data are reported in each Cluster Committee report, which can be found in the body of this report (Note: no specific component identifier is used but rather inferred in the analysis). While these reports were generated by individual Cluster Committees, they represent consensus across Steering and Cluster Committees that was achieved through written comments and meetings in October and November.

At their final meeting, the Steering Committee took two additional steps. First, they identified and prioritized major themes by Cluster related to strengths and concerns most supported by data. They also compared these major themes to the public input, which the Steering Committee received through a variety of input strategies. The outcome of this comparison is presented in each Cluster section via charts that show the degree to which Strengths and Concerns were validated by public input. This prioritization of major themes and linkage to public input were intended to facilitate Rhode Island's transitioning from Self-Assessment to improvement planning, which it intends to start early in 2002.

- Ideas for Improvement/ Maintenance Strategies

  Based on direction which Steering Committee representatives received while attending the OSEP Self-Assessment and Improvement Planning Institute in Atlanta on July 23-24, 2001, Cluster Committees were provided with the following clarification in the framing questions: "Our task is NOT to do improvement planning NOW. Do not spend time you need for data analysis on discuss-

ing ideas for improvement planning. However, such ideas will inevitably emerge so use this column (on the Cluster Committee Report form) as a 'parking lot'. Some Cluster Committees may even have time to do initial brainstorming. This column of IDEAS for improvement/maintenance strategies can serve as a 'starting point' for improvement planning AFTER completion of Self-Assessment process."

As a result of this directive, Cluster Committees devoted concerted time to the analysis of strengths and concerns...not on the development of improvement strategies. The following insights are relevant:

1. Because Committees used the column for "IDEAS for Improvement/Maintenance Strategies" as a parking lot, some Cluster Committees "parked" a lot of ideas. Some, focusing exclusively on their prescribed task, parked only a few or none. This inconsistency in the quantity of ideas across clusters is attributable ONLY to the nature of the parking lot activity itself and should not be construed to mean anything else, e.g., lack of good ideas or capacity in Rhode Island to respond to identified concerns, etc.
2. Ideas were "parked" on an ongoing basis as part of the Committee's analysis of particular strengths and concerns. Given this context, it is likely that ideas may respond to issues on a "micro" level. That is, when they were "parked", committee members did not have the benefit of seeing the *full* report across all clusters or the Steering Committee's prioritization of strengths and concerns or validating public input. As intended by the sequence of CIMP phases outlined by OSEP and adopted by Rhode Island, now that the full Self-Assessment report is finalized, this can be used in a full and comprehensive way to carry out improvement planning from a macro and systems change perspective.

To save the reader confusion and to prevent misconstruing "parked ideas" as actual plans, the Steering Committee decided to present these ideas in Appendix F, entitled "Parking Lot of Ideas for Improvement Planning" rather than in the actual Committee reports where they were originally. This appendix presents parked ideas by Cluster, citing the relevant indicator and the idea(s). Ideas include those generated both by Cluster Committees and individual members who submitted written responses to the Cluster Committee reports. Ideas in Appendix F will be used, as intended, as a starting point for improvement planning. Moreover, as improvement planning begins, to facilitate a full understanding of the ideas that were "parked", persons on the Improvement Planning Advisory Committee will receive not only Appendix F but also the Cluster Committee reports with the "IDEAS for Improvement/

Maintenance Strategies" column reinserted where it originally appeared.

Steering Committee Work Plan of Tasks and Timelines

The following presents a summary of basic tasks and timelines except for public input strategies, which are detailed elsewhere in this report. For a full explanation of the work plan for the Rhode Island CIMP, see Appendix B.

May-June

Three Core Team meetings to organize the process, prepare materials and recruit Steering Committee members.

July

- On July 12, the organizational meeting for the Steering Committee was held, making them aware of CIMP tasks, timelines and materials, asking them to inform/solicit input from their constituencies, soliciting names of additional Steering and Cluster Committee members and asking them to collect data.
- On July 23-24, the Core Team attended an OSEP Leadership Conference related to the CIMP process.

August

On August 22, the Steering Committee met. It was reaffirmed that the Steering Committee would coordinate Rhode Island's overall process, using a subcommittee structure known as "Cluster Committees". The Cluster Committees drafted the self-assessment indicators.

September

- The indicators were finalized by the Steering Committee Executive Committee on September 7 to ensure continuity across the various Cluster Committees.
- On September 14, the full Steering Committee (with Cluster Committees) met to initiate data analysis.
- Cluster Committees met once or twice following the September meeting as needed to finalize data analysis and strengths/concerns determination.

October

- On October 10, the Core Team met to review status, discuss the recently received Improvement Planning Enhancement Grant, finalize the outline for this CIMP Report, and discuss direction for Improvement Planning.
- By October 12, Cluster Committees completed their reports.
- On October 15, these reports were sent to the full CIMP mailing list along with a "Building Consensus Form" for input from Steering/Cluster Committee members, which they returned by October 26.
- On October 31, the Executive Committee met to finalize the Cluster Committee reports and decide on overall direction for Improvement Planning.

November

- The Steering/Cluster Committee members were sent the week prior to

the November meeting the following for review: Finalized Cluster Committee Reports, Rhode Island Context Descriptions and Input received from the various public input strategies.

- On November 16, the Steering/ Cluster Committee met to prioritize major strengths, concerns and data needs, identify linkages between Self-Assessment strengths and concerns and public input (for validation purposes), and learn of next steps related to report submission and improvement planning.

December

- On December 12, the Core Team met to wrap up activities re: the report and to work on further development of strategies for improvement planning.
- On December 21, the report was submitted to OSEP.

Strategies for Public Input

The following strategies were developed by the Steering Committee to inform and solicit input from a broad range of people concerning the Rhode Island Continuous Improvement Monitoring Process (CIMP). Public input was used to identify themes to validate the quantitative and qualitative data collected by the Steering Committee through its Cluster Committees. Each of the Cluster Sections which appear in the body of this report contain charts that depict the degree to which Self-Assessment strengths and concerns were validated by public input. A full report of public input appears in the Appendix D to this document. This appendix includes: Public Input Results Summary, Public Input Chart, Discussion Questions, Rhode Island Summer Leadership Institute Input Sessions, Early Intervention Survey and Summary, News Release, Draft Report on the Concerns of People with Disabilities and their Families, Invitation for Public Comment, and Community Outreach to Culturally and Linguistically Diverse Populations.

1. Rhode Island Summer Leadership Institute Input Sessions – Four focus groups were facilitated at the Rhode Island Leadership Institute in July 2001. This annual statewide institute is attended by state and local agency staff, administrators and practitioners from special education and Early Intervention, families and family organizations, higher education, and various related agencies.

2. Public Input Solicited by Steering Committee Members - Steering Committee members were asked to solicit the input of ALL their constituencies, particularly, those that represented traditionally underrepresented populations.

3. Invitation for Public Comment Co-Sponsored by the State Special Education Advisory Committee and the Interagency Coordinating Council (ICC) - All were welcome to attend, but specific targets were Early Intervention staff and families, public and private school administrators, staff

and families, state and local special education advisory committees and advocacy organizations. These forums were co-facilitated by parents and professionals representing the Steering Committee and staffed by a state representative of Part B and C. An overview of the CIMP process was presented at each forum and a discussion was facilitated to engage both public and private response to specific questions linked to the various cluster areas of the Self-Assessment (see Appendix D for Discussion Questions). The forums were conducted in varied locations throughout the state.

- RI School for the Deaf - 9/19/01
- Portsmouth High School - 9/25/01
- Exeter-West Greenwich High School - 9/26/01
- William Davies, Jr. Career and Technical High School - 10/1/01

A number of diverse community organizations were asked to participate in planning strategic approaches to outreach to culturally and linguistically diverse populations (see Appendix D). This resulted in the following:

- Session with the Southeast Asian Community - 9/27/01
- Session with the Center for Hispanic Policy and Advocacy - 10/29/01

Continued outreach to diverse community organizations will follow the Self-Assessment process.

4. Public Hearings Conducted by the Governor's Commission on Disabilities and Co-Sponsors – Four public hearings were facilitated during August 2001. A draft report on the concerns of people with disabilities and their families was prepared. Input from these hearings and draft report were accessed by the Steering Committee and incorporated with other public input.

5. Input via the Internet and Phone - The RIDE website included a means through which individuals could provide CIMP input. The RIDE also provided a dedicated phone line for taking input re: the CIMP.

6. The Rhode Island Parent Information Network (RIPIN) Early Intervention Survey: RIPIN incorporated CIMP related questions into the Early Intervention Survey (see Appendix D) that they routinely include with their newsletter.

7. The Parent Support Network: The Parent Support Network of Rhode Island provided critical information to the public input process to ensure culturally diverse populations were engaged in the CIMP.

8. State Education Advisory Committee and Interagency Coordinating Council Involvement in the CIMP - There was significant representation from these two advisory groups on the CIMP Core Team, Steering Committee, and Cluster Committees. Moreover, the

Steering Committee was co-chaired by the chairs of the Rhode Island State Advisory Committee on Special Education and Interagency Coordinating Council, both parents of children with disabilities. These two groups provided leadership for the public input group sessions (see above). Finally, they also shared information with/solicited information from their respective members for sharing with the Steering Committees via the Cluster Committee activities.

9. News Releases/Mailings - A sample news release to raise awareness about the CIMP was developed and provided to Steering Committee members (see Appendix D). They were encouraged to use this news article in a mailing to their constituencies, on their websites and in newsletters and similar publications related to their constituencies. This news release was also distributed for publication to media in the state through the RIDE.

10. State Agency Information Dissemination - The Office of Special Needs, Department of Education, and the Early Intervention Program, Department of Health included information as a regular part of routine mailings to their respective constituencies.

Next Steps Leading to Improvement Planning

1. Data needs identified in each of the Cluster Committee reports will be addressed via establishing an ongoing Self-Assessment system supported in part by the $227,000 Improvement Planning Enhancement Grant from OSEP, a one year grant which started November 1, 2001. The grant, entitled Data Driven Decision Making for Improvement Planning, will:

   - provide resources for staffing to go after information/data determined to be needed as a result of the Self-Assessment process.
   - help Rhode Island establish an ongoing Self-Assessment system integrated across agencies/service delivery systems to (1) address major data needs resulting from the CIMP Self-Assessment and Rhode Island's Children with Disabilities Study Interim Report, (2) identify outcome measures, and (3) design a system that includes effective strategies for the local collection and use of data.

2. Early in 2002, Rhode Island will move forward with Improvement Planning through the same unified Part C/B approach for system change used during the Self-Assessment. The prioritization of major themes and linkage to public input, which the Steering Committee accomplished in November 2001, were intended to facilitate Rhode Island's transitioning to this next level of the CIMP. Direction for Improvement Planning established by the Steering Committee's Core Team and Executive Committee is based on (1) the Rhode Island context including

our learnings from the Self-Assessment, (2) instructions we have been provided by OSEP and (3) feedback from other states on how they are conducting their processes. The direction follows with the understanding that more specific tasks and timelines will be developed by the Core Team:

- We will give current Steering Committee members the option to be on the Improvement Planning Advisory Committee.
- The Steering Committee will be composed of these people and others as needed based on major themes/needs identified by Steering Committee and key groups that need to be represented.
- We anticipate using a subcommittee structure of some type based on the major themes/needs identified by the Steering Committee that are, in turn, prioritized by the Improvement Planning Advisory Committee. OSEP recommends that we start with a reasonable/doable number, e.g., around five major issues.
- We will approach improvement planning as a combined Part B/ Part C effort. Where appropriate, e.g., early childhood transition; this will be a joint planning effort. Where issues are Part B or Part C specific (e.g., secondary transition), then planning will be carried out accordingly.
- We will use/adapt the OSEP logic model for systems change for our planning.
- We will need to make a decision about the roles and relationship among the Improvement Planning Advisory Committee, the Special Education Advisory Committee, and the Interagency Coordinating Council and other groups (e.g., CSPD, persons at the local level, etc.) in advising the Department of Health and the Department of Education on improvement planning. The actual Improvement Plan will be developed and implemented by the Department of Health and the Department of Education staff based on this advice.
- We will go ahead and start improvement planning after the first of the year, rather than waiting until we get OSEP feedback. However, we will need to find out when we can anticipate feedback from OSEP, as this will need to be incorporated into our tasks and timelines.
- We anticipate that the Improvement Planning Advisory Committee will meet approximately 6 times throughout 2002 every 4 to 6 weeks, beginning in the winter with a target date of October 1, 2002 for completion of the plan.
- At the conclusion of improvement planning, we will decide on the future schedule for subsequent meetings of the Improvement Planning Advisory Committee to track plan implementation and the ongoing Self-Assessment process.

Using This Report

The Rhode Island Self-Assessment process is based on the work of the seven Cluster Committees, which produced eight Cluster reports. The individual reports of the eight Cluster areas are the focus of the CIMP document. Each Cluster Committee Report is presented in its entirety in chart format.

Each of the eight Cluster Reports is found in it's own tabbed section. Every tabbed Cluster section has the identical format and includes the following sub sections: Cluster Overview, Rhode Island Context Description, Major Themes Regarding Strengths and Concerns, Public Input Validation Chart, Data Sources, Data Needs and Cluster Committee Report.

The Steering Committee utilized numerous strategies for public input. Public input was used to validate the quantitative and qualitative data collected by the Steering Committee through its Cluster area Committees. Each of the Cluster Sections contains a Public Input Validation Chart reflecting linkages of Self-Assessment themes to public input.

In conducting the Self-Assessment, gaps in data were discovered that were most essential in supporting effective improvement planning. These gaps are identified as Data Needs in each Cluster Section following the listing of Part B and C Data Sources.

The task in Rhode Island was Self-Assessment, not improvement planning. However, if ideas for improvement planning emerged, they were "parked" for later use. These ideas for improvement/maintenance strategies will serve as a "starting point" for improvement *after* completion of the Self-Assessment process. They are identified as Parking Lot of Ideas for Improvement Planning and located in Appendix F.

Additional information about the Self-Assessment process in Rhode Island is presented in other tabbed sections of this report. Appendix A defines acronyms. Appendix B includes the membership list, work plan, processes and procedures used and Steering Committee meeting agendas and minutes. The complete data matrix for all the cluster reports is found in Appendix C. Appendix D includes a summary of the public input results and the various instruments used. Charts depicting the relationship between CIMP indicators and Rhode Island performance goals and indicators are located in Appendix E.

General Supervision

Parts B & C

Cluster Overview

Cluster Objective
Effective general supervision of the implementation of the Individuals with Disabilities Education Act (IDEA) is ensured through the State Education Agency's (SEA) and Lead Agency's (LA) development and utilization of mechanisms and activities, in a coordinated system, that results in all eligible children with disabilities having an opportunity to receive a free appropriate public education (FAPE) in the least restrictive environment (LRE), and all eligible infants and toddlers and their families having available early intervention services (EIS) in natural environments (NE) appropriate for the child.

Note: The federal indicator numbering is as follows: there is GS - 1a, 1b, and 1c followed by GS.1.a, GS.1.b, etc. This type of numbering is true ONLY for this GS 1 indicator. Elsewhere, the numbering is more standard.

Cluster Component GS.1
Are early intervention services (EIS) and free appropriate public education (FAPE) for children with disabilities ensured because the State's systems for monitoring, and other mechanisms for ensuring compliance, and parent and child protections, are coordinated, and decision-making is based on the collection, analysis and utilization of data from all available sources?

- GS - 1a. Are parents, and eligible youth with disabilities, aware of, and have access to, their right to effective systems/process for parent and child protections?
- GS – 1a. Are the system/processes they engage effective in meeting their needs?

- GS - 1b Is the provision of EIS and FAPE to children with disabilities advanced by the timely resolution of complaints, mediations, due process hearings, and methods for ensuring compliance that correct identified deficiencies?
- GS - 1c Are systemic issues identified and remediated through the analysis of findings from complaint investigations, due process hearings and information and data collected from all available sources?
- GS.1a. Do the monitoring instruments and procedures used by the SEA/LA identify IDEA compliance? (GPRA 6.1)
- GS.1.b. Are deficiencies, compliance and best practices identified through the State's system for ensuring general supervision are corrected in a timely manner? (GPRA 6.1)
- GS.1.c. Are enforcement actions used and technical assistance given when necessary to address persistent deficiencies? (GPRA 6.1)
- GS.1.d. Is information collected through State Education Agency/ Lead Agency monitoring used to effect systems change?
- GS.1.e. Are complaint investigations, mediations, and due process hearings and reviews conducted in a timely manner? (GPRA 6.1)
- GS.1.f. Are decisions in complaint investigations, mediations, and due process hearings and reviews, which result in corrective actions, implemented in a timely manner? (GPRA 6.1)
- GS.1.g. Are findings from complaint investigations, due process hearings and review decisions, and other data, used as an integral part of the State's monitoring system?

Cluster Component GS.2
Are appropriate and timely services ensured through interagency coordination and assignment of fiscal responsibility?

- GS.2.a. Are child find/outreach, evaluation and provision of services, coordinated through interagency agreements and other mechanisms?
- GS.2.b. Does the State Education Agency /Lead Agency develop and implement coordinated service systems to minimize duplication and ensure effective services delivery?

Cluster Component GS.3
Are appropriate special education and related services provided to children with disabilities served in juvenile and adult correctional facilities in the State?

- GS.3. Are appropriate special education and related services provided to children with disabilities served in juvenile and adult correctional facilities in the State?

Cluster Component GS.4
Are appropriate special education and related services provided to children with disabilities served in out-of-district placements (e.g., nonpublic schools, consortia,

etc.) under the direction and supervision of the public agency, and in State operated programs (e.g., departments for mental health or mental retardation, schools for the blind and deaf, etc.)?

- GS.4. Are appropriate special education and related services provided to children with disabilities served in out-of-district placements (e.g., nonpublic schools, consortia, charter schools, career technical schools, home schooled, hospitals, foster care, group home facilities or any other facilities etc., under the direction and supervision of the public agency, and in State operated programs (e.g., departments for mental health or mental retardation, schools for the blind and deaf, etc.)? (Repeat of component statement)

Cluster Component GS.5
Do appropriately trained public and private providers, administrators, teachers, paraprofessionals and related service personnel provide services to infants, toddlers, children and youth with disabilities?

- GS.5.A Are there sufficient numbers of qualified teachers, EI personnel and related service providers employed in public schools to meet the identified needs of all children with disabilities?

Rhode Island Context Description

The Individuals with Disabilities Education Act (IDEA) Part B requires the State Education Agency (SEA) establish a system to ensure that all requirements of the IDEA are carried out and that each educational program for children with disabilities is under the supervision of the SEA (34 CFR 300.141, 300.600).

In Rhode Island, the State Agency's (Rhode Island Department of Education) Office of Special Needs (OSN) meets these requirements. The office is responsible for ensuring that the right to a free appropriate public education is available for all children with disabilities. Staff consisting of 7.5 Education Specialists and 9 staff member of the State Technical Assistance organization (The RI Technical Assistance Project) is employed to meet these obligations.

The major means for ensuring that the IDEA requirements are met is called the School Support System (SSS) in Rhode Island. The SSS has been in place since 1993 and evaluates the quality and effectiveness of special education, and the extent to which the school district (Local Education Agency) (LEA) meets special education laws and regulations. The SSS emphasizes:

- Involving the entire school district, including administrators, special and general education teachers and parents;
- Providing districts with guidelines for a self-study to gather and analyze information from multiple sources of information;
- Visiting all schools, interviewing administrators and staff to focus

on the appropriateness of the education for specific special needs students; and

- Developing a District Support Plan for strengthening programs and correcting essential areas in order to improve student performance.

The SSS process uses multiple information sources to establish continuous self-improvement plans that are directed at increasing student performance and that are based on proven practice and research. The Rhode Island Department of Education (RIDE) Office of Special Needs (OSN) works with the school district to assess the districts programs and services and to develop and implement a plan for improvement. The support plans are developed in a timely and systematic way to address corrective actions for issues of non-compliance with statutes and regulations and to improve results for children with disabilities. The OSN Education Specialist that serves as liaison to the district oversees the implementation of the Support Plan.

In addition to the SSS, the OSN also compiles, analyzes and addresses parent inquiries and concerns. The OSN also implements a System of Dispute Resolution that includes investigating and ruling on complaints, mediating disputes and supervising due process hearings. The matters addressed through the System of Dispute Resolution are compiled and analyzed by school district and by topic.

The OSN also implements a comprehensive system of professional development (CSPD) that includes training and technical assistance for school personnel, parents and other personnel involved in the education of children with disabilities. This includes daily technical assistance provided in the form of responses to inquiries, issues and concerns that are brought to the OSN.

Finally the OSN takes the lead in establishing, implementing and evaluation Interagency Agreements that are designed to improve results for children with disabilities and their families.

The Individuals with Disabilities Education Act (IDEA), Part C requires that the Governor designate a lead agency. That lead agency is responsible for the general administration and supervision of programs and activities used by the state to carry out Part C. This includes providing technical assistance to agencies, institutions and organizations as well as correcting deficiencies that are identified through monitoring activities (34 CFR 303.200, 300.501).

In Rhode Island, the RI Department of HEALTH is the designated Part C lead agency. This office consists of a Part C Chief and five staff members. Staff members have a variety of professional backgrounds and together form an interdisciplinary team. The Department of HEALTH has developed a Quality Assurance Process to meet the IDEA requirements for general supervision. This process reflects HEALTH's commitment to providing ongoing

technical assistance and support to Early Intervention agencies as well as conducting those activities necessary to ensure compliance with applicable federal and state laws. The Quality Assurance Process is currently in a pilot phase. Feedback has been solicited from ICC members, providers and parent representatives.

The Quality Assurance Process focuses on quantitative performance-based measures that hold programs accountable to a defined set of certification standards that result in a clear and well-documented system of compliance and recognizes best practices. As the field of EI moves forward and continues to mature, we look forward to the addition of more qualitative methods of measurement to the Quality Assurance Review Process. Results of the Quality Assurance Process are utilized by HEALTH to guide program planning and decision-making regarding certification, training, technical assistance, level of program review, and awarding of incentives and consequences. To assure quality and compliance, to standards the following tools are used: The Early Intervention Management Information System (EIMIS), Child Record Review, Provider Record Review (Personnel, Policy and Procedures), Site Visits, Parent Feedback (telephone survey, face-to-face survey, written survey, website feedback, focus groups, workshops, and newsletter). The review process includes monthly EIMIS reviews, quarterly record reviews, comprehensive reviews (at least one per certification cycle and as needed), and ongoing review (including review of complaints and mediation). At any level of review HEALTH may request a Corrective Action Plan to address an area of noncompliance with standards. Failure to develop and complete a Corrective Action Plan may result in sanctions determined by HEALTH including but not limited to revocation of certification status.

The General Supervision cluster subcommittee used the indicators provided by OSEP, gathered and examined data and information and identified needs and gaps to determine the extent to which Rhode Island is meeting its obligations in this area.

Major Themes Regarding Strengths and Concerns

The RI CIMP Steering Committee identified and prioritized major themes by Cluster related to strengths and concerns most supported by data. These are presented below. Items are listed in priority order.

Strengths	Concerns
1. Under Part C, the Tom Hehir Report and the Governor's Committee data were used to initiate changes, e.g., fee for services, transition coordinator. Under Part B, monitoring findings were used re: the Speech and Language Subcommittee. 2. Part C has a uniform standardized certification, utilization review, and quality management review process 3. Part B has a uniform standardized school support process in place. 4. Methods are in place to measure if families have been apprised of their due process rights. 5. A formal complaint process is in place. 6. CSPD and technical assistance is designed based on Part B and Part C monitoring, quality assurance and utilization review data. 7. Special education in the juvenile correctional system was initiated as a result of data identifying this need.	1. Some families don't understand their due process rights and procedures. 2. Some parents/families feel that they are not involved adequately. 3. Part B enforcement is not consistent or timely (complaints, IDEA, IEPs). The monitoring cycle (aside from the School Support process) may not be an adequate enforcement tool. 4. There is inadequate follow-up of Part B complaint data. 5. The informal complaint process at the local level is not standardized for the collection of data. 6. Data does not provide information re: charter schools, home schools, career and technical schools, pediatric nursing, group homes, and state schools. 7. Systems are not responsive re: data for low-incidence populations, ethnic and language diversity or the number of students successfully completing GED disproportionately to race/ethnicity of students and the RI Training School.

Public Input Validation

The RI CIMP Steering Committee compared the identified major themes of strengths and concerns to the public input that the Steering Committee received through a variety of input strategies. The outcome of this comparison was a chart depicting the degree to which Strengths and Concerns were validated by public input.

No validating input was noted between strengths and public input.

Related to concerns, although 16 Public Input forms were recieved addressing general supervision-related issues, they did support most of the concerns for General Supervision, particularly those related to accountability and parent involvement.

Concerns	Validating Public Input
1. Some families don't understand their due process rights and procedures.	1. 3 respondents to the public survey supported this.
2. Some parents/families feel that they are not involved adequately.	2. 2 respondents to the public survey supported this.
3. Part B enforcement is not consistent or timely (complaints, IDEA, IEPs). The monitoring cycle (aside from the School Support process) may not be an adequate enforcement tool.	3. 3 respondents to the public survey supported this.
4. There is inadequate follow-up of Part B complaint data.	4. 3 respondents to the public survey supported this.
5. The informal complaint process at the local level is not standardized for the collection of data.	5. 6 respondents to the public survey supported this.
6. Data does not provide information re: charter schools, home schools, career and technical schools, pediatric nursing, group homes, and state schools.	6. 4 respondents to the public survey supported this
7. Systems are not responsive re: data for low-incidence populations, ethnic and language diversity or the number of students successfully completing GED disproportionately to race/ethnicity of students and the RI Training School.	7. 4 respondents to the public survey supported this.

Data Sources

Working through the Cluster Committees, the Steering Committee examined a variety of data for the purpose of assessing RI strengths and concerns related to Cluster objectives, components and indicators. These included the following:

Data Sources	Corresponding Indicators
School Support Manual: This provides the overall framework as well as specific components and forms for the School Support System process.	GS-1a, GS1aa, GS-1c, Gs.1a., GS.1.b, GS.1.c, GS.1.d, GS.1.e, GS.1.g., GS.3., GS.4.
The last three School Support System Reports for school year 2001-2002. These districts are Barrington, Bristol Warren and Newport County.	GS-1a, GS1aa, GS-1c, Gs.1a., GS.1.b, GS.1.c, GS.1.d, GS.1.e, GS.1.g., GS.3., GS.4.
School Support System Reports Access Sheet. This brochure is designed to provide the community with information on the process, recent visits and how to access the reports as well as contact information for the educational specialists at the Rhode Island Department of Education	GS-1a, GS1aa, GS-1c, Gs.1a., GS.1.b, GS.1.c, GS.1.d, GS.1.e, GS.1.g., GS.3., GS.4.
School Support System: The Year in Review. These brochures are designed to highlight districts visited during the previous school year.	GS-1a, GS1aa, GS-1c, Gs.1a., GS.1.b, GS.1.c, GS.1.d, GS.1.e, GS.1.g., GS.3., GS.4.
School Support System Overview. Power point presentation and handouts.	GS-1a, GS1aa, GS-1c, Gs.1a., GS.1.b, GS.1.c, GS.1.d, GS.1.e, GS.1.g., GS.3., GS.4.
Rhode Island's Reports on Due Process Hearings, year 2001 (Part B)	GS.1, GS-1a, GS1aa, GS-1.b, GS-1.c., GS.1.e., GS.1.f., GS1.g., GS.3., GS.4.
Overview of Due Process Information (Part C)	GS.1, GS-1a, GS1aa, GS-1.b, GS-1.c., GS.1.e., GS.1.f., GS1.g., GS.3., GS.4.

Data Sources	Corresponding Indicators
Early Intervention Family Satisfaction Survey	GS1a
Number and Type of Early Intervention Services Personnel (table 5)	GS 5.a.
Addition Personnel Information Part C	GS5.a.
Sample Interagency Agreement	GS.2.a., GS.2.b., GS5.a.
Hehir Report related to Part C (2000)	GS-1.c., GS.1.d
Special Education Census Reports	GS.1.d., GS.3.
Early Intervention Program Quality Assurance Review Process and Procedures	GS-1a, GS1aa, GS-1c, Gs.1a., GS.1.b, GS.1.c, GS.1.d, GS.1.e, GS.1.g., GS.3., GS.4.
Copy of IFSP	GS 1a
Copy of Statewide Procedural Safeguards Brochure (Part C)	GS 1aa
Six Month Follow-up to Hehir Report	GS. 1.d.
Rhode Island Special Education Advisory Committee Annual Report	GS-1a, GS1aa, GS-1c, Gs.1a., GS.1.b, GS.1.c, GS.1.d, GS.1.e, GS.1.g., GS.3., GS.4.
Rhode Island Parent Information Network Newsletters Parent Support Network Newsletters	GS-1a, GS1aa, GS-1c, Gs.1a., GS.1.b, GS.1.c, GS.1.d, GS.1.e, GS.1.g., GS.3., GS.4.
Interagency Agreements: Rhode Island School for the Deaf Department of Children Youth and Families Department of Human Services	GS-1a, GS1aa, GS-1c, Gs.1a., GS.1.b, GS.1.c, GS.1.d, GS.1.e, GS.1.g., GS.3., GS.4.

Data Needs

In reviewing and analyzing these Data Sources previously listed, the Steering Committee identified needs in the methods currently used in RI for data collection, analysis and use. The Steering Committee prioritized these data needs related to those that are considered to be the most essential to support effective improvement planning. These will be addressed by way of two (2) major strategies: (1) a one year U.S. Department of Education Improvement Planning Enhancement Grant entitled, "Data Driven Decision Making for Improvement Planning" and (2) the Improvement Planning Process itself.

Data needs are presented below. Items are listed in priority order.

1. A consistent format is needed for equalizing, standardizing, and clarifying data, e.g., informal complaints and follow-up on complaints.
2. Existing data systems should be reviewed to create data systems that are efficient, compatible and relational, e.g., fiscal, complaints.
3. There is insufficient data re: charter schools, home schools, career and technical schools, pediatric nursing, group homes, and state schools.
4. For Part B and for Part C, some intra and interagency agreements lack data collection to support accountability and consistent quality.
5. School Support plans follow-up should be compiled into an annual report card.
6. A literacy check should be conducted on written materials.

Cluster Committee Report

Objective
Effective general supervision of the implementation of the Individuals with Disabilities Education Act (IDEA) is ensured through the State Education Agency's (SEA) and Lead Agency's (LA) development and utilization of mechanisms and activities, in a coordinated system, that results in all eligible children with disabilities having an opportunity to receive a free appropriate public education (FAPE) in the least restrictive environment (LRE), and all eligible infants and toddlers and their families having available early intervention services (EIS) in natural environments (NE) appropriate for the child.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component GS.1 Are early intervention services (EIS) and free appropriate public education (FAPE) for children with disabilities ensured because the State's systems for monitoring, and other mechanisms for ensuring compliance, and parent and child protections, are coordinated, and decision-making is based on the collection, analysis and utilization of data from all available sources?			
GS - 1a. Are parents, and eligible youth with disabilities, aware of, and have access to, their right to effective systems/process for parent and child protections? GS – 1aa. Are the system/processes they engage effective in meeting their needs?	• State monitoring • Parent focus groups • Surveys • Have IFSP • Records of due process proceedings, mediation, and hearings • Documentation of parents being informed of their rights	Part C has sign off on IFSP regarding receipt of procedural safeguards. Part B School Support System - stratified randomly sampled parents are asked about receiving procedural safeguards. Local Advisory Board is interviewed regarding parent concerns. Part B: When families access the current system of	Part C: Parent Survey response #5 reflects approximately 62% know what to do if dissatisfied with services. Part B and Part C: Procedural Safeguard brochure available from LEA's and Early Intervention may not be legible and/or in family friendly language. It may also not be available in variety of languages.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component GS.1 Are early intervention services (EIS) and free appropriate public education (FAPE) for children with disabilities ensured because the State's systems for monitoring, and other mechanisms for ensuring compliance, and parent and child protections, are coordinated, and decision-making is based on the collection, analysis and utilization of data from all available sources?			
GS - 1b Is the provision of EIS and FAPE to children with disabilities advanced by the timely resolution of complaints, mediations, due process hearings, and methods for ensuring compliance that correct identified deficiencies?	• Copies of documents distributed to families from LEA re: their rights. School Support System: Parent Interviews and Local Special Education Advisory Council Interviews (re: Awareness of effectiveness of due process. Tab 10 and Tab 13 of the School Support Manual) • Complaint, mediation, due process logs • Part C Annual Report on due process • Enforcement action data	procedural safeguards they are effective in meeting their needs in a timely fashion Part B: School Support System. A stratified random sample of parents are interviewed and their child's records are reviewed. RIDE maintains copies of these record reviews and parent interviews. Part C: The overview of the due process information and informal complaints are valid information for EI. It has allowed for identification of themes.	Part B and Part C: Data does not reflect if families are aware of the system to access due process. Part B: Even though it is permissible to expand the hearing timelines under current regulations, the documentation to extend the hearing timelines (45 days) are not always completed. Part B: No statewide parent survey. Part B: The data currently collected does not indicate if special education complaint findings are fully implemented.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component GS.1 Are early intervention services (EIS) and free appropriate public education (FAPE) for children with disabilities ensured because the State's systems for monitoring, and other mechanisms for ensuring compliance, and parent and child protections, are coordinated, and decision-making is based on the collection, analysis and utilization of data from all available sources?			
GS - 1c Are systemic issues identified and remediated through the analysis of findings from complaint investigations, due process hearings and information and data collected from all available sources?	• SEA/LA policies and procedures • Complaint, mediation, due process logs • State monitoring data • TA and phone logs • Client Service Coordinator (Part C) • Hehir Report • RIDE Districts Consultants • RIPIN and LAC's	Part B and Part C: Formal structures to achieve this component are in place. Part B: When families access the current system of procedural safeguards they are effective in meeting their needs in a timely fashion. Part B: School Support System. A stratified random sample of parents are interviewed and their child's records are reviewed. RIDE maintains copies of these record reviews and parent interviews. Part C: The overview of the due process information and informal complaints is valid information for	Part C and Part B - there is not a standardized data collection process in place at the local levels for parent complaints and concerns. Part B does not have a standardized data collection process for informal parent complaints and concerns.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component GS.1 Are early intervention services (EIS) and free appropriate public education (FAPE) for children with disabilities ensured because the State's systems for monitoring, and other mechanisms for ensuring compliance, and parent and child protections, are coordinated, and decision-making is based on the collection, analysis and utilization of data from all available sources?			
		Early Intervention. It has allowed for identification of themes and technical assistance.	
GS.1a. Do the monitoring instruments and procedures used by the SEA/LA identify IDEA compliance? (GPRA 6.1)	• State monitoring • School Support Manual • School Support Reports • Early Intervention Quality Assurance Procedures • Complaint/mediation/due process data management system • Local Parent Advisory Councils • Technical Assistance Documents	Part B and Part C: Formal structures to achieve this component appear to be in place. Part B and Part C: Formal structures to achieve this component are in place.	

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component GS.1 Are early intervention services (EIS) and free appropriate public education (FAPE) for children with disabilities ensured because the State's systems for monitoring, and other mechanisms for ensuring compliance, and parent and child protections, are coordinated, and decision-making is based on the collection, analysis and utilization of data from all available sources?			
GS.1.b. Are deficiencies, compliance and (based on) best practices identified through the State's system for ensuring general supervision are corrected in a timely manner? (GPRA 6.1)	• State monitoring • School Support Manual • School Support Reports • Early Intervention Quality Assurance Procedures • Complaint/mediation/due process data management system • Local Parent Advisory Councils • Technical Assistance Documents	Part B and Part C: Formal structures to achieve this component are in place with the exception noted in the corresponding concerns column.	Part B and Part C: SEA and LEA lack standardized data for assuring the resolution of a formal complaint.
GS.1.c. Are enforcement actions used and technical assistance given	• State monitoring • Complaint data management system	Part B and Part C: Formal structures to achieve this component are in place.	

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component GS.1 Are early intervention services (EIS) and free appropriate public education (FAPE) for children with disabilities ensured because the State's systems for monitoring, and other mechanisms for ensuring compliance, and parent and child protections, are coordinated, and decision-making is based on the collection, analysis and utilization of data from all available sources?			
when necessary to address persistent deficiencies? (GPRA 6.1)	• Activity logs from RITAP • CSPD • School Support Plans • EI Quality Assurance		
GS.1.d. Is information collected through State Education Agency/ Lead Agency monitoring used to effect systems change?	• State monitoring • Special Education Census • Annual Report (Part B and C) • Early Intervention Management Information System • Hehir Report (2000) • Early Intervention Training Center Report and 6-month	Part B and Part C: There is evidence to support that information collected through SEA/LEA monitoring is used to effect system change. Examples available include the joint decision (SEA/ LEA) to hire and support an early childhood transition coordinator to address issues related to transition from Part C to Part B as parents raised this consistently. Other examples	Part B and Part C: Are the Special Education Census and the Early Intervention Management Information System collecting the correct information to effect systems change?

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component GS.1 Are early intervention services (EIS) and free appropriate public education (FAPE) for children with disabilities ensured because the State's systems for monitoring, and other mechanisms for ensuring compliance, and parent and child protections, are coordinated, and decision-making is based on the collection, analysis and utilization of data from all available sources?			
	follow-up report.	include the utilization of the Hehir Report (2000) to inform early intervention system change. This included the development of a statewide Early Intervention Training Center. Additionally, discretionary grants are used to implement changes identified in School Support Plans. Part B: The Speech and Language Entrance and Exit Criteria Subcommittee is another example of a statewide work group that was the result of Part B monitoring findings.	
GS.1.e. Are complaint investigations, mediations, and due process hearings and	• State record/ logs • Client service logs	Part B: Complaints are investigated and findings made within the established timelines (60	In Part B, the paperwork for extension of due process hearings are not consistently completed.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component GS.1 Are early intervention services (EIS) and free appropriate public education (FAPE) for children with disabilities ensured because the State's systems for monitoring, and other mechanisms for ensuring compliance, and parent and child protections, are coordinated, and decision-making is based on the collection, analysis and utilization of data from all available sources?			
reviews conducted in a timely manner? (GPRA 6.1)	• State record log policy and procedural log • SEA hearing officer records – no hearings to this point • RIDE - RIDE/ LEA District Consultant records • Complaint issues, mediation and due process records and timelines • Local EI or LEA records on technical assistance	days). Mediation is available as an effective process to reach resolution (84-92% resolution rate).	
GS.1.f. Are decisions in complaint investigations, mediations, and due process hearings and reviews,	• State record/ logs • Percentage of complaints proceeding to	Part B: Formal systems are in place to address this indicator with the exception noted in the corresponding	Part B: The current system relies on parties to contact the Rhode Island Department of Education if special

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component GS.1 Are early intervention services (EIS) and free appropriate public education (FAPE) for children with disabilities ensured because the State's systems for monitoring, and other mechanisms for ensuring compliance, and parent and child protections, are coordinated, and decision-making is based on the collection, analysis and utilization of data from all available sources?			
which result in corrective actions, implemented in a timely manner? (GPRA 6.1)	mediation and/or hearing • Data on informal complaints	concern column.	education compliant findings are not being fully implemented. This may not yield the most accurate data regarding implementation of corrective actions.
GS.1.g. Are findings from complaint investigations, due process hearings and review decisions, and other data, used as an integral part of the State's monitoring system?	• State monitoring • State Technical Assistance Project • Records of due process included in State monitoring report • School Support System	Part B and Part C: The formal process to address this indicator is in place. Part B: Evidence was presented to support that findings from complaint investigations, mediations and due process hearings are part of State Monitoring System. Part C: Informal parent requests for assistance are utilized in the monitoring process.	

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component GS.1 Are early intervention services (EIS) and free appropriate public education (FAPE) for children with disabilities ensured because the State's systems for monitoring, and other mechanisms for ensuring compliance, and parent and child protections, are coordinated, and decision-making is based on the collection, analysis and utilization of data from all available sources?			
		Other examples include the creation of an early childhood transition coordinator to address issues related to transition from Part C to Part B in part due to parent identification of this issue. In Part B, local concerns are monitored through School Support Reports and Field Visits. In Part C, concerns are monitored through a monthly review of submitted data, a quarterly review of records and a certification visit which occurs at least every two years. An additional site visit may be scheduled in response to concerns regarding corrective actions.	

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component GS.2 Are appropriate and timely services ensured through interagency coordination and assignment of fiscal responsibility?			
GS.2.a. Are child find/outreach, evaluation and provision of services, coordinated through interagency agreements and other mechanisms?	• Public Input • Financial and child records • Interviews • Part C Early Intervention Satisfaction Survey • Review of local billing records • Review of Medicaid billing records • Results of focus groups with parents • Reports from school districts on outreach • Interagency agreements (i.e., health, special education, Medicaid, etc.)	Interagency agreements exist for both Part B and Part C. Part B and Part C: Training has been provided statewide for a variety of agencies in the development of interagency agreements.	Par B and Part C: Some interagency agreements lack accountability processes. Part B and Part C: Results of focus groups not used consistently.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component GS.2 Are appropriate and timely services ensured through interagency coordination and assignment of fiscal responsibility?			
GS.2.b. Does the State Education Agency /Lead Agency develop and implement coordinated service systems to minimize duplication and ensure effective services delivery?	• Interagency agreements • Early Intervention Management Information System (Part C)	Part B and Part C: There are some interagency agreements in place aimed to minimize duplication of services.	Part B and Part C: There is no standardized data system in place that incorporates a check and balance system to minimize duplicity. There is also a data concern on confidentiality issues in developing the systemic data system.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component GS.3 Are appropriate special education and related services provided to children with disabilities served in juvenile and adult correctional facilities in the State?			
GS.3. Are appropriate special education and related services provided to children with disabilities served in juvenile and adult correctional facilities in the State?	• State Monitoring • Due process, mediation, and compliant data • Education Surrogate Parent Program Reports	Part B: A comprehensive state system is in place to provide monitoring of special education and related services for both the RI Training School (RITS) and the Adult Correctional Institution (ACI). Part B: State moni-	Part B: How state and local initiatives and activities monitor student outcomes in the following areas: • Graduation/ GED • Transitions (i.e., successful transition to

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component GS.3 Are appropriate special education and related services provided to children with disabilities served in juvenile and adult correctional facilities in the State?			
	• Project Hope data (Rhode Island) • Adult Correctional institution (ACI) Annual Report • RI Training Schools (RITS) Annual Report • Special Education Census	toring was the impetus for now having a full-time Special Education Director and other qualified personnel for both the ACI and RITS. Part B: A due process system that is comprehensive and timely. Part B and Part C: An Educational Surrogate Parent, for children in state custody participates in assuring special education service delivery for eligible students. Rhode Island has a State recognized office of the Child Advocate.	Community, LEA, etc.) • Parent Involvement Part B: The number of students that successfully completed the GED is disproportionate to the race/ethnic population at the RITS.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component GS.4 Are appropriate special education and related services provided to children with disabilities served in out-of-district placements (e.g., nonpublic schools, consortia, etc.) under the direction and supervision of the public agency, and in State operated programs (e.g., departments for mental health or mental retardation, schools for the blind and deaf, etc.)?			
GS.4. Are appropriate special education and related services provided to children with disabilities served in out-of-district placements (e.g., nonpublic schools, consortia, charter schools, career technical schools, home schooled, hospitals, foster care, group home facilities or any other facilities etc., under the direction and supervision of the public agency, and in State operated programs (e.g., departments for mental health or mental retardation, schools for the blind and deaf, etc.)?	• State monitoring • SEA data reports • Education Surrogate Parent Report • Project Hope (Rhode Island) • Private schools certified by RIDE • Due process, mediation, and compliant data • Child Advocate Annual Report	Part B: The state has a monitoring process, which includes review of out-of-state programs which provide special education services to Rhode Island students. Part B: The due process system is comprehensive and timely. Part B: An Educational Surrogate Parent participates in assuring special education service delivery for eligible students in out-of-state placements.	Part B: The SEA does not monitor State Schools, Charter Schools, The Met School, The Chamber School, and Group Homes with Schools. Part C: Data on children cared for in pediatric nursing homes is not captured by in the EIMIS or Special Education Census

Footnote: Part C does not have any out-of-district placements with the exception of pediatric nursing homes.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component GS.5 Do appropriately trained public and private providers, administrators, teachers, paraprofessionals and related service personnel provide services to infants, toddlers, children and youth with disabilities?			
GS.5.A Are there sufficient numbers of qualified teachers, EI personnel and related service providers employed in public schools to meet the identified needs of all children with disabilities?	• State personnel data • Comprehensive System of Personnel Development (CSPD) • SEA/LEA /EI agreements with Institutions of Higher Education (IHE's) • Part B and C Annual Reports: Personnel and vacancy data • Case load work groups (i.e., speech and language)	Part B: Systems are in place (i.e., emergency certification credential) to address this indicator. Part B and Part C: The data facilitated the development of the University of Rhode Island (URI) and Rhode Island College (RIC) program for Bilingual Speech and Language Pathologists. Also, data facilitated the development of the URI and RIC placement of students in early intervention practicums. URI also coordinates in-service training for EI providers based on a comprehensive needs assessment. Part B: a consolidated Resource Plan provides personnel related information. Part C: Data was used to develop case load maximum for service coordinators.	

Footnote: Early Intervention personnel are not employed by public schools in Rhode Island.

Transition

Early Childhood

Cluster Overview

Cluster Objective
Transition planning results in needed supports and services, available and provided as appropriate, to a child and the child's family when the child exits Part C.

Cluster Component C.BT.1
Do all children exiting Part C receive the services they need by their third birthday?

- C.BT.1.a Are all children eligible for Part B services receiving special education and related services by their third birthday or for children who will turn 36 months between May and September, these events occur on an adjusted timeline that will allow for participation of all three parties, and to insure placement upon opening of school or when the child turns 36 months if a 230 day or extended school year program is to be provided to the child?
- C.BT.1.b. Are all children exiting Part C who are found not eligible for services under Part B receiving other appropriate services by their third birthday?
- C.BT.1.c. What is the percentage of children leaving Part C services who are placed in inclusive preschool or other settings? (GPRA 1.7)
- C.BT.1.d. Is quality and compliant transition planning occurring with Part C, Part B providers and parents?

Rhode Island Context Description

In Rhode Island, transition for children leaving Early Intervention and entering the school district is administered by two state agencies. The Department of Health administers the Early Intervention Program under Part C and the Department of Education administers the preschool special education programs under Part B.

Both of these agencies have state regulations that are consistent with each other, and include steps, processes and roles of all relevant partners related to effective transitioning. In addition, there is a jointly developed interagency agreement between the Departments of Education and Health to further define roles and responsibilities for the transition process.

Rhode Island requires a transition team, minimally consisting of parents and Early Intervention and school district personnel to convene when the child turns 30 months in order to develop a written transition plan. This plan needs to include the transition activities, timelines and persons responsible for carrying out each aspect of the transition plan. If the child is eligible for special education services, the transition plan must result in the child receiving services by the time the child turns three. For children who are determined not eligible for special education services, the transition team is responsible for referring the family and child to appropriate community resources.

The transition cluster sub-committee worked in two separate groups; one focused on early childhood transition, the other on secondary transition. Both groups used the indicators provided by OSEP, gathered and examined data and information and identified needs and gaps to determine the extent to which Rhode Island is meeting its obligations in this area.

Major Themes Regarding Strengths and Concerns

The RI CIMP Steering Committee identified and prioritized major themes by Cluster related to strengths and concerns most supported by data. These are presented below by Cluster. Items are listed in priority order.

Strengths	Concerns
1. There are written guidelines for the implementation of the transition process.	1. There is no accountability for implementing recommended guidelines by Part C and Part B.

Strengths	Concerns
2. There is consistency between Part C and Part B in state regulations, inter-agency policy and agreements concerning transition. 3. A mechanism is in place for collecting ongoing feedback through Family Transition Surveys from Part C to Part B. 4. A major strength is the Comprehensive Early Intervention Management System (EIMIS). 5. The RIDE Consolidated Resource Plan collects data on the number of preschool children with special needs across the continuum of services.	2. There are differences in service delivery in the IFSP and the IEP (regulations and practices). 3. The two Part C and Part B data systems are not linked. 4. There is a need for professional development. 5. There are capacity and linkage issues in services and supports for children exiting Early Intervention who are not eligible for Part B services.

Public Input Validation

The RI CIMP Steering Committee compared the identified major themes of strengths and concerns to the public input that the Steering Committee received through a variety of input strategies. The outcome of this comparison was a chart depicting the degree to which Strengths and Concerns were validated by public input from the 6 respondents.

No validating input was noted between strengths and public input from the six respondents.

Concerns	Validating Public Input
1. There is no accountability for implementing recommended guidelines by Part C and Part B.	1. Public input reflected concerns that transition from early intervention to schools is not always coordinated.
2. The two Part C and Part B data systems are not linked.	2. Public input identified concerns related to students being mobile but not their records.

Data Sources

Working through the Cluster Committees, the Steering Committee examined a variety of data for the purpose of assessing RI strengths and concerns related to Cluster objectives, components and indicators. These included the following:

Data Sources	Corresponding Indicators
Early Intervention State Regulations	C.BT.1a
Rhode Island Special Education Regulations	C.BT.1a
Interagency Agreement between Departments of Health and Education	C.BT.1a,1b
Interagency Agreement among Departments of Education, Health, Human Services and Head Start	C.BT.1a
Rhode Island General Law 42-72.5-2	C.BT.1a,1b
Confidentiality/Release of Information Policy	C.BT.1a
Guidelines for Recommended Activities and Timelines for Transitions in Rhode Island	C.BT.1a,1c
Early Intervention Management Information System (EIMIS)	C.BT.1a,1b,1c

Data Needs

In reviewing and analyzing these Data Sources previously listed, the Steering Committee identified needs in the methods currently used in RI for data collection, analysis and use. The Steering Committee prioritized these data needs related to those that are considered to be the most essential to support effective improvement planning. These will be addressed by way of two (2) major strategies: (1) a one year U.S. Department of

Education Improvement Planning Enhancement Grant entitled, "Data Driven Decision Making for Improvement Planning" and (2) the Improvement Planning Process itself. Data needs are presented below. Items are listed in priority order.

1. The Part C and Part B data systems need to be linked
2. Data needs to be linked to accountability for implementing the transition process.
3. Data needs to be collected to determine the impact of quality transition on outcomes for children and families.
4. There is a need for a universal student identifier to follow a child across systems. Data are needed to indicate that services and supports are being provided to children exiting Part C to Part B by age three.

Cluster Committee Report

Objective: Transition planning results in needed supports and services, available and provided as appropriate, to a child and the child's family when the child exits Part C.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component C.BT.1 Do all children exiting Part C receive the services they need by their third birthday?			
C.BT.1.a Are all children eligible for Part B services receiving special education and related services by their third birthday or for children who will turn 36 months between May and September, these events occur on an adjusted timeline that will allow for participation of all three	1. State Regulations Part C and Part B 2a. Interagency Agreement between RI Department of Health and Department of Education 2b. Interagency Agreement Among Departments of Education, Health, Human Services, and Head Start	1. Part C and Part B State Regulations are consistent with each other as well as federal law. These regulations include steps, processes and roles of all relevant partners related to effective transitioning. 2. Jointly developed interagency agree-	1. There is no data to determine whether children are receiving services by their third birthday. 2. Need to review the need for additional community-based interagency agreements. Language is general and leaves room for different interpretations. Roles and

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component C.BT.1 Do all children exiting Part C receive the services they need by their third birthday?			
parties, and to insure placement upon opening of school or when the child turns 36 months if a 230 day or extended school year program is to be provided to the child?	3. Confidentiality and Release of Information Policy 4. Guidelines for Recommended Activities and Timelines for Transitions 5. Public Law 42-72.5-2 Universal Student Identification System 6. Early Intervention Management Information System (EIMIS) • # Children Referred • # Eligible • # Not eligible for Part C • Discharge Information 7. Family Transition Survey 8. Department of Education Census Data	ments (1993) between EI and DOE exist. Collaboratively developed inter-agency agreement (Ride, EI, DHS and HS) is consistent with state regulations regarding transition. 3. Confidentiality and Release of Information Policy allows transfer of information and helps assure placement of children by 36 months. 4. Recommendations and guidelines provide detail for the process, roles, responsibilities, purposes and timelines of implementing transitions. 5. PL 42-72.5-2 Universal Student Universal Identifier will provide a system for coordi-	responsibilities are not detailed. Agreement is dated. 3. N/A 4. No supporting information to determine whether EI and LEAs are implementing these recommendations 5. PL 42-72.5-1 in planning stage and will need funding to implement 6. Part C and Part B data systems are not linked. 7. Transition data from Families not yet available 8. The Departments of Health and Education do not have compatible data systems to enable sharing of information across EI and LEA programs.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component C.BT.1 Do all children exiting Part C receive the services they need by their third birthday?			
		nating and sharing data across departments and programs. Long term tracking of children will enable a comparison of RI data to national data. 6. EI data – accountability of EI Children, tracks children within the EI system and includes ethnic groupings 7. TBD 8. Census data - 3 to 5 in pre K – provides numbers by age in pre-school by disability.	
C.BT.1.b. Are all children exiting Part C who are found not eligible for services under Part B receiving other appropriate services by their third birthday?	1. Public Law 42-72.5-2 2. Interagency Agreements on Transition 3. Early Intervention Management Infor-	1. PL 42-72.5-2 Universal Student Identificator will allow sharing of information on children across all state agencies. 2. Interagency	1. PL 42-75.5-2 is in planning stage 2. Agreements dated 3. EI Data does not address child's progress. EI MIS

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component C.BT.1 Do all children exiting Part C receive the services they need by their third birthday?			
	mation System (EI MIS) Discharge data 4. Family Transition Survey	agreements (Ride, EI, DHS and HS) could be expanded to include sharing information across agencies. 3. EI MIS reports where children are referred as they exit Early Intervention 4. Transition Survey will ask families to identify the child's placement after leaving EI.	needs clarification in exiting definitions and develop reports where children are referred. 4. Transition data not yet available
C.BT.1.c. What is the percentage of children leaving Part C services who are placed in inclusive preschool or other settings? (GPRA 1.7)	1. EI MIS 2. Department of Education Consolidated Resource Plan (CRP) 3. Family Transition Survey	1. EI MIS indicates where child was referred. 2. The CRP – Indicated the continuum of services for preschool children including inclusive settings and the number of children in each of the services. 3. Family Transition Survey – Feedback	1. EI MIS data cannot tell if child is receiving the services that were referred. 2. The CRP data cannot identify those children who have been in the Early Intervention Program. Information vague. 3. Family Transition Survey – it is unknown what percent-

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component C.BT.1 Do all children exiting Part C receive the services they need by their third birthday?			
		will be continuous as it is given to all families after they exit EI.	age of families will return the survey.
C.BT.1.d. Is quality and compliant transition planning occurring with Part C, Part B providers and parents?	1. EI MIS 2. Family Transition Survey 3. Guidelines for Recommended Activities and Timeline for Transitions	1. EI MIS tracks data on transition planning meetings and the timeline in which the meetings occur – Age of the child can be determined. 2. Transition Survey records parent response to the process 3. Guidelines follow best practices/ quality guidelines. History of state agency agreement on the process, roles, responsibilities, activities and timelines.	1. EI MIS does not have reports set-up to review transition planning. Data not currently accessible 2. Transition Survey – unknown number of responses from families. 3. No supporting data to determine if EI and LEAs are implementing these recommended practices.

TRANSITION

Secondary

Cluster Overview

Cluster Objective
All youth with disabilities, beginning at 14 and younger when appropriate, receive individualized, coordinated transition services, designed within an outcome-oriented process that promotes movement from school to post-school activities.

Cluster Component BT.1
After exiting school, are youth with disabilities prepared for employment, post secondary education and/or independent living?

- BT.1.a. Is the rate of youth with disabilities graduating with a regular diploma comparable to that for youth without disabilities? (GPRA 4.1)
- BT.1.b. Is the drop out rate for youth with disabilities comparable to youth without disabilities? (GPRA 4.1)
- BT.1.c. Is the percentage of youth with disabilities participating in post-school activities (e.g., employment, education, etc.) comparable to that on non-disabled students? (GPRA 4.2 and 4.3)
- BT.1.d Do children with disabilities, beginning at age 14 or younger if appropriate, have IEPs that include a statement of transition service needs, (which include a focus on employment, post-secondary education, independent living) that focus on the student's course of study; and for children age 16 or younger, if appropriate, include a statement of inter-agency responsibilities and needed linkages?
- BT.1.e. (GPRA 3.4) Are agency services, (SEA & Others), coordinated through formal agreements (where appropriate) to provide improved access and ensure effective transition for students to post school supports?

Cluster Component BT.2
Are youth with disabilities involved in appropriate transition planning?

- BT.2.a Are students with disabilities prepared, supported and actively involved in appropriate transition planning, which includes:
  - responsibility and support with follow up
  - knowledge about their role and options
  - support with developing self-advocacy skills.
- BT.2.b Are students with disabilities participating in meaningful career/vocational assessment?

Rhode Island Context Description

In 1992 RIDE established five Regional Transition Centers (RTCs) to assist local school districts to improve transition services for students with special needs. The RTCs developed regional teams composed of educators from the public and private secondary schools, adult service agencies and parents. The regional teams, called Transition Advisory Committees, are supported by a full time Regional Transition Coordinator with the goal of promoting transition services through:

- Training and Technical assistance to local schools
- Information sharing
- Interagency Coordination of services
- Resource lending library
- Collection of outcome data on students exiting education.

The RTCs have been effective in establishing a regional network of concerned professionals and parents. Resource sharing and technical assistance is available and utilized by some school districts, however, little data was collected on the outcomes for students or the results of interventions of the RTCs.

In 1994 state legislation mandated the creation of the Rhode Island Transition Council to be chaired by RIDE. This Council is composed of representatives from all of the state departments that oversee or provide services to students in secondary transition, parent representatives, students and a representative from one of the Regional Transition Centers. The Council's mission is to identify systemic barriers to effective transition practices and target the gaps in services. The Council's role is to develop interagency agreements to improve the coordination of services among partner agencies to improve student outcomes.

To date, the Transition Council has supported the enactment of three interagency agreements that have improved access to services for students in transition. Some effectiveness data on the agreements is collected and utilized for program design purposes.

In 1996 RIDE received a USDOE Transition

Systems Change Grant. The grant was administered in partnership with RIDE, the University Affiliated Program at Rhode Island College, the RI Parent Information Network, the Department of Human Services/Office of Rehabilitation Services and the Regional Transition Centers. The grant provided the opportunity to pull together all of the prior investments into a coordinated statewide transition system. The grant also allowed each public high school and several private high schools to apply for a Transition Improvement Grant (TIG). The grants required each school to conduct a transition needs assessment, design a plan for improvement and implement the plan utilizing grant resources. The assessment and planning involved students and parents.

The Transition System Change Grant is currently in a carry-over year and commitments have been made to explore options for continuation of the successful practices that emerged from the initiative.

As a result of investments made to date, Rhode Island has the following secondary transition elements in place:

- Active State Transition Council
- Three Interagency Agreements specific to improving transition outcomes
- Five Regional Transition Centers each with 1 FTE Coordinator
- Five Regional Transition Advisory Committees with strong participation from local schools and parents.
- A Transition Coordinator at each High School (LEA commitment to this position varies from a voluntary basis to 1 FTE)
- Emerging partnerships with other school based initiatives, (Perkin's Grant Programs, WIA programs, Jobs for Ocean State Graduates, School to Career, etc.)
- Improving School to Career practices in local high schools involving students with special needs
- State special education regulations that require career/vocational assessment to begin at age 14 and remain an ongoing process to inform the students IEP team for transition planning
- Changes in curriculum and course offerings in many high schools with an improved focus on functional life skills and transition preparation
- Utilization of student centered planning practices in some high schools
- A commitment to ongoing student outcome data collection through a state facilitated longitudinal transition outcome study, (initial results expected, 1/1/02)
- Greater focus on transition services through the School Support Visits (state monitoring of special education services)

The collective statewide secondary transition service system has improved in the past several years and the structures developed provide excellent opportunities for continued growth.

Major Themes Regarding Strengths and Concerns

The RI CIMP Steering Committee identified and prioritized major themes by Cluster related to strengths and concerns most supported by data. These are presented below. Items are listed in priority order.

Strengths	Concerns
1. Some interagency agreements are in place at the state level. 2. Effective transition planning processes are used for some students 3. Some students are involved in transition planning. 4. Career/vocational assessment takes place for some students (part of state regulations).	1. Comparative post-school outcome data for all students needs to be consistent with data collected in the RI Transition Outcome Study (with the capacity to disaggregate data for students with and without disabilities). Post secondary outcomes for students with disabilities need to improve. 2. There needs to be more effective transition practices for all students (IEP student involvement). 3. There is a need to disaggregate graduation and dropout data for children with and without disabilities with a comprehensive definition of "regular diploma" and "drop-out". Graduation rates need to increase and drop-out rates need to decrease. 4. Effective career/vocational assessment should begin for all students by age 14 and inform IEP team decisions. 5. Indicators need to be developed that measure the outcomes and effectiveness of interagency agreements. We also need more interagency agreements at the state level.

Public Input Validation

The RI CIMP Steering Committee compared the identified major themes of strengths and concerns to the public input that the Steering Committee received through a variety of input strategies. The outcome of this comparison was a chart depicting the degree to which Strengths and Concerns were validated by public input. The chart is depicted below. Eight Public Input Forms addressing this area were received.

Strengths	Validating Public Input
1. Interagency agreements are in place.	1. Public input was not received related to this strength.
2. Transition planning processes are used for some students	2. This was supported by 2 respondents to the public survey.
3. Some students are involved in transition planning.	3. Public input was not received related to this strength.
4. Career/vocational assessment takes place for some students (part of state regulations).	4. This was supported by 2 respondents to the public survey.

Concerns	Validating Public Input
1. Comparative post-school outcome data for all students needs to be consistent with data collected in the RI Transition Outcome Study (with the capacity to disaggregate data for students with and without disabilities). Post secondary outcomes for students with disabilities need to improve.	1. This was supported by 3 respondents to the public survey.
2. There needs to be more effective transition practices (IEP student involvement).	2. This was supported by 6 respondents to the public survey.
3. There is a need to disaggregate graduation and dropout data for	3. Public input was not received related to this concern.
	4. This was supported by 1 respondent to the public survey.
	5. Public input was not received related to this concern.

Concerns	Validating Public Input
children with and without disabilities with a comprehensive definition of "regular diploma" and "drop-out". Graduation rates need to increase and drop-out rates need to decrease. 4. Effective career/vocational assessment should begin for all students by age 14 and inform IEP team decisions. 5. Indicators need to be developed that measure the outcomes and effectiveness of interagency agreements. We also need more interagency agreements at the state level.	

Data Sources

Working through the Cluster Committees, the Steering Committee examined a variety of data for the purpose of assessing RI strengths and concerns related to Cluster objectives, components and indicators. These included the following:

Data Sources	Corresponding Indicators
Information Works! Measuring Rhode Island Schools for Change, 2001 RIDE (pg. 31 and Cranston District Profile, pg. 7.00)	BT.1.a
2001 Rhode Island Kids Count Factbook High School Graduation Rate (pg. 104-105)	BT.1.a
IDEA Data (www.ideadata.org/tables/ar_ad3.htm) USDOE/OSEP/Data Analysis System • Number of Students Age 17-21+ Exiting Special Education with a	BT.1.a

Data Sources	Corresponding Indicators
Diploma During the 1998-99 School Year • Percentage of Students Ages 17-21+ Exiting Special Education with a Diploma Based on Number of Students Leaving School During the 1998-99 School Year	
Children with Disabilities Study, The Drop-Out rate of Rhode Island Students with Disabilities By Richard L. Dickson & Crist H. Costa August 20, 2001	BT.1.b
IDEA Data (www.ideadata.org/tables/ar_ad3.htm) USDOE/OSEP/Data Analysis System • Percentage of Students Ages 14-21+ Dropping Out of Special Education based on the Number of Students Ages 14-21+ leaving School During the 1998-99 School Year • Percentage of Students Ages 14-21+ Dropping Out of Special Education based on the Total Number of Students Ages 14-21+ Served Under IDEA During the 1998-99 School Year	BT.1.b
RITIE (RI Transition-Independence-Employment) DRAFT Longitudinal Transition Outcome Study September, 2001, University Affiliated Program, Rhode Island College	BT.1.c
RI Department of Human Services/Office of Rehabilitation Services Caseload Management System, 1/01	BT.1.c
2001 Rhode Island Kids Count Factbook	BT.1.c

Data Sources	Corresponding Indicators
Teens Not in School & Not Working (pg. 106-107)	BT.1.d
RI Office of Special Needs School Support System Student Record Review	BT.1.d
RI Office of Special Needs School Support System Student Interview Protocols	BT.1.e
RIDE Consolidated Resource Plan Part B Application (Section IV, item III)	BT.1.e
Progress Report of Programs Funded Through the RIDE-DHS/ORS Cooperative Agreement (4/1/96-12/31/98)	BT.2.a
RITIE (RI Transition-Independence-Employment) DRAFT Longitudinal Transition Outcome Study September, 2001, University Affiliated Program, Rhode Island College	BT.2.b
RI Office of Special Needs School Support System Student Record Review	

Data Needs

In reviewing and analyzing these Data Sources previously listed, the Steering Committee identified needs in the methods currently used in RI for data collection, analysis and use. The Steering Committee prioritized these data needs related to those that are considered to be the most essential to support effective improvement planning. These will be addressed by way of two (2) major strategies: (1) a one year U.S. Department of Education Improvement Planning Enhancement Grant entitled, "Data Driven Decision Making for Improvement Planning" and (2) the Improvement Planning Process itself. Data needs are presented below. Items are listed in priority order.

1. Comparative post-school outcome data for all students needs to be consistent with data collected in the RI Transition Outcome Study (with the capacity to disaggregate data for students with and without disabilities).
2. Standardize and quantify School Support Visit data and expand sample and/or develop an alternative method to provide information about Transition Practices (BT.1.d, BT.2.a, and BT.2.b).
3. Disaggregate graduation and dropout data for children with and without disabilities with a comprehensive definition of "regular diploma" and "drop-out".
4. Develop indicators that measure the outcomes and effectiveness of interagency agreements (utilize to evaluate and revise agreements). Collect "trend" data from partner agencies, (e.g. RIDE, PSN, RIPIN, RIDLC, etc.) using consistent data fields across agencies.

Cluster Committee Report

Objective: All youth with disabilities, beginning at 14 and younger when appropriate, receive individualized, coordinated transition services, designed within an outcome-oriented process that promotes movement from school to post-school activities.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BT.1 After exiting school, are youth with disabilities prepared for employment, post secondary education and/or independent living?			
BT.1.a. Is the rate of youth with disabilities graduating with a regular diploma comparable to that for youth without disabilities? (GPRA 4.1)	SEEP-Children with Disabilities Study (re: different kinds of diplomas) Info Works Census RIDE data & IDEA Reports	1. RIDE data reported to the Federal Government yields good information across disability groups. 2. Kids Count and Info Works provide some	1. National data (IDEA, Table AD3) presents a mean number by disability by state. This will not reflect the information from each city/town. Question the validity of the data.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BT.1 After exiting school, are youth with disabilities prepared for employment, post secondary education and/or independent living?			
		good general information on graduation rates. 3. The size of the state supports centralization of data collection & definitions yielding more valid measures.	2. Need to disaggregate graduation rate data for general education & special education. 3. Need to define what constitutes a regular diploma. 4. We don't know what each RI district is doing for issuing a diploma versus a certificate.
BT.1.b. Is the drop out rate for youth with disabilities comparable to youth without disabilities? (GPRA 4.1)	Census RIDE data & IDEA Reports Info Works SEEP-Children with Disabilities Study	1. Recent initiatives (Info Works, SEEP) put us in a position to improve data collection and reporting.	1. Validity of data is questioned due to the lack of commonality of the definition of terms and the consistency of the data collection process. 2. Timeliness of the information. 3. Lack of coordi-

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BT.1 After exiting school, are youth with disabilities prepared for employment, post secondary education and/or independent living?			
			nation across/ within the state to gather information efficiently and accurately.
BT.1.c. Is the percentage of youth with disabilities participating in post-school activities (e.g., employment, education, etc.) comparable to that on non-disabled students? (GPRA 4.2 and 4.3)	ORS (for eligible clients) RI Dept of Labor RITIE Outcome Study RI Office of Higher Education RI Disability Law Center LEAs who maintain outcome data (e.g. School to Career) RITS-Project Hope Kids Count	1. RITIE Data and Longitudinal Outcome data useful. 2. Several schools/ districts conduct a standardized process of follow-up info gathering for all students.	1. Lack of current data from several sources, (DOL, OHE, RITS/DCYF). 2. Need efficient statewide system of data collection. 3. Data collected is limited to students with disabilities only. This limits our ability to compare.
BT.1.d Do children with disabilities, beginning at age 14 or younger if appropriate, have IEPs that include a statement of transi-	SSS visitation data and reports Complaints to RIDE RIPIN contact data Parent Survey (CIMP)	1. School Support Visits provide specific questions that result in current information with high	1. Small numbers of student records are reviewed in SS Visit. 2. Format from the

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BT.1 After exiting school, are youth with disabilities prepared for employment, post secondary education and/or independent living?			
tion service needs, (which include a focus on employment, post-secondary education, independent living) that focus on the student's course of study; and for children age 16 or younger, if appropriate, include a statement of interagency responsibilities and needed linkages? (GPRA 3.4)	RIDLC Longitudinal/ Outcome studies	degree of validity. 2. Parents & Teachers participate in SS Visit (the interview process that addresses issues of BT.1.d). 3. Students are interviewed in SS Visit re: the transition services.	SS system cannot be used functionally for quantifying info and using information in meaningful way. 3. Student interview process in SS visit lacks consistent protocol.
BT.1.e Are agency services, (SEA & Others), coordinated through formal agreements (where appropriate) to provide improved access and ensure effective transition for students to post school supports?	Cooperative Agreements and outcome data from such agreements ORS State Transition Council Meeting Minutes	1. Transition Council has initiated the process of developing broad-based memoranda of understanding across agencies. 2. Coordination among ORS, RIDE, and MHRH to improve and enhance transi-	1. Lack of data that supports effectiveness of interagency agreements. 2. Some cooperative agreements lack standardization and specificity regarding requirements, eligibility, funding, etc.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BT.1 After exiting school, are youth with disabilities prepared for employment, post secondary education and/or independent living?			
		tion services exists. 3. LEA Consolidated resource plans requires districts to identify agencies with which contractual agreements have been initiated.	

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BT.2 Are youth with disabilities involved in appropriate transition planning?			
BT.2.a Are students with disabilities prepared, supported and actively involved in appropriate transition planning, which includes: - responsibility and support with follow up	CIMP Survey Assessment (Career & IEP process) SS Visits Longitudinal/ Outcome studies Calls to RIDE	1. RITIE Outcome Study (a self assessment) provides some information regarding student preparation, participation in: - individual transition	1. Need data that will indicate student understanding of his/her role in planning, knowledge of options and support for follow up. 2. Need to infuse

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BT.2 Are youth with disabilities involved in appropriate transition planning?			
- knowledge about their role and options - support with developing self-advocacy skills		planning - self advocacy	indicators (BT.2.a) in developing student, parent and teacher interview protocols for SS Visit.
BT.2.b Are students with disabilities participating in meaningful career/vocational assessment?	SS Visits Calls to RIDE, RIPIN, RIDLC ORS RITIE Outcome Study	1. RI regulations require career/vocational assessment.	1. Expand RITIE Outcome Study to incorporate factors related to this indicator. 2. Need to develop method to quantify data collected from SS visits record review and protocols to address this indicator. 3. "Meaningful" needs to be defined. 4. How to gather data that will effectively evaluate/measure this indicator?

Family Involvement

Family-Centered Services

Cluster Overview

Cluster Objective
Outcomes for infants and toddlers and their families are enhanced by family centered supports and systems of services.

Cluster Component CF.1
Do family supports, services and resources enhance outcomes for infants and toddlers and their families?

- CF.1.a. Are family centered practices (FCP) at the core of all aspects of the Early Intervention process from initial identification through the child's transition to Part B or other services? In what ways?
- CF.1.b. Do families report that Early Intervention services and supports have increased their family's capacity to enhance their child's development? GPRA 2.2
- CF1.c. Do families report that they have meaningful participation in all aspects of the Early Intervention System, including the development, implementation and revision of the IFSP and all decisions regarding services amd supports for their child and family?

Rhode Island Context Description

IDEA Regulations for the Early Intervention System for Infants and Toddlers with Disabilities (Part C) require the State to involve parents/families in all aspects of the Early Intervention System. For example, 303.12 of IDEA states, "early intervention services means services that (2) Are selected in collaboration with the parents".

The RI Department of Health (DOH) meets these requirements by partnering with families in the design and delivery of Early Intervention services for their child(ren). Family centered services are a core value and essential element of all EI services; they are family-driven and take into consideration families' priorities and strengths. The DOH trains all new EI staff on family centered services and values and has contracted with the RI Parent Information Network to provide Parent Consultant services. Parent Consultants are graduate parents of EI who provide support to families and staff, and provide a voice in the planning, implementation, and evaluation of family centered services.

The Family Involvement Cluster Committee for Part C examined data sources that supported family centered practices, empowerment and meaningful family participation in all aspects of the EI Program from initial identification to the child's transition.

Major Themes Regarding Strengths and Concerns

The RI CIMP Steering Committee identified and prioritized major themes by Cluster related to strengths and concerns most supported by data. These are presented below. Items are listed in priority order.

Strengths	Concerns
1. Family satisfaction survey results are positive and indicate that Early Intervention services and supports are family-centered and respectful of family choices. That is, • family surveys demonstrate that families expressed Early Intervention services and supports were family-centered, • the overall results were positive and demonstrate that families were satisfied, and • the system is committed and responsive to family-centered practices.	1. What are the benefits beyond Early Intervention? Data does not exist to measure effectiveness of Early Intervention. 2. Data survey reflects only the perspectives of families currently involved. 3. Sufficient data sources are not identified. 4. It is difficult to assess family-centeredness due to varying definitions across systems. 5. There is a need to measure long term outcomes.

Public Input Validation

The RI CIMP Steering Committee compared the identified major themes of strengths and concerns to the public input that the Steering Committee received through a variety of input strategies. The outcome of this comparison was a chart depicting the degree to which strengths and concerns were validated by public input. The chart is depicted below. Twelve Public Input Forms addressing this area were recieved.

Strengths	Validating Public Input
1. Early Intervention services and supports are family-centered.	1. This was supported by 4 respondents to the public survey in addition to the Early Intervention Survey.

Concerns	Validating Public Input
1. There is a need for clear and accurate data.	1. This was supported across all public input sources. Public input underscored the need that information is critical for families to be able to design/develop services and supports for their child and family.

Data Sources

Working through the Cluster Committees, the Steering Committee examined a variety of data for the purpose of assessing RI strengths and concerns related to Cluster objectives, components and indicators. These included the following:

Data Sources	Corresponding Indicators
Early Intervention Welcome Packet Family Participation Policies	CF1.a.
Early Intervention Central Directory of Services	CF1.a.

Data Sources	Corresponding Indicators
Early Intervention (EI) Certification Standards E.I. Operational Standards, Draft – 9.2001	CF1.a.
Early Intervention Family Satisfaction Survey	CF1.a., CF1.b., CF1.c.
University of RI – Class HDF 298, Introduction to E.I. Agenda/Syllabus	CF1.a.
Contract with DOH and the RI Parent Information Network (RIPIN) for Parent Consultant and Central Directory Services	CF1.a.
E.I. Procedural Safeguards Brochure	CF1.a.
MOA's with E.I. and the LEA's and other community agencies (not all accessed as identified in the "data concerns").	CF1.a.
E.I. IFSP Form	CF1.b., CF1.c

Data Needs

In reviewing and analyzing these Data Sources previously listed, the Steering Committee identified needs in the methods currently used in RI for data collection, analysis and use. The Steering Committee prioritized these data needs related to those that are considered to be the most essential to support effective improvement planning. These will be addressed by way of two (2) major strategies: (1) a one year U.S. Department of Education Improvement Planning Enhancement Grant entitled, "Data Driven Decision Making for Improvement Planning" and (2) the Improvement Planning Process itself. Data needs are presented below. Items are listed in priority order.

1. Data sources need to measure long-term outcomes for children and families who receive services and supports in Early Intervention.
2. There is a need for qualitative measures.

Cluster Committee Report

Objective: Outcomes for infants and toddlers and their families are enhanced by family centered supports and systems of services.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CF.1 Do family supports, services and resources enhance outcomes for infants and toddlers and their families?			
CF.1.a. Are family centered practices (FCP) at the core of all aspects of the early intervention process from initial identification through the child's transition to Part B or other services? In what ways?	• Information dissemination • Participation policies • Certification/ Operational Standards Draft September 2001 • Family Survey data • URI Course-Human Development Family Studies 298. • Contract with RIPIN for Parent Consultant and Central Directory services. • Procedural Safeguards (PS)	• Welcome Packet goes to every family. EI Central Directory is given to all families at Intake. • Included in all Welcome Packets. • Specific guidelines for programs to follow including Family Centered Practices. • 83% of families said their experience with EI has been family-centered. (This % was based on 1367 surveys sent, 387 returned, and 68 were undeliverable).	Exists, but not easily accessible through EI Management Information Systems (EIMIS). How to ensure every parent receive this data? Information is not consistent between statewide programs. Unclear if families understand policy. Difficult to assess if programs are family-centered. No data to follow up on the class participants to assess if training is utilized in practice. Contract and PC's in place; need data of effectiveness of PC's and their

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CF.1 Do family supports, services and resources enhance outcomes for infants and toddlers and their families?			
	• Memorandums of Agreement (MOA), EI and local schools, EI and other agencies/ resources.	• 95% of families were welcomed into the EI system in a timely, friendly manner. • 97% of families stated that the EI assessment was explained in an understandable way. • 92% of families felt that EI services and supports are respectful of their choices, race, religion and life experiences. • New EI staff is trained on EI including FCP. • Parent Consultants (PC) work with all EI programs with staff the ensure FCP. 78% of families were given the oppor-	presence in programs. 25% of families said that a PC was helpful. 70% said they had not utilized a PC. 15% do not know next steps. 5.5% do not understand (Family Survey, 2001). All MOA's are housed locally, so

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CF.1 Do family supports, services and resources enhance outcomes for infants and toddlers and their families?			
		tunity to meet a PC, (Family Survey, 2001). • Every family receives a brochure on PS at Intake. 63% of families understand next steps if unsatisfied with EI services and supports (Family Survey, 2001). • Many MOA's exist, including one with RIPIN and every program to provide Parent Consultant Services and with school departments to ensure smooth transitions.	
CF.1.b. Do families report that early intervention services have increased their	• State Monitoring Results – that include: • Parent Input	• 82% of families report that services have increased their capacity to	

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CF.1 Do family supports, services and resources enhance outcomes for infants and toddlers and their families?			
family's capacity to enhance their child's development? GPRA 2.2	- Family Survey Data • Family support service data from IFSP's, if available	enhance their child's development. • 77% believe that the supports and services listed in the IFSP have helped their child. • 84% of families feel that the EI staff is helping them with their child and family's needs.	access is difficult.
CF1.c. Do families report that they have meaningful participation in all aspects of the Early Intervention Program including the development of the IFSP and all decisions regarding services and support for their child and family?	• Consent to the development of the IFSP. • Family Survey data	Information sent to EI MIS when the plan becomes active. • 74% of families said they were actively involved in the development of the IFSP. • 83% said their families' needs and concerns were addressed in the develop-	"Meaningful" is hard to define.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CF.1 Do family supports, services and resources enhance outcomes for infants and toddlers and their families?			
		ment of the IFSP. • 83% feel that EI has had a positive effect on their child and family. • Overall satisfaction with the program: *60% - Excellent *25% - Very good.	

Family Involvement

Parent Involvement (B)

Cluster Overview

Cluster Objective:
Provision of a free appropriate public education to children with disabilities is facilitated through parent involvement in special education services.

Cluster Component BP. 1:
Are parents involved in determining appropriate services for their children and in program improvement activities?

- BP.1.a. Do parents participate in the development of educational policies at the state and local level which include school improvement teams, state and local assessment, special education advisory committees, steering committee, development of performance goals and indicators, etc.?
- BP1.b. Are parents equal participants in the development/design of their child's special education and related services?

Rhode Island Context Description

The Individuals With Disabilities Education Act (IDEA) Part B requires the state Education Agency (SEA) to establish and maintain a State advisory panel to advise the State on the unmet needs of children and youth with disabilities and to promote the individualized services and supports that ensure student success (300.650, 300.653). Additionally, each State is required to implement a Comprehensive System of Personnel Development (CSPD) (300.380), which includes improvement

strategies and provides for the joint training of parents and special education, related services and general education personnel (§ 300.382)

In Rhode Island, the state advisory panel is administered and supported by the State Education Agency. The Rhode Island Special Education Advisory Committee (SEAC) advises and promotes policy, practice and service development related to the unmet needs of students with disabilities. In addition they play a key role as stakeholders of state and local activities that promote successful outcomes for all students in Rhode Island. For example, the Chairperson of the SEAC , who is a parent, co-chaired the CIMP process). Monthly meetings, comprehensive publicized agendas and minutes, a fully constituted membership, etc. meet all federal requirements regarding the advisory panel.

Rhode Island Special Education Regulations additionally requires an advisory panel be established and administered by each Local Education Agency (§300.150). Each Local Advisory Committee (LAC) for special education facilitates similar functions and responsibilities as the SEAC. The implementation of the LAC provides promotion and support for the unmet needs of students with disabilities within their natural community. The Rhode Island Parent Training and Information Center provides professional development in leadership, committee development and management to the local advisory panel members.

A family centered focus is embedded in all of CSPD initiatives. For example, CSPD activities include family/professional teams as target participants and also as presenters.

Some of the current improvement strategies in Rhode Island, which provide professional development for families, educators and related service personnel, this includes a contract with the RI Parent Training and Information Center (PTIC). The Center facilitates professional development in such areas as the IEP, federal and state special education regulations, school reform initiatives and school improvement strategies.

The IEP Network utilizes a model of professional development where families, educators and related service providers are joint trainers and leaders of various workshops, and receive equal compensation for their work.

The RI Department of Education, RI Technical Assistance Project (RITAP), and CSPD activities are provided using a model that frequently includes parents, special education personnel, related service providers and general education personnel as members of not only the audience, but also as a team for professional development presentations

The Rhode Island Department of Education, Office of Special Needs provides contracts to family organizations and service agencies to support and promote professional development that enables parents to participate fully in all aspects of their child's individualized education program. Partnerships with the family

organizations and service agencies promote the commitment to shared leadership and participation in systemic improvement.

The family involvement cluster sub-committee used the indicators provided by OSEP, gathered and examined data and information and identified needs and gaps to determine the extent to which Rhode Island is meeting its obligations in this area.

Major Themes Regarding Strengths and Concerns

The RI CIMP Steering Committee identified and prioritized major themes by Cluster related to strengths and concerns most supported by data. These are presented below. Items are listed in priority order.

Strengths	Concerns
1. Invitations/opportunities exist for family involvement. Data demonstrates that families are participating in developing policies at the state and local levels.	1. Family involvement policies are not clearly valued, defined, articulated, and integrated resulting in poor, inaccurate, insufficient data to drive positive strategic change. This includes: • data sources are not specific in describing the population of parents and children/students; • data sources are not complete, therefore, producing inequitable results; • data sources are not currently disaggregated; • there is no overall policy; • data sources are not asking all pertinent questions; • data to measure equal participation is lacking; and • data is not systemic across all components, i.e., family involvement in all other CIMP areas.

Public Input Validation

The RI CIMP Steering Committee compared the identified major themes of strengths and concerns to the public input that the Steering Committee received through a variety of input strategies. The outcome of this comparison was a chart depicting the degree to which Strengths and Concerns were validated by public input. The chart is depicted below. Sixteen Public Information Forms addressing this area were recieved.

Strengths	Validating Public Input
1. Family involvement is valuable.	1. Six respondents spoke to this issue

Concerns	Validating Public Input
1. There is a need for clear and accurate data.	1. This was supported across all public input sources. Public input underscored the need that information is critical for families to be able to design/develop services for their child.

Data Sources

Working through the Cluster Committees, the Steering Committee examined a variety of data for the purpose of assessing RI strengths and concerns related to Cluster objectives, components and indicators. These included the following:

Data Sources	Corresponding Indicators
Data from OSN Staff	B1 and B2
SALT Parent Responses 99-2000, 98-99, 97-98	
SEAC Yearly Reports	
Consolidated Resource Plans Guidance	
Research Connections	
School Support System Parent Interviews	
Local Advisory Committee	
Parent Interview	
RIPIN Grant Performance Report	

Data Needs

In reviewing and analyzing these Data Sources previously listed, the Steering Committee identified needs in the methods currently used in RI for data collection, analysis and use. The Steering Committee prioritized these data needs related to those that are considered to be the most essential to support effective improvement planning. These will be addressed by way of two (2) major strategies: (1) a one year U.S. Department of Education Improvement Planning Enhancement Grant entitled, "Data Driven Decision Making for Improvement Planning" and (2) the Improvement Planning Process itself. Data needs are presented below. Items are listed in priority order.

1. There is a need to retrieve the SALT Survey data report that is disaggregated by responses from families of students with disabilities.
2. A data system needs to be designed to report equal participation by parents in the design and development of their child's special education and related services.

Cluster Committee Report

Objective: Provision of a free appropriate public education to children with disabilities is facilitated through parent involvement in special education services.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BP. 1 Are parents involved in determining appropriate services for their children and in program improvement activities?			
BP.1.a. Do parents participate in the development of educational policies at the state and local level which include school improvement teams, state and local assessment, special education	• Individual committee membership lists and guidelines for membership • RI Parent Information Network (RIPIN) Com-	Data demonstrates that families are invited and participate in developing policies at the state and local level. SALT (School Accountability for Learning and Teaching) Parent	Overall concern that most data does not include diversity, geographic information, ethnicity, and disability specific information. We do not have a process to deter-

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BP. 1 Are parents involved in determining appropriate services for their children and in program improvement activities?			
advisory committees, steering committee, development of performance goals and indicators, etc.?	mittee List • RIPIN Parent Training and Information Center (PTIC) Grant Performance Report • # Of students transitioning from Part C to part B • School Accountability for Learning and Teaching (SALT) Survey • Local Advisory Committees • SALT School Visit Reports • School Support Visits- Parent Surveys • Child Opportunity Zone	Survey Results is a strong and rich source of data. Responses of parents of students with disabilities are not reported separately, but can be. School Support Visits provide a stratified random source of information and include local advisory committee information and parent interview and written survey.	mine the #'s of students who received Part C services and whether or not they receive services under Part B and other longitudinal information.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BP. 1 Are parents involved in determining appropriate services for their children and in program improvement activities?			
BP1.b. Are parents equal participants in the development/design of their child's special education and related services?	Consensus: The "equal participants" language is the basis for determining that there are no reliable quantitative or qualitative sources of data available at this time. School Support Visit Parent Interviews and Surveys		Lack of data is of concern. Review of public input also shows a concern that this lack of substantive data collection is an area of concern. Sample of information does not determine "equal participation". Self-reported scoring data provide a partial picture of equal participation.

Inclusion:

Early Intervention Services in Natural Environments

Cluster Overview

Cluster Objective:
Eligible infants and toddlers and their families receive early intervention services in natural environments appropriate for the child.

Cluster Component CE.1 Does family centered service coordination effectively facilitate ongoing, timely early intervention services in natural environments?

- CE.1.a. Does each child and family have an assigned service coordinator?
- CE.1.b. Does each child and family receive timely Early Intervention services and supports in natural environments?

Cluster Component CE.2 Does the evaluation and assessment of child and family needs lead to identification of all child needs as well as all family needs related to enhancing the development of the child?

- CE.2. Does each evaluation and assessment of child and family needs lead to identification of all child needs as well as all family needs related to enhancing the development of the child?
- CE.2.a Are all the needs identified by the evaluation and assessment activities adequately reflected in the IFSP?
- CE.2.b Are children with significant needs referred for specialized comprehensive evaluations?

Cluster Component CE.3 Are appropriate early intervention services in natural environments and informal supports meeting the unique needs of eligible infants and toddlers and their families?

- CE.3.a. What percentage of children are receiving age-appropriate services, as outlined in the IFSP, primarily in home, community-based settings, and in programs designed for typically developing peers? (GPRA 1.3)
- CE.3.b. What percentage of children participating in the Part C program demonstrates improved and sustained functional abilities? (GPRA 2.1)
- CE.3.c. Does the IFSP lead to identification of child and family outcomes supporting improved and/or sustained functional abilities?
- CE.3.d.What percentage of children and their families receive all the services identified on their IFSP? (GPRA 1.5)

Rhode Island Context Description

HEALTH assures that to the maximum extent appropriate that early intervention services will be provided in natural environments. This means in settings that are natural or normal for the child's age peers who have no disability, including the home and community settings in which children without disabilities participate.

Services are delivered elsewhere only when Early Intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

Natural settings vary from child to child and family to family and the most important element to be considered is that the natural settings fit the natural routines of child and family.

Considerations to be addressed in choosing settings for the delivery of early intervention services include:

I. The individual needs of the child and the ability of various environments to be adapted to accommodate those needs.

II. Family cultural norms, preferences and values.

III. Environments, routines and activities that the family typically participates in.

IV. Settings where, or caregivers with whom the child usually spends his/her day.

V. Settings where siblings, family members, or neighborhood children of the same age, without disabilities, spend their time.

Given the dynamic nature of the developmental course of infants, toddlers and their families, each natural environment is reviewed every six months, or more frequently if conditions warrant, or at family request.

Major Themes Regarding Strengths and Concerns

The RI CIMP Steering Committee identified and prioritized major themes by Cluster related to strengths and concerns most supported by data. These are presented below. Items are listed in priority order.

Strengths	Concerns
1. The Department of Health is attempting to reimburse for services in natural environments in a way that will support programs providing these services in natural environments.	1. Within RI, we lack a true accepted/shared definition of natural environments by all providers and families. It is currently based on location rather than current literature defining services in natural environments.
2. A system is in place to gather information from families regarding families' satisfaction with early intervention services.	2. The measurement of family satisfaction with various early intervention components, including natural environments, may not be based on families having full understanding of best practices in natural environments.
3. The Department of Health is randomly sampling IFSPs for quality as part of its quarterly/annual review process.	3. Currently, there is not statewide assessment documenting unmet needs and barriers to service delivery.
4. The state monitoring system has the ability to capture information about some specific questions.	4. Children who do not have Medicaid or Department of Health reimbursement are not reimbursed at the same rate for services in natural environments.
5. A Central Directory is available to inform families and providers.	5. The Department of Health quarterly review process does not always capture outcomes related to improved and sustained functioning from IFSP goals and outcome information.

Public Input Validation

The RI CIMP Steering Committee compared the identified major themes of strengths and concerns to the public input that the Steering Committee received through a variety of input strategies. The outcome of this comparison was a chart depicting the degree to which Strengths and Concerns were validated by public input. The chart is depicted below. Three Public Input Forms addressing this area were recieved.

Concerns	Validating Public Input
1. Highest ranked concern: Within RI, we lack a true accepted/shared definition of natural environments by all providers and families. It is currently based on location rather than current literature defining services in natural environments. 2. Highest ranked data need: Data for capturing services in natural environments only captured yes/no responses. It did not identify true natural environment settings. Data needs to be revised to capture a true picture of what types of natural environments - as understood through a shared definition.	1. Some public input validated this concern via emphasis on the need to create more inclusion practices in both early intervention services and in general education programs. 2. Public input validated this concern via emphasis on the need to create more inclusion practices in both early intervention services and in general education programs.

Data Sources

Working through the Cluster Committees, the Steering Committee examined a variety of data for the purpose of assessing RI strengths and concerns related to Cluster objectives, components and indicators. These included the following:

Data Sources	Corresponding Indicators
Early Intervention Program for Infants and Toddlers with Disabilities Part C: Updates-1998	1,2

Data Sources	Corresponding Indicators
Rules and Regulations Pertaining to the Provision of Early Intervention Services for Infants and Toddlers with Disabilities and Their Families (R-23-13-EIS) State of Rhode Island and Providence Plantations Department of Health June 1993	1,2
Annual Report submitted by Interagency Coordinating Council of Rhode Island for Early Intervention Program for Infants and Toddlers with Disabilities and Their Families July 1999 to September 2000	1,2,3,4
Rhode Island Department of Health Early Intervention Information System Environment/Location Summary Report for Services Provided 01/10/00 to 12/31/00 Table 2: Report of Program Setting Where Early Intervention Services Are Provided to Infants and Toddlers with Disabilities and Their Families in Accordance with Part C December 2000	1,3,4
Job Descriptions: Early Interventionist; Service Coordinator I; Service Coordinator II; and Clinical Supervisor (Early Intervention System Certification Standards)	1,4
Early Intervention Program Certification Agreement	1,3,4
Service Guideline 2-Natural Environments Intervention Guidance for Service Providers and Families –Connecticut April 1999	

Data Sources	Corresponding Indicators
Natural Environments: Policy and Procedures 5/12/98	1,2,3,4 1,2,3,4
Early Intervention Family Satisfaction Survey Summer 2001	1,2,3,4
University of Rhode Island Family Resource Partnership HDF 298: Introduction to Early Intervention Training outlines and curriculum	1,2,3,4
Rhode Island Department of Health: Early Intervention Reimbursement Process Procedures	1,2,3,4

Data Needs

In reviewing and analyzing these Data Sources, the Steering Committee identified needs in the methods currently used in RI for data collection, analysis and use. The Steering Committee prioritized these data needs related to those that are considered to be the most essential to support effective improvement planning. These will be addressed by way of two (2) major strategies: (1) a one year U.S. Department of Education Improvement Planning Enhancement Grant entitled, "Data Driven Decision Making for Improvement Planning" and (2) the Improvement Planning Process itself.
Data needs are presented below. Items are listed in priority order.

1. Data for capturing services in natural environments only captured yes/no responses. It did not identify true natural environment settings. Data needs to be revised to capture a true picture of what types of natural environments - as understood through a shared definition.
2. The procedures and reporting format for the Department of Health's quarterly/annual IFSP review process needs to be reviewed. How is quality measured? What are qualifications of the reviewers? Does the review process support measurement of IFSP goals and outcomes?
3. MIS data is needed to explain the number of children assigned to service coordinators or waiting for assignment and case loads ratios reflecting the number of service

coordinators to assigned number of families.

4. MIS data is needed that reflects timelines for: each child/family's initial contact to service coordinators; the assessment process; IFSP planning; implementation of services, including natural environments.
5. A cost analysis needs to be conducted on providing support in natural environments.

Cluster Committee Report

Objective: Eligible infants and toddlers and their families receive early intervention services in natural environments appropriate for the child.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CE.1 Does family centered service coordination effectively facilitate ongoing, timely early intervention services in natural environments?			
CE.1.a. Does each child and family have an assigned service coordinator? CE.1.b. Does each child and family receive timely EI service and supports in natural environments?	• State monitoring data (i.e., roles, agencies providing service coordination, caseloads, outcomes of service coordination determined from interviews with parents, service providers, service coordinators, scope of service coordinator's work, i.e., provide services to children and adults)	State set standards for case load ratios 1:25 All families are to receive a service coordinator. Services billed to HEALTH are matched to services provided (as evidenced by paper records signed by parents) during record review. Programs are asked to correct discrepancies found. A sampling of IFSP's are reviewed during	Available data does not reflect if family has access to service coordinator with a caseload not over 25. Do not have available data on timeliness of receiving services in natural environments. Within RI we lack a true accepted/shared definition of natural environments by all providers and families.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CE.1 Does family centered service coordination effectively facilitate ongoing, timely early intervention services in natural environments?			
	• Data on IFSP services implemented • Family satisfaction surveys • Rate structure for reimbursement of services in natural environments	quarterly record review. 91% of families (353 of 387respondents) are satisfied with timelines for developing IFSPs, as reported on 2001 family survey. More attention is being given to reimbursing at a higher rate. 85% of families (329 of 387 respondents) are satisfied with services in natural environments 2001 EI Family survey	

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CE.2 Does the evaluation and assessment of child and family needs lead to identification of all child needs as well as all family needs related to enhancing the development of the child?			
CE.2. Does each evaluation and assessment of child and family needs lead to identification of all child needs as well as all family needs related to enhancing the development of the child? CE.2.a Are all the needs identified by the evaluation and assessment activities adequately reflected in the IFSP?	State monitoring data re: • Evidence of timelines for evaluations (45 days), • Evidence of comprehensive evaluations, • Policies and procedures consistent with Part C, • Required participants in development of IFSPs, • Specialists available to conduct evaluations and assessments.	HEALTH has annually done site reviews to sample IFSP's for quality. A new process for record review is in the pilot stage (Initiated July 2001). 98% of EI families (379 of 387 respondents) felt the evaluation/assessment was explained in an understandable way-2001 EI Family Survey. 82% of EI families (317 of 387 respondents) felt that needs and concerns were addressed in the development of the IFSP- 2001 EI Family Survey.	Ability to have data that examines the relationships to goals and outcomes in a qualitative way on an ongoing basis. What are the assessment tools used and their success rate at identifying needs?

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CE.2 Does the evaluation and assessment of child and family needs lead to identification of all child needs as well as all family needs related to enhancing the development of the child?			
CE.2.b Are children with significant needs referred for specialized comprehensive evaluations?	• Evidence of timelines for referrals of children with significant needs for specialized evaluations.	Central directory provides support navigating and connecting to resources to help identify special referrals.	Need for data that examines EI referrals for specialized evaluations within internal system and when there was a need for an external comprehensive evaluation. Examine timelines for waiting and it's impact on meeting the need.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CE.3 Are appropriate early intervention services in natural environments and informal supports meeting the unique needs of eligible infants and toddlers and their families?			
CE.3.a. What percentage of children are receiving age-appropriate services, as outlined in the IFSP, primarily in home, community-based settings, and in programs designed for typically devel-	• 618 State Reported Data • Provider surveys re: service settings • Parent survey data on location • State monitoring	85% of families (329 of 387 respondents) were satisfied with services being provided in NE's-2001 EI Family survey. IFSP outcome oriented form in an understandable	Goal standards need to be stated more explicitly in assessment process tools and IFSPs in relationship to age appropriate development. Examine "primarily" data that supports time with

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CE.3 Are appropriate early intervention services in natural environments and informal supports meeting the unique needs of eligible infants and toddlers and their families?			
oping peers? (GPRA 1.3)	data	format.	array of supports and services in relationship to NE Review the use of yes/no answers on the IFSP for accurate information.
CE.3.b. What percentage of children participating in the Part C program demonstrate improved and sustained functional abilities? (GPRA 2.1) CE.3.c. Does the IFSP lead to identification of child and family outcomes supporting improved and/or sustained functional abilities?	• State data • Monitoring data • Ongoing evaluations • Functional indicators	81% of EI families (315 of 387 EI Family Survey respondents) felt that EI services were enhancing their child's development.	Need to have available data information from IFSP that support the ability to track outcomes related to improved and sustained functioning from goal and outcome information.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CE.3 Are appropriate early intervention services in natural environments and informal supports meeting the unique needs of eligible infants and toddlers and their families?			
CE.3.d.What percentage of children and their families receive all the services identified on their IFSP? (GPRA 1.5)	• State monitoring, e.g., IFSP review, waiting lists • Parent Survey Input • Provider and administrator survey data	81% of EI families reported that they received all services in ISFP.	Data needs to identify all services (received and not received) so that gaps can be identified. IFSP ability to record barriers in service delivery

Inclusion

Free Appropriate Public Education in the Least Restrictive Environment

Cluster Overview

Cluster Objective:
All children with disabilities receive a free appropriate public education in the least restrictive environment that promotes a high quality education and prepares them for employment and independent living.

Cluster Component BF.1 Are the needs of children with disabilities determined based on information from an appropriate evaluation?

- BF.1.a. Is the percentage of children with disabilities receiving special education, as identified by State eligibility criteria, comparable to national data?
- BF.1.b. Is the percentage of children with disabilities disaggregated by race/ethnicity in each disability category comparable to state data?
- ADDED: BF.1.c. Do evaluation teams use appropriate evaluations and interpret them consistently across all districts?

Cluster Component BF.2 Are appropriate special education and related services provided to children with disabilities served by the public agency?

- BF.2.a. Are high school completion rates for children with disabilities comparable to completion rates for non-disabled children? (GPRA 4.1)

- BF.2.b. Are dropout rates for children with disabilities comparable to those for children without disabilities? (GPRA 4.1)
- BF.2.c. Do children with disabilities participate and progress in the general curriculum?
- BF.2.d. Are children who would typically be identified as being eligible for special education at age 8 or older (e.g., third grade) and who are experiencing early literacy and/or behavior difficulties, identified and receiving services earlier, to avoid falling behind peers? (GPRA 2.1)

Cluster Component BF.3 Are appropriate services provided to children with disabilities whose behavior impedes learning?

- BF.3 Are appropriate services provided to children with disabilities whose behavior influences learning?
- BF.3.a. Are suspension and expulsion rates for children with disabilities comparable to those for children without disabilities? (GPRA 3.3)
- BF.3.b. Do children with behavioral disabilities demonstrate progress in the general curriculum?
- BF.3.c. Are services provided to children with challenging behaviors based on functional analysis of behavior?

Cluster Component BF.4 Is continuous progress made by children with disabilities within the State's system for educational accountability?

- BF.4.a. Do children with disabilities participate in State/district-wide general assessment programs with appropriate test modifications and accommodations, as needed, across districts and comparable to national data? (GPRA 3.2) Do all children participate in State/district-wide assessments?
- BF.4.b. Do performance results for children with disabilities on large-scale assessments improve at a rate that decreases any gap between children with disabilities and their non-disabled peers? GPRA 3.2
- BF.4.c. Do children with disabilities participate in alternate assessments at a rate comparable to national data? Do all eligible children participate in State/district-wide alternate assessments? Are alternate assessments used only for eligible children?
- BF.4.d. Do individual students and/or cohorts of students demonstrate progress over time?

Cluster Component BF.5 To the maximum extent appropriate, are children with disabilities educated, including participation in nonacademic and extracurricular activities, with non-disabled peers?

- BF.5 To the maximum extent

appropriate, are children with disabilities educated, including participation in nonacademic and extracurricular activities, with non-disabled peers?

- BF.5.a. Is the percentage of children with disabilities in each disability category, served along each point of the continuum, comparable to national data? (GPRA 3.1)
- BF.5.b. Is the percentage of children with disabilities, by race/ethnicity, receiving special education comparable to the percentage of children, by race/ethnicity, in the general population?
- BF.5.c. Is the percentage of preschool children with disabilities served in inclusive settings, comparable to national data? (GPRA 1.1)

Rhode Island Context Description

What IDEA requires:

The Individuals with Disabilities Education Act (IDEA) Part B requires the State Education Agency (SEA) to ensure that the following occur:

> … that a full and individual evaluation is conducted for each child being considered for special education and related services, and reevaluation every three years or earlier as needed, to determine if the child has/continues to have a disability and to determine educational needs of the child, and that evaluation procedures meet required criteria (300.320 – 321)
>
> … that an array of special education services is available to meet the needs of children with disabilities – 300.551
>
> … that the team consider describing needed supports in the IEP, including positive behavioral supports, involve the general education teacher, conduct a Functional Behavioral Assessment before suspending a student with disabilities more than 10 days, conduct a manifestation determination, and develop a behavioral intervention plan - 300.346, 520
>
> … that children with disabilities are included in general state and district-wide assessment programs, with appropriate accommodations and modifications in administration, if necessary, and alternate assessments for those children who cannot participate in state and district-wide assessment programs; that public reporting is made of participation rates and performance results (within certain limits) - 300.138, 139
>
> … that children with disabilities are educated with children who are nondisabled; that removal of children with disabilities from the regular educational environment occurs only if education in regular classes with

supplementary aids and services cannot be achieved satisfactorily; that teachers and administrators are fully informed about their responsibilities for implementing the requirements of LRE and are provided with technical assistance and training necessary to assist them. – 300.550

How Rhode Island Accomplishes This:

Over the years RIDE has provided guidance and training on evaluation and decision-making for some categories of disability; currently providing training on Functional Behavioral Assessment; the state's School Support System (SSS) examines the implementation of regulatory requirements in every school district every five years, through written surveys and interviews with general and special education staff, detailed review of records, IEPs and programs of a stratified sample of students. Concerns are identified and a plan is made for improving practice and/or bringing practice into compliance.

Ongoing in-service professional development for service provision is provided as part of our CSPD; long-established class size and case load limits and administrative ratios maintain manageable service demands of professionals (currently under study along with the continuum of service); also the SSS reinforces and guides

Positive behavioral intervention has been one of three main focus areas for discretionary funds for over a decade – the "Schools as Communities" project works to improve the provision of positive behavioral supports in schools and districts across the state; also the SSS reinforces and guides

Rhode Island began its movement toward including virtually all students, including those with disabilities, in the statewide assessment program in 1994; our alternate assessment program, for the small percentage of students with disabilities who cannot participate in the state assessment program with accommodations, incorporated all students beginning in 2000. Increasingly, accountability measures are aimed at ensuring that all students with disabilities participate appropriately in state assessment, with or without accommodations, or through the alternate assessment. Also, the SSS reinforces and guides

Inclusive education has been one of three main focus areas for discretionary funds for over a decade, regional teams covering the state providing direction and support to build capacity of schools to support diverse learning needs; also the SSS reinforces and guides

Major Themes Regarding Strengths and Concerns

The RI CIMP Steering Committee identified and prioritized major themes by Cluster related to strengths and concerns most supported by data. These are presented below. Items are listed in priority order.

Strengths	Concerns
1. There are several pre and in-service professional development activities that are excellent and effective. 2. There are pockets of highly effective practice.	1. There is variability in practice and implementation: • how evaluation teams identify students; • how LEAs provide services (including contract language and ratios); and • how Functional Behavior Analyses and positive behavioral supports are implemented. 2. There is a need for ongoing professional development: • high number of teachers with emergency certification; • for regular education teachers re: accommodations and modifications; and • connection to school improvement plans so that all teachers can meet the needs of all students. 3. There is inconsistency in achieving positive outcomes: • drop out rate; • participation on state assessments; • achieving standards as measured by state assessments; and • variability in post-school outcomes.

	4. There is inconsistency in assessing and documenting progress in the general education curriculum and in extra-curricular activities. 5. There are data gaps and inconsistent data: • several examples referenced in the cluster report (e.g., evaluation, assessment, and progress) and • need for an individual student identifier that allows for longitudinal tracking.

Public Input Validation

The RI CIMP Steering Committee compared the identified major themes of strengths and concerns to the public input that the Steering Committee received through a variety of input strategies. The outcome of this comparison was a chart depicting the degree to which Strengths and Concerns were validated by public input. The chart is depicted below. Four Public Information Forms addressing this area were received.

Strengths	Validating Public Input
1. There are several pre and in-service professional development activities that are excellent and effective.	1. Public input was received to validate this strength at the Summer Leadership Institute, July, 2001.
2. There are pockets of highly effective practice.	2. Public input was received to validate this strength at the Summer Leadership Institute, July, 2001.

Concerns	Validating Public Input
1. There is variability in practice and implementation: • how evaluation teams identify students; • how LEAs provide services (including contract language and ratios); and • how Functional Behavior Analyses and positive behavioral supports are implemented.	1. Public input was received to validate this concern through the public survey.
2. There is a need for ongoing professional development: • high number of teachers with emergency certification; • for regular education teachers re: accommodations and modifications; and • connection to school improvement plans so that all teachers can meet the needs of all students.	2. Public input was received to validate this concern through the public survey and the Summer Leadership Institute, July, 2001.
3. There is inconsistency in achieving positive outcomes: • drop out rate; • participation on state assessments; • achieving standards as measured by state assessments; and • variability in post-school outcomes.	3. Public input was received to validate this concern through the public survey.

Concerns	Validating Public Input
4. There is inconsistency in assessing and documenting progress in the general education curriculum and in extra-curricular activities.	4. Public input was received to validate this concern through the public survey and the Summer Leadership Institute, July, 2001.
5. There are data gaps and inconsistent data: • several examples referenced in the cluster report (e.g., evaluation, assessment, and progress) and • need for an individual student identifier that allows for longitudinal tracking.	5. No public input was received to specifically validate this concern.

Data Sources

Working through the Cluster Committees, the Steering Committee examined a variety of data for the purpose of assessing RI strengths and concerns related to Cluster objectives, components and indicators. These included the following:

Data Sources	Corresponding Indicators
Biennial Progress Report	3a, 4a, b, c
Children with Disabilities Study (CDS)	1a, b, 2a, b
Office of Rehabilitative Services Data	2a
UAP Longitudinal Transition Outcome Study	5
Kids' Count (graduation rates)	2a
R.I. Regulations Re: Categories and Evaluations	1a, b

Data Sources	Corresponding Indicators
Medicaid Data Description	1c
Autism Spectrum Disorder Description	1c
Learning Disabilities Trends – State Data	1a
Speech/Language Information	1a, b
Behavioral Supports Information	3, 3c
Dual-Sensory Project Data	1c
At-Risk Supports Information	2d
Title I Participation	2d
SALT Reports	5
School Support System Reports	1a, b; 2c, d; 3a, b, c; 5, 5a, b
Consolidated Resource Plans (CRPS)	2d
Parent Center Data Collection	1c, 5
R.I. Special Education Census	2c, 5a
Federal Special Education Census	1a, b; 2a, b, c; 3b, 5b, c
State Assessment Accommodations Policies	4a
INFOWORKS Selections	2c, 3b, 4a, b, d
State Assessment Results Interpretation	3b, 4
Kids Count Factbook	1b, 2d
Kids Count Issue Brief Series	2d
Learning Disabilities Identification Process	1a

Data Sources	Corresponding Indicators
Teacher Support Teams Reports	2d
Diverse Learning Needs Team Reports	5
R.I. State Improvement Plan	general

Data Needs

In reviewing and analyzing these Data Sources previously listed, the Steering Committee identified needs in the methods currently used in RI for data collection, analysis and use. The Steering Committee prioritized these data needs related to those that are considered to be the most essential to support effective improvement planning. These will be addressed by way of two (2) major strategies: (1) a one year U.S. Department of Education Improvement Planning Enhancement Grant entitled, "Data Driven Decision Making for Improvement Planning" and (2) the Improvement Planning Process itself. Data needs are presented below. Items are listed in priority order.

1. There is a need for an individual student identifier that allows for longitudinal tracking.
2. There is a need for school support systems study of evaluation team practices in identifying and labeling students.
3. A format needs to be developed for collecting graduation and drop out information.
4. A format needs to be developed for tracking students to collect post school outcomes.
5. There is a need for a data system to determine the extent to which the IEP goals re connected to the general education curriculum.
6. Data needs to be collected to determine time spent in regular education classrooms.
7. There is a need for a consistent format for collecting disciplinary data.
8. Improvements need to be made in data collection re: participation on state assessments.
9. Improvements need to be made in data collection re: participation in extra curricular functions.
10. The special education census format should be revised.

Cluster Committee Report

Objective: All children with disabilities receive a free appropriate public education in the least restrictive environment that promotes a high quality education and prepares them for employment and independent living.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.1 Are the needs of children with disabilities determined based on information from an appropriate evaluation?			
BF.1.a. Is the percentage of children with disabilities receiving special education, as identified by State eligibility criteria, comparable to national data?	• Comparison of Rhode Island Data Reports and Annual Report to Congress • State Special Education Regulations regarding evaluations • Statewide evaluation guidelines • School Support System support plans (compliance regarding identification) • Children with Disabilities Study (Rhode Island State Legislature)		The percentage of children with disabilities receiving special education in Rhode Island is higher than any other state in the nation. Qualitative data suggests our percentage is increasing at a more rapid rate than the nation's. We have anecdotal reports from parents, teachers and administrators that regular education teachers are not provided sufficient pre-service/in-service professional development to provide for diverse student needs. Despite limited data, there appears to be a lack of

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.1 Are the needs of children with disabilities determined based on information from an appropriate evaluation?			
			preventative interventions to support at-risk prior to their being identified as students with special needs.
BF.1.b. Is the percentage of children with disabilities disaggregated by race/ethnicity in each disability category comparable to state data?	• Comparison of Rhode Island Data Reports and Annual Report to Congress • Kids' Count • Children with Disabilities Study (Rhode Island State Legislature data) • INFOWORKS		Data available are unreliable due to self-reporting, teacher reporting and different criteria for state and federal collection of data.
ADDED: BF.1.c. Do evaluation teams use appropriate evaluations and interpret them consistently across all districts?	• State Special Education Regulations regarding evaluations • Statewide evaluation	Rhode Island state regulations define evaluation requirements and identification criteria. Statewide guidelines exist for	Rhode Island does not have a way of tracking or compiling this information. Based on small samples reviewed during School Support visits, the

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.1 Are the needs of children with disabilities determined based on information from an appropriate evaluation?			
	guidelines • School Support System support plans (compliance regarding identification) • State Special Education Regulations regarding evaluations • Statewide evaluation guidelines • School Support System support plans (compliance regarding identification) • Children With Disabilities Study (Rhode Island State Legislature) data • Rhode Island Parent Information Network Data Reports	evaluation of learning disabilities (1990) and speech-language (under revision). There are examples in the state of district-level effective policies and procedures. Although there appear to be significant exceptions, evaluations are carried out – for the most part – on time. Preservice programs for preparation of regular and special educators exist at three colleges. There are a number of in-service programs, including Diverse Learning Needs Teams, an IEP Network, etc., supported by state level discretionary funds, a number of grant sources, etc.	consistency and appropriateness of evaluations and interpretation vary across districts. Regulations and guidelines do not appear to be consistently implemented. In-service programs may be difficult to access, or there may be a lack of dissemination of information. There are anecdotal reports from parents that many parents do not understand the procedures in a manner that allows them to advocate for themselves and/or their children, especially when parents are non-English-speaking and interpreters are not provided. The system makes it difficult to exercise the procedural safeguards. The

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.1 Are the needs of children with disabilities determined based on information from an appropriate evaluation?			
	• Dual-sensory Project Census • Autism Project Needs Assessment (1997)	In addition, every school receives professional development monies to utilize according to its strategic plan. All school districts except the smallest one (126 students) are applying for Medicaid reimbursement for evaluation costs.	nature of individual complaints, concerns and lack of follow-through prevent systemic change. Parental concern about retribution against their children prevents many parents from exercising their rights. Capacity of schools and districts to provide appropriate evaluations is impacted by problems with recruitment and retention of certified/qualified personnel. Currently, 5 – 10% of special education teachers hold only emergency certification. Districts report having difficulty filling vacant positions. Inconsistencies with caseload and job function lead to difficulties with recruitment and

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.1 Are the needs of children with disabilities determined based on information from an appropriate evaluation?			
			retention. When evaluation data are used to designate students as disabled, there is compelling evidence – the distribution of disabilities across school districts – that evaluations are interpreted inconsistently.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.2 Are appropriate special education and related services provided to children with disabilities served by the public agency?			
BF.2 .a Are high school completion rates for children with disabilities comparable to completion rates for nondisabled children? (GPRA 4.1)	• Rhode Island Data Reports • Rhode Island Department of Education Management and Information System data	It appears that between 60-70% of students with IEPs graduate from high school.	The current data sources are inaccurate and inconsistent, however, it appears that between 30-40% do not graduate (e.g. 1999-31.49%).

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.2 Are appropriate special education and related services provided to children with disabilities served by the public agency?			
	• INFOWORKS • Children With Disabilities Study (Rhode Island State Legislature) data		Many students are graduating without fulfilling their IEP goals. In many cases, services are ending at age 18 even though the student is eligible until age 21.
BF.2.b. Are dropout rates for children with disabilities comparable to those for children without disabilities? (GPRA 4.1)	• Rhode Island Data Reports • Annual Report to Congress • School Support System support plans • State-wide assessment scores • Rhode Island Department of Education Management and Information System data • INFOWORKS	It appears that dropout rates are much higher for children with disabilities. Data are available on the number of adults who request accommodations based on documented need to take the test to get a GED.	The current data sources are inaccurate and inconsistent, however, it appears that between 30-40% do not graduate (e.g. 1999-31.49%). The percentage of special education students who do not graduate exceeds the percentage in the general population. We currently do not track the number of students with special needs who take or receive the GED.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.2 Are appropriate special education and related services provided to children with disabilities served by the public agency?			
	• Children With Disabilities Study (Rhode Island State Legislature) data		
BF.2.c. Do children with disabilities participate and progress in the general curriculum?	• School Support System support plans • State-wide assessment scores	There are examples in the state of district-level effective policies and procedures. Pre-service programs for preparation of regular and special educators exist at three colleges. There are a number of in-service programs, including Diverse Learning Needs Team s, an IEP Network, etc., supported by state level discretionary funds, a number of grant sources, etc. In addition, every school receives professional development monies to utilize according to its strategic plan.	From the available data, it is not possible to determine accurate participation rates and progress in the general curriculum for children with disabilities. Many IEPs are not based upon participation in the general curriculum. There are students who need some related services. Students do not receive the services due to inconsistencies of eligibility requirements. Regular education teachers may not

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.2 Are appropriate special education and related services provided to children with disabilities served by the public agency?			
			have enough training and support to provide instruction to diverse learners/ special education students. In-service programs may be difficult to access, or there may be lack of dissemination of information. Some collective bargaining agreements conflict with the law. It is unclear whether school improvement plans address all kids. There is no data collection under Section 504. There are inconsistencies between state and local policies and procedures. We have no way to know whether

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.2 Are appropriate special education and related services provided to children with disabilities served by the public agency?			
			district and school improvement plans address the needs of all students. The state has collapsed separate certifications into mild/moderate and severe/profound. Decisions regarding job descriptions and supervisor expectations are made on the local district level and are therefore inconsistent across the state. Capacity of schools and districts to ensure that students with disabilities participate and progress in the general curriculum is impacted by problems with recruitment and retention of certified/ qualified personnel. Currently, 5 – 10% of special education

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.2 Are appropriate special education and related services provided to children with disabilities served by the public agency?			
			teachers hold only emergency certification. Districts report having difficulty filling vacant positions. Inconsistencies with caseload and job function lead to difficulties with recruitment and retention.
BF.2.d. Are children who would typically be identified as being eligible for special education at age 8 or older (e.g., third grade), and who are experiencing early literacy and/or behavior difficulties, identified and receiving services earlier, to avoid falling behind peers? (GPRA 2.1)	• Title I Program Information • The Initiative for Reading Excellence through Assessment and Differentiation (IREAD) • Teacher Support Team reports • Consolidated Resource Plans (District-Level Federal Funding)	Some services exist to meet the needs of young students experiencing difficulties, including Title I, Class Size Reduction, and Full-day Kindergarten. The Initiative for Reading Excellence through Assessment and Differentiation (IREAD) program targeted schools/ districts with high numbers of referrals to Special Education,	Cohesive, comprehensive data do not exist.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.2 Are appropriate special education and related services provided to children with disabilities served by the public agency?			
	• School Support System support plans • Reports on full-day Kindergarten and Class Size Reduction	and poor results on 4th grade reading subtests of ELA State Assessments. Regions conducted needs assessment and designed professional development to build regional capacity by providing administrators and teachers with research based knowledge and strategies to assess and meet the needs of students experiencing reading difficulties grades K-3.	

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.3 Are appropriate services provided to children with disabilities whose behavior impedes learning?			
Revised: BF.3 Are appropriate services provided to children with disabilities whose behavior influences learning?	• Rhode Island reports data on: – Identification and placement of	Individual districts and organizations have expertise and provide appropriate services for these students.	Rhode Island does not have a way of tracking or compiling this information. Based on small samples

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.3 Are appropriate services provided to children with disabilities whose behavior impedes learning?			
(Repeat of component statement)	students with emotional disturbance – % of students with disabilities placed in juvenile correction facilities. • Schools as Communities data. • Rhode Island Department of Education Management and Information System data on suspension and expulsion. • Children With Disabilities Study (Rhode Island State Legislature) data	There are programs that address these issues, although working in isolation. The Schools as Communities Project has supported schools for several years in developing their sense of community and their social and behavioral support systems. We are in the beginning stages of doing intra and inter agency work around Positive Behavioral Supports through the IEP network, RI Technical Assistance project, RI Parent Information Network, Parent Support Network, UAP. Professional development, consulta-	reviewed during School Support visits, the consistency, comprehensive-ness and appropriateness of service provision vary across districts. State and local program and policy decisions are being made with inadequate, inappropriate data. Availability of professional development and support varies within and between districts; available funds are not universally utilized. Lack of administrative support for training in terms of time and funding, in some cases. In-service programs may be difficult to

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.3 Are appropriate services provided to children with disabilities whose behavior impedes learning?			
		tion, collaboration and/or funding are provided by the Department of Education, Office of Special Needs, outside agencies/ service providers, and the IEP network, Project IREAD, Diverse Learning Needs Teams, RI Technical Assistance Project, RI Parent Information Network, Parent Support Network, UAP, three teacher preparation institutions.	access, or lack of dissemination of information. The data on suspensions and expulsions are very unreliable.
BF.3.a. Are suspension and expulsion rates for children with disabilities comparable to those for children without disabilities? (GPRA 3.3)	• Rhode Island Data Reports • School Support System support plans • Rhode Island Department of Education Management and Information		We cannot answer the question with the inaccurate and variable data sources that are currently available. However, it appears that children with disabilities are suspended/expelled at a higher rate than the gen-

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.3 Are appropriate services provided to children with disabilities whose behavior impedes learning?			
	System data – suspension		eral student population.
BF.3.b. Do children with behavioral disabilities demonstrate progress in the general curriculum?	• School Support System reports • State-wide assessment scores		Rhode Island does not collect this data. State and local program and policy decisions are being made with inadequate, inappropriate data There is not yet a coordinated, comprehensive system of training and support for relevant personnel that unifies regular and special education. School improvement plans reflect decisions that are based on faulty or incomplete data.
BF.3.c. Are services provided to children with challenging behaviors based on functional analysis	• School Support System reports	A requirement for a functional behavioral assessment is now in state regulations; however, it is	This data is not collected. Currently, a functional behavioral assessment is only re-

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.3 Are appropriate services provided to children with disabilities whose behavior impedes learning?			
of behavior?		currently only requirement prior to a manifestation determination.	quired prior to a manifestation determination. No data are collected as to procedures regarding students with behavioral issues: FBA's, manifestation determination, disciplinary procedures.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.4 Is continuous progress made by children with disabilities within the State's system for educational accountability?			
BF.4.a. Do children with disabilities participate in State/district-wide general assessment programs with appropriate test modifications and accommodations, as needed, across districts and comparable to national data? (GPRA 3.2)	• Rhode Island Data Reports • Rhode Island Department of Education Assessment Office and Office of Special Needs Training Schedules and Documents	Rhode Island has begun to collect data regarding appropriate administration of test modifications and accommodations. Data are also collected regarding student participation.	Implementation of guidelines regarding appropriate administration of test modifications and accommodations varies considerably across districts, and data are inaccurate regarding participation rates.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.4 Is continuous progress made by children with disabilities within the State's system for educational accountability?			
Do all children participate in State/district-wide assessments?	• State assessment data • National data • Children With Disabilities Study (Rhode Island State Legislature) data • Rhode Island Data Reports • INFOWORKS/ state assessment data	Guidelines have been developed and disseminated throughout the state. Guidelines and criteria for participation are clear and well disseminated. Efforts of some teachers have been exemplary. Some schools have informed parents on school report nights of assessment data	It is therefore unclear if all children with disabilities participate in state and district-wide assessments. Given the existing data systems, it is impossible to accurately determine the participation rates of students with disabilities in state assessments. Regulations and guidelines are not being consistently implemented. Not all districts are participating in including their students with disabilities, in state/district assessment programs.
BF.4.b. Do performance results for			The existing data does not capture the quality of implementation. Roles and responsibilities are not clarified.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.4 Is continuous progress made by children with disabilities within the State's system for educational accountability?			
children with disabilities on large-scale assessments improve at a rate that decreases any gap between children with disabilities and their non-disabled peers? GPRA 3.2			Rhode Island does not have longitudinal data on individual students or cohorts of students that would indicate improvement of performance. Gaps appear to exist, however there are no reliable baseline data to discern growth or decrease in these gaps. Given the entrance and exit rates of students to and from special education, gaps in performance are likely to widen across the grades; these widening gaps should not be misinterpreted as indicators of special education ineffectiveness.
BF.4.c. Do children with disabilities participate in alternate assessments at a rate	• Rhode Island Data Reports • National Center on Educational	Rhode Island has begun to collect data regarding participation in alternate assessments.	Implementation of guidelines regarding participation in alternate assessments varies consid-

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.4 Is continuous progress made by children with disabilities within the State's system for educational accountability?			
comparable to national data? Do all eligible children participate in State/district-wide alternate assessments? Are alternate assessments used only for eligible children?	Outcomes • Rhode Island Department of Education Assessment Office and Office of Special Needs Training Schedules and Documents Training Schedules and Documents	Training and mentoring (email, phone) for Alternate Assessment has been available throughout the state on an ongoing basis for over a year. Training and funding have been provided throughout the state. Efforts of some teachers have been exemplary. Individual teachers have devoted a great deal of time and energy with no compensation	erably across districts, and data are inaccurate regarding participation rates. It is therefore impossible to determine: if Rhode Island participation rates are comparable to national rates; if all eligible children participate in state and district-wide alternate assessments; and if only eligible children participate. Not all districts are accessing the training in the Alternate Assessment. Regulations and guidelines are not being consistently implemented. The existing data does not capture the quality of implementation. Roles and responsi-

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.4 Is continuous progress made by children with disabilities within the State's system for educational accountability?			
			bilities are not clarified.
BF.4.d. Do individual students and/or cohorts of students demonstrate progress over time?	• State assessment data		Rhode Island does not have longitudinal data on individual students or cohorts of students that would indicate improvement of performance.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.5 To the maximum extent appropriate, are children with disabilities educated, including participation in nonacademic and extracurricular activities, with nondisabled peers?			
BF.5 To the maximum extent appropriate, are children with disabilities educated, including participation in nonacademic and extracurricular activities, with nondisabled peers? (Repeat of component statement)	• School Support System support plans • Diverse Learning Needs Team annual reports • Rhode Island Data Reports • Rhode Island	Rhode Island collects some data regarding the education and participation of children with disabilities. The UAP Longitudinal study has collected some data. Rhode Island	State-collected data is limited and considered inaccurate. There is no data about the general population that would allow a comparison. Our only current data source regarding location of

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.5 To the maximum extent appropriate, are children with disabilities educated, including participation in nonacademic and extracurricular activities, with nondisabled peers?			
	Department of Education School Accountability for Learning and Teaching (SALT) School Visit Reports • University Affiliated Program (UAP) Longitudinal Transition Project data	state regulations define requirements for least restrictive environment, including education of students with their non-disabled peers to the greatest extent possible. Statewide guidance and expectations pervade the School Support System process and reports, the IEP project, the Diverse Learning Needs Team Project, and state accountability school visits (SALT). There are examples in every district of effective policies, procedures and practices. There are in-service programs with a strong inclusive education focus, includ-	student services consists of district reports that are not available in a format from which data can be automatically compiled. Data are not collected on participation of students with disabilities in nonacademic and extracurricular activities, but anecdotally parents report little or no support for their children's inclusion in these areas especially students with significant disabilities and behavioral disabilities. Policies are not consistently and comprehensively in place throughout the state. Roles and responsibilities are not clearly defined.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.5 To the maximum extent appropriate, are children with disabilities educated, including participation in nonacademic and extracurricular activities, with nondisabled peers?			
		ing Diverse Learning Needs Teams, the IEP Network, etc., supported by state level discretionary funds, a number of grant sources, etc.	Personnel Development training on "how to" implement is still needed.
BF.5.a. Is the percentage of children with disabilities in each disability category, served along each point of the continuum, comparable to national data? (GPRA 3.1)	• Rhode Island Data Reports • School Support System support plans • Children With Disabilities Study (Rhode Island State Legislature) data • National data	An answer from the Children With Disabilities Study is expected in February 2002.	An answer from the Children With Disabilities Study is expected in February 2002.
BF.5.b. Is the percentage of children with disabilities, by race/ethnicity, receiving special education	• Rhode Island Data Reports • School Support System support plans		There is not adequate evidence to answer this question.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component BF.5 To the maximum extent appropriate, are children with disabilities educated, including participation in nonacademic and extracurricular activities, with nondisabled peers?			
comparable to the percentage of children, by race/ethnicity, in the general population?	• National data		
BF.5.b. Is the percentage of children with disabilities, by race/ethnicity, receiving special education comparable to the percentage of children, by race/ethnicity, in the general population?	• Rhode Island Data Reports • National data		Rhode Island's current census system does not collect data on the settings in which services are provided for preschool children. Our only current data source regarding preschool placements consists of district reports that are not available in a format from which data can be automatically compiled.

Comprehensive Public Awareness and Child Find

Cluster Overview

Cluster Objective:
All children birth through 21 who have developmental delays, disabilities, and/or who are at-risk are identified, evaluated and referred for services

Cluster Component 1:
Does the implementation of a comprehensive, coordinated Child Find system result in the identification, evaluation and assessment of all eligible children birth through age 21?

Cluster Indicators:

- CC.1.a.1. Is the percentage of eligible infants and toddlers identified with developmental delays comparable to national demographic data for the percentage of infants and toddlers with developmental delays? (GPRA 1.1)
- CC.1.a.2. Is the percentage of eligible children aged 3-5 identified comparable to national demographic data for the percentage of children 3-5 with disabilities?
- CC.1.a.3. Is the percentage of children 6-21 identified as having disabilities comparable to national demographic data for the percentage of children with disabilities?

- CC.1.b. Is the percentage of eligible infants with disabilities that are identified under the age of one comparable with national prevalence data?

Cluster Component 2:

Do families have access to culturally relevant information that supports and promotes referral of eligible children aged birth through 21 to the comprehensive child find system?

Cluster Indicators:

- CC.2. Do families have access to culturally relevant information that supports and promotes referral of eligible children aged birth through 21 to the comprehensive child find system?

Rhode Island Context Description

In Rhode Island, Child Find under IDEA is administered by two state human service agencies, each focused on a specific age range. The Department of Health administers the statewide newborn screening and family outreach system focused on infants, toddlers and their families. Screening systems focused on preschool and school-aged children are administered through the Department of Education and operated by local school districts.

Birth to age three: The universal newborn screening system, designed for all children and their families, is operated by the Department of Health in collaboration with the state's birthing hospitals. The system's first contact with families, known as Level I screening, occurs in the hospital upon the birth of each newborn. Newborns' hearing is also screened through the RI Hearing Assessment Program (RIHAP). Follow-up contact with families through home visits, a feature of Level II screening, occurs when initial screening indicates that the infant or family present specific factors that indicate follow-up. Level II screening visits are conducted through the Visiting Nurses Family Outreach Program (FOP). At either level of screening, when a suspected disability or significant risk is identified, infants and their families are referred to an early intervention program for evaluation to determine eligibility for early intervention services.

Ages three through 21 or graduation: Preschool screening is conducted by each local school district through its Child Outreach program. Intended as a population-based system, Child Outreach is focused on reaching all 3, 4 & 5 year olds residing in each community to ensure that every preschool-aged child with a disability is identified and provided with appropriate special education and related services. The Department of Education encourages local school districts to create a presence in familiar natural early childhood settings to heighten awareness and ensure contact with hard-to-reach families. Collaboration with families and providers such as childcare, nursery schools and Head Start programs as well

as familiar community partners such as libraries, community centers, health centers, and physicians is supported

School districts are expected to continue outreach and screening efforts for school-aged children, particularly for those who are entering school for the first time, who have entered a district as a new student, or who have been identified for special education but are experiencing poor school attendance. Procedures for conducting school-age screening are designed by local school districts.

Major Themes Regarding Strengths and Concerns

The RI CIMP Steering Committee identified and prioritized major themes by Cluster related to strengths and concerns most supported by data. These are presented below. Items are listed in priority order.

Strengths	Concerns
1. RI screens every baby born through its Universal Newborn Screening program and follows up for those eligible with a Level II in-home screening. This process includes hearing screening through the RI Hearing Assessment Program based at Women & Infants Hospital. 2. RI identifies children from various racial/ethnic groups as having disabilities at rates that are comparable to percentages of resident children in these groups, w/a slightly lower percentage identified among most minority groups: Hispanic: 2.4% lower than general population of children who are Hispanic. Black: 1.6% lower than general population of children who are black.	1. Local commitment of staffing and resources to conduct Child Outreach is variable across districts. There is no state level standard for local implementation. The RIDE resources (staff & budget) devoted to overseeing and supporting the preschool screening system (Child Outreach) have been gradually eliminated since 1990. 2. The existing preschool screening program for 3-5 years olds (Child Outreach) reaches only 30% of 3 year olds & 50% of 4 year olds statewide. Standards drafted in 1994 were never formally adopted and disseminated. 3. There exists no system for ensuring equitable, culturally appropriate development & distribution of referral information in the various cultural & language groups within each community, agency or school district.

Strengths

Asian/Pacific Islanders: 2.18% lower than general population of children who are Asian/Pacific Islanders.

Groups slightly higher than percentage in general population:

White: 5.03% higher than general population of children who are white

American Indian: .09% higher than general population of children who are AI.

3. Re: children ages birth-12 months, the percentage of eligible infants under age one identified and served in early intervention in RI is comparable to estimated national prevalence data. RI's count includes children w/ established disability conditions as well as children at significant risk for disabilities based on a combination of selected environmental and/or medical factors.
4. There is a variety of local Child Outreach practices that reach community early care and education programs on site including nursery, child care and Head Start programs. This collaboration is supported by a state level interagency agreement among the Departments of Education, Health and Human Services and Head Start.
5. RI has in place some alternate methods of public outreach and awareness re: family health, early intervention and preschool services.

Concerns

4. For students ages 6-21, RI identifies more students than the national average as having disabilities. The percentage of eligible children aged 6-21 is approximately 50% higher than the national percentage and reflects the highest percentage in the nation. Incidence rates peak in 3rd-4th grades.
5. The percentage of infants identified (just under 1%) during the first 12 months of life is lower than the overall percentage identified (2.7%) during the birth-3 period. Pediatricians initiate a markedly small percentage of referrals at the earliest ages for children who are later found eligible through other channels.

Strengths	Concerns
• The Rhode Island Department of Health operates a Family Health Hotline staffed with people who speak English, Spanish, Portuguese and French • Department of Health radio commercials and bus posters re: lead treatment and immunizations are offered in English & Spanish. • Early Intervention operates an 800 # in English, Spanish & Portuguese. • Some personnel such as Level I & Level II screeners and WIC staff refer families to early intervention services when appropriate. • Child Outreach posters and flyers are displayed in community locations such as health centers, physicians offices, public libraries, supermarkets, Head Start programs, nursery schools and child care centers. • RI's Parent Information Network (RIPIN), Parent Support Network of RI (PSN), and the University-Affiliated Program (UAP) at RI College reflect statewide commitment to parent-driven and parent-to-parent information & support. These projects conduct outreach, support & training efforts for families, primarily with children with special needs, but some for families in general.	

Public Input Validation

The RI CIMP Steering Committee compared the identified major themes of strengths and concerns to the public input that the Steering Committee received through a variety of input strategies. The outcome of this comparison was a chart depicting the degree to which Strengths and Concerns were validated by public input. The chart is depicted below.

Strengths	Validating Public Input
There is a variety of local Child Outreach practices that reach community early care and education programs on site including nursery, child care and Head Start programs. This collaboration is supported by a state level interagency agreement among the Departments of Education, Health and Human Services and Head Start.	Some districts are facilitating "good" outreach.

Concerns	Validating Public Input
1. The percentage of infants identified (just under 1%) during the first 12 months of life is lower than the overall percentage identified (2.7%) during the birth-3 period. Pediatricians initiate a markedly small percentage of referrals at the earliest ages for children who are later found eligible through other channels. The existing preschool screening program for 3-5 years olds (Child Outreach) reaches only 30% of 3 year olds & 50% of 4-year olds statewide. Standards drafted in 1994 were never formally adopted and disseminated. 2. There exists no system for ensuring	1. We are not finding children early enough and there is a lack of standardized referrals from professional sources (pediatricians). 2. There is a need for outreach that is culturally and linguistically diverse. How can parents ask questions or get information if they cannot speak English? In general, families do not have the knowledge and information needed to advocate effectively for their children. Communication is inhibited by language barriers.

Concerns	Validating Public Input
equitable, culturally appropriate development & distribution of referral information in the various cultural & language groups within each community, agency or school district.	

Data Sources

Working through the Cluster Committees, the Steering Committee examined a variety of data for the purpose of assessing RI strengths and concerns related to Cluster objectives, components and indicators. These included the following:

Data Sources	Corresponding Indicators
OSEP Annual Report Child Count tables 1999-2000	CC1
22nd Annual Report to Congress on the Implementation of IDEA, 2000 Dec 1, '98 tables, updated as of November 1, 1999 Data Analysis System (DANS) US Dept of Education, OSEP	CC1
Division of Family Health data reports Interview: EI and birth data for Calendar Year 2000 Report: Births by City/Town, 1995-1999 Maternal and Child Health Database Rhode Island Department of Health	CC1
National Newborn Screening Report, 1996 (Selected tables) National Newborn Screening & Genetics Resource Center Austin, TX, Oct 2000	CC1

Data Sources	Corresponding Indicators
Rules and Regulations Pertaining to the Provision of Early Intervention Services for Infants and Toddlers with Disabilities and Their Families Rhode Island Department of Health, June 1993	CC1
Sample letters to Superintendents, May 4, 2001 Re: summary of KIDSNET information about children in each district about to reach their third birthday Author: William H. Hollinshead, MD, MPH Medical Director, Division of Family Health Rhode Island Department of Health	CC1 CC2
Child Outreach DRAFT Manuals Rhode Island Department of Education, 1994 Titles: • Introduction & Exchanging Information with Families • Screening Children's Development • Screening for Speech and Language • Marketing • Managing a Screening Session and Sample Floor Plans • Sample Forms (Local Examples) for Implementing C.O.	CC1 CC2
1997-98 Child Outreach Screening Data Report Office of Special Needs, *Rhode Island Department of Education*	CC1

Data Sources	Corresponding Indicators
Interagency Agreement among Head Start and the Rhode Island Departments of Education, Health, and Human Services	CC1 CC2
Statistical Profile of Special Education, 1998-99 *Rhode Island Department of Education, August 2001*	CC1
Public Fall Enrollment by Race and Percentages of Race by Grade Excerpts, Special Education Census *Rhode Island Department of Education, Fall, 2000*	CC1 CC2
Local School District Consolidated Resource Plans *Sample excerpts, Fiscal Year 2002*	CC1 CC2
Draft, Executive Summary Rhode Island Children with Disabilities Study Interim Report, September 2001	CC1
Log of Publications Requested and Disseminated (September 2001 excerpt) Division of Family Health Rhode Island Department of Health	CC1
Family Health Hotline Correspondence *Rhode Island Department of Health*	CC2
Early Intervention Family Satisfaction Survey Draft Results, August 14, 2001 *Rhode Island Department of Health*	CC2

Data Needs

In reviewing and analyzing the Data Sources previously listed, the Steering Committee identified needs in the methods currently used in RI for data collection, analysis and use. The Steering Committee prioritized these data needs related to those that are considered to be the most essential to support effective improvement planning. These will be addressed by way of two major strategies: (1) a one year U.S. Department of Education Improvement Planning Enhancement Grant entitled, "Data Driven Decision Making for Improvement Planning" and (2) the Improvement Planning Process itself.
Data needs are presented below. Items are listed in priority order.

1. Enable the RIDE data system to portray the relationship between the percentage of students in poverty and the percentage of students identified with disabilities in poverty. Consider exploration of all factors, such as teacher expectations, educational responsiveness, referral-identification procedures, etc., contributing to any correlation between poverty and incidence.

2. There is no state level tracking system re: Child Outreach system functioning or results. Local accountability is limited to 5-year monitoring visits (School Support System) and annual review of district's federal funding application, comparing screening result percentages to criteria established via a rubric.

3. Collect data on sources of referrals birth-21 and the percentage of referrals from each source. There is a need to track, report, and access the cultural appropriateness and overall effectiveness of public outreach efforts.

Cluster Committee Report

Objective: All children birth through 21 who have developmental delays, disabilities, and/or are at-risk are identified, evaluated and referred for services.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CC.1 Does the implementation of a comprehensive, coordinated Child Find system result in the identification, evaluation and assessment of all eligible children birth through age 21?			
CC.1.a.1. Is the percentage of eligible infants and toddlers identified with developmental delays comparable to national demographic data for the percentage of infants and toddlers with developmental delays? CC.1.a.2. Is the percentage of eligible children aged 3-5 identified comparable to national demographic data for the percentage of children 3-5 with disabilities? CC.1.a.3. Is the percentage of children 6-21 identified as having	• National and State demographic and prevalence data (through RIDE & DOH) • Number of children and families identified and evaluated: - RI Kidsnet - RI DOH: EI MIS - RIDE OSN Census - Preschool screens: Local district 2001 Consolidated Resource Plans (CRPs) submitted to RIDE	CC.1a.1. (Ages B-3) 1) The percentage of eligible infants and toddlers B-3 reported in RI is about 65% higher than the average national percentage. RI's count includes children w/ established disability conditions as well as children at significant risk for disabilities based on a combination of selected environmental and/or medical factors 2) RI screens every baby born	Findings on all indicators: Analyses conducted as the basis of this report were based on data derived from a variety of state and national data reports in which reporting criteria and sources may be somewhat inconsistent. Analyses should be viewed as estimates. CC.1.a.2. (Ages 3-5) 1) The RIDE resources (staff & budget) devoted to overseeing and supporting the preschool screening system (Child Outreach) have

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CC.1 Does the implementation of a comprehensive, coordinated Child Find system result in the identification, evaluation and assessment of all eligible children birth through age 21?			
disabilities comparable to national demographic data for the percentage of children with disabilities?	• State level Interagency Agreement among RIDE, Health, Human Services & Head Start • 1994 Draft Guidelines from RIDE for the Child Outreach process in RI	through its Universal Newborn Screening program and follows up for those eligible with a Level II in-home screening. This process includes hearing screening through the RI Hearing Assessment Program based at Women & Infants Hospital. CC.1.a.2. (Ages 3-5) 1) The percentage of eligible children ages 3 through 5 in RI is about 35% higher than the average national percentage. 2) There are a variety of local	been gradually eliminated since 1990. 2) Local commitment of staffing and resources to conduct Child Outreach is variable across districts. There is no state level standard for local implementation. 3) There is no state level tracking system re: Child Outreach system functioning or results. Local accountability is limited to 5-year monitoring visits (School Support System) and annual review of district's federal funding application, comparing screening result percent-

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CC.1 Does the implementation of a comprehensive, coordinated Child Find system result in the identification, evaluation and assessment of all eligible children birth through age 21?			
		Child Outreach practices that reach on site into community early care and education programs on site, including nursery, child care and Head Start programs. This collaboration is supported by a state level interagency agreement among the Depts. of Education, Health and Human Services and Head Start.	ages to criteria established via a rubric. 4) The existing preschool screening program for 3-5 years olds (Child Outreach) reaches only 30% of 3 year olds & 50% of 4 year olds statewide. Standards drafted in 1994 were never formerly adopted and disseminated
		CC.1.a.3 RI identifies children from various racial/ethnic groups as having disabilities at rates that are comparable to percentages of resident children in these groups, w/a	CC.1.a.3. (ages 6-21) 1) RI identifies more students than the national average as having disabilities. The percentage of

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CC.1 Does the implementation of a comprehensive, coordinated Child Find system result in the identification, evaluation and assessment of all eligible children birth through age 21?			
		slightly lower percentage identified among most minority groups: Hispanic: 2.4% lower than general population of children who are Hispanic. Black: 1.6 % lower than general population of children who are black. Asian/Pacific Island: 2.18% lower... Groups slightly higher than percentage in general population: White: 5.03% higher than general population of children who are white	eligible children aged 6-21 is approximately 50% higher than the national percentage and reflects the highest percentage in the nation. Incidence rates peak in 3rd-4th grades. 2) There's no state level tracking system or oversight and limited local accountability for school-aged screening. Accountability is limited to 5-yr state monitoring (School Support System).

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CC.1 Does the implementation of a comprehensive, coordinated Child Find system result in the identification, evaluation and assessment of all eligible children birth through age 21?			
		American Indian: .09% higher than general population of children who are American Indian.	
CC.1.b. Is the percentage of eligible infants with disabilities that are identified under the age of one comparable with national prevalence data?	• National and State demographic and prevalence data (through RI DOH) • State data - age at referral - RI DOH: Level I & II screening data • RI DOH: EI MIS	CC.1.b. (Ages B-12 months) 1) The percentage of eligible infants under age one identified and served in early intervention in RI is comparable to estimated national prevalence data. RI's count includes children with established disability conditions as well as children at significant risk for disabilities based on a combination of	CC.1.b. (Ages B-12 months) The percentage of infants identified (just under 1%) during the first 12 months of life is lower than the overall percentage identified (2.7 %) during the B-3 period. Pediatricians initiate a markedly small percentage of referrals at the earliest ages for children who are later found eligible through other channels.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CC.1 Does the implementation of a comprehensive, coordinated Child Find system result in the identification, evaluation and assessment of all eligible children birth through age 21?			
		selected environmental and/or medical factors 2) RI screens every baby born through its Universal Newborn Screening program and follows up for those eligible with a Level II in-home screening. This process includes hearing screening through the RI Hearing Assessment Program based at Women & Infants Hospital. Some infants are then referred to Early Intervention for an evaluation to determine eligibility for services.	

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CC.2 Do families have access to culturally relevant information that supports and promotes referral of eligible children aged birth through 21 to the comprehensive child find system?			
CC.2. Do families have access to culturally relevant information that supports and promotes referral of eligible children aged birth through 21 to the comprehensive child find system?	• State data re: the effectiveness of the distribution of materials and access to information consistent with State demographics • RI DOH: - EI record review data - Family HELP Hotline & Communications Unit - Publications & Listings • RIDE: District Consolidated Resource Plans: descriptions of Child Outreach, family learning opportunities, public awareness activities	CC.2. 1) RI has a variety of public outreach and awareness materials in place, primarily focused on Health, Early Intervention and preschool services. Some informational materials are published in alternate languages. • Early Intervention brochures and informational bookmarks are available in English & Spanish. • Child Outreach posters and brochures were designed by RIDE in 1990 in 5 languages: English, Spanish,	CC.2. 1) RI has no systematic tracking, data collection or reporting system to inform the state re: who is and isn't reached re: services available and how to access them. There is no process in place for assessing the effectiveness of outreach efforts as a whole or for particular cultural groups. It is unknown who receives what information or publications and what outreach activities exist in local communities. There is no systematic information at the state level re: local communities'

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CC.2 Do families have access to culturally relevant information that supports and promotes referral of eligible children aged birth through 21 to the comprehensive child find system?			
		Portuguese, Cambodian and Hmong. • Public health informational posters and materials re: lead and immunizations are available in English & Spanish. 2) RI has in place some alternate methods of public outreach and awareness re: family health, early intervention and preschool services. • The RI Dept of Health operates a Family Health Hotline staffed with people who speak English, Spanish, Portuguese and French	supply and distribution of Child Outreach publications (posters & brochures) designed and distributed by RIDE in 1990. 2) There is limited evidence of public awareness and information for families of school-aged children regarding special education services and the referral process. Families of school-aged children get information primarily through word of mouth. One or two Local Special Education Advisory Committees offer information to their local Parent-Teacher Organizations.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CC.2 Do families have access to culturally relevant information that supports and promotes referral of eligible children aged birth through 21 to the comprehensive child find system?			
		• Dept of Health radio commercials and bus posters re: lead treatment and immunizations are offered in English and Spanish. • Early Intervention operates an 800 # in English, Spanish and Portuguese. • Some personnel such as Level I and Level II screeners and WIC staff, refer families to early intervention services when appropriate. • Child Outreach posters and flyers are displayed in community locations such as health centers, physicians offices, public	3) There exists no system for ensuring equitable, culturally appropriate development and distribution of referral information in the various cultural and language groups within each community, agency or school district.

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns
Component CC.2 Do families have access to culturally relevant information that supports and promotes referral of eligible children aged birth through 21 to the comprehensive child find system?			
		libraries, supermarkets, Head Start programs, nursery schools, and child care centers. • RI's Parent Information Network (RIPIN), Parent Support Network of RI (PSN), and the University-Affiliated Program (UAP) at RI College reflect statewide commitment to parent-driven and parent-to-parent information & support. These projects conduct outreach, support and training efforts for families, primarily with children with special needs, but some for families in general.	

APPENDICES

FOR THE
RHODE ISLAND
SELF-ASSESSMENT REPORT

APPENDIX A

ACRONYMS

AACTE	American Association for Colleges for Teacher Education
AAFP	American Academy of Family Physicians
AAMFT	American Association for Marriage and Family Therapy
AAMR	American Association on Mental Retardation
AAP	American Academy of Pediatrics
AAUAP	American Association of University Affiliated Programs
ACYF	Administration for Children, Youth and Families (DHHS)
ADA	Americans with Disabilities Act
AFT	American Federation of Teachers
AHA	American Hospital Association
AMA	American Medical Association
AMCHP	Association of Maternal and Child Health Programs
ANA	American Nurses Association
AOTA	American Occupational Therapy Association
APA	American Psychological Association
APHA	American Public Health Association
APTA	American Physical Therapy Association
ARC	The Arc (formerly the Association for Retarded Citizens)
ARCH	Access to Respite Care and Help
ASD	Autism Spectrum Disorders
ASHA	American School Health Association
ASHA	American Speech-Language-Hearing Association
AT	Assistive Technology
ATAP	Assistive Technology Access Partnership
BD	Behavioral Disordered
BEST	Behavioral, Emotional, and Social Trends
BIA	Bureau of Indian Affairs (U.S.)
CAP	Community Alternative Program
CASSP	Child and Adolescent Service System Program
CATCH	Community Access to Child Health
CCD	Consortium for Citizens with Disabilities
CCSSO	Council of Chief State School Officers
CDA	Child Development Associate
CDC	Centers for Disease Control and Prevention (DHHS)
CDF	Children's Defense Fund
CEC	Council for Exceptional Children
CEDARR	Comprehensive Evaluation, Diagnosis, Assessment, Referral and Reevaluation
CFR	Code of Federal Regulations
CHADD	Children and Adults with Attention-Deficit/Hyperactivity Disorders
CICCC	Council of Interagency Coordinating Council Chairs

CIMP	Continuous Improvement Monitoring Process
COSSMHO	National Coalition of Hispanic Health and Human Services Organizations
COZ	Child Opportunity Zone
CRS	Congressional Research Services (United States Library of Congress)
CSAP	Center for Substance Abuse Prevention (DHHS)
CSEF	Center for Special Education Finance
CSHCN	Children with Special Health Care Needs
CSPD	Comprehensive System of Personnel Development
CWLA	Child Welfare League of America
DAP	Developmentally Appropriate Practice
DCYF	Department of Children, Youth and Families
DD	Developmental Disabilities; Developmental Delay
DEC	Division of Early Childhood (of the CEC)
DHHS	United States Department of Health and Human Services
DHS	Department of Human Services
DOE	United States Department of Education
DOH	Department of Health
DSQIC	Disability Services Quality Improvement Centers (Head Start)
EC	Early Childhood
ECSE	Early Childhood Special Education
EDGAR	Education Department General Administrative Regulations
EI	Early Intervention
EIP	Early Intervention Program
EPSDT	Early Periodic Screening, Diagnosis, and Treatment (Medicaid Program)
ERIC	Educational Resources Information Center
ESD	Extended School Day
ESEA	Elementary and Secondary Education Act
ESY	Extended School Year
FAPE	Free Appropriate Public Education
FERPA	Family Educational Rights and Privacy Act
FICC	Federal Interagency Coordinating Council
FRC	Federal Resource Center
GAO	United States General Accounting Office
GCS	Grants and Contracts Services
GPRA	Government Performance and Results Act
HCFA	Health Care Financing Administration
HIAA	Health Insurance Association of America
HMHB	Healthy Mothers, Healthy Babies Coalition
HMO	Health Maintenance Organization
HRSA	Health Resources and Services Administration (DHHS)
IASA	Improving America's School Act
ICC	Interagency Coordinating Council
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
IHE	Institute of Higher Education
IHS	Indian Health Service (DHHS)
IPP	Individual Program Planning

JDRP	Joint Dissemination Review Panel (now PEP)
LAC	Local Advisory Committee
LD	Learning Disability
LDA	Learning Disabilities Association
LEA	Local Education Agency
LEP	Limited English Proficiency
LRE	Least Restrictive Environment
MART	Multi-Agency Review Team
MCH	Maternal and Child Health
MCHB	Maternal and Child Health Bureaus (DHHS)
MDBDF	March of Dimes Birth Defects Foundation
MR	Mental Retardation
MRRC	Mental Retardation Resource Center
NACHRI	National Association of Children's Hospitals and Related Institutions
NAEYC	National Association for the Education of Young Children
NAFCC	National Association for Family Child Care
NASBE	National Association of State Boards of Education
NASDSE	National Association of State Directors of Special Education
NASMHPD	National Association of State Mental Health Program Directors
NASMRPD	National Association of State Mental Retardation Program Directors
NCCIP	National Center for Clinical Infant Programs (now referred to as ZERO TO THREE)
NCEMCH	National Center for Education in Maternal and Child Health
NCSL	National Conference of State Legislatures
NEA	National Education Association
NECTAS	National Early Childhood Technical Assistance System
NERRC	Northeast Regional Resource Center
NGA	National Governor's Association
NICHCY	National Information Center for Children and Youth with Disabilities
NICHD	National Institute of Child Health and Human Development (DHHS)
NICU	Neonatal Intensive Care Unit
NIDRR	National Institute of Disabilities and Rehabilitation Research
NIMH	National Institute of Mental Health (DHHS)
NORD	National Organization for Rare Disorders
NPND	National Parent Network on Disabilities
NPRM	Notice of Proposed Rule Making
OERI	Office of Educational Research and Improvement (DOE)
OHDS	Office of Human Development Services
OMB	U.S. Office of Management and Budget
ORS	Office of Rehabilitation Services
OSARR	Ocean State Association of Residential Resources
OSCIL	Ocean State Center for Independent Living
OSEP	Office of Special Education Programs (OSERS)
OSERS	Office of Special Education and Rehabilitative Services (DOE)
OSN	Office of Special Needs (Rhode Island)
OT	Occupational Therapy
PACER	Parent Advocacy Coalition for Educational Rights
PARI	People Actively Reaching Independence

PCC	Parent and Child Center (Head Start)
PDD	Pervasive Developmental Disorder
PSN	Parent Support Network (Rhode Island)
PT	Physical Therapy
PTI	Parent Training and Information Centers (PACER)
RFP	Request for Proposals
RIARC	Rhode Island Advocate Retarded Citizens
RIDE	Rhode Island Department of Education
RIDLT	Rhode Island Department of Labor and Training
RIGL	Rhode Island General Laws
RIPIN	Rhode Island Parent Information Network (PTIC in Rhode Island)
RITAP	Rhode Island Technical Assistance Project at Rhode Island College
RITIE	Rhode Island Transition, Independence, Employment
RRC	Regional Resource Centers (OSERS)
SCSHCN	Services for Children with Special Health Care Needs
SCSHN	Services for Children with Special Health Needs
SEA	State Education Agency
SEAC	State Educational Advisory Committee
SEPT/TA	Supported Employment Parent Training/ Technical Assistance
SIG	State Improvement Grants
SLDT	Specific Learning Disability Team
SPG	State Plan Grants
SPL	Speech-language
SPLP	Speech-language Pathologist
SPRANS	Special Projects of Regional and National Significance (MCHB)
SSA	Social Security Administration
SSI	Supplemental Security Income
SSS	School Support System
STOMP	Specialized Training of Military Parents
TA	Technical Assistance
TANF	Temporary Assistance to Needy Families (DHHS)
TAPP	Technical Assistance to Parent Projects
TASC	Technical Assistance Support Center (Head Start)
TASH	The Association for Persons with Severe Handicaps
TDD/TTY	Telecommunication Device for the Deaf/Teletype
TIG	Transition Improvement Grant
T/TA	Training and Technical Assistance
UAP	University Affiliated Program of Rhode Island
UCP	United Cerebral Palsy
VR	Vocational Rehabilitation
WIC	Women, Infants and Children (Special Supplemental Food Program)
BIRTH TO THREE	formerly NCCIP (National Center for Clinical Infant Programs)

APPENDIX B

RI CIMP Steering Committee Ground Rules (also for use by Cluster Committees)

Steering Committee Purpose

The RI Continuous Improvement Monitoring Process (CIMP) Steering Committee will direct the following:

1. Self-Assessment - collection and analysis of data about the status of services currently being provided, producing a Self-Assessment Report for submission to OSEP and

2. Improvement Plan - development of Rhode Island's Improvement Plan in light of the Self-Assessment.

The Steering Committee will coordinate Rhode Island's overall process, using a subcommittee structure known as "Cluster Committees" to conduct the self-assessment related to "clusters" of specific "indicators" identified by OSEP related to IDEA requirements. Steering Committee members will also serve on the Cluster Committees. Cluster Committees may include individuals in addition to Steering Committee members in order to ensure participation of a broad range of constituents in this process.

Roles

See the roles of the Core Team, Steering Committee and Cluster Committee as delineated on the RI CIMP Work Plan.

Meeting Logistics - See RI CIMP Work Plan.

Member Responsibilities

Individual Member Authority re: their Constituency: Members are empowered to speak on behalf of their constituencies. If they miss a meeting, members can have a substitute but this should be designee with authority and, if needed, the same designee for all meetings.

Attendance:

- Member will be regular in attendance, arriving on time as we intend to start and end meetings on time.
- If a meeting is missed, the member should review the meeting minutes and contact another member to be brought up-to-date on Committee activities. If you miss more

than 2 consecutive meetings, contact will be made with the member to determine that member's ability to continue to serve on this Committee.

Between Meetings: Members will review materials sent to them in advance of the meeting and come prepared to discuss, including seeking input from the constituencies they represent as appropriate. After each meeting, they will follow-through as identified in the next steps of the minutes.

Linkage with the Constituencies They Represent: Members will circulate relevant Steering Committee materials/information with their respective constituencies and solicit input as appropriate. They will also share data and information relevant to the CIMP.

Interaction Principles

1. We will remember to stay focused on "kids" and not adults (i.e., our own needs) and on collaboration across agencies and other entities on a system level.

2. We will treat each other with mutual respect, valuing all opinions, even those with which we disagree.

3. We will use a "parking lot" for ideas that may come up at meetings that are "good but off-topic ideas" or ideas that need to be held for more discussion later on in the meeting or at a future meeting.

Decision Making Method

1. The Steering Committee has decision-making authority regarding this process. This includes authority to resolve differences within and among Cluster Committees if needed.

2. We will base our decisions on qualitative and quantitative data. We won't use anecdotal data for decision-making.

3. Primary process for deciding on data analysis conclusions re: strengths and concerns and on recommendations for improvement/maintenance strategies:

Modified consensus, that is, we will make decisions by asking ourselves these questions:

- Can we live with the analysis or recommendation as proposed and publicly support it?
- If not, what needs to be changed so that we can?

Modified consensus does NOT mean absolute agreement or that the agreement represents everyone's "first choice".

1. *Back-up process if consensus cannot be reached*: We will provide in the report an explanation of the various perspectives expressed.

Self-Assessment Task Parameters

Our task: Conduct a self-assessment of services to children with disabilities and their families under IDEA (1) to identify RI strengths and concerns to assist us in improvement planning after concluding the self-assessment process and (2) to prepare a report to submit to the federal Department of Education, Office of Special Education Programs (OSEP) by December 21.

1. Use indicators provided by OSEP as the basis for *recommending indicators we will use for RI's self-assessment*. By *August 31, Cluster Committees must complete this task* and submit to Susan Wood, RI Department of Education, who will distribute to the Steering Committee for review prior to the *September 14 Steering Committee meeting when we will decide on indicators we will use.*

2. Identify data sources that can be used to assess RI's status re: each indicator.

3. Collect data. Each Cluster Committee has assigned state staff as Data Coordinators/Recorders. In addition, Susan Wood, will be the overall Data Coordinator for the self-assessment process.

4. *Analyze data to determine RI strengths and concerns. Cluster Committees must complete this task* by mid-October. The *Steering Committee* will *decide on* findings to include in our *self-assessment report at its final meeting on November 16.*

5. *Our task is NOT to do improvement planning NOW*. Do not spend time you need for data analysis on discussing ideas for improvement planning. However, such ideas will inevitably emerge and some Cluster Committees may have time to do initial brainstorming. Thus, Cluster Committee Report Forms include a final column to note IDEAS for improvement/maintenance strategies that can serve as a "starting point" for improvement planning AFTER completion of self-assessment process.

Ground Rules for Our Task: To identify indicators and data sources and to collect and analyze data.

1. Stay focused on our task. We want to spend valuable and limited time on assessing RI state needs, not fine tuning indicators or, at this point, improvement planning.

2. No wordsmithing. We will have confidence in RITAP staff to compile our final report using appropriate wording that avoids any language that would "hurt kids" and uses "people first language".

3. We will use federal and state legal terms as used in these legal requirements.

4. Criteria for indicator selection are:

- Is the indicator relevant to RI?
- Do we have readily accessible data for analysis re: the indicator? Time constraints will not allow us to design and implement new data collection mechanisms between now and December 21. An ultimate improvement planning strategy to consider later may be the development of mechanisms to do so.
- If we had a long period of time, we could collect and analyze a vast array of data on many issues. Time is limited. Will these indicators give us enough

information to analyze key system strengths and concerns to lead us to improvement planning?

- Is the indicator an OSEP priority? OSEP and other states who used the previous comprehensive list STRONGLY encouraged us to stick with federally recommended indicators as a legitimate starting point for our first time at this self-assessment process.
- This is NOT our only "shot". This is a *continuous* improvement monitoring process. Improvement planning can be a means to address other areas/data that we may be unable to address now. If there is not substantial support for keeping or adding a particular indicator, the Cluster Committee may choose to "park" this idea for consideration in improvement planning.

Criteria for Data Use:

- More is not better. Focus on quality not quantity.
- Review data in light of being current, reliable and relevant to the component being assessed.
- Focus on outcomes for children and families.
- Identify strengths and concerns related both to compliance and to effective practice.

IF YOU GET STUCK, refer the issue to the Core Team.

RI Steering Committee for
IDEA Continuous Improvement Monitoring Process (CIMP)
CCRI - Lincoln Campus - President's Conference Room, Second Floor
July 12, 2001

Outcomes:

1. Participants will have an understanding of the Continuous Improvement Monitoring Process
2. Participants will have an understanding of the Self-Assessment Process Work Plan
3. The CIMP Core Team will have Steering Committee input re:

    - How to keep a broad range of constituents informed about/involved in the process
    - Potential data/information sources
    - Cluster Committee Membership

4. Participants will be aware of next steps.

Agenda:

9:00 Coffee and Materials Review

9:30 Welcome and Introductions –
Natalie Heberman, State Special Education Advisory Committee Chair and Dawn Wardyga, Interagency Coordinating Council (ICC) Chair

9:45 Session Overview –
Peggy Hayden, Steering Committee Facilitator

10:00 Continuous Improvement Monitoring Process (CIMP) Overview –
Tom DiPaola, RI Department of Education, Office of Special Needs (OSN), David Hamel, Department of Health, Early Intervention and Lucy Ely Pagan, Northeast Regional Resource Center (NERRC)

10:45 Break

11:00 Self-Assessment Process Work Plan including Review of Notebook, Roles of the Core Team, Steering and Cluster Committees; Ground Rules; Tasks and Timelines - *Peggy Hayden*

11:30 Steering Committee Input –
Facilitated by Natalie Heberman and Dawn Wardyga
Keeping a broad range of constituents informed about/involved in the process

A. What will YOU do as individual Steering Committee members?
B. What can be done from the State level?

12:10 Next Steps, Wrap-Up and Evaluation - *Peggy Hayden*

- Providing input for Cluster Committees
- Your homework and plans for next meeting
- Session evaluation

12:25 Closing Remarks - *Tom DiPaola and David Hamel*

12:30 Adjournment

RI CIMP Steering Committee

Outcomes:

1. Participants will have an *understanding* of the *Continuous Improvement Monitoring Process*

2. Participants will have an *understanding* of the Self-Assessment Process *Work Plan*

3. The CIMP Core Team will have Steering Committee *input* re:

   - Involving broad range of constituents
   - Potential data/information sources
   - Cluster Committee Membership

1. Participants will be *aware of next steps*.

   10:00 Continuous Improvement Monitoring Process (CIMP) Overview

   10:45 Break

   11:00 Self-Assessment Process Work Plan - Notebook; Roles; Ground Rules; Tasks & Timelines

   11:30 Steering Committee Input

Keeping a broad range of constituents informed about/involved in the process

A. What will YOU do as individual Steering Committee members?

B. What can be done from the State level?

12:10 Next Steps, Wrap-Up & Evaluation

- *Providing input for Cluster Committees*
- *Your homework & plans for next meeting*
- *Session evaluation*

12:25 Closing Remarks

12:30 Adjournment

RI Continuous Improvement Monitoring Process (CIMP) Steering Committee Crowne Plaza at the Crossings, Warwick, RI - August 22, 2001

Outcomes:

Organizational Meeting for Cluster Committees:

1. Steering and Cluster Committee members will have information on learnings from the Core Team's attending the OSEP meeting in Atlanta in July.
2. Cluster Committees will be organized, electing chair(s) and having work plans.
3. Cluster Committees will have completed confirmation of indicators - or will have plans to complete by August 31.
4. Cluster Committees will have initial identification of data sources/collection methods re: indicators.
5. Participants will be aware of next steps, including their homework in preparation for the next meeting.

What you need to bring:

1. Your CIMP Notebook updated with materials sent to you after the July 12, 2001 meeting
2. A copy of your completed homework assignment (keep your original) for *your* Cluster Committee using the Indicator/Data Source Review Form - light yellow form behind TAB 4 in your notebook AND the REVISED INDICATORS. Our activities for August 22 will assume that you have completed this assignment and are prepared to work in your Cluster Committee to make decisions on indicators.

Agenda:

8:30 Coffee Available

8:45 Welcome and Introductions –
Natalie Herbermann and Dawn Wardyga

9:00 Agenda and Ground Rules Review –
Peggy Hayden
Confirming our Constituents

9:15 Continuous Improvement Monitoring Process (CIMP) Update Based on Atlanta Meeting –
Tom DiPaola, Dave Hamel and Natalie Herbermann

9:45 Review of Cluster Committee Assignments

10:00 Break

10:15 Cluster Committee Meetings

Noon Working Lunch

12:30 Continuation of Cluster Committee Meetings

1:30 Break - Returning to Main Room

1:45 Cluster Committee Reports

2:45 Next Steps, Wrap-Up and Evaluation –
Peggy Hayden
Your homework & plans for next meeting - Sept. 14, 8:30-3:00, Radisson-Airport

2:55 Closing Remarks - *Steering Committee Leadership*

3:00 Adjournment

RI Continuous Improvement Monitoring Process (CIMP)
Steering Committee Meeting
September 14, 2001, 8:30-3:00,
Radisson Airport, Warwick

Outcomes:

Steering Committee and Related Participants will

1. have an awareness of the confirmed indicators,
2. initiate data analysis, and
3. have a plan for next steps so that the Cluster Committee reports can be completed by Oct. 12.

What to do to prepare:

- Update your CIMP Notebook with intervening mailings and bring to 9/14 meeting
- Review these materials:

  1. Cluster Committee Report: Framing Questions for Cluster Committees in Carrying Out Their Work (Tab 4 re: Cluster Committee General Materials),
  2. Interpreting Data from Self Assessments (TAB 10 re: Data) and
  3. Excerpt for PA's Self-Assessment Report - Action Plan for Cluster Area on FAPE in the LRE - Part B (Tab 3 re: CIMP Clusters, Components, Indicators, Data Analysis)

Agenda:

8:30 Registration (Continental Breakfast will be available)

8:45 Welcome and Introductions –
Natalie Heberman, State Special Education Advisory Committee Chair and Dawn Wardyga, Interagency Coordinating Council (ICC) Chair

9:00 Session Overview - *Peggy Hayden, Steering Committee Facilitator*

9:15 Cluster Committee Meetings

Noon Lunch

12:30 Cluster Committee Meetings Continue

2:00 Break

2:15 Cluster Committee Reports

2:45 Next Steps, Wrap-Up and Evaluation –
Peggy Hayden
- Cluster Committees complete reports by October 12
- Steering Committee members provide written input on reports by Oct. 26
- Executive Committee meets Oct. 31 to revise Cluster Committee reports as needed
- Steering Committee meets November 16, 2001, 8:30-3:00, Radisson Airport to finalize recommendations for self-assessment report and plans for next steps

2:55 Closing Remarks - *Natalie Heberman, Dawn Wardyga, Tom DiPaola & David Hamel*

3:00 Adjournment

RI Continuous Improvement Monitoring Process (CIMP) Steering Committee July 12, 2001 Minutes

Participants:

1. Tony Antosh, University Affiliated Program, RI College
2. Leann Archibald, Family Services, Parent Consultant
3. Barbara Burgess, RI Department of Education, Office of Integrated Social Services
4. Sue Constable, RI Department of Education, Office of Special Needs
5. Sue Curley, Department of Health, Early Intervention
6. Teresa DeBoise, Children's Friend and Service (Early Intervention and Early Head Start Provider)
7. Tom DiPaola, RI Department of Education, Office of Special Needs
8. Lina Donley-DuPont - Trudeau Center, Early Intervention Parent Consultant
9. Joe Gaudiosi, RI Department of Education, Office of Teacher Preparation and Certification
10. Deborah Garneau, RI Department of Health, Early Intervention Services
11. John Golden, RI Association of School Principals
12. Barrie Grossi, RI Department of Education, Office of Special Needs
13. Dave Hamel, RI Department of Health, Early Intervention Services
14. Jennifer Hanley, Interagency Coordinating Council Parent, Council for Exceptional Children (CEC) Representative for RI
15. Mark Hawk, Special Education Director, Westerly and Association of RI Administrators of Special Education
16. Peggy Hayden, Steering Committee Facilitator
17. James Healey, RI Arc
18. Colleen Hedden, Department of Children Youth and Families
19. Natalie, Herbermann, RI Special Education Advisory Committee Chair and CIMP Steering Committee Co-Chair
20. Janet Hirsch, University of RI, Medical Community, Former ICC Member
21. Stephanie Horridge, MH/RH, Division of Developmental Disabilities
22. Janet Iovino, University Affiliated Program, RI College, Parent, Interagency Coordinating Council
23. Mary Jane Johnson, Family Guidance Early Intervention Program, RI School for the Deaf
24. David Kane, RI Technical Assistant Project
25. James Karon, RI Department of Education, Office of Assessment
26. Jane Keane, RI Department of Education, Office of Special Needs
27. Sharon Kernan, Department of Human Services, Medicaid
28. Sue Lusi, RI Department of Education, Assistant Commissioner (Support Services)
29. Dorothy McDonough, Chairperson, Cranston, Special Education Parent Advisory Board
30. Pamela McLaughlin, Interagency Coordinating Council Parent
31. Linda McMullen, Family Resource Community Action, Woonsocket, ICC Parent and Parent Consultant
32. Cynthia Montero, EI Parent Consultant at Meeting Street
33. Mary Nugent, Head Start and Early Head Start Director, ICC Member
34. Lucy Ely Pagan, Northeast Regional Resources Center (NERRC)
35. Beth Pinkham, PARI Independent Living Center

36. Laura Peterson, Parent, Speech-Language Pathologist, Certified Audiologist, RI AG Bell Association for the Deaf
37. Sally Radford, RI Department of Education, Office of Special Needs
38. Barbara Riding, Office of Rehabilitation Services
39. Christine Robin, Department of Health, Early Intervention
40. Claire Rosenbaum, University Affiliated Program, Parent
41. Lisa Schaffran, RI Parent Information Network
42. Jerome Schaffran, University of Rhode Island
43. David Sienko, RI Department of Education, Office of Special Needs
44. Kelly Simmons, RI Parent Information Network
45. Ken Swanson, Providence School Department
46. Dan Thompson, MHRH, Division of Mental Health Services
47. Ernie Van Deusen, Meeting Street/Early Intervention
48. Leslie Weiderman, Groden Center, Early Intervention
49. Iraida Williams, University Affiliated Program, RI College, Parent, ICC Member
50. Jennifer Wood, RIDE Chief Legal Counsel
51. Susan Wood, RI Department of Education, Office of Special Needs, Assigned as
52. Ina Woolman, RI Department of Education, Office of Special Needs
53. Neil Young, Department of Health, Early Intervention Services

Steering Committee Members Unable to Attend:

1. Dawn Wardyga, Interagency Coordinating Council Chair and CIMP Steering Committee Co-Chair
2. Lee-Ann Beaupre, Family Services Intervention
3. Cathy Boudreau, Parent Support Network
4. Pamela Chatenay-LaPointe
5. Dennis Cheek, Office of Research, High School Reform and Adult Education
6. Cheryl Collins, RI Parent Information Network
7. Regina Connor, Office of Rehabilitation Services
8. Kathleen Cross, James L. Maher Center (Early Intervention)
9. Virginia daMota, RI Department of Education, Office of Integrated Social Services
10. Mary Genco
11. Diane Kriner, EI Parent Consultant
12. Beverly O'Keefe, Family Resource Partnership, URI
13. Judy Saccardo, Director, RI Technical Assistance Project
14. Paul Sherlock, Higher Education, Legislature
15. Susanne Williams, Pawtucket School Department
16. John Young, RI Department of Human Services
17. Henryce Zannini, Department of Health, Early Intervention Services

Background:

On July 12, 2001, the RI CIMP Steering Committee met. The outcomes established for this meeting were:

1. Participants will have an understanding of the Continuous Improvement Monitoring Process
2. Participants will have an understanding of the Self-Assessment Process Work Plan

3. The CIMP Core Team will have Steering Committee input re:

- How to keep a broad range of constituents informed about/involved in the process
- Potential data/information sources
- Cluster Committee Membership

4. Participants will be aware of next steps.

The meeting was opened by Steering Committee Co-Chair, Natalie Herbermann and facilitated by Peggy Hayden. The following summarizes meeting discussion and decisions.

Continuous Improvement Monitoring Process (CIMP) Overview

Tom DiPaola, RI Department of Education, Office of Special Needs (OSN), David Hamel, Department of Health, Early Intervention (EI) and Lucy Ely Pagan, Northeast Regional Resource Center (NERRC)

Tom DiPaola and Dave Hamel provided an overview of the Continuous Improvement Monitoring Process (CIMP) using materials provided behind TAB 2 of the Steering Committee notebook. Their respective agencies are responsible for implementation of the Individuals with Disabilities Education Act (Act) that will be the subject of the CIMP. That is, the RI Department of Education is responsible for IDEA, Part B (special education) which addresses children and youth with disabilities ages birth to twenty-one. The RI Department of Health is responsible for IDEA, Part C (early intervention) which addresses infants and toddlers with disabilities ages birth to three and their families. Given their roles in their respective agencies, they will serve as co-leaders of the Core Team that will coordinate the logistics of the CIMP.

Lucy Ely Pagan reviewed the various supports with NERRC can make available to this process. Lucy is a member of the Core Team.

Self-Assessment Process Work Plan including Review of Steering Committee Notebook; Roles of the Core Team, Steering and Cluster Committees; Ground Rules; Tasks and Timelines

Peggy Hayden

Peggy Hayden provided Steering Committee members with an orientation to their roles and responsibilities by reviewing various materials in the Steering Committee Notebook. Those unable to attend the meeting are strongly encouraged to review this notebook prior to attending the August 22 meeting.

Steering Committee Input re: Public Input - Strategies for keeping a broad range of constituents informed about/involved in the process

Facilitated by Natalie Heberman

The Steering Committee responded to the following issues.

What will YOU do as individual Steering Committee members?
What can be done from the State level?

The attached handout, RI Continuous Improvement Monitoring Process (CIMP) Public Input Strategies, summarizes suggested strategies generated by small groups. Individual Steering Committee members will follow-through as needed. The Core Team will also review these recommendations at an upcoming meeting and determine appropriate next steps.

Providing input for Cluster Committees

Facilitated by Peggy Hayden

Steering Committee members reviewed the tentative listings for Cluster Committee membership and made recommendations for additions and changes. Some members indicated that they would like to check with people they would like to recommend first. They were asked to submit Cluster Committee nominees with their contact information to Tom DiPaola or Dave Hamel no later than the end of July.

Plans for Next Meetings (mark your calendars)

When: August 22, 2001, 8:30-3:00 (Continental Breakfast will be available)
Where: Crowne Plaza at the Crossings, Warwick

Other Steering Committee Meeting Plans

- September 14, 2001, 8:30-3:00, Radisson-Airport
- November 16, 2001, 8:30-3:00, Radisson-Airport

Next Steps:

1. *Steering Committee and Cluster Committee Homework* - ALL members will prepare for the August 22 Steering Committee by using the Indicator/Data Source Review Form - light yellow form behind TAB 4 in the CIMP Steering Committee notebook to review and comment on the indicators and data sources for *his/her Cluster Committee*. Members are to bring the original and 1 copy to the August 22 Steering Committee (you will turn in your copy to staff at this meeting). Activities for August 22 will assume that you have completed this assignment and are prepared to work in your Cluster Committee to make decisions on indicators.
2. Representatives of the *Core Team* will attend an OSEP session on the Continuous Improvement Monitoring Process in Atlanta later this month.
3. *Individual Steering Committee members* will submit additional Cluster Committee nominees with their contact information to Tom DiPaola or Dave Hamel no later than the end of July.
4. The *Core Team* will use Steering Committee input to finalize and recruit Cluster Committee membership.

5. The *Core Team* will provide orientation for Cluster Committee Facilitators and State Staff Data Coordinators/Recorders on August 6, 9:00-Noon, RIDE, Room 242.
6. The *Core Team* will review Steering Committee input re: keeping a broad range of constituents informed about/involved in the process and determine appropriate next steps.
7. The *Core Team* will review session evaluation results and determine appropriate next steps.
8. *Individual Steering Committee members* will follow-through with their constituencies as appropriate to provide them information about the CIMP and to gather their input (see attached handout, RI Continuous Improvement Monitoring Process (CIMP) Public Input Strategies
9. *Steering Committee members unable to attend the July 12 meeting* are strongly encouraged to review the Steering Committee notebook prior to attending the August 22 meeting.

Session Evaluation and Wrap-up

The meeting concluded with session evaluation and closing remarks from Tom DiPaola and Dave Hamel. Following the meeting, session evaluation were reviewed by the Core Team to assist them in planning for the next session.

RI Continuous Improvement Monitoring Process (CIMP) Steering Committee September 14, 2001 Minutes

Participants:

1. Tony Antosh, University Affiliated Program, RI College
2. Leann Archibald, Family Services, Parent Consultant
3. Lee-Ann Beaupre, Family Services Intervention
4. Cathy Boudreau, Parent Support Network
5. Barbara Burgess, RI Department of Education, Office of Integrated Social Services
6. Pamela Chatenay-LaPointe, RI Special Education Advisory Committee
7. Cheryl Collins, RI Parent Information Network
8. Regina Connor, Office of Rehabilitation Services
9. Sue Constable, RI Department of Education, Office of Special Needs
10. Kathleen Cross, James L. Maher Center (Early Intervention)
11. Sue Curley, Department of Health, Early Intervention
12. Virginia daMota, RI Department of Education, Office of Integrated Social Services
13. Dick Dickson, RI College, Children with Disabilities Study Group
14. Tom DiPaola, RI Department of Education, Office of Special Needs
15. Lina Donley-DuPont - Trudeau Center, Early Intervention Parent Consultant
16. Joe Gaudiosi, RI Department of Education, Office of Teacher Preparation and Certification
17. Mary Genco, Parent
18. John Golden, RI Association of School Principals
19. Barrie Grossi, RI Department of Education, Office of Special Needs
20. Dave Hamel, RI Department of Health, Early Intervention Services
21. Jennifer Hanley, Interagency Coordinating Council Parent, Council for Exceptional Children (CEC) Representative for RI
22. Mark Hawk, Special Education Director, Westerly and Association of RI Administrators of Special Education
23. Peggy Hayden, Steering Committee Facilitator
24. James Healey, RI Arc
25. Colleen Hedden, Department of Children Youth and Families
26. Natalie Herbermann, RI Special Education Advisory Committee Chair and CIMP Steering Committee Co-Chair
27. Janet Hirsch, University of RI, Medical Community, Former ICC Member
28. Stephanie Horridge, MH/RH, Division of Developmental Disabilities
29. David Kane, RI Technical Assistant Project
30. Jane Keane, RI Department of Education, Office of Special Needs
31. Sharon Kernan, Department of Human Services, Medicaid
32. Dorothy McDonough, Chairperson, Cranston, Special Education Parent Advisory Board
33. Michelle Murray, Parent & Family Services & Support Coordinator
34. Mary Nugent, Head Start and Early Head Start Director, ICC Member
35. Beverly O'Keefe, Family Resource Partnership, URI
36. Lucy Ely Pagan, Northeast Regional Resources Center (NERRC)

37. Laura Peterson, Parent, Speech-Language Pathologist, Certified Auditory-Verbal Therapist, Certified Teacher of Children with Hearing Loss, RI AG Bell Association for the Deaf
38. Sally Radford, RI Department of Education, Office of Special Needs
39. Barbara Ridings, Office of Rehabilitation Services
40. Christine Robin, Department of Health, Early Intervention
41. Claire Rosenbaum, University Affiliated Program, Parent
42. Judy Saccardo, Director, RI Technical Assistance Project
43. Ruth Schennum, CEDARR
44. David Sienko, RI Department of Education, Office of Special Needs
45. Kelly Simmons, RI Parent Information Network
46. Ken Swanson, Providence School Department
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48. Dawn Wardyga, Interagency Coordinating Council Chair and CIMP Steering Committee Co-Chair
49. Leslie Weiderman, Groden Center, Early Intervention
50. Susan Wood, RI Department of Education, Office of Special Needs, Assigned as
51. Ina Woolman, RI Department of Education, Office of Special Needs
52. John Young, RI Department of Human Services
53. Neil Young, Department of Health, Early Intervention Services
54. Henryce Zannini, Department of Health, Early Intervention Services

Cluster Committee Members NOT on Steering Committee Attending:

1. Jeanne Behie, RI Parent Information Network
2. Sue Dell, Higher Education, University Affiliated Program
3. Lynn Demerchant, Education Surrogate Parent Program, Office of the Child Advocate
4. Walter Harper, Minority Health Promotions, Urban League of RI
5. Susan Healy-Mills, Special Education Teacher, East Bay TAC
6. Ellen Kurtzer White, Early Hearing Detection and Intervention
7. John Magner, Director of Special Education (NWSER)
8. Mary Lynne Miller, Special Education Teacher, Northern RI Diverse Learning Needs Team, Parent of LD Child
9. Ralph Orleck, Special Education Director, Adult Corrections
10. Vicki Phelps, Special Education Director, Davies Career and Tech
11. Lynn Pollock, EI Parent Consultant
12. Nancy Ryan, Even Start Family Literacy Director
13. Judy Semonoff, URI Family Resources Partnership
14. Susan Vandal, Parent
15. Alice Woods, Regional Transition Center

Others Attending:

1. Lesa Andreasen, Cluster Committee Facilitator - General Supervision
2. Mary Carter, Cluster Committee Facilitator - Transition
3. Lisa Conlan, Cluster Committee Facilitator - Inclusion
4. Ann Marie Dubuque, Cluster Committee Facilitator - Transition
5. Marie Fontaine, Cluster Committee Facilitator - Comprehensive Public Awareness/Child Find
6. Les Hemmings, Cluster Committee Facilitator - Family Involvement

7. Paula Milano, Cluster Committee Facilitator - Inclusion
8. David Sienko, RI Department of Education, Office of Special Needs, Cluster Committee Data Coordinator - Transition
9. Cathy Schulbaum, RI Department of Education, Office of Special Needs, Cluster Committee Data Coordinator - Inclusion
10. Maureen Whelan, Early Childhood Transition Coordinator, Cluster Committee Data Coordinator - Transition

Steering Committee Members Unable to Attend:

1. Alba Baldera, Project Hope/Projecto Esperanza
2. Dennis Cheek, Office of Research, High School Reform and Adult Education
3. Teresa DeBoise, Children's Friend and Service (Early Intervention and Early Head Start Provider)
4. Deborah Garneau, RI Department of Health, Early Intervention Services
5. Janet Iovino, University Affiliated Program, RI College, Parent, Interagency Coordinating Council
6. Mary Jane Johnson, Family Guidance Early Intervention Program, RI School for the Deaf
7. James Karon, RI Department of Education, Office of Assessment
8. Joseph Le, Southeast Asian Community
9. Carlos Lopez, Project Hope/Projecto Esperanza
10. Sue Lusi, RI Department of Education, Assistant Commissioner (Support Services)
11. Pamela McLaughlin, Interagency Coordinating Council Parent
12. Linda McMullen, Family Resource Community Action, Woonsocket, ICC Parent and Parent Consultant
13. Cynthia Montero, EI Parent Consultant at Meeting Street
14. Beth Pinkham, PARI Independent Living Center
15. Lisa Schaffran, RI Parent Information Network
16. Jerome Schaffran, University of Rhode Island
17. Paul Sherlock, Higher Education, Legislature
18. Dan Thompson, MHRH, Division of Mental Health Services
19. Ernie Van Deusen, Meeting Street/Early Intervention, Parent, School Administrator
20. Iraida Williams, University Affiliated Program, RI College, Parent, ICC Member
21. Susanne Williams, Pawtucket School Department
22. Jennifer Wood, RIDE Chief Legal Counsel

Cluster Committee Members NOT on Steering Committee Unable to Attend:

1. Blythe Berger, EI Services
2. Patty Morris, EI Parent Consultant
3. Steve Pereira, Director of Special Education
4. Lynn Pinochel
5. Debbie Spaziano, RI Parent Information Network (RIPIN)
6. Rosa Torres, EI Parent Consultant

Background:

On September 14, 2001, the RI CIMP Steering Committee met. The outcomes established for this meeting were that the Steering Committee and related participants will:

1. have an awareness of the confirmed indicators,
2. initiate data analysis, and
3. have a plan for next steps so that the Cluster Committee reports can be completed by Oct. 12.

The meeting was opened by the Steering Committee Co-Chairs, Natalie Herberman and Dawn Wardyga and facilitated by Peggy Hayden. Judy Saccardo asked participants to share pictures that can be used in the report.

Public Input Strategies

Jane Keane provided information on public input strategies being coordinated by the Core Team including 4 public input sessions that will be co-sponsored by the Interagency Coordinating Council and the Special Education Advisory Committee. Public input will be used to validate the quantitative and qualitative data analyzed through the self-assessment process. She reported that a very positive session was held on September 13 with the Minority Representatives Leadership Organization. She noted that the public can also provide input via a phone line and over the RIDE website. They are already receiving input through these means. She encouraged participants to gather input from their respective constituencies and to transmit this information to Susan Wood by September 28.

Cluster Committee Status Reports

The day was devoted to Cluster Committee meetings. At the end of the day, the following Cluster Committees reported that they had completed their data analysis except for follow-up faxes/emails for some specific tasks:

1. Transition - Early Childhood
2. Transition - Secondary
3. Inclusion - Early Intervention Services in Natural Environments
4. Family Involvement - Family-Centered Services and Parent Involvement

These Cluster Committees have set follow-up meeting dates to complete their assignments:

1. General Supervision
2. Inclusion - Free Appropriate Public Education in the Least Restrictive Environment
3. Comprehensive Public Awareness/Child Find

The facilitators and state data coordinators assigned to these committees will be in touch with their respective committees re: next steps.

Plans for Next Steering Committee Meeting (mark your calendars)

When: November 16, 2001, 8:30-3:00 (Continental Breakfast will be available)
Where: Radisson Airport, Warwick
Who: Steering Committee, Cluster Committee Members including those not on the Steering Committee, Facilitators, State Data Coordinators
Why: The Steering Committee and Related Participants will have:

1. an identification of major self-assessment themes;
2. linkage of public input themes to self-assessment themes, noting discrepancies as appropriate;
3. confirmation of next steps that will lead to report submission and the initiation of improvement planning.

Next Steps:

1. The *Core Team* will review session evaluation results and determine appropriate next steps.

2. *Individual Steering Committee members* will follow-through with their constituencies as appropriate to provide them information about the CIMP and to gather their input, transmitting input received to Susan Wood by September 28...

3. By October 12, the *State Data Coordinators assigned to each Cluster Committee* will submit finalized Committee reports to Susan Wood.

4. The week of October 15, *Susan Wood* will send to the Steering Committee and Cluster Committee Members including those not on the Steering Committee (with copies to Facilitators and State Data Coordinators) copies of the Cluster Committee reports along with a "*Building Consensus Form*" for them to *complete and return to Susan by October 26*.

5. The *Executive Committee* will meet:

   - *When*: 9:00-Noon on Wednesday, October 31
   - *Where*: RI Department of Education/Shepard Building, Room to be determined.
   - *Why:*
   - review reports from the Cluster Committees AND written input from the Steering Committee members re: changes they would like to see via their "building consensus forms"
   - make decisions on needed changes to finalize these Cluster Committee reports.
   - *Who Will Attend:* Executive Committee, Data Coordinators, Core Team Members

Session Evaluation and Wrap-up

The meeting concluded with session evaluation and closing remarks from Dave Hamel, Natalie Herberman and Dawn Wardyga. Following the meeting, session evaluation were reviewed by the Core Team to assist them in planning for the next session.

RI Continuous Improvement Monitoring Process (CIMP) Steering Committee November 16, 2001 Minutes

Participants:

1. Tony Antosh, University Affiliated Program, RI College
2. Leann Archibald, Family Services, Parent Consultant
3. Lee-Ann Beaupre, Family Services Intervention
4. Barbara Burgess, RI Department of Education, Office of Integrated Social Services
5. Cheryl Collins, RI Parent Information Network
6. Regina Connor, Office of Rehabilitation Services
7. Sue Curley, Department of Health, Early Intervention
8. Dick Dickson, RI College, Children with Disabilities Study Group
9. Tom DiPaola, RI Department of Education, Office of Special Needs
10. Lina Donley-DuPont - Trudeau Center, Early Intervention Parent Consultant
11. Joe Gaudiosi, RI Department of Education, Office of Teacher Preparation and Certification
12. Mary Genco, Parent
13. Barrie Grossi, RI Department of Education, Office of Special Needs
14. Dave Hamel, RI Department of Health, Early Intervention Services
15. Jennifer Hanley, Interagency Coordinating Council Parent, Council for Exceptional Children (CEC) Representative for RI
16. Mark Hawk, Special Education Director, Westerly and Association of RI Administrators of Special Education
17. Peggy Hayden, Steering Committee Facilitator
18. Colleen Hedden, Department of Children Youth and Families
19. Natalie Herbermann, RI Special Education Advisory Committee Chair and CIMP Steering Committee Co-Chair
20. Janet Hirsch, University of RI, Medical Community, Former ICC Member
21. Stephanie Horridge, MH/RH, Division of Developmental Disabilities
22. Janet Iovino, University Affiliated Program, RI College, Parent, Interagency Coordinating Council
23. Jane Keane, RI Department of Education, Office of Special Needs
24. Sharon Kernan, Department of Human Services, Medicaid
25. Dorothy McDonough, Chairperson, Cranston, Special Education Parent Advisory Board
26. Michelle Murray, Parent & Family Services & Support Coordinator
27. Lucy Ely Pagan, Northeast Regional Resources Center (NERRC)
28. Laura Peterson, Parent, Speech-Language Pathologist, Certified Auditory-Verbal Therapist, Certified Teacher of Children with Hearing Loss, RI AG Bell Association for the Deaf
29. Sally Radford, RI Department of Education, Office of Special Needs
30. Barbara Ridings, Office of Rehabilitation Services
31. Christine Robin, Department of Health, Early Intervention
32. Claire Rosenbaum, University Affiliated Program, Parent
33. Judy Saccardo, Director, RI Technical Assistance Project
34. Lisa Schaffran, RI Parent Information Network
35. Ruth Schennum, CEDARR

36. Judy Semonoff, University of Rhode Island (representing Jerome Schaffran)
37. Paul Sherlock, Higher Education, Legislature
38. David Sienko, RI Department of Education, Office of Special Needs
39. Monique Stanley, Parent Support Network
40. Sharon Terzian, UAP of RI, EI parent, RI Special Education Advisory Committee
41. Ernie Van Deusen, Meeting Street/Early Intervention, Parent, School Administrator
42. Leslie Weiderman, Groden Center, Early Intervention
43. Jennifer Wood, RIDE Chief Legal Counsel
44. Susan Wood, RI Department of Education, Office of Special Needs, Assigned as
45. Neil Young, Department of Health, Early Intervention Services
46. Henryce Zannini, Department of Health, Early Intervention Services

Cluster Committee Members NOT on Steering Committee Attending:

1. Lynn Demerchant, Education Surrogate Parent Program, Office of the Child Advocate
2. Susan Healy-Mills, Special Education Teacher, East Bay TAC
3. Ellen Kurtzer White, Early Hearing Detection and Intervention
4. Mary Lynne Miller, Special Education Teacher, Northern RI Diverse Learning Needs Team, Parent of LD Child
5. Ralph Orleck, Special Education Director, Adult Corrections
6. Susan Vandal, Parent
7. Alice Woods, Regional Transition Center

Others Attending:

1. Lesa Andreasen, Cluster Committee Facilitator - General Supervision
2. Mary Carter, Cluster Committee Facilitator - Transition
3. Lisa Conlan, Cluster Committee Facilitator - Inclusion
4. Ann Marie Dubuque, Cluster Committee Facilitator - Transition
5. Marie Fontaine, Cluster Committee Facilitator - Comprehensive Public Awareness/Child Find
6. Les Hemmings, Cluster Committee Facilitator - Family Involvement
7. Paula Milano, Cluster Committee Facilitator - Inclusion
8. David Sienko, RI Department of Education, Office of Special Needs, Cluster Committee Data Coordinator - Transition
9. Cathy Schulbaum, RI Department of Education, Office of Special Needs, Cluster Committee Data Coordinator - Inclusion
10. Maureen Whelan, Early Childhood Transition Coordinator, Cluster Committee Data Coordinator - Transition

Steering Committee Members Unable to Attend:

1. Alba Baldera, Project Hope/Projecto Esperanza
2. Pamela Chatenay-LaPointe, RI Special Education Advisory Committee
3. Dennis Cheek, Office of Research, High School Reform and Adult Education
4. Sue Constable, RI Department of Education, Office of Special Needs

5. Kathleen Cross, James L. Maher Center (Early Intervention)
6. Virginia daMota, RI Department of Education, Office of Integrated Social Services
7. Teresa DeBoise, Children's Friend and Service (Early Intervention and Early Head Start Provider)
8. Deborah Garneau, RI Department of Health, Early Intervention Services
9. John Golden, RI Association of School Principals
10. James Healey, RI Arc
11. Mary Jane Johnson, Family Guidance Early Intervention Program, RI School for the Deaf
12. David Kane, RI Technical Assistant Project
13. James Karon, RI Department of Education, Office of Assessment
14. Joseph Le, Southeast Asian Community
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28. Susanne Williams, Pawtucket School Department
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30. John Young, RI Department of Human Services

Cluster Committee Members NOT on Steering Committee Unable to Attend:

1. Jeanne Behie, RI Parent Information Network
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4. Walter Harper, Minority Health Promotions, Urban League of RI
5. John Magner, Director of Special Education (NWSER)
6. Patty Morris, EI Parent Consultant
7. Steve Pereira, Director of Special Education
8. Vicki Phelps, Special Education Director, Davies Career and Tech
9. Lynn Pinochel
10. Lynn Pollock, EI Parent Consultant
11. Nancy Ryan, Even Start Family Literacy Director
12. Debbie Spaziano, RI Parent Information Network (RIPIN)
13. Rosa Torres, EI Parent Consultant

Background:

On November 16, 2001, the RI CIMP Steering Committee met. The outcomes established for this meeting were:

- Information on the Improvement Planning Enhancement Grant;
- An identification of major themes re: strengths and concerns most supported by self-assessment data;
- An identification of major data needs resulting from the self-assessment that should be addressed in our ongoing self-assessment system for Data Driven Decision Making for Improvement Planning;
- Validation of self-assessment themes via linkage to public input;
- Confirmation of next steps leading to report submission and improvement planning, including a survey of people who would like to be on the Improvement Planning Advisory Committee; and
- A CELEBRATION of our accomplishments.

The meeting was opened by the Steering Committee Co-Chair, Natalie Herberman and facilitated by Peggy Hayden. Jane Keane provided an overview of the various public input that we have received. Cluster Committee assignments were reviewed. The following summarizes meeting discussion and decisions.

Information on the Improvement Planning Enhancement Grant

Tony Antosh announced that RI has received an Improvement Planning Enhancement Grant from OSEP of $ 227,000. It is a one year grant, starting November 1, 2001. OSEP reported that this was the highest rated grant of the competition. The grant title is: Data Driven Decision Making for Improvement Planning. The grant will:

- provide resources for staffing to go after information/data determined to be needed as a result of the self-assessment process
- help RI establish an ongoing self-assessment system integrated across agencies/service delivery systems to (1) address major data needs resulting from the CIMP Self-Assessment and the Children with Disabilities Study Interim Report, (2) identify outcome measures, and (3) design a system that includes effective strategies for the local collection and use of data.

The Data Needs identified in today's Steering Committee will be key information which will be used in designing our ongoing self-assessment system.

Completion of Self-Assessment Report

The Cluster Committees completed the self-assessment process producing the following for each of their Clusters:

1. Identification of major themes re: strengths and concerns most supported by self-assessment data
2. Identification of major data needs resulting from the self-assessment that should be addressed in our ongoing self-assessment system for Data Driven Decision Making for Improvement Planning
3. Validation of self-assessment themes via linkage to public input

This is attached to these minutes and will be reported in each of the Cluster sections of the final report of the CIMP Self-Assessment.

Next Steps

1. The report will be completed and submitted to OSEP by December 21, 2001. After the first of the year, the report will be sent to the full Steering Committee and Cluster Committees as well as other key stakeholders.
2. Tom DiPaola reviewed the direction for Improvement Planning, which has been developed by the Core Team and Executive Committee of the Steering Committee. He asked Steering Committee members to complete a form indicating whether or not they would be able to participate on the Improvement Planning Advisory Committee.

Session Evaluation and Wrap-up

The meeting concluded with session evaluation and closing remarks from Tom DiPaola and Dave Hamel. They thanked everyone for all of their hard work, expertise and dedication to this effort. Following the meeting, session evaluations were reviewed by the Core Team to assist them in planning for Improvement Planning.

RI Continuous Improvement Monitoring Process (CIMP) Steering Committee and Related Participants August 22, 2001 Minutes

Participants:

1. Tony Antosh, University Affiliated Program, RI College
2. Lee-Ann Beaupre, Family Services Early Intervention
3. Cathy Boudreau, Parent Support Network
4. Pamela Chatenay-LaPointe, RI Special Education Advisory Committee
5. Dennis Cheek, Office of Research, High School Reform and Adult Education
6. Sue Constable, RI Department of Education, Office of Special Needs
7. Sue Curley, Department of Health, Early Intervention
8. Virginia daMota, RI Department of Education, Office of Integrated Social Services
9. Tom DiPaola, RI Department of Education, Office of Special Needs
10. Lina Donley-DuPont - Trudeau Center, Early Intervention Parent Consultant
11. Joe Gaudiosi, RI Department of Education, Office of Teacher Preparation and Certification
12. Mary Genco, Parent
13. John Golden, RI Association of School Principals
14. Barrie Grossi, RI Department of Education, Office of Special Needs
15. Dave Hamel, RI Department of Health, Early Intervention Services
16. Jennifer Hanley, Interagency Coordinating Council Parent, Council for Exceptional Children (CEC) Representative for RI
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18. Colleen Hedden, Department of Children Youth and Families
19. Natalie Herbermann, RI Special Education Advisory Committee Chair and CIMP Steering Committee Co-Chair
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26. Sue Lusi, RI Department of Education, Assistant Commissioner (Support Services)
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28. Pamela McLaughlin, Interagency Coordinating Council Parent
29. Linda McMullen, Family Resource Community Action, Woonsocket, ICC Parent and Parent Consultant
30. Cynthia Montero, EI Parent Consultant at Meeting Street
31. Michelle Murray, Parent & Family Services & Support Coordinator
32. Beverly O'Keefe, Family Resource Partnership, URI
33. Lucy Ely Pagan, Northeast Regional Resources Center (NERRC)
34. Laura Peterson, Parent, Speech-Language Pathologist, Certified Auditory-Verbal Therapist, Certified Teacher of Children with Hearing Loss, RI AG Bell Association for the Deaf
35. Beth Pinkham, PARI Independent Living Center

36. Sally Radford, RI Department of Education, Office of Special Needs
37. Barbara Ridings, Office of Rehabilitation Services
38. Christine Robin, Department of Health, Early Intervention
39. Claire Rosenbaum, University Affiliated Program, Parent
40. Judy Saccardo, Director, RI Technical Assistance Project
41. Lisa Schaffran, RI Parent Information Network
42. Ruth Schennum, CEDARR
43. Paul Sherlock, Higher Education, Legislature
44. Kelly Simmons, RI Parent Information Network
45. Ken Swanson, Providence School Department
46. Sharon Terzian, UAP of RI, EI parent, RI Special Education Advisory Committee
47. Dan Thompson, MHRH, Division of Mental Health Services
48. Ernie Van Deusen, Meeting Street/Early Intervention, Parent, School Administrator
49. Dawn Wardyga, Interagency Coordinating Council Chair and CIMP Steering Committee Co-Chair
50. Leslie Weiderman, Groden Center, Early Intervention
51. Susanne Williams, Pawtucket School Department
52. Susan Wood, RI Department of Education, Office of Special Needs, Assigned as
53. Ina Woolman, RI Department of Education, Office of Special Needs
54. Neil Young, Department of Health, Early Intervention Services
55. Henryce Zannini, Department of Health, Early Intervention Services

Cluster Committee Members NOT on Steering Committee Attending:

1. Jeanne Behie, RI Parent Information Network
2. Susan Healy-Mills, Special Education Teacher, East Bay TAC
3. Ellen Kurtzer White, Early Hearing Detection and Intervention
4. John Magner, Director of Special Education (NWSER)
5. Mary Lynne Miller, Special Education Teacher, Northern RI Diverse Learning Needs Team, Parent of LD Child
6. Ralph Orleck, Special Education Director, Adult Corrections
7. Lynn Pollock, EI Parent Consultant
8. Nancy Ryan, Even Start Family Literacy Director
9. Susan Vandal, Parent
10. Alice Woods, Regional Transition Center

Others Attending:

1. Mary Carter, Cluster Committee Facilitator - Transition
2. Lisa Conlan, Cluster Committee Facilitator - Inclusion
3. Ann Marie Dubuque, Cluster Committee Facilitator - Transition
4. Marie Fontaine, Cluster Committee Facilitator - Comprehensive Public Awareness/Child Find
5. Les Hemmings, Cluster Committee Facilitator - Family Involvement
6. Paula Milano, Cluster Committee Facilitator - Inclusion
7. David Sienko, RI Department of Education, Office of Special Needs, Cluster Committee Data Coordinator - Transition

8. Cathy Schulbaum, RI Department of Education, Office of Special Needs, Cluster Committee Data Coordinator - Inclusion

Steering Committee Members Unable to Attend:

1. Leann Archibald, Family Services, Parent Consultant
2. Alba Baldera, Project Hope/Projecto Esperanza
3. Barbara Burgess, RI Department of Education, Office of Integrated Social Services
4. Cheryl Collins, RI Parent Information Network
5. Regina Connor, Office of Rehabilitation Services
6. Kathleen Cross, James L. Maher Center (Early Intervention)
7. Teresa DeBoise, Children's Friend and Service (Early Intervention and Early Head Start Provider)
8. Deborah Garneau, RI Department of Health, Early Intervention Services
9. Mark Hawk, Special Education Director, Westerly and Association of RI Administrators of Special Education
10. James Healey, RI Arc
11. Stephanie Horridge, MH/RH, Division of Developmental Disabilities
12. Mary Jane Johnson, Family Guidance Early Intervention Program, RI School for the Deaf
13. Joseph Le, Southeast Asian Community
14. Carlos Lopez, Project Hope/Projecto Esperanza
15. Mary Nugent, Head Start and Early Head Start Director, ICC Member
16. Barbara Ridings, Office of Rehabilitation Services
17. Jerome Schaffran, University of Rhode Island
18. Paul Sherlock, Higher Education, Legislature
19. Kelly Simmons, RI Parent Information Network
20. Ken Swanson, Providence School Department
21. Iraida Williams, University Affiliated Program, RI College, Parent, ICC Member
22. Jennifer Wood, RIDE Chief Legal Counsel
23. John Young, RI Department of Human Services

Cluster Committee Members NOT on Steering Committee Unable to Attend:

1. Blythe Berger, EI Services
2. Patty Morris, EI Parent Consultant
3. Steve Pereira, Director of Special Education
4. Lynn Pinochel
5. Debbie Spaziano, RI Parent Information Network (RIPIN)
6. Rosa Torres, EI Parent Consultant

Background:

On August 22, 2001, the RI CIMP Steering Committee met. This meeting was the outcome organizational meeting for the various Cluster Committees. Meeting outcomes were:

1. Steering and Cluster Committee members will have information on learnings from the Core Team's attending the OSEP meeting in Atlanta in July.
2. Cluster Committees will be organized, electing chair(s) and having work plans.
3. Cluster Committees will have completed confirmation of indicators - or will have plans to complete by August 31.
4. Cluster Committees will have initial identification of data sources/collection methods re: indicators.
5. Participants will be aware of next steps, including their homework in preparation for the next meeting.

The meeting was opened by the Steering Committee Co-Chairs, Natalie Herberman and Dawn Wardyga and facilitated by Peggy Hayden. The following summarizes meeting discussion and decisions.

Continuous Improvement Monitoring Process (CIMP) Update Based on Atlanta Meeting

- *CIMP Task Parameters* - Natalie Herbermann reviewed the task parameters that were developed as a result of both input from the 7/12/01 Steering Committee and learnings of the Core Team during the OSEP meeting in Atlanta in late July.
- *Public Input Strategies* - Lisa Schaffran and Jane Keane reviewed the Public Input Strategies that have been developed to ensure the involvement in this process of a broad array of stakeholders. Steering Committee members were encouraged to review the enclosed material in this regard. They were also asked to support the 4 public input group that will be held in the state and to use the public input group questions with their respective constituencies via group meetings, surveys, etc. The enclosed materials describe procedures and timelines for transmitting input received.
- *RI Performance Goals and Objectives Linkage to CIMP Indicators* - Tom DiPaola and Dave Hamel presented information on this topic. Cluster Committees were asked to ensure interface of these materials during their work on indicator confirmation.
- *Data Direction* - Susan Wood provided clarification on the identification and use of data/information sources in the self-assessment process.

Cluster Committee Meetings

Peggy Hayden provided a basic overview of the Cluster Committee task. The majority of the day was then spent in Cluster Committees working on getting organized as committees, confirming Cluster indicators and identifying data sources/collection methods re: indicators.

Cluster Committee Reports

Cluster Committees reported the status of their respective Committees. ALL Cluster Committees completed the assignment of indicator identification. The Data Coordinators for each Cluster Committee will circulate the minutes to their respective Committees.

Steering Committee Executive Committee

The Cluster Committee Chairs elected today will constitute the Steering Committee's Executive Committee. This Committee will meet as follows in September and October:

September Meeting
When: 1:00-3:00 on Friday, September 7.
Where: RI Department of Education/Shepard Building, Room to be determined
Why:

1. coming to consensus on the indicators proposed by the Cluster Committees including ensuring continuity across all of the Clusters and potentially the addition of other data sources. Your coming to agreement on the indicators will enable us to start the 9/14 Steering Committee meeting with confirmed indicators so that we can devote the 9/14 Steering Committee meeting to data analysis re: our strengths and concerns.
2. ensuring that RI performance goals for Part B and Part C have corresponding indicators in some manner (wording does not have to be the same).

What You Need To Do To Prepare: Materials (e.g., Cluster Committee Reports) will be provided to review in preparation for this meeting.
Who Will Attend: Executive Committee, Data Coordinators, Core Team Members
Who Will Facilitate: Tom DiPaola

October Meeting
When: 9:00-Noon on Wednesday, October 31
Where: RI Department of Education/Shepard Building, Room to be determined.
Why:

1. review final reports from the Cluster Committees AND written input from the Steering Committee members re: changes they would like to see
2. make decisions on needed changes in these Cluster Committee reports. Final changes recommended by the Executive Committee Meeting will be reviewed at the full Steering Committee when it meetings on November 16. We will seek their input re: the final report and next steps that will lead us to improvement planning.

What You Need To Do To Prepare: Materials (E.G., Cluster Committee Reports) will be provided to review in preparation for this meeting.
Who Will Attend: Executive Committee, Data Coordinators, Core Team Members
Who Will Facilitate: Peggy Hayden

Plans for Next Steering Committee Meeting (Mark Your Calendars)

When: September 14, 2001, 8:30-3:00 (Continental Breakfast will be available)
Where: Radisson Airport, Warwick
Why: Steering Committee members will:

1. have an awareness of the confirmed indicators,
2. initiate data analysis, and

3. have a plan for next steps so that Cluster Committee reports can be completed by October 12..

Other Steering Committee Meeting Plans

- November 16, 2001, 8:30-3:00, Radisson-Airport

Next Steps:

1. The *Data Coordinators* will transcribe and transmit to their respective committees the Cluster Committee minutes. They will also email their Cluster Committee Reports to Susan Wood. Susan will transmit these to the Executive Committee, all Data Coordinators and the Core Team.
2. The *Executive Committee* will meet on September 7 as described above to finalize the indicators.
3. *Individual Steering Committee members* who locate data/information needed for our task should bring this to their respective committee at the 9/14 meeting or if the data/information are applicable to multiple committees, provide to Susan Wood at RIDE by September 7 so that she can coordinate data use across relevant Cluster Committees.
4. *Data Coordinators* will meet with Susan Wood on September 11 at RIDE, 10:30 am -12:00 pm, to review responsibilities and troubleshoot questions prior to the next Steering Committee meeting.
5. The *Core Team* will review session evaluation results and determine appropriate next steps.
6. *Individual Steering Committee members* will follow-through with their constituencies as appropriate to provide them information about the CIMP and to gather their input (see attached handout, RI Continuous Improvement Monitoring Process (CIMP) Public Input Strategies.

Session Evaluation and Wrap-up

The meeting concluded with session evaluation and closing remarks from Tom DiPaola and Dave Hamel. Following the meeting, session evaluation were reviewed by the Core Team to assist them in planning for the next session.

BUILDING CONSENSUS FORM

Please use this form to explain additions, deletions or modifications you believe are needed for you to be able to "live with and publicly support" Cluster Committee reports. One form is provided for EACH Cluster Committee. Please make additional copies of these forms if necessary. **PRINT LEGIBLY IN DARK INK,** as we will copy these for Executive Committee review. **Please return by Friday, October 26 to Susan Wood**, Office of Special Needs, RI Department of Education (RIDE), 255 Westminster Street, Providence, RI 02903, Phone: 222-4600 Ext: 2309, Fax: 222-6030, E-mail: rid00870@ride.ri.net.

Cluster Committee: GENERAL SUPERVISION

Indicator #	STRENGTHS: Proposed Additions/Deletions/Modifications	CONCERNS: Proposed Additions/Deletions/Modifications	IDEAS for Improvement/ Maintenance Strategies

Person Completing Form:

Phone:

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Cluster Committee: Transition - Early Childhood

Indicator #	STRENGTHS: Proposed Additions/Deletions/Modifications	CONCERNS: Proposed Additions/Deletions/Modifications	IDEAS for Improvement/ Maintenance Strategies

Person Completing Form:
Phone:

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Cluster Committee: Transition – Secondary

Indicator #	STRENGTHS: Proposed Additions/Deletions/Modifications	CONCERNS: Proposed Additions/Deletions/Modifications	IDEAS for Improvement/ Maintenance Strategies

Person Completing Form:

Phone:

BUILDING CONSENSUS FORM

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Cluster Committee: Family Involvement (Family-Centered Services and Parent Involvement)

Indicator #	STRENGTHS: Proposed Additions/Deletions/Modifications	CONCERNS: Proposed Additions/Deletions/Modifications	IDEAS for Improvement/ Maintenance Strategies

Person Completing Form:

Phone:

BUILDING CONSENSUS FORM

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Cluster Committee: Inclusion - Early Intervention Services In Natural Environments

Indicator #	STRENGTHS: Proposed Additions/Deletions/Modifications	CONCERNS: Proposed Additions/Deletions/Modifications	IDEAS for Improvement/ Maintenance Strategies

Person Completing Form:

Phone:

BUILDING CONSENSUS FORM

Please use this form to explain additions, deletions or modifications you believe are needed for you to be able to "live with and publicly support" Cluster Committee reports. One form is provided for EACH Cluster Committee. Please make additional copies of these forms if necessary. **PRINT LEGIBLY IN DARK INK,** as we will copy these for Executive Committee review. **Please return by Friday, October 26 to Susan Wood**, Office of Special Needs, RI Department of Education (RIDE), 255 Westminster Street, Providence, RI 02903, Phone: 222-4600 Ext: 2309, Fax: 222-6030, E-mail: rid00870@ride.ri.net.

Cluster Committee: Inclusion - Free Appropriate Public Education In The Least Restrictive Environment

Indicator #	STRENGTHS: Proposed Additions/Deletions/Modifications	CONCERNS: Proposed Additions/Deletions/Modifications	IDEAS for Improvement/ Maintenance Strategies

Person Completing Form:

Phone:

BUILDING CONSENSUS FORM

Please use this form to explain additions, deletions or modifications you believe are needed for you to be able to "live with and publicly support" Cluster Committee reports. One form is provided for EACH Cluster Committee. Please make additional copies of these forms if necessary. **PRINT LEGIBLY IN DARK INK,** as we will copy these for Executive Committee review. **Please return by Friday, October 26 to Susan Wood**, Office of Special Needs, RI Department of Education (RIDE), 255 Westminster Street, Providence, RI 02903, Phone: 222-4600 Ext: 2309, Fax: 222-6030, E-mail: rid00870@ride.ri.net.

Cluster Committee: Comprehensive Public Awareness/Child Find

Indicator #	STRENGTHS: Proposed Additions/Deletions/Modifications	CONCERNS: Proposed Additions/Deletions/Modifications	IDEAS for Improvement/ Maintenance Strategies

Person Completing Form:

Phone:

Cluster Committee Report: Framing Questions for Cluster Committees in Carrying Out Their Work

Objective:

Indicator	Data/Information Sources	Data Analysis Strengths	Data Analysis Concerns	IDEAS for Improvement/ Maintenance Strategies
Component Statement: Ultimately, you are assessing the degree to which this component is being addressed. Analysis of the data for each indicator is intended to support you in doing that.				
1. Are federally suggested indicators adequate in # and scope to provide RI with information on IDEA implementation to support Improvement Planning at the conclusion of self-assessment? If not, what needs to be added or modified?(OSEP and other states STRONGLY recommend sticking to suggested indicators and focusing our limited time on data collection and analysis.) 2. For each indicator, discuss, what is this measuring? How does this indicator relate to the component and overall cluster objective? What are underlying assumptions made by this indicator?	1. Use data sources that are: • reliable • relevant to indicator • current • understandable 2. Use qualitative and quantitative date. Do not use anecdotal data. 3. Ensure we have enough data but remember... "More is NOT better. Focus on quality - not quantity". 4. If data are NOT available or are inadequate, identify a need for development of a mechanism for data collection and analysis as part of ideas for improvement/ management strategies.	As appropriate depending on the particular indicator, what do data tell us about RI strengths re: 1. Outcomes for children and families 2. State Systems Level Structures and Supports 3. Local/community Systems Level Structures and Supports 4. Personnel Issues: Recruitment, Training and Support 5. Implementation Procedures (e.g., how policies and procedures are actually being implemented)	As appropriate depending on the particular indicator, what do data tell us about RI concerns re: 1. Outcomes for children and families 2. State Systems Level Structures and Supports 3. Local/community Systems Level Structures and Supports 4. Personnel Issues: Recruitment, Training and Support 5. Implementation Procedures (e.g., how policies and procedures are actually being implemented)	*Our task is NOT to do improvement planning NOW.* Do not spend time you need for data analysis on discussing ideas for improvement planning. However, such ideas will inevitably emerge so use this column as a "parking lot". Some Cluster Committees may even have time to do initial brainstorming. This column of IDEAS for improvement/ maintenance strategies can serve as a "starting point" for improvement planning AFTER completion of self-assessment process.

RI Work Plan for RI Continuous Improvement Monitoring Process (CIMP) Self-Assessment

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- Core Team Tasks
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- Public Input & Other Activities

Self-Assessment Process Management Structure

Core Team

Composition	Role	Parameters & Ground Rules
1. Tom DiPaola, RIDE, Office of Special Needs (OSN) - Core Team Co-Leader 2. David Hamel, HEALTH, Early Intervention) - Core Team Co-Leader 3. David Kane, RI Technical Assistant Project- Will take point on ensuring Core Team communications with Part B staff 4. Lisa Schaffran, RIPIN 5. Dawn Wardyga, Part C ICC 6. Natalie Herberman, Part B State Special Education Advisory Committee 7. Susan Wood, RIDE, OSN - Part B Data Coordinator 8. Jennifer Wood, RIDE, OSN 9. Tony Antosh, UAP, Data Resource 10. Cheryl Collins, Coordinator, Parent Training & Information Center 11. Neil Young, HEALTH, Early Intervention 12. Hen Zannini, HEALTH, Early Intervention - Will take point on ensuring Core Team communications with EI staff 13. Judy Saccardo, RITAP Director - RITAP will produce the report document 14. Lucy Ely Pagan, NERRC 15. Peggy Hayden, Steering Committee Facilitator - Will take point on ensuring Core Team communications with Lucy.	Coordinate support for the self-assessment process.	1. Where will the report be "housed?" Susan Wood at RIDE, OSN will maintain the "original" of the report. She will provide an exact copy on an ongoing basis as it is update to Early Intervention. 2. What do we need to do to ensure effective communication with OSEP staff: Diane DiMeo, Part B; Jill Harris, Part C? Contact on a bi-monthly basis by Neil Young for Part C & Tom DiPaola, David Kane or RITAP for Part C. 3. Who will maintain documentation re: all of the various aspects of this process, e.g., correspondence, minutes, reports, mailing lists, public awareness materials, etc.? Both Early Intervention & OSN will maintain records for internal use & OSEP review as needed. 4. What is relationship between Steering Committee & Special Education Advisory Committee & ICC? - To be resolved in preparation for Improvement Planning. 5. What is a proposal we can give the Steering Committee re: process for updating self-assessment? - To be resolved via RI's new Improvement Planning Enhancement Grant. 6. Do we want to use the systems change model as a framework for questions for data analysis by Cluster Committees? - Based on Atlanta meeting, yes. 7. Impact of learnings in Atlanta - Established Task Parameters; finalized public input strategies; interfaced RI performance goals with indicators; established executive committee for Steering Committee

Steering Committee

Composition	Roles & Responsibilities
State Improvement Plan (SIP) Partners Group with additions as recommended by the Core Team to ensure it is representative of a broad range of constituents (see membership list) Co-Chairs • Dawn Wardyga, ICC Chair; Ph: 727-4144, x 58, Fax: 727-4040, email: familyvoices@ripin.org • Natalie Heberman, Special Education Advisory Committee Chair; Ph: 294-4581; email: herbermn@ride.ri.net State Liaisons • Tom DiPaola, RIDE, Office of Special Needs (OSN) (Part B) • David Hamel, HEALTH, Early Intervention (Part C) Facilitator - Peggy Hayden	1. Represent broad range of constituents in self-assessment process, including providing information to & gathering input from their respective constituencies 2. Provide overall direction for self-assessment process that analyzes how successful the State has been in achieving compliance & improving results for children with disabilities & their families 3. Provide direction to Cluster Committees, including approval of Cluster Committee recommendations for indicator additions 4. Provide direction to Cluster Committees, as requested, on location of data sources 5. Review reports from Cluster Committees & develop recommendations for final report to be submitted to OSEP NO LATER THAN DECEMBER 21, 2001 6. Following self-assessment, work with state agencies & OSEP re: (a) self-assessment validation, (b) reporting results to the public, & (c) state improvement plan development, implementation & evaluation including improvement plan verification & consequences 7. Decide on process for updating self-assessment.

Steering Committee Executive Committee of Cluster Committee Chairs:

Each Cluster Committee has 2 co-chairs, one representing Part C & one representing Part B. Cluster Committee Co-Chairs serve as the Executive Committee for the Steering Committee. The role of this Executive Committee is to synthesize & finalize recommendations coming from the Cluster Committees to ensure continuity across the Clusters.

Role:

1. Represent a broad range of constituents in the self-assessment process (Steering Committee members are requested to serve on Cluster Committees as feasible)
2. Provide content expertise related to cluster
3. Confirm indicators for self-assessment, adapting or adding to OSEP indicators as deemed appropriate
4. Identify data needed to verify indicators
5. Collect & analyze data
6. Develop a report resulting from data analysis including cluster, components, indicators, data sources examined, strengths, concerns & improvement/maintenance strategies

Cluster Committee	Leadership
Cluster: General Supervision *Scope & Color Code for Materials*: General Supervision (B & C) - gray	Chair(s): Lee-Ann Beaupre, General Supervision (C) - beauprele@familyserviceri.org & Dorothy McDonough, General Supervision (B) - dottimcd@aol.com Facilitator(s): Lisa Andreason State Staff Data Coordinators & Recorders: • David Kane (B); Ph: 222-4600 x 2314; email: ride1518@ride.ri.net • Susan Wood (B); Ph: 222-4600 x 2309; email: rid00870@ride.ri.net • Susan Curley (C), EI Client Services Coordinator, Ph: 222-4625, email: suec@doh.state.ri.us

Cluster Committee	Leadership
Cluster: Transition *Scope & Color Code for Materials*: • Early Childhood Transition (C/B) - blue • Secondary Transition (B) - lavender	Chair(s): Suzanne Williams, Transition (EC) - williamss@psdri.net & Claire Rosenbaum, Transition (2ndary) - (H) claire_rosenbaum@yahoo.com; (W): crosenbaum@ric.edu Facilitator(s): Ann Marie Dubuque & Mary Carter State Staff Data Coordinators & Recorders: • Chris Robin (EC - C), EI Quality Assurance Coordinator, Ph: 222-5956, email: chrisr@doh.state.ri.us • Maureen Whalen (New EI Transition Staff); Ph: 222-5956, ; email: • Barbara Burgess (EC - B); Ph: 222-4600 x 2363; email: bburgess@ride.ri.net • David Sienko (Secondary); Ph: 222-4600 x 2216; email: rid03249@ride.ri.net
Cluster: Family Involvement *Scope & Color Code for Materials*: • Family-Centered Services (C) - pink • Parent Involvement (B) - peach	Chair(s): Michelle Murray, Family Involvement (C) - mmmurray@lifespan.org & Cheryl Collins, Family Involvement (B) - jtta@home.com Facilitator(s): Les Hemmings State Staff Data Coordinators & Recorders: • Lisa Schaffran (C) , RIPIN; Ph: 727-4144, x 53; fax 727-4040; email: schaffran@ripin.org • Barrie Grossi (B); Ph: 222-4600 x 2312; email: bgrossi@ride.ri.net • Kim Carson (B); Ph: 222-4600 x 2336; email: rid03265@ride.ri.net

Cluster Committee	Leadership
Cluster: Inclusion *Scope & Color Code for Materials*: • Early Intervention in Natural Environments (C) - yellow • Free Appropriate Public Education (FAPE) in Least Restrictive Environments (LRE) (includes discipline) (B) - buff	Chair(s): Laura Peterson, Inclusion (C) - hearlaura@home.com & Mitzi Johnson, Inclusion (B) - psnofri@aol.com & najmah1127@home.com Facilitator(s): Lisa Conlan & Paula Milano State Staff Data Coordinators & Recorders: • Neil Young (C), EI Policy Coordinator, Ph: 222-5940, email: neily@doh.state.ri.us • Ina Woolman (B); Ph: 222-4600 x 2318; email: iwoolman@ride.ri.net • Cathy Schulbaum (B); Ph: 222-4600; email: ride0006@ri.net
Cluster: Comprehensive Public Awareness & Child Find *Scope & Color Code for Materials*: Comprehensive Public Awareness & Child Find (C & B) - green	Chair(s): Linda McMullen, Child Find (C) - guinness1152@aol.com & Sharon Terzian, Child Find (B) - sterzian@ric.edu Facilitator(s): Marie Fontaine State Staff Data Coordinators & Recorders (& their emails): • Henryce Zannini, EI Special Projects Coordinator, Ph: 222-5941, email: henz@doh.state.ri.us • Sally Radford (B); Ph: 222-4600 x 2315; email: sally@ride.ri.net

Tasks & Timelines

Timeline	Core Team Tasks	Steering Committee Tasks	Cluster Committee Tasks	Public Input & Other Activities
May 31 2001	Organizational Meeting			
June 2001	• June 13 Meeting • June 25 Meeting	• Steering Committee members recruited • Plans for Steering Committee Organizational Meeting Completed, including Notebook of Materials	Cluster Committee Membership Recommended & Recruitment initiated	• State Part B & C staff locate data for use by Cluster Committees
July 2001	• *July 12* after initial Steering Committee to debrief • Meet while at Atlanta meeting, July 23-24	*July 12, 2001 Meeting*: **CCRI - Lincoln Campus** • Overview of Continuous Improvement Monitoring Process (CIMP) • Explanation of Work Plan for Self-Assessment Process • Input on Cluster Committee Membership & Data Sources • Input on how to keep a broad range of constituents informed about/involved in the process *Other Tasks* • Steering Committee members provide information to/solicit input from their constituencies • Steering Committee members send data to Susan Wood	• Cluster Committee Membership confirmed	• RI team attends OSEP Monitoring Institute in Atlanta • 2 Public Input Sessions at the Summer Leadership Conference • State Part B & C staff locate data for use by Cluster Committees

Timeline	Core Team Tasks	Steering Committee Tasks	Cluster Committee Tasks	Public Input & Other Activities
August 2001	*Meeting Dates:* • *August 6*, Core Team meets with Cluster Committee Facilitators & State Staff Data Coordinators/Re-corders to orient them to their task • *August 20*, Core Team meets to debrief on Atlanta re: implications for our task. • *August 22*, Core Team debriefs following Steering Committee meeting	*August 22, 2001 , 8:30-3:00*: Crowne Plaza at the Crossings, Warwick • information on learnings from Core Team's attending OSEP meeting in Atlanta in July. • Cluster Committees organized, with Part B/C co-chairs & work plans. • Cluster Committees complete indicators - or have plans to complete by August 31. • Cluster Committees have initial identification of data sources/collection methods • Participants will be aware of next steps. *Other Tasks* • Steering Committee members provide information to/solicit input from constituencies • Steering Committee members send data to Susan Wood • Review August 22 minutes including Cluster Committee Reports.	*During August 22, 2001 Meeting*: • All Cluster Committees organized with a clear meeting schedule to complete tasks by mid-October, election of co-chairs • Review & confirm indicators to be examined (making additions or revisions as appropriate) • Identify data sources & data collection methods • Prepare report for Steering Committee meeting to present at end of day *Other Tasks* • Data collection as appropriate • Meet if needed to complete indicators. Must be completed by 8/31 & submitted by Cluster Committee's Data Coordinator to Susan Wood for sharing with Executive Committee of Steering Committee & Core Team to review for finalizing indicators prior to 9/14 meeting. (NOTE all indicators confirmed on 8/22.)	• During August, 4 Public Hearings conducted by the Governor's Commission on Disabilities. Information resulting from these sessions shared with Steering Committee.

Timeline	Core Team Tasks	Steering Committee Tasks	Cluster Committee Tasks	Public Input & Other Activities
Sept. 2001	• *September 7*, Core Team meets with Executive Committee (see final column) • *September 14*, Core Team meets to debrief following Steering Committee meeting	*September 14, 2001 Meeting, 8:30-3:00*: Radisson-Airport to • have an awareness of the confirmed indicators, • initiate data analysis, & • complete Cluster Report OR have a plan for next steps so that Cluster Committee reports can be completed by *October 12*. *Other Tasks* • Steering Committee members provide information to/solicit input from their constituencies • Steering Committee members send data to Susan Wood	*At September 14, 2001 Meeting:* • Data collection & analysis. • Complete Committee Report OR develop plan to do so by October 12. • Preparation of report to Steering Committee *Other Tasks* • Meet as needed to collect & analyze data & complete Cluster Report	1. *September 7*, Executive Committee, Core Team & Data Coordinators meet: • come to consensus on indicators proposed by Cluster Committees • ensure continuity across Clusters & add other data sources. • ensure RI performance goals for Part B & C have corresponding indicators 2. During September, more *public outreach*: • 3 Public Forums co-sponsored by Spec. Ed. Advisory Committee & ICC (9/19, 9/25, 9/26) • 2 sessions targeting underrepresented groups (1) leadership of community agencies serving diverse populations & (2) S.E. Asian community • Early Intervention Survey • Public input via phone line & internet

Timeline	Core Team Tasks	Steering Committee Tasks	Cluster Committee Tasks	Public Input & Other Activities
Oct. 2001	• *October 10*, Core Team & State Data Coordinators meet 1. awareness of Cluster Teams status 2. awareness of new Improvement Planning Enhancement Grant 3. awareness of status of public input 4. decision on CIMP report format & development strategies 5. tentative direction for improvement planning 6. next steps including direction for 11/16 • *October 31*, Core Team meets with Executive Committee (see final column)	• On *October 15*, Susan Wood sends Cluster Committee reports to Steering Committee with a "Building Consensus" form & request for input to be returned to her October 26. • Steering Committee members provide information to/solicit input from their constituencies as appropriate • *By* ***October 26***, Steering Committee members return "Building Consensus" form to Susan Wood.	• Meet as needed to collect & analyze data • Develop report resulting from data analysis including cluster, components, indicators, data sources examined, strengths, concerns & ideas for improvement/maintenance strategies • Each Cluster Committee State Staff Data Coordinator sends the report by Monday *October 12* to Susan Wood.	• *Oct. 1*, Public Forum co-sponsored by Special Education Advisory Committee & ICC • *Oct. 29*, input session with Center for Hispanic Policy & Advocacy • *Oct. 31*, 9-Noon at RIDE, Executive Committee, Core Team & Data Coordinators meets 1. review final Cluster Committee reports AND written input from Steering Committee members re: changes they would like to see 2. decide on final changes in Cluster reports. 3. recommend how to present ideas for future improvement planning in report 4. react to tentative direction for improvement planning to be initiated after the 1st of the year

Timeline	Core Team Tasks	Steering Committee Tasks	Cluster Committee Tasks	Public Input & Other Activities
Nov. 2001	• *November 16*, meet to debrief following Steering Committee meeting	*Week of November 12*, Steering Committee receives Cluster Committee reports finalized by Executive Committee & report of public input. *November 16, 2001 Meeting, 8:30-3:00*: Radisson-Airport • Information on Improvement Planning Enhancement Grant • Identification major themes re: strengths & concerns most supported by data • Identification of major data needs resulting from self-assessment to be addressed in our ongoing self-assessment system • Validation of self-assessment themes via linkage to public input • Confirmation of next steps for report submission & improvement planning, with survey of people to be on Improvement Planning Advisory Committee • CELEBRATION		• Report compiled by RITAP & sent to Steering Committee for review & comment

Timeline	Core Team Tasks	Steering Committee Tasks	Cluster Committee Tasks	Public Input & Other Activities
Dec. 2001	*Dec. 12* Core Team meets 1. CIMP Report Status 2. Improvement Planning Enhancement Grant 3. Set parameters for Improvement Planning • Membership for Improvement Planning Advisory Committee • Improvement Planning Advisory Committee Relationship to other groups (Spec. Ed. Advisory Committee, ICC, CSPD, local level, etc.) • Major tasks & timelines (fleshed out in consultation with OSEP & by Jan. Core Team) • Strategies to get OSEP input on improvement planning 4. Plan for next steps 5. CELEBRATE			• Report compiled by RITAP based on Steering Committee input & submitted to OSEP by 12/21/01.

Timeline	Core Team Tasks	Steering Committee Tasks	Cluster Committee Tasks	Public Input & Other Activities
January 2002	Core Team meets (TBD) to finalize tasks & timelines for Improvement Planning & initiate activities for putting Improvement Planning in place	• Receive a final copy of the self-assessment report		

RI CIMP Membership List
Steering Committee, Cluster Committee Members NOT on Steering Committee, Facilitators, and Data Coordinators

Name	Agency (if applicable) & Address	Phone, Fax, & E-mail	Constituency(ies) Representing	Cluster Committee
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APPENDIX C

Data Matrix

General Supervision

Data Source	Cluster Component(s)
School Support Manual This provides the overall framework as well as specific components and forms for the School Support System process.	GS-1a, GS1aa, GS-1c, Gs.1a., GS.1.b, GS.1.c, GS.1.d, GS.1.e, GS.1.g., GS.3., GS.4.
The last three School support Reports (school year 2001-2002). These districts are Barrington, Bristol Warren and Newport County.	GS-1a, GS1aa, GS-1c, Gs.1a., GS.1.b, GS.1.c, GS.1.d, GS.1.e, GS.1.g., GS.3., GS.4.
School Support System Reports Access Sheet. This brochure is designed to provide the community with information on the process, recent visits and how to access the reports as well as contact information for the educational specialists at the Rhode Island Department of Education	GS-1a, GS1aa, GS-1c, Gs.1a., GS.1.b, GS.1.c, GS.1.d, GS.1.e, GS.1.g., GS.3., GS.4.
School Support System: the Year in review. These brochures are designed to highlight districts visited during the previous school year.	GS-1a, GS1aa, GS-1c, Gs.1a., GS.1.b, GS.1.c, GS.1.d, GS.1.e, GS.1.g., GS.3., GS.4.
School Support System Overview. Power point presentation and handouts.	GS-1a, GS1aa, GS-1c, Gs.1a., GS.1.b, GS.1.c, GS.1.d, GS.1.e, GS.1.g., GS.3., GS.4.
Rhode Island's Reports on Due Process Hearings (year 2001)	GS.1, GS-1a, GS1aa, GS-1.b, GS-1.c., GS.1.e., GS.1.f., GS1.g., GS.3., GS.4.
Overview of Due Process Information (Part C)	GS.1, GS-1a, GS1aa, GS-1.b, GS-1.c., GS.1.e., GS.1.f., GS1.g., GS.3., GS.4.
Early Intervention Family Satisfaction Survey	GS1a
Number and Type of Early Intervention Services Personnel (table 5)	GS 5.a.
Addition Personnel Information Part C	GS5.a.
Sample Interagency Agreement	GS.2.a., GS.2.b., GS5.a.
Hehir Report (2000)	GS-1.c., GS.1.d
Special Education Census Reports	GS.1.d., GS.3.
Early Intervention Program Quality Assurance Review Process and Procedures	GS-1a, GS1aa, GS-1c, Gs.1a., GS.1.b, GS.1.c, GS.1.d, GS.1.e, GS.1.g., GS.3., GS.4.
Copy of IFSP	GS 1a
Copy of Statewide Procedural Safeguards Brochure (Part C)	GS 1aa
Six Month Follow-up to Hehir Report	GS. 1.d.
Rhode Island Special Education Advisory Committee Annual Report	GS-1a, GS1aa, GS-1c, Gs.1a., GS.1.b, GS.1.c, GS.1.d, GS.1.e, GS.1.g., GS.3., GS.4.
Rhode Island Parent Information Network Newsletters Parent Support Network Newsletters	GS-1a, GS1aa, GS-1c, Gs.1a., GS.1.b, GS.1.c, GS.1.d, GS.1.e, GS.1.g., GS.3., GS.4.
Interagency Agreements: Rhode Island School for the Deaf Department of Children Youth and Families Department of Human Services	GS-1a, GS1aa, GS-1c, Gs.1a., GS.1.b, GS.1.c, GS.1.d, GS.1.e, GS.1.g., GS.3., GS.4.

Transition - Early Childhood

Data Sources	Cluster Component(s)
arly Intervention State Regulations	C.BT.1a
Rhode Island Special Education Regulations	C.BT.1a
Interagency Agreement between Departments of Health and Education	C.BT.1a,1b
Interagency Agreement among Departments of Education, Health, Human Services and Head Start	C.BT.1a
Rhode Island General Law 42-72.5-2	C.BT.1a,1b
Confidentiality/Release of Information Policy	C.BT.1a
Guidelines for Recommended Activities and Timelines for Transitions in Rhode Island	C.BT.1a,1c
Early Intervention Management Information System (EIMIS)	C.BT.1a,1b,1c

Transition - Secondary

Data Sources	Cluster Component(s)
Information Works! Measuring Rhode Island Schools for Change, 2001 RIDE (pg. 31 and Cranston District Profile, pg. 7.00)	BT.1.a
2001 Rhode Island Kids Count Factbook High School Graduation Rate (pg. 104-105)	BT.1.a
IDEA Data (www.ideadata.org/tables/ar_ad3.htm) USDOE/OSEP/Data Analysis System - Number of Students Age 17-21+ Exiting Special Education with a Diploma During the 1998-99 School Year - Percentage of Students Ages 17-21+ Exiting Special Education with a Diploma Based on Number of Students Leaving School During the 1998-99 School Year	BT.1.a
Children with Disabilities Study The Drop-Out rate of Rhode Island Students with Disabilities By Richard L. Dickson & Crist H. Costa August 20, 2001	BT.1.b
IDEA Data (www.ideadata.org/tables/ar_ad3.htm) USDOE/OSEP/Data Analysis System - Percentage of Students Ages 14-21+ Dropping Out of Special Education based on the Number of Students Ages 14-21+ leaving School During the 1998-99 School Year Percentage of Students Ages 14-21+ Dropping Out of Special Education based on the Total Number of Students Ages 14-21+ Served Under IDEA During the 1998-99 School Year	BT.1.b
RITIE (RI Transition-Independence-Employment) DRAFT Longitudinal Transition Outcome Study September, 2001, University Affiliated Program, Rhode Island College	BT.1.c
RI Department of Human Services/Office of Rehabilitation Services Caseload Management System, 1/01	BT.1.c
2001 Rhode Island Kids Count Factbook Teens Not in School & Not Working (pg. 106-107)	BT.1.c
RI Office of Special Needs	BT.1.d

Data Sources	Cluster Component(s)
School Support System Student Record Review	
RI Office of Special Needs School Support System Student Interview Protocols	BT.1.d
RIDE Consolidated Resource Plan Part B Application (Section IV, item III)	BT.1.e
Progress Report of Programs Funded Through the RIDE-DHS/ORS Cooperative Agreement (4/1/96-12/31/98)	BT.1.e
RITIE (RI Transition-Independence-Employment) DRAFT Longitudinal Transition Outcome Study September, 2001, University Affiliated Program, Rhode Island College	BT.2.a
RI Office of Special Needs School Support System Student Record Review	BT.2.b

Family Involvement - Family-Centered Services

Data Sources	Cluster Component(s)
Early Intervention Welcome Packet Family Participation Policies	CF1.a.
Early Intervention Central Directory of Services	CF1.a.
Early Intervention (EI) Certification Standards E.I. Operational Standards, Draft – 9.2001	CF1.a.
Early Intervention Family Satisfaction Survey	CF1.a., CF1.b., CF1.c.
University of RI – Class HDF 298, Introduction to E.I. Agenda/Syllabus	CF1.a.
Contract with DOH and the RI Parent Information Network (RIPIN) for Parent Consultant and Central Directory Services	CF1.a.
E.I. Procedural Safeguards Brochure	CF1.a.
MOA's with E.I. and the LEA's and other community agencies (not all accessed as identified in the "data concerns").	CF1.a.
E.I. IFSP Form	CF1.b., CF1.c

Family Involvement - Parent Involvement (B)

Data Sources	Cluster Component(s)
Data from OSN Staff	B1 and B2
SALT Parent Responses 99-2000, 98-99, 97-98	
SEAC Yearly Reports	
CRP Guidance	
Research Connections	
School Support System Interview Forms Local Advisory Parent Interview	

Inclusion: Early Intervention Services in Natural Environments

Data Sources	Cluster Component(s)
Early Intervention Program for Infants and Toddlers with Disabilities Part C: Updates-1998	1,2
Rules and Regulations Pertaining to the Provision of Early Intervention Services for Infants and Toddlers with Disabilities and Their Families (R-23-13-EIS) State of Rhode Island and Providence Plantations Department of Health June 1993	1,2
Annual Report submitted by Interagency Coordinating Council of Rhode Island for Early Intervention Program for Infants and Toddlers with Disabilities and Their Families July 1999 to September 2000	1,2,3,4
Rhode Island Department of Health Early Intervention Information System Environment/Location Summary Report for Services Provided 01/10/00 to 12/31/00 Table 2: Report of Program Setting Where Early Intervention Services Are Provided to Infants and Toddlers with Disabilities and Their Families in Accordance with Part C December 2000	1,3,4
Job Descriptions: Early Interventionist; Service Coordinator I; Service Coordinator II; and Clinical Supervisor (Early Intervention System Certification Standards)	1,4
Early Intervention Program Certification Agreement	1,3,4
Service Guideline 2-Natural Environments Intervention guidance for service providers and Families –Connecticut April 1999	1,2,3,4
Natural Environments: Policy and Procedures 5/12/98	1,2,3,4
Early Intervention Family Satisfaction Survey Summer 2001	1,2,3,4
University of Rhode Island Family Resource Partnership HDF 298: Introduction to Early Intervention Training outlines and curriculum	1,2,3,4
Rhode Island Department of Health: Early Intervention Reimbursement Process Procedures	1,2,3,4

Inclusion - Free Appropriate Public Education in the Least Restrictive Environment

Data Sources	Cluster Component(s)
Biennial Progress Report	3a, 4a, b, c
Children with Disabilities Study (CDS)	1a, b, 2a, b
Office of Rehabilitative Services Data	2a
UAP Longitudinal Transition Outcome Study	5
Kids' Count (graduation rates)	2a
R.I. Regulations Re: Categories and Evaluations	1a, b
Medicaid Data Description	1c
Autism Spectrum Disorder Description	1c
Learning Disabilities Trends – State Data	1a
Speech/Language Information	1a, b
Behavioral Supports Information	3, 3c
Dual-Sensory Project Data	1c
At-Risk Supports Information	2d
Title I Participation	2d
SALT Reports	5
School Support System Reports	1a, b; 2c, d; 3a, b, c; 5, 5a, b
Consolidated Resource Plans (CRPS)	2d
Parent Center Data Collection	1c, 5
R.I. Special Education Census	2c, 5a
Federal Special Education Census	1a, b; 2a, b, c; 3b, 5b, c
State Assessment Accommodations Policies	4a
INFOWORKS Selections	2c, 3b 4a, b, d
State Assessment Results Interpretation	3b, 4
Kids Count Factbook	1b, 2d
Kids Count Issue Brief Series	2d
Learning Disabilities Identification Process	1a
Teacher Support Teams Reports	2d
Diverse Learning Needs Team Reports	5
R.I. State Improvement Plan	general

Comprehensive Public Awareness and Child Find

Data Sources	Cluster Component(s)
OSEP Annual Report Child Count tables 1999-2000	CC1
22nd Annual Report to Congress on the Implementation of IDEA, 2000 Dec 1, '98 tables, updated as of November 1, 1999 Data Analysis System (DANS) US Dept of Education, OSEP	CC1
Division of Family Health data reports Interview: EI and birth data for Calendar Year 2000 Report: Births by City/Town, 1995-1999	CC1

Data Sources	Cluster Component(s)
Maternal and Child Health Database Rhode Island Department of Health	
National Newborn Screening Report, 1996 (Selected tables) National Newborn Screening & Genetics Resource Center Austin, TX, Oct 2000	CC1
Rules and Regulations Pertaining to the Provision of Early Intervention Services for Infants and Toddlers with Disabilities and Their Families Rhode Island Department of Health, June 1993	CC1
Sample letters to Superintendents, May 4, 2001 Re: summary of KIDSNET information about children in each district about to reach their third birthday Author: William H. Hollinshead, MD, MPH Medical Director, Division of Family Health Rhode Island Department of Health	CC1 CC2
Child Outreach DRAFT Manuals Rhode Island Department of Education, 1994 Titles: *Introduction & Exchanging Information with Families* Screening Children's Development *Screening for Speech and Language* *Marketing* *Managing a Screening Session and Sample Floor Plans* *Sample Forms* (Local Examples) *for Implementing C.O.*	CC1 CC2
1997-98 Child Outreach Screening Data Report Office of Special Needs Rhode Island Department of Education	CC1
Interagency Agreement among Head Start and the Rhode Island Departments of Education, Health, and Human Services	CC1 CC2
Statistical Profile of Special Education, 1998-99 Rhode Island Department of Education, August 2001	CC1
Public Fall Enrollment by Race *and* Percentages of Race by Grade Excerpts, Special Education Census Rhode Island Department of Education, Fall, 2000	CC1 CC2
Local School District Consolidated Resource Plans Sample excerpts, Fiscal Year 2002	CC1 CC2
Draft, Executive Summary Rhode Island Children with Disabilities Study Interim Report, September 2001	CC1
Log of Publications Requested and Disseminated (September 2001 excerpt) Division of Family Health Rhode Island Department of Health	CC1
Family Health Hotline correspondence Rhode Island Department of Health	CC2
Early Intervention Family Satisfaction Survey Draft Results, August 14, 2001 Rhode Island Department of Health	CC2

APPENDIX D

PUBLIC INPUT RESULTS SUMMARY

Strategies for Public Input

As part of a comprehensive approach to the data collection activities of Rhode Island's Continuous Improvement Monitoring Process (CIMP), public input was solicited to validate quantitative and qualitative data, collected by the Steering Committee. Public input strategies were developed to engage a statewide response to the current system of delivery for early intervention and special education and related services under Part C and Part B of IDEA. Public response was generated through strategies that included forums, focus groups, community meetings, surveys and outreach to a broad array of constituencies. All public input events were staffed by representatives of the Part B and C partnership and facilitated by Steering Committee members and parents.

The following strategies were developed by the Steering Committee to inform and solicit input from a broad range of people concerning the Rhode Island Self-Assessment Process:

1. Rhode Island Summer Leadership Institute Input Sessions – Four focus groups were facilitated at the Rhode Island Leadership Institute held July 26 and 27, 2001. This annual statewide institute was attended by state and local agency staff, administrators and practitioners from special education and early intervention, families and family organizations, higher education, and various related agencies.

2. Public Input Solicited by Steering Committee Members - Steering Committee members were asked to solicit the input of ALL their constituencies, particularly, those that represented traditionally underrepresented populations.

3. Invitation for Public Comment Co-Sponsored by the State Special Education Advisory Committee and the Interagency Coordinating Council (ICC) - All were welcome to attend, but specific targets were early intervention services staff and families, public and private school administrators, staff and families, state and local special education advisory committees and advocacy organizations. These forums were co-facilitated by parents and professionals representing the Steering Committee and staffed by a state representative of the State Advisory Committee for Special Education (SAC) for Part B and the Interagency Coordinating Council (ICC) for Part C. An overview of the CIMP process was presented at each forum and a discussion was facilitated to engage both public and private response to specific questions linked to the various cluster areas of the Self-Assessment (see Discussion Questions in this Appendix). The forums were conducted in varied locations throughout the state.

    - RI School for the Deaf - 9/19/01
    - Portsmouth High School - 9/25/01
    - Exeter-West Greenwich High School - 9/26/01

- William Davies, Jr. Career and Technical High School - 10/1/01

A number of diverse community organizations were asked to participate in planning strategic approaches to outreach to culturally and linguistically diverse populations (see Community Outreach to Culturally and Linguistically Diverse Populations in this Appendix). This resulted in the following:

- Session with the Southeast Asian Community - 9/27/01
- Session with the Center for Hispanic Policy and Advocacy - 10/29/01

Continued outreach to diverse community organizations will follow the Self-Assessment process.

Unfortunately, the tragic events of September 11th impacted the public participation at these forums. Overall attendance was low and attendees had difficulty focusing on the topic, preferring to comment on the current events. Although the input gathered through this process was small, it validated a number of strengths and concerns identified by the Steering Committee.

4. Public Hearings Conducted by the Governor's Commission on Disabilities and Co-Sponsors – Four public hearings were facilitated during August 2001. A draft report on the concerns of people with disabilities and their families was prepared. Input from these hearings and draft report were accessed by the Steering Committee and incorporated with other public input.

5. Input via the Internet and Phone - The RIDE website included a means through which individuals could provide CIMP input. The RIDE also provided a dedicated phone line for taking input.

6. The Rhode Island Parent Information Network (RIPIN) Early Intervention Survey: RIPIN incorporated CIMP related questions into the Early Intervention (Family Satisfaction) Survey that they routinely include with their newsletter. 1367 such surveys were sent. 387 surveys were returned and 68 surveys were returned as undeliverable. A complete report of these results can be found in the Early Intervention Survey and Summary report located in this Appendix.

7. The Parent Support Network: The Parent Support Network of Rhode Island provided critical information to the public input process to ensure culturally diverse populations were engaged in the CIMP.

8. State Advisory Committee for Special Education and Interagency Coordinating Council Involvement in the CIMP - There was significant representation from these two advisory groups on the CIMP Core Team, Steering Committee, and Cluster Committees. Moreover, the Steering Committee was co-chaired by the chairs of the Rhode Island State Advisory Committee for Special Education and Interagency Coordinating Council. These two groups provided leadership for the public input group sessions (see above). Finally, they also shared information with/solicited information from their respective members for sharing with the Steering Committee.

9. News Releases/Mailings - A sample news release to raise awareness about the CIMP was developed and provided to Steering Committee members (see News Release in this Appendix). They were encouraged to use this news article in a mailing to their constituencies, on their websites and in newsletters and similar publications related to their constituencies. This news release was also distributed for publication to media in the state through the RIDE.

10. State Agency Information Dissemination - The Office of Special Needs, Department of Education, and Early Intervention Services, Department of Health included information as a regular part of routine mailings to their respective constituencies.

    Public input was used to identify themes to validate the quantitative and qualitative data collected by the Steering Committee through its Cluster Committees. Each of the Cluster Sections of this report contain charts that depict the degree to which Self-Assessment strengths and concerns were validated by public input.

Rhode Island Summer Leadership Institute Input Results

The first public input event took place at the Summer Leadership Institute, which was held July 26 and 27,2001. The Summer Leadership Institute is typically attended by over 200 participants representing, State and Local Officials, School Administrators, Educators, Child and Family Service providers, Family Organizations and Parents. This opportunity provided both a forum to present information regarding the CIMP to a broad constituency group and to gather initial information, which would assist the overall data collection. Four focus groups were facilitated to initiate the discussion, targeting the cluster areas and asking the questions as to what's working, and what's not working and what type of data should we identify and review to support our findings (see Appendix D Summer Leadership Institute). The following represent key *initial* comments identified through this *brainstorming* activity:

What's Working?

- Communities that have school committees that are aware of and support the planning and implementation of educational programs and services for students with exceptionalities.
- State and Local Special Education Advisory Committees supporting parent involvement.
- Inclusive educational practices where students feel that they are truly a part of the class.
- Collaboration of schools and adult agencies attending IEPs as part of transition planning for students with exceptionalities.
- Districts that facilitate "good outreach."

What's Not Working?

- Funding across districts is not equitable.
- Family-centered values not always supported in a meaningful way.
- Inclusive education without support to students and educators.
- Upon graduation, some students lose medical coverage and sometimes housing without appropriate referral for services.
- Outreach to culturally and linguistically diverse populations.

Participants suggested that the following data sources be gathered for Steering Committee review: Mediation Records, School Support Plans, Interagency Agreements, SALT Data, IEP and IFSP documents, the SAC, the LAC and the ICC meeting agendas and minutes, Graduation and Drop out rates, contact with Family Organizations, Professional Development opportunities, Info Works, CRPs and others.

These themes are incorporated as relevant to the Part B and Part C discussion questions that will follow.

Public Input as represented by Steering and Cluster Committee Membership

The Self-Assessment activities in Rhode Island were designed to maximize public input through the purposeful solicitation of membership on the Steering and Cluster committees. A total of 97 individuals representing, parents of infants, toddlers, and children and youth with disabilities, the Rhode Island Parent Information Network including the Parent Training and Information Center, Family Voices of Rhode Island and the Parent Consultant Program, the Parent Support Network, adults with disabilities, special and general educators, Early Intervention staff, staff from Head Start and childcare, the Rhode Island Departments of Education, Health, Mental Health, Retardation and Hospitals, Children, Youth and Families, and Human Services, the Rhode Island Technical Assistance Project, the University Affiliated Program, institutions of higher education, special education advisory committees, the State Interagency Coordinating Council for Early Intervention and traditionally underrepresented populations, and public and private agencies. These individuals participated in the overall information dissemination and data analysis in determining strengths, concerns and ideas to support the improvement-planning phase of this process. Their input is reflected in the eight cluster committee reports.

Discussion Questions and Form

In addition to the Early Intervention Survey, which addressed Part C questions, a Public Input Form incorporating OSEP suggestions for Part B and Part C questions was approved by the Steering Committee. A copy of this form is included as an attachment to this section. The form was voluntarily used in conjunction with the previously identified public input strategies. The form identified (1) the respondent, (2) the system being responding to, Part B and or Part C, (3) the strengths, concerns and suggested improvements in those systems and (4) five focus questions specific to the systems providing services and supports to infants and toddlers from birth through age 2 (Part C) and six focus questions specific to children from ages 3 through 21 (Part B). A total of 50 public input forms were received.

The respondents are identified below:

RESPONDENT	PART B	PART C	PARTS B/C	TOTAL
Parent	22	6	14	42
Administrator	2	1	4	7
Community Organization	0	0	1	1
Total Respondents	24	7	19	50

Summary of Strengths and Concerns from Public Input Forms

The collective comments of the 50 respondents were compiled. Individual comments were recorded and appear in the Public Input Chart, which follows this section. The following common themes relating to strengths and concerns were generated:

Strengths

- Services and Programs that promote inclusion: LRE options and natural learning opportunities.
- Services and programs that are created to address the individual learning styles and needs of children and students with disabilities.
- The importance of family involvement and participation.
- The transition from the Early Intervention system (Part C) to the Special Education System (Part B).

Concerns

- The current system of accountability and enforcement of federal and state regulations for both Part B and Part C educational programs and services for children and students with disabilities is not effective statewide.
- There is a need to provide professional development for families, administrators, and educators and support staff that meets the individual and collective educational needs of all involved with children and students with exceptionalities.
- Communication and information dissemination that is comprehensive, timely, culturally and linguistically appropriate, regarding all aspects of responsibility, services and supports is not always provided to parents, administrators and educators.
- Parental relationships, ideas and opinions regarding their children and students with disabilities are not always valued.

Summary of Part C Focused Questions from Public Input Forms

34 of the 50 Public Input Forms received addressed the five specific Part C questions. The respondents are identified below.

RESPONDENT	PART B	PART C	PARTS B/C	TOTAL
Parent		14	14	28
Administrator		1	4	5
Community Organization		0	1	1
Total Respondents		15	19	34

As previously mentioned, there were two sources of data collected for Part C Early Intervention, the Public Input Form and the Early Intervention (Family Satisfaction) Survey. **Comparisons from the Early Intervention Family Satisfaction Survey results are noted and included where applicable in the following summary of responses to the five specific Part C questions asked on the Public Input Form.*

1.)

a. Did you have any challenges or problems when you referred your child to the Early Intervention Program?

Collected comments suggest that there are few challenges, but the need for information and awareness exists.

** EI Survey - 95% of families said they were welcomed into the EI System in a friendly and timely manner.*

b. Any Challenges with your child's evaluation?

Themes in this area suggest that families need complete and unbiased information regarding their child in a timely fashion.

** EI Survey - 98% of families who answered the EI Survey said their EI evaluation/assessment was explained in an understandable way.*

2.)

a. Is your child and family receiving all of the EI services that are listed in the IFSP?

26 individuals responded to this question, 6 answered "yes", and 2 answered "no".

** EI Survey - 85% said that their child was receiving all of the services listed in the IFSP.*

b. Where is your child receiving EI services?

The majority listed Early Intervention Centers and a few listed community settings.

** EI Survey - 85% of families said that their child's services are being provided in natural environments.*

3.)

a. How have you been included and supported in decisions made about your child?

Parent Consultants play an important role in the support of families in Early Intervention. They assist families in gaining the knowledge and confidence to be equal partners in the decisions made regarding their child.

EI Survey - 91% of families said that they were/or for the most part actively involved in the development of their child's IFSP.

b. What family support services are available in your community?

4 out of 8 who answered this question did not know of the resources available in their own community, another sign that families need more information.

4.)

Did your transition planning help make sure that the supports and services were in place by your child's 3rd birthday?

Families indicated that the planning assisted in the transition, but better linkages between Parts B and C need to be in place so families don't get lost in the system.

5.)

Do you know how the Department of Health (DOH) is involved to make sure that your child and family receive all appropriate services?

Approximately half who answered did not know the role of the DOH. The others know that they existed and that there was a monitoring system in place. Comments that mirrored the EI Survey included extending the EI program to age 5.

Summary of Part B Focused Questions from Public Input Forms

43 of the 50 Public Input Forms received addressed the six specific Part B questions. The respondents are identified below:

RESPONDENT	PART B	PART C	PARTS B/C	TOTAL
Parent	22		14	36
Administrator			6	6
Community Organization			1	1
Total Respondents	22		21	43

The following results are a compilation of the information from the Public Input Forms and include **highlights of the Summer Leadership Institute and the Draft Report on the Concerns of People with Disabilities and their Families, the complete reports of which are included in the Appendix.*

1.) Are your children or the students you are working with receiving the educational supports and services they need?

28 out of 43 responded to this specific question
12 out of 28 respondents said no
12 out of 28 respondents said yes
4 out of 28 respondents said sometimes

Themes indicated a number of barriers to this outcome including the following:

- Systems approach to accountability
- Access to culturally and linguistically appropriate information for families
- Staffing credentials/district staffing needs
- Professional development
- Funding

**Similar themes were also noted through the focus groups held at the Summer Leadership Institute.*

2.) To what extent does your child or the student you are working with participate with their peers in the general education setting and are they receiving the same educational experiences as their peers?

28 out of 43 responded to this specific question
24 out of 28 respondents said yes
4 out of 28 respondents said no

Families indicated that their children are participating in all aspects of their education with their general education peers in a variety of program options and services. Additional findings that impact outcomes include:

- Continued professional development for both parents and educators
- Continued funding opportunities

- Creative approaches to non-traditional program options for exceptional circumstances

***Support of these findings was also noted under the LRE heading of the focus group discussions at the Summer Leadership Institute.*

3.) How is vocational and transition planning to ensure successful work experiences independent living and or continued education being provided to your child?

16 out of 43 responded to this specific question
12 out of 16 respondents said yes
4 out of 16 respondents said no

Though the respondents noted that their children were engaged in transition options, additional findings suggested that eligibility for and access to college preparatory courses and career technical programs often limit students with disabilities, challenging their opportunities to bridge school and adult life.

***This information correlates with the findings of the Draft Report on the Concerns of People with Disabilities and their Families and the Summer Leadership Institute focus group on transition.*

4.) **How are you involved in the education of you child?**

100% of Parents responded to this question and defined their involvement as follows:

- Daily communication with the teacher and support staff
- Frequent meetings with teachers and support staff
- Follow-up on all communication and information request
- Daily e-mail
- Constant research
- Participating in all opportunities for professional development
- 5 parents noted their membership on the Local Advisory Committee for Special Education

*** At the Summer Leadership Institute the focus group on Family Centered values and policies confirmed these findings.*

5.) How is the State Department of Education involved in assuring that the appropriate educational supports and services are being provided to your child?

26 out of 43 responded to this specific question
10 out of 26 respondents noted concepts of assurance
12 out of 26 respondents felt they didn't provide accountability overall
4 out of 26 respondents didn't know

***The overall theme of this question is the underlying belief that there is not an effective systemic approach of special education accountability from the classroom to the Local Education Agency (LEA) to the State Education Agency (SEA). These findings were also noted at the Summer Leadership Institute during the focus group on general supervision.*

6.) By your child's 3rd birthday does transition planning provide you with the support and direction you need in a timely manner to participate in your child's educational planning?

7 out of 43 responded to this specific question

This finding may be in indication that families didn't experience this process with their child.

***Comments from the Summer Leadership Institute stated that there were inconsistencies in transition from Early Intervention to Special Education.*

Community Outreach to Culturally and Linguistically Diverse Populations

In order to insure the input of culturally and linguistically diverse populations, a strategic planning meeting was held to create a comprehensive approach to engage public response. Community based meetings were facilitated to initiate the dialogue regarding the delivery of special education services and supports for children, students and their families. The most significant finding was the need to inform families regarding all aspects of the IDEA through culturally and linguistically appropriate approaches and services and systems access. In order to continue this critical dialogue and relationship building between the community agencies and the Departments of Health and Education, further shared opportunities for communication and professional development have been planned.

Public Input Overall Summary

In summary, the collective themes of the public input process are as follows:

- The promotion of programs and services that are culturally and linguistically appropriate,
- The continued implementation of natural learning opportunities for children and students with disabilities,
- The importance of valued parental input and participation in all aspects of educational planning,
- The systemic approach to accountability and evaluation of services and supports, and
- Comprehensive planning and program options for students in transition.

Though the overall public response to the Public Input Survey in the CIMP Self-Assessment phase was limited in volume, the qualitative and quantitative information collected will provided data to initiate and support the continued efforts in the Improvement Planning phase.

Public Input Results

RESPONDENTS	MAJOR STRENGTHS	MAJOR CONCERNS	SUGGESTIONS FOR IMPROVEMENT
Parent B/C	Many people are committed to helping my children succeed.	The general public feels that students with disabilities cost too much and take too much time away from the general education population.	Colleges should provide students who want to be educators diverse learning skills so that teachers can work with a range of children with different learning needs and styles "all teachers".
	The transition process from EI to special education was good.		
			Parents should be a part of all decision making.
	Complete involvement with teachers and therapists, including daily communication.		
	Participation on the Local Special Education Advisory Committee.		
	My child is in a self-contained classroom for children with significant disabilities. He is not included in the regular curriculum nor should he be. He is learning to feed himself, toilet train himself, and communicate. He does spend time with his peers in non-academic activities.		
Parent B/C	The IDEA-if you know how to use it.	Families must advocate for their children to receive special education services if you are not familiar with IDEA and the IEP process.	Provide better IEP support to families.
	Case coordination and transition planning.		Assist families with options.
	From EI to Special Education	Students not always receive the services they have a right to receive.	
			Provide better IEP support to families.

RESPONDENTS	MAJOR STRENGTHS	MAJOR CONCERNS	SUGGESTIONS FOR IMPROVEMENT
		Families must have the knowledge of EI/IDEA and the IEP process to advocate effectively for their children. If they don't, the students not always get what they need.	
Parent B/C	The transition from EI into school	Lack of EI services for an infant with a hearing loss.	Need for more qualified personnel to support children with deaf or hard of hearing disabilities.
		Lack of qualified personnel-teacher assistant, speech language pathologist. Too much red tape to get services.	More funding for special education overall.
	The transition process from EI to special education was good.		
Parent B/C			Individualized parent input and if applicable student input
		What happens after age 21?	
			This area is very critical and needs a lot more planning to achieve success for all students.
		Some students get a good transition plan, but there are many who do not get a plan in place until well after graduation from school.	More effort on preparing students for life after school.
			There needs to be more enforcement of transition plans.
		Many families do not have enough information about their rights and the choices they can make.	
		The new regulations do not address those children with profound disabilities. Grouping their	

RESPONDENTS	MAJOR STRENGTHS	MAJOR CONCERNS	SUGGESTIONS FOR IMPROVEMENT
		education program into categories such as math, science, and social studies does not always address critical needs of students with profound disabilities. Many students graduate from their school program without skills of every day living.	
Parent B/C		Professionals control information provided to parents enabling understanding.	Provide options for families to make informed choices and decisions.
		Segregation results in additional disabilities over time.	Need to create more inclusion practices in both EI and general education programs.
Parent B		There isn't enough funding in the school districts to provide the services.	More federal funding for special education
		Special education services are provided, but not all and not always in the best setting.	
Parent C	The major strengths of EI services are the student ratios and the specialized instruction.	Waiting lists for specialized classrooms, evaluations and services.	
		Evaluations not formerly written and shared with parents.	More funding to provide more EI specialized programs and staff eliminating waiting list.
		EI evaluation not formerly written and shared with parents	
Local administrator C		New EI providers – need program training.	Coordinated transition planning from EI to school with families and children.
Parent C		Not enough choices for families in EI	Develop a resource guide for all EI parents including program options/choices, services, therapies, classes offered, support

RESPONDENTS	MAJOR STRENGTHS	MAJOR CONCERNS	SUGGESTIONS FOR IMPROVEMENT
			groups, etc.
		When you need answers, all too often you have to call too many people referring you to yet another person.	Develop training for EI families, including IFSP and basic rights held often and across the State.
Parent B/C	EI – excellent program		Professional Development on new tools/curriculum.
		Parental input not valued.	Value parent input.
		Parents who are unfamiliar with the IDEA have trouble advocating for special education services for their children.	
Parent B	Community inclusion and activities of daily living are major strengths of program.	Teacher retention is difficult in the private 230-day school, and thus giving my children more transitions.	Increase salary particularly for the sever-profound certified teachers and perhaps state-funded bonuses or tax breaks for working at a non-profit special education school.
	Receiving progress reports and copies of evaluations.	Qualified related service personnel, specifically therapists, are difficult to recruit and retain.	
		Due to "staffing changes" and "professional shortages", there are no SLP nor PT priority services to students at this time.	Development of a state regulation that requires LEAs to notify parents of lapses in IEP compliance that were more than one week in length.
Parent B	Educators who care enough and are honest enough to say what's really happening in the schools with their students.	IEP services are not always provided when personnel are not available to do so, but yet required. When this happens, parents are not notified.	Federal funds to implement special education mandated services.
			We need everyone to work together to see that the services are funded adequately.
			Career related field trips should fit student's ability.

RESPONDENTS	MAJOR STRENGTHS	MAJOR CONCERNS	SUGGESTIONS FOR IMPROVEMENT
		Children whose parents are not capable of being good advocates for their children for whatever reason are getting very little services in comparison to their needs.	
Parent B		Parent input not valued.	
Parent B	The services have the ability to allow a child with a disability to be mainstreamed and to achieve his/her full academic potential.	Services are not always consistent from grade to grade, district to district.	A uniform approach to service delivery by disability vs. town.
		Services have to be in the best interest of the child not the school's budget.	
Direct service staff B		Too many students in classroom without support	Additional financial backing from Federal government.
Direct staff	Education programs are highly individualized for each student.	Limited opportunities to continue professional development in all disciplines related to education.	
	Multi-disciplinary service providers coordinate approaches to service delivery.		Funding Staff/Specialist
Parent B	Accessibility to state staff at RIDE	Parent professional partnerships must be realized.	
		Guidance counselors need professional development in order to provide support and direction to students with disabilities planning to go on to higher education.	
Private school administrator		Need to diversify outreach efforts.	Advocacy to help parents know their rights.
		Effective outreach	Structured monitoring system.

RESPONDENTS	MAJOR STRENGTHS	MAJOR CONCERNS	SUGGESTIONS FOR IMPROVEMENT
		and referral is very poorly done, particularly in the large city districts.	Provide easy access to advocacy systems.
			Monitoring sanctions for non-compliance
		Need to provide necessary service not just those that exist.	
			School districts that provide the appropriate level of service should be appropriately recognized.
School administrator C		For the population intended to receive transition benefits, an effort is made but continually without much motivation to make successful arrangements	Measure LEA success in all aspects of transition planning annually.
School administrator B		The current high standards movement is directly limiting inclusive models as teachers struggle with the need/requirements to achieve high-test scores.	The high standards movement needs to allow appropriate flexibility (some individualizing of standards) in the implementation of instructional methods and models.
Group Home Administrator	Training available	Training of parent advocates happens too often in affluent communities.	Develop more ESY and after school programs with focus on social skills development and vocational counseling.
		Classroom supports not as available as should be.	
		Services provided on limited funding not on individual student need.	
		Lack of adequate funding to meet the population need overall.	
Parent C	Creates an environment to meet and collaborate with school districts.		

RESPONDENTS	MAJOR STRENGTHS	MAJOR CONCERNS	SUGGESTIONS FOR IMPROVEMENT
			Add more qualified EI sites. Annual updated list of EI services in community.
		Limited schedule for transition meeting to be planned for parent attendance.	More family friendly transition planning scheduled for all involved.
			IFSP/IEP family friendly uses paper work, more facts.
Parent B/C	They understand my child's unique situation.	Lack of existing services beyond local public school.	Services should reach beyond school.
B/C	Excellent vocational planning		
	Receiving all supports and services.	Afraid specialized school will close because of inclusionary practices.	
Administrator B/C		Practices are fostered by the State without consideration of the existing local practices that may be very successful.	
	When there is a transition coordinator at the secondary level, transition works well.	School systems do not provide enough vocational options to meet the needs of the many special education students. Many do not consider the logistics of providing community-based vocational experiences.	
	When parents are engaged and interested, their participation is valuable.	Many parents are overwhelmed with the process for attaining services for their children.	Have EI parent consultant be an active part of the team.
	When children are given the tools to operate independently in the regular class, inclusion works best.	Care should be taken that students do not lose services because inclusion becomes more important than the student's needs.	In-service for administrators who attempt inclusion without knowing what it is.
Parent B			Train teachers on the diverse learning needs of students.

RESPONDENTS	MAJOR STRENGTHS	MAJOR CONCERNS	SUGGESTIONS FOR IMPROVEMENT
			Enforce IDEA
	Parent involvement	Parents shouldn't have to fight so hard for services.	
Parent B		Transition services began too late and are lacking any substance for planning a potential career.	
Parent B/C	Addressing the needs of those with severe disabilities	Programs are not child-centered and lack flexibility	Accountability via funding
		Accountability with filing complaints.	Focus on reasons for behavior and not punishment and control.
			Value parent input
Parent C	Family-centered and child development focus of EI	Services continuing after age 3.	Extend EI services to 5 years and up.
	Involved in planning and implementation of child's services.		
		Testing process was difficult re. Transition. Felt school district "dropped the ball" and child did not receive services for 3 months.	
Parent B			Evaluations need to be provided according to the timelines of IDEA.
Parent B	Child participates with peers all the time		
	LEA accountability and RIDE authority		
		Communication between parents and schools	Parents' opinions should be part of evaluations, goal, education.
Parent B		Lack of access to special education services.	
			Assistance for parents with children who have disabilities outside the typical service options.
Parent B	Services have helped child stay in the regular education setting.		Training for teacher assistants on positive behavioral supports.
			Special and regular education teachers need training to provide

RESPONDENTS	MAJOR STRENGTHS	MAJOR CONCERNS	SUGGESTIONS FOR IMPROVEMENT
			support related to the IEP in the general education classroom.
Parent B	RI Regulations		Professional Development for teachers, more diverse staff, more translators.
Parent Advocate B	DOE really tries to do a good job.		Clarify the role and responsibilities of the OSN consultant as it relates to LEAs and parents.
		Children with language issues are in self-contained classrooms.	Testing in native language and ability.
		Lack of funding for services.	
Parent B		School systems not always have adequate support and available guidance for students with emotional and behavioral difficulties. All too often students are lost, causing trouble, or dropping out.	Teachers need more support and PD to address the emotional and behavioral difficulties students are experiencing.
		Transition planning is good on paper (IEP) but not always acted upon by all involved.	
Parent B		IEP services not always implemented	Education for professionals on new curriculum concepts.
		Parents who do not have the ability to keep fighting for their child's special education services.	
Administrator		No summer programming of continued alternate assessment	
		Sharp divide between inclusion and programs that provide daily living practices.	
Parent C	Very happy with services and parental		

RESPONDENTS	MAJOR STRENGTHS	MAJOR CONCERNS	SUGGESTIONS FOR IMPROVEMENT
	involvement.		
		Transition from home school support to out-of-district placement over 2- year process	
Foster Adoptive Parent B/C	Early intervention allows a child to receive early detection and aggressive services to be given on an individual need versus an over the board treatment.		
	Special education and related services strengths are that when you are able to place your child on an IEP.	Time lapse between initial consultation visit and the needed therapy services.	
	Services/directives and needs are able to be submitted and meet on an individual directive.	504 is often overlooked as an option for support	
	504 enables a child to attend public school with a cushion to properly attend to his/her health or mental health.		More public information regarding 504 implementation and service options.
	Joint discussions with my child's best interest to be taken into consideration.		
	Parents were treated and respected as part of the evaluation team.	Communication between OSN, LEAs, and parents.	
Organization		Understanding between LEA and the cultural differences in all aspects of support and services to students and families.	
		The inability to communicate effectively with schools due to language barriers and cultural understanding.	
Parent B/C		Lack of non-traditional	Language access for all materials.

RESPONDENTS	MAJOR STRENGTHS	MAJOR CONCERNS	SUGGESTIONS FOR IMPROVEMENT
		communication, decision making, participation, and understanding in the special education process and service implementation.	
		Speech services provided to children who are bilingual most often are not provided as needed.	Access to services for those who need to have interpreters.
		How do parents ask questions or get information if they cannot speak English.	
		Students are falling through the cracks due to language limitations combined with special education needs.	
			Assure service implementation by following through case management and language appropriate family outreach.
			Language access for all materials
	EI services very specific and empowering enabling parents to address child centered family-centered needs.		
		You have to be an informed advocate to negotiate services and support for your child.	
Parent B		Lack of communication with LEA administration.	Improvement of complaint process to include comprehensive strategies to follow through on outcomes.
		The criteria for special education.	
		Students enrolling in Career/Tech school is unclear.	
Parent		There needs to be	

RESPONDENTS	MAJOR STRENGTHS	MAJOR CONCERNS	SUGGESTIONS FOR IMPROVEMENT
B		more service options for students.	
		Teachers need more professional development opportunities.	Increase accountability with LEA more than every 5 years.
Parent B/C		IEPs are not always followed.	Need for accountability in services provided in writing.
		All too often IEP services are driven by special education budgets.	Legal services made available to parents.
Parent B		IEPs are not always followed.	More accountability for LEAs to maintain Federal/State Regulations.
		Parents may be very involved but often times do not feel welcome.	More total inclusion classrooms.
		Parents must have full knowledge of the law to advocate effectively for their child.	
Parent B	Child participating with peers in a collaborative classroom.	The State does not monitor every IEP for compliance, so who is accountable for non-compliance when LEA does not respond.	Listening and valuing what parents have to say.
			Need more outreach for EI and more information.
		Often times families have to fight and argue over services their children need.	
Parent B/C	Parents are strong advocates.	Some districts lack qualified personnel to provide IEP services.	Valuable parental concerns
		There is no coverage for special education teachers when they are out.	Training for families in "parent friendly terms" and for the school district.
Parent B		Enforce the Regulations. There is no accountability from the classroom all the way up to	

RESPONDENTS	MAJOR STRENGTHS	MAJOR CONCERNS	SUGGESTIONS FOR IMPROVEMENT
		and including RIDE.	
		No follow-up on complaint/mediation process for non-compliance.	
Parent B	Hard work and dedication of parents.	Lack of effective and timely communication with LEA administrators.	
		Lack of inclusion opportunities.	
Parent B/C	Parents supporting parents.	Information disseminated often times is confusing and can lead to misunderstandings.	More parent involvement.

DISCUSSION QUESTIONS AND FORM

RI Continuous Improvement Monitoring Process (CIMP) Public Input Form

The RI Department of Health and the RI Department of Education are working together to evaluate how well children with disabilities and their families are being served under the Individual with Disabilities Education Act (IDEA). This includes early intervention services for infants and toddlers, birth to age three, which operate under the Department of Health, and special education and related services for students three to twenty-one years of age, which operate under the Department of Education. They are using a large Steering Committee to carry out this process. The Steering Committee would like to hear from you. You can help by responding to the questions below and then sending your input to: Susan Wood, Office of Special Needs, RI Department of Education (RIDE), 255 Westminster Street, Providence, RI 02903, Phone: 222-4600 Ext: 2309, Fax: 222-6030, E-mail: rid00870@ride.ri.net.

Date Input Provided:

Please check those that apply to you:

____ *Parent of a Child with a Disability*

____ *Direct Service Staff (teacher, therapist, interventionist, etc.)*

____ *Local Administrator*

____ *Advocate*

____ *Typically Underrepresented Population – Please specify:*

____ *Other – Please specify:*

Questions on which we would like your input. Do your responses relate to:

____ *Early Intervention Services and/or* ____ *Special Education and Related Service*

1) *What are major strengths of these services?*

2) *What are major concerns that you have about these services?*

3) *What suggestions do you have for improvements in these services?*

Discussion Questions

Part C: Regarding infants and toddlers from birth through age 2:

1.

a. Did you have any challenges or problems when you referred your child to the Early Intervention Program?

b. Any challenges with your child's evaluation?

2.

a. Is your child and family receiving all of the Early Intervention services that are listed in your Individualized Family Service Plan (IFSP)?

b. Where is your child receiving Early Intervention services?

3.

a. How have you been included and supported in decisions made about your child?

b. What family support services are available in your community?

4. Did your transition planning help make sure that the supports and services were in place by your child's 3rd birthday?

5. Do you know how the Department of Health is involved to make sure that your child and family receive all appropriate services?

Part B: Regarding children from ages 3 through 21:

1. Are your children or the students you are working with receiving the educational supports and services they need?

2. To what extent does your child or the students you are working with participate with their peers in the educational setting, and are they receiving the same educational experience as their general education peers?

3. How is vocational and transition planning to ensure successful work experiences, independent living and or continued education (e.g., college,

technical school) being provided to your child or the students you are working with?

4. How are you involved in the education of your child?

5. How is the State Department of Education involved in assuring that the appropriate educational supports and services are being provided to your child or the students you are working with?

6. By your child's or student's third birthday, does transition planning provide you with the support and direction you need in a timely manner to participate in you child's educational planning?

RHODE ISLAND SUMMER LEADERSHIP INSTITUTE
INPUT SESSIONS
JULY 26 AND 27, 2001

Focus Group Outcome Summary For Part B - General Supervision

What's Working	What's Not Working	Data
Procedural Safeguards Where school committees are aware of special education issues and support them. Regulations requiring Local Special Education Advisory Committees. Tracking EI and IDEA students inadequate State Mediation	Parents feel complaint system at the State level is not effective. Districts unable to give needed services due to lack of funds.	School Support Plans, Mediation Hearing Data SALT Data Interagency Agreements

Family Centered

What's Working	What's Not Working	Data
Where parents are involved in hiring all education staff Where special education parents are on school improvement teams Development of parent advocacy programs/groups Regulations requiring Local Special Education Advisory Committees Parent/Professional collaboration Teachers and administrators invested in parent partnerships	Local Special Education Advisory Committees are not "genuine" in every LEA. Family-centered values not always supported Not enough parent involvement in a meaningful way	RIPIN PINRI LSEAC minutes/reports SALT IEP IFSP

What's Working	What's Not Working	Data
Local & State Advisory Counsel support parent involvement Parent Involvement Open Door Policy		

LRE

What's Working	What's Not Working	Data
Inclusive Education works with appropriate supports and services for both students and teachers Inclusive education works when students feel like they're part of the class. Inclusion works when teachers can instruct to diverse learning needs. Parent/Professional collaboration Peer Helping Network Community linkages Parent involvement Collaborative classes with teaching support Common planning time	Inclusive education without the support to students and teachers doesn't work Integrating students in separate schools into community school activities Not attending neighborhood school Not enough inclusion statewide	Type and amount of PD provided LSEAC input SIP IEPs

Transition

What's Working	What's Not Working	Data
Young adults are employed Standards incorporated into transition Transition planning incorporated in curriculum K-12 Collaboration between general and special educators Job-embedded P.D. Special education representation on SIT and other policymaking bodies Different instruction without grouping Collaboration of schools and adult agencies ORS-attending IEPs as part of transition planning Collaboratives, Network RI Centers, Vocational Resources	Transition from EI to schools not always coordinated Consistent policy regarding graduation Mobility of students immobility of student records/student ID Not returning to school after the RITS Transportation for school to career programs in rural communities LEA that does not have transition coordinators PD needed for school staff guidance counselors, etc. not fully aware of adult services Upon graduation, students lose medical coverage support and sometimes housing without referral for services	Graduation rates Drop-out rates CRPs SALT RIDE Due Process Drop-out rates State and Local Advisory Committee reports RIPIN/PSNRI data

Public Awareness

What's Working	What's Not Working	Data
Some districts are facilitating "good" outreach	Not finding children early enough Outreach culturally, linguistically Standardized referrals from professional sources (pediatricians) Inconsistent in transition from EI to ED	Info Works Compare EI enrollment with IDEA enrollment at 3 years old School Support Plans

Early Intervention Family Satisfaction Survey and Summary Statewide Results – October 2001

NA= Not answered/not applicable
Surveys sent: 1367
Surveys returned: 387
Surveys returned undeliverable: 68

3. Were you welcomed into the EI system in a friendly and timely manner?
368 Yes
16 No
NA-3

4. Was your child's Early Intervention evaluation/assessment explained to you in a way that you understood it?
379 Yes
5 No
3 Unsure

5. If you are not happy with EI services, do you know what steps you could take? (Procedural Safeguards-yellow brochure)
245 Yes
57 No
20 Do not understand
NA-65

6. Were you offered the opportunity to meet a Parent Consultant?
299 Yes
69 No
NA-19

7. If you talked to a Parent Consultant, was she/he helpful to you? If no, why not?
104 Yes
15 No
NA- 268

8.Who would you call if you have questions about Early Intervention?
300 Service Coordinator
31 EI Director
37 Parent Consultant
0ther: 28
NA-8

9.Were you satisfied with the amount of time that it took to develop your child's Individual Family Service Plan (IFSP)? (Law states the plan must be developed 45 days from date of referral to the EI Program)
353 Yes
21 No
NA-13

10. Is you child receiving all of the services listed in the IFSP?
316 Yes
45 No
NA-26

Please Circle the answer that best describes your experience.

11.Were you actively involved in the development of your child's IFSP?
288 Yes
64 For the most part
17 Somewhat
5 Very Little
4 No
NA-9

12. Were your family's needs and concerns addressed in the development of the IFSP?
317 Yes
42 For the most part
16 Somewhat
1 Very Little
3 No
NA-8

13. Have the services and supports listed in the IFSP helped your child and family?
292 Yes
40 For the most part
27 Somewhat
7 Very Little
4 No
NA-17

14. Do you feel that the services you receive are respectful of your family's choices, race, religion, and life experiences?
351 Yes
18 For the most part
6 Somewhat
2 Very Little
2 No
NA-8

15. Is the EI staff helping you with your child and family's needs?
308 Yes

35 For the most part
20 Somewhat
6 Very Little
8 No
NA-10

16. Do you feel that the EI services will help you enhance your child's development?
315 Yes
32 For the most part
21 Somewhat
3 Very Little
8 No
NA-8

17. Are you satisfied that the EI services are being provided in your child's natural environment? (Natural Environments are places where your family and child spend time or where there are other children who are not in the EI Program)
329 Yes
21 For the most part
13 Somewhat
2 Very Little
10 No
NA-12

18. Has your experience with EI been family centered? (ex. Your family is involved in every decision regarding your child, your opinion is asked for and respected, etc.)
318 Yes
37 For the most part
18 Somewhat
1 Very Little
4 No
NA-9

19. Do you feel that EI has had a positive effect on your child and family?
317 Yes
35 For the most part
20 Somewhat
5 Very Little
4 No
NA-6

20. Please rate your overall satisfaction with the EI Program.
230 Excellent
95 Very Good
34 Good
15 Fair
5 Poor
NA-8

Early Intervention Family Satisfaction Survey Summary

As part of the Department of Health's Quality Assurance team, the RI Parent Information Network's Early Intervention Parent Consultant Program sent out a Family Satisfaction Survey to all families enrolled in EI as of June 2001. Surveys were returned by early September 2001. The purpose was to assess strengths and weaknesses of the EI services as viewed by families and then to address issues identified in real time. This survey will also be utilized by the EI Parent Consultants on an ongoing basis as they strive to survey all families receiving services in EI.

1367 Surveys were sent out in English and in Spanish, 68 were returned undeliverable and 387 were returned completed (See Appendix D for numerical results). Strong themes emerged in many areas as indicated by the numerical results, as well as by the parent's comments. For example, 95% of families said that they were welcomed into the EI system in a friendly and timely manner; 98% said that the EI evaluation were explained in a way that was understandable; 91% of families feel that the services they receive are respectful of their choices, race, religion, and life experiences; and 85% are satisfied that the EI services are provided in natural environments (another 5.5% said they were satisfied "for the most part"). This data is supported by the families' comments, which overwhelmingly identified services in natural (community) environments as a strength.

Other family-identified strengths included the trusting, supportive relationship that is developed between them and staff (most notably the service coordinator) so they can address their questions and concerns. This included the ability of the staff to assist and teach parents/families on how to achieve their child's goals themselves in between visits.

As indicated by the comments in the survey, areas of concern included waiting lists for services, the need for complete, understandable information and options, numerous changes in service providers and more staff to provide services. 65.5% of families indicated that knew how to access their procedural safeguards, which means 34.5% of families do not or do not understand. This will be an area that will be addressed in other data collection and improvement planning.

Lastly, a theme that emerged statewide, and across all programs is the need to extend EI services beyond the age of 3 years, many said up to 5 years, and some up to 4 years of age.

NEWS RELEASE TO PROVIDENCE JOURNAL

Notice Of Invitation For Public Comment

The Rhode Island Department of Elementary and Secondary Education invites public comment as part of their obligation to meet the requirements of the Federal Office of Special Education Programs Continuous Improvement Monitoring Process. The purpose of this meeting is to gather information as part of a needs assessment relative to the education of children with disabilities in Rhode Island. The public comment process will take place from 6:00 PM to 8:00 PM, at the following sites.

RHODE ISLAND SCHOOL FOR THE DEAF
Corliss Park, Providence, RI
Wednesday, September 19th

PORTSMOUTH HIGH SCHOOL
120 Education Lane, Portsmouth, RI
Tuesday, September 25th

EXETER-WEST GREENWICH HIGH SCHOOL
930 Nooseneck Hill Road, West Greenwich, RI
Wednesday, September 26th

WILLIAM M. DAVIES, JR.,
CAREER AND TECHNICAL HIGH SCHOOL
50 Jenckes Hill Road, Lincoln, RI
Monday, October 1st

Written comments may be submitted to the RI Department of Education, Office of Special Needs, 255 Westminster Street, Providence, RI 02903, or e-mail jake@ride.ri.net. Or you may leave a voice response by calling 222-4600 ext. 2320.

Individuals Requesting Interpreter Services For The Hearing Impaired Or Needing Other Special Services Must Call 222-4600 X 2303 Or RI Relay 1-800-745-5555 At Least 72 Hours In Advance Of The Meeting.

Invitation For Public Comment

State of Rhode Island and Providence Plantations
DEPARTMENT OF EDUCATION
Shepard Building
255 Westminster Street
Providence, Rhode Island, 02903-3400

Peter McWalters
Commissioner

TO:
Directors of Special Education, Public /Private
Directors, Private Agencies
Family Advocacy Organizations
RISEAC and the LSEAC Chairs
CIMP Steering Committee

FROM: Thomas P. DiPaola, Ph.D.
Director, Office of Special Needs

RE: Continuous Improvement Monitoring Process (CIMP)
Public Input

Enclosed please find a flyer for distribution announcing the upcoming public forums regarding the CIMP information gathering activities. Please share this information with your colleagues and constituents in supporting this process.

INVITATION FOR PUBLIC COMMENT

Rhode Island has initiated a Continuous Improvement Monitoring Process (CIMP) to comply with the requirements of the Individuals with Disabilities Education Act (IDEA).

The Rhode Island Department of Education and the Rhode Island Department of Health are working together to evaluate how well children with special needs and their families are being served. This includes early intervention services for infants and toddlers birth to 3 years of age and special education and related services for children and youth 3 to 21 years of age.

Four public forums are being held to gather information as part of a needs assessment relative to the education of children with disabilities in Rhode Island. They will take place from 6:00 PM to 8:00 PM at the following sites:

Rhode Island School for the Deaf
Cafeteria
Corliss Park, Providence, RI
Wednesday, September 19th

Portsmouth High School
Auditorium
120 Education Lane, Portsmouth, RI
Tuesday, September 25th

Exeter-West Greenwich High School
Cafeteria
930 Nooseneck Hill Road, West Greenwich, RI
Wednesday, September 26th

William M. Davies, Jr. Career & Tec. High School
Staff Dinning Room
50 Jenckes Hill Road, Lincoln, RI
Monday, October 1st

Written comments may be submitted to the Rhode Island Department of Education, Office of Special Needs, 255 Westminster Street, Providence, RI 02903, or email - jake@ride.ri.net. Or you may leave a voice response by calling 222-4600 ext. 2320.

Individuals requesting interpreter services for the hearing impaired or needing other special services must call 222-4600 x 2303 or RI Relay 1-800-745-5555 at least 72 hours in advance of the meeting.

DRAFT REPORT ON THE CONCERNS OF PEOPLE WITH DISABILITIES AND THEIR FAMILIES

Summary Of The Educational Issues, expressed during Public Comments submitted at the Eight Public Hearings.

Sponsored by the Governors Commission on Disabilities and Co-Sponsors.
August 20 - 24, 2001

Prepared by the
Governor's Commission on Disabilities
Draft Report of the Concerns of People with Disabilities
and their Families

The purpose of the public hearing was to identify the concerns with people with disabilities and their
families in order to assist the state to develop programs to improve the lives of people with disabilities.

Educational Summary

The following are educational highlights of the draft report related to children and students with exceptionalities.

To assist in establishment of the RI Youth Leadership Forum

Greater control of confidential disability related information in the school. Too many people have access and there are breeches of confidentiality.

Improve the transitional planning between childhood and adult services, related to preparing for employment.

Focus secondary education transition period (age 14 and beyond) to prepare students with disabilities for the "real world".

Many students do not have the skills necessary to find and keep employment, pay bills, etc.

Many students are being shortchanged in needed services and unprepared for the needs of the future.

Create awareness of the adapted driver's education

Increase awareness of the range of assistive technology that is available in the community

Recognize that assistive technology purchases are very time sensitive

Clarify Medicaid standards for assistive technology

Improve the coordination of multiple services

Medicaid recommendations needing further study (Respite and home based care, nursing care for children with disabilities, assistive living supported "Slots", etc….)

Cultivate more providers willing to serve transitioning kids with disabilities

Less restrictive environments in institutions

Establish in-home support services for families of students diagnosed with ADHD.

Community Outreach to Culturally and Linguistically Diverse Populations

State of Rhode Island and Providence Plantations
DEPARTMENT OF EDUCATION
Shepard Building
255 Westminster Street
Providence, Rhode Island, 02903-3400

Peter McWalters
Commissioner

September 6, 2001

TO: Community Representatives

FROM: Thomas P. DiPaola, Director
Office of Special Needs at the Department of Education

RE: Invitation to Participate
The Federal Office of Special Education
Continuous Improvement Monitoring Process Overview

The Rhode Island Department of Education has initiated a Continuous Improvement Monitoring Process (CIMP) to comply with the requirements of the Individuals with Disabilities Education Act.

The Rhode Island Department of Health and the Rhode Island Department of Education are working together to evaluate how well children with special needs and their families are being served. This includes early intervention services for infants and toddlers birth to 3 years of age and special education and related services for children and youth 3 to 21 years of age.

We would like to invite you to an overview of the Continuous Improvement Monitoring Process (CIMP). Your knowledge and expertise regarding the needs of culturally and

linguistically diverse children and their families are very important to this evaluation and assessment process.

The meeting will be held:

Thursday, September 13th, at 2:00 PM,
SER Jobs for Progress, Inc.,
101 Main Street, Suite 302,
Pawtucket, RI (Formerly Sawyer School)

Please join us as we work to ensure quality educational results for all students.

If you would like more information about this meeting and/or the CIMP process, please feel free to contact Jane Keane at 222-4600 ext. 2374 or email at jake@ride.ri.net.

APPENDIX E

Part B Performance Goals/Objectives Linkage to CIMP Indicators

These following are taken from *Rhode Island's Goals for Special Education 2000-2005, April 14, 2000.* Steering Committee members are also referred to the following document for an update on indicator achievement/data below: *May 2000 Biennial Progress Report on Performance Goals and Indicators.*

Part B Performance Goals/Objectives	**Corresponding CIMP Indicator**
Goal: Ensure that students with disabilities meet high educational standards as measured by their performance on assessments within the RI Assessment Program	
Objective: Increase the proportion of students with disabilities who score at or above the "proficient" level or "achieved the standard" level on each assessment administered in the State Assessment Program. *Indicators:* In 1998, of the 1650 students with disabilities who took the grade 4 math concepts test, 8% Achieved Standard or Achieved Standard with Honors. Of the 1120 students with disabilities who took the grade 8 math concepts test, 5% Achieved Standard or Achieved Standard with Honors. Of the 567 students with disabilities who took the grade 10 math concepts test, 5% Achieved Standard or Achieved Standard with Honors. Performance in Math Problem Solving paralleled Math Concepts at a slightly lower percentage. Of the 1671 students with disabilities who took the ELA Reading Analysis and Interpretation in grade 4, 25% Achieved Standard or Achieved Standard with Honors; on the same test in grade 8, 9% of the 1120 students with disabilities who took the test Achieved Standard or Achieved Standard with Honors. Of the 1666 students with disabilities who took the writing test in grade 3, less than 1% Achieved Standard or Achieved Standard with Honors. In grade 7 on the same test less than 1% of the 1558 students with disabilities who took the test Achieved Standard. Of the 847 students who took the writing test in grade 10, less than 1 % Achieved Standard. *Data Source*: State Assessment Program	Inclusion Cluster: FAPE in the LRE - BF.4.a. & BF.4.b.
Objective: All students with disabilities, including those students requiring alternate assessments, will participate in the RI State Assessment Program. *Indicator*: See previous objective *Data Source*: See previous objective	Inclusion Cluster: FAPE in the LRE - BF.4.c.

Part B Performance Goals/Objectives	Corresponding CIMP Indicator
Objective: Increase the percentage of preschool children who participate in Child Find. *Indicator*: • During the 1997-1998 school year, 30% of the 3 year olds and 46% of the 4 year olds participated in Child Find in RI. *Data Source*: Child Find Participation Rates Data collected by the Office of Special Needs. These data require verification.	Comprehensive Public Awareness and Child Find System Cluster: CC.1.a.2
Objective: Parents of children with disabilities meaningfully participate in the development of educational policies, district strategic plans, and school improvement plans that positively influence the learning of their children. Indicator: • Parents of students with disabilities are part of all educational policy development and improvement systems. State and local educational polity development processes include parents of children with disabilities. The State's Special Education Improvement Planning process, each district's strategic planning and school improvement planning processes include parents of students with disabilities. Each of these planning processes considers information on the educational outcomes experienced by its students with disabilities including their graduation and dropout rates; action plans to improve outcomes for these students are included in district strategic and school improvement plans; action plans are implemented; student outcomes related to implementation of the action plans are reported. *Data Source*: • RI Special Education Regulations • Districts' strategic and school improvement plans submitted to the Department on November 1 of each year. • State Assessment Program	Family Involvement Cluster: Parent Involvement (B) - BP.1.a.

Part B Performance Goals/Objectives	Corresponding CIMP Indicator
Objective: Parents meaningfully participate in and support their child's education and related services. *Indicator*: • Parents sign their child's IEP • Parents report themselves as participating in the planning, implementation, and evaluation of their child's educational experiences. Parents report supporting the learning of their children through participation in school activities, communication with teachers, encouragement for consistent school attendance, and completion of homework. *Data Source*: • School Support Team Supports • Revised SALT Survey or Special Education Parent Satisfaction Survey	Family Involvement Cluster: Parent Involvement (B) - BP.1.a.

Part B Performance Goals/Objectives	Corresponding CIMP Indicator
Goal: Improve post-school outcomes for students with disabilities.	
Objective: Students with disabilities will demonstrate dropout rates no greater than the dropout rates of all students in their school. *Indicator*: • The dropout rate for students with disabilities who began the ninth grade in the fall of 1994 and were to complete the twelfth grade in the spring of 1998 is approximately 31.49%. Dropout data that are highly variable between high schools in the same district and in demographically similar high schools from district to district reduce confidence in the accuracy of this rate. *Data Source*: Revised Special Education Census System	Transition Cluster: Secondary - BT.1.b. & Inclusion Cluster: FAPE in the LRE - BF.2.b.
Objective: Students with disabilities will demonstrate will demonstrate graduation rates consistent with the graduation rates of all students in their high school. *Indicator*: • The graduation rate for students with disabilities will be calculated in the same manner as and compared with the graduation rate for all students. *Data Source*: Revised Special Education Census System • Increase the attendance rate for students with disabilities. Attendance rate baselines for students with disabilities must be established as the INFORWORKS school attendance data for all students are collected. *Data Source*: Revised Special Education Census System • Reduce the percentage of school-aged students with disabilities who are long term suspended and expelled. The number of students with disabilities who have been suspended or expelled must be established. The reliability of these data requires verification. *Data Source*: Student Discipline Record System	Transition Cluster: Secondary - BT.1.a. & Inclusion Cluster: FAPE in the LRE - BF.2.a.

Part B Performance Goals/Objectives	Corresponding CIMP Indicator
Objective: Improve the life outcomes of students with disabilities in the areas of education, employment and independent living. *Indicator*: • Increase the participation of students with disabilities in post-secondary education. Data on the number of RI students enrolled in post-secondary education are being collected. These data will be used to identify participation in post-secondary education increases. • Increase the participation of persons with disabilities in integrated work settings. Data on the number of persons with disabilities employed in integrated work settings are being collected. These data will be used to identify employment in integrated work settings increases. • Increase the number of persons with disabilities living with maximum independence. Data on the number of persons with disabilities living with maximum independence are being collected. These data will be used to identify increases in independent living. *Data Source*: Conduct a longitudinal transition study that includes students with all disabilities sampled proportionate to their disability (UAP).	Transition Cluster: Secondary - BT.1.c.

Part C Performance Goals/Objectives	Corresponding CIMP Indicator
Goal: **Comprehensive Public Awareness Program** *Ensure that a systematic approach to communicate with the families, health and human service professionals, and other human resource providers for the purpose of raising their awareness and understanding of the EIS is available to eligible infants and toddlers and their families.*	
Objective: Increase the knowledge of developmental challenges, the statewide EI system, provision of information regarding indicators of children who may be eligible for EIS, access to the state EI Central Directory, and the development and implementation of referral procedures and written policy for children and families who may be in need of EIS.	CC.2. CC.2.
Indicators:	CC.2.
• Training and information dissemination to community-based primary health care service providers, day care providers, and social service agencies about EI program services is assured.	CC.2 GS.2.a
• Ongoing information dissemination about meeting the identified service needs of families, including those from multicultural and hard-to-reach populations, is assured.	CF.1.a.
• The involvement of staff service providers, parent advocates, and families in the development of public awareness materials and events to increase outreach efforts is assured.	
• Focusing on multicultural populations and other hard-to-reach groups in a variety of languages, formats, and community locations, through public awareness activities, is assured.	
• The development and implementation of memorandums of agreement for referral to services is assured.	

Part C Performance Goals/Objectives	Corresponding CIMP Indicator
• Access to the state EI Central Directory is assured. *Data Source:* State data collection systems	
Goal: Compliance Assurance and Management/Support by HEALTH Effective leadership and management results in the identification and serving of all eligible infants and toddlers and their families of early intervention services (EIS) in the natural environments (NE) appropriate for the child. *Objective*: The State's systems for monitoring, and other mechanisms for ensuring compliance, and parent and child protections (procedural safeguards), are coordinated; and decision-making is based on the timely collection, analysis, and utilization of data from all available sources. *Indicators*: • Accurate determination of compliance with IDEA requirements is assured. • Upon identification, correction of noncompliance (CQI) in a timely and effective manner is assured. • *The incorporation of minimum standards into the provision of services and utilization by EI service providers will be assured. Minimum standards will be identified and prescribed for EI services in Rhode Island by the Part C Coordinator, with input from the Service Delivery Committee of the EI Interagency Coordinating Council (ICC). For services in which minimum standards have not been identified and established, the Part C Coordinator will specify the indicators.* *Data Source: Quality Assurance Reports including record reviews*	GS.1a. GS.1.b. GS.1.c GS.2.b.

Part C Performance Goals/Objectives	Corresponding CIMP Indicator
Goal: Child Find System Ensure all infants and toddlers presumed eligible for EIS are promptly and accurately identified, located, referred to EI, evaluated, and, if eligible, have Individualized Family Service Plans (IFSPs) developed which accurately reflect their needs.	
Objective: Direct referrals permit families, community-based agencies, and health care providers to refer infants and toddlers directly to EI for family assessment, evaluation, IFSP development, and EIS. Direct referrals should be made within two days after the child is identified as in need of EIS and can be made by telephone, fax, or letter. Referral sources will receive timely feedback from the EI service provider on the status of the referral.	GS.2.a.
Indicators: • Memorandums of agreement with the Family Outreach/Home Visiting Programs for the identification of children and families in need of an EI evaluation and to assess additional needs of the families in order that appropriate referrals to community agencies are made, is assured.	GS.2.b. CC.2
• The review of identified families with unmet needs for services and necessary referrals by an interagency review committee comprised of health and social service professionals (e.g., MCH partnerships) is assured.	GS.1.a CC.2
• The development and implementation of community-wide training efforts, in collaboration with HEALTH, to increase awareness and understanding, and to establish a referral network, including the community's pediatricians, family providers, local school systems, MCH programs, Early Head Start, SSI parents, child care providers, other state agencies, Medicaid, and medical providers is assured. Additionally, when services are not available, documentation to HEALTH is assured.	GS.1.a CC1.b.

Part C Performance Goals/Objectives	Corresponding CIMP Indicator
• The maintenance or establishment of linkages among multicultural populations and other underrepresented groups through on-site training and dissemination of information to increase the percentage of eligible infants and toddlers being served, including those from specific target populations, is assured. • The collection of accurate information to document numbers of children and types of services for children referred but not eligible for EI is assured. *Data Source*: EIMIS, Record Review Reports	
Goal: Service Provision Based on the present parameters for determining eligibility for EIS, there will be approximately 3% of Rhode Island's birth cohort for a consecutive three-year period in need of EIS.	
Objective: EIS in Natural Environments-HEALTH assures to the maximum extent appropriate that EIS will be provided in natural environments. "Natural Environments" means to the maximum extent appropriate to meet the needs of the child, EIS must be provided in locations, including the home and community settings, in which children without disabilities participate. This also means settings that are natural or normal for the child's age peers who have no disability.	CE.1.a CE.1.b CE.3.c CE.4.b
Indicators: • Sufficient numbers of service coordinators available to plan and coordinate all EI services in natural environments in a timely manner, including the multidisciplinary team evaluation, the development of IFSPs within 45 days of referral, bi-annual IFSP reviews, and ongoing assessment is assured.	GS.5.A CE.4.b GS.5.A CE.1.b CE.4.b
• The participation of service coordinators and	CE.3.a

Part C Performance Goals/Objectives	Corresponding CIMP Indicator
other personnel in Comprehensive System of Personnel Development activities to address pre-service and in-service training needs in providing services in natural environments is assured.	CE.1.b CE.2. CE.2.a
• Sufficient numbers of service providers, appropriately credentialed, to conduct and interpret multidisciplinary evaluations and to assess family needs in the native language or other mode of communication of the parent is assured.	
• Adequate numbers of qualified providers and opportunities for EI services to be provided on a flexible basis in the home and in community-based settings on a year-round basis is assured.	CF.1.a CE.2.a CF.1.a CF.1.c
• The consideration and utilization of natural routines of the family and the child's daily activities for the provision of EI services is assured.	GS.2.a CF.1.c
Data Source: EIMIS *Objective*: Family Centered Services – Family centered services are a core value and essential element of all successful EI services; they are family driven and take into consideration families' priorities and strengths. The family is an equal partner in the design and delivery of the services.	CF.1.a CE.3.c CF.1.b CF.1.a. CC.2.
Indicators: • The provision of family centered home and community-based services and supports, which are accessible, comprehensive, and culturally competent is assured.	CE.1.a. CF.1.c
• Active participation by families of eligible children in the planning, implementation, and evaluation of family-centered services and system, including outreach activities, is assured.	
• The implementation of interagency agreements	

Part C Performance Goals/Objectives	Corresponding CIMP Indicator
for addressing the needs of eligible children and families which assure that policies and practices are culturally competent and family-centered and include families' participation in surveying satisfaction and evaluation of services is assured.	C.B.T.1.a GS.1.a. CF.1.c
• The enhancement of capacities of families to meet the developmental needs of their children through information sharing, education, training in professional partnerships and advocacy, and ample opportunities for culturally sensitive parent-to-parent support and mentoring is assured.	C.B.T.1.d C.B.T.1.d C.B.T1a
• The dissemination of information about EI and transition in multiple languages and distribution of that information in naturally occurring locations is assured.	C.B.T.1.a, C.B.T.1.d CF.1.b
• The increased participation of eligible infants and toddlers from underserved populations, especially those between birth to one year old, is assured.	C.B.T.1.b. CBT.1.d.
• A collaborative working relationship focused around families between the EI service provider and the designated parent consultant entity is assured.	CF.1.c C.B.T.1.a, C.B.T.1.d
Data Source: Parent Survey	
Objective: Early Childhood Transition – Because children exit EI at thirty-six months old, families with EI children begin the transition planning process at thirty months old. Children exiting the EI Program will receive services they need in a timely manner, including Part B and community-based services, by their third birthday, when appropriate.	
Indicators:	GS.2
• The provision of transition training, jointly with HEALTH and EDUCATION, to staff (Parts B and C) and parents in response to their	GS.2 GS.2 GS.1aa.

Part C Performance Goals/Objectives	Corresponding CIMP Indicator
identified needs is assured.	CF.1.b
• Transition training of EI staff by trained individuals, including parents, is assured.	GS.2.
• Timely transition planning (the first transition team meeting will be scheduled at least 90 days prior to the child's third birthday) is assured. In cases where children are judged eligible for services yet turn three between May 1 and September 1, the EI Provider will assist the school district in determining and identifying possible service providers, if needed, until the beginning of the school academic year.	
• The request by EI Providers of Part B personnel to participate in collaborative transition planning for toddlers eligible for Part B services is assured.	GS.2
• The receipt of appropriate special education and related services by children with disabilities, eligible under Part B, by their third birthday, is assured. Should this not occur, documentation to HEALTH of barriers to this outcome is assured.	GS.2 GS.2 GS.1aa.
• Opportunities for community-based services for children exiting E.I. (Part C) and not eligible for Part B, as a result of ongoing collaborative relationships, is assured.	GS.2
• Active involvement of parents in the IFSP/IEP, including transition planning, is assured.	
• HEALTH will work with the Department of Education and, if appropriate, other members of the ICC to develop transition guidelines. The operationalization of these guidelines at local levels by the EI Provider is assured.	GS.1.a GS.1aa. CF.1.c
Data Source: EIMIS, Parent Survey	GS.1.b GS.1aa.
Objectives: Continuous Quality Improvement	GS.1.b
Personnel: Providing quality EIS to infants and	GS.1aa.

Part C Performance Goals/Objectives	Corresponding CIMP Indicator
toddlers requires competent personnel (full time, part time, or under contractual agreement), who have acquired appropriate certificates and licenses by state law and regulation within their academic disciplines, as well as evidencing a strong commitment to continuing education and professional development.	GS.2
Indicators:	
• Understanding the basic components of the EI system	GS.2 GS.1aa.
• Meeting interrelated psychosocial, health, developmental, and educational needs of eligible children	GS.2 GS.2 GS.1aa.
• Assisting families to learn how to enhance the development of their children and to participate fully in the development of IFSPs	CF.1.c GS.2
• Meeting established minimum standard guidelines	
Data Source: Staffing form, Site visits	
HEALTH, in collaboration with its partners, will provide a system of education and training to assure qualified EI staff throughout the EI system. EI providers will assure participation of their staff at appropriate education and training events in order to assure their staff meets professional standards. EI providers are responsible for reviewing the professional personnel standards, credentials, and supervision of their staff.	GS.2.b. CBT.1.b CF.1.c
Data Source: Quality Assurance Reports	GS.2.b
Indicators:	
• The maintenance of appropriate certificates and licenses for all EI qualified personnel is assured.	GS.2 GS.2

Part C Performance Goals/Objectives	Corresponding CIMP Indicator
• Personnel training and continuing education necessary to carry out administration and service provision responsibilities (including transition planning) for infants, toddlers, and children with disabilities is assured.	GS.2 GS.2.b
• The training of a variety of personnel on an interdisciplinary basis, including public and private providers, primary referral services, paraprofessionals, service coordinators, and parents, when appropriate (e.g., procedural safeguards), is assured.	
• Adherence to minimum staffing patterns and salaries, as well as maximum caseloads, is assured.	
Data Source: Staffing form, Site Visit, Training requests, EIMIS	GS.2.b
Procedural Safeguards: Parents have the right to awareness of and access to effective systems for parent and child protections. The provision of EIS to children with disabilities is advanced by the timely resolution of complaints, mediations, due process hearings, and methods for ensuring compliance that correct identified deficiencies. Systemic issues are identified and remediated through the analysis of findings from complaint investigations, due process hearings, and information and data collected from all available sources.	GS.2.b
Indicators:	
• Access for families to complaint investigations, mediations, and due process hearings and reviews in a timely manner is assured.	GS.2.b. GS.2.b.
• The implementation in a timely manner of decisions in complaint investigations, mediations, and due process hearings and reviews, which result in corrective actions, is assured.	GS.2.b. GS.2.b.
• As a result of corrective actions relating to	GS.2.b.

Part C Performance Goals/Objectives	Corresponding CIMP Indicator
decisions in complaint investigations, mediations, and due process hearings and reviews, an increase in the effective and appropriate provision of EIS is assured. *Data Source:* Record Review, Complaint Log	GS.1.g.
Evaluation: Evaluating services through functional outcomes for EIS will be a primary objective for the continuous quality improvement system.	
Indicators:	
• The utilization of evaluation results to promote the improvement of EIS to children with disabilities is assured.	GS.2.b.
• The utilization of evaluation results to meet identified needs of parents, administrators, service providers, etc., is assured.	GS.2.b
• The utilization of evaluation results to correct identified deficiencies is assured.	GS.2.b.
• The utilization of parent-driven evaluation results (e.g., parent surveys) for program compliance and improvement is assured.	GS.2.b.
• The utilization of evaluation data from services provided after a child leaves EI is assured. *Data Source:* Parent Survey, EIMIS	GS.2.b.
Objective: Maximizing Medicaid and Other Financial Resources – The EI Provider will maintain appropriate and necessary staff capacity to assure timely fiscal management that maximizes collection of funds from available sources such as Medicaid, private insurers, categorical grants, and state funds. Part C funds and allocated State funds for EI will be utilized last after all other funding sources have been adequately pursued.	
Indicators:	

Part C Performance Goals/Objectives	Corresponding CIMP Indicator
• The maintenance of appropriate and necessary staff capacity to assure timely fiscal management that maximizes collection of funds is assured. • Assistance for those children and their families who are at-risk but not eligible for EIS is assured. Assistance will ensure that a timely and facilitated referral is made to appropriate community-based resources to meet the needs of the child and family and will be documented as directed by HEALTH. • Capacity for timely billing for services, adhering to recognized best accounting practices, is assured. • A system that provides, at a minimum, risk management arrangements, with specific attention to general liability, professional liability, and directors and officers liability, is assured. • Policies, procedures, and experience in private health insurance, third-party liability, and coordination of benefits in relation to Medicaid are assured. • The provision of an annual certified audit as prescribed by HEALTH is assured. • The immediate notification of staffing changes by the EI provider to HEALTH is assured. *Data Source:* Reimbursement request review, staffing form, record review reports, EIMIS *Objective:* EI Management Information System (EIMIS)- EI Providers will actively cooperate and participate in maintaining prescribed management information systems, including billing systems, timely reporting of data, and active participation in analyzing and using data to improve services to children and their families (CQI). HEALTH will maintain appropriate staffing for a viable data collection	

Part C Performance Goals/Objectives	Corresponding CIMP Indicator
system, as well as the EI service providers dedicating necessary staffing. *Indicators:* • *The maintenance of the EIMIS on their own equipment that meets the following minimum specifications is ensured:* • *PC with 500 MB of free space after the software is loaded* • *200 Megahertz* • *64 Ram* • *56K Modem* • *Access to e-mail or the Internet with the ability to send files* • *Windows Operating System* • *A legal copy of Microsoft Access 97* • *The provider may choose to network the system but is responsible for setting it up* • *Part-time dedicated personnel for data entry* • *The provider is responsible for maintaining all equipment, software, and data* • *The maintenance of all equipment, software, and data by the provider is assured.* • *The collection of data in the EIMIS by the provider in a timely manner to meet all scheduled reviews is assured. Data must be entered within fifteen (15) days of services rendered.* • *The sending of data by the provider to HEALTH on a weekly basis is assured.* • *The backing-up of EIMIS information by the provider is assured.* • *Notification by the provider to HEALTH of change in Provider's EIMIS staff is assured.* • *Participation in designated HEALTH training by appropriate MIS staff is assured.* *Data Source:* Data timeline review, record review reports	

Part C Performance Goals/Objectives	Corresponding CIMP Indicator
Objective: Organizational Capability - EI Providers must have sufficient capability to carry out the various operational functions necessary to provide EIS. Related areas include capacity to manage ongoing operations, to coordinate effectively with community agencies, and to maintain positive partnerships with other involved EI Providers. It is expected that providers will have nonprofit status and furnish supporting documentation, including, but not limited to, agency mission, Board of Directors, tax exempt identification, etc. Applicants must demonstrate an effective approach to program management, identifying key issues, which are addressed in the applicant's plan. The Applicant must further demonstrate a sound approach to financial management and provide a description of the core financial team and support system. *Indicators:* • The demonstration of capacity for timely billing for services is assured. • Methods for determining future cash requirements and plans for ensuring adequate cash flow are assured. • Risk management arrangements, with specific attention to general liability, professional liability, and directors' and officers' liability are assured. • Policies, procedures, and experience in third party liability and coordination of benefits in relation to Medicaid are assured. • The provision of a sound business plan, including a projected monthly revenue and expense statement for the first twelve months with appropriate line item notes to identify assumptions (e.g., number of persons served, services to be provided, associated revenues and expenses) is assured.	

Part C Performance Goals/Objectives	Corresponding CIMP Indicator
• The provision of a copy of the Applicant's most recent audit is assured. *Data Source:* Request for reimbursement reports, Site visit	
Goal: Service Coordination Each EI eligible child and the child's family must be provided with one service coordinator who is responsible for: • Coordinating all services across agency lines, and • Serving as the single point of contact in helping parents to obtain the services and assistance they need.	
Objective: Intra-State Capacity – Families will be free to choose their child's EI service coordination agency, regardless of the family's address. All EI service providers will be considered to be providing services on a statewide basis. *Indicators:* • The coordination of efforts for child find, evaluation, and provision of services, through interagency agreements and other mechanisms is assured. • An increase in the development of coordinated service systems between EI providers and Local Educational Authorities (LEAs) is assured. *Data Source:* Parent Survey, site visit	GS.1.a CBT.1.a.

APPENDIX F

Parking Lot of Ideas for Improvement Planning

IDEAS for Improvement/Maintenance Strategies

Based on direction which Steering Committee representatives received while attending the OSEP Self-Assessment and Improvement Planning Institute in Atlanta on July 23-24, 2001, Cluster Committees were provided with the following clarification in the framing questions: "Our task is NOT to do improvement planning NOW. Do not spend time you need for data analysis on discussing ideas for improvement planning. However, such ideas will inevitably emerge so use this column (on the Cluster Committee Report form) as a 'parking lot'. Some Cluster Committees may even have time to do initial brainstorming. This column of IDEAS for improvement/ maintenance strategies can serve as a 'starting point' for improvement planning AFTER completion of self-assessment process."

As a result of this directive, Cluster Committees devoted concerted time to the analysis of strengths and concerns...not on the development of improvement strategies. The following insights are relevant:

1. Because Committees used the column for "IDEAS for Improvement/Maintenance Strategies" as a parking lot, some Cluster Committees "parked" a lot of ideas. Some, focusing exclusively on their prescribed task, parked only a few or none. This inconsistency in the quantity of ideas across clusters is attributable ONLY to the nature of the parking lot activity itself and should not be construed to mean anything else, e.g., lack of good ideas or capacity in Rhode Island to respond to identified concerns, etc.

2. Ideas were "parked" on an ongoing basis as part of the Committee's analysis of particular strengths and concerns. Given this context, it is likely that ideas may respond to issues on a "micro" level. That is, when they were "parked", Committee members did not have the benefit of seeing the full report across all clusters or the Steering Committee's prioritization of strengths and concerns or validating public input. As intended by the sequence of CIMP phases outlined by OSEP and adopted by Rhode Island, now that the full self-assessment report is finalized, this can be used in a full and comprehensive way to carry out improvement planning from a macro and systems change perspective.

The charts that follow present the "parked" ideas by Cluster, citing the relevant indicator and the idea(s). The ideas include those generated both by Cluster Committees and individual members who submitted written responses to the Cluster Committee reports. These ideas will be used, as intended, as a starting point for improvement planning. Moreover, as improvement planning begins, to facilitate a full understanding of the ideas that were "parked", persons on the Improvement Planning Advisory Committee will receive not only this Appendix F but also the Cluster Committee reports with the "IDEAS for Improvement/Maintenance Strategies" column reinserted where it originally appeared.

Cluster Committee Report:
General Supervision (B & C)

OBJECTIVE: Effective general supervision of the implementation of the Individuals with Disabilities Education Act (IDEA) is ensured through the State Education Agency's (SEA) and Lead Agency's (LA) development and utilization of mechanisms and activities, in a coordinated system, that results in all eligible children with disabilities having an opportunity to receive a free appropriate public education (FAPE) in the least restrictive environment (LRE), and all eligible infants and toddlers and their families having available early intervention services (EIS) in natural environments (NE) appropriate for the child.

Indicator	IDEAS for Improvement/Maintenance Strategies
COMPONENT GS.1 Are early intervention services (EIS) and free appropriate public education (FAPE) for children with disabilities ensured because the State's systems for monitoring, and other mechanisms for ensuring compliance, and parent and child protections, are coordinated, and decision-making is based on the collection, analysis and utilization of data from all available sources?	
GS - 1a. Are parents, and eligible youth with disabilities, aware of, and have access to, their right to effective systems/process for parent and child protections? GS – 1aa. Are the system/processes they engage effective in meeting their needs? GS - 1b Is the provision of EIS and FAPE to children with disabilities advanced by the timely resolution of complaints, mediations, due process hearings, and methods for ensuring compliance that correct identified deficiencies? GS - 1c Are systemic issues identified and reedited through the analysis of findings from complaint investigations, due process hearings and information and data collected from all available sources? GS.1a. Do the monitoring instruments and procedures used by the SEA/LA identify IDEA compliance? (GPRA 6.1) GS.1.b. Are deficiencies, compliance and best practices identified through the State's system for ensuring general supervision are corrected in a timely manner? (GPRA 6.1)	

Indicator	IDEAS for Improvement/ Maintenance Strategies
COMPONENT GS.1 Are early intervention services (EIS) and free appropriate public education (FAPE) for children with disabilities ensured because the State's systems for monitoring, and other mechanisms for ensuring compliance, and parent and child protections, are coordinated, and decision-making is based on the collection, analysis and utilization of data from all available sources?	
GS.1.c. Are enforcement actions used and technical assistance given when necessary to address persistent deficiencies? (GPRA 6.1)	
GS.1.d. Is information collected through State Education Agency/Lead Agency monitoring used to effect systems change?	
GS.1.e. Are complaint investigations, mediations, and due process hearings and reviews conducted in a timely manner? (GPRA 6.1)	Part B: The due process hearing guide is outdated. Currently, there is no Rhode Island Department of Education Hearing Guide available to parents for explaining the due process hearing system.
GS.1.f. Are decisions in complaint investigations, mediations, and due process hearings and reviews, which result in corrective actions, implemented in a timely manner? (GPRA 6.1)	
GS.1.g. Are findings from complaint investigations, due process hearings and review decisions, and other data, used as an integral part of the State's monitoring system?	Implement a standardized data collection process at the local levels for parent complaints and concerns.
COMPONENT GS.2 Are appropriate and timely services ensured through interagency coordination and assignment of fiscal responsibility?	
GS.2.a. Are child find/outreach, evaluation and provision of services, coordinated through interagency agreements and other mechanisms?	
GS.2.b. Does the State Education Agency /Lead Agency develop and implement coordinated service systems to minimize duplication and ensure effective services delivery?	
COMPONENT GS.3 Are appropriate special education and related services provided to children with disabilities served in juvenile and adult correctional facilities in the State?	
GS.3. Are appropriate special education and related services provided to children with disabilities served in juvenile and adult correctional facilities in the State?	

Indicator	IDEAS for Improvement/ Maintenance Strategies
COMPONENT GS.4 Are appropriate special education and related services provided to children with disabilities served in out-of-district placements (e.g., nonpublic schools, consortia, etc.) under the direction and supervision of the public agency, and in State operated programs (e.g., departments for mental health or mental retardation, schools for the blind and deaf, etc.)?	
GS.4. Are appropriate special education and related services provided to children with disabilities served in out-of-district placements (e.g., nonpublic schools, consortia, charter schools, career technical schools, home schooled, hospitals, foster care, group home facilities or any other facilities etc., under the direction and supervision of the public agency, and in State operated programs (e.g., departments for mental health or mental retardation, schools for the blind and deaf, etc.)?	

Footnote: Part C does not have any out-of-district placements with the exception of pediatric nursing homes.

Indicator	IDEAS for Improvement/ Maintenance Strategies
COMPONENT GS.5 Do appropriately trained public and private providers, administrators, teachers, paraprofessionals and related service personnel provide services to infants, toddlers, children and youth with disabilities?	
GS.5.A Are there sufficient numbers of qualified teachers, EI personnel and related service providers employed in public schools to meet the identified needs of all children with disabilities?	

Note: Early Intervention personnel are not employed by public schools in Rhode Island.

Cluster Committee Report: Transition - Early Childhood

OBJECTIVE: Transition planning results in needed supports and services, available and provided as appropriate, to a child and the child's family when the child exits Part C.

Indicator	IDEAS for Improvement/ Maintenance Strategies
COMPONENT C.BT.1 Do all children exiting Part C receive the services they need by their third birthday?	
C.BT.1.a Are all children eligible for Part B services receiving special education and related services by their third birthday or for children who will turn 36 months between May and September, these events occur on an adjusted timeline that will allow for participation of all three parties, and to insure placement upon opening of school or when the child turns 36 months if a 230 day or extended school year program is to be provided to the child?	Note: Part C and Part B are currently collaborating to support a new position of Early Childhood Transition Coordinator to work on system issues. Data is to be collected using the Special Education (IDEA) Preschool form in the future. Need to track appropriate, timely access to extended year data and success of timely transitions for Children who turn 3 in May through September.
C.BT.1.b. Are all children exiting Part C who are found not eligible for services under Part B receiving other appropriate services by their third birthday?	PL 42-75.5-2 requires collaboration of data. Review Connecticut data/Survey Data needs to be collected surrounding where children are referred if they are receiving those services. Need inter-cluster coordination.

Indicator	IDEAS for Improvement/ Maintenance Strategies
COMPONENT C.BT.1 Do all children exiting Part C receive the services they need by their third birthday?	
C.BT.1.c. What is the percentage of children leaving Part C services who are placed in inclusive preschool or other settings? (GPRA 1.7)	Needs PL 42-72.5-2 for consistent intake data across SEAs and LEAs and timelines of collection
C.BT.1.d. Is quality and compliant transition planning occurring with Part C, Part B providers and parents?	1. EI MIS needs to be expanded to report on transitions and not just exit data 2. Systems need to be developed to insure that EI and LEAs utilize policy for best practice in the transition process. 3. Transition Survey responses needs to be recorded consistently through a database 4. Need to be able to compare to the national average the percentage of children being serviced in EI and pre-school

Cluster Committee Report: Transition – Secondary

The Committee devoted all of its time exclusively to data analysis and "parked" no items in the "Ideas for Improvement/Maintenance Strategies".

Cluster Committee Report: Family Involvement - Family-Centered Services

OBJECTIVE: Outcomes for infants and toddlers and their families are enhanced by family centered supports and systems of services.

Indicator	IDEAS for Improvement/ Maintenance Strategies
COMPONENT CF.1 Do family supports, services and resources enhance outcomes for infants and toddlers and their families?	
CF.1.a. Are family centered practices (FCP) at the core of all aspects of the early intervention process from initial identification through the child's transition to Part B or other services? In what ways?	Need to deliver a process to clearly identify what will be part of intake and add to data system to document distribution of Welcome Packet. Consistent information dissemination by all EI programs. Collect data of effectiveness of Central Directory. Include question on Family Survey in 2002. Follow up with class participants. Survey EI staff and families regarding the effectiveness and why they have not utilized the services of a PC. Understandable, ongoing information to families regarding rights and responsibilities (PS). Central access for all MOA's.
CF.1.b. Do families report that early intervention services have increased their family's capacity to enhance their child's development? GPRA 2.2	Would like to see the data support outcomes in a future study.
CF1.c. Do families report that they have meaningful participation in all aspects of the Early Intervention Program including the development of the IFSP and all decisions regarding services for their child?	

Cluster Committee Report: Family Involvement - Parent Involvement (B)

OBJECTIVE: Provision of a free appropriate public education to children with disabilities is facilitated through parent involvement in special education services.

Indicator	IDEAS for Improvement/ Maintenance Strategies
COMPONENT BP. 1 Are parents involved in determining appropriate services for their children and in program improvement activities?	
BP.1.a. Do parents participate in the development of educational policies at the state and local level which include school improvement teams, state and local assessment, special education advisory committees, steering committee, development of performance goals and indicators, etc.? BP1.b. Are parents equal participants in the development/design of their child's special education and related services?	Strongly recommend that the data from the SALT Parent Survey include a report disaggregated by responses from parents of students with disabilities

Cluster Committee Report: Inclusion - Early Intervention Services (EIS) in Natural Environments (NE)

OBJECTIVE: Eligible infants and toddlers and their families receive early intervention services in natural environments appropriate for the child.

Indicator	IDEAS for Improvement/Maintenance Strategies
COMPONENT CE.1 Does family centered service coordination effectively facilitate ongoing, timely early intervention services in natural environments?	
CE.1.a. Does each child and family have an assigned service coordinator? CE.1.b. Does each child and family receive timely EIS in NE? (GPRA 1.6)	Accurate data to reflect case load with families served by service coordinator: ratio is truly reflective of standard. In the future be able to have EI family satisfaction surveys reflective of each program, not all info statewide results. Standards and policies in which rates set support capacity and reimbursement for NE services.
COMPONENT CE.2 Does the evaluation and assessment of child and family needs lead to identification of all child needs as well as all family needs related to enhancing the development of the child?	
CE.2. Does each evaluation and assessment of child and family needs lead to identification of all child needs as well as all family needs related to enhancing the development of the child? (Repeat of component statement) CE.2.a Are all the needs identified by the evaluation and assessment activities adequately reflected in the IFSP?	To have a process in which Supervisors can examine IFSPs with service coordinators to support quality improvement in service delivery and staff performance in accurate recording. Information for parents- Q&A fact sheets to support decision-making in relation to NE.
CE.2.b Are children with significant needs referred for specialized comprehensive evaluations?	Need for more personnel preparation in being able to make appropriate referrals and have knowledge of financial resources.

Indicator	IDEAS for Improvement/ Maintenance Strategies
COMPONENT CE.3 Are appropriate early intervention services in natural environments and informal supports meeting the unique needs of eligible infants and toddlers and their families?	
CE.3.a. What percentage of children are receiving age-appropriate services, as outlined in the IFSP, primarily in home, community-based settings, and in programs designed for typically developing peers? (GPRA 1.3)	Ability to have more consultant/professional support to prepare staff in integrated settings to include EI children and supporting their families. Increase paraprofessional support and training for working in integrated environments.
CE.3.b. What percentage of children participating in the Part C program demonstrates improved and sustained functional abilities? (GPRA 2.1) CE.3.c. Does the IFSP lead to identification of child and family outcomes supporting improved and/or sustained functional abilities?	Monitoring data off IFSP on an ongoing basis. This goes back to supervision feedback mechanism with IFSPs.
CE.3.d. What percentage of children and their families receive all the services identified on their IFSP? (GPRA 1.5)	Availability of translators/interpreters

Cluster Committee Report: Inclusion - Free Appropriate Public Education in the Least Restrictive Environment

OBJECTIVE: All children with disabilities receive a free appropriate public education in the least restrictive environment that promotes a high quality education and prepares them for employment and independent living.

Indicator	IDEAS for Improvement/Maintenance Strategies
COMPONENT BF.1 Are the needs of children with disabilities determined based on information from an appropriate evaluation?	
BF.1.a. Is the percentage of children with disabilities receiving special education, as identified by State eligibility criteria, comparable to national data?	There should be ways to determine the literacy needs of children and provide comprehensive and balanced intervention outside of special education. Coordinate services, develop pre-service training, ongoing assessment and early intervention to prevent students experiencing difficulties in literacy from being labeled later on. The first level of intervention for all students is provided through high quality reading instruction provided in general education classrooms. Intervention programs that provide empirically based intensive instruction in reading beginning at the kindergarten and first grade levels are required. The capacity to provide research-based intensive instructional programs at the primary and intermediate levels for all children who perform at unacceptably low academic levels must be expanded. Documentation for the "lack of appropriate instruction in reading or math" (section 300.534 (b)(1)(i) of the Rhode Island special education regulations) must include the effects of early identification – intervention and intensive instructional programs and accompany students as they are referred for special education consideration. Increased sensitivity to students from other cultures is essential to their success. There is a need to train general education teachers to be culturally sensitive to English language-learning students. Direct decisions about the designation of students as learning disabled through a consistent process for determining the presence of a "severe discrepancy" between anticipated and actual achievement. To more accurately identify the actual achievement of students in kindergarten, first, and second grades, reliable measures must be identified and disseminated. Indicators of students' learning potential in addition to IQ scores must be used. The process should emphasize standards scores, encourage the use of reliable assessment instruments, and should address statistical phenomena like regression to the mean and standard error of measurement. A precise description of a student's reading difficulties must be provided for referred students. This process must be

	practically and conceptually related to early identification and intervention in reading.
BF.1.b. Is the percentage of children with disabilities disaggregated by race/ethnicity in each disability category comparable to state data?	A process for determining "disproportionality" by race/ethnicity is required. The Children With Disabilities study Group will propose one by February 1, 2002.
BF.1.c. Do evaluation teams use appropriate evaluations and interpret them consistently across all districts?	To develop a consistent and comprehensive data system to meaningfully inform policy decisions. Adherence to the timelines, regulations and decisions need an accountability standard to ensure expedient implementations of recommendations and/or mandates. Address pre-service requirements. Improve dissemination of information on in-service programs. Personnel knowledge, willingness and implementation of regulations and best practice should be future SALT survey topics. Clarifications on roles and functions of all personnel. Review guidelines on case load requirements and functions. Enforcement of regulations on number of personnel.
COMPONENT BF.2 Are appropriate special education and related services provided to children with disabilities served by the public agency?	
BF.2.a. Are high school completion rates for children with disabilities comparable to completion rates for nondisabled children? (GPRA 4.1)	
BF.2.b. Are dropout rates for children with disabilities comparable to those for children	Develop a data system to track the number of special needs students who may drop out of school but go on to attempt and/or achieve their GED.

without disabilities? (GPRA 4.1)	
BF.2.c. Do children with disabilities participate and progress in the general curriculum?	To develop a consistent and comprehensive data system to meaningfully inform policy decisions. Adherence to the timelines, regulations and decisions need an accountability standard to ensure expedient implementation of recommendations and/or mandates. School improvement plans need to include all children. Address pre-service requirements. Improve dissemination of information on in-service programs. Personnel knowledge, willingness and implementation of regulations and best practice should be future SALT survey topics. Create a database of job descriptions. Clarifications on roles and functions of all personnel. Review guidelines on case load requirements and functions.
BF.2.d. Are children who would typically be identified as being eligible for special education at age 8 or older (e.g., third grade) and who are experiencing early literacy and/or behavior difficulties, identified and receiving services earlier, to avoid falling behind peers? (GPRA 2.1)	To develop a consistent and comprehensive data system to meaningfully inform policy decisions. Increase support for intervention for at-risk students.
COMPONENT BF.3 Are appropriate services provided to children with disabilities whose behavior impedes learning?	
BF.3 Are appropriate services provided to children with disabilities whose behavior influences learning? (Repeat	Continue intra and interagency collaboration around positive behavioral supports for school personnel. Develop method of sharing local expertise, mentoring technology, professional development. A system for collecting data on suspensions and expulsions must be integrated with other data systems to provide a special education management information system.

of component statement)	
BF.3.a. Are suspension and expulsion rates for children with disabilities comparable to those for children without disabilities? (GPRA 3.3)	
BF.3.b. Do children with behavioral disabilities demonstrate progress in the general curriculum?	Strengthen the use of IEP as a tool for measuring progress and collecting data.
BF.3.c. Are services provided to children with challenging behaviors based on functional analysis of behavior?	
COMPONENT BF.4 Is continuous progress made by children with disabilities within the State's system for educational accountability?	
BF.4.a. Do children with disabilities participate in State/district-wide general assessment programs with appropriate test modifications and accommodations, as needed, across districts and comparable to national data? (GPRA 3.2) Do all	Incorporation of these data elements into the SALT survey.

children participate in State/district-wide assessments?	
BF.4.b. Do performance results for children with disabilities on large-scale assessments improve at a rate that decreases any gap between children with disabilities and their non-disabled peers? GPRA 3.2	Improve the special education management systems.
BF.4.c. Do children with disabilities participate in alternate assessments at a rate comparable to national data? Do all eligible children participate in State/district-wide alternate assessments? Are alternate assessments used only for eligible children?	
BF.4.d. Do individual students and/or cohorts of students demonstrate progress over time?	

COMPONENT BF.5 To the maximum extent appropriate, are children with disabilities educated, including participation in nonacademic and extracurricular activities, with nondisabled peers?	
BF.5 To the maximum extent appropriate, are children with disabilities educated, including participation in nonacademic and extracurricular activities, with nondisabled peers? (Repeat of component statement)	To develop a consistent and comprehensive data system to meaningfully inform policy decisions. This needs to be imbedded into the IEP process and the school support system. Professional development is needed to increase the participation of students with disabilities in academic, nonacademic and extracurricular activities.
BF.5.a. Is the percentage of children with disabilities in each disability category, served along each point of the continuum, comparable to national data? (GPRA 3.1)	
BF.5.b. Is the percentage of children with disabilities, by race/ethnicity, receiving special education comparable to the percentage of children, by race/ethnicity, in the general population?	
BF.5.c. Is the percentage of	

preschool children with disabilities served in inclusive settings, comparable to national data? (GPRA 1.1)	

Comprehensive Public Awareness and Child Find System

OBJECTIVE: All children birth through 21 who have developmental delays, disabilities, and/or are at-risk are identified, evaluated and referred for services.

Indicator	IDEAS for Improvement/Maintenance Strategies
COMPONENT CC.1 Does the implementation of a comprehensive, coordinated Child Find system result in the identification, evaluation and assessment of all eligible children birth through age 21?	
CC.1.a.2. Is the percentage of eligible children aged 3-5 identified comparable to national demographic data for the percentage of children 3-5 with disabilities?	CC.l.a.2. (Ages 3-5) 1) Operationalize the intent of the Child Outreach (preschool screening) system to screen every 3 and 4 year old. 2) Develop an electronic tracking system such as providing districts with software to track Child Outreach (3-5) results —standardize data collection & reporting
CC.1.a.3. Is the percentage of children 5-21 identified as having disabilities comparable to national demographic data for the percentage of children with disabilities?	CC.1.a.3. 1) Consider focusing resources to enhance the responsiveness of general education to diverse learners, especially to those with early reading difficulties, to preclude possible reliance on special education services to secure individually tailored learning opportunities. 2) Investigate the impact of RI's school entry cut-off age (5 years by Dec 31st) on special education eligibility. Compare RI's age cut-off to school entry ages in other states and examine the percentage of identified children whose birthdays fall between Sept-Dec. Are there a disproportionate percentage of children whose birthdays fall in the last quarter (youngest children in each class) identified as having disabilities? 3) Examine the relationship between the lower percentage of identified children from Hispanic and Asian/Pacific Islander groups and system limitations of assessing children from non-English-speaking families. 4) Enable the RIDE data system to portray the relationship between the percentage of students in poverty and the percentage of students identified with disabilities living in poverty. Consider exploration of all factors, such as teacher expectations, educational responsiveness, referral-identification procedures, etc. contributing to any correlation between poverty and incidence. 5) Develop policy that ensures appropriate and accurate identification of children having learning disabilities and speech/language impairments. 6) Guard against misusing Child Outreach results to make school readiness/ school entry decisions.

Indicator	IDEAS for Improvement/ Maintenance Strategies
COMPONENT CC.1 Does the implementation of a comprehensive, coordinated Child Find system result in the identification, evaluation and assessment of all eligible children birth through age 21?	
CC.1.b. Is the percentage of eligible infants with disabilities that are identified under the age of one comparable with national prevalence data?	Work to reconcile the discrepancy between physicians/medical community and the EI/education community re: views of prevention & early identification of disabilities. Work to convince pediatricians to refer patients to EI or preschool services as soon as a child fails to reach a developmental milestone or if there are any developmental concerns. Develop partnerships between pediatricians and EI/preschool programs. Learn about and promote effective local practices. Examples: Child Outreach "prescription pads", info sessions for pediatricians, visiting nurses and other practitioners in the medical community re: systems awareness and referrals.

Indicator	IDEAS for Improvement/Maintenance Strategies
COMPONENT CC.2 Do families have access to culturally relevant information that supports and promotes referral of eligible children aged birth through 21 to the comprehensive child find system?	
CC.2. Do families have access to culturally relevant information that supports and promotes referral of eligible children aged birth through 21 to the comprehensive child find system? (Repeat of component statement)	Create and maintain an accountability system for tracking, reporting and assessing the cultural appropriateness and overall effectiveness of public outreach efforts related to referral. Develop & sustain a statewide effort to ensure a variety of culturally appropriate and effective outreach approaches re: referrals or access to services.