

**Special House Commission to Promote and Develop a
Comprehensive System of Education for
Visually Impaired Children**

The Interim Report . . . A Strategic Plan

**Creating a Unified Vision For Blind and Visually
Impaired Children in Rhode Island**

Submitted to the
Rhode Island General Assembly
March 31, 2004

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EXECUTIVE SUMMARY



In 1845 the first blind person was sent from Rhode Island, with the financial support of the General Assembly, to be educated at what is now Perkins School for the Blind. Since that time the people of this state, through their elected representatives, have entered into and maintained a historic compact with each successive generation of young blind or visually impaired Rhode Islanders. In return for the best possible education provision, paid for without question or complaint as a public expense, the young people who benefited from it were expected as adults to become contributing members of the larger society, which had invested so generously in them and in their individual futures.

While “best educational practices” and perceptions of what constitutes them may have changed radically over the last one hundred and fifty years or so, the original moral “Compact” between the State of Rhode Island and Providence Plantations and its blind or visually impaired young people remains as strong and unchanging as ever. “THE INTERIM REPORT . . . A STRATEGIC PLAN” appended to this Summary lays out and calls for the adoption of a series of evolutionary, programmatic changes in the education of blind or visually impaired children and young adults in Rhode Island. When fully implemented, these changes will bring together for the first time a comprehensive, seamless system of specialized educational programs and support services that will be available to every eligible child or young adult in our state who needs them. The “Rhode Island Vision Education and Services Program” (RIVESP), when fully operational, will serve as an efficient, cost-effective, compassionate service delivery model for our entire nation. It will revitalize and strengthen our historic Compact and carry it forward into the Twenty-First Century.

“THE INTERIM REPORT . . . A STRATEGIC PLAN” which follows, represents to date the work of the “SPECIAL HOUSE COMMISSION TO PROMOTE AND DEVELOP A COMPREHENSIVE SYSTEM OF EDUCATION FOR VISUALLY IMPAIRED CHILDREN.” Created by Resolution No. 6 of the House of Representatives and enacted on January 14, 2003 (Appendix I), the Commission has met monthly since February of last year under Chairperson, Representative Eileen S. Naughton (D-Dist. 21) Warwick (Appendix II). Extensive expert testimony, from representatives of various State Departments and Agencies, private non-profit organizations, community-based interest groups and numerous individuals was taken and evaluated. Utilizing this information, the Commission developed the following major recommendations as summarized below:

1. An administrative decision to move the existing “Vision Services Program” from its current location at the Rhode Island School for the Deaf to the Paul V. Sherlock Center at Rhode Island College should be made without delay and the name should be changed to the “Rhode Island Vision Education and Services Program” in order to reflect their enhanced role;
2. The newly reorganized and centralized Program should be fully funded and appropriately staffed by specialized professionals, as established by National Guidelines, so as to meet the immediate educational needs of all currently underserved or not served blind and/or visually impaired students in this state. Necessary fiscal, recruitment, and training mechanisms should also be put in place now, in order to accommodate the anticipated increase in the population of students who are blind or visually impaired; and

3. An Advisory Board should be created in statute to oversee and monitor the ongoing work of the Rhode Island Vision Education and Services Program. This Board should be comprised of individuals representing parents of blind or visually impaired students, government officials from the relevant state departments, programs and agencies, private non-profit groups with expertise in the field of blindness and/or visual impairment, and blind and/or visually impaired adults with real-life experience in the present service-delivery and educational systems.

Under the terms of Resolution No. 6, the Commission is required to report its findings to the House of Representatives no later than March 18, 2004. Accordingly, the commission is herewith submitting "THE INTERIM REPORT . . . A STRATEGIC PLAN." At the time of submission substantive statistical and longitudinal data specific to Rhode Island that would establish the incidence of blindness and or visual impairment within our state's youthful population, and other pertinent data, was lacking. Similarly, staffing and budget projections for RIVESP are provisional and subject to future revision. Nonetheless, the substantive findings and recommendations contained in this Report, without reservation, are valid and call for immediate and positive action on the part of our State's decision-makers. In addition, a well-organized, efficient RIVESP, complete with standards for vision education, will place the state's programs in an advantageous position to garner future private and public funds; hence creating the potential for increased future funding.

Representative Naughton has formally requested that the Commission's life be extended for an additional year so that the work, advanced in this document, may be completed. The Commission's "FINAL REPORT" will be issued in the spring of 2005 and will entirely validate this report's initial conclusions. In the meantime, added delay in meeting the critical, unmet service needs of Rhode Island's blind or visually impaired young people is unconscionable. The Commission believes these needs can largely be met utilizing existing financial resources, provided they are appropriately reallocated to and administered by the RIVESP in cooperation with its several partnerships. Many of the reforms proposed herein can and should be in place by the fall of 2004.

No person or group with whom the Commission has conferred opposes the reforms that are herein proposed. In fact, there is a deep reservoir of universal good will towards these measures on which our blind or visually impaired young people may draw. In his most recent "State of the State Address" delivered to the General Assembly and the people of Rhode Island on February 3, 2004, Governor Carcieri stated "Well educated young people become contributing adults." Although speaking in general terms, the Governor's words apply particularly well, both specifically and powerfully, to our blind and/or visually impaired students. When adopted and implemented, the Commission's proposals and recommendations contained herein will make access to RIVESP fair to all school districts; each blind or visually impaired child, from birth to 21 years of age, will be enabled to achieve his or her maximum potential in their academic, community, and employment endeavors.

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ABBREVIATION KEY

APH	American Printing House for the Blind
ATAP	Assistive Technology Access Partnership
CBOs	Community-Based Organizations
Core Curriculum	“Educators define the knowledge and skills, generally those related to academic subjects, a student should have learned by high school graduation.”
CSPD	Comprehensive System of Personnel Development
DHS	Rhode Island Department of Human Services
EI	Early Intervention
EIP	Early Intervention Program
Expanded Core Curriculum	Those educational and related service areas that are required by students with visual impairments in addition to the Core Curriculum and/or to make the Core Curriculum accessible.
FTE	Full Time Equivalent
FVE	Functional Visual Evaluation
GAC	Governor’s Advisory Council for the Blind
GCD	Governor’s Commission on Disabilities
HEALTH	Rhode Island Department of Health
IDEA	Individuals with Disability Education Act
IEP	Individual Education Program
IFSP	Individual Family Service Plan
IMAA	Instructional Materials Accessibility Act
IPE	Individual Plan of Employment
LEA	Local Educational Agency (Local School District)
MDT	Multi-Disciplinary Team
NASDSE	National Association of State Directors of Special Education
National Agenda	“The National Agenda for the Education of Children and Youths with Visual Impairments, Including Those with Multiple Disabilities
NEI	National Eye Institute
NFB	National Federation of the Blind
O&M	Orientation and Mobility
ORS	Office of Rehabilitation Services
RIC	Rhode Island College
RIDE	Rhode Island Department of Education
RIGL	Rhode Island General Laws
RIPBVIC	Rhode Island Parents of Blind and Visually Impaired Children
RIPIN	Rhode Island Parent Information Network
RISBVI	Rhode Island Services for the Blind and Visually Impaired
RIVESP	Rhode Island Vision Education and Services Program
RIVESP AB	Rhode Island Vision Education and Services Program Advisory Board
SBVI	Services for the Blind and Visually Impaired
SIG	State Improvement Grant
TVI	Teacher of Children who are Blind or Visually Impaired
USDOE	United States Department of Education
UAP	University Affiliated Program
UCEDD	University Center on Excellence in Developmental Disabilities (UAP)
UMASS	University of Massachusetts-Boston
VRL	Vision Resources Library
WIC	Women Infants and Children

SECTION I: VISION & MISSION

VISION:

The ideal and intent of this Commission is for all children who are blind and/or visually impaired, in the state of Rhode Island, to be provided with the necessary educational, health and human service programs, to which they are legally entitled, so that they may become successful, independent adults, contributing to the larger society in which they live. These programs and services will be delivered in a compassionate, high-quality, accessible and timely manner, equitably throughout the entire state.

MISSION:

After thoughtful deliberation and careful consideration, the Mission of this Commission was established and outlined as follows:

- To organize the various, currently fragmented, vision services and programs into an efficient, well-maintained, responsive delivery system.
- To foster the optimal use of programs and mechanisms already in place to serve the blind, visually impaired or multiply disabled children of Rhode Island, for whom they are intended.
- To encourage and increase collaboration among the numerous key shareholders who are responsible for providing the myriad of necessary services and programs.
- To insure adequate and sustainable funding for current and future services and programs.
- To promote the most efficient and effective utilization of existing monetary resources so as to create and maintain fiscally sound programs and services that will take into account, and periodically monitor, the costs and benefits derived from them.
- To develop and disseminate throughout Rhode Island, educational standards that are nationally accepted by professionals in the field of vision education.
- To promote staff development, training, and professional advancement, for vision educators in Rhode Island and in the New England region.
- To create and implement a plan, which will review, monitor and evaluate both programmatic processes and outcomes, as they relate to the educational progress of each blind, visually impaired and/or additionally disabled student.

SECTION II: INTRODUCTION AND BACKGROUND

Our nation has always been sympathetic to children who are blind or visually impaired¹; from the beginning we have recognized their special needs. In colonial times children and adults with visual and/or other disabilities were cared for, at public expense, in almshouses. In the early Nineteenth Century, influenced by educational ideas of the European Enlightenment, this merely custodial care was replaced in the new United States by the establishment of special residential schools in which children and young adults with various disabilities could be socialized, educated and given vocational training which would lead to gainful employment. The first such school for the blind in the United States was the Perkins Institute, established in 1829 in Boston Massachusetts. Thanks to a legislative allotment from the Rhode Island General Assembly known as "The Blind Beneficiaries Fund," generations of visually impaired students from this state were able to attend Perkins School. Throughout the balance of the century, most states and territories eventually established their own residential schools for deaf and/or blind children.

By the start of the Twentieth Century, with the nationwide system of specialized, residential educational facilities for children with visual and auditory impairments in place, public attention began to shift to the vocational training of adults with these and other disabilities. This trend was accelerated by America's participation in the First World War. In its aftermath, thousands of previously able-bodied young men returned home with serious, service-related disabilities. The need to retrain these men for useful employment gave rise to the first Federal Vocational Rehabilitation Act in 1920. Although rudimentary vocational training programs for blind people in Rhode Island had existed since the turn of the Twentieth Century, it was not until 1935 that the Bureau for the Blind was formally established in this state. This entity was the direct predecessor of the agency, known today as Rhode Island Services for the Blind and Visually Impaired, which is part of the Office of Rehabilitation Services within the Rhode Island Department of Human Services.

The 1960's and 1970's marked a period of great social change in America. One particular aspect of this change was a fundamental shift in thinking on the part of the government and the public about the way in which children who are blind or visually impaired should be educated. The Federal Government formally recognized the special needs of this unique population with its establishment in 1967 of the Bureau of Education for the Handicapped within the former U.S. Department of Health, Education, and Welfare. "Deinstitutionalization" and "mainstreaming" became public policy in 1975 with the enactment of the Education for All Handicapped Children Act (see Appendix VII), which among other things, mandated the provision of the IEP (Individual Education Plan) for each special needs student. This landmark legislation paved the way for all children with disabilities to be "mainstreamed" within the public educational system. Henceforth, local educational agencies (LEAs) were mandated by federal law, to provide blind children with a free and appropriate education. This pioneering federal legislation was broadened and amended, eventually becoming "IDEA", the (Individuals with Disabilities Education Act) in 1990. None of these sweeping and necessary philosophical and programmatic changes in the education of blind and or visually impaired young people would have come about had it not been for the development of a grassroots movement of parents and other advocates who had been lobbying for such policy alterations since the 1950s.

Rhode Island today, like many other states, administers vision services through various state agencies including the Departments of Elementary and Secondary Education, Health, and Human Services. Each of these state agencies plays a collaborative role in providing services and programs for blind children. At present, the LEAs are often unable to fulfill their responsibilities to each student resulting in the delivery of these essential services being fragmented and uncoordinated. The fragmentation of these services and programs, which occurred as a result of the inadequate allocation of resources and the tradition of continuing autonomy within individual school districts, has adversely impacted the children, parents, professionals and administrators of local and state governments. Advocates, professionals, administrators, legislators and other government officials have discussed and debated the current state of affairs associated with vision services and have concluded there must be a change.

In light of the consensus that there must be a change, it is important to note that the provision of comprehensive services for children with blindness or low vision represents an ongoing, significant financial challenge. It has been estimated that the annual cost of educating a blind student is over \$15,000 in the state of Rhode Island (source: Children with Disabilities Study 1995-1996 and 1997-1998). While the financial costs of keeping these children at home and of educating them in appropriate, community-based instructional settings may seem high, it should be remembered that the per capita expense of sending these students to residential facilities out-of-state is far greater, and that the economic, social, emotional and physical consequences of not making such services and programs readily available and accessible locally, are far more profound.

The critical elements associated with providing opportunities, services and programs for young blind children to acquire knowledge and skills is undeniably linked with their later ability to function as successful adults. The economic benefit of creating equal opportunities for individuals with blindness or vision impairment is an important component of the plan being presented here. These economic benefits must be considered as being the desired outcome of a long-term investment, as a result of which children who are blind or visually impaired will have access to the necessary assistive technology, specialized educational materials, and specific support services (such as TVI and O&M). These services will enable students to compete successfully, from the start, with their sighted peers. The long-term nature of this agreement is essential and must be sustainable throughout the child's educational experience in order for us as a society to see the positive repercussions that will ensue. The nurturing and training of independent, confident, and educated blind adults, who will be able to maintain themselves and sustain their own livelihood, free from continuing dependence on the state, is the ultimate objective of this Commission and its Strategic Plan.

The attainment of this objective will require making both a monetary and human resource investment in our state. The value of "paying now" rather than "paying later" for children who are blind or visually impaired is the philosophy of many professionals, parents and state decision-makers who were involved in the preparation of **The Interim Report . . . A Strategic Plan**. Implementation of the measures proposed herein will lead to the admirable and economically beneficial end of preparing these children for independence and freeing them from total dependence on state welfare programs, now and in the future.

This Commission's plan identifies the many factors and concrete action steps that will, in the end, contribute to the development and implementation of a seamless and efficient delivery system offering these children appropriate educational services and programs.

The agencies and the specific roles they play in implementing a comprehensive service delivery program for blind children are described in much greater detail within this plan.

¹**R.I.G.L. Section 40-9-11.6(a)** defines visually impaired/blind person as “Blind person” means a person whose visual acuity is found to be 20/200 or less in the better eye with best correction, or visual acuity of better than 20/200 if the widest diameter of the field of vision subtends an angle no greater than twenty (20) degrees. Blindness shall be determined by a physician skilled in the diseases of the eye and certification thereof shall be made by the ophthalmological consultant at the state services for the blind and visually impaired. **The Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities**, defines vision impairment as follows: “Vision Impairment means that a person’s eyesight cannot be corrected to a ‘normal’ level.” (Source: www.cdc.gov/ncbddd/dd/ddvi.htm)

SECTION III: PRELIMINARY FINDINGS OF THE COMMISSION

The Special House Commission to Promote and Develop a Comprehensive System of Education for Visually Impaired Children has found, by virtue of its work thus far, that the Commission must seek to systematically:

1. Define the comprehensive elements of the Rhode Island Vision Education and Services Program (RIVESP) within the context of the strategic plan;
2. Determine the scope of the RIVESP using the state goals and standards set forth in the RI Agenda for the Education of Children and Youths with Visual Impairments, including those with Multiple Disabilities (hereinafter called the Rhode Island Agenda) as well as any federal and/or state laws/regulations pertaining to children who are blind or visually impaired;
3. Specify the nature of the program and how it is to be administered;
4. Clearly delineate responsibility and accountability for the program and establish the degree of responsibility and/or accountability that its Administrator shall have;
5. Develop criteria needed to assess, implement, monitor, review, and evaluate the RIVESP, including the financial and human resources necessary to maintain it;
6. Recommend resources to develop ongoing, contemporary refinements. These refinements include, but are not limited to, staffing needs, purchase of newly introduced technology for children, and cutting edge staff development and training; and
7. Define relationships, roles and responsibilities of shareholders in RIVESP including, but not limited to, the Rhode Island Department of Education, the Department of Human Services, Rhode Island Services for the Blind and Visually Impaired, the Rhode Island Department of Health Early Intervention Program (HEALTH EI), local educational agencies (LEAs), the Rhode Island Vision Education and Services Program, the RI Parents of Blind and Visually Impaired Children, the Sherlock Center at Rhode Island College, the Rhode Island Vision Education and Services Program Advisory Board, the Rhode Island Children's Cabinet, the Governor's Advisory Council for the Blind, and community-based organizations involved in the receipt, coordination, implementation and/or maintenance of services related to this Program.

SECTION IV: SCOPE OF THE RHODE ISLAND VISION EDUCATION AND SERVICES PROGRAM (RIVESP)

The scope of the Rhode Island Vision Education and Services Program is vast. It combines unique direct service components (e.g., delivery of vision services to children birth – 21 years) with coordination of collaborative efforts among partners. The goal of this program is to provide direct services and also to coordinate and assist in the delivery of all the components within that continuum (see FIGURE ONE). RIVESP will promote equal access and availability of special education services for blind or visually impaired children, who are legally entitled to them, and their families. RIVESP administrators and personnel will also collaborate with other state agencies and community-based organizations to insure the delivery of additional, necessary human services programs for children who are blind or visually impaired, including those with co-occurring multiple disabilities. All Program standards will be based on the “*Rhode Island Agenda.*” (Appendix III)

- All blind children deemed eligible under the relevant federal and state laws shall be offered these services through the collaboration of the Rhode Island Department of Education(RIDE) and the child’s local educational agency (LEA). Entry into RIVESP may be made in any number of ways including, but not limited to, school-based eye screening programs, physician/eye professional referrals, and/or through community-based organizations.
- Infants and toddlers aged birth to 36 months and their families will be served through the Early Intervention Program administered by the Department of Health (HEALTH).
- Children ages 36 months to 21 years will be served by the local education agency (LEA) through the Rhode Island Vision Education and Services Program (RIVESP).
- The agency responsible for providing social services to current and newly identified children and their families from birth until 21 years of age will be Rhode Island Services for the Blind and Visually Impaired within the Department of Human Services (DHS).
- Once eligibility is determined and services are accepted, the LEA shall coordinate the delivery of said services as specified in the child’s Individual Educational Program (IEP).
- A collaborative environment will be fostered among all state agencies, LEAs, affiliated advisory groups/committees, the RI Parents of Blind and Visually Impaired Children and community-based organizations directly involved in the coordination, enforcement, implementation, monitoring, review and evaluation of these services (FIGURE ONE).

FIGURE ONE (below): Indicates the Commission’s recommendations for the continuum of services related to the RIVESP.

FIGURE ONE: CONTINUUM OF SERVICES

<u>Identification of Blindness</u>	<u>Referrals</u>	<u>Programs/Services</u>
x----In-School/Provider Screening Programs	x---From ID/Screening Into....	X----Medical X----EI (HEALTH) X----RIDE X----LEAs --- School—IEP X---RISBVI

As an initial measure to isolate and identify children that have visual impairments, the Commission seeks to encourage the most effective early identification of visually impaired children in Rhode Island. We recognize that vision disorders are the most prevalent class of handicapping conditions in childhood. Early detection increases the likelihood of effective treatment and allows for intervention planning in order to decrease the negative impact of these disorders. Nationally, fewer than 15 percent of all preschool children receive any eye examination and less than 22 percent of preschool children receive some type of vision screening. Current utilization of the MTI Photoscreener has proven effective at identifying previously unidentified visually impaired children in the preschool population. The Commission supports expanding the program to accommodate 100% screening of the preschool population in Rhode Island, so that no child is left behind.

To ensure future utilization of the most effective means for screening in the preschool population, the Commission will periodically review and update recommended techniques according to evidence based medicine endorsed by the National Eye Institute (NEI). Methods for vision screening vary tremendously and the effectiveness of screening techniques over comprehensive exams in appropriately identifying children with vision impairment has not been adequately documented. Currently, NEI is conducting a "Vision In Preschoolers Study" (VIP Study). When the results of this preminent study are published, the Commission may suggest changes in vision screening protocols based upon its recommendations.

As of the writing of **The Interim Report . . . A Strategic Plan** (March, 2004), the state's ability to identify, track, and respond to children with visual impairment resides within the Rhode Island Department of Health. Within this context of HEALTH, vision is a critical component of public health, specifically child development and learning. Accurate and developmentally appropriate screening, identification, and monitoring of children with visual impairments is a crucial element in assuring the delivery of quality services to all children in Rhode Island with visual impairment. The Commission recognizes that HEALTH maintains several program databases that will assist the Commission in determining and understanding the incidence and prevalence of specific visual impairments in Rhode Island children. The following represent those programs and the resources associated with them:

Newborn Screening Program (R.I.G.L. Section 23-13-14) Every child in Rhode Island benefits from a newborn screening, which consists of a universal hearing assessment, a developmental risk assessment, and testing for nine different congenital disorders.

Family Outreach Program All children identified with developmental risks by the Newborn Screening Program, Neonatal Intensive Care Unit, or the birthing hospitals are referred to the Family Outreach Program and/or the Early Intervention Program. The Family Outreach Program provides an in home assessment at birth, another developmental assessment at six months, and additional in home services depending on the specific needs of the child and family. Data related to the provision of services by the Family Outreach providers is maintained in HEALTH's KIDSNET data system, as well as in the clinical records of the Family Outreach Program provider agencies. The Family Outreach Program also makes referrals to appropriate medical and community agencies, including Early Intervention, when necessary.

Birth Defects Registry (R.I.G.L. Section 23-13-3) The Birth Defects Registry is the result of legislation introduced by Representative Naughton. It is an active reporting registry of children

up to the age of five, designed to support studies of adverse birth outcomes and to assure prompt treatment. The registry is built from a number of sources, including hospital discharge data, local birthing hospitals, Woman and Infants Neonatal Intensive Care Unit, and the Child Development Center among other sources. Identification of visual impairment in these children is dependent on hospital diagnostic coding (ICD-9).

Early Intervention Program (R.I.G.L. Section 23-12-22) The Early Intervention program provides an initial risk screening, followed by a developmental evaluation, annual assessments, and developmental services to children from birth to three years of age who have significant developmental challenges or multiple risk factors. Children with visual impairments, according to eligibility criteria, qualify for all Early Intervention services. The Early Intervention Program has the potential to provide data on the number of children from birth to three years of age with visual impairment, their specific diagnosis, and what services they are receiving in the program. Early Intervention staff is currently working with the Office of Rehabilitation Services to link databases, in an effort to improve identification of children with visual impairment and assure that all children with visual impairment receive appropriate services.

KIDSNET KIDSNET is HEALTH's centralized pediatric public health tracking and information system, developed to assure that all Rhode Island children receive comprehensive and coordinated preventive health care. Every child born in Rhode Island is assigned an individual identifier and included in the KIDSNET database. KIDSNET data sources include the Newborn Screening Program, lead prevention, Early Intervention, Rhode Island Hearing Assessment Program, Birth Defects Registry, Immunization records, Women Infants and Children (WIC), pediatric providers, Family Outreach Program, and Vital Records. With an increase in resources, KIDSNET has the potential to include information on vision screening and diagnosis that could help promote improved coordination of care.

On the basis of the data and surveillance systems currently administered by HEALTH, and HEALTH's commitment to an integrated model of surveillance and timely response, the Commission recommends that HEALTH continue to address the need for comprehensive identification and monitoring of children with visual impairments. This should be accomplished through improved coordination of statewide data sets housed in ORS, HEALTH, and RIDE. The Commission also recommends expanding resources to enhance the KIDSNET data system to be inclusive of data specific to children with Visual Impairments in order to capture all children with visual impairments. The Commission also notes the importance of a collaborative relationship between HEALTH and the RIVESP.

As previously mentioned, the scope of the RIVESP is vast. The elements associated with this scope require mindful and deliberate interpretation of the continuum described above.

SECTION V: PROGRAM ADMINISTRATION: RESPONSIBILITY AND ACCOUNTABILITY

The Interim Report . . . A Strategic Plan is intended to set the stage for a state of the art vision education and services program for Rhode Island. Many of the components of this program will be dependent upon appropriate legislative, budgetary and regulatory decisions and actions. Implementing delivery of comprehensive programs and services will require collaboration, cooperation and assistance among and between state agencies, community-based organizations, and the professionals delivering these services.

The responsibility and accountability of the agencies administering current programs are defined in laws and regulations. The following Commission recommendations are associated with the proposed elements associated with the RIVESP program administration.

The Sherlock Center

The Sherlock Center at Rhode Island College will be the state agency responsible for administration of the educational services to children age 36 months to 21 years. The oversight and day-to-day operation of the RIVESP will be vested in that Center. Specializing as it does in education and support for children with disabilities, the Sherlock Center is the ideal location for RIVESP. The Center staff, in consultation and collaboration with all the project shareholders, will establish specific and agreed upon mechanisms to administer and implement the RIVESP.

The Center will also specify an Administrator who will direct all the programs' operational and fiscal components, as well as oversee collaboration with other state agencies, local educational agencies, RIPBVIC, advisory groups/committees and community-based organizations. The Administrator will devote 10% of their time to these endeavors and directly supervise the RIVESP Program Coordinator.

The Sherlock Center will oversee the hiring process for a RIVESP Program Coordinator. This person should be a certified Teacher of the Blind and Visually Impaired (TVI) and must have had at least 10 years experience in the delivery of direct itinerant vision education services and, preferably, possess a graduate level degree in Orientation and Mobility from an accredited university program in that field as well.

This Program Coordinator will:

- supervise the TVIs and O&M Specialists within the RIVESP;
- coordinate pre-service and in-service opportunities statewide;
- determine caseloads;
- monitor, review and evaluate the program;
- assist the Administrator with the management of the Program's budget;
- collaborate with other state agencies, local educational agencies, and community-based organizations in program development;
- implement national/state strategies for the improvement of services;
- maintain a database of students eligible for services throughout the state; and
- monitor the Rhode Island Braille Transcription Center.

The Program Coordinator may assume a limited caseload reflective of administrative duties and responsibilities.

The Program's Administrator and Coordinator will work collaboratively with one another, with those state agencies associated with the delivery of services to the blind or visually impaired population, and with all additional partners so as to implement a seamless array of required services for every eligible child in Rhode Island. The Sherlock Center will be accountable for the implementation of Program standards and its designated officials will provide oversight and direction of the professionals associated with RIVESP.

The Sherlock Center is to monitor the use of all U.S. Department of Education monies obtained and utilized by the RIVESP.

The Rhode Island Department of Education

The Rhode Island Department of Education is the state agency charged with overall responsibility for enforcing federal and state laws regarding the free and appropriate education for blind or visually impaired students. The Program Administrator will provide an annual RIVESP Report directly to the Commissioner of Education and to the RIVESP Advisory Board. The Commissioner of Education will designate a contact person from within the Department of Education who will be specifically assigned as a liaison to the RIVESP. A complaint process pertaining to the delivery of vision education services will be defined, developed and implemented by the Department of Education in consultation with various shareholders.

The Department of Education will also provide capacity building and technical assistance to local educational agencies regarding state and federal laws associated with vision education. The contact person designated by the Commissioner of Education will be responsible for coordinating technical assistance and capacity building initiatives. In addition, they will be responsible for follow through on any complaints associated with LEAs, their services to students, and their advocates/families. The contact person will meet regularly with the Program Administrator and Coordinator of RIVESP.

Rhode Island Department of Health – Early Intervention

The Rhode Island Department of Health is the state agency charged with overall responsibility for the Early Intervention Program. This program is responsible for the provision of diagnostic and other services to children aged 0-36 months who are blind or visually impaired. The EIP will specify a liaison from within the EIP, who in collaboration with the Sherlock Center, RIDE and DHS, will oversee the vision program components of EI vision staff, both the teacher(s) of the blind and visually impaired and the Orientation and Mobility Specialist(s). The TVI and the O&M staff shall report to the Program Coordinator of the RIVESP (see below). The Program Coordinator of RIVESP shall work collaboratively with the EI liaison and prepare an Annual Report of the HEALTH EI program for the RIVESP Administrator and the Advisory Board.

RI Department of Human Services – RI Services for the Blind and Visually Impaired

The Office of Rehabilitation Services within the Rhode Island Department of Human Services, is the state agency responsible for Services for the Blind and Visually Impaired (SBVI). This

program is responsible for the registration and tracking of all blind children under provisions of Rhode Island General Law Section 44-3-12 as amended. Additionally, pursuant to Vision Screening Legislation (Public Law 213-200-H, 1738), the Agency has responsibility to annually screen children for visual impairments. The program will provide social services to current and newly identified children and their families from birth to 21 years of age. This will include case management, educational coordination, family counseling, medical and low vision evaluations, Activities of Daily Living training, prevocational and school-to-work transitional services, along with vocational rehabilitation services as required.

The Strategic Plan acknowledges the importance of technology for children who are blind or visually impaired. The Commission discussed at length the critical nature of technology including, but not limited to, adaptive aids, computer assisted devices and other pieces of equipment, that enhance the abilities and skills of children who are blind or visually impaired. Adaptive technology is constantly being updated and improved. It provides an essential survival mechanism for blind children and adults. It is imperative that all the partners involved in this aspect of the Program should assist in accessing the latest, most effective adaptive technology for each and every person served.

Through its Assistive Technology Access Partnership (ATAP), the Office of Rehabilitation Services functions as the lead agency for systems change and for insuring access to assistive technology. When this plan is fully implemented, all parties, including local educational agencies; the Rhode Island Department of Education; HEALTH, through its Early Intervention Program; the Department of Human Services, through ORS and Services for the Blind and Visually Impaired; and all others involved in the provision of necessary services to children, whether in school, at home or in the community, should insure that assistive technology service and equipment needs are met at the appropriate stages of a child's development. These assistive technology needs should be addressed in the child's IFSP, IEP, IPE, and Social Service case plan.

Assessment services, assistive technology/equipment and training, as available through both public and private agencies, foundations, organizations and other sources, should be accessed. Support for assistive technology services and equipment may also be available through Medicaid for eligible children when determined to be medically necessary. The fiscal resources needed to implement a seamless service delivery system in the area of assistive technology will be an important consideration in insuring that all children's needs are fully assessed and met. (Appendix V)

The RIVESP Advisory Board

This Commission recommends an RIVESP Advisory Board be established by statute. This Advisory Board will monitor, review and evaluate the RIVESP programs and services. The Advisory Board will make annual findings and recommendations to the Administrator and Coordinator of RIVESP.

Local Educational Agencies

Local Educational Agencies will be responsible for identifying, assessing TVI/O&M Specialist will determine the level and intensity of instruction as well as the individual student's need for related services through assessment and make recommendations in the context of the Individual

Education Program (IEP) process. Local Educational Agencies can access TVI and O&M Specialist services directly through the RIVESP, by means of contracts and/or agreements. They may also opt to provide the services directly through the LEA, utilizing local resources for this purpose. In all cases they must adhere to the specified standards of implementing Vision Education Programs as prescribed by the Rhode Island Agenda. If the LEAs opt to purchase services, the type of services will be determined through the RIVESP and the Sherlock Center.

Community-Based Organizations

The roles of Community-Based Organizations will be defined through contracts, purchase orders and/or memoranda of understanding, or by other state procurement methods to be defined. Community-Based Organizations will be responsible for accomplishing any goals, objectives or activities set forth within their individual and/or collaborative agreements with state agencies.

While the preceding section outlines the various components of RIVESP, it does not detail its day-to-day operation nor does it describe how the Program will be implemented. It is clear that the effective functioning of this program over time will depend upon a fundamental commitment by various state agencies, non-profit organizations, private interest groups and individuals, at the federal, state, district and community levels, to the educational principles and standards contained in IDEA and in the Rhode Island Agenda.

The delivery of comprehensive programs and services to blind or visually impaired students, some of whom may have additional disabilities, is an inherently complex process. It is therefore necessary for all partners involved in this work to be well versed in pertinent state and federal laws, as well as the policy and regulatory procedures that are in force at all governmental levels.

In summary, the authority establishing RIVESP must include a clear description and delineation of the roles and responsibilities of all participating agencies, organizations, groups and individuals. Successful delivery of the complex programs and services, as outlined in this Plan, is possible if and when all parties involved collaborate and recognize that a single, central agency (RIVESP) is responsible for maintaining relationships and agreements. With the full understanding and cooperation of each of its partners, RIVESP must have broad administrative authority over all programs and services related to the education of blind or visually impaired children everywhere in the state of Rhode Island. Working closely with the Program Administrator and Coordinator, the RIVESP Advisory Board will monitor, evaluate and recommend improvements in the comprehensive delivery system proposed herein.

SECTION VI: OTHER PROGRAM COMPONENTS – PERSONNEL; REVIEW, MONITORING AND EVALUATION; TRAINING AND STAFF DEVELOPMENT; BUDGET

In order for the RIVESP to maintain its focus while implementing a reformed Vision Education Services Program, various departments of state government will need to cooperate and collaborate, so as to insure that key components are put in place in certain areas, and that important inter-agency issues are appropriately addressed. These matters are discussed below, both in terms of current practices and projected needs.

- 1) *Personnel*
- 2) *Review, Monitoring and Evaluation of RIVESP*
- 3) *Training and Staff Development*
- 4) *Budget and Identification of Program Resources.*

1) Personnel

On the basis of the data related to incidence and prevalence of children who are blind or visually impaired requiring education and services in the state of Rhode Island, the following categories of personnel are defined below in terms of current status and projected need. Those categories are Teachers of the Visually Impaired (TVI), Orientation and Mobility Specialists (O&M), and Early Intervention Teachers of the Visually Impaired/Orientation and Mobility Specialists.

Teachers of the Visually Impaired (TVI) – Based upon the disability specific curriculum and its application to meet the individual and assessed needs of each student, best practice caseload analysis tools will be implemented to determine a caseload of 8-12 students per TVI at the school-age (36 months to 21 years) level. As indicated in the matrix below, there is an estimated staffing need of approximately nine to thirteen TVIs to support the not served population of children who are blind or visually impaired.

Statistics gathered from previous years indicate an increase in number of students eligible for services. These numbers are anticipated to rise as a result of the improved identification of EI infants and toddlers. A mechanism to support the recommended additional staff should be developed and implemented to ensure that all children eligible for TVI services receive instruction based upon their individual needs. The Commission recognizes that the current number of available qualified personnel is not adequate to meet existing or future needs. Building a sufficient base of qualified personnel must be incorporated into all future plans and is an important and constant concern for RIVESP, its administrative staff, and the Advisory Board.

The Commission recognizes that the current number of available qualified personnel is not adequate to meet existing or future needs. Capacity building and staff development must be an important and constant concern for RIVESP, its administrative staff, and the Advisory Board.

Orientation and Mobility Specialists (O&M) – Best practice caseload analysis tools have determined the optimal caseload to be 8-12 students per O & M instructor at the school-age level (36 months to 21 years). As indicated in the matrix below, the current O&M staff is specified as well as estimated staffing needs. It is important to note, that not all children who are eligible for

evaluation will receive a recommendation for direct or frequent consult services. A prediction cannot be determined as to what the needs are or will be, until all children are evaluated. This will be necessary as there are an unknown number of children in public and private facilities throughout the state who may not be receiving evaluation and standard services from certified professionals. This is a critical program need and is a significant priority area for the effective implementation of this program. An increase in FTEs is recommended to provide continuation of the current level of services, and to identify the needs of those children underserved and/or not served statewide.

Early Intervention (EI) – Based upon best practice caseload figures, the following matrix indicates the recommendation associated for each age group. The recommendation will adequately meet the educationally based intervention required for both infants/toddlers and their families. It is important to acknowledge the sharp increase of children requiring services for EI, due to the continuously rising number in the premature infant population.

The following matrix describes personnel resources as well as projected needs for additional, professional vision staff:

**Children with Visual Impairments in Rhode Island
Teachers of the Visually Impaired (TVI) Current Status/Needs as of 3/17/04**

	Total	<u>Receiving Services</u>		<u>No Services</u>	<u>Current Staff</u>		<u>Estimated Staffing Needs</u>
		State	LEA		State	LEA	
Birth-3 yrs	35	35*	0	0	1	0	2
3-21 yrs	257	47	98	112	5	8	7-11

*includes children who maybe underserved
(Appendix VI)

**Children with Visual Impairments in Rhode Island
Orientation and Mobility Current Status/Needs as of 3/17/04**

	<u>Receiving Services</u>		<u>No Services</u>	<u>Current Staff</u>		<u>Estimated Staffing Needs</u>
	State	LEA		State	LEA	
Birth-3 yrs	7	0	unknown*	0.6	0	1**
3-21 yrs	12	5	unknown*	1	1	5**

* there is a statewide need for evaluation of orientation and mobility services for children
** to better meet evaluation needs (in order to better determine necessary statewide services)

The following five DHS requested positions would support and collaborate closely with the RIVESP, RIDE, and HEALTH and would provide direct services to children and their families at home, in the community and insure SBVI representation at all IEP meetings.

The staffing request which follows includes three FTEs at Services for the Blind:

- Two Social Caseworker positions to work with children from ages 6 to 21. These caseworkers would specialize in transition with this population and receive training in child development and special needs. These caseworkers would coordinate with the existing Social Caseworkers who would be responsible for providing early childhood services through age 6. Cases would then be assigned to the new Social Caseworkers for transition services. The caseworkers would act as a bridge by providing transition and pre-vocational services and coordinating with the Vocational Rehabilitation Unit's counselors assigned to the 14 to adult population. This will result in continuous transition services throughout the child's elementary, secondary and post secondary education and insure successful movement from school to work.
- A Social Caseworker position to coordinate the Vision Screening Program. This would include reviewing Saving Sight reports, determining eligibility for agency and Special Education Services and the coordination of Medicaid reimbursements.

In addition, the following two FTEs are recommended at Services for the Blind:

- One Rehabilitation Teacher for the Blind to work specifically with children to develop Activities of Daily Living (ADL) and prevocational skills from age 3 to their transition from school to work.
- One Mobility Instructor to provide orientation and mobility services to children in their home and community. These instructors would be specialized in serving this population and would begin to provide orientation and mobility services early in the child's development.

2) Review, Monitoring and Evaluation of RIVESP

Process and Outcome Evaluation - Specific Process and Outcome Evaluation associated with the RIVESP must be implemented to:

- a) develop a baseline of program service needs, gaps and barriers;
- b) survey "end users" regarding the quality of the services offered. (This is to include parents and age appropriate children; and
- c) survey TVIs, Orientation and Mobility Specialists, and other key staff regarding barriers/gaps to service delivery, and collaborative partners. A set aside, of no less than a minimum of 1.5% of the total RIVESP budget, should be devoted to Process and Outcome Evaluation.

An ongoing system of monitoring, review and evaluation of all program components will be created and implemented by the RIVESP program staff. This goal will be met through record keeping, services rendered forms and IEP records. Aggregate information shall be tabulated and be used for the year-end report generated for the RIVESP Advisory Board.

3) Training and Staff Development

At its regular meeting on November 3, 2003, the Commission heard presentations dealing with the subject of Staff Development and Training for present and future members of RIVESP.

Dr. A. Anthony Antosh, Director of the Sherlock Center at Rhode Island College, was introduced. He informed the Commissioners that the Sherlock Center is part of a National

University Program. Dr. Antosh noted that the Developmental Disabilities Act of 1967 established, among other things, University Affiliated Programs or "UAPs." Every UAP is essentially an independent entity, which is affiliated with a university. About three years ago the UAP in Rhode Island was renamed the Sherlock Center. The center currently has twenty-one to twenty-two ongoing projects, several local contracts, and supports children through the Early Intervention Program. They provide family support services for children who are deaf, blind, and visually impaired. Last year the Center sponsored 242 training programs, attracting nearly 11,000 people. The Center provides pre-service and outreach community-based training, as well as providing various other kinds of services.

Mr. Robert McCulley, Director of Northeast Regional Center for Vision Education also spoke before the Commission. This Center's objective is to support teacher training and professional development within the area of visual impairments. It is housed within the graduate college of education at the University of Massachusetts and is funded by a variety of sources including the Federal Office of Special Education, state departments of education and private grants. Mr. McCulley has twenty-three years of professional experience teaching in the area of visual impairments. Established two years ago, the center is currently the recipient of two Federal Grants. These grants will support a regional licensing program for teachers of the visually impaired, and will help to prepare related service specialists in the areas of orientation and mobility. Mr. McCulley has received over four million dollars of grant funding in the area of visual impairments. This grant money was used to create a curriculum at the University of Massachusetts for teachers of the visually impaired, and Orientation and Mobility of the visually impaired.

On January 8-9, 2004, the Commission members and others participated in a one and a half day conference held at Rhode Island College. At the conference, The National Association of State Directors of Special Education conducted a seminar entitled "*Improving Educational Services for Students With Visual Impairments: What every shareholder needs to know.*" (Appendix V-NASDSE Report)

The Commission strongly believes that regional and national resources should be used to strengthen the Staff Development and Training components of **The Interim Report . . . A Strategic Plan.**

The RIDE has initiated an on-going series of professional development programs for service providers and families of children who are blind or visually impaired. A collaboration of all stakeholders worked closely with staff from the TechACCESS Center and meet regularly to provide training and technical assistance activities. It is critical that this initiative continues as a forum for continuing education to service providers and family members.

4) Budget

Currently the Vision Services Program is located at the Department of Education and receives both state and federal funding. Other programs, as noted above, receive various grant funding. The Department of Health, and the Department of Human Services receive funding from these resources. In addition they receive specific services and/or programs associated with children who are blind or visually impaired. A portion of the allocated funding from these sources is contracted (see chart below for purchased services).

It is important to delineate between the provision of educational elements and the provision of a service. The state is currently providing both educational elements and services for these children. This Commission is concerned about increasing the capacity of the state to deliver a more comprehensive, efficient system of delivery of both educational and service components.

The General Assembly has held harmless the allocated 2004 funds to the Department of Education and has not appropriated any additional funds for this FY 2004 period. No additional federal funds have been allocated or dispersed to the Department of Education.

The goals of the RIVESP are to support programs/services as defined within the Scope of Services Section in this plan. What follows is a description of the FY2004 working budget related to state agencies carrying out the function of vision services and programs:

			FY 2002	FY 2003	FY 2004	FY 2005	
Elementary and Secondary Education							
Salary & Benefits			\$529,603	\$470,804	\$471,977	\$ -	
Purchased Services			2,209	18,371	47,000	811,895	
Operating			60,524	33,088	35,594	-	
Grants			189,372	107,395	243,064	-	
Department of Health							
Purchased Services			\$ 28,600	\$ 28,600	\$ 28,600	\$ 28,600	
Department of Human Services							
Purchased Services			\$ 60,000	\$ 65,000	\$ 65,000	\$ 65,000	
Subtotal							
Salary & Benefits			\$529,603	\$470,804	\$471,977	\$ -	
Purchased Services			90,809	111,971	140,600	905,495	
Operating			60,524	33,088	35,594	-	
Grants			189,372	107,395	243,064	-	
Total			\$870,308	\$723,258	\$891,235	\$905,495	
General Revenues							
			\$521,769	\$351,133	\$485,975	\$559,448	
Federal Funds							
			348,539	372,125	405,260	346,047	
Total			\$870,308	\$723,258	\$891,235	\$905,495	

In conclusion, the budget projections must account for the potential for Medicaid match which can substantially increase the resources associated with the provision of services. It must also be noted that in order to assist with programs and services associated with children who are blind or visually impaired, the Departments of Education and Human Services contract out and fund a variety of non-profit agencies and programs (purchased services) to carry out services to achieve these goals.

In the final analysis, the budget must also include the following:

- The projected increase in FTEs noted herein;
- A reserve of approximately 5% for assessment/evaluation;
- A reserve of approximately 10% for service delivery elements; and
- Consideration of administrative/overhead/indirect for RIVESP.

SECTION VII: ADDITIONAL RECOMMENDATIONS/ACTION STEPS

The following recommendations and action steps are essential to this Interim Report.

1. SURVEILLANCE / DATA

- *The ever-changing population of not served/underserved blind or visually impaired children (birth-21 years) should be definitively quantified and their categorical needs should be identified and assessed.
- *A fully functioning database classifying vision conditions/disease (incidence/prevalence) as well as visually impaired/blind student information needs to be established and maintained.

2. FISCAL

- *Existing financial resources, dedicated to any aspect of vision services, should be pooled, whenever possible, and/or coordinated under the central authority of RIVESP so as to derive optimal benefits.
- *Creative ways of finding and combining additional financial resources for vision education and related services should also be explored by Executive and Legislative branches of state government.
- *Ongoing solicitation of private/public grant monies should be an integral part of the program and of the development goals for the Sherlock Center.

3. AUTHORITY

- *The RIVSEP Administrator should be given sufficient flexibility and authority to enable him or her to acquire, employ and allocate the required numbers of FTE's (TVI/O&M) specialist professionals to meet the current and future needs of the population to be served.
- *Union Rules and State Personnel caps should be modified, through negotiation and consensus-building, to accommodate the primary interests of the children concerned.
- *The RIVESP Advisory Board, in partnership with the state, should assume a collaborative advisory capacity to better execute the goals of this program.

4. MARKETING / OUTREACH

- *Once in operation, the RIVESP should be publicized aggressively through the electronic and print media as well as via all its "shareholders" as well as electronic and print media.
- *Outreach, information, and referral efforts should be ongoing. All materials and information should be culturally and linguistically appropriate, in order to reach members of non-English speaking families and immigrant communities.

5. MAINTAINENCE/EVALUATION

- *The state along with the RIVESP Advisory Board shall create an ongoing review and monitoring of all critical components of this plan to insure the implementation of the standards associated with this program and to assure overall quality of education and services.

Let **The Interim Report . . . A Strategic Plan** be the first, definitive step in this Commission's work towards finalizing a Strategic Plan for the RIVESP.

APPENDIX I: AUTHORITY OF THE COMMISSION

2003 -- H 5057

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LC00595
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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2003

HOUSE RESOLUTION

**CREATING A SPECIAL HOUSE COMMISSION TO PROMOTE AND DEVELOP A
COMPREHENSIVE SYSTEM OF EDUCATION FOR VISUALLY IMPAIRED CHILDREN**

Introduced By: Representatives Naughton, Sherlock, Costantino, and Crowley

Date Introduced: January 14, 2003

Referred To: House read and passed

1
2 RESOLVED, That a special house commission be and the same is hereby created
3 consisting of thirteen (13) members: one (1) of whom shall be from the House of
4 Representatives, to be appointed by the Speaker of the House; one (1) of whom shall be the
5 Commissioner of Education, or designee; one (1) of whom shall be the Director of Human
6 Services, or designee; one (1) of whom shall be the Director of the Rhode Island School for the
7 Deaf or his/her designee; one (a) of whom shall be School for the Deaf vision educator specialist,
8 to be appointed by the Speaker; two (2) of whom shall be public school system representatives, to
9 be appointed by the Speaker; one (1) of whom shall be a representative from INSIGHT, to be
10 appointed by the president of INSIGHT; one (1) of whom shall be a representative from the
11 Governor's Commission on disabilities, to be appointed by the commission chair, and one (1) of
12 whom shall be an ophthalmologist, appointed by the Rhode Island Medical Society; one (1) of
13 whom shall be an optometrist appointed by the Rhode Island Optometrist Association; and two
14 (2) of whom shall be parents of visually impaired children, to be appointed by the Speaker.

15 The purpose of said commission shall be to promote and develop a comprehensive
16 System of education for visually impaired children that includes early child screening,
17 development, and as well as K-12 instruction.

18 Forthwith upon passage of this resolution, the members of the commission shall meet at

19 the call of the Speaker of the House and organize and shall appoint the member from the House
1 of Representatives as the chair. Vacancies in said commission shall be filled in like manner as
2 the original appointment.

3 The membership of said commission shall receive no compensation for their services.

4 All departments and agencies of the state shall furnish such advice and information,
5 documentary and otherwise, to said commission and its agents as is deemed necessary or
6 desirable by the commission to facilitate the purposes of this resolution.

7 The Speaker of the House is hereby authorized and directed to provided suitable quarters
8 for said commission; and be it further

9 RESOLVED, That the commission shall report its findings and recommendations to the
10 House of Representatives on or before March 18, 2004 and said commission shall expire on May
18, 2004.

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LC00595
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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
HOUSE RESOLUTION
CREATING A SPECIAL HOUSE COMMISSION TO PROMOTE AND DEVELOP A
COMPREHENSIVE SYSTEM OF EDUCATION FOR VISUALLY IMPAIRED CHILDREN

1 This resolution would create a thirteen member special house commission whose purpose
2 it would be to promote and develop a comprehensive system of education for visually impaired
3 children that includes early child screening, development, as well as K-12 instruction, and who
4 would report back to the House of Representatives no later than March 18, 2004 and whose life
5 would expire on May 18, 2004.

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LC00595
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APPENDIX II: COMMISSION MEMBERSHIP

SPECIAL HOUSE COMMISSION TO PROMOTE AND DEVELOP A COMPREHENSIVE SYSTEM OF EDUCATION FOR VISUALLY IMPAIRED CHILDREN

Members:

Representative Eileen S. Naughton, Chair
Paul G. Loberti, Jr., MPH, Vice-Chair, Parent of Visually Impaired Child
Dr. Donald D. Deignan, Secretary, Governor's Advisory Council for the Blind
Commissioner Peter McWalters, RI Department of Education
Jane Hayward, Director, RI Department of Human Services
Gary B. Wier, RI Department of Human Services Designee
John Plante, Director, RI School for the Deaf
Clare Irwin, RI School for the Deaf, Vision Educator Specialist
Dr. Robert Shapiro, Superintendent, Warwick Public School System, Public School System
Dr. Thomas DiPaola, RI Department of Education
Elizabeth Frampton, Parent of Visually Impaired Child
Judith Smith, President, INSIGHT
Dr. Paul Zerbinopoulos, Optometrist
Dr. Frances X. Figueroa, Ophthalmologist

Staff:

Gary Ciminero, Director, House Policy Office
Emilie Joyal, Administrative Assistant, House of Representatives
Dana Laverty, Publicist, Legislative Press Bureau
Lisa Savickas, Legislative Research
Office of Legislative Council

APPENDIX III: RHODE ISLAND AGENDA FOR THE EDUCATION OF CHILDREN AND YOUTHS WITH VISUAL IMPAIRMENTS INCLUDING THOSE WITH MULTIPLE DISABILITIES, REVISED MARCH, 2004

Goal #1: Students and their families will be referred to an appropriate education program within 30 days of identification of a suspected visual impairment. Appropriate quality services will be provided by teachers of the visually impaired.

Current Status:

- Early Intervention Teacher for the Visually Impaired (TVI) provides direct educational intervention to infants and toddlers ages 0 to 36 months, family information and support, consultation and informational resources to early intervention staff. This part-time position was established in 1997 and is currently funded by two State agencies (RIDE and HEALTH).
- Early Intervention Orientation and Mobility Specialist (O&M) provides direct intervention to blind infants and toddlers ages 0 to 42 months to promote purposeful movement through the environment. The services also include family information and support, consultation and informational resources to early intervention staff. This position provides only 20 hours of contracted services per week.
- Referral process for infant and toddlers program involves collaboration between EI, SBVI and RIVESP.
- Referrals for pre-school are generated from SBVI, Child Find, Vision Screening Program, and LEAs through the MDT process.
- Referrals for school-aged (6-21) primarily from SBVI and from LEAs.

Considerations for Action:

- Current .6 FTE (full-time employee) for Early Intervention prohibits effective service as caseload numbers continue to grow. Number of children receiving services has grown from 15 in 1997 to over 30 in early 2003.
- Part-time Orientation and Mobility employee of DataLogic is a non-secure and expendable position. Service provider is unable to provide comprehensive child/family intervention due to restricted number of hours.
- Target of 30 days overwhelmingly unmet for referral and subsequent IEP development from ages 3 through 21 due to lack of certified service providers. Accordingly, appropriate services cannot be provided due to lack of certified staff.
- Referral process for children with additional disabilities is made more difficult because of the scarcity of ophthalmologists willing to provide evaluations. Develop partnerships within medical community and CBOs and provide materials and information on a periodic basis.

Goal #2: Policies and procedures will be implemented to ensure the right of all parents to full participation and equal partnership in the education process.

Current Status:

- RIPBVIC (Rhode Island Parents of Blind and Visually Impaired Children) provides information, emotional support, public awareness and fosters communication/coordination of services presently available to children with vision loss in Rhode Island.

Considerations for action:

- Initiatives are currently underway to develop Parent IEP training that address the specific educational needs of children living with visual impairments. Contributors to the project include Rhode Island Department of Education (RIDE), Rhode Island Vision Education and Services Program (RIVESP), RIPBVIC, and Rhode Island Parent Information Network (RIPIN). This outreach effort is identified as an on-going project to be reviewed yearly or whenever deemed appropriate.
- Establish the Rhode Island Vision Education and Services Program Advisory Board (RIVESP AB) responsible for monitoring, reviewing and providing recommendations for the implementation of the delivery of equitable and comprehensive vision education services throughout the state of Rhode Island. Composition shall be heavily weighted with parents and consumers. Stakeholders from state agencies involved in services to visually impaired children as well as CBOs, direct service providers and advocates shall also be appointed to the Advisory Board.
- Develop state mentoring program linking experienced parents with families of newly diagnosed children.
- Fund and collaborate with state and regional family centered conferences focusing on advocacy related to developmental and educational needs of students with visually impaired.
- Facilitate legislation requiring the collection and documentation at the LEA level to reflect parent satisfaction levels with IEP process and services.
- Enhanced RIPBVIC website to provide a forum for issues, links to resources, upcoming events.
- RIDE/RIPEN website to provide links to resources.
- "Welcome Packet" for newly referred families regarding continuum of services and resources.

Goal #3: Universities with a minimum of one full-time faculty member in the area of visual impairment will prepare a sufficient number of teachers and O&M Specialists for students with visual impairments to meet personnel needs throughout the country.

Current Status:

- Rhode Island has recently formalized affiliation with an accredited university training facility that prepares professionals as TVIs or O&M Specialists.
- UMASS Boston has been awarded federal grants to establish the Northeast Regional Center for Vision Education to prepare graduate personnel of TVIs and O&M Specialists. The coursework for both programs is designed to accommodate students who currently possess an undergraduate degree and may be interested in pursuing a new certification in the area through distance education and limited on-campus requirements.

Considerations for Action:

- Financial participation in the Northeast Regional Center for Vision Education (NRCVE) programs. Participation would require an annual investment of resources. Initial investment is monetary and amounts to \$30,000.00 to support tuition and in-state activities. The annual financial investment may change to reflect Rhode Island professional needs over time but support of the NRCVE will continue to evolve. Monies will be used to fund a part-time position for local instruction of introductory coursework, mentoring of Rhode Island students enrolled in the program, recruitment, and administrative work associated with the preparation of TVIs and O&M Specialists for the state of Rhode Island linking it to the center in Boston.
- Each of the other NE states already signed on to this effort by utilization of either SIG or CSPD funding.
- Prepare standard methods for dissemination of information about UMASS within Rhode Island through collaboration with the Sherlock Center and recruitment staff.

Goal #4: Caseloads will be determined based on the assessed needs of students.

Current Status:

- Individual student assessment in the expanded core curriculum, severity rating scales, and caseload analysis tools, are being used by a minority of TVIs in Rhode Island.
- Knowledge of the expanded core curriculum and best practice tools currently available to assess and promote disability-specific needs is unevenly distributed and implemented throughout the state's TVIs and O&M Specialists.
- Rhode Island State TVIs and O&M Specialists do not have a cap to limit the number of children assigned to them. Limits to caseload numbers may or may not be in place in some of those LEAs that have their own TVI.
- Some TVIs work in communities unaware or in denial of the assessment procedures to meet the goals in the expanded core curriculum. Teachers may feel that they need to see as many students as possible or face unfavorable job reviews.
- Supervisory staff of all TVIs and O&M Specialists in Rhode Island, regardless of employer, continues to be made up of persons with little or no experience in the provision of quality services to children living with blindness.

Considerations for Action:

- National Association of State Directors of Special Education (NASDE), in collaboration with RIDE and other stakeholders have prepared and delivered a training session regarding quality services to children with visual impairments. Target audiences include service providers, members of RIPBVIC, Special Education Directors and/or designees throughout the state and other advocates involved in the decision-making process regarding services to children who are blind.
- Initiate training for all TVIs in the state specific to the assessed areas of the expanded core curriculum.
- Initiate training for all TVIs and O&M Specialists to become familiar with severity ratings scales, caseload analysis tools, Learning Media Assessments, Functional Vision Evaluations, the changing needs of individual students throughout their educational career, as well as

providing informational meetings and updates regarding issues to promote advocacy for quality services.

- Work towards guidelines for assessment and services throughout all communities in Rhode Island.
- Services to children will be based upon the assessed needs of the students, as outlined in the expanded core curriculum. Establish caseload limits through union bargaining units throughout the state. Adherence to best practice standards of no more than 12 students assigned to one itinerant teacher will help to ensure that all areas of the expanded core curriculum are addressed.

Goal #5: Local education programs will ensure that all students have access to a full array of service delivery options.

Current Status:

- Currently there are only two program options available: the itinerant teaching model in an array of public school settings or residential placement out of state.
- Over 100 children in our state have no access to a TVI. Orientation and Mobility instruction is provided sporadically throughout the state. Six of the most populated school districts within Rhode Island are unable to provide this service. The Vision Services Program purchases services from The Carroll Center for the Blind to work in the communities served by its staff. The number of children who qualify for instruction outweighs the availability of the purchased service.
- Supplemental summer programming (Perkins School for the Blind and The Carroll Center) to address and reinforce the expanded core curriculum is no longer funded by the State program. LEAs are often unable or unwilling to assume financial responsibility.

Considerations for Action:

- Families, students, school district administrators and special education directors will become more aware of the full array of options that should be available to students and the benefits of each. Current plans to host national NASDE training will continue to address lack of knowledge in individual school districts through follow-up and exploration of identified issues.
- Rhode Island students will have access to a full array of placement options and will be placed in the least restrictive setting based on the assessed needs of the student. Placement options may change as children's needs change.
- Fund summer programming at specialty schools (Perkins School and Carroll Center) to meet expanded core curriculum needs of students.
- In collaboration with RIPIN and RIDE, provide reinforcement and clarification at the local level of the Federal Law IDEA regarding the array of placements that should be available to meet the individual needs of students.
- Define alternate options more concretely and develop procedures for children not in the most appropriate placement.

Goal #6: All assessments and evaluations of students will be conducted by and/or in partnership with personnel having expertise in the education of students with visual impairments and their parents.

Current Status:

- Among those children receiving direct services, the typical components of a "vision assessment" might include a Functional Visual Evaluation (FVE), Orientation and Mobility evaluation, Braille/large print learning media assessment, activities of daily living and technology skills assessment.
- Children receiving consult service may receive similar components to the above description, depending on the availability of certified vision personnel, and whether the school notification procedures have included the TVI in their region.
- For over 100 children in Rhode Island who continue to receive no TVI or O&M services, no disability-specific evaluations are initiated or completed.
- In most cases, collaboration with parents is possible only with long-term direct service situations.

Considerations for Action:

- Prepare, disseminate and adopt uniform guidelines concerning areas to be assessed along with appropriate instruments for assessing each area. All areas of the core curriculum and the expanded core curriculum are to be considered for a comprehensive evaluation. Standardize testing tools and procedures within all communities throughout the state.
- Prepare, disseminate and adopt uniform guidelines for adapting assessment instruments and interpreting results when adaptations are made.
- Develop training programs for all TVIs and other professionals who conduct and interpret assessments.
- Make sure that appropriate resources are available at the state and local levels to fulfill goals after evaluations are completed.
- Consult with regional experts available at Perkins and other institutions regarding the standardization of testing. Make provisions for evaluations to be completed in alternate locations and by outside evaluation teams. (Perkins School and Carroll Center)

Goal #7: Access to developmental and educational services will include an assurance that instructional materials are available to students in the appropriate media and at the same time as their sighted peers.

Current Status:

- Rhode Island Braille Transcription Center established 15 years ago and funded by the Department of Education for labor only. Designed to produce literary text and trade books required for academic and related reading. The Center does not reproduce literary texts that are already available for purchase or any math, science, music or foreign language texts.
- Cooperative agreement established over 10 years ago with Vision Resources Library in Massachusetts. The library provides limited Braille materials that are available for loan to RI students. VRL also supplies a significant volume of large print texts for many students throughout all communities in our state. Many are available at no charge to the LEAs.

- Timely delivery of both Braille and large print materials remains a significant challenge, in part due to the increased time demands in TVI schedule to coordinate collection, retrieval, P.O. details and delivery of those texts for each student by the beginning of each school year. Timely delivery dictates that the ordering process begin in the spring of the previous school year.
- Paraprofessionals are employed by some LEAs to provide students with access to print materials used in class in an accessible format.
- Some students are using technology to access media in texts in specialized formats.

Considerations for Action:

- Philosophical and financial support of the Instructional Materials Accessibility Act (IMAA). This impending federal law will require each state to produce evidence that methods are in place to provide materials to children who are blind AT THE SAME TIME as their sighted peers. Adjust Rhode Island law to reflect federal law. Properly fund the Rhode Island Braille Transcription Center with appropriate salaries.
- Increase capacity and funding for production of materials in accessible formats including literary, math, science, music and foreign language texts and tactile graphics.
- Increase opportunities for all students to optimize access to technology. (See goal #11)
- Offer training sessions to para-professionals assigned to students who are responsible for the production of adjunct classroom materials in Braille and large print.
- Increase training opportunities for all TVI's so they are knowledgeable about the tools that their students use to access print materials. RIDE has initiated a forum to increase teacher/parent/advocate competency regarding disability specific technology. (See goal #11)

Goal #8: All educational goals and instruction will address the academic and expanded core curricula based on the assessed needs of each student with visual impairments.

Current Status:

- Compensatory academic skills may be generally available to those students currently receiving direct teaching services.
- Unique Learning Needs, also described as skills not learned by incidental learning (learning by looking) including Orientation and Mobility, Independent Living skills, Social Interaction Skills, Technology, Visual Efficiency Skills, Career Education, and Recreation and Leisure generally not addressed in Rhode Island schools.

Considerations for Action:

- Assessment to include all areas of disability-specific curriculum for comprehensive evaluations. (Link to Goal # 6)
- Consider making alternate learning experiences available with more placement options, such as summer programs offering specialized programming ex. Perkins School for the Blind, Carroll Center, extended year/extended day.
- RIPVIC to deliver message to parent and other constituent groups
- Address disability-specific curriculum for VI Students in IEP workshops. (See Goal #2, development of collaboration for specific IEP trainings.)
- In-Service regarding expanded core curriculum for administrators and teachers in denial. (See Goal #4, development of NASDE training) (See also Goal #2)

- Compliance with nationally recognized and recommended caseload numbers.
- Emphasize the importance of the expanded core curriculum as it relates to the standard school curriculum. The expanded core curriculum must be addressed before success can be achieved in the standard curriculum.

Goal #9: Transition services will address developmental and educational needs (birth through high school) to assist students and their families, in setting goals and implementing strategies through the life continuum commensurate with the student's aptitudes, interests, and abilities.

Current Status:

- Collaboration between TVIs and Services for the Blind and Visually Impaired (SBVI) where Vocational Caseworker is located needs to be improved. TVIs may need training on existing laws that initiate transition services to help ensure follow-through with referrals etc.
- There is a lack of a well defined and consistent continuum, appearing at the early intervention to pre-school, pre-school to school-age and school-age to vocational rehabilitation resources.
- Adequate transition personnel and staff resources not available from SBVI due to FTE caps.

Considerations for Action:

- Planning for transitions must start early and need to include exposure to community and career options appropriate to student abilities. Appropriate educational staff need to contribute school goals and objectives to smooth transition process with Vocational Rehabilitation staff at SBVI.
- Consider a new position created specifically to meet the needs of pre-vocational transition issues.
- Utilize CBOs to enhance the transition continuum.
- Prepare and disseminate Guide to Transition Services available to children with visual impairments.

Goal #10: To improve student learning, service providers will engage in on-going local, state, and national professional development.

Current Status:

- Professional development at the state/local levels has become contingent on funding availability. Funding needs to be a dedicated line item in each new FY budget. Professional development at the local level may be historically non-existent due to the nature of low-incidence, both of students and service providers.
- VIISA-two graduate level courses specifically designed for professionals working with infants/toddlers and preschoolers eliminated due to lack of funding and inadequate resources for course recruitment and administrative duties. This course was presented in collaboration with Perkins School for the Blind. HEALTH and UAP have been involved with administrative planning, funding and adjunct lecturers in the past.
- Monthly in-service for state and local TVIs/O&M previously funded by the state terminated due to lack of funding and lack of administrative resources.

- There is currently no one person identified within the state to initiate and plan in-services beneficial to the needs of the service providers.
- Regional conferences not consistently funded by state and local districts.
- Some technical training is available through TechAccess via after school training time and also through student driven IEP goals addressing technology. (See goal #11)

Considerations for Action:

- Intense in-service needs are indicated regarding competencies surrounding the National Agenda, Rhode Island Agenda, caseload analysis tools, technology resources and specific trainings, transition guidelines, issues within the professions regarding re-certification etc.
- Partnerships and collaborations with other states, agencies, and institutions region-wide.

Goal #11: Evaluation and instruction of Assistive Technology, both high- tech and low-tech, will be made available and conducted by professionals having on-going expertise and knowledge regarding the assessment and application of disability-specific technology, vision loss, and implications of using AT to access the core curriculum as well as the expanded core curriculum.

Current Status:

- Under federal educational law, IDEA (as amended in 1997) and Rhode Island Regulations Governing the Education of Students with Disabilities (2000) each LEA must insure that assistive technology (AT) devices and services are made available at no charge to a student with a disability if needed to insure that the student receive a free and appropriate public education. This means that students with visual impairments must receive AT devices and services as identified in their IEP including a functional evaluation; acquisition of AT devices; fitting, customizing, adapting, maintaining and repairing devices; and training or technical assistance for the student, family and educational staff. There is a significant discrepancy between Rhode Island school districts in their ability to provide knowledgeable and appropriate AT services and devices as a part of the IEP process for students with visual impairments.
- A technology consultant specializing in blind and low vision technology at TechACCESS of Rhode Island has worked with several school districts to provide (AT) evaluations, recommendations and training for some Rhode Island VI students. This has been done at the request of the school district and not all VI students throughout the state have had access to this resource.
- State and Local TVIs conduct partial assessments and evaluations based upon current knowledge of some disability-specific tech for some students.
- While the LEA must provide access to appropriate AT devices and services in a reasonable amount of time once they are identified and included in the student's IEP, in practice, provision of the equipment is often not timely, resulting in non-compliance with the IEP. Ordering procedures and budgetary allocations often delay the acquisition of devices, leaving VI students without the necessary technology to accomplish IEP goals. Many Rhode Island school districts have not used the Medicaid Educational Agreement to be reimbursed AT devices for those students who are Medicaid eligible.

- TVIs as end-trainers may be deficient in information needed to provide on-going student and classroom support and application regarding disability-specific tech. As a result, tech purchase not fully optimized for access to curriculum.
- Many special and general education teachers do not have the foundational skills or operational/functional skills to provide support for students using blind and low vision technologies in the classroom and have difficulty integrating the technology into their curriculum goals and objectives.

Considerations for Action:

- Develop a plan to insure that all TVIs and parents of children with visual impairment understand the role of AT in the classroom and the federal laws and state regulations which guarantee AT devices and services to special education students as a part of the IEP process. Include comparison and information regarding 504 so that parents can make appropriate decisions about the designation of their child's educational programming.
- Use the IEP process to insure that students with VI have appropriate evaluations by skilled persons with expertise in AT applications for VI students and that appropriate recommendations are made based upon the student's individual goals and objectives. Write inclusive goals that link the AT to the educational objectives including both the core curriculum and the expanded curriculum. Monitor progress and make adjustments to the IEP as needed throughout the school year to address both short and long-term planning for the use of technology. Insure that AT services are continuous during transition times.
- Continue and expand the newly established AT Workgroup initiated by RIDE. Participants in the Workgroup are encouraged to collaborate with RIDE to review the Assistive Technology Competencies for RI Educators currently being developed and make recommendations specific for VI students, as appropriate. The AT Workgroup may recommend policies and guidelines regarding Goal #11 and address issues regarding student access to evaluations, funding of evals and equipment, training of end users, parents, TVI's, paraprofessionals and other staff involved with AT.
- Development of a state wide AT "Lending Library" of devices and software to be used for evaluation and trial use in the natural environment; to develop and provide student, family and professional training opportunities; and to be used for short-term backup when equipment is being repaired.

Dedicate 1 FTE (Full-time Equivalent) to support students statewide using disability-specific technology including: managing, purchasing and distributing devices in the "Lending Library"; troubleshooting and repairing devices; supporting on-going training of staff working within specific locations and sites utilizing tech; encouraging collaboration of students, families educational professionals, TVIs, Assistive Technology Specialists, school districts, RIDE, vendors and other interested parties; and keeping abreast of best practice and cutting edge AT and its applications to the educational process.

Sources:

- 1) The National Agenda for the Education of Children and Youths with Visual Impairments, Including Those with Multiple Disabilities." Authors: Corn, Hatlen, Huebner, Ryan, and Siller,

Members of the National Agenda Steering Committee. AFB Press New York, New York. Copyright 1995.

2) The Rhode Island Agenda for the Education of Children and Youths with Visual Impairments, Including Those with Multiple Disabilities" Adapted with permission from "The National Agenda for the Education of Children and Youths with Visual Impairments, Including Those with Multiple Disabilities". Authors: Rhode Island Vision Education Services Program; a sub-committee of the Special Legislative Commission to Promote Comprehensive Education and Services for Blind and Visually Impaired Children; and Carlson, Judith Hammerlind.

APPENDIX IV: CORRESPONDENCE

1. Letter from Dr. Donald D. Deignan to Representative Paul V. Sherlock

June 20, 2003

Representative Paul V. Sherlock, Chairperson
House Finance Committee
State House
Providence, Rhode Island 02903

Re: PROPOSED BUDGET ARTICLE PERTAINING TO "THE RHODE
ISLAND VISION EDUCATION SERVICES PROGRAM"

Dear Representative Sherlock:

I am writing to you, personally, and also in my capacity as Secretary of the Special House Commission To Promote And Develop A Comprehensive System Of Education For Visually Impaired Children to thank you and your General Assembly colleagues for being prepared to include the above-referenced Article in the proposed State Budget which you are considering. At the Commission's regular meeting last evening Representative Eileen Naughton, our distinguished Chairperson, brought home to us the dire financial situation in which our State Government finds itself at present. In light of what probably will be imminent and severe budget cuts for most state agencies it is gratifying, to me, at least, to note that the General Assembly and its leaders in concert with the Governor have, in their wisdom and compassion, decided to spare the Vision Education Services Program from such reductions. In these difficult economic times, we can only be encouraged that the Vision Education Services Program will be level-funded in the coming fiscal year. This fact speaks well of the Program's viability and future prospects. In addition, the Program's proposed move to the very Center which bears your name at Rhode Island College can only be regarded by those of us with long experience in the Disability Rights field as a very positive step.

Thanks to you and your colleagues, we are "making progress". We all wish, of course, that its pace could have been more rapid and its scope a good deal broader at the outset. But, I believe, that most of my fellow Commissioners share my awareness that important and lasting change is more often achieved incrementally rather than dramatically and all at once.

I know, personally, that the visually impaired children of this state have come a long way since my own youth when I and my fellows had to leave home here in Rhode Island to be educated at the Perkins School for the Blind. The adoption of this proposed Budget Article will cement the progress we have made and lay the foundation for the profoundly important and necessary systemic changes in the education of young, visually impaired Rhode Islanders which remain to be accomplished. Thank you, once again, for taking the first few, important and courageous

steps which will lead this and future generations of visually impaired Rhode Island youngsters out of the darkness and into the light.

Letter to Representative Paul V. Sherlock
June 20, 2003
Page 2.

Sincerely,
Donald D. Deignan, Ph.D.
(Secretary to the Special House Commission)

cc: Rep. Eileen S. Naughton, Chairperson

2. Letter from Dr. Donald D. Deignan to His Excellency, Donald L. Carcieri

HAND-DELIVERED

September 23, 2003

Governor Donald L. Carcieri
Executive Office
State House
Providence, Rhode Island 02903

Re: REQUEST FOR ASSISTANCE IN REFORMING THE
"VISION SERVICES PROGRAM"

Your Excellency:

I am writing to you at the direction of Representative Eileen S. Naughton, who chairs the Special House Commission to Promote and Develop a Comprehensive System of Education for Blind and Visually Impaired Children, to request your assistance in expediting the process of administrative reform of the current Vision Services Program. At its most recent meeting on the afternoon of September 15, 2003, the Commission, which represents a broad cross-section of parents, vision education teachers, state agency representatives and blind or visually-impaired adults, voted unanimously to authorize me, in my capacity as its Secretary, to write to you and request your help and support in resolving a number of pressing and complex administrative issues pertaining to the said Program.

As you may know, the Vision Services Program is administered by the Department of Elementary and Secondary Education and housed, at present, at the Rhode Island School for the Deaf. In the course of its lengthy and complex deliberations, which began in January 2003, the Commission has come to conclude unanimously that the Vision Services Program with all of its staff and funding should be moved administratively from the School for the Deaf to the Center at Rhode Island College. This view is supported not only by Representative Sherlock, with whom we have already communicated in his capacity as Chairperson of the House Finance Committee, but also by the Bureau of Audits, RI Department of Education, RI School for the Deaf Performance Audit of August 2003; Doctors John Nazarian and Anthony Antosh at Rhode Island College; and by the Union Representative of the collective bargaining unit to which the Vision Education Teachers belong. What is more, we do not envision any significant political opposition within the General Assembly or among the public at large to such a programmatic transfer.

Previous efforts to move the Program administratively from its present location to a much more appropriate and intellectually congenial home at Rhode Island College were frustrated by an earlier inability of the various interest groups concerned to achieve

Letter to Governor Donald L. Carcieri

September 23, 2003

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consensus on this point. Now we have done so. But the delay in coming to an agreement has occasioned a number of technical problems which you, perhaps, in your Executive capacity, can help us to resolve.

The General Assembly, as you are very well aware, is not now in session so any remedy from that quarter is, at best, several months away. In addition, the State Budget for the current fiscal year has also been enacted which means that funds for various agencies and programs have already been allocated. Thus we find ourselves with a current Vision Services Program which is seriously underfunded and marginalized in an entirely inappropriate educational setting. And there is nothing, now, which we, alone, can do about this situation. What is more, the number of unserved or underserved blind and visually impaired children, of all ages, in Rhode Island is growing, and their needs must be addressed. Under these dire circumstances, we are turning directly to you and asking for your personal intervention and material help.

We know that several interested parents and Dr. Tom DiPaola, Dr. McWalter's Designee to the Commission, have had ongoing discussions with your senior staff about technical aspects of the Vision Services Program and its present and systemic difficulties. We were also gratified to learn that "vision services" was the lead agenda item at a recent meeting of your Children's Cabinet. So it appears that all of the "share-holders," i.e., the Commission, the Department of Education, the College, the Union, the General Assembly and your own senior staff, support the Vision Services Program and would welcome its transfer from one agency to the other. What we need, now, is your bold and compassionate leadership to make this happen, either by means of an Executive Order or by whatever method you determine to be best and most expeditious.

The proposed administrative transfer of the Vision Services Program from the School for the Deaf to the Sherlock Center at Rhode Island College would be the first step in the long and involved process of reforming the educational system by which blind and visually impaired children in Rhode Island are served. When this transfer takes place, as with your help and support we believe that it will, complex underlying funding, administrative and regulatory issues associated with Program relocation and reform will need to be addressed. For the last several months, representatives of the Rhode Island Departments of Education, Health, and Human Services, together with disability-related advisory bodies and grass-roots community-based organizations interested in the constellation of issues centered around the challenges of blindness and or visual impairment have been working closely together to reform the existing service-delivery system. Once the initial programmatic transfer has been completed, with your help, these ad hoc working inter-agency and community relationships will need to be formalized and institutionalized. In this process, your active support and leadership can be instrumental.

Letter to Governor Donald L. Carcieri

September 23, 2003

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The reorganized and revitalized program will need to be flexibly and appropriately staffed as well as sufficiently funded so as to insure its viability for future generations of students with disabilities. The Commission has already drafted and is in the process of refining a Strategic Plan for Vision Services in Rhode Island which, in due course, we will be honored to share with you. In the meantime, all of the Members of the Commission, and everyone else concerned with meeting the desperate service needs of the blind and visually impaired children of Rhode Island, stand ready to assist you in this matter in whatever way you may require.

All of us know that Rhode Island is living through very difficult economic and budgetary times. But each of us also remembers the moving and spontaneous statement which you made during the final gubernatorial debate last fall. You promised that you would not balance the State Budget on the backs of our most vulnerable citizens, the poor and people with disabilities. The blind and visually impaired children about whom I have been writing are at the very heart of this most vulnerable population which you have so nobly undertaken to protect.

Working together and drawing on the reservoir of good will which exists throughout our state, we can make the reformed Rhode Island Vision Education and Services Program a cooperative and exemplary model of inter-agency and community cooperation for the entire nation. We look forward to working with you to make the promise of a better life through education a reality for the blind and visually impaired children of our state.

Sincerely,

Donald D. Deignan, Ph.D., Secretary
(In my Capacity as Secretary for the Commission)

cc: Chairman Paul V. Sherlock, House Finance Committee
Mr. Kenneth K. McKay, IV, Governor's Chief of Staff
Ms. Rosemary Booth Gallogly, Rhode Island Budget Director

3. Letter from Paul G. Loberti to Representative Eileen Naughton

3 October 2003

Dear Representative Naughton:

It is with great pleasure and honor that I submit this draft copy of **The Special Legislative Commission To Promote Comprehensive Education and Services for Blind and Visually Impaired Children** Commission's Strategic Plan. This plan is based upon the position paper I originally presented to the commissioners through a facilitated process of consensus building. As you recall, the process was unanimously agreed upon and the end result was a working document for discussion and deliberation.

The next steps of the process have come about, and now we as a group must move into the stage of development and implementation of our "plan." Although the strategy that follows requires further collective input and discussion, I am confident that the commissioners will recognize the issues, needs, concerns and tasks they originally outlined.

As we embark upon the exciting prospect of creating and implementing "a state of the art comprehensive delivery system for blind and visually impaired children" in the state of Rhode Island, I am inspired by the fact that we are also creating a bright future for these children, where the sky is the limit. **Oh, the possibilities!!!**

My sincere appreciation for allowing me the opportunity to present this for your, and the commissioners consideration.

Peace,

Paul G. Loberti

Vice-Chair, **The Special Legislative Commission To Promote Comprehensive Education and Services for Blind and Visually Impaired Children**

4. Letter from Thomas P. DiPaola, Ph.D. to Commission Members

October 28, 2003

Dear Colleague:

Enclosed is a Hold the Date notice regarding an upcoming opportunity to enhance Rhode Island's educational services for students with visual impairment. The two days will focus on training local and state education personnel regarding the educational responsibility for students with visual impairment. There will be a focus on strategic planning for Rhode Island as to its state-specific needs.

General Outcome Competencies

Participants will demonstrate awareness and knowledge of the following:

- Foundations for the education of students who are visually impaired, including those who are multi-disabled;
- Characteristics of an appropriate framework for services;
- The process for identifying and assessing individual needs;
- Concepts which must be addressed after an appropriate assessment has been completed;
- A review of program options and decisions regarding appropriate placements;
- Characteristics of personnel who will work to meet the individual needs of children once an appropriate placement has been identified;
- Terminology used in the field.
- Federal and state policy as they apply to students with visual impairment; and
- Best practices in educational service delivery.

Registration information will be forwarded soon. Please note that the conference is limited to 50 participants. Preference will be given to those who provide representation of all shareholder groups.

Sincerely,

Thomas P. DiPaola, PhD
Director, Office of Special Populations

TD/KC/sb
Enclosure



Memorandum

To: Representative Eileen Naughton
From: Randall Rosenbaum, Executive Director
Date: March 8, 2004
Re: TESTIMONY ON ARTS PROGRAMMING FOR YOUNG PEOPLE
WITH VISUAL IMPAIRMENTS

Thank you for organizing this Commission, and for this opportunity to comment on some creative things that are happening in the arts with and for young people who have visual impairments. Little is happening here in Rhode Island, but with the proper level of support and encouragement we can be an example to other states in this important area.

First let me comment on the physical barriers that keep young people with visual impairments from enjoying and participating in those extraordinary arts events and activities that the rest of us take for granted here in Rhode Island. When a visually impaired individual goes to see a play at Trinity Rep, or attends an art exhibit at the RISD Museum, they only experience a fraction of what a sighted person can experience. But advances in audio description can "make the visual verbal", and provide access to what is happening on stage, on the television screen, or in the canvas of the artist.

WGBH in Boston has been a leader in the audio description movement as it pertains to television, but a number of people are doing exciting work in this area throughout the country. Put simply, audio description provides an opportunity for people with visual impairments to hear a description of what's happening on the stage (which they obviously cannot see), using a portable device like the infra-red headsets that many theatres now use to amplify the spoken word for people who are hearing impaired. (see example #1 attached)

These devices and techniques can be used in theatres, via television, and in art museums. We should be encouraging and supporting the purchase of equipment and the training of audio describers, to make this accessibility technique more widely available in Rhode Island.

A New York-based organization called Art Education for the Blind has been organizing museums in New York City to provide enhanced services for people who are blind and visually impaired. They help train museum staff, and organize "touch tours" of museum collections. They have also developed a twenty-volume series of tactile books to help students learn about art history, and provide help for instructors with little or no knowledge of art history who are teaching an art appreciation course to blind people. The organization also provides assistance to parents who want to provide a similar experience for their blind and visually impaired child. Similar efforts could succeed here, particularly in the area of professional development for art teachers and museum professionals.

The arts are also being used to provide significant community-based arts learning experience for blind and visually impaired young people. In Chevy Chase, Maryland, the three-year old Blind Faith School of Music & Art provides classes in instrumental music, piano and dance to blind and visually impaired students aged six and older. They organize a community sing of students and their parents, which, speaking as a parent of a child with multiple disabilities, is a rare *family* experience that can include the entire family. And they've begun to teach Braille through weaving, using a special loom they have developed for that purpose.

Many of the experiences I've described above are segregated in nature. While they are exciting ways to serve a community, I believe the greatest challenge – and the greatest value – can result from our seeking ways to ensure that children and young people who are blind and visually are part of the world we all inhabit.

Thank you for this opportunity to testify.

APPENDIX V: SUPPORTING RESEARCH AND OTHER DOCUMENTATION

ASSISTIVE TECHNOLOGY/RESOURCE PROPOSAL

In an effort to provide assistive technology services to all Rhode Island students who are blind or have low vision in an equitable and cost-effective manner, the creation of a statewide resource center should be considered. Such a Resource Center could provide statewide resources including:

- functional assessment and collaboration with educational teams for IEP development and program implementation;
- access to devices in a timely manner through bulk buying, vendor loan agreements, and recycling of equipment;
- opportunity for trial use of a specific device in the classroom environment;
- consultation and collaboration with Vision teachers to insure best practices;
- student and family training;
- professional training for general education, special education and vision teachers;
- technical support; and
- monitoring assistive technology use in the state.

Rhode Island is a small state whose children with vision impairment are well known. The establishment of a central Resource Center for assistive technology would provide a comprehensive, equitable approach to managing the assistive technology needs of this population. Benefits of such a Resource Center would include:

- equity for students access and use of assistive technology across the state;
- cost effective use of resources through bulk buying and recycling;
- assurance of highly qualified classroom teachers who are able to integrate the assistive technologies into the classroom environment;
- consistency of services between school districts;
- longitudinal monitoring of student device use over time; and
- facilitating transition of technology from class to class, school to school, district to district, and/or program to program.

The Resource Center would not replace other authorities or agencies responsible for providing services to students who are blind or who have low vision. Rather, the Resource Center would work collaboratively to support and supplement the work of these agencies in the focused area of assistive technology devices and services. It is critical that assistive technology devices and services be viewed as *tools* to achieve a student's goals and objectives and that while assistive technology devices and services take expertise, time and money, they are not goals and objectives in and of themselves. The true success of assistive technology decision making and

use is in the student's successful participation and achievement in school, at home and in the workplace.

DRAFT: Judi Hammerlind Carlson, Projects Director
TechACCESS of Rhode Island
Warwick, RI 02888
463-0202 V,TDD

NASDSE REPORT

The Rhode Island Department of Education (RIDE) hosted a one and one half day seminar presented by The National Association of State Directors of Special Education (NASDSE) in collaboration with the Council of Schools for the Blind entitled: **IMPROVING EDUCATIONAL SERVICES FOR STUDENTS WITH VISUAL IMPAIRMENT: What every shareholder needs to know.** This seminar was held on the Rhode Island College campus in cooperation with the Paul V. Sherlock Center. Many agencies shared in the support of this training. TechACCESS provided an assistive technology demonstration with the help of two students. These agencies included: The Rhode Island Department of Education, The Rhode Island Department of Health, The Rhode Island Office of Rehabilitation Services, The Rhode Island School for the Deaf/RI Vision Services, The Rhode Island Special Education Advisory Committee, The Special Legislative Commission to Promote Comprehensive Education and Services for Blind and Visually Impaired Children, The Paul V. Sherlock Center on Disabilities at Rhode Island College, INSIGHT, Inc., National Federation of the Blind of Rhode Island, The Rhode Island Parents of the Blind and Visually Impaired Children, and TechACCESS Schools Project.

The seminar was attended by approximately: 17 special education directors, 4 school staff, 6 community agencies, 5 state agencies representatives, 5 high education /technical assistance representatives, 2 professional organizations and 2 parents. Representative Eileen Naughton, Co-Chair of the Legislative commission and Janet Durfee-Hildago, Education Policy Analyst from the Governor's Office were also in attendance.

General Outcome Competencies expected were that the participants would demonstrate awareness and knowledge of the following:

- Foundations for the education of students who are visually impaired, including those who are multi-disabled;
- Characteristics of an appropriate framework for services;
- The process for identifying and assessing individual needs;
- Concepts which must be addressed after an appropriate assessment has been completed;
- A review of program options and decisions regarding appropriate placements;
- Characteristics of personnel who will work to meet the individual needs of children once an appropriate placement has been identified;
- Terminology used in the field.
- Federal and state policy as they apply to students with visual impairment; and
- Best practices in educational service delivery.

In addition the participants strategically identified what is currently happening and the needed outcomes for blind and visually impaired students within the various school districts, as well as,

what needs to happen including necessary resources (human, monetary, time) The tables that follow illustrate the desired outcomes and actions needed to meet the outcomes as identified by the participants in this training.

Personnel Prep/Recruitment Plan of Blind/Low Vision Students

Resources Human/Monetary Timeline	What's Left To Do?	What's Being Done?	Indicators	Outcomes
<p><u>Human:</u> -baby count -RI Dept. of Health -RIDE -Human Services -classroom teachers -ORS counselors/parents -LEAs</p> <p><u>Monetary:</u> -ORS/materials/equipment -LEA -UMASS Boston grant w/ Sherlock Center, RIC and RIDE</p> <p><u>Time:</u> -remaining 3 years of th UMASS grant</p>	<p>-Restructure methods of identifying/counting students w/vision impairment and deaf-blind. -collaboration/coordination of different agencies (data and services) -peer to peer support network -centralization or regionalization of TVI system -financial sustainability issues</p>	<p>-collaborative effort w/UMASS Boston -special commission to develop a comprehensive ed plan K-12 for students w/vision impairment -NASDE workshop PSP -RIC severe/profound focuses on vision impaired content</p>	<p>RI census (accuracy) Number of graduates w/degrees in education/special education (in RI) -LEAs provide specific professional development plans in area of vision impaired for all staff -reduced turnover of teachers of visually impaired and other support staff</p>	<p>-retention -increase teachers of visually impaired and the array of professions related to visually impaired -state program in RI -institutes of higher education -institutes of higher education/infuse more generic (gen/sped) info course work -increase/enhance professional development for current teachers of visually impaired -increased awareness/knowledge of array of professional opportunities for working w/students w/visual impairments</p>

Efficient Service Delivery System for Blind/Low Vision Students

Resources Human/Monetary Timeline	What's Left To Do?	What's Being Done?	Indicators	Outcomes
<p>-Qualified Personnel</p> <p>-Tech Access</p> <p>-Centralized data system statewide</p> <p>-Database of incidence of visually impaired</p>	<p>-develop tiers of expertise at local/regional level</p> <p>-general awareness of AT, vision issues, etc.</p> <p>-review process of identification</p> <p>-improve statewide data system</p> <p>-enhancement of state system at local level</p> <p>-develop the system get funding to support this</p> <p>-refund beneficiary fund</p> <p>-legislate needs to appropriate money to put it in a line item</p>	<p>-RIDE is moving to eRIDE system</p> <p>-Beneficiary fund in law for RI</p>	<p>-broadly disseminated information</p> <p>-individualized services are present on IEPs/FSP</p> <p>-services are linked to an actual person to deliver the service</p> <p>-evidence of training for personnel including regular education teachers</p> <p>-equal access to all activities offered by school</p> <p>-effective data system to demonstrate high quality services are being delivered (criterion-referenced)</p> <p>-standardized competencies for teacher of visually impaired students and O & M OM</p> <p>-centralized system of accountability and resources</p>	<p>-All blind visually impaired children are identified including multi-disabled and all receive high quality services</p> <p>-All blind and visually impaired children learn to successfully go through school</p> <p>- learn in the core curriculum and enhanced curriculum</p>

Funding for Education of Blind/Low Vision Students

Resources Human/Monetary Timeline	What's Left To do?	What's Being Done?	Indicators	Outcomes
-strategic plan February/March -implementation summer/fall	-identify all shareholders -provide opportunities for communication and collaboration -monitor commission report -legislative support -identify a process for transition	-process to discuss transition -funding fragmented some state some LEA -commission examining caseload issue -explore funding	-census – all being served appropriately -students achieving high standards -successful transitions	-ongoing funding of materials and personnel professional development <u>Personnel-</u> -Teacher visually impaired access for all -O & M access for all -caseload and guidelines

The RIDE intends to provide follow-up meetings with shareholders to help move the outcomes forward. The RIDE will continue to provide technical assistance to the school districts, including an annual seminar in relationship to the educational needs of the blind and visually impaired. RIDE has the capability of replicating the training and/ or its components through an agreement with NASDSE.

Source: Minutes of the January 9, 2004 NASDSE seminar.

RESOLUTION 2003-01

Regarding: The Lack of Adequate Services for Blind and Visually Impaired Children in the State of Rhode Island

WHEREAS, the blind and visually impaired children of the State of Rhode Island are not receiving adequate services, programs and ultimately training in vision education and supplementary services to enhance their daily lives; and, further that as of October 2003, sixty-six blind children in the state of Rhode Island are not receiving any services at all; and

WHEREAS, another legislative session has passed, and another Governor's budget has been introduced, without any increase in funding vision services and programs placing these children further and further behind their sighted peers; and

WHEREAS, the Commission that was formed by Representative Eileen Naughton to increase the comprehensive delivery of vision services and education for blind and visually impaired children has been met with indifference by key policy and decision makers, and, further has not been able to convince these key decision makers that the children need services and programs immediately; and, therefore, has resulted in another school year with these kids not receiving: a) access to critical life enhancing assistive technology, including computer technology,
b) appropriate Braille tools and skills, c) accessible, available orientation and mobility; and, d) the highest standards of vision education attainable; and,

WHEREAS, an attempt to move the vision services program from the Rhode Island School for the Deaf to the Sherlock Center at Rhode Island College has run into several bureaucratic road blocks: NOW, therefore,

BE IT RESOLVED, by the National Federation of the Blind of Rhode Island in Convention assembled this eighteenth day of October, 2003, in the City of Providence, Rhode Island, that this organization finds this situation deplorable and unconscionable; and

BE IT FURTHER RESOLVED that the Governor and the State Legislators should quickly cut through the bureaucratic wrangling in order to provide adequate funding for the vision education and services program and adopt the Special Legislative Commission's Strategic Plan for vision and education services; and

BE IT FURTHER RESOLVED that the Governor take what administrative actions necessary to move the vision services program from the RI School for the Deaf to the Sherlock Center to better stabilize and energize the program; and

BE IT FURTHER RESOLVED that a copy of this resolution be sent to the Governor, Rep. Naughton and, the Chairs of the House and Senate Finance Committees.

Employment Outlook

Positive Factors. The development of adaptive technology has opened many employment fields once closed to persons who are blind. Technology has also revolutionized the way persons who are blind think about themselves and their employment potential.

Employment growth in Texas has been concentrated in the service-producing sector, which covers utility, trade, finance, professional, and government. This sector now accounts for over 80% of all employment in Texas. Professional service employment is the strongest component of the service-producing sector: "Engineering, accounting and research services will be the state's fastest growing sector." ^[18] The growth in computer-related jobs, call centers, and similar employment opportunities is expected to continue, which is a positive indicator for the Commission's target population because of the high use of technology in these sectors that can now be adapted for use by a person who is blind.

Job growth has shifted somewhat from the IH-35 corridor to the coastal areas of the state. This should provide more job opportunities for consumers in these areas than in the past.

Consumer wages have steadily increased over the past few years. The skills required in the forecasted labor market should result in continued increases in the wage base of consumers during the planning period.

Negative Factors. The employment outlook for individuals who are blind is still affected negatively by the general public's -- especially employers' -- lack of knowledge about what individuals without vision can or cannot do. Stereotypes still exist that limit access to jobs that can be performed without sight. To offset these stereotypes, the agency uses vocational rehabilitation counselors and employment assistance specialists to conduct employment development activities. The activities educate employers not only about the competencies of well-trained and motivated employees but also the assistance available to the employer and the employee through TCB.

Many employment opportunities are dependent on access to improved and affordable adaptive technology and reliable public transportation, which continue to pose challenges for agency consumers. The additional cost of adaptive technology and the great inequity in transportation very seriously limit employment opportunities for people who are blind.

Q: Are there funding sources other than IDEA that can be used to facilitate the transition of a youth from one placement to another or one program to another?

Answer: Three other federal laws provide resources for transition services:

- (1) Carl D. Perkins Vocational and Applied Technology Education Act
- (2) The School to Work Education Act
- (3) The Rehabilitation Act (for funding of state initiatives and services)

The advocate (parent, lawyer, CASA, care coordinator, or other representative of the child or youth) should be familiar with these three federal laws.

The Carl D. Perkins Vocational and Applied Technology Education Act, 20 U.S.C. #2301 et seq., provides funds to states and local school systems for vocational education programs for

all students. The Perkins Act provides special rights and protections for students who are members of "special populations," including students who are economically disadvantaged (low income); are educationally disadvantaged (low achieving); have disabilities; have limited English proficiency (LEP); are seeking to participate in programs designed to eliminate sex bias (i.e., students trying to enter a field not traditional for their gender); and are in correctional institutions. 20 U.S.C. #2471(31). School Systems receiving Perkins funds must provide special population students with equal access to the full range of vocational education programs; to recruitment, enrollment, and placement activities; and, to the extent practicable, to comprehensive career guidance and counseling services. 20 U.S.C. 2328(c)(3), 2343 (12)(B), 2471(38). Supplementary services include curriculum modification; equipment modification; classroom modification; supportive personnel; instructional aids and devices; counseling; English language instruction; child care; and special aids. Id.

The School to Work Opportunities Act, 20 U.S.C. #6101 et seq., provides states and local communities with funds to create school-to-work systems that provide all students, including students with disabilities, with the opportunity to participate in programs that integrate school- and work-site mentoring, assistance with placement into both jobs and postsecondary education and training, and linkages to other community services that may be necessary to ensure a successful transition from school to work. 20 U.S.C. #6112 - 6114.

Finally, advocates should be aware of transition-related services to which their clients may be entitled under their state's vocational rehabilitation program. These services, funded in part through the federal Rehabilitation Act, 29, U.S.C. 701 et seq., are geared toward allowing individuals to prepare for and engage in employment. Because adolescents (and adults) who meet eligibility requirements are entitled to services, the state vocational rehabilitation agency is often a critical participant in transition planning and transition service delivery under the IDEA.

The advocate should also know to ask whether a Transition Advisory Committee (TAC), or a similar structure under some other name, acts as the community interagency transition committee or body. If the advocate does not know, the advocate should contact the regional Council for Exceptional Children (CEC) office. The CEC publishes documents on a variety of issues pertaining to children with special needs.

Source: The University of the District of Columbia School of Law Juvenile Law Clinic. Special Education Advocacy: Under the Individuals with Disabilities Act (IDEA) for Children in the Juvenile Delinquency System, 1998.

Submitted by Gary Ciminero, House Policy Office

Thursday,
June 8, 2000
Part IV

Department of Education

Educating Blind and Visually Impaired Students; Policy Guidance; Notice

36586

Federal Register / Vol. 65, No. 111 / Thursday, June 8, 2000 / Notices

DEPARTMENT OF EDUCATION Educating Blind and Visually Impaired Students; Policy Guidance

AGENCY: Office of Special Education and Rehabilitative Services, U.S. Department of Education.

ACTION: Notice of policy guidance.

SUMMARY: The Department issues this Notice of Policy Guidance (notice) to address the requirements of Part B of the Individuals with Disabilities Education Act, as amended by the Individuals with Disabilities Education Act Amendments of 1997, as they apply to the education of blind and visually impaired students. This notice updates OSEP memorandum 96-4, Policy Guidance on Educating Blind and Visually Impaired Students dated November 3, 1995, to reflect new and revised statutory provisions added by the IDEA Amendments of 1997 and conforming regulatory changes to implement those requirements. The Department issued guidance for the education of students who are deaf in the form of a Notice of Policy Guidance published in the **Federal Register** on October 30, 1992 (57 FR 49274). That policy guidance also is being updated for consistency with the IDEA Amendments of 1997.

This notice provides important background information to educators in meeting their obligations to ensure that blind and visually impaired students receive appropriate educational services in the least restrictive environment appropriate to their unique needs. A description of procedural safeguards also is included to ensure that parents are knowledgeable about their rights, including their right to participate in decisions regarding the provision of services to their children.

FOR FURTHER INFORMATION CONTACT:

Rhonda Weiss or JoLeta Reynolds, U.S. Department of Education
Office of Special Education Programs
Mary E. Switzer Building, Room 3086, 330 C Street, SW
Washington, D.C. 20202.
Telephone: (202) 205-5507.

Individuals who use a telecommunications device for the deaf (TDD), may call (202) 205-5465. Individuals with disabilities may obtain this document in an alternate format (*e.g.* Braille, large print, audiotape, or computer diskette) on request to Katie Mincey, Director of the Alternate Formats Center, telephone (202) 205-8113.

SUPPLEMENTARY INFORMATION:

To respond to concerns that services for some blind and visually impaired students were not appropriate to address their unique educational and learning needs, particularly their needs for instruction in reading, writing, and composition, as well as orientation and mobility and other self-help skills, policy guidance on educating blind and visually impaired students was issued as OSEP memorandum 96-4 (November 3, 1995). This policy guidance provided some background information on these students and their unique needs, and applicable requirements of Part B of the Individuals with Disabilities Education Act (Part B) were explained.

In the reauthorization of the IDEA Amendments of 1997, Public Law 105-17, Congress clarified public agencies' responsibilities in educating blind and visually impaired students in two important respects. Specifically, the reauthorized statute provides that Individualized Education Program (IEP) teams are required to make provision for instruction in Braille and the use of Braille for blind and visually impaired students, unless, based on relevant evaluations, the IEP team determines that instruction in Braille or the use of Braille is not appropriate.

Also, reflecting an awareness that a blind or visually impaired individual's ability to move around independently is closely linked to the individual's self esteem, an amendment to the statutory definition of "related services" adds "orientation and mobility services" to the list of examples of supportive services specifically identified in the statute.

The IDEA Amendments of 1997 contain other new requirements applicable to all children with disabilities, particularly in areas relating to requirements for evaluations and reevaluations, focusing IEPs on a student's meaningful involvement and progress in the general curriculum, and strengthening procedural safeguards and opportunities for parent participation in important educational decisions. Even with these significant statutory changes, the core concepts that were applicable prior to the enactment of the IDEA Amendments of 1997 continue to apply.

Background

The population of children who receive services under Part B because of blindness or visual impairment is extremely diverse. These children display a wide range of vision difficulties and varying adaptations to vision loss. With regard to degree of vision, the student population includes persons who are totally blind or persons with minimal light perception, as well as persons with varying degrees of low vision. For some individuals, blindness or visual impairment is their only disability, while for others, blindness or vision impairment is one of several identified disabilities that will affect, to varying degrees, learning and social integration. For example, some children who are blind or visually impaired also have hearing, orthopedic, emotional, or cognitive disabilities.

In addition, persons with similar degrees of vision loss may function very differently. A significant visual deficit that could pose formidable obstacles for some children may pose far less formidable obstacles for others. This is because adaptations to vision loss are shaped by individual factors, such as availability and type of family support and degree of intellectual, emotional, physical, and motor functioning. Therefore, in addition to the nature and extent of vision loss, a variety of factors needs to be considered in designing an appropriate educational program for a blind or visually impaired child, and these factors could change over time. The challenge for educators of blind and visually impaired children, including those with other disabilities, is how to teach skills that sighted children typically acquire through vision. Blind and visually impaired students have used a variety of methods to learn to read, write, and acquire other skills, both academic and nonacademic. For example, for reading purposes, some students use Braille exclusively; others use large print or regular print with or without low vision aids. Still others use a combination of methods, including Braille, large print, low vision aids and devices with computer-generated speech, while others have sufficient functional vision to use regular print, although with difficulty.

In order to receive an appropriate education under Part B, it is generally understood that students who are blind or visually impaired must be provided appropriate instruction in a variety of subjects, including language arts, composition, and science and mathematics. However, in order to be educated in these subject areas effectively, blind and visually impaired children must be taught the necessary skills to enable them to learn to read and to use other appropriate technology to obtain access to information. It also is very important for blind and visually impaired children, including those with other disabilities, who need orientation and mobility services, to receive appropriate instruction in orientation and mobility as early as possible. Providing these children with needed orientation and mobility services at the appropriate time increases the likelihood that they can participate meaningfully in a variety of aspects of their schooling, including academic, nonacademic, and extracurricular activities. Once these individuals are no longer in school, their use of acquired orientation and mobility skills should greatly enhance their ability to move around independently in a variety of educational, employment, and community settings. These skills also should enhance the ability of blind and visually impaired students to obtain employment, retain their jobs, and participate more fully in family and community life.

This policy guidance contains an explanation of the provisions of Part B of IDEA as amended by the IDEA Amendments of 1997 and Department regulations that address public agencies' obligations in educating blind and visually impaired students. Statements that utilize the word "should" constitute guidance and do not mean "must," and are not intended to impose any new requirements that go beyond the requirements of the applicable statutory and regulatory provisions explained below.

Application of the Free Appropriate Public Education Requirements of Part B to Blind and Visually Impaired Students

A. In General

Under Part B, each State and its public agencies must ensure that a free appropriate public education (FAPE) is made available to all children with specified disabilities residing in the State in mandatory age ranges, and that the rights and protections of Part B are afforded to those children and their parents. FAPE includes, among other elements, special education and related services that are provided at no cost to parents, under public supervision and direction, that meet State education standards and Part B requirements, that include an appropriate preschool, elementary, or secondary school education in the State involved, and that are provided in conformity with an individualized education program (IEP) that meets Part B requirements.² Consistent with this obligation to ensure FAPE, the Part B regulations also provide that the services and placement provided to a child with a disability under Part B must be based on all of the child's identified special education and related services needs, and not on the child's disability.³ This includes meeting the child's needs that result from identified disabilities other than blindness or visual impairment.

B. Evaluation Requirements

Before the initial provision of special education and related services to a child with a disability under Part B, a full and individual initial evaluation must be conducted in accordance with 34 CFR §§ 300.532 and 300.533. ⁴ The IDEA Amendments of 1997 require that a variety of assessment tools and strategies must be used in the evaluation process to gather relevant functional and developmental information about the child. This includes information provided by the parents, to assist in determining (1) whether the child is a child with a disability, and (2) the content of the child's IEP, including the extent to which the child can be involved and progress in the general curriculum, and for a child of preschool age, to participate in appropriate activities.⁵ Through the evaluation process, determinations also can be made about the range of accommodations and modifications necessary for a blind or visually impaired child to be involved and progress in the general curriculum, the same curriculum as for nondisabled children.

An evaluation under Part B must assess the child in all areas related to the suspected disability, including, if appropriate, "health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities."⁶ In addition, the evaluation must be sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.⁷ Any standardized tests that are utilized for those assessments must be conducted by trained and knowledgeable personnel.⁸

An assessment of a child's vision status generally would include the nature and extent of the child's visual impairment and its effect, for example, on the child's ability to learn to read, write, do mathematical calculations, and use computers and other assistive technology, as well as the child's ability to be involved in and progress in the general curriculum. For children with low vision, this type of assessment also generally should include an evaluation of the child's ability to utilize low vision aids, as well as a learning media assessment and a functional vision assessment. For children who are blind and for children who have low vision, consistent with the new statutory requirement regarding Braille instruction, the assessment of vision status generally would be closely linked to the assessment of the child's present and future reading and writing skills, needs, and appropriate reading and writing media. This information would be used by the IEP team in determining whether it would be inappropriate to provide a blind or visually impaired child with instruction in Braille or the use of Braille.⁹

As required for children with other disabilities, appropriate assessments of blind and visually impaired children, including those with other disabilities, also must address each child's ability to be involved and progress in the general curriculum, the same curriculum as for nondisabled children. This information could be obtained, for example, from an assessment of academic performance that would focus on the child's ability to learn to read, including reading comprehension, and to learn composition, science and mathematics, and computing.

As part of the evaluation process, it is especially important to address a blind or visually impaired child's ability to be involved and progress in the general curriculum, the same curriculum as for nondisabled children, particularly in situations where the child has other disabilities. This is because of the relationship of the evaluation to the child's IEP, which focuses specifically on participation in the general curriculum offered to nondisabled students, including the need for any supplementary aids and services, other accommodations, modifications, or devices to facilitate the blind or visually impaired child's involvement in the general curriculum. This information is needed regardless of whether a child will be educated in a regular classroom or in a separate classroom or school.¹⁰ The evaluation also should identify any necessary program modifications or supports for school personnel needed for a child or on behalf of a child to ensure that the child's unique needs arising from blindness or visual impairment or other identified disabilities are appropriately addressed in the IEP.

Because of the importance for some blind and visually impaired students of acquiring the skills necessary to access information, additional assessments may be necessary to determine whether a child should receive specific instruction in listening skills. Possible assessments for this purpose could include assessments of hearing, general intelligence, or communicative status. A child's need for orientation and mobility services and the appropriate method or methods for acquiring the requisite skills also should be assessed, and this generally would be accomplished through an assessment of motor abilities, as well as vision and communicative status, which should be conducted as early as possible. This is especially important because parents and organizations representing the interests of blind and visually impaired individuals have reported that, in some instances, these students are not receiving appropriate orientation and mobility services and that appropriate evaluations of their needs for these services are not being conducted. In all instances, the results of all assessments administered to the child, including those administered to determine the child's needs resulting from one or more disabilities other than blindness or visual impairment, must be considered as the child's IEP is developed.¹¹

C. IEP Development and Content Requirements

The IDEA Amendments of 1997 make a number of significant changes to the Act's IEP requirements, which are applicable to all disabled students, including blind and visually impaired students.¹² Under Part B, an IEP developed in accordance with 34 CFR §§ 300.341-300.350 is the essence of each child's entitlement to a FAPE. The IDEA amendments of 1997 clarify that each child's IEP must (1) relate the child's education to the child's involvement and progress in the general curriculum, the same curriculum as for nondisabled children, and (2) address unique needs arising out of the child's disability or disabilities. The IDEA Amendments of 1997 also require that IEPs for disabled children, including blind and visually impaired children, contain a statement of measurable annual goals, including benchmarks or short-term objectives.¹³ The

annual goals must be related to (1) meeting the child's needs that result from the disability, or disabilities, to enable the child to be involved in and progress in the general curriculum, and (2) meeting each of the child's other educational needs that result from the child's disability, or disabilities.

With regard to these criteria for developing annual goals, IEP teams for blind and visually impaired children must ensure that those children can appropriately access the general curriculum offered to nondisabled children, and that unique needs relating to the child's blindness or visual impairment or other identified disabilities are addressed.¹⁴ Therefore, if IEP teams identify educational needs of individual children arising from their blindness or visual impairment or other disability, that the general curriculum does not sufficiently address, those specific needs must be addressed.¹⁵ For example, if a particular student has little or no skill in Braille reading and writing, the IEP team may conclude that more frequent and intensive instruction in Braille likely would be necessary before the student could be fully involved and make meaningful progress in the general curriculum offered to nondisabled children. In addition, once the child's initial need for Braille instruction has been met, the IEP team should periodically make a determination of the child's ability to be involved and progress in the general curriculum, and the extent to which continued intensive Braille instruction and other accommodations would be needed.

The IDEA Amendments of 1997 include specific requirements regarding including children with disabilities in general State and district-wide assessment programs, with appropriate accommodations and modifications in administration, if necessary.¹⁶ For example, each child's IEP must include a statement of any individual modifications in the administration of State or district-wide assessments of student achievement that are needed for the child to participate in the assessment. Also, if the IEP team determines that a child will not participate in a particular assessment or part of an assessment, the IEP must include a statement of why that assessment is not appropriate for the child, and how the child will be assessed.¹⁷

Consistent with the emphasis in the IDEA Amendments of 1997 on relating the child's IEP to the child's involvement and progress in the general curriculum, IEP teams must ensure that blind and visually impaired students, including those with other disabilities, receive appropriate instructional accommodations and modifications. Providing appropriate instructional accommodations and modifications will help prepare these students to participate in State or district-wide assessments of student achievement with appropriate accommodations or individual modifications in test administration.

The IDEA Amendments of 1997 also require the development of guidelines for use of alternate assessments, which are used if an IEP team determines that an individual child cannot participate in regular assessments, even with appropriate accommodations or individual modifications in test administration.¹⁸ However, it is expected that if IEP teams properly make individualized determinations about what testing accommodations or individual modifications in test administration are appropriate for a child, it should be necessary to use alternate assessments for a relatively small percentage of children with disabilities. In addition, if the purpose of a test is to measure a student's ability to read, States need to be able to test to determine whether blind or visually impaired students, whose primary reading medium is not standard print, can read, whether by providing them with a Braille or large print version of the test, or through some other means, as appropriate.

Each child's IEP must be developed by an IEP team, that is, a group of individuals that includes:

- The parents of the child;
- At least one regular education teacher of the child if the child is, or may be, participating in the regular education environment;
- At least one special education teacher of the child, or, if appropriate, at least one special education provider of the child;
- A public agency representative who is qualified to provide or supervise the provision of specially designed instruction, is knowledgeable about the general curriculum, and about the availability of resources of the public agency;
- An individual who can interpret the instructional implications of evaluation results, who may be another member of the IEP team;
- At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and,
- If appropriate, the child.¹⁹ Public agencies must ensure that students are invited to attend IEP meetings if the participation of the student would be appropriate. For IEP meetings involving transition services, there are additional requirements. The Part B regulations provide that the public agency must invite a student with a disability of any age to attend his or her IEP meeting if a purpose of the meeting will be the consideration of either the student's transition services needs, the statement of needed transition services for the student, or both. In these situations, if the student does not attend the meeting, the public agency must ensure that the student's preferences and interests are considered. If another agency would likely be responsible for providing or paying for needed transition services, the public agency must ensure that a representative of that agency is invited to the meeting.²⁰ The public agency responsible for the student's education generally must initiate and conduct meetings for the purpose of developing, reviewing, and, if necessary, revising the IEP, or the individualized family service plan (IFSP), of a child with a disability. The public agency must ensure that the child's IEP team (1) reviews the child's IEP periodically, but not less than annually, to determine whether the child's annual goals are being achieved, and (2) revises the IEP as appropriate.²¹

An IFSP, the written plan for providing early intervention services under Part C of IDEA to an infant or toddler with disabilities and his or her family, may serve as the IEP for a child with a disability aged 3 through 5 (or at the discretion of the State educational agency, a 2-year-old child with a disability who will turn age 3 during the school year). For this to occur, the IFSP must contain the material described in section 636 of the Act, and must be developed in accordance with §§ 300.341–300.346 and §§ 300.349–300.350. In addition, using the IFSP to serve as the IEP must be consistent with State policy and agreed to by the agency and the child's parents.²² If an IFSP is to be used, the public agency must provide the child's parents a detailed explanation of the differences between an IFSP and an IEP and must obtain written, informed parental consent to use an IFSP.²³

D. Special Factors in IEP Development

In developing IEPs, the IDEA Amendments of 1997 require IEP teams to consider a range of special factors. The following two factors are particularly relevant for blind and visually impaired students.

1. Instruction in Braille and the Use of Braille

One of the most serious concerns voiced by parents of blind or visually impaired children and their advocates, as well as by adults who are blind or visually impaired, is that the number of students receiving instruction in Braille has decreased significantly over the past several decades. As a result, these individuals believe that Braille instruction is not being provided to some students for whom it may be appropriate. Braille has been a very effective reading and writing medium for many blind and visually impaired persons, and knowledge of Braille provides numerous tangible and intangible benefits, including increased likelihood of obtaining productive employment and heightened self-esteem. The IDEA Amendments of 1997, therefore, include a specific provision with regard to instruction in Braille and the use of Braille and state: The IEP team must—* * * (iii) in the case of a child who is blind or visually impaired, provide for instruction in Braille and the use of Braille unless the IEP team determines, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the child;²⁴

This statutory provision requires IEP teams to make provision for instruction in Braille or the use of Braille, unless it is determined, after appropriate evaluations of the child's reading and writing needs, that this instruction is not appropriate for a particular child. Decisions about instruction in Braille and the use of Braille must be made on a case-by-case basis, consistent with the individual needs of a particular child. In developing IEPs for children with low vision, even for those with a high degree of functional vision, IEP teams also must consider evaluations of the child's need for instruction in Braille and the use of Braille, and must make provision for such instruction unless it is determined, after appropriate evaluation, to be inappropriate for the child. Factors such as shortages of trained personnel to provide Braille instruction, the availability of alternative reading media, such as large print, recorded materials, or computers with speech output, or the amount of time needed to provide a child with sufficient and regular instruction to attain proficiency in Braille or the use of Braille, may not be used to deny Braille instruction to a child for whom that instruction has not been determined individually to be inappropriate. Once the IEP team includes instruction in Braille in the IEP, this instruction, as is true for other aspects of the child's IEP, must be implemented as soon as possible following the child's IEP meeting.²⁵ For a child to become proficient in Braille, systematic and regular instruction from knowledgeable and appropriately trained personnel is essential. For blind and visually impaired children, including those with other disabilities, IEP teams must ensure that the instructional time allocated for Braille instruction is adequate to provide the level of instruction determined appropriate for the child.

IEP teams also must ensure, as discussed more fully below, that appropriate assistive technology is provided to facilitate necessary Braille instruction. Likewise, for children with low vision, instruction in the appropriate utilization of functional vision and in the effective use of low vision aids requires regular and intensive intervention from knowledgeable and appropriately trained personnel. IEP teams also must consider the method or methods for teaching blind and visually impaired children, including those with other disabilities, how to write and compose. Children whose reading medium is Braille likely will use Braille for these purposes. For composition, however, in addition to writing Braille manually, these children also may benefit from using assistive technology devices, such as a personal computer with speech output or a Braille display. IEP teams must make individualized determinations about the needs of blind and visually impaired children, including those with other disabilities, for instruction in writing and composition, and must include effective methods for teaching writing and composition, including the appropriate use of assistive technology, in the IEPs of these students. In addition to mastering the skills taught to all children, blind and visually impaired children, including those with other disabilities, must receive instruction in the skills that the IEP team determines are necessary for the child to obtain access to information needed to participate in the general curriculum, as a supplement to instruction in the reading method determined appropriate for the child. The skills that could be taught to access information include use of cassette recordings, including recordings that utilize compressed speech, personal computers with speech output or a Braille display, and optical scanners with speech output. Use of these devices, methods, and services should be considered on an individual basis to supplement Braille instruction for students for whom Braille is the primary reading medium, or to supplement print or large print for children using print as their primary reading medium. While instruction in the skills necessary to access information is extremely important, local educational agencies also are required by Part B and Section 504 to provide instructional materials in the format determined appropriate for the child by the IEP team to enable the child to participate in the public agency's program.²⁶ In addition, for most students who are blind or visually impaired, including those with other

disabilities, the development of skills related to future employment, vocational training, or postsecondary education, such as the use of reader services, would be appropriate. For example, reader services have proven to be vital for the workplace success of many adults who are blind or visually impaired. As appropriate, IEP teams should consider making reader services available, as well as providing instruction in the skills necessary to the effective use of those services. In considering whether reader services or other services related to the workplace success of these students would be appropriate, IEP teams should consider whether those services would be necessary to supplement the techniques that the student already may be receiving to access information, or necessary for the student's successful transition from school to post-school activities.

2. Assistive Technology

The IDEA Amendments of 1997 continue to recognize the importance of assistive technology in the education of children with disabilities, and specify assistive technology as one of the special factors that IEP teams must consider in IEP development.²⁷ Issues related to accessing information frequently arise in the education of blind and visually impaired students, as well as those with other disabilities. Therefore, it is especially important that IEP teams for blind and visually impaired students give appropriate consideration to these students' needs for assistive technology and the full range of assistive technology devices and services that are available for them, and this consideration needs to occur as early as possible. As is true for students with other disabilities, a blind or visually impaired student's ability to become proficient in the use of appropriate assistive technology could have a positive effect on the development of the student's overall self-confidence and self-esteem. Students taught the skills necessary to address their disability-specific needs are more capable of participating meaningfully in the general curriculum offered to nondisabled students. The Department's regulations also provide that, on a case-by-case basis, consideration of the use of school-purchased assistive technology devices in a child's home or in other settings may be required. If the child's IEP team determines that the child needs to have access to a school-purchased device at home or in another setting in order to receive FAPE, a statement to this effect must be included in the child's IEP, the child's IEP must be implemented as written, and the device must be provided at no cost to the parents.²⁸ In meeting the assistive technology needs of blind and visually impaired students, public agencies may use whatever State, local, Federal, and private sources of support available in the State to finance required services.²⁹ To obtain information about assistive technology, including information about assistive technology that could be used to assist in the education of blind and visually impaired students, public agencies may wish to consult the Assistive Technology Act of 1998 (Tech Act) project that serves their State.³⁰ In making assistive technology purchases, public agencies also need to ensure that they comply with applicable requirements of Federal law, including Section 504, Title II of the ADA, and the Tech Act.³¹

E. Orientation and Mobility Services

For some blind and visually impaired children, the inability to move around independently can be a formidable obstacle to participating in school, family, and community life. In some instances, blind and visually impaired individuals have felt discouraged from seeking employment opportunities because of their inability to get to the job or negotiate the work environment once on the job, or because of their fears that this will be the case. Still in other instances, some blind and visually impaired individuals have been denied access to employment opportunities because of employers' misperceptions that the individual will be unable to get around without sighted assistance. Therefore, acquisition of orientation and mobility skills, like the acquisition of other skills such as academic and social skills, is of great importance to the social and economic independence of blind and visually impaired persons. Orientation and mobility services are generally recognized as encompassing distinctive strategies particular to the educational needs of blind or visually impaired students. The IDEA Amendments of 1997 amended the list of examples of "related services" contained in the statute to include "orientation and mobility services."³² The term "orientation and mobility services" is defined in the Part B regulations, at 34 CFR § 300.24(b)(6), as follows:

- (i) * * * services provided to blind or visually impaired students by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community; and (ii) Includes teaching students the following, as appropriate:
 - (A) Spatial and environmental concepts and use of information received by the senses (such as sound, temperature and vibrations) to establish, maintain, or regain orientation and line of travel (*e.g.*, using sound at a traffic light to cross the street);
 - (B) To use the long cane to supplement visual travel skills or as a tool for safely negotiating the environment for students with no available travel vision;
 - (C) To understand and use remaining vision and distance low vision aids; and
 - (D) Other concepts, techniques, and tools.

The responsible public agency must ensure that orientation and mobility services are provided by trained and knowledgeable personnel who meet appropriate State qualification standards. In some instances, these personnel will need to be qualified to work with blind and visually impaired students who, in addition to their blindness or visual impairments, have other physical, sensory, or emotional disabilities. Because the need for safe movement throughout their school, home, and community environments is of critical importance for blind and visually impaired students, and because inadequate skill in this area could have an adverse impact on the ability of some blind and visually impaired persons to obtain appropriate employment, orientation and mobility services should be considered for each blind and visually impaired child. The extent to which orientation and mobility services are necessary for an individual child and, if so, the amount and duration of those services that are necessary for a child to receive FAPE are decisions for the child's IEP team. If a blind or visually impaired child has other disabilities, such as hearing, motor, or emotional disabilities, the child's unique disability-specific needs

arising from those other disabilities also must be considered in designing an appropriate program of orientation and mobility services for the child. Orientation and mobility services should be provided as early as possible in a child's education, and updated or supplemented periodically, as needed. For example, while it may not be appropriate to teach a very young child how to cross a busy street, a very young child still could be taught the skills necessary to move around inside a school building. As students mature, it might be appropriate, depending on individual factors, for the student to be taught how to cross a busy street. Therefore, IEP teams need to be aware of individual factors that would affect the nature and extent to which orientation and mobility services may be needed for a particular student. For some children with disabilities such as children with significant cognitive disabilities, "travel training is often an integral part of their special educational program in order for them to receive FAPE and be prepared for post-school activities, including employment and independent living."³³ Providing blind or visually impaired students, particularly those with other disabilities, with travel training also could facilitate their fuller integration into their communities in and outside of school, both during and following their school attendance. Therefore, the definition of "special education" has been amended at 34 CFR § 300.26(a)(2)(ii) to include "travel training," and the pertinent definition reads as follows:

Travel training means providing instruction, as appropriate, to children with significant cognitive disabilities, and any other children with disabilities who require this instruction, to enable them to—

- (i) Develop an awareness of the environment in which they live; and
- (ii) Learn the skills necessary to move effectively and safely from place to place within that environment (e.g., in school, in the home, at work, and in the community).³⁴ Since the importance of travel training has been recognized for children with disabilities, such as children with significant cognitive disabilities, IEP teams for blind and visually impaired students, particularly those with significant cognitive disabilities, may need to consider these students' need for travel training, as appropriate. Travel training is often integral to ensuring that some children with disabilities receive FAPE and are prepared for post-school activities such as employment and independent living. Travel training is important to enable these students to attain systematic orientation to and safe movement within their environment in school, at home, at work and in the community.³⁵

F. Additional Factors in IEP Development

The following needs³⁶ also may need to be considered and appropriately addressed by the child's IEP team to ensure a child's appropriate access to the general curriculum:

- Compensatory skills, such as communication and listening modalities;
- Extended school year services, if determined necessary to provide FAPE to the student;³⁷
- Social interaction skills;
- Recreation and leisure skills;
- Career education; and
- For students with low vision, visual efficiency skills.

This list is not intended to be exhaustive. A child's IEP team could determine that it would be appropriate to consider an individual child's need for other skills or services, in addition to those listed above. Therefore, in making decisions about the educational programs for a blind or visually impaired child, as is true for other disabled children, IEP teams must consider the full range of skills and services necessary for the child to receive FAPE, and to be involved and progress in the general curriculum, as appropriate.

Least Restrictive Environment and Provision of Services Requirements

Part B requires States to have policies and procedures for ensuring that, to the maximum extent appropriate, children with disabilities are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.³⁸ This requirement is known as the least restrictive environment (LRE) requirement. Consistent with this LRE principle, the IDEA Amendments of 1997 require that each child's IEP contain an explanation of the extent, if any, to which the child will not be educated and participate with nondisabled children in the regular class and in academic, extracurricular and other nonacademic activities.³⁹ Department regulations also provide that a child with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum for that child.⁴⁰ Thus, before a disabled child can be removed from the regular classroom, the placement team, which includes the child's parents, must consider whether the child can be educated in less restrictive settings with the use of appropriate supplementary aids and services and make a more restrictive placement only when they conclude that education in the less restrictive setting with appropriate supplementary aids and services cannot be achieved satisfactorily.⁴¹

Recognizing that the regular classroom may not be the LRE placement for every disabled student, the Part B regulations require public agencies to make available a continuum of alternative placements or a range of placement options, to meet the needs of students with disabilities for special education and related services. The options on this continuum include instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions. In addition, the continuum must make provision for supplementary services (such as resource room or itinerant instruction) to be provided in conjunction with regular class placement.⁴²

Part B also requires that each child's placement must be based on the child's IEP.⁴³ That is why placement decisions cannot be made before a student's IEP is developed. Rather, it is the child's IEP that forms the basis for the placement decision. This means, for example, that the statement of the special education and related services and supplementary aids and services to be provided to the child, or on behalf of the child, the statement of the program modifications or supports for school personnel that will be provided for the child, and the explanation of the extent, if any, to which the child will not participate with nondisabled children in regular classes and other academic, nonacademic and extracurricular activities, form the basis for the placement decision. Under Part B, the IEP team for each child with a disability must make an individualized determination regarding how the child will participate in the general curriculum, including supports needed for the child, and what, if any, educational needs will not be met through involvement in the general curriculum. If, in the evaluation process, full consideration has been given to the range of accommodations and modifications that might be needed for the blind or visually impaired student, including a student who has other disabilities, such as a hearing impairment or an emotional disability, to access the general curriculum offered to nondisabled students, information about those needs should be readily available to the IEP team. After the student's IEP is developed, the placement determination, that is, the determination as to the setting in which services will be provided, must be made on an individual basis, consistent with the student's IEP and the Act's LRE requirements.

The IDEA Amendments of 1997 specify that the placement decision is made by a group of persons, including the parents, and other persons knowledgeable about the child, the meaning of the evaluation data, and the placement options.⁴⁴ Public agencies and parent training and information centers should take steps to ensure that parents of blind and visually impaired students are informed about available placement options for their child, including those addressing unique needs arising from a child's blindness or visual impairment and other disabilities, if applicable, and other identified educational needs. This will help to ensure that parents can provide meaningful input to the group making the placement decision.

The overriding rule in placement is that each student's placement must be determined on an individual basis.⁴⁵ In addition, as is true for students with other disabilities, the potential harmful effect of the placement on the blind or visually impaired student, or the quality of services he or she needs, must be considered in determining the LRE.⁴⁶ As in other situations, placements of blind and visually impaired students, including those with other disabilities, may not be based solely on factors such as category of disability, significance of disability, availability of special education and related services, availability of space, configuration of the service delivery system, or administrative convenience.⁴⁷ In implementing Part B's LRE requirements, in some instances, placement decisions are inappropriately made before IEPs that address a child's unique needs are developed. Individual determinations of appropriate special education and related services, supplementary aids and services, and program modifications and supports for school personnel must be made through the IEP process, which must address the development of skills necessary for a student to cope with the impact of blindness or low vision or other identified disabilities on the student's ability to learn and to be involved and progress in the general curriculum. Since Part B requires that each child's placement must be based on his or her IEP, making placement decisions before a student's IEP is developed is a practice that violates Part B and could result in the denial of FAPE in the LRE. Still in other instances, some students have been inappropriately placed in the regular classroom although it has been determined that their IEPs cannot be appropriately implemented in the regular classroom even with the necessary and appropriate supplementary aids and services. In these situations, the nature of the student's disability and individual needs could make it appropriate for the student to be placed in a setting outside of the regular classroom in order to ensure that the student's IEP is satisfactorily implemented. By contrast, there are other instances where some blind and visually impaired students have been inappropriately placed in settings other than the regular classroom, even though their IEPs could have been implemented satisfactorily in the regular classroom with the provision of appropriate supplementary aids and services. As is true for all educational decisions under Part B, these concerns about the misapplication of the LRE requirements for blind and visually impaired students underscore the importance of making individual placement determinations based on each student's unique abilities and needs.

In making placement determinations regarding children who are blind or visually impaired, it is essential that groups making decisions regarding the setting in which appropriate services are provided consider the full range of settings that could be appropriate depending on the individual needs of the blind or visually impaired student, including needs that arise from any other identified disabilities that the student may have. The following are some examples:

- A regular classroom with needed support services provided in that classroom by an itinerant teacher or by a special education teacher assigned to that school;
- The regular classroom with services provided outside the classroom by an itinerant teacher or by a special education teacher assigned to that school;
- A self-contained classroom in a regular school that provides services that address needs arising from the student's blindness or visual impairment as well as other identified disabilities, if applicable; and
- A special school with a residential component that provides services that address the full range of the blind or visually impaired student's disability-specific needs, including those arising from other disabilities, if applicable.

Procedural Safeguards

Part B also requires that public agencies afford parents of children with disabilities an array of procedural safeguards. These include giving parents written notice, in language understandable to the general public and in the native language of the parent or other mode of communication used by the parent unless it is clearly not feasible to do so. This written notice must be given a reasonable time before a public agency proposes or refuses to initiate, or change, the identification, evaluation, or educational placement of the child, or the provision of a free appropriate public education to the child. Included in this notice, among other components, are a description of the action proposed or refused by the agency, an explanation of why the agency proposes or refuses to take the action, a description of any options the agency considered and the reasons why those options were rejected, a description of any evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action, and sources for parents to contact, such as parent training and information centers or Protection and Advocacy entities or other advocacy organizations, to gain assistance in understanding the provisions of the Act.⁴⁸ The requirement to provide a description of any option considered includes a description of the types of placements that were actually considered for the child, e.g., regular class placement with needed supplementary aids and services, regular classroom with pull-out services, special school, and the reasons why these placement options were rejected. Providing this kind of information to parents will enable them to play a more knowledgeable and informed role in the education of their children.

Informed parental consent must be obtained before conducting an initial evaluation or reevaluation, with certain limited exceptions, and before the initial provision of special education and related services to a child with a disability.⁴⁹ Section 300.500(b)(1) of the Part B regulations defines "consent" to mean that the parent has been fully informed of the activity for his or her consent has been sought in his or her native language or other mode of communication.

The IDEA Amendments of 1997 also require public agencies to give parents a copy of a notice of procedural safeguards available to parents under Part B, written in language understandable to the general public and provided in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so. Such a notice must be provided prior to an initial referral of a child for evaluation, before an IEP meeting, before a reevaluation, and upon receipt of a request for a due process hearing. This notice, among other matters, must inform parents of their right to file a complaint under the State complaint procedures at 34 CFR §§ 300.660–300.662, as well as their right to seek mediation or request a due process hearing.⁵⁰ Part B affords parents and public educational agencies the right to initiate an impartial due process hearing on any matter regarding the identification, evaluation, or educational placement of the child, or the provision of a free appropriate public education to the child.⁵¹

The IDEA Amendments of 1997 provide that, when a parent requests a due process hearing on matters involving the identification, evaluation, or educational placement of the child or the provision of FAPE to the child, the public agency must inform the parents of the availability of mediation as a means to resolve the dispute. Mediation, at a minimum, must be available whenever an impartial due process hearing is requested. The mediation process must be voluntary on the part of the parties, not be used to deny or delay a parent's right to a due process hearing or any other rights afforded under Part B of the Act, and be conducted by a qualified and impartial mediator who is trained in effective mediation techniques.⁵²

Disagreements between parents and public agencies over issues such as the extent that Braille instruction should be included in a child's IEP, or the educational setting in which the child's IEP should be implemented, are examples of some of the matters that can be the subject of mediation or an impartial due process hearing. The use of mediation is strongly encouraged, since its use could eliminate the need to utilize the Act's due process procedures to resolve the dispute. Public agencies need to inform parents of all children with disabilities, including parents of blind and visually impaired students, about their right to initiate a due process hearing if agreement cannot be reached on important educational decisions, as well as their right to file a complaint under the State complaint procedures at 34 CFR §§ 300.660–300.662 of the Part B regulations, including a description of how to file a complaint and the timelines under those procedures.

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Authority: 20 U.S.C. 1411–1420; 29 U.S.C. 794.

Dated: June 5, 2000.

Richard W. Riley,
Secretary of Education.

Appendix

- ¹ Two other related Federal laws also are applicable to the education of blind and visually impaired students. Section 504 of the Rehabilitation Act of 1973, as amended (Section 504), 29 U.S.C. 794 and Title II of the Americans with Disabilities Act of 1990 (Title II of the ADA), 42 U.S.C. 12131, are civil rights laws that protect persons with disabilities from discrimination on the basis of disability. The Department's Office for Civil Rights (OCR) enforces Section 504, as it applies to recipients of Federal financial assistance from the Department. OCR also enforces Title II of the ADA, as it applies to public entities, regardless of receipt of Federal funds. Under Section 504 and its implementing regulations at 34 CFR Part 104, children with disabilities in public elementary and secondary education programs operated by recipients of Federal financial assistance are entitled to a free appropriate public education in accordance with the Section 504 regulations at 34 CFR 104.33-104.36. With respect to elementary and secondary education programs, OCR generally interprets Title II of the ADA and its prohibition against discrimination on the basis of disability in a manner consistent with Section 504 and its regulations. The IDEA requirements described in this Notice are consistent with recipients' and public entities' obligations to provide FAPE to blind and visually impaired students under Section 504 and Title II of the ADA. For further information about the requirements of Section 504 and Title II of the ADA, as they apply to the education of blind and visually impaired students, contact the OCR Customer Service Team at the following address and telephone number: OCR Customer Service Team, U.S. Department of Education, 330 C Street, S.W. Room 5212, Washington, D.C. 20202-1100, Telephone: (202) 205-5413; (202) 260-0471 for TTD services, Toll Free: 1-800-421-3481. Fax: (202) 205-9862, E-mail: ocr@ed.gov.
- ² 20 U.S.C. 1412(a)(1) and 34 CFR 300.121;
³ 20 U.S.C. 1401(8) and 34 CFR 300.13.
⁴ 34 CFR 300.300(a)(3)(i)-(ii).
⁵ 34 CFR 300.531.
⁶ 34 CFR 300.532(b).
⁷ 34 CFR 300.532(g).
⁸ 34 CFR 300.532(h).
⁹ 20 U.S.C. 1414(b)(3)(B)(i) and 34 CFR 300.532(c)(1)(ii).
¹⁰ See 20 U.S.C. 1414(d)(3)(B)(iii).
¹¹ 34 CFR 300.532(b)(1)-(2); see also Appendix A to 34 CFR Part 300, question 2 (Appendix A), 64 FR at 12472 (Mar. 12, 1999).
¹² The IEP is a written statement for a child with a disability that is developed, reviewed, and revised at a meeting in accordance with the requirements of 34 CFR 300.341-300.350.
¹³ See 34 CFR 300.340(a).
¹⁴ For a fuller explanation of IEP and other requirements of the Individuals with Disabilities Education Act Amendments of 1997, see Notice of Interpretation, Appendix A to 34 CFR Part 300, published at 64 FR 12406, 12469 (Mar. 12, 1999).
¹⁵ 34 CFR 300.347(a)(2).
¹⁶ See National Agenda for the Education of Children and Youths with Vision Impairments, including Multiple Disabilities, AFB Press (1995).
¹⁷ 34 CFR 300.347(a)(2); Appendix A, question 2, 64 FR at 12472 (Mar. 12, 1999).
¹⁸ 34 CFR 300.138(a).
¹⁹ 34 CFR 300.347(a)(5)(i)-(ii).
²⁰ 34 CFR 300.138(b); see also Attachment 1, 64 FR at 12564 (Mar. 12, 1999).
²¹ 34 CFR 300.344(a)(1)-(7).
²² 34 CFR 300.344(b).
²³ 34 CFR 300.343(c).
²⁴ 34 CFR 300.343(a) and 300.342(c).
²⁵ 34 CFR 300.342(c)(2).
²⁶ 20 U.S.C. 1414(d)(3)(B)(iii) and 34 CFR 300.346(a)(2)(iii).
²⁷ 34 CFR 300.342(b)(1)(ii).
²⁸ See Analysis of Comments and Changes, published as Attachment 1 to 34 CFR Part 300 (Attachment 1), 64 FR at 12590 (Mar. 12, 1999).
²⁹ 34 CFR 300.346(a)(2)(v).
³⁰ 34 CFR 300.308(b); Appendix A, question 36, 64 FR at 12479 (Mar. 12, 1999).
³¹ 34 CFR 300.301(a). See also 34 CFR 300.244 regarding an LEA's obligations to use up to 5 percent of the amount the agency receives in any fiscal year in combination with other amounts other than education funds to develop and implement a coordinated services system designed to improve results for children and families; OSEP memorandum 00-7 dated January 13, 2000 to State Directors of Special Education, entitled Enhancing Coordinated Services Systems among LEAs and SEAs. For a complete list, see a project sponsored by the National Institute on Disability and Rehabilitation Research (NIDRR), a component of the Office of Special Education and Rehabilitative Services, at <http://www.resna.org/taproject/at/statecontacts.html>
³² See the October 9, 1997 "Dear Colleague" letter from the Secretary and the attached technical assistance packet. For guidance on standards that the Department uses for its suppliers, see Requirements for Accessible Software Design, 1997, at <http://gcs.ed.gov/coninfo/clibrary/software.htm>
³³ 20 U.S.C. 1401(22).
³⁴ See Attachment 1, 64 FR at 12549 (Mar. 12, 1999).
³⁵ 34 CFR 300.26(a)(4).
³⁶ See Attachment 1, 64 FR at 12549 (Mar. 12, 1999).
³⁷ National Agenda for the Education of Children and Youth with Visual Impairments, including Multiple Disabilities, AFB Press, at p. 14 (1995).
³⁸ 34 CFR 300.309.
³⁹ 34 CFR 300.550(b).
⁴⁰ 20 U.S.C. 1414(d)(1)(A)(iv) and 34 CFR 300.347(a)(3)-(4); Appendix A, question 1, 64 FR at 12471 (Mar. 12, 1999).
⁴¹ 34 CFR 300.552(e).
⁴² 34 CFR 300.550(b); Attachment 1, 64 FR at 12638 (Mar. 12, 1999).
⁴³ 34 CFR 300.551(b).

⁴³ 34 CFR 300.552(b)(2). That regulation requires that each child's placement is determined at least annually, is based on his or her IEP, and is in the school or facility as close as possible to the child's home. 34 CFR 300.552(b)(1)-(3). Further, unless a disabled student's IEP requires some other arrangement, the child is educated in the school that he or she would attend if nondisabled. 34 CFR 300.552(c).

⁴⁴ 20 U.S.C. 1414(f) and 34 CFR 300.501(c) and 300.552(a).

⁴⁵ See 34 CFR 300.552.

⁴⁶ 34 CFR 300.552(d).

⁴⁷ Appendix A, question 1, 64 FR 12406 at 12471 (Mar. 12, 1999).

⁴⁸ 34 CFR 300.503(a)(1) and (b)(2)-(4), and (7).

⁴⁹ 34 CFR 300.505(a)(1).

⁵⁰ 34 CFR 300.504.

⁵¹ 34 CFR 300.507(a).

⁵² 34 CFR 300.507(a)(2), 300.506(a)(2) and (b).

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Overview of the Ticket to Work and Work Incentives Improvement Act

Presented by:

Office of Rehabilitation Services
40 Fountain Street - Providence, RI 02903
(401) 421-7005
www.ors.ri.gov



Ticket to Work and Work Incentives Improvement Act of 1999

- Increases beneficiary choice in obtaining rehabilitation and vocational services;
- Removes barriers that require people with disabilities to choose between health care coverage and work; and
- Assures that more Americans with disabilities have the opportunity to participate in the workforce and lessen their dependence on public benefits.



MEDICAID

- States have the option to provide Medicaid coverage to more people ages 16-64 with disabilities who work.
- States have the option to permit working individuals with incomes above 250 percent of the federal poverty level to buy in to Medicaid.
- Creates a new Medicaid buy-in demonstration project to provide medical assistance to workers with impairments who are not yet too disabled to work.



Continuing Disability Reviews

- Social Security cannot initiate a continuing disability medical review while a Social Security or SSI disability beneficiary is using a ticket.
- Work activity by a Social Security disability beneficiary who has received Social Security disability benefits for at least 24 months could not be used as a basis for conducting a disability review.



Expedited Reinstatement of Benefits

- When disability benefits have ended because of earnings from work, and person is unable to work because of their medical condition.
- Beneficiaries may receive up to six months of provisional benefits, including Medicare and Medicaid, as appropriate.



Establishment of the Ticket to Work and Self-Sufficiency Program

- First tickets issued early in 2002.
- Complete nationwide coverage by 9/30/2004
- Beneficiaries will receive a "ticket" they may use to obtain vocational rehabilitation, employment or other support services from an approved provider of their choice.



PABSS

- **PABSS (Protection and Advocacy for Beneficiaries of Social Security) is a Federal program funded under TWWIA by the Social Security Administration.**
- **The Rhode Island Disability Law Center has been given a grant to provide the PABSS services to SSDI and SSI beneficiaries.**



Benefits Planning, Assistance & Outreach

- **BPAO Program Goals**
 - **To enable SSI and SSDI recipients to make informed decisions about whether or not to work**
 - **To increase the use of all work incentives**
 - **To promote greater interagency cooperation and coordination**
 - **To identify and address barriers that prevent a return to work**



Ticket to Work

- **The Ticket to Work and Self-Sufficiency Program allows beneficiaries to seek employment and support services necessary to obtain/maintain employment and reduce cash benefits**



Overall Goal of Ticket to Work

- To expand the number of service providers who are available to serve beneficiaries.
- Attaining this goal will accomplish:
 - Increased number of beneficiaries entering the work force
 - Reduced dependency on cash benefits



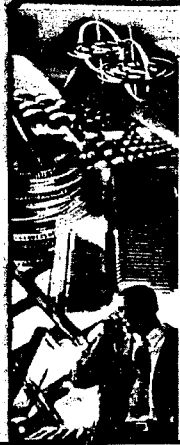
Ticket to Work Program

- Provides beneficiaries with more choices for receiving employment services
- Provides greater incentives for entities providing employment services



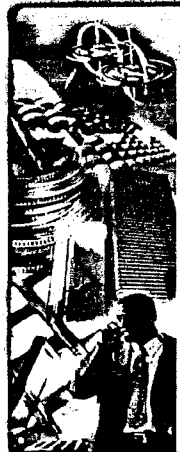
Benefits for Consumers

- Increased choice of vocational providers
- Increased Incentive to explore vocational options
- Increased consumer awareness of new work incentives and opportunities
- Exemption from continuing disability reviews (CDRs) while using the ticket (consumer has to make timely progress towards work to be considered using the ticket)



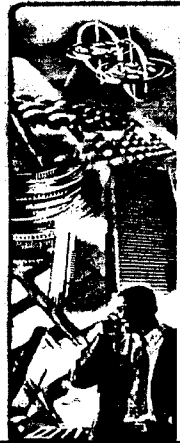
What are the Ticket Basics?

- Approx. 35,000 Rhode Islanders with disabilities on SSI or SSDI will receive tickets between November, 2003 and September, 2004
- Individuals can use their ticket to receive vocational services from an Employment Network (EN)
- MAXIMUS is responsible for recruiting ENs and coordinating ticket assignments and payments



Employment Networks (EN)

- ENs enter into an agreement with SSA to provide or coordinate services for individuals with disabilities.
- ENs get paid after ticket holders work and go off benefits.
- ENs have choices under the program - who they will serve, what area they will cover, and what services they will provide.



Ticket Eligibility

- 18 through 64 years of age, and
- receiving disability cash benefits from Social Security (SSI or SSDI)
- If the individual is in the "medical improvement expected" category, the individual has to have undergone one disability review that indicated continuing disability



Ticket Program Participation

- Using a Ticket is **VOLUNTARY**.
- There is no penalty for not using a ticket.
- Once a ticket is activated it starts a five year clock.
- Individuals may choose from a range of providers



Ticket Use Requirements

- Ticket user must develop and sign Individual Work Plan (EN) or Individualized Plan for Employment (ORS)
- Show "timely progress"
 - reviewed at 24 months & annually thereafter
 - 3 months of work at SGA during third year
 - 6 months of work at SGA in fourth year
 - no longer receiving benefits at end of year five



What are the Challenges

- No up-front funding from SSA.
- Historically, few SSI/DI beneficiaries earn enough to stop their cash benefits.
- Forming new business relationships that provide necessary services and supports.
- Educating beneficiaries and providers about new work incentives.
- Maintaining long term relationships and tracking of earnings.



Expected Outcomes

- Increased self sufficiency
- More people with disabilities employed
- More earning SGA or above
- Increased use of work incentives
- Increased tax \$\$ available to State
- Increased service \$\$ for ORS and partners will offset increased service costs



Barriers to Expected Outcomes

- Medical insurance needs
- Transportation
- Attitudes
 - people with disabilities
 - employers
 - service providers

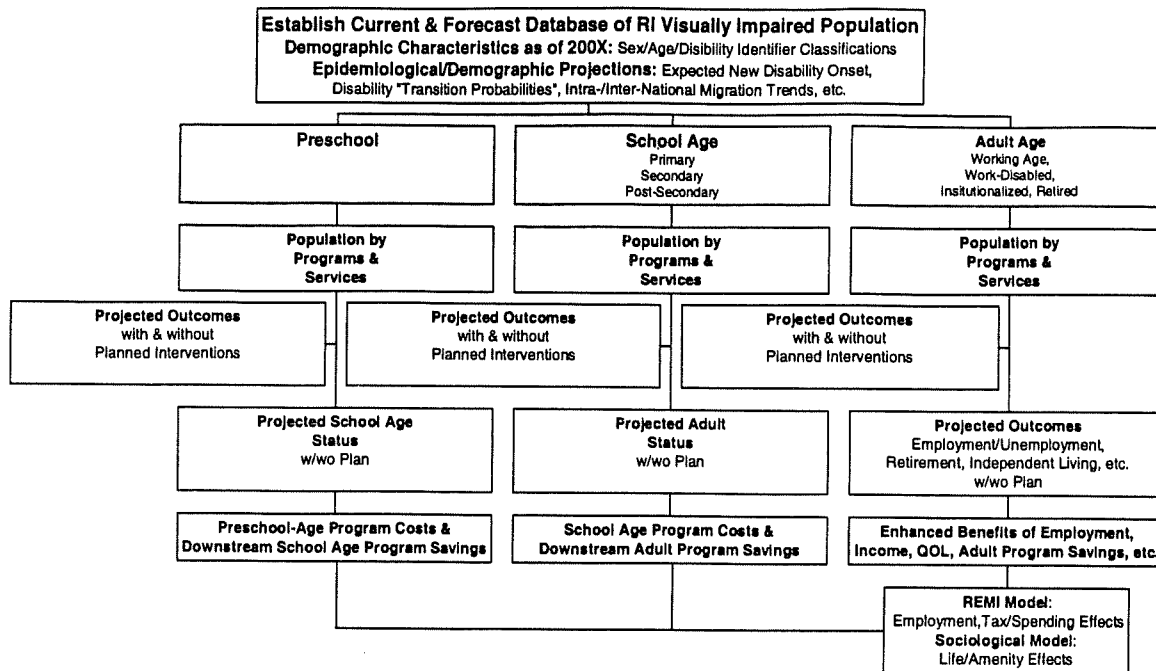


Resources

SSA www.ssa.gov/work
Maximus www.yourtickettowork.com
ORS www.ors.ri.gov
PABBS 831-3150

Susan Shapiro, ORS Ticket Coordinator
- susans@ors.ri.gov
- 421-7005, ext. 421

**Categorization of Rhode Island Data on Demographics of Visually Impaired:
Analysis Organization Chart**



Presented by Gary Ciminero, Director, House Policy Office,
RI House of Representatives at December 15, 2003 Commission meeting.

APPENDIX VI: VISION SERVICES DATABASE

BLIND/VISUALLY IMPAIRED CHILDREN CENSUS INFORMATION: TABLES 1-4

Vision Services Database as of 10/1/03

TABLE 1: Total Students Receiving Services From TVIs/O&M

Category	Students Receiving TVI	Students Receiving O&M
State Teachers Early Intervention	33	9
School Age	49	13

TABLE 2: LEAs

Barrington	1	1
East Providence	8	0
Glocester	1	1
Johnston	6	1
Newport	2	?
South Kingstown	2	?
Warwick	15	1
West Warwick	10	0
Cranston	22	0
Providence Teacher 1	10	5
Providence Teacher 2		
Total Providence	6	4
	16	9
Students Without TVI Services	66	1
TOTALS:	231	36

TABLE 3: PRIVATE PLACEMENTS

Private Placements (numbers taken from 2003 APH Federal Census)	<u>Total</u>	<u>Receiving TVI</u>	<u>Receiving O&M</u>
Perkins School	2	2	2
Meeting Street Center	29	9	2
Bradley Hospital School	2	2	0
CITE, Inc.	2	0	0
Cornerstone	16	1	0
Maher Center	1	0	0
Tavares	2	0	0
TOTALS	54	14	4

TABLE 4: DISTRICTS UNSERVED

DISTRICTS WITH UNSERVED STUDENTS	
Central Falls	2
Chario	9
Coventry	7
Cumberland	5
East Greenwich	1
North Providence	2
NRIC	9
Pawtucket	14
South Kingstown	4
Westerly	1
Woonsocket	12
TOTALS	66

**Children with Visual Impairments in Rhode Island
Vision Services Database as of 3/12/04**

	<u>Total</u>	<u>State Teacher</u>	<u>LEA Teacher</u>	<u>Unservd</u>	<u>New Referral</u>
Barrington	3	1	2		
Bradley	2	1	1		
Bristol-Warren	1	1			
Burrillville	4	4			
Central Falls	4	2		2	
Chariho	14	8		6	
CITE	3			3	
Cornerstone	13	1	1	11	
Coventry	11	1	10		
Cranston	17	2	15		
Cumberland	11	8		3	
E. Greenwich	1			1	
E. Providence	7		7		
Exeter-WG	1	1			
Jamestown	1			1	
Johnston	7	1	6		
Lincoln	4	4			
Maher Center	0				
MSC	32		5	27	
Narragansett	0				
N. Kingstown	4	4			
N. Providence	3	1		2	
N. Smithfield	2	2			
New Shoreham	0				
Newport	4	2	2		
Newport County	6	4		2	
NRIC	11			11	
NW Region	7	6	1		
Pawtucket	20	6		14	
Providence	21	4	17		
RISD	3	2		1	
S. Kingstown	8	1	2	4	1
Smithfield	3	3			
Tavares	12	1		11	
Trudeau	2	0	2		
W. Warwick	14	1	13		
Warwick	18	4	14		
Westerly	3	3			
Woonsocket	15	3		11	1
	292	82	98	110	2

**Children with Visual Impairments in Rhode Island
Ages Birth – 3 years**

	<u>Total</u>	<u>Receiving</u>	<u>Receiving</u>	<u>Unserved</u>	<u>New Referral</u>
		<u>State EI Services</u>	<u>LEA EI Services</u>		
Barrington					
Bradley					
Bristol-Warren					
Burrillville					
Central Falls	2	2			
Chariho	3	3			
CITE					
Cornerstone	1	1			
Coventry	1	1			
Cranston	2	2			
Cumberland	2	2			
E. Greenwich					
E. Providence					
Exeter-WG					
Jamestown					
Johnston	1	1			
Lincoln					
Maher Center					
MSC					
Narragansett					
N. Kingstown	1	1			
N. Providence	1	1			
N. Smithfield					
New Shoreham					
Newport	2	2			
Newport County					
NRIC					
NW Region					
Pawtucket	3	3			
Providence	4	4			
RISD	1	1			
S. Kingstown	1	1			
Smithfield					
Tavares	1	1			
Trudeau					
W. Warwick	1	1			
Warwick	4	4			
Westerly	1	1			
Woonsocket	3	3			
35	35	0	0	0	

**Children with Visual Impairments in Rhode Island
Ages 3-21 years**

	<u>Total</u>	<u>Receiving State Services</u>	<u>Receiving LEA Services</u>	<u>Unservd</u>	<u>New Referrals</u>
Barrington	3	1	2		
Bradley	2	1	1		
Bristol-Warren	1	1			
Burrillville	4	4			
Central Falls	2			2	
Charlho	11	5		6	
CITE	3			3	
Cornerstone	12		1	11	
Coventry	10		10		
Cranston	15	0	15		
Cumberland	9	6		3	
E. Greenwich	1			1	
E. Providence	7		7		
Exeter-WG	1	1			
Jamestown	1			1	
Johnston	6		6		
Lincoln	4	4			
Maher Center	0				
MSC	32		5	27	
Narragansett	0				
N. Kingstown	3	3			
N. Providence	2			2	
N. Smithfield	2	2			
New Shoreham	0				
Newport	2		2		
Newport County	6	4		2	
NRIC	11			11	
NW Region	7	6	1		
Pawtucket	17	3		14	
Providence	17		17		
RISD	2	1		1	
S. Kingstown	7		2	4	1
Smithfield	3	3			
Tavares	11			11	
Trudeau	2		2		
W. Warwick	13		13		
Warwick	14		14		
Westerly	2	2			
Woonsocket	12			11	1
257	47	98	110	2	

APPENDIX VII: REPORT OF THE SPECIAL LEGISLATIVE
COMMISSION TO STUDY THE FIELD OF FINANCING EDUCATIONAL
PROGRAMS FOR HANDICAPPED CHILDREN, DATED MARCH, 1976

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RHODE ISLAND STATE LIBRARY

SPECIAL LEGISLATIVE COMMISSION
TO STUDY THE FIELD OF FINANCING EDUCATIONAL PROGRAMS
FOR HANDICAPPED CHILDREN

REP. VICTORIA LEDERBERG
CHAIRMAN

MARCH 1976

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ACKNOWLEDGEMENTS

In its review of financing educational programs for handicapped children and in arriving at its recommendations, the Commission would like to acknowledge the assistance and cooperation of many people and agencies. Foremost are Binyamin I. Efreom and Susan Raisner, Research Analyst and Planner, respectively, in the Rhode Island Department of Education. They are responsible for the collection, organization, and composition of materials and meetings without which the Commission's task and work would have been prolonged and not as effective.

We are also very grateful for the extensive narrative preparations and testimony of Charles Harrington, Coordinator of Special Education in the State Department of Education.

Several other persons also provided valuable assistance; they are: Sandra M. Poirier, Donley R. Taft, Dr. Grace M. Glynn, Francis B. Conley, and Ettore G. Rosati.

A debt of gratitude is owed to the Commissioner of Education, Dr. Thomas C. Schmidt, and the Director of the Department of Mental Health, Retardation and Hospitals, Dr. Joseph J. Bevilacqua, who made resources and clerical personnel available.

All Commission members should be thanked for their excellent attendance, searching questions, and helpful suggestions.

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COMMISSION RECOMMENDATIONS

1. The Commission recommends that the Rhode Island General Assembly enact legislation which provides additional money as a portion of the "start-up" costs for carrying out new regulations for the education of handicapped children. The Commission recommends that this additional money be generated by reallocation. The Commission recommends that this legislation be effective for the fiscal year 1977-1978. This is also the first year that the new federal Education for All Handicapped Children Act of 1975 takes effect. New revenues needed to supplement State and local funds would be generated by this Act.

2. The Commission recommends that the Rhode Island General Assembly enact legislation which makes Special Education a categorical program tied directly to Sections 16-24-1 and 16-24-2 of the General Laws, as amended, and based on reimbursing school districts or cooperative service arrangements a percentage per pupil excess cost of the statewide median for program placements prescribed in the Board of Regents regulations. This would take effect beginning fiscal year, 1978-1979.

3. The Commission recommends that the Rhode Island General Assembly enact legislation that takes effect concomitantly and simultaneously with the new categorical Special Education funding, which requires school districts to contribute their average

annual per pupil Special Education cost for the two beneficiary programs for emotionally disturbed and blind and deaf children.

4. The Commission recommends that the Rhode Island General Assembly enact legislation that takes effect concomitantly and simultaneously with the new categorical Special Education funding which extends the regulations for the education of handicapped children to the Department of Mental Health, Retardation and Hospitals, Social and Rehabilitative Services, and Corrections. This is now mandated by the new federal Education for All Handicapped Children Act of 1975.

5. The Commission recommends that the Rhode Island General Assembly enact legislation which appropriates an exact sum of money for the beneficiary program operated under Chapter 40.1-7, "Services for Emotionally Disturbed Children." This would be consistent with recommendations 3 and 4 and the current public draft of new regulations which address a program placement continuum and least restrictive placements.

6. The Commission recommends that the Rhode Island General Assembly enact legislation which authorizes the Auditor General, in conjunction with the Board of Regents, to prescribe standard accounting procedures which will be coordinated and consistent with the new regulations for the education of handicapped children.

The Commission recommends to the Joint Committee on Legislative Affairs that the Auditor General: (A) Determine the existing accounting procedures in the provision of special education, and (B) Develop in conjunction with the Board of Regents a uniform system of financial records that becomes effective concomitantly and simultaneously with the new special education funding legislation.

A REPORT TO THE RHODE ISLAND GENERAL ASSEMBLY

BY

A SPECIAL LEGISLATIVE COMMISSION TO STUDY THE
FIELD OF FINANCING EDUCATIONAL PROGRAMS FOR HANDICAPPED
CHILDREN

REPRESENTATIVE VICTORIA LEDERBERG, CHAIRMAN
MR. ROBERT MARSELLO, VICE CHAIRMAN
REPRESENTATIVE LUCY RAWLINGS TOOTELL, SECRETARY

PURPOSE AND SUMMARY

The State is in the process of rewriting regulations for the education of handicapped children in partial fulfillment for meeting the requirements of the Federal Government for continuance of current special education funding. The Commission's proposal supports the State's commitment to meeting federal requirements by making a sum of money available to offset a portion of the costs of meeting federal-state requirements. Therefore, the cost of carrying out the requirements of the State plan for the current Title VI funding is substantively the amount of money required to carry out proposed regulations for the education of handicapped children and the requirements of P.L. 94-142.

One part of the Commission's proposal would take effect the same fiscal year, 1977-1978, in which supplemental dollars would be available under P.L. 94-142, ("Education of All Handicapped Children Act of 1975"). This Act requires that federal money be used to supplement, not supplant, state and local funds which are required to fulfill the previously mentioned federal and State regulations. One of the crucial effects of the Commission's proposal for a new funding system for special education in 1978-79, is to separate out special education expenditures which are synonymous with excess costs. The State must do this to account for all special education expenditures which is a requirement under P.L. 94-142.

The Commission recommends an appropriation ceiling of \$13 million be attached to its new special education funding formula for fiscal year 1978-79. This sum includes a portion of the \$8.3 million cost of complying with the new federal-state requirements. It takes into account a reasonable inflation factor of 8 percent per year between what we now estimate special education expenditures are within the current State aid formula reporting and State section 5 (\$12.8 million).

Since additional expenditures will be made to meet new federal-state requirements, it is estimated that this \$13 million ceiling will provide more fiscal controls than exist, promote greater program effectiveness and cost efficiency, and represent a modest (+10 percent additional support for special education) and equitable State response to the fiscal needs of special education.

1. START-UP COSTS

The Commission recommends--

That the Rhode Island General Assembly enact legislation which provides additional money as a portion of the "start-up" costs for carrying out new regulations for the education of handicapped children. The Commission recommends that this additional money be generated by reallocation. The Commission recommends that this legislation be effective for fiscal year 1977-1978. This is also the first year that the new federal Education for All Handicapped Children Act of 1975 takes effect. New revenues needed to supplement state and local funds will be generated by this Act.

Comments--Rhode Island must implement new programs and procedures as a result of changes mandated by federal programs and by agreements made in conjunction with a recent Rhode Island class action suit. The effect of these federal changes will be to increase greatly the amount of revenues expended for special education services phased in over the next five years. The Commission feels that increasing the amount of revenues available according to current funding procedures does not complement the extensive programming requirements mandated in special education. These new program requirements imply fiscal accountability to achieve cost efficiency.

The special education State plan for Rhode Island, which is submitted to the United States Bureau of Education for the Handicapped, must meet federal requirements specifying how the State will serve all handicapped children by 1980. In addition, the State plan must provide mechanisms for implementing due process procedures, least-restrictive-alternative programming, confidentiality of records, non-discriminatory testing and placement, and an on-going child-identification program. The State Department of Education has proposed new regulations to meet these federal requirements at an additional cost of \$8.3 million based on a projected census of 19,580 handicapped children served in special education programs in Rhode Island in fiscal year 1978 (see appendix B). Failure to meet these federal requirements could jeopardize all federal funding for Rhode Island elementary/secondary education including special education by violating the civil rights amendment to the vocational rehabilitation act.

By June 1976, the State of Rhode Island has agreed to institute stipulations agreed to by the respective parties in the class action suit of the Rhode Island Society for Autistic Children, Inc., et al v. the Board of Regents for Education of the State of Rhode Island, et al. In the educational area, the State has agreed to 1) implement a number of activities including a statewide system of identifying children with potentially handicapped conditions,

2) to devise a mechanism for informing parents of their right to appeal educational placements of their children, and 3) to establish a separate special education unit within the Department of Education.

Failure to effectively implement the agreements would bring the case back into court for further consideration. There appears to be adequate funds available for implementation of the State's portion of these stipulations. However, the Commission feels that continued support of these agreements beyond June 1976, implies programming changes that would necessitate more funding for special education services at the State and local level.

A new source of revenue will be provided by the federal "Education for All Handicapped Children Act" recently passed by Congress and signed by the President. Automatically increasing percentages of funds will start at five (5) percent in fiscal year 1978 and increase to forty (40) percent of the fiscal year 1982 national average per pupil expenditure. This amount will be granted to states to phase-in higher levels of services to handicapped children. This revenue must be used to offset the additional excess costs of educating a handicapped child versus educating a normal child. Fiscal control over the expenditure of the revenue will be stringent, because monies generated by this act cannot be used to supplant existing State or local expenditures for the financing special education projects. The major impact of this new federal act will be to focus more money

on special education in a fiscally accountable manner.

The Commission recognizes that the State does have and does accept the responsibility to make more revenue available for particular mandated programs. However, until a new fiscally accountable funding program is implemented, the Commission feels that it is necessary for the State to provide financial assistance on a limited basis through existing funding mechanisms. This could be accomplished in a clearly defined manner as part of the State's commitment to phasing-in the increased level of special education effort in Rhode Island (see appendix C).

2. EXCESS COST FUNDING AND FISCAL ACCOUNTABILITY

The Commission recommends--

That the Rhode Island General Assembly enact legislation which makes special education a categorical program tied directly to Sections 16-24-1 and 16-24-2 or the General Laws, as amended, and based on reimbursing school districts or cooperative service arrangements a percentage per pupil excess cost of the statewide median for program placements prescribed in the Board of Regents regulations. This would take effect beginning fiscal year 1978-1979.

Comments--The current delivery system for special education shows evidence of duplication of effort among school districts with concomitant inefficiency in spending patterns and high management costs. Very few school districts take advantage of organizing cooperative service arrangements to achieve cost efficiencies (see appendix H). As school districts are required to expand their range of services to handicapped children, simply adding more money to the system will not assure that handicapped children will receive the appropriate services they need. The Commission feels that the State must help school districts acquire more fiscal accountability in the expenditure of funds to insure effective special education programming.

Federal mandates will require that all handicapped children in the State have access to quality programs. A funding system established to adequately insure that the needs of these children are met can only be based on treating special education expenditures as separate from State aid reimbursements for operations through a categorical funding program. By utilizing this approach, special education programs in local school districts would be monitored programmatically and fiscally. Special education services will be funded along a continuum of delivery systems ranging from special education services that supplement the regular education program to special education services that are substitutes for the regular education program. The funding system would be based on services needed by handicapped children and not on the category of disability.

The current delivery system of special education is the responsibility of many agencies, local and state, public and private. The Commission believes that the overseeing of all educational programs in the State, including those in the State institutions, should properly be the jurisdiction of the Board of Regents. The Commission feels that it is also important for local school districts to contribute a share of the program costs to educate their resident handicapped children. Therefore, the Commission's proposal is based upon a local school district's contribution of a portion of each handicapped child's educational

expense, equal to the regular education per pupil expenditure for that district; while the State would reimburse the local district for the additional or excess cost of that particular handicapped child's special educational expenses.

The Commission recognizes that to provide a new system of educating handicapped children without establishing concomitant fiscal controls would not benefit the people of Rhode Island. With this proposed funding system, an upper limit would be placed on State expenditures so that no local school district or any other agency could collect more than its share of state revenues. A percentage reimbursement system including a statewide median factor for particular program placements would be incorporated into the funding system to guarantee that all cities and towns receive an equitable portion of state revenues. Above all, total operating costs for all special education programs and services in the State would be known and revenues reallocated based on the changing special education needs of the State.

3. SCHOOL DISTRICT CONTRIBUTIONS TO BENEFICIARY PROGRAMS

The Commission recommends--

That school districts contribute their average annual per pupil special education cost as their share of the cost of the beneficiary programs and services furnished under the jurisdiction and oversight of the Board of Regents for Education and Department of Mental Health, Retardation and Hospitals. This should take effect starting July 1, 1978.

Comment - The primary responsibility for child find, referral, diagnosis, evaluation, re-evaluation, and program placement rests with the school committee of each district. Costly, long-term residential placements should not be underwritten by the State so as to make one level of government able to "make money." Furthermore, to the extent that a funding system can reinforce federal and state program directions, particularly least restrictive placements, giving local school districts a stake in the placements of these children should encourage efficient and effective services and programming at the local level while still maintaining a creditable residential component at the State level. Therefore, it is also important that expenditures for residential placements be flexible to encourage whenever possible, the return of children to less restrictive community based programs.

The Commission is concerned with the ever increasing volume of court-ordered placements in the beneficiary program administered by the Department of Mental Health, Retardation and Hospitals. Monies could be diverted from treatment placements for developing alternative programs...staff used to process placement cases could be used to develop or coordinate children's programs, especially in conjunction with community mental health clinics. Open-ended appropriations by the General Assembly will not encourage the serious review and evaluation that is needed. Worse, if continued, some children are likely to carry a diagnostic label which will effectively bar them from resources, that carefully matched with the child, should reduce lack of skills under-employment, unemployment, and life time institutionalization. Overtime, if a residential program placement is working, the General Assembly has the right to expect that less intensive services and placements would be required. In fact, careful and frequent re-evaluations should even uncover some improperly diagnosed children.

The Commission believes that early service and instructional interventions as well as expanded, consistent, and spirited enforcement of Board of Regents regulations for the education of handicapped children can be given a "shot in the arm" if funding for these programs is shared and rationalized with a new comprehensive special education funding system.

4. EXTENDING BOARD OF REGENTS REGULATIONS FOR THE EDUCATION OF HANDICAPPED CHILDREN TO OTHER STATE DEPARTMENTS

The Commission recommends--

That the Board of Regents Regulations for the Education of Handicapped Children be extended to the Departments of Mental Health, Retardation and Hospitals, Social and Rehabilitative Services, and Corrections.

Comment--As a matter of principle the Commission concludes that standards of services currently required in local school districts and Department of Education programs should be required of the other State agencies providing educational programs and support services. Indeed, the out-of-court settlement in the case of Rhode Island Society for Autistic Children, Inc., et al vs. Board of Regents for Education of the State of Rhode Island, et al, speaks repeatedly to upgrading the diagnostic, evaluative, and instructional components of the Departments of Mental Health, Retardation, and Hospitals, Social and Rehabilitative Services, and Corrections.

It should be re-emphasized that Board of Regents revised regulations will require a full range of program placements, from least restrictive, to most restrictive and those children who are particularly in need of the residential placements operated by these State departments, in many instances will, if these placements

are effective, be returning to less restrictive community based or local school programs.

Therefore, a consistent policy should first find expression in law and then in new regulations prescribed by the Board of Regents--regulations that will include necessary upgrading and oversight functions encompassing State as well as local components.

While the Commission recommended extending the Board of Regents regulations effective July 1, 1978, to allow "state-up time," it is necessary to recognize that the new federal Education For All Handicapped Children Act of 1975, preempts such recommendation. The State of Rhode Island now has no alternative if it is to comply with this Act.* Nevertheless, the Commission recommends that the General Assembly amend Section 16-24-2 of the General Laws, to make Rhode Island's statute conform with the federal legislation and that this become effective on the date of enactment.

*See Appendix J, Public Law 94-142, Section 612(6)

5. APPROPRIATIONS FOR THE BENEFICIARY PROGRAM OPERATED UNDER CHAPTER 40.1-7, "SERVICES FOR EMOTIONALLY DISTURBED CHILDREN

The Commission recommends--

That the General Assembly appropriates an exact sum of money for the beneficiary program operated under Chapter 40.1-7, "Services for Emotionally Disturbed Children."

Comment-- This recommendation conforms to the reasoning in recommendation 3. It is the intent of the Commission that this recommended appropriation reinforce making local school districts a party to the responsibility of providing this portion of the program placement continuum. It is also honest to say that State revenues, as local ones, are finite. No program should be funded to the degree that it could "bankrupt" a local and/or State government.

The Commission believes that the thrust of additional or re-allocated State revenues, be directed to child find and early intervention efforts which represent in common parlance an "ounce of prevention."

The Commission also recognizes that to the extent dollars encourage action that would otherwise be inordinately slow or not forthcoming, these dollars should promote local school districts and State agency coordination. Continued State incremental funding will not by itself provide an adequate mix of responsibility to fulfill the purposes of this beneficiary program.

Extending the Board of Regents' regulations for the education of handicapped children would further the same cooperative and coordinated efforts referred to in the previous paragraph. It makes the funding approach more creditable in the eyes of those who must administer programs, for it cannot be claimed that one level of government is imposing a set of regulations or standards that it will not apply to itself.

6. STANDARD ACCOUNTING PROCEDURES PRESCRIBED

BY THE AUDITOR GENERAL

The Commission recommends--

That the Auditor General, in conjunction with the Board of Regents, prescribe standard accounting procedures which will be coordinated, consistent, and incorporated in new regulations for the education of handicapped children. The Commission recommends to the Joint Committee on Legislative Affairs that the Auditor General determine the existing accounting procedures in the provision of special education, and develop in conjunction with the Board of Regents a uniform system of financial records that become effective July 1, 1978.

Comment--The Commission believes that with the development of a new funding distribution system for special education should come standard accounting for such expenditures. It is recognized that higher costs are related to such factors as lower teacher-pupil ratios, support services and their concomitantly low ratios, transportation needs, and demographic factors. It is also important that a new accounting format reflects the program placement continuum approach and the mandate of proposed Board of Regents revised regulations for the education of handicapped children.

The Commission is impressed with the necessity to coordinate accounting and funding systems in advance of new requirements.

The Commission believes that uniform standard accounting will add a necessary and refreshing forward accountability in the justifiable priority elevation of special education. It should also, of course, increase the credibility of what is reported as legal expenditures for State reimbursement; and in turn contribute to expanding the analytical description for the General Assembly before the appropriating process is well along.

The Commission regards these recommendations as concrete steps to bring the financing of education programs for handicapped children up to date by strengthening its funding and fiscal accountability.

The Commission believes the recommendations, if adopted, will represent balanced, effective, and equitable State responses to the fiscal needs of special education in Rhode Island. Legislative proposals are attached as suggested drafts and are designed to serve as "take-off points" for the members of the General Assembly.

