

SPECIAL EDUCATION IN HAWAII PART II

December, 1971

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Price \$1.50

FOREWORD

Part II of the report entitled "Special Education in Hawaii" completes the study assigned the Legislative Reference Bureau by Conference Committee Report No. 20 attached to the general appropriations act for the fiscal year 1970-71 (H.B. 1260).

Utilizing the materials set forth in Part I of the report similarly titled, Management Analysis Center Incorporated, the Bureau's consultant, presents in this part its analyses and recommendations in resolving organizational issues and in implementing an effective and efficient Special Education program for Hawaii.

The contributions in time and dialogue by the Departments of Education, Health and Social Services and Housing of the State, of the University of Hawaii and of the private schools and agencies involved in special education are gratefully acknowledged. Without the cooperation and assistance of the principals of those organizations, this effort to better the special education situation would be lacking in relevance of application.

Henry N. Kitamura
Director

December, 1971

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I. INTRODUCTION

Conference Committee Report No. 20 attached to the general appropriations act for the fiscal year 1970-71 (H. B. 1260) directed the Legislative Reference Bureau in consultation with the University of Hawaii and the State Departments of Education, Health and Social Services and Housing to undertake a study of special education in the State of Hawaii. Subsequently, the Legislative Reference Bureau contracted Management Analysis Center, Inc. to perform the study.

Purpose

The purpose of the study is to perform an organizational review of the role of various governmental and private agencies in special education. These agencies include:

Department of Education
Department of Health
Department of Social Services and Housing
University of Hawaii
Private Special Education Schools and Private Agencies

Based on this review, recommendations have been made for the organizational arrangements and assignment of responsibilities that would best implement the present program of special education in the State.

Organization of the Report

The report is divided into two parts; Part One presents the existing situation in special education and Part Two sets forth recommendations for the most appropriate organizational structure to implement the special education program in Hawaii.

Part One reviews the present status of special education in the State in terms of organizations, roles, functions, and responsibilities of all agencies, both public and private, which are involved in special education programs. It is designed to provide a description of the organizational structure, programs and activities of all relevant agencies. It is meant to be a factual document and no attempt is made to evaluate the educational content of any of the programs. Part One is included as a separate publication.

Part Two analyzes how each agency involved in special education in the State relates or does not relate to the effective implementation of the special education program. Overlaps of jurisdiction which exist among State agencies are identified as are areas in which needed services are not being provided; recommendations are made as to the appropriate agency to be given responsibility for each of the functions of special education. An overall organizational structure is recommended which provides a comprehensive and systematic range of special education services to handicapped children; the recommendations include both public and private agencies and the role each will play in an integrated system of special education services.

Definition of Special Education

Special education was defined in the specifications for this study as "the application of the principles of adaptation and modification of curriculum instruction and services to meet the individual needs of handicapped students. Handicapped students include the following categories.

1. Physically handicapped
 - a. Blind and partially sighted
 - b. Impaired hearing
 - c. Impaired speech which may be caused by developmental, functional or organic reasons
 - d. Crippled
 - e. Unwed mothers or teenage mothers
 - f. Health impaired including the accidentally injured and the chronically ill
2. Intellectually handicapped
 - a. Educable mentally retarded
 - b. Trainable mentally retarded
3. Emotionally and Socially Maladjusted
4. Students with specific learning disabilities"

An alternative definition was set forth by the Special Education Section of the Department of Education in the recent document, "Special Education Interim Program, Target Population, Standards and Guidelines": "...modifications of and/or additions to the general education program for students who evidence deficits to a significant degree - intellectually, emotionally or physically." The document, which is still in draft form, also provides specific educational definitions for the following categories of handicapped students:

Specific Learning Disabilities
Emotionally Handicapped
Educable Mentally Retarded
Trainable Mentally Retarded
Hearing Handicapped
Visually Handicapped
Orthopedically Handicapped
Multiply Handicapped

From a special education standpoint, the latter categorization is preferable and is recommended by the study for adoption; it does not include: unwed or teenage mothers; health impaired; socially maladjusted (delinquent and culturally deprived). It is recommended

that these categories be excluded from special education for pregnancy and health impairment are temporary conditions and do not require curriculum modification, but only a change in setting for social and health reasons. Delinquents are primarily a social problem. This is not to imply that these groups do not have problems that need attention, but only that they need not be included in special education.

The United States Office of Education in its definition of handicapped children excludes culturally disadvantaged, unwed or teenage mothers, and delinquents. These categories of children do not qualify to receive special education assistance under USOE guidelines. Hawaii provides for the culturally disadvantaged and delinquents through its Compensatory Education programs. The unwed or teenage mother program is coordinated by the Special Programs Branch of the Department of Education.

Hawaii Revised Statutes, Section 301-21 (originally Act No. 29 S. L. H. 1949) identifies the target population as "exceptional children" which implies that gifted children as well as handicapped children should be included in the program coverage. Currently, however, special education instruction and services are provided only for those students with handicapping conditions. Due to the greater difficulty of the handicapped in attaining educational parity, it is recommended that programs for the handicapped continue to remain a higher priority and that programs for gifted students continue to be deferred.

II. SUMMARY OF RECOMMENDATIONS

Concepts of Special Education

Special education should be defined as providing educational and educationally related services to intellectually, emotionally, and physically handicapped children in Hawaii.

Medical or health services are not part of special education. Social services are not part of special education. However, some health and social services are educationally related and in these areas non-educational agencies become involved in special education.

As a result of this definition, the following areas of responsibility apply:

- . Department of Education has the responsibility for providing educational services to the handicapped
- . Department of Health has the responsibility for providing training and health services to the handicapped
- . Department of Social Services and Housing has the responsibility for providing social and vocational rehabilitation services to the handicapped
- . University of Hawaii has the responsibility for training the professional staff of the handicapped.

This separation means that each department should develop its own plan for providing its services to the handicapped. The Department of Education, because of its responsibility for education, will be the primary agency involved in special education; it should be the lead agency in developing a Master Plan for Special Education and coordinating the inputs from other agencies for the educationally related services for handicapped students. Coordination in special education between and/or among agencies is needed when one agency requires educational or educationally related services outside its primary area of responsibility or provides such a service to another agency.

A continuum of alternative instructional and service patterns for providing special education services ranging from regular classrooms to non-educational full-time institutional care should be made available to the handicapped children in Hawaii. The basic premise concerning placement of the child in a special education program is that the handicapped child should be integrated back into the mainstream of general education to the extent possible and the separation from "normal" children minimized. These are current directions of special education in Hawaii and should be continued.

Gaps in Special Education Programs

The major gaps in special education and educational related services provided to handicapped children are:

Pre-school children - all types of handicaps

School age children - mentally retarded educable
- emotionally handicapped
- learning disabilities

Post-school handicapped - mentally retarded trainable

Role of State Agencies and Private Special Education Schools

The Department of Education should be responsible for the educational services to handicapped children; the Department of Health should be responsible for the health services to handicapped children; the Department of Social Services and Housing should be responsible for social services to handicapped children. This assignment of responsibilities is provided by existing statutes.

The Department of Education should make available educational services for all school age handicapped children in the State. This is to be a long term goal to be accomplished within ten years.

In the interim period, the State should contract with private special education schools which are providing educational services for handicapped children whose parents request Department of Education placement, but for whom no Department of Education special education program is available. The contract should provide for payment to the private special education schools for each qualified pupil of an amount equal to the average per pupil cost in Department of Education special education programs (excluding special schools). By the end of the ten years, there should be no need for the State to provide subsidies to private special education schools. By 1981-82, the Department of Education should be adequately funded to provide a sufficient number of programs to accept all handicapped students now in private special education schools.

The Department of Education must develop an increased flexibility and range of options both educationally and organizationally for providing services to handicapped children. This means increasing the educational alternatives available to handicapped children through development of new and varied programs and techniques which serve specific needs that are not being met currently.

Planning for this large increase in educational services for handicapped students by the Department of Education should be incorporated into the Department of Education Master Plan for Special Education. 1971-72 should be a planning year, with this planning headed by the Special Education Branch. The initial increment of new handicapped students (from those currently not being served) should enter the Department of Education programs in 1972-1973.

The special education programs should be oriented to providing educational services to the greatest number of handicapped children possible consistent with providing an acceptable minimum level of service to the children served.

Organization

A director of the Special Education Branch should be appointed as soon as possible. This is a highest priority item and should be accomplished as soon as possible.

A reorganization of the Special Education Branch should be initiated. The new components of the branch would be grouped around three separate activities: programs; coordination; planning, budgeting, and evaluation. To staff this new organization and to provide sufficient manpower to accomplish all of its assigned functions, the Special Education Branch should increase its personnel by seven professionals.

No organizational change for the provision of special education related services is recommended for the Department of Health, Department of Social Services and Housing, or the University of Hawaii.

Coordination

An active and on-going emphasis on coordination of special education activities is needed by all agencies involved in special education. The need for coordination will primarily occur in areas where other departments are providing educational related services to handicapped children.

A policy level coordinating committee consisting of the chief officers of the Department of Education, Department of Health, Department of Social Services and Housing, and the University of Hawaii should be established to establish guidelines for specific activities involving cooperative effort among agencies.

An Advisory Committee on Special Education should be established to assist the Superintendent of Education by serving as a policy recommending and/or review board for special education policy decisions. The membership of this committee should be broad and include representatives from public and private agencies involved in special education in Hawaii. This will serve to formalize some of the ad hoc arrangements currently in existence.

A variety of methods of coordinating inter-agency activities: task forces; assignment of personnel from one agency to another agency; formal working agreements; and more frequent communication are all recommended for use in improving coordination among agencies involved in special education in Hawaii.

Planning, Implementation and Evaluation

The development of the Master Plan for Special Education should be accomplished by a task force led by the Special Education Branch of the Department of Education and assisted by the Office of Planning and Analytic Studies. Other members of the task force should be personnel from other public and private agencies involved in special education, e.g., Department of Health, Department of Social Services and Housing, University of Hawaii, other sections of Department of Health, private special education schools. The Master Plan should be presented by the Superintendent of Education to the Board of Education for its adoption for the State.

Once the Master Plan is developed, it should be updated with an on-going planning effort. Portions of the plan which have a high priority for improvement, which are affected by important changes in Federal and State legislation, and/or which are subject of research projects should be singled out each year for an intensive review. This should be a rotating selection so that each section of the plan is reviewed and updated, if necessary, every three to five years.

The implementation of the Master Plan for Special Education should be carried out by the districts. The degree of flexibility allowed in implementation should vary with the portion of the plan being considered. In some areas, e.g., eligibility of students, strict compliance should be enforced; in other areas, e.g., methods of instruction, the plan should provide guidelines or approved alternatives for district adaptation to fit particular needs.

Monitoring the day-to-day operation of special education programs and ensuring that the district is either in accordance with the Master Plan guidelines and standards or moving to meet them is the responsibility of the district superintendent and school principals. Evaluation of the effectiveness of programs, i.e., how well the programs accomplished their objectives and to what degree the programs used are in agreement with State guidelines should be done by the Special Education Branch.

Identification, Diagnosis and Prescription

Identification of pre-school handicapped children should be accomplished through a public education campaign, through Department of Health clinics and screenings, and by private clinics and physicians.

The regular classroom teacher should be capable of recognizing potential and actual handicapping conditions of children in the classroom. The necessary training for the teacher should be provided by pre-service education and in-service training.

Vision and hearing screening of school age children should be done by Department of Health vision testers and audiometric technicians supervised by Department of Health professional personnel. This is a change from the current procedure of having Department of Education personnel perform the screenings. Any child with suspected handicapping conditions should be retested by a professionally trained specialist. If the condition is confirmed, then the child should be referred to the Department of Health or a private physician for a thorough medical evaluation.

The diagnostic function should be located at the level closest to the student and justifiable by the number of students to be served. In general, this will be at the school complex and district level.

The number of diagnostic personnel should be increased to eliminate the backlog of cases awaiting diagnosis and to assist in reducing the number of unidentified handicapped children. At a minimum, the number of diagnostic personnel should be increased by fifty-six persons (Special Education Projects Section) and long-range by three hundred seventy-two (Master Plan pattern).

Educational diagnosis and prescription should be done by Department of Education diagnostic team personnel. Case conferences should include specialists from other departments, e.g., Public Health Nurse, Learning Disabilities Clinic personnel, to provide a broader range of inputs and to assist in recommending the proper service for the child and the proper agency to provide it. Children requiring medical diagnosis and treatment should be referred to the Department of Health clinics and private physicians for service. For example, the Mental Health Division should provide diagnostic services and therapeutic treatment for emotionally handicapped children referred by the Department of Education, and the Children's

Health Services Division should provide diagnostic services for children with learning disabilities through the Learning Disabilities Clinic and for suspected mentally retarded children through the Child Development Center. It is important that regular communication be maintained among these groups to insure that relevant information concerning the children developed by one agency is made available to other agencies.

The prescription of the individual education program for a handicapped child should be done by the diagnostic/prescriptive teacher with inputs from other diagnostic team members, the classroom teacher, Department of Health and private medical and health personnel.

Placement in Special Education Programs

The placement for each school age handicapped student should be determined by a district placement committee which should be established in each district. Members of the committee would be: district curriculum specialist in special education or special services, diagnostic team members, medical and health personnel, social services personnel. Other educational personnel should assist the committee if appropriate, e.g., school psychologist, principal, classroom teacher. The committee will have three functions:

1. To determine which agency's programs will best meet the needs of each student
2. To determine which program within the Department of Education will best meet the needs of students recommended for Department of Education placement
3. To follow-up the placement recommendations to ensure that all identified handicapped children are receiving the appropriate services

To the extent that the handicapped child can benefit from placement in a regular classroom, even part-time, he should be placed there. It is the most humane and cost effective method of providing services to handicapped children.

The Department of Education policy of an annual evaluation of all children placed in special education programs should be adhered to. Students in programs of other agencies should also have an annual evaluation to determine the appropriateness of their inclusion in the program.

Curriculum

The guides for the various special education programs should be revised, updated, approved and distributed on an on-going basis to appropriate personnel working with handicapped children.

First preference in developing new curricula should be given to revision and adaptation of existing special education curricula developed by outside groups.

Where special education curricula developed outside are not applicable to Hawaii or are not of acceptable quality, then the State should develop the needed special education curricula itself.

To the extent possible, the special education curricula should utilize and modify existing general education curricula in order to provide a similar curriculum to handicapped students and to reduce development costs.

The Hawaii Curriculum Center of the Department of Education and the Research and Development Group of the University of Hawaii are the appropriate organizations to perform the curriculum development function for the State.

Recruitment of Special Education Personnel

Determination of staffing needs in special education should be done by the principal of each school with assistance from the district staff specialist for personnel services and the district curriculum specialist for special education or special services.

The Office of Personnel Services will coordinate manpower need projections as well as make a preliminary needs determination

(with frequent updating) for planning purposes.

Setting of qualifications for special education personnel should be done by the Office of Personnel Services in close cooperation with the University of Hawaii and the Special Education Branch of the Department of Education.

Enforcement of the certification standards to insure that all personnel who are employed in special education meet the minimum standards should be done by the Office of Personnel Services.

Interviewing of potential candidates is most efficiently done using a centralized team approach. Qualification requirements for special education personnel should be thoroughly understood and used by the team and, if possible, the team member who interviews individuals for special education programs should have a special education background.

Pre-Service Education and In-Service Training

All educational administrator and teacher candidates should be required to take at a minimum an introductory course in special education of the important handicapping conditions which the regular teacher may find in the classroom and educational techniques for dealing with these conditions.

Decisions on the in-service training needs should be made at the district level as an aggregation of a determination of training needs made at the school level by each principal. The Special Education Branch and the Career Management and Development Section should assist in the planning and administration of these activities, but in a consulting/ advisory capacity.

On statewide training needs, the Special Education Branch should have the responsibility for planning and administering the course. However, even these activities should be initiated by the request of a majority of districts.

The Career Management and Development Section should assist the districts to plan, develop, and administer in-service training activities, act as coordinator of all in-service training activities within the Department of Education, and serve as liaison with the

University of Hawaii and other teacher training institutions to insure the provision of needed services.

The University of Hawaii should provide the courses necessary for Department of Education special education personnel to maintain and upgrade their qualifications. It can do this through the Special Education Department, the College of Continuing Education, and the Summer Session.

If there is space available, special education teachers in private schools who are providing services to handicapped children not served by the Department of Education should be included in Department of Education in-service training sessions.

III. CONCEPTS OF SPECIAL EDUCATION

The term "special education" is widely used by a variety of persons in many different disciplines; the meaning of special education generally varies with the orientation of the person using the term. This has resulted in overlapping definitions and misunderstandings among those active in the area and difficulty among non-experts, such as legislators, who are trying to understand and make important decisions concerning special education. To minimize these problems at the outset, this study will set forth the overall concept of the scope of special education which will be used throughout the report and which has found substantial agreement among all key participants in special education in Hawaii.

Concept of Special Education

Special education is comprised of providing educational and educationally related services to intellectually, emotionally, and physically handicapped children in Hawaii.

Medical or health services are not the responsibility of special education. Social services are not the responsibility of special education. However, some health and social services are educationally related and in these areas non-educational agencies do become involved in special education.

Areas of Government Responsibility

As a result of the above definition, the following areas of responsibility apply:

- . Department of Education has the responsibility for providing educational services to the handicapped
- . Department of Health has the responsibility for providing training and health services to the handicapped
- . Department of Social Services and Housing has the responsibility for providing social and vocational rehabilitation services to the handicapped
- . University of Hawaii has the responsibility for training the professional staff for the handicapped

The responsibility for the handicapped by approximate age grouping which now is in use is as follows:

<u>Approximate Age Range</u>	<u>Responsible Agency</u>
0 - 5	Department of Health
6 - 20	Department of Education
over 20	Department of Social Services and Housing

This provides only a general guideline of agency responsibility based on the types of services required by the majority of handicapped children in those age ranges. The primary criterion of which agency is responsible for providing a needed service is what type of service is required - educational, health, or social.

An example which illustrates the separation of responsibility according to type of service occurs with the trainable mentally retarded (Figure 3-1). Because the problems and required services are primarily medical or health related, the Department of Health provides Child Development Centers for pre-school children. The Department of Education provides classes for the education of school age trainable mentally retarded children; it works in cooperation with the Division of Vocational Rehabilitation of the Department of Social Services and Housing to provide placement in sheltered workshops. The Division of Vocational Rehabilitation provides sheltered workshops for vocational training and employment for post-school age handicapped; the post-school age range for trainable mentally retarded is usually sixteen years and older. Through Waimano Training School and Hospital, the Department of Health provides residential care to trainable mentally retarded of all ages and Day Activity Centers for teenagers and adults. Private special education schools provide classes and training for all ages of trainable mentally retarded due to a lack of available services from state agencies.

The separation of responsibilities into the areas of education, health, and social services means that each department should develop its own plan for providing its services to the handicapped. The Department of Education, because of its responsibility for education, will be the primary agency involved in special education; it properly has been the lead agency in developing a

Master Plan for Special Education and coordinating the inputs from other agencies for the educationally related services for handicapped students. Coordination in special education between and/or among agencies is needed when one agency requires educational or educationally related services outside its primary area of responsibility or provides such a service to another agency. It is emphasized that while each agency should develop its own plan for providing its particular services to the handicapped, the agencies should not work in isolation from each other. They should keep other agencies informed of their planned programs and services and work together in areas of joint responsibility and in developing needed services which may require the efforts of other agencies.

An example of the type of coordination required between agencies occurs when a school-age orthopedically handicapped child is in Shriners Hospital. The primary reason for his stay in the hospital is medical and as a result he is the primary responsibility of health personnel. However, the child also has educational needs if he is required to stay in the hospital for any significant length of time. To meet these the Department of Education should and does provide teachers in the hospital to provide an instructional program.

A continuum of alternative instructional and service patterns of providing special education services is available in Hawaii ranging from regular classrooms to non-educational full-time care. Figure 3-2 illustrates the range of options open for providing services to the handicapped child. A general concept throughout this study is that the handicapped child should be kept within and integrated back into the mainstream of general education to the extent that it is beneficial to him. Separation from "normal" children should be minimized.

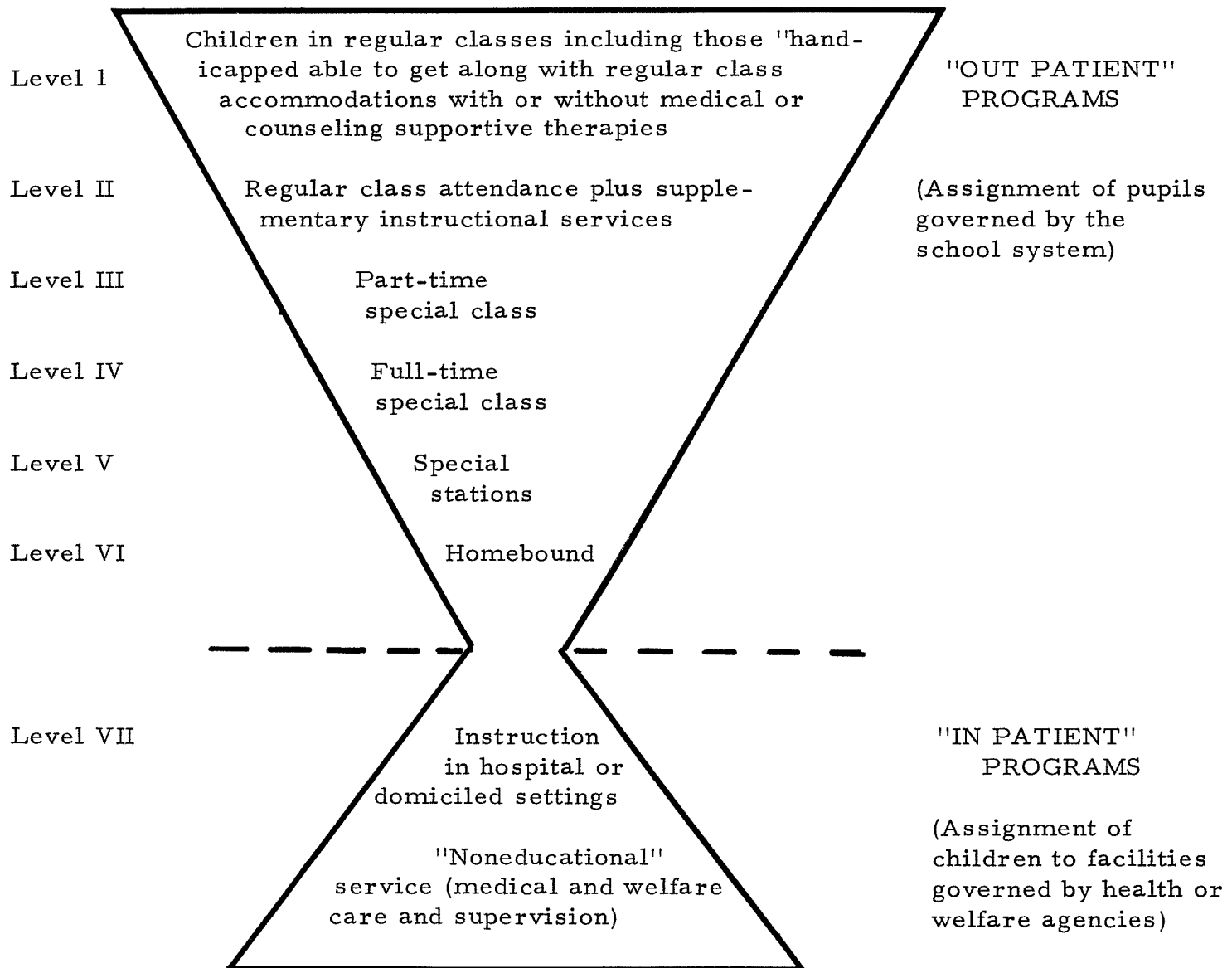
Figure 3-1

Agency Programs for the Trainable Mentally Retarded

Pre-School	School Age	Post-School
<u>Department of Health</u> Child Development Centers for ages 0- (can be to 14 depending on severity) - medical services - therapy - pre-educational training	<u>Department of Education</u> Self-contained classes	<u>Division of Vocational Rehabilitation</u> Sheltered Workshops Vocational Training Vocational Placement
<div> <div>Work Study Program</div> <div>Joint Department of Education/Division of Vocational Rehabilitation Program</div> </div>		
<u>Department of Health</u> Waimano Training School and Hospital - residential care - Day Activity Centers		
<u>Associations to Help Retarded Children</u> Pre-School Classes	<u>Special Education Center of Oahu</u> Classes for school-age children <u>Associations to Help Retarded Children</u> Classes for school-age children	<u>Associations to Help Retarded Children</u> Vocational training and sheltered workshops

Figure 3-2

Cascade System of Special Education Service



The cascade system of special education service. The tapered design indicates the considerable difference in the numbers involved at the different levels and calls attention to the fact that the system serves as a diagnostic filter. The most specialized facilities are likely to be needed by the fewest children on a long term basis.

Source: Dr. Evelyn Deno
Director of Psycho-Educational Center
University of Minnesota

IV. GAPS IN SPECIAL EDUCATION SERVICES

Hawaii, as is the case with all other states, also has serious gaps between the number of school age children being served in special education programs and the potential number of handicapped children which should be receiving some type of assistance.

Shown below are estimations of the handicapped children served in public and private special education programs in 1971-1972; these data are taken from the Projected Activities Form submitted to the United States Office of Education by the Hawaii Department of Education. The incidence figures are national averages which have been applied to Hawaii (Figure 4-1). They show that only 46% of the estimated total number of handicapped children of school age are receiving services. However, the overall total can be misleading; in certain types of handicaps almost all of the estimated total number are being served, e.g., deaf with 93%, but in others only a very small portion of the estimated total number of handicapped are receiving services, e.g., emotionally handicapped with only 11%.

<u>Type of Handicap</u>	<u>Estimated Number Served</u>	<u>Estimated Number Not Served</u>	<u>Total Number of Handicapped</u>
Mentally retarded educable	2591	2921	5512
Mentally retarded trainable	717	131	848
Emotionally handicapped	235	1885	2120
Learning disabilities	860	1260	2120
Visually impaired	49	99	148
Hard of hearing	90	970	1060
Deaf	196	16	212
Orthopedically handicapped	168	842	1010
Other health impaired	<u>100</u>	<u>100</u>	<u>200</u>
Subtotal	5006	8224	13230
Speech Impaired	<u>4100</u>	<u>2260</u>	<u>6360</u>
Total	9106	10484	19590

In almost all areas of handicaps, the significant numbers of children not receiving needed services, and the major estimated gaps, are readily apparent: mentally retarded educable; emotionally handicapped; learning disabilities; and speech impaired. In contrast to the estimations of children not being served are the Department of Education statistics on the known and suspected handicapped children not placed in special education programs; 282 diagnosed and awaiting class placement, primarily mentally retarded (83) and learning disabilities (98) (Figure 4-2); 995 students referred, but awaiting psychological evaluation (Figure 4-3). A possible reason for the discrepancy is an inaccurate estimate of the number of handicapped children in Hawaii. In some areas, however, the national figures may not present an accurate picture of the number of handicapped in Hawaii. For example, the visually impaired and hard of hearing are screened for in the public and private schools and it is questionable if such a large percentage of children with these handicapping conditions are not detected. The orthopedically handicapped is another area in which national rates may not apply for this is a readily detectable type of handicap and it seems unlikely that such a large number of orthopedically handicapped children remain unidentified. In other areas the incidence rates may be more accurate for the estimations used to estimate the handicapped population are conservative by national standards. A more probable cause of the difference is an incomplete identification of all handicapped children in the State. It should be realized that as more handicapped children are identified, the remaining unidentified ones become more difficult to identify as they have increasingly marginal types of handicapping conditions which are difficult to detect.

A wide variety of educational programs for the training and remediation of handicapped children are being operated in Hawaii. Figure 4-4 presents a summary of these programs giving the type of handicap served and the age group by the organizational unit offering the program. The summary points out several very interesting aspects of special education in Hawaii.

First, there appears to be a reasonably thorough coverage of identified school age children, primarily by the Department of Education, but, as noted above, there is a very large unidentified group of school age handicapped children in Hawaii. With the exception of mentally retarded trainable and learning disabilities,

there are no large private programs being offered. The obvious gaps are the pre-school and post-school age groups. Of the two, the pre-school group is the most critical for the severity and duration of the handicap can often be significantly lessened if treated at an early age. Prevention rather than remediation is the preferred strategy, both in terms of beneficial impact on the handicapped children and cost effectiveness of programs.

Public and Private School Enrollment of Handicapped Children

	<u>Pre-school (Ages 0-5)</u>	<u>School Age (Ages 6-20)</u>	<u>Post-school (Ages 21+)</u>	<u>Total Enrollment</u>
Public Schools	96	3955	2	4053
Private Schools	<u>142</u>	<u>426</u>	<u>56</u>	<u>624</u>
Total	238	4381	58	4677

Source: Office of Planning and Analytic Studies

In accordance with its current policy, the Department of Education serves very few pre-school or post-school children in its educational programs. The Special Education Section analyzed the pre-school issue in Section B of the Annex to 1970 Analytic Document for Special Education, dated December 9, 1970. They compared advantages, disadvantages and costs of alternative methods of providing educational services to handicapped children ages four and five years old; educational services would be provided to an estimated one hundred three to one hundred seven students. The two alternatives considered were:

- A. Providing a mixture of Department of Education services
 - Department of Education classes (major component)
 - Contracting services of private special education schools
 - Department of Education teachers provided to Department of Health and private school special education programs

B. Contracting services of private special education schools

The comparative costs were estimated to be:

	<u>DOE</u>	<u>Private</u>	<u>Difference</u>
Total Six Year Costs (1971-72 through 1976-77)	\$2,670,500	\$1,400,000	\$1,270,500

Included in the Department of Education alternative is \$320,000 of facility construction costs for new classrooms that it was assumed would be required to build. However, the major difference in costs comes from the assumed operating costs of each type of program.

	<u>DOE</u>	<u>Private</u>
Annual Operating Costs	\$24,300	\$12,000 (subsidy)
Cost per student	\$ 5,115	\$ 1,500

The reason for the more than triple cost of operating the Department of Education classrooms is the increased amount and higher level of services assumed to be provided under Department of Education operation: a Department of Education teacher; an educational assistant; 1/2 time of an ancillary service staff member for each Department of Education special education class; and special materials, supplies and equipment of \$1,500 - \$3,000 annually for each Department of Education class versus a teacher, no aide, no ancillary services and no budget for supplies in the calculation of the private special education school subsidy. Thus, the two alternatives are not comparable; the Department of Education alternative costs considerably more, but also provides an increased amount and higher level of service to the four and five year old handicapped child.

The main area of concern for education and training of secondary school age and post-school age handicapped persons is the mentally

retarded trainable. Few classes are offered by the Department of Education for the mentally retarded trainables at the secondary level and legally they cannot be maintained in public schools past the age of twenty. Traditional education programs are inappropriate for the mentally retarded trainables due to their limited capability and very different needs. Furthermore, the distinction between education and training is often very difficult to make. As a result, three government departments, Department of Education, Department of Health, and Department of Social Services and Housing, and a private agency, Hawaii Association for Retarded Children, are involved in providing services to the adolescent and post-school age mentally retarded trainable. In an attempt to clarify the roles and responsibilities of each agency, the three government agencies prepared and presented a report to the Legislature entitled, "Providing Comprehensive Services to the Mentally Retarded". While the scope of the report goes beyond special education, i. e., education and educationally related services, the division of responsibilities outlined is useful in clarifying the education/training issue for the mentally retarded trainable. The report recommended, and this study concurs in that recommendation, that all mentally retarded trainables be provided services and in the following manner:

The Department of Education would assume the major responsibility for providing educational programs for mentally retarded trainable school-age students.

The Department of Health would assume the major responsibility for a program of child development centers geared to diagnosis, observation and limited training of very young mentally retarded trainable children.

The Department of Health, working with private agencies, would provide day activity centers for mentally retarded trainable teenagers and adults no longer in school programs, as an extension of Waimano Training School and Hospital.

The Department of Social Services and Housing would assume the major responsibility for providing work-study programs and sheltered workshop programs for the older mentally retarded trainable.

Figure 4-1

Incident Figures Used For Each Category of the Handicapped

<u>Categories</u>	<u>Rate of Incidence</u>	<u>Estimated Number of Students</u>
Mentally retarded trainable	.004*	848
Mentally retarded educable	.026	5512
Deaf	.001	212
Hard of hearing	.005	1060
Visually impaired	.0007	148
Crippled	.005*	1010
Emotionally disturbed	.01	2120
Learning disabled	.01	2120
Speech impaired	.03	6360
Other health impaired	<u>.001</u>	<u>200</u>
	.092	19590

Projected enrollment of public and private schools for the 1971-72 school year - 212,000

*Incidence figures adjusted to represent local estimates.

Source: Projected Activities Form submitted to the Bureau of Education for the Handicapped, United States Office of Education, by the Special Education Projects Section, Department of Education.

Figure 4-2

Waiting List for Recommended Placement in Department of Education
Special Education Programs

June 30, 1971

Mentally Retarded Educable	83
Mentally Retarded Trainable	8
Emotionally Handicapped	24*
Learning Disabilities	98
Visually Handicapped and Blind	--
Hard of Hearing	69*
Deaf	1*
Orthopedically Handicapped	--
Other Health Impaired	--
Speech Impaired	<u>--</u>
Total	283

*Includes children in Windward District not included in end of year pupil report: emotionally handicapped (24); hard of hearing (67); deaf (1).

Figure 4-3

Psychological Evaluations Performed by Diagnostic Teams

Children awaiting psychological evaluation 6/30/70	508
Children referred during school year 1970-71	<u>2928</u>
	3436
Children receiving psychological evaluation during school year 1970-71	<u>2441</u>
Children awaiting psychological evaluation 6/30/71	995

Source: Special Education Projects Section, quarterly reports
submitted by psychological examiners in each district.

Figure 4-4

Educational and Training Programs for Handicapped Children in Hawaii

<u>Type of Handicap</u>	<u>Age Range</u>		
	<u>Pre-School</u>	<u>School Age</u>	<u>Post-School</u>
Mentally Retarded Educable	DOH - Child Development Centers (both educable and trainable) - Diamond Head CDC - Ewa Beach CDC	DOE - Districts (2166) ^a - Linekona School (82) Private - SECO (18) ^b	University of Hawaii - Community Colleges (151) (Handicapped students unspecified by type)
Mentally Retarded Trainable	DOH - Waimano - resident (22) - training (2) Private - HARC (50) ^b - Leahe Intensive Training Center ^d	DOE - Districts (199) DOE/DOH - Pohukaina School (97) DOH - Waimano - resident (303) - training (30) Private - HARC (166) ^b - SECO (27) ^b	Waimano (Ages 20-24) - resident (104) - training (16) Private - HARC (50) ^c
Emotionally Handicapped	Private - St. Francis Hospital Child Development Center (10)	DOE - Districts (161) - Kaioli School (56) DOE/DOH - Hawaii State Hospital School (11) DOH - Child Day Treatment Center (10) Private - SECO (9) ^b - HJA (30) ^e	

Figure 12-3 (Continued)

<u>Type of Handicap</u>	<u>Age Range</u>		
	<u>Pre-School</u>	<u>School Age</u>	<u>Post-School</u>
Specific Learning Disabilities	Private - Variety Club (22) ^d	DOE - Districts (798) Private - Variety Club (22) ^d - SECO (20) ^b - ASSETS (32) - HJA (48) ^e	
Partially Sighted and Blind	DOE - Hawaii School for the Deaf and Blind (2)	DOE - Honolulu District (30) - Hawaii School for Deaf and Blind (10)	
Hard of Hearing and Deaf	DOE - Districts (67) - Hawaii School for Deaf and Blind (15) Private - Sultan Easter Seal School (16)	DOE - Districts (33) - Hawaii School for Deaf and Blind (148)	
Orthopedically Handicapped	Private - Sultan Easter Seal School (12) - United Cerebral Palsy Association of Hawaii Pre-Nursery School (19)	DOE - Districts (9) - Shriners Hospital School (27) DOE/DOH - Pohukaina School (109)	

^aNumber of Children Served Shown in parantheses. Number is estimated when complete data is not available.

^bDOE subsidy ^cDSSH subsidy ^dDOH subsidy ^eNot licensed as a private special education school

Sources: Public School Special Education Enrollment, December, 1970, and June, 1971, Office of Planning and Analytical Studies, Department of Education
Private School Special Education Enrollment, December, 1970, and June, 1971, Office of Planning and Analytical Studies, Department of Education
Statistics gathered from individual private special education schools

V. ROLES AND RESPONSIBILITIES

The commitment of the State to provide education and educationally related services to handicapped children is clearly stated in Chapter 301 of the Hawaii Revised Statutes, Section 301-22: "all exceptional children residing in the State be provided with instruction, special facilities, and special services for education, therapy, and training to enable them to lead normal competitive lives." The prime responsibility for the achievement of this goal is given to the Department of Education in cooperation with other departments as related to their major roles and functions. "The department shall cooperate with other agencies of the State charged with the administration of laws providing any type of service or aid to the exceptional child, with the United States government through any appropriate agency or instrumentality in developing, extending, and improving such instruction, special facilities, and special services." Other agencies' involvement in special education and special education related services is also noted in the statutes.

<u>Statute</u>	<u>Agency</u>	<u>Description</u>
321-52 (1)	DOH	Provide medical service for crippled children Cooperate with vocational rehabilitation agencies Cooperate with DOE in providing education to crippled children
321-101	DOH	DOH and DOE shall cooperate in vision conservation Conduct vision testing in public and private schools
333-11	DOH	Consultation services to other agencies in mental retardation Clinical and rehabilitative services for the mentally retarded

<u>Statute</u>	<u>Agency</u>	<u>Description</u>
333-21, 22	DOH	Waimano training school and hospital to provide services for mentally retarded patients incapable of independent self-support and self-management utilizing both a residential and a community program
334-3	DOH	Functions of the Mental Health Division include -informational services to public -consultation to other agencies in mental health -clinical, hospital and rehabilitative services for children, adolescents and adults with mental illness
347-4	DSSH	Provide vocational rehabilitation for blind and visually handicapped
348-4	DSSH	Provide vocational rehabilitation to all eligible handicapped individuals Establish public and other non-profit rehabilitation facilities and workshops

With these statutes as guidelines and in accordance with the concepts of special education underlying this report, the recommended responsibilities of the departments involved in special education are:

Department of Education - educational services
Department of Health - educationally related health services
Department of Social Services and Housing - educationally related social services

For general planning purposes, the role of the State in special education has two major dimensions: educational services provided; and funding.

In the area of educational services, the State, through the Department of Education, has the alternatives of:

1. Providing all required educational services to school age handicapped children.
2. Providing some educational services to some school age groups and some types of handicapped children.

Since it is clear that Hawaii is not providing educational services to all handicapped students at present and that to do so immediately would require approximately a 115% increase in the amount of services provided (9100 students served versus 10,500 not served, page 115), it is impractical to plan for an immediate attainment of a 100% service level of educational services to handicapped children. What is required, however, is a multi-year plan with interim steps to reach the final goal of full service.

In the first alternative, the Department of Education would assume the educational responsibility for all school age handicapped children; in the second alternative, certain groups would deliberately be excluded from Department of Education coverage. In either case, this would be a policy statement and the Department of Education would work to implement such a plan within a specified time in the future, specifying intermediate levels of service to be reached by specified interim dates.

There are a number of variables which have an important impact on the cost to the State to provide educational services to additional handicapped children. Among the most important ones are:

1. Number or percentage of handicapped children served.
2. Severity of handicaps to be provided for.
3. Level of service to be provided.
4. Time period over which the maximum number of children served is reached.

The number of children to be served depends upon the accuracy of the incidence rate estimations, the thoroughness of the identification, diagnosis, and prescription procedures, the State policy and commitment as expressed through the level of funding.

The level of educational services provided the handicapped children can be approximated through the average cost per pupil in the special education program. While not true throughout Department of Education districts, most of the special education pupils currently in Department of Education programs are in self-contained classrooms. Precise per pupil costs are not available since the present Department of Education cost accounting system does not easily identify all special education costs for personnel in many important areas such as ancillary services and administration. Also, personnel who are classified as special education personnel serve general education students and perform non-special education activities; to separate these would require an arbitrary allocation. To establish more accurate costs of special education, the Office of Business Services of the Department of Education should conduct a detailed cost study of special education which would document the costs of special education by type of handicap served, e.g., trainable mentally retarded, specific learning disabilities, etc., by type of programming, e.g., self-contained special education classroom, resource room, etc., and by support function outside the program, e.g., diagnostic personnel, administrative personnel. The study should include costs incurred by other State departments for education or educationally related services provided to handicapped students; the other departments should work closely with the Department of Education to provide them with the required data. As an interim measure, this report has estimated the average per pupil cost for special education classes in regular schools to be \$1,375 per pupil. This was done by dividing the estimated costs of special education in regular schools less State office costs (Part I, Figure 4-4, page 58) by the number of handicapped pupils in public schools as provided by the Office of Planning and Analytical Studies.

In Section A of the Annex to the 1970 Analytic Document for Special Education, the Special Education Section of the Department of Education proposed a higher level of service to be provided to severely mentally retarded students now in special education schools who would be transferred to Department of Education programs. The average per pupil cost of \$2,550 assumed a

self-contained special education class of no more than ten pupils, a Department of Education certified teacher, an educational assistant, and a high level of ancillary services and educational materials. This service is a desirable, but probably upper limit of the cost of service to be provided to students in Department of Education special education programs.

A lower bound on the cost of service was determined by estimating the per pupil cost of providing a resource room type of service to all additional pupils receiving special education services from the Department of Education. The incremental cost of a resource room type of service was calculated to be \$550/pupil. This amount must be added to the cost of the regular classroom since the student is served by both programs; the full cost of the resource room is estimated to be \$1,070 per pupil. As pupil placement would be determined by student need, all Department of Education pupils in special education obviously cannot be placed in a resource room situation. However, there are less severely handicapped students in existing Department of Education special education programs who can be placed in a resource room type of setting. The resource room represents a method of integrating the less severely handicapped child into the mainstream of general education to the extent that is beneficial to him, a prime goal in special education in Hawaii. Therefore, the resource room concept provides a reasonable lower limit on cost estimations for services for the less severely handicapped students.

Cost projections based on the three different types of service available to special education students in regular schools are shown below. These estimates represent a range of possible costs depending on the educational policy decisions made by the Department of Education and the funding for special education provided by the legislature.

Projection Assumptions

Department of Education to provide special education programs for all school age handicapped children within ten years.

Equal increase in number of special education pupils served by Department of Education each year for ten years (1972-73 to 1981-82).

No State support to private special education schools at end of ten years.

(See Figures 5-1, 5-2, 5-3 for complete cost projections.)

	<u>Resource Room</u>	<u>Current Special Education Programs in Regular Schools</u>	<u>Self-Contained Classroom for Severely Handicapped</u>
Cost per Pupil	\$1, 070	\$1, 375	\$2, 550
Average Annual Cost	\$ 5, 597, 700	\$ 7, 136, 200	\$ 17, 176, 400
Total Ten Year Cost	\$55, 977, 000	\$71, 362, 000	\$171, 764, 000

These cost projections are estimates based on certain key assumptions as noted above; if the assumptions are changed, then the resulting cost projections will vary also. For example, if the maximum number of handicapped students to be served is reduced by using a lower incidence rate, a policy decision to exclude a certain group or a practical problem of identifying the final 20% of the presumed handicapped student population, then the costs will be reduced proportionately. Cost projections similar to Figure 5-1, 5-2, or 5-3 should be developed to estimate the economic impact of proposed State policies in special education; these projections should be included as part of the proposed policy change. To assist in quickly understanding the economic impact of policy changes, Figures 5-4 and 5-5 were developed. They graph the percentage of handicapped students served in state supported special education programs versus the total cumulative cost of the programs (ten year time period) and the annual operating costs of the programs. For example, in Figure 5-5, a decision to provide educational services for 80% of the estimated handicapped student population would cost annually:

<u>Type of Service</u>	<u>Annual Operating Cost</u>
Resource Room	\$ 7, 000, 000
Current DOE Special Education Programs	\$ 9, 000, 000
Self-Contained Classroom	\$20, 600, 000

The rationale behind contracting services of private special education schools is that these schools are providing educational services which have been determined to be a responsibility of the State and desired by parents to be provided by the State, but which the State is currently unable to provide.

In terms of providing educational services to school-age handicapped students, the State's alternatives are:

1. Providing all educational services through State programs.
2. Providing most of the educational services through State programs and contracting the services of private special education schools for those services unavailable in State programs
 - a. From all private special education schools, or
 - b. Only from selected private special education schools

These alternatives for providing educational services imply the following alternatives for funding non-Department of Education special education programs:

1. Providing no support to handicapped students in private special education schools
2. a. Supporting handicapped students in selected private special education schools
b. Supporting handicapped students in all private special education schools
3. Providing support to handicapped students in private special education schools as an interim measure in areas where Department of Education services are not available.

The first three alternatives are final positions of State policy, while the fourth is a transition alternative which would be in operation as the State moves from its present status to a final end point.

The first alternative states explicitly that it is not the function of the State to subsidize or support handicapped students in private special education schools. This is a defensible argument, however, only when the State can provide educational alternatives to private special education schools, i. e., availability of equivalent educational services (or minimum standard services) in public schools. At that point it becomes the parents' choice to send their child to a private special education school and the State has no obligation to subsidize this choice. If, however, the child has to attend a private special education school in order to receive necessary educational services which are not available from the State, supporting this child in a private special education school is an alternative way of fulfilling a State obligation to provide needed educational services.

At present in Hawaii, private special education schools perform several very useful functions. They are providing an increased capacity for serving handicapped children in the State; in many cases, no public school alternatives are available for handicapped children attending private special education schools. They also admit children which are ineligible for admission into public school programs (lack of requisite skills, behavior) or which are incapable of being handled in a public school setting. They have more freedom to experiment with new programs and techniques. Finally, they can provide small, individual, personal educational settings which are necessary for some students. All of these functions are very beneficial to a special education system and in some cases essential if the programs are to grow, develop and utilize the most effective programs of assisting the handicapped child develop to his full potential.

The argument for supporting handicapped children in all private special education schools is that to the extent that these schools relieve a burden from the State, they should be compensated. A danger in this alternative is that it could establish a precedent for State support of a wide variety of private, non-educational organizations. Approximately 624 handicapped students are now enrolled in private special education schools. Of these students, approximately 300 are enrolled in special education programs run by the Associations to Help Retarded Children, Special Education Center of Oahu, and the Variety Club which are being provided under contract with the Department of Education and the Department of Health. The approximate per pupil costs for these classes is \$1500; this assumes an average of eight pupils per class as the allowed range is six to ten pupils. If the Department of Education were to contract on the same basis with the private special

education services to the remaining 324 handicapped students who are not being supported with State funds, the additional annual operating costs would be \$492,000 and the additional total ten year costs would be \$4,920,000 (Figure 5-6).

The Department of Education contract, with the Associations to Help Retarded Children and the Special Education Center of Oahu provides for payment of \$12,000 per eligible class of handicapped students. Depending on the number of handicapped students actually in the class, the per pupil costs vary from \$1,200 to \$2,000 with an average of \$1,500 per pupil (average class size of eight). An alternative method of supporting handicapped students in private special education schools would be to contract with the school for a fixed amount per pupil based on the average operating cost of Department of Education special education programs. As this was estimated at \$1,375 per pupil, the difference in total annual cost to the State would be approximately \$78,000 less than on the basis of \$12,000 per class.

Contracting the services of only selected private special education schools would reduce the costs, but the Department of Education would incur increased operating costs in its programs as this would result in a requirement to serve additional pupils. State support to pupils in selected private agencies is also difficult to justify unless clear criteria can be established for including one private special education school and excluding another.

Recommendations

1. The Department of Education be responsible for the educational services to handicapped children; the Department of Health be responsible for the health and training services to handicapped children; the Department of Social Services and Housing be responsible for social services and vocational rehabilitation for handicapped. This assignment of responsibilities is provided by existing statutes.
2. The Department of Education make available educational services for all school age handicapped children in the State. This is to be a long term goal to be accomplished within ten years.

3. In the interim period, the State should contract with private special education schools which are providing educational services for handicapped children whose parents request Department of Education placement but for whom no Department of Education special education program is available. The contract should provide for payment to the private special education schools for each qualified pupil of an amount equal to the average per pupil cost in Department of Education special education programs (excluding special schools). By the end of the ten years, there should be no need for the State to provide subsidies to private special education schools. By 1981-82, the Department of Education should be adequately funded to provide a sufficient number of programs to accept all handicapped students now in private special education schools.
4. If the Department of Education is to provide all of the State supported educational programs and activities for special education as it is recommended, it must develop an increased flexibility and range of options both educationally and organizationally for providing services to handicapped children. This means increasing the educational alternatives available to handicapped children through development of new programs which serve specific needs which are not being met currently.
5. Planning for this large increase in educational services for handicapped students by the Department of Education should be incorporated into the Department of Education Master Plan for Special Education. 1971-72 should be a planning year, with this planning headed by the Special Education Branch. The initial increment of new handicapped students (from those currently not being served) should enter the Department of Education programs in 1972-1973.
6. The programs should be oriented to providing educational services to the greatest number of handicapped children possible consistent with providing an acceptable minimum level of service to the children served.

Figure 5-1

Additional Costs of Department of Education Providing All Special Education ServicesAssumptions:

100% State support to all school age handicapped children in ten years
 Existing level of service (\$1,442/pupil)
 Decreasing support to private special education schools, none in ten years
 Constant size of handicapped population
 Equal increase in number of special education pupils served by DOE each year over ten years (72-73 to 81-82)

Additional Pupils to be Served by DOE

	<u>Total Number</u>	<u>Annual Increment</u>
Not Presently Served	8553	855
Unsubsidized Private Special Education Schools	324	32
Subsidized Private Special Education Schools	<u>300</u>	<u>30</u>
Total	9177	917

Annual Pupils and Costs

	<u>71-72</u>	<u>72-73</u>	<u>73-74</u>	<u>74-75</u>	<u>75-76</u>	<u>76-77</u>	<u>77-78</u>	<u>78-79</u>	<u>79-80</u>	<u>80-81</u>	<u>81-82</u>
Additional DOE Pupils	--	917	1834	2751	3668	4585	5502	6419	7336	8253	9177
Not Served	8553	7698	6843	5988	5133	4278	3423	2568	1713	858	--
Unsubsidized Privates	324	292	260	228	196	164	132	100	68	36	--
Subsidized Privates	<u>300</u>	<u>270</u>	<u>240</u>	<u>210</u>	<u>180</u>	<u>150</u>	<u>120</u>	<u>90</u>	<u>60</u>	<u>30</u>	<u>--</u>
Total	9177	9177	9177	9177	9177	9177	9177	9177	9177	9177	9177
DOE Costs (\$000)	--	1261	2522	3783	5044	6304	7565	8826	10087	11348	12618
Subsidies to Privates	<u>444</u>	<u>396</u>	<u>360</u>	<u>312</u>	<u>264</u>	<u>228</u>	<u>180</u>	<u>132</u>	<u>84</u>	<u>48</u>	<u>--</u>
Total	444	1657	2882	4095	5308	6532	7745	8958	10171	11396	12618

Average Annual Cost: \$7,136,200

Total Ten Year Costs: \$71,362,000

Figure 5-2

Additional Cost of Department of Education Providing Higher Level of ServiceAssumptions

Higher service level of \$2,500/pupil

Both current and new special education pupils will receive higher level of service

Other assumptions - same as Figure 5-1

	<u>71-72</u>	<u>72-73</u>	<u>73-74</u>	<u>74-75</u>	<u>75-76</u>	<u>76-77</u>	<u>77-78</u>	<u>78-79</u>	<u>79-80</u>	<u>80-81</u>	<u>81-82</u>
New DOE Pupils	--	917	1834	2751	3668	4585	5502	6419	7336	8253	9177
Additional DOE Costs (\$000)	--	2338	4677	7015	9353	11692	14030	16368	18707	21045	23401
(\$2,550/pupil)											
Current Handicapped Pupils in DOE Regular Programs	--	3463	3463	3463	3463	3463	3463	3463	3463	3463	3463
Incremental Costs (\$000)											
(\$1,110/pupil)	--	4069	4069	4069	4069	4069	4069	4069	4069	4069	4069
Total DOE Costs (\$000)	--	6407	8746	11084	13422	15761	18099	20437	22776	25114	27470
Private Subsidies	444	396	360	312	264	228	180	132	84	48	--
Total Additional State Costs (\$000)	444	6803	9106	11396	13686	15989	18279	20569	22860	25162	27470

Average Annual Cost: \$17,176,400

Total Ten Year Costs: \$171,764,000

Figure 5-3

Additional Costs of Department of Education Providing All Special Education ServicesAssumptions:

- 100% State support to all school age handicapped children in ten years
- Resource room level of service for all additional DOE pupils (\$1070/pupil)
- Decreasing support to private special education schools, none in ten years
- Constant size of handicapped population
- Equal increase in number of special education pupils served by DOE each year over ten years (72-73 to 81-82)

Additional Pupils to be Served by DOE

	<u>Total Number</u>	<u>Annual Increment</u>	<u>Incremental Resource Room Costs</u>	<u>\$/Year</u>
Not Presently Served	8553	855	Teacher	11,000
Unsubsidized Private Special Education Schools	324	32	Aide	4,800
Subsidized Private Special Education Schools	300	30	Ancillary Services (50%)	5,500
			Materials	700
TOTAL	9177	917		22,000

Number of Pupils Served: 40
 Cost Per Pupil: \$550
 Regular Classroom Cost: \$520
 Total \$1070

Annual Pupils and Costs

	<u>71-72</u>	<u>72-73</u>	<u>73-74</u>	<u>74-75</u>	<u>75-76</u>	<u>76-77</u>	<u>77-78</u>	<u>78-79</u>	<u>79-80</u>	<u>80-81</u>	<u>81-82</u>
Additional DOE Pupils	--	917	1834	2751	3668	4585	5502	6419	7336	8253	9177
Subsidized Privates	300	270	240	210	180	150	120	90	60	30	--
DOE Cost (\$000)	--	981	1962	2944	3925	4906	5887	6868	7850	8831	9819
Subsidies to Privates (\$000)	444	396	360	312	264	228	180	132	84	48	--
TOTAL	444	1377	2322	3256	4189	5134	6067	7000	7934	8879	9819

Average Annual Cost: \$ 5,597,700

Total Ten Year Costs: \$55,977,000

FIG. 5-4

**COMPARATIVE TOTAL ADDITIONAL CUMULATIVE COSTS
OF STATE SUPPORTED SPECIAL EDUCATION PROGRAMS**

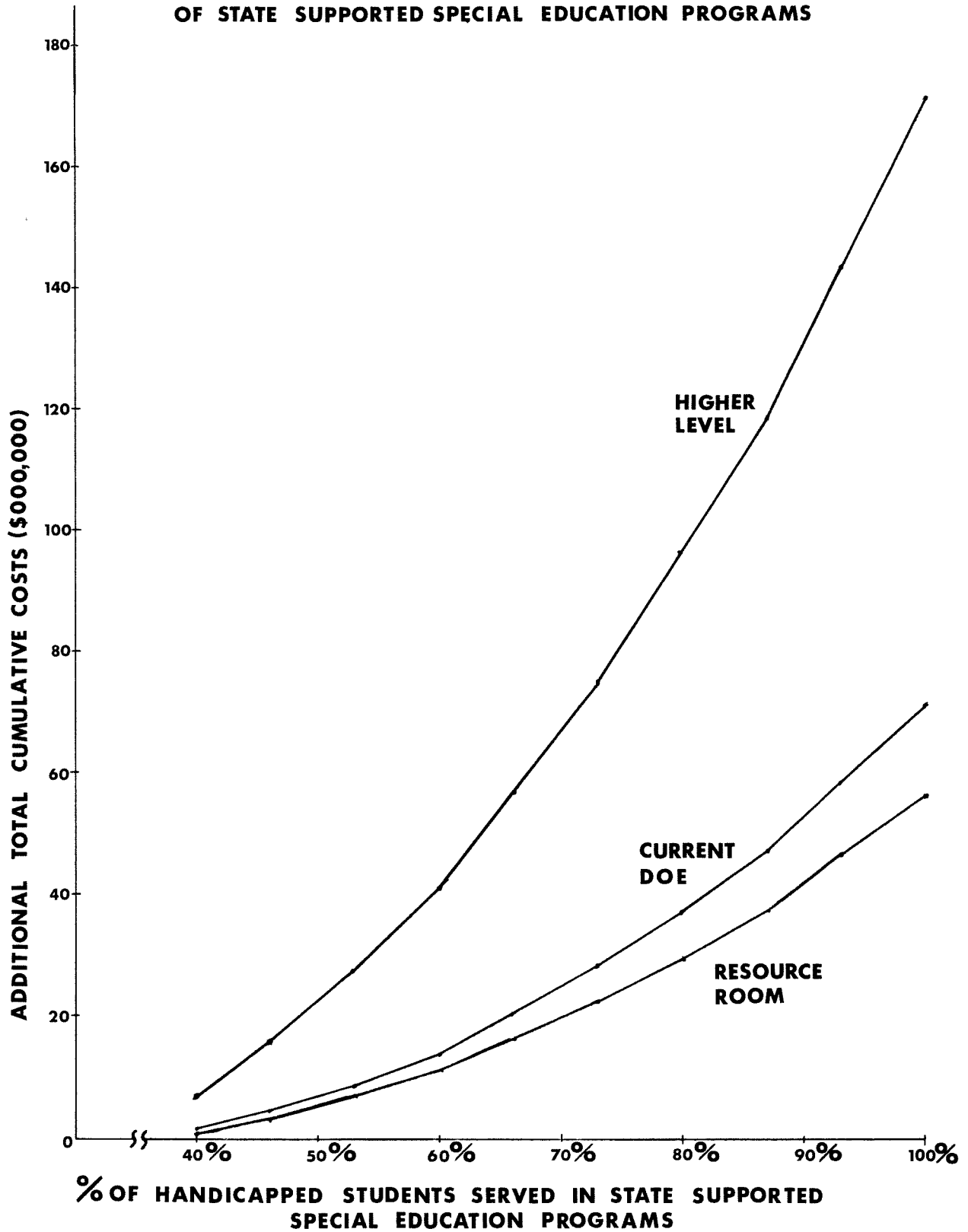


FIG. 5-5

COMPARATIVE ADDITIONAL ANNUAL OPERATING COSTS
OF STATE SUPPORTED SPECIAL EDUCATION PROGRAMS

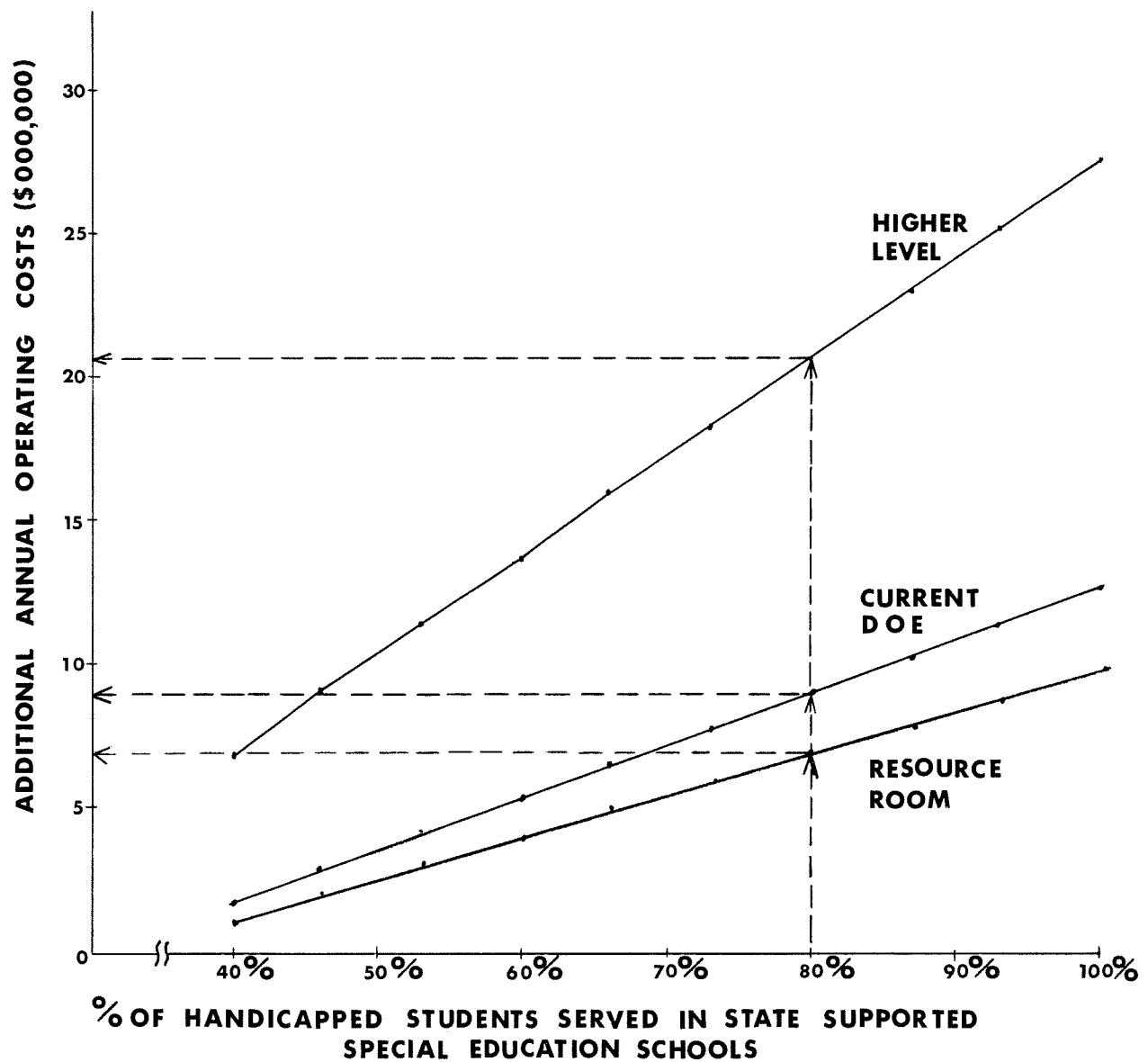


Figure 5-6

State Support of All Current Pupils in Private Special Education Schools

	<u>71-72</u>	<u>72-73</u>	<u>73-74</u>	<u>74-75</u>	<u>75-76</u>	<u>76-77</u>	<u>77-78</u>	<u>78-79</u>	<u>79-80</u>	<u>80-81</u>	<u>81-82</u>
Students	300	624	624	624	624	624	624	624	624	624	624
Classes, average of eight pupils/class	37	78	78	78	78	78	78	78	78	78	78
Class Contracts (\$12,000/class) (\$000)	444	936	936	936	936	936	936	936	936	936	936

VI. ORGANIZATION

Department of Education, Special Education Branch

The major leadership role in special education in Hawaii must be taken by the Special Education Branch of the Department of Education. As the focus for special education in the State, the Special Education Branch must provide the necessary leadership for the Department of Education's special education programs and point the direction for the other agencies involved in special education in Hawaii.

For the Special Education Branch to achieve this position it requires a strong director and an organizational structure that assists, rather than hinders, in accomplishing the required tasks. There are two serious problems with the current organizational structure of the Special Education Branch:

1. There is no director.
2. The functions are divided between the two Sections of the Branch in an illogical manner.

The position of director has been vacant for over two years. During this period there has been no one to provide overall direction to the Special Education Branch or to coordinate the activities of the two Sections. The appointment of a director for the Special Education Branch is recommended as a highest priority item; this must be accomplished without delay.

A comparison of the assigned functions of the two sections illustrates the dysfunctional division of responsibilities in the current organization (Figure 6-1). Several major flaws in the organizational separation are apparent.

1. The sections are compartmentalized, discouraging cooperation, particularly in the absence of a director. Special education is a complex and highly interrelated area. The organizational structure should facilitate cooperation and

coordination, especially within the Special Education Branch.

2. There is a separation of responsibility and funding, particularly in the area of in-service training.
3. There are no opportunities for input from the Special Education Section into the selection of experimental projects to be funded by the Special Education Projects Section. A close cooperation is needed in this area to ensure that funds - both State and Federal - will be utilized in the areas of highest priority for special education.
4. There is no joint effort in what should be areas of mutual responsibility, e.g., PPBS, Master Plan, instructional policies and standards.
5. There is an imbalance in workload between the two sections; the Special Education Section has had considerably more work assigned, but has no additional personnel. (Figure 6-2).

The result of this organizational and functional separation has been the development of two somewhat autonomous sections in the Special Education Branch and minimal coordination of efforts between the two sections.

In order to recommend an appropriate organizational structure for the Special Education Branch, it is first necessary to set forth the functions and/or responsibilities of the branch and then to develop logical organizational alternatives which will facilitate the achievement of these responsibilities. Summarizing from Figure 6-1 and other sections of this report, the functions and responsibilities of the Special Education Branch are:

1. Program development
 - Instructional objectives, policies and standards
 - Curriculum guides including instructional activities, resource materials, facilities
 - Improved diagnostic and prescriptive services

2. Planning for special education in the Department of Education
 - Master Plan
 - On-going planning effort
 - PPBS
3. Coordination of special education programs
 - within Department of Education
 - with other agencies, both governmental and private
4. Consultation to district personnel
5. Evaluation of the operation of district special education programs
6. Assistance with the identification of pre-service and in-service training needs in special education
7. Research and special projects concerning new programs, methods, materials for application to special education in the Department of Education
8. Administration of Federal funds for special education
9. Report preparation
10. Review and disseminate information concerning special education

A variety of organizational structures for the Special Education Branch are possible; the major types are presented below, their relative merits and drawbacks discussed and a recommendation made on the most appropriate one for the Special Education Branch.

1. Present structure
 - divided into two semi-autonomous sections
2. Master Plan recommendation
 - divided into three sections: Special Education Programs, Coordination, and Planning and Budgeting

- emphasis is on coordination of special education services within the Department of Education, inter-agency and with the community
3. Functional organization
 - organized according to the major functions to be performed
 4. Educational Program organization
 - organized according to educational programs for the handicapped

For the variety of reasons discussed earlier, the present organizational structure is an inappropriate structure for the Special Education Branch. It is shown in Figure 6-3) comparison purposes.

The reorganization suggested by the Master Plan is pictured in Figure 6-4. It groups educational program oriented functions (program development, Instructional Materials Center, research) and in-service training of instructional, diagnostic and administrative personnel into a Coordination of Programs Section. Coordination within the Department of Education and with other agencies and the community forms another section. The third section has a planning and support role which includes budgeting, State funds, Federal grants, planning, and system evaluation. All three sections report to a single director. The groupings are logical: all educational development and instruction related activities are together in a section; the importance of intra-department, inter-department and community coordination is recognized by creating a separate section with this responsibility; and provision is made for separate budgeting and planning area, removing this from the workload of the program specialists. As is the case in all of these organizational structures, a strong director of the branch is essential to provide overall direction to the branch's operations and ensure cooperation among sections.

An objection to this structure, however, is the inclusion of the in-service training function of instructional, diagnostic and administrative personnel at the State Office level. Having staff in the Special Education Branch whose primary function is the provision of in-service training is contrary to the concept of district determination of in-service training needs and activities.

If this type of in-service training is needed throughout the State, then the Special Education Branch would be an appropriate organization to develop and administer such a training program, and even use some of its own personnel as instructors or borrow appropriate personnel from within the Department of Education or from another department to conduct the required training; however, it should not have permanent personnel on its staff to provide the training.

The functional organization approach (Figure 6-5) is similar to that proposed by the Master Plan; the main difference being the separation of the branch into five sections according to the functions to be performed by the Special Education Branch. Other differences are: in-service training is omitted; report preparation and statistics are shown as separate sub-functions; services to other agencies includes all coordination activities with agencies outside the Special Education Branch as well as the evaluation and information dissemination functions. Again, the groupings are logical and with a director to foster cooperation, the functional structure should also aid rather than hinder coordination, although in practice there may be a great deal of overlap between sections, e.g., Planning and Evaluation, Planning and Coordination.

The final organizational structure analyzed is oriented toward the special education programs rather than the functions of the branch (Figure 6-6). This structure emphasizes the program content aspects of the branch activities and the other functions are made subservient to program development. While program development is a major function of the branch, it is not the sole function and it should not dominate to the exclusion of other very important areas such as coordination and planning. Two further drawbacks are the proliferation of persons which would be reporting to the director and the mutually unattractive alternatives of either spreading the program specialist in each program area too thin by requiring him to perform the program research and evaluation functions or increasing the staff in each program area and administrative costs of the Special Education Branch to perform these functions for each program.

Therefore, the organizational structure recommended for the Special Education Branch is a modification of that proposed in

the Master Plan (Figure 6-7). The three sections: Special Education Programs; Coordination of Special Education Services; and Planning, Budgeting and Evaluation, are the same. The major differences are the elimination of the in-service training staff from the Special Education Branch and the inclusion of an Educational Psychologist in the Special Education Programs Section. Within the branch, the Planning, Budgeting and Evaluation Section will operate as a staff group relative to the Special Education Programs Section to remove the administrative, budgetary and analytic tasks from the responsibility of the program specialists, thus freeing them to concentrate on program development which is their expertise. The use of the separate boxes in the organization chart is a conventional means of displaying the structure of an organization; it is not intended that each component of the Special Education Branch operate independently of the remainder. On the contrary, the boxes display primary areas of responsibility, but each component should interact continuously with the other segments to obtain and provide information, expertise and advice. In fact, one of the major functions of the director is to see that this interaction does indeed take place.

It is further recommended that this organizational structure be established as department policy; that only minor modifications of the structure to fit the director's working style be permitted, but that any modifications be truly minor.

In accordance with the recommended organizational structure, the Special Education Branch should have a staff of eighteen professionals. The breakdown of this total is shown in Figure 6-7. It is an increase of five professional positions over the current organization. The new positions are in the area of coordination (two), budgeting (one), and planning and evaluation (two). This would represent an increased annual cost of approximately \$60,000 annually. This is the cost of increasing the Special Education Branch to a size adequate to perform its required responsibilities.

Department of Health

Four of the seven operating divisions of the Department of Health play an important role in provision of special education related services to the handicapped. They are the Childrens Health Services Division, the Medical Health Division, the Mental Health Division, and the Waimano Training School and Hospital. Each of the four divisions performs separate and necessary functions; their activities are primarily health oriented, but they do provide handicapped persons with a variety of special education related services. The organizational structure in the Department of Health which is related to special education is presented in Figure 6-8. This report makes no recommendation to change the Department of Health organization as related to special education.

Department of Social Services and Housing

In the Department of Social Services and Housing, only the Division of Vocational Rehabilitation provides services specifically for the handicapped. Its organizational structure is shown in Figure 6-9. The purpose of the division is to provide services to physically and mentally disabled persons to enable them to find employment. As a result of this vocational orientation, most of the persons served by the division are teenagers or older. Again, no changes are recommended in this organization's structure.

University of Hawaii

The creation of the Department of Special Education as a separate unit within the College of Education was an important step in establishing the academic organizational foundation for special education within the University of Hawaii. Other groups in the University of Hawaii are also involved in special education or training persons in special education related fields, e.g., School of Nursing, Division of Speech Pathology and Audiology, but the

different orientation, subject matter, and objectives of the various colleges, schools, divisions, etc. which are involved preclude a general grouping of all special education related groups in the university into a single school or college of special education. Furthermore, any attempt to do this would mean removing specialists from their technical disciplines and the creation of somewhat duplicative programs in a special education oriented organization. The organizational structure of the University of Hawaii which applies to special education is shown in Figure 6-10. No changes from this structure are recommended.

Figure 6-1

A Comparison of Present Responsibilities and Functions within the Special Education Branch

Special Education Section

Develop instructional objectives, policies, standards

Develop curriculum guides, resource material and equipment lists

Evaluate and recommend action on educational proposals from teachers, parents, community

Monitor activities of schools to ensure conformance to standards

Disseminate information concering research results and educational activities in special education

Identify pre-service and in-service training needs

Preparation of the PPBS Document

Preparation of the Master Plan

Writing Legislative reports

Compiling and summarizing statistical data on special education

Consultation with District personnel

Special Education Projects Section

Review and evaluate materials for instruction
- Instructional Materials Center

Plan and develop increased diagnostic and prescriptive services

Fund special projects for experimental instructional methods

Plan, develop and conduct special projects

Disseminate information concerning research results and educational activities in special education

Identify pre-service and in-service training needs
CSCS State team for training district diagnostic personnel

Develop and write project proposals for Federal funds

Traineeships

Development and administration of in-service traing workshops

Consultation with District personnel

Figure 6-2

Positions in the Special Education Branch

Director, Special Education - Vacant
(Newly created position, July, 1970)

Special Education Section

1. Administrator, Special Education
2. Program Specialist, Mentally Handicapped
3. Program Specialist, Speech and Hearing
4. Program Specialist, School Social Work (vacant)
5. Program Specialist, Physically Handicapped
6. State Office Teacher

Special Education Projects Section

1. Administrator, Special Education Projects
2. Educational Psychologist (vacant)
3. Speech and Hearing Teacher
4. Visiting Teacher
5. Program Specialist, Title VI Instructional Materials Services
6. Title VI, Part B, Projects Coordinator

Source: Special Education Section
Special Education Projects Section

Figure 6-3

Current Special Education Branch Organizational Structure

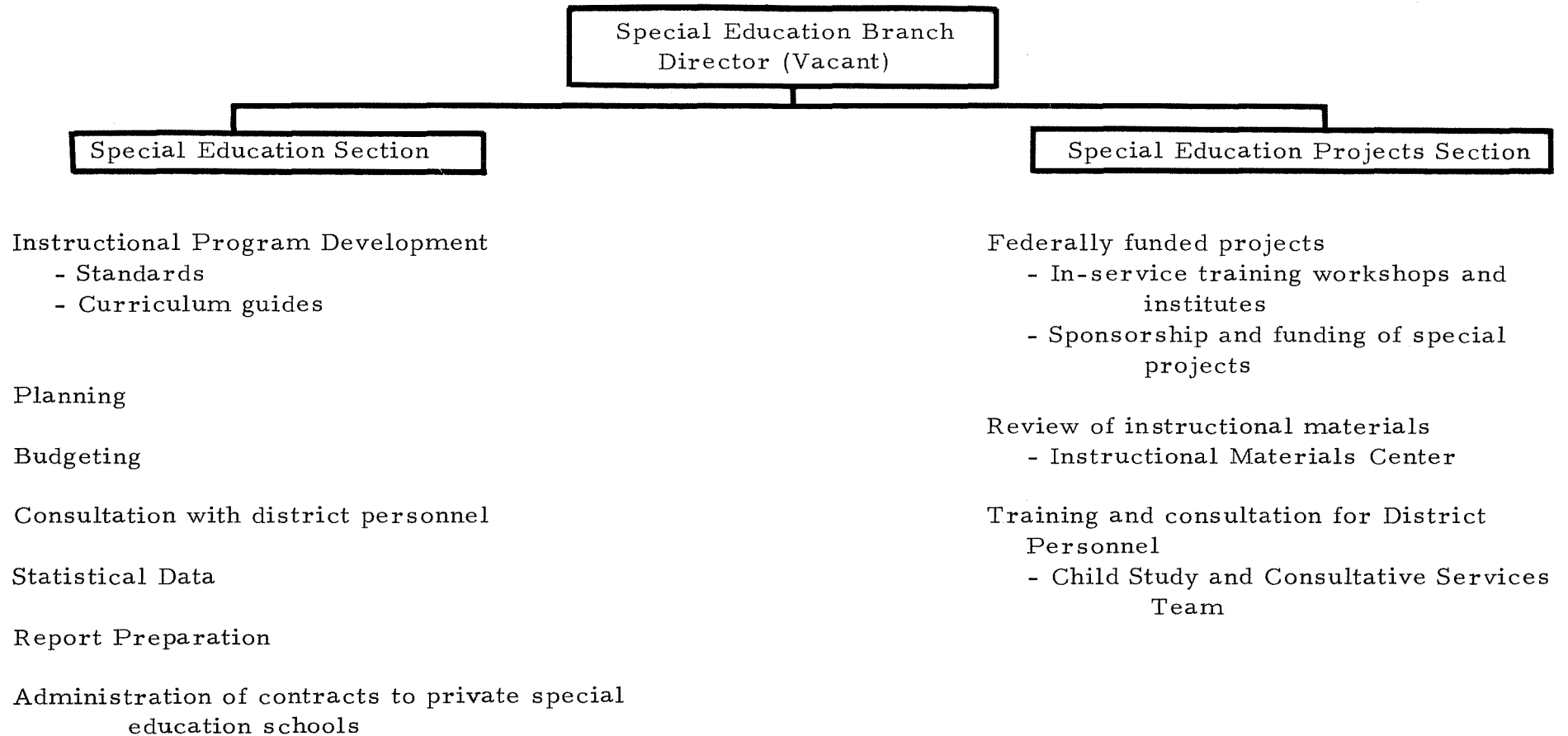
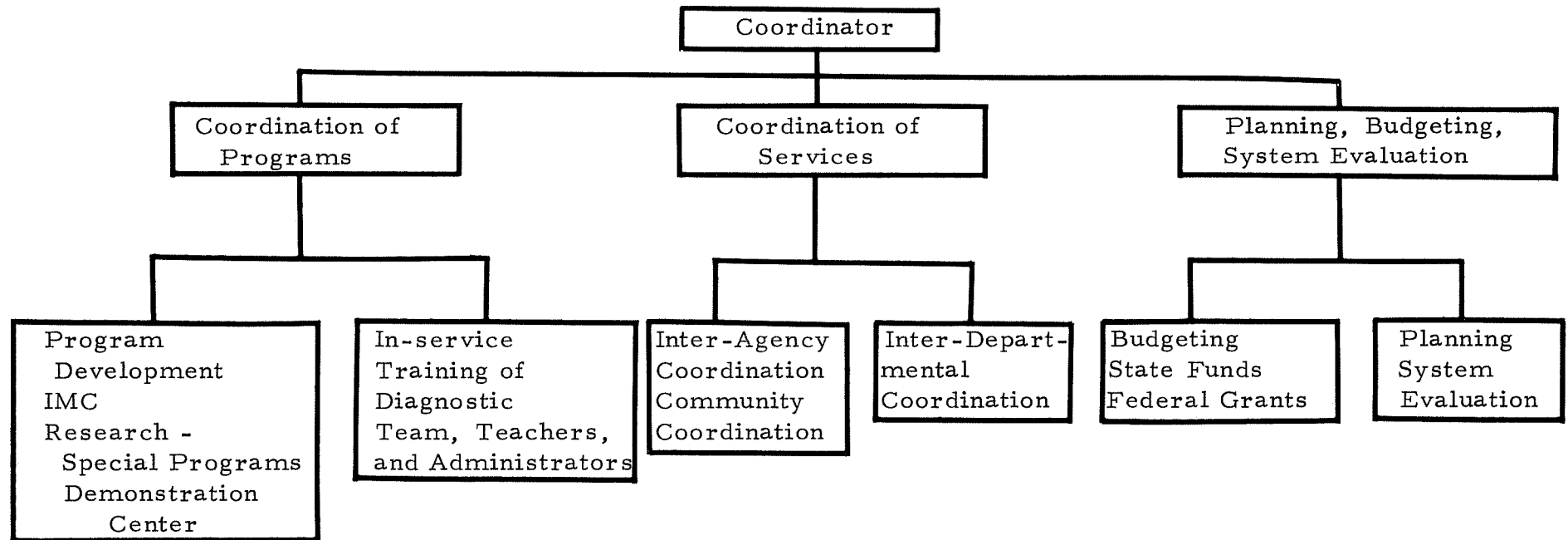


Figure 6-4

Master Plan Organizational Structure of the Special Education Branch



Source: Office of Planning and Analytical Studies, Department of Education

Figure 6-5

Functional Organization Structure of the Special Education Branch

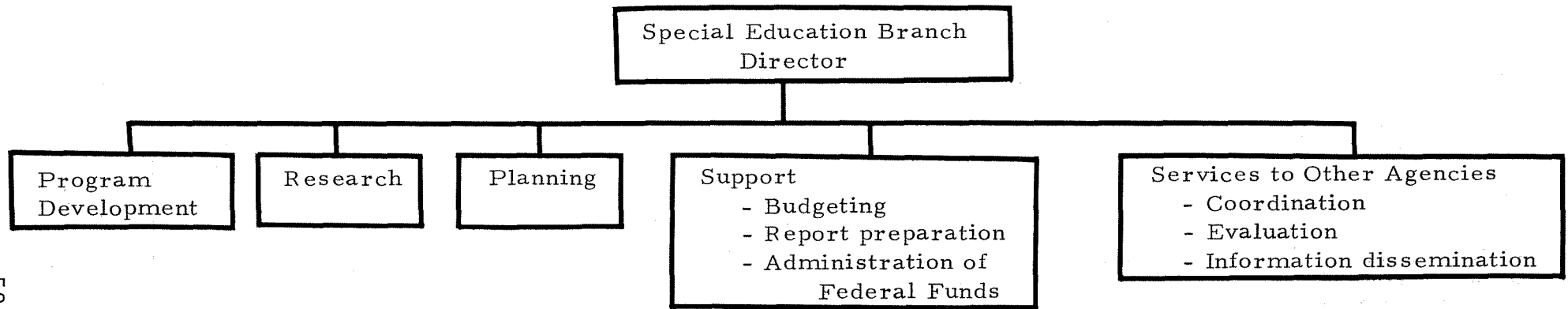
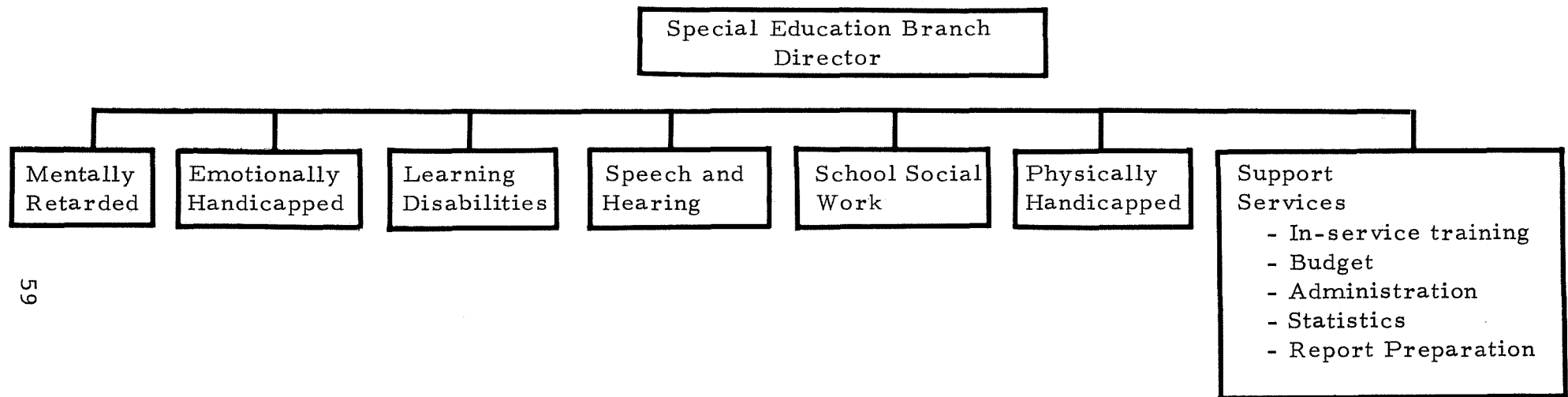


Figure 6-6

Educational Program Organization Structure of the Special Education Branch



59

- Program Planning
 - Program Development
 - Evaluation
 - Research
- } Done in each Program Area

Figure 6-7

Recommended Special Education Branch Organization and Staffing

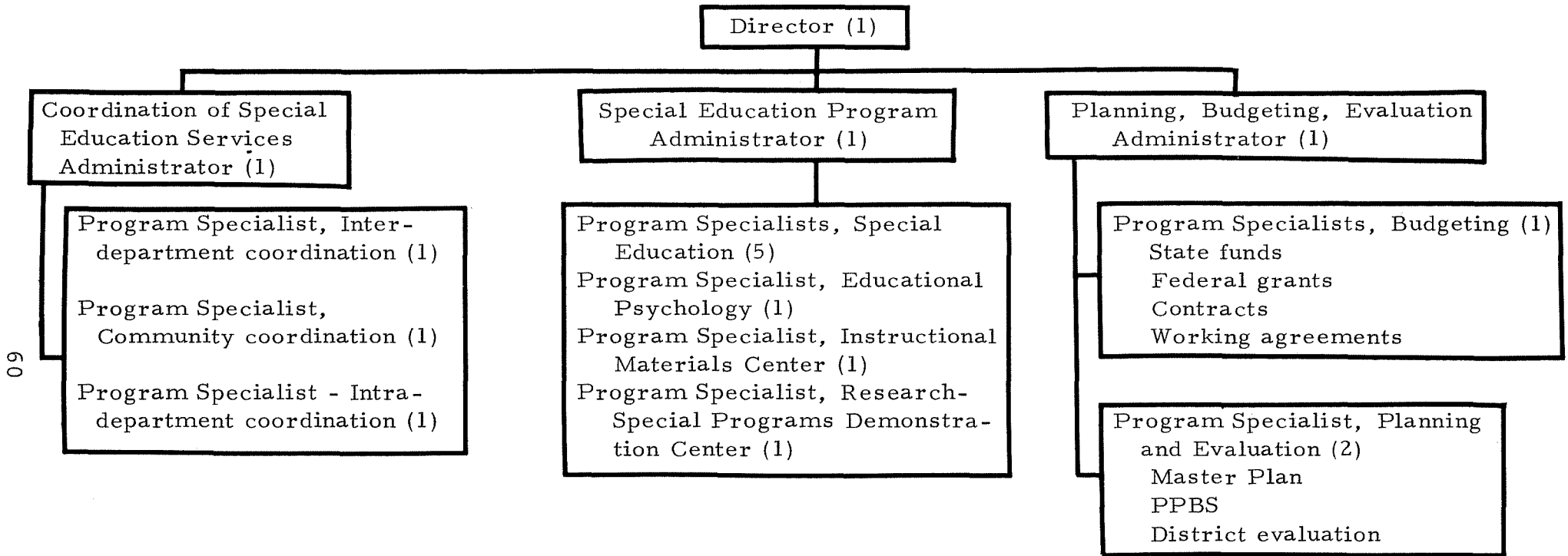
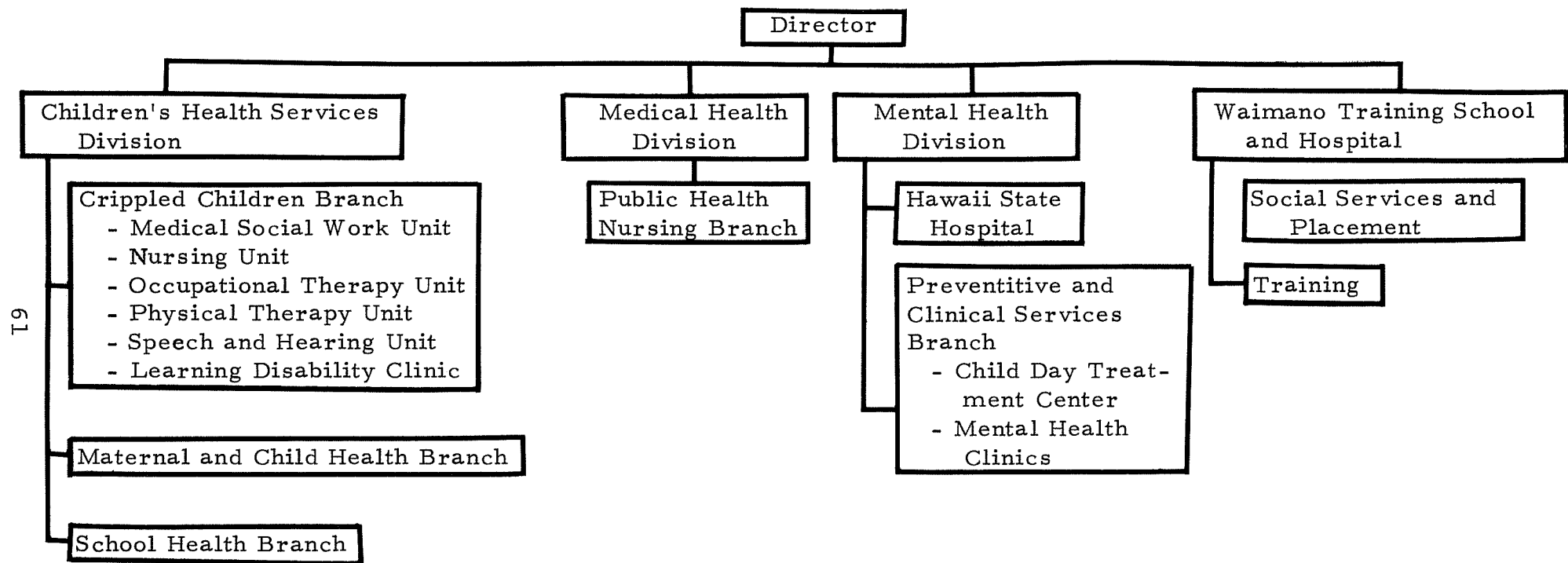


Figure 6-8

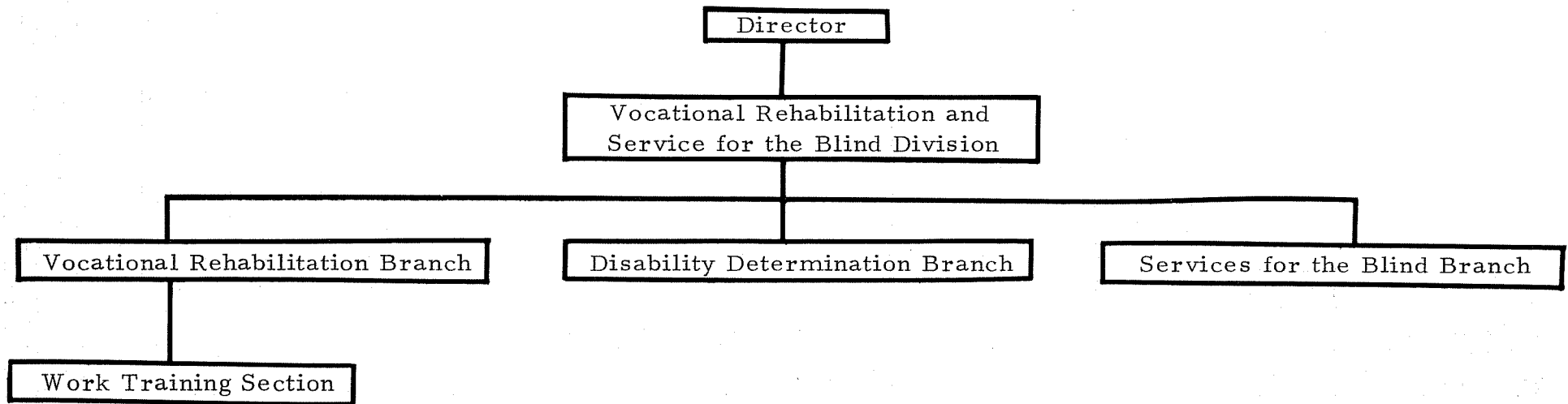
Department of Health Organization Related to Special Education



Source: Department of Health organization charts

Figure 6-9

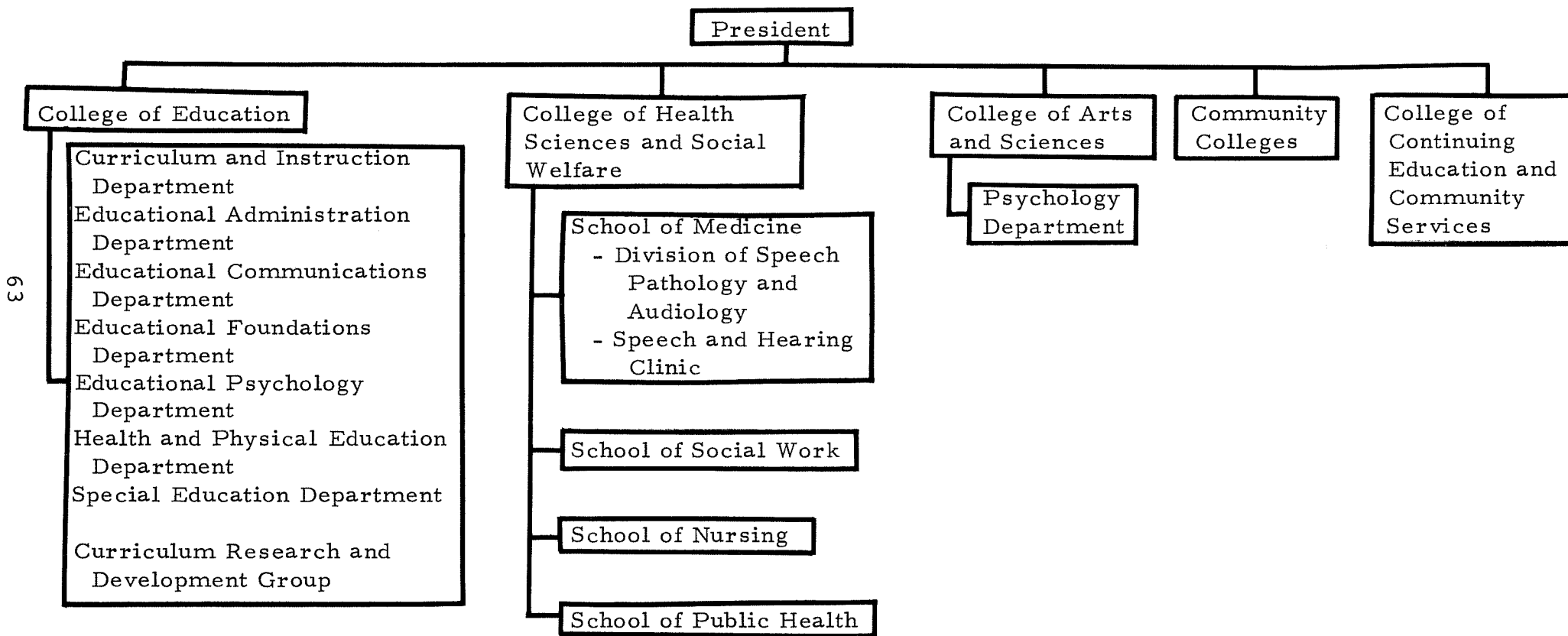
Department of Social Services and Housing Organization Related to Special Education



Source: Department of Social Services and Housing Organization Charts

Figure 6-10

University of Hawaii Organization Related to Special Education



Source: University of Hawaii Organization Description

VII.COORDINATION

Special education is an extremely complex area which involves many different governmental and private agencies in order to provide the needed education and educationally related services to handicapped children in the State. This widespread involvement requires an extensive effort on the part of all agencies to coordinate their activities in the area of special education in order to:

1. Stay informed of activities of other agencies.
2. Insure that agencies involved in similar activities are working together and not at cross purposes.
3. Avoid duplication, overlap and situations where needed services are not being provided.
4. Utilize the most appropriate agency and personnel for a specific activity.
5. Benefit from the experience of others involved in special education.

The importance of coordination cannot be over-emphasized; without an active and on-going emphasis on coordinating the activities both within and among the different facets of special education in Hawaii, there will be a great deal of inefficiency and duplication of effort; agencies with new programs may unknowingly bypass existing expertise in their program area; and organizations tend to become rivals rather than working together to resolve common problems. Coordination is too important to be left to the inclination of individuals. A regular, defined procedure is required to insure the required effort is allocated to coordination; otherwise coordination can easily get shortchanged due to the time pressure of daily activities.

There are several levels of inter-agency coordination. In general terms they can be separated into two types based on the purpose of the coordinating effort: policy coordination and working level coordination. The role at the policy level is to establish

guidelines for the specific activities involving cooperative effort among agencies. For special education in Hawaii, the policy level is at the department head level of the Department of Education, Department of Health, Department of Social Services and Housing, and University of Hawaii. At this level the chief officer of each department or his representative must agree upon the functions and activities of each department in providing the needed special education and special education related services to handicapped children. This is particularly important as personnel at lower levels in the various organizations are hindered in their dealings with other agencies without a clear understanding of their department's involvement in any joint efforts.

The working level coordination operates within the policy guidelines set down by the higher level group. Activities at this level are usually concerned with accomplishing a given task (one time or on-going) or with producing an assigned product (task force report). It is very important at this level that a particular person or agency be given responsibility for the task, regardless of how many other agencies are involved. In this manner, the responsible or "lead" agency also has responsibility for coordinating the necessary multi-agency efforts, e.g., Master Plan for Special Education task force. Agencies involved in the working level coordination would include:

Department of Education

Office of Instructional Services

Special Education Branch

General Education Branch

Early Childhood Education

School Health Services

Vocational-Technical Education Section

Special Programs Branch

Compensatory Education Section

Adult Education Section

Curriculum Development and Technology Branch

Office of Planning and Analytical Studies

Office of Personnel Services

District Superintendents

District Curriculum Specialists in Special Education
or Special Services

District Diagnostic Personnel

Principals

Special Education Teachers

Regular Classroom Teachers

Special Schools

Department of Health

Children's Health Services Division
Crippled Children Branch
 Learning Disabilities Clinic
 Child Development Center
Maternal and Child Health Branch
School Health Branch
Mental Health Division
Preventive and Clinical Services Branch
 Child Day Treatment Center
Waimano Training School and Hospital Division
 Day Activity Centers

Department of Social Services and Housing
Division of Vocational Rehabilitation

Department of Accounting and General Services

Department of the Attorney General

University of Hawaii

Special Education Department
Other University of Hawaii Departments
Curriculum Research and Development Group
Community Colleges
College of Continuing Education

Private Sector

Community Agencies
 Health and Community Services Council of Hawaii
Private Special Education Schools
Church College of Hawaii

There are a variety of alternatives to achieving the required coordination at the policy and working levels. They are not mutually exclusive; different methods are more appropriate in different situations, e.g., policy versus working levels, across several organizations versus within a single organization, purpose of coordination, frequency of required contact. At the policy level, one organizational structure to facilitate a coordinated policy formulation is a top level coordinating committee composed of the various department heads of the primary agencies involved in special education. This committee, which should be appointed by the Governor, would have as its members the Superintendent of the Department of Education (Chairman), the chief officers of the Department of

Health and the Department of the Social Services and Housing, the President of the University of Hawaii. This group should, on an as needed basis, but at least quarterly, discuss and establish inter-department policies to encourage, promote and require coordination among the three departments and the university. It is anticipated that this committee would initially meet on a regular basis, perhaps monthly, to review and establish existing policies concerning inter-department coordination in special education and, if necessary, modify these policies and/or establish new ones in light of the definition of departmental responsibilities outlined earlier in the Concepts of Special Education. Once this is accomplished, the committee would meet infrequently to review the implementation of these policies and to resolve inter-department coordination problems in special education.

Once inter-department coordination policies have been established at the department head level, it is necessary to inform the lower levels of each organization of the joint policy decisions made by the coordinating group. A mechanism is required to communicate the results of the meetings. The most efficient method and one which ensures that each organization receives the same information is for the committee to issue a joint memorandum following each meeting to present the results in terms of policy decisions requiring coordinated action to the members of each affected organization.

An additional committee which would be useful is an Advisory Committee on Special Education. The purpose of the committee would be to assist the Superintendent of Education by serving as a policy recommending and/or review board for special education policy decisions. The membership of the Advisory Committee should be appointed by the Superintendent of Education and should include several special education experts from the University of Hawaii and the Department of Education, other governmental departments which may involve special education, e.g., Department of Health, Department of Social Services and Housing, Commission on Children and Youth, members representing the private sector, e.g., parents, private special education schools, associations for the handicapped. This group will provide an on-going forum for discussion and resolution of the important issues in special education, as well as providing a wide range of inputs into the decision making process on special education of the Superintendent of Education.

In some cases requiring preparation of reports, conducting studies, or developing plans which involve input from more than one agency, the task force approach is the most useful. In this arrangement each agency involved assigns a member(s) of its organization to act as a member of the task force and to assist in the work done by this group. Four ingredients are necessary for this approach to be successful:

1. The task force must have a leader who is responsible for the accomplishment of the task given the group.
2. The task force must include persons with the proper knowledge, experience, expertise for the assigned task.
3. The members of the task force must be provided with time to be active members of the task force; if necessary they should be relieved of some of their regular duties while they serve on the task force.
4. The policy making group must act on recommendations made by the task force.

Assignment of specialists from one agency to an active role within another agency is an efficient method if very frequent coordination of activities is required. These assignments can be made on a full-time or part-time basis. The assigned specialist can provide insight for the coordinating agency into the requirements of his agency, help train personnel in the other agency to provide information of a more useful nature, and act as a liaison with or even work in the program of the other agency to provide a required input from his agency.

For regular activities requiring joint efforts by two or more different agencies, working agreements and formal procedures are often established. In a working agreement the agencies agree (usually a written agreement) to cooperate in a certain manner, e.g., accepting of specified responsibilities by each agency, provision of personnel and/or services to another agency. An example of this type of agreement is the joint agreement between the Department of Education and the University of Hawaii to share the responsibilities for curriculum development. Formal

procedures specify certain ways to proceed in given situations, e.g., procedures for referring suspected handicapped children to the diagnostic team or a Department of Health Clinic, requiring specified testing prior to certifying a child eligible for special education services.

A simple and effective coordination device that is often overlooked is more frequent communication with persons in other agencies with which coordination is required. A regular exchange of information helps to prevent misunderstandings and keeps other agencies aware of the agency's activities, and fosters cooperation rather than rivalry.

All of these methods are recommended for use in aiding coordination of special education services provided to handicapped children in Hawaii. Selection of a particular method will depend on the specific situation.

An outline list of necessary areas of coordination in special education with the recommended methods to accomplish the coordination is given in Figure 7-1.

Figure 7-1

Recommended Coordination Activities and Methods

Issue	Sub Issue	Agencies Involved		Coordination Methods
		Lead	Other	
Identifi- cation, Diagnosis and Pre- scription	Vision and hearing screening			
	- initial screening	DOH - health aides, audio-metric technicians, vision testers	DOE - schools Private Physicians Private Schools	Working agreement Formal procedures
	- follow-up on suspected handicapped to DOH clinics and private physicians for medical diagnosis	DOH - Public Health Nurses, Speech Therapist	DOE - speech and hearing specialists	
	Pre-school medical identification	DOH - Children's Health Services Division - Mental Health Division - Public Health Nurses	Private physicians and clinics Private special education schools	Registry of handicapped Joint clinics, screenings
	Educational identification and referral of school age handicapped children	DOE - Regular Teacher	DOE - Diagnostic Team	Formal procedures
	Educational diagnosis of handicapped condition	DOE - Diagnostic Team	DOH - medical specialists DSSH - Division of Vocational Rehabilitation University of Hawaii - medical specialists Private physicians	Formal procedures for referral Inter-agency attendance at case conferences

Recommended Coordination Activities and Methods (Continued)

Issue	Sub Issue	Agencies Involved		Coordination Methods
		Lead	Other	
Identification, Diagnosis and Prescription (continued)	Prescription of educational program	DOE - Diagnostic Teacher	DOE - remainder of Diagnostic Team - District Curriculum Specialists - Classroom Teachers DOH - medical personnel DSSH - Division of Vocational Rehabilitation University of Hawaii - medical personnel Private Physicians	Formal procedures Inter-agency attendance at case conferences
	Medical diagnosis of handicapped children	DOH - Children's Health Services Division - Mental Health Division Private Physicians	DOE - Districts	Formal procedures for referral Inter-agency attendance at case conferences
	Medical prescription	DOH - Children's Health Services Division - Mental Health Division Private Physicians		

Recommended Coordination Activities and Methods (Continued)

Issue	Sub Issue	Agencies Involved		Coordination Methods
		Lead	Other	
Placement	Determination of proper agency to serve student	District Placement Committee - DOE - District Curriculum Specialist - Diagnostic Team - Principal* - Classroom Teacher* - School Psychologist* - DOH - Children's Health Services Division personnel - Mental Health Division personnel - Public Health Nurse and/or School Nurse - DSSH - Division of Vocational Rehabilitation personnel		Formal committee to recommend placement for each pupil
	Determination of proper program within DOE	DOE - District Curriculum Specialist - Diagnostic Team - Principal - Classroom Teacher - School Psychologist	DOH - Children's Health Services personnel - Mental Health Division personnel - Public Health Nurse and/or School Nurse	Formal committee to recommend placement in DOE programs

* if required

Recommended Coordination Activities and Methods (Continued)

Issue	Sub Issue	Agencies Involved		Coordination Methods
		Lead	Other	
Placement (continued)	Follow-up placement recommendations	District Placement Committee (same as above)		Formal committee
Recruit- ment	Determination of staffing needs	DOE - Principal - District Staff	DOE - Office of Personnel Services	Formal procedures
	Setting of qualifications	DOE - Office of Personnel Services	DOE - Special Education Branch University of Hawaii - Special Education Department Teacher and Professional Associations	Task force Solicited comments Formal procedures
	Interviewing	DOE - Office of Personnel Services	DOE - Principals	Formal procedures

Recommended Coordination Activities and Methods (Continued)

Issue	Sub Issue	Agencies Involved		Coordination Methods
		Lead	Other	
Recruitment (continued)	Selection	DOE - Office of Personnel Services - hiring - Principals - recommendation (teachers) - District Curriculum Specialist - recommendation (Diagnostic staff)	DOE - Office of Personnel	Formal procedures
In-Service Training	Training for regular room teachers and principals in identification of the handicapped	DOE - Special Education Branch	DOE - Districts - Principals - Teachers - Diagnostic staff - Office of Personnel Services - Career Management and Development Section	Formal procedures for seminars or workshops
	Determination of training needs	DOE - Districts - Principals	DOE - Teachers - Diagnostic Staff - Office of Personnel Services - CMD Section	Formal procedures

Recommended Coordination Activities and Methods (Continued)

Issue	Sub Issue	Agencies Involved		Coordination Methods
		Lead	Other	
In-Service Training (continued)	DOE courses	DOE - Districts	DOE - Special Education Branch - Principals - Teachers - Diagnostic Staff - Office of Personnel Services - CMD Section University of Hawaii - Special Education Department	Formal procedures
	Administration of in-service training programs - Selection of instructors - Physical facilities - Scheduling - Funding	DOE - Districts - Office of Personnel Services - CMD Section - Special Education Branch (statewide courses)	DOE - Special Education Branch University of Hawaii - Special Education Department	Working agreement for consultation Contract with University of Hawaii professors for teaching
	Communication with other districts - Courses offered and space available	DOE - Office of Personnel Services - CMD Section	DOE - Districts - Special Education Branch	Formal procedures

Recommended Coordination Activities and Methods (Continued)

Issue	Sub Issue	Agencies Involved		Coordination Methods
		Lead	Other	
In-Service Training (continued)	Course selection - University of Hawaii - regular and summer sessions	University of Hawaii - Special Education Department DOE - Office of Personnel Services - CMD Section	DOE - Districts - Special Education Branch	Working agreement Formal procedures for requesting and scheduling specific courses to be offered
	- University of Hawaii - College of Continuing Education	University of Hawaii - College of Continuing Education DOE - Office of Personnel Services - CMD Section	DOE - Districts - Special Education Branch	
Pre-Service Education	Identification of handicapping conditions by regular class- room teachers and principals	University of Hawaii - College of Education Special Education Department	DOE - Office of Personnel Services - CMD Section - Special Education Branch	Formal procedures and informal requests for inclusion of certain training in the curriculum
Planning	Development of a master plan for special education	DOE - Special Education Branch	<u>DOE</u> Office of Planning and Analytical Studies General Education Branch Program Specialists: Early Childhood Education School Health Services	Task force to provide input and to review work done by Special Education Branch

Recommended Coordination Activities and Methods (Continued)

Issue	Sub Issue	Agencies Involved		Coordination Methods
		Lead	Other	
Planning (continued)	Development of a master plan for special education (continued)	DOE - Special Education Branch (continued)	<u>DOE</u> (continued) General Education Branch Vocational-Technical Education Section Curriculum Development and Technology Branch Office of Personnel Services District Superintendents District Curriculum Specialists Principals Special Education Teachers Regular Teachers District Diagnostic Staff Special Schools <u>DOH</u> Crippled Children Branch Maternal and Child Health Branch School Health Branch Preventive and Clinical Services Branch Waimano Training School and Hospital Division <u>DSSH</u> Division of Vocational Rehabilitation	Task force to provide input and to review work done by Special Education Branch

Recommended Coordination Activities and Methods (Continued)

[illegible]

Recommended Coordination Activities and Methods (Continued)

Issue	Sub Issue	Agencies Involved		Coordination Methods
		Lead	Other	
Planning (continued)	Development of a master plan for special education (continued)	DOE - Special Education Branch (continued)	<u>DOE</u> (continued) Adult Education Section Office of Business Services Office of Library Services District Diagnostic staff Principals Special Education Teachers Special Schools <u>DOH</u> Learning Disabilities Clinic Hawaii State Hospital <u>DSSH</u> Public Welfare Division <u>University of Hawaii</u> Educational Psychology Department Division of Speech Pathology and Audiology Speech and Hearing Clinic School of Social Work Psychology Department Division of Continuing Education and Community Services	Working agreement: formal and informal to obtain input

Recommended Coordination Activities and Methods (Continued)

Issue	Sub Issue	Agencies Involved		Coordination Methods
		Lead	Other	
Planning (continued)	Development of a master plan for special education (continued)	DOE - Special Education Branch (continued)	<u>Other Government Agencies</u> Department of Labor and Industrial Relations Department of Personnel Services Family Court <u>Private Sector</u> Private special education schools Associations for the handicapped	Working agreement: formal and informal to obtain input
	Monitoring implementation of the special education master plan	DOE - District Superintendents - Principals	DOE - District Curriculum Specialist - District Diagnostic Staff - Special Education Branch	Formal and informal procedures for assistance from District and State special education personnel

Recommended Coordination Activities and Methods (Continued)

Issue	Sub Issue	Agencies Involved		Coordination Methods
		Lead	Other	
Planning (continued)	Evaluation of district compliance with State policies in special education	DOE - Special Education Branch	DOE - Districts - Principals - Teachers - Diagnostic Staff	Formal procedures for annual compliation and publishing of data
	Evaluation of program effectiveness	DOE - Special Education Branch	DOE - Districts - Principals - Teachers - Diagnostic Staff - Contracted services - OIS Evaluation Section	Formal procedures for third party evaluation
	On-going planning effort	DOE - Special Education Branch	All members of the master plan task force and committees will participate as required	Formal procedures for reviewing modifying, and updating master plan
Coordination	Inter-agency coordination of special education activities	DOE - Superintendent	DOH - Chief Officer DSSH - Chief Officer University of Hawaii - President	Top level policy committee to establish guidelines

Recommended Coordination Activities and Methods (Continued)

Issue	Sub Issue	Agencies Involved		Coordination Methods
		Lead	Other	
Coordination (continued)	Inter-agency coordination of special education activities (continued)	DOE - Director, Special Education Branch	All other agencies involved in special education	Formal procedures Working agreements Informal arrangements
	Guidance to special education program in Hawaii	DOE - Superintendent	Advisory Committee for Special Education	Formal procedures for regular meetings, review and report to Superintendent of Education
Gaps in Programs for Handicapped Children	Educational services to pre-school handicapped children	DOE - Special Education Branch	DOE - Districts - General Education Branch - Early Childhood Education DOH - Children's Health Services Division - Child Development Centers - Mental Health Division Private special education schools	Task force to plan for required services Formal procedures for referral and placement

Recommended Coordination Activities and Methods (Continued)

Issue	Sub Issue	Agencies Involved		Coordination Methods
		Lead	Other	
Gaps in Programs for Handicapped Children (continued)	Pre-vocational training and vocational rehabilitation services to school age and post-school age handicapped children	DSSH - Division of Vocational Rehabilitation	DOE - Districts - Vocational-Technical Education Section Private Special Education Schools	Formal procedure for determining eligibility and placement
Role of State and Private Special Education Schools	State responsibility for providing education and educationally related services to all handicapped children	Legislature	Board of Education DOE - Superintendent - Districts - Special Education Branch DOH - Children's Health Services - Mental Health Division - Waimano Training School and Hospital Division DSSH - Division of Vocational Rehabilitation	Implementation of funded activities

Recommended Coordination Activities and Methods (Continued)

Issue	Sub Issue	Agencies Involved		Coordination Methods
		Lead	Other	
Gaps in Programs for Handicapped Children (continued)	Training and medical services for pre-school handicapped children	DOH - Children's Health Services Division - Child Development Centers - Waimano Training School and Hospital Division	Private agencies Private physicians	
	Educational services to school age handicapped children	DOE - Special Education Branch	DOE - Districts - General Education Branch - Vocational-Technical Education Section DOH - Children's Health Services Division - Child Development Centers - Mental Health Division - Waimano - Day Activity Centers	Formal procedures for determining eligibility and placement Task force to plan for expanded services
	Pre-vocational training services to school age and post-school age handicapped	DOH - Waimano - Day Activity Centers		

Recommended Coordination Activities and Methods (Continued)

Issue	Sub Issue	Agencies Involved		Coordination Methods
		Lead	Other	
Role of State and Private Special Education Schools	Contracting of educational services of special education schools for school age handicapped students	DOE - Superintendent	Department of Attorney General Board of Education DOE - Districts - Special Education Branch - Office of Business Services - Office of Personnel Services	Formal procedures for eligibility, funding, program standards, teacher and auxiliary personnel certification, facilities
	Contracting training and medical services of private agencies for pre-school, school age, and post-school handicapped children	DOH - Chief Officer	Department of Attorney General DOH - Children's Health Services Division - Mental Health Division - Waimano Private Agencies	Formal procedures for eligibility, funding, program standards, personnel qualifications, facilities

VIII. PLANNING, IMPLEMENTATION AND EVALUATION

The scope of the planning effort in special education is directly related to the definition of special education and the concepts of special education given earlier. Therefore, the planning for special education in Hawaii should encompass the provision of education and educationally related services to handicapped children by the various public and private agencies in the State. However, since the main emphasis in special education is on education and education is primarily provided by the State, the bulk of the planning effort for special education will concern itself with the Department of Education activities in special education. The involvement of other agencies, e.g., Department of Health, Department of Social Services and Housing, etc., will occur in areas related to the provision of educationally related services to handicapped children; it is in these areas that coordination of activities and services is required.

The task of planning for special education in Hawaii can be divided into two distinct phases:

1. Preparation of the initial "Master Plan"
2. On-going planning effort

Each phase has different purposes, different people involved, and different output. The purpose of the initial development of a Master Plan is the creation of a document to guide the special education program in the State. It is a new document - synthesizing a variety of individual activities in special education performed by various organizations into a uniform, coordinated whole; developing new programs in areas lacking proper special education services; and assigning priorities to special education programs as a means of allocating limited resources.

The initial development should involve as many people representing as many different organizations and special interest groups involved in special education as is possible. The larger the group the more unwieldy it becomes, but this is the price that must be paid for widespread involvement; however, there are a variety of organizational arrangements which can be utilized to maximize the productivity of

large groups. The final output of the initial planning effort should be a complete document covering all aspects of special education. As a result, it will be a complex and lengthy task which will require a substantial amount of time from a variety of persons to develop and review the Master Plan. The completed plan should be presented by the Superintendent of Education to the Board of Education for its approval and adoption.

The on-going planning effort, on the other hand, should involve only selected portions of the initial Master Plan. As the title suggests, the planning effort should proceed continually throughout the year and not be reserved for a once-a-year crash effort. Portions of the overall plan which have high priority for improvement, which are affected by important changes in Federal and State legislation, and/or which are the subject of research projects should be singled out each year for an intensive review. This should be a rotating selection so that each portion of the plan is reviewed, and updated if necessary, every five years at the maximum. The on-going effort will draw upon experts in specialized areas for much of the work, but should subject their work to review by a broader based representative group.

Both of these phases are necessary in Hawaii. An effort is underway to develop a Master Plan for Special Education; this effort should be continued and strengthened. For future years after the initial plan has been established, provisions should be made to maintain an on-going planning activity for special education. Without this follow-up activity the initial Master Plan work can become outdated and the work will have to be redone.

Listed below are the agencies, organizations, and groups which should provide an input into the special education planning effort.

Department of Education

Board of Education

Superintendent of Education

* Assistant Superintendent, Office of Instructional Services

* Special Education Branch

General Education Branch

Program Specialists in: Early Childhood Education
School Health Services
Vocational-Technical Education
Section

Department of Education (Continued)

Special Programs Branch

Compensatory Education Section

Adult Education Section

* Office of Planning and Analytical Studies

Curriculum Development and Technology Branch

Office of Personnel Services

Office of Business Services

Office of Library Services

** District Superintendents

** District Curriculum Specialists in Special Education
or Special Services

District Diagnostic Personnel

** Principals

** Special Education Teachers

** Regular Teachers

** Special Schools

Department of Health

Children's Health Services Division

*Crippled Children Branch

Learning Disability Clinic

Child Development Clinic

Maternal and Child Health Branch

*School Health Branch

Mental Health Division

Hawaii State Hospital

*Preventative and Clinical Services Branch

*Waimano Training School and Hospital Division

Medical Health Services Division

*Public Health Nursing Branch

Department of Social Services and Housing

*Vocational Rehabilitation Division

Public Welfare Division

University of Hawaii

*College of Education

Curriculum and Instruction Department
Educational Administration Department
Educational Communications Department
Educational Foundations Department
Educational Psychology Department
Health and Physical Education Department

*Special Education Department

Curriculum Development and Research Group

*College of Health Sciences and Social Welfare

School of Medicine

Division of Speech Pathology and Audiology

Speech and Hearing Clinic

School of Social Work

School of Nursing

School of Public Health

College of Arts and Sciences

Psychology Department

*Community Colleges

College of Continuing Education and Community Services

Other State Agencies

State Commission on Children and Youth

Department of Accounting and General Services

Department of Attorney General

Department of Budget and Finance

Department of Labor and Industrial Relations

Department of Personnel Services

Family Court

Private Sector

- *Church College of Hawaii
- *Special Education Private Schools
- *Health and Community Services Council of Hawaii
Council for Exceptional Children
- **Associations concerned with specific handicaps
- **Hawaii Medical Association
- **Parents

*On the task force

**Represented on the task force

A complete list of the private sector involvement is given in the Handbook of Community Agencies and Resources prepared by the Special Education Projects Section of the Department of Education. The handbook lists sixty-seven different community agencies operating in Hawaii and briefly describes their programs.

With the number and diversity of groups involved in special education, it is essential that the planning process for the Master Plan provide an organizational structure which can channel the diverse energies of the participants into a common direction, allow sufficient flexibility to obtain the needed inputs from the participants, and insure that the task is accomplished. The most effective organizational approach for accommodating the wide range of inputs required from all of those involved in special education is a task force supported by a small, working staff. The task force itself would be too large to be manageable if every group were represented separately. Therefore, the task force should consist of key representatives from the major groups, e.g., Department of Education, Department of Health, Department of Social Services and Housing, University of Hawaii, private sector, etc. The recommended task force participants are designated above with an asterisk. Members of the other groups listed will provide necessary information from their area and meet with the task force when appropriate. The task force should be led by the Director of the Special Education Branch of the Department of Education for this is the key leadership position for special education in the State. The task force should act as a policy recommending and review board for the Master Plan for Special Education. The actual development of the Master Plan document will be done by members

of the Special Education Branch of the Department of Education, but may be supplemented with persons from other agencies with specific expertise required for a certain area. In particular, a member or members of the Office of Planning and Analytical Studies should be an active participant through the Master Plan development to provide technical assistance with the planning and analytical activities and to coordinate the planning efforts for special education with the other planning activities in the Department of Education. In this manner, the Special Education Branch would be carrying out functions prescribed for it under the description of functions of the Special Education Section: "Develop instructional objectives, policies and standards for the various areas of handicaps for application through the school system"; while at the same time providing for wider input into the planning process from the other government and community agencies which have activities or interest in special education. It is very important to allow the staff members in the Special Education Branch sufficient time to assist with the planning process; it should be considered as part of their workload and the branch should be staffed adequately to perform all of its functions, including planning.

The current working arrangements to develop a Master Plan for Special Education (Figure 8-1) are similar to the above recommendations, but with several differences. First, the task force is led by a member of the Office of Planning and Analytical Studies of the Office of the Superintendent of Education, not by the Special Education Branch. This alternative structure emphasizes the planning aspect and coordination of the Master Plan for Special Education with the other planning activities in the Department of Education. Technical input concerning special education is provided by the Special Education Branch personnel, but the leadership of the Master Plan effort is within the Office of Planning and Analytical Studies. The concept of a centralized planning function supported by technical input from the various discipline areas is a valid one. It says that planning is the ultimate responsibility of the Superintendent of Education and should be located in his office; it also prevents a proliferation of planners in each discipline area. However, it does place the final decision on educational matters in the hands of the planner, not the expert in the discipline area; disagreements over educational matters can seriously impair cooperation between the Office of Planning and Analytical Studies and the discipline area experts which is essential to a successful planning effort. Cross-disciplinary planning efforts and studies are the type in which the leadership of the Office of

Planning and Analytical Studies will prove most effective; here they can provide the objectivity and coordination necessary to integrate diverse expertise and viewpoints into a cooperative approach which utilizes the experience and information available from each group. In studies or planning efforts involving mainly one field of expertise, e.g., special education, the technical or professional educational inputs are often of prime importance. In cases such as these it is more logical to have the planning effort headed by the group with the specific expertise and have the Office of Planning and Analytical Studies provide input into the planning effort. It is for this reason that this report recommends that the leadership of the Master Plan effort should be transferred to the Special Education Branch as soon as a Director is named to fill the currently vacant position.

Currently, the Special Education Section staff is playing a primary role in developing the drafts and working documents for the Master Plan for Special Education, but these duties have been assigned in addition to their normal workload. This should be remedied and adequate time allowed the entire staff of the Special Education Branch to assist in the planning process.

The Master Plan for Special Education should contain four major sections:

1. Educational Program Content
2. Auxiliary Services
3. Organization
4. Coordination

This report addresses Organization and that part of Coordination dealing with organizational aspects. The Educational Program Content and Auxiliary Services areas are properly the domain of professional educators and these aspects are being developed by the present Master Plan task force.

Listed below are issues which a plan for special education should consider in the program and services areas. The areas covered are also found in the Task Definitions of Master Plan Priorities (Figure 8-2) which outlines the output of the Master Plan activities.

Identification and Classification System for Handicapped
Children

Instructional and Auxiliary Personnel
Types needed
Certification Standards

In-Service Training
Course Offerings
Maintenance of Certification, Upgrading for
Reclassification

Program Standards and Guidelines
General Instructional Strategies
Guides and Handbooks
State Standards
Eligibility of Students
Methods of Instruction
Class Size by Type of Handicap
Transportation
Facilities and Equipment

Age Range of Children Served
Pre-School
School Age
Post-School

Once the Master Plan or portions of it have been developed, the question of implementation arises. Four main issues must be resolved in this area.

1. Who will implement the plan?
2. How flexible is the plan?
3. Who will have the responsibility for monitoring the implementation?
4. Who will have the responsibility for evaluating the relative success of the plan and recommending changes if necessary?

Hawaii's law on Exceptional Children states that, "There shall be within the Department of Education a division of special education for the promotion, direction and supervision and control of the program; and the department may employ necessary personnel adequately qualified by training and experience to direct and supervise the types of instruction, special facilities, and special services specified". If this is interpreted as centralizing the

the operation and control of special education programs to the Special Education Branch at the state level, then this would run counter to current Department of Education policy on location of authority and to the organizational responsibilities recommended in this report.

Department of Education policy is very clear on implementation. The district is the responsible agency for implementing educational programs within policy guidelines established by the State office. Personnel from the Special Education Branch should act as advisors, consultants and interpretators on policy and programs, but they are in a staff role. The District Superintendent and the school principals have the line responsibility for implementing educational programs; district special education personnel provide assistance and guidance to principals and teachers, but they are also in a staff position. It is recommended that this current policy be maintained.

The degree of flexibility in the Master Plan can range from total rigidity (permitting no deviation from the plan) to complete permissiveness (no requirement that the plan be followed). The flexibility allowed in implementation should vary with the portion of the plan being considered. There are some elements for which the State should insist upon complete compliance, such as eligibility of students, maximum class size, uniform classification of students. In other areas, such as methods of instruction and in-service training, the plan should provide guidelines and/or approved alternatives; the district should then select from among the various alternatives and modify it where necessary to fit the particular situation in the district. Another dimension to be considered is time. There will be certain parts of the plan that cannot be implemented immediately, but should be implemented in the near future if Hawaii is to have an acceptable special education program, e. g., identification of handicapped children, age range of children served. In these cases, setting the final standards and requiring compliance with them immediately is unrealistic and often results in ignoring the established standards (which is equivalent to having no standards) or eliminating major portions of the program for non-compliance. A more logical approach, and the recommended one, is to establish interim standards so that at the end of three to five years all activities meet the final standards established in the Master Plan.

Figure 8-3 shows the classification of the sections of the Master Plan in accordance with the recommended degree of flexibility accorded the districts in implementation.

Monitoring the implementation and day-to-day operation of special education programs and ensuring that the district is either in accordance with the Master Plan guidelines and standards or moving to meet them is the responsibility of the district superintendent and the school principals. The district curriculum specialist for special education or special services, and the district special education staff may have the monitoring function delegated to them by the district superintendent and should assist the principals in ensuring that their special education programs are functioning properly. Any other arrangement would violate the line authority of the districts. Assistance with difficult problems, special projects and experimental programs can and should be sought from the Special Education Branch at the State Office, but their role is clearly a staff, advisory one, not one of monitoring on-going programs.

Evaluation is the assessment of the effectiveness of a particular program or activity, i. e., how well the program accomplished its objectives, to what degree are programs and activities in agreement with State guidelines. An unbiased evaluation is best performed by someone or some group not involved with the actual program implementation. This type of "third party" evaluation is commonly used in education. The selection of the evaluator will depend upon the project or activity to be studied. Evaluation of district compliance with State policies in areas of rigid and interim standards (Figure 8-3) where the measurement criteria are relatively explicit can be most efficiently performed by the Special Education Branch personnel. This type of evaluation should be an on-going activity of the Special Education Branch and be performed regularly throughout the year to identify deviations early. At least once per year the Special Education Branch should compile and make available data summarizing the status of the State and of districts in relation to the Master Plan standards.

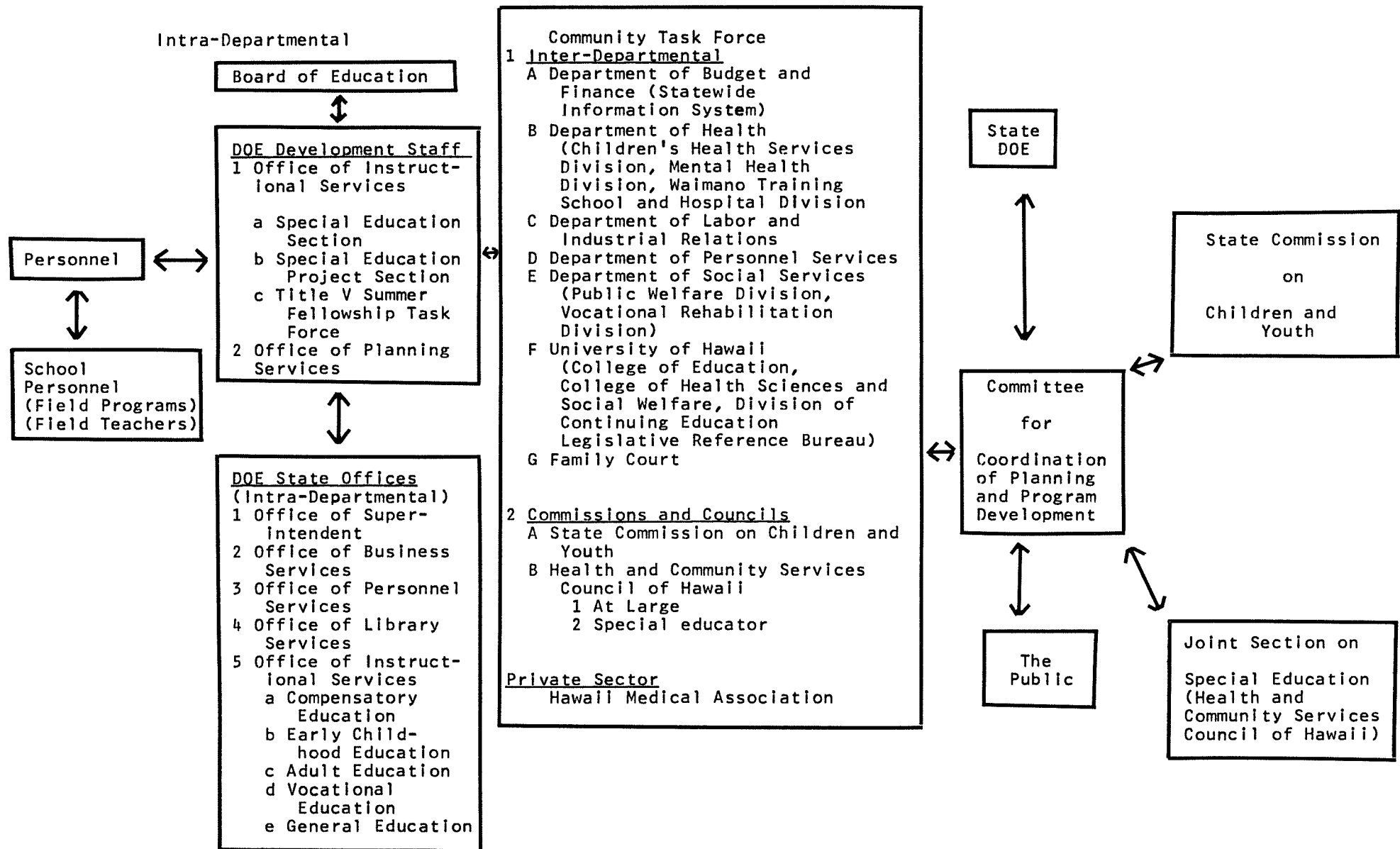
Evaluation of an educational program is a much more complex and lengthy task than measuring progress against standards. Most of the sections of the Master Plan involving district or school options are in this category. For these programs the evaluation is concerned primarily with the quality of the program, e. g., are the methods of instruction being used effectively in assisting handicapped children to learn, is the in-service training provided the teachers making them better teachers. Effectiveness questions of this type are best answered through specific research projects in which various measures of program effectiveness are gathered and analyzed, e. g., the comparison of academic achievement among students being taught utilizing different methods of instruction, a comparison of the academic achievement of students of teachers

which have received in-service training with the students of the teachers who have received no in-service training. These studies typically require at least one school year to measure any educational differences; they involve a great deal of time and professional judgment in the research design, data gathering and analysis; and the workload is uneven, heavy at times and slack at others. Because of the nature of these studies, they are frequently contracted to educational consultants, e.g., in many States the Department of Education and the universities in the State have established working agreements in which the Department of Education will contract with university educational personnel to perform the needed evaluation. This allows the focusing of the talents of experts on studies involving their particular expertise; it allows a smaller full-time staff at the State level; and it reduces and evens the workload on the Special Education Branch personnel. However, it is impossible to generalize about future studies of this type. Before deciding who should do the study the following questions should be asked:

1. Is specific expertise required to perform this study?
2. Is this expertise available within the Department of Education?
3. Will the existing and projected workload permit the assumption of this project?

If the answer to all three questions is yes, then the study should be conducted internally for this is the most cost effective method. If the answers to questions two or three are no, then the study should be contracted to an outside educational consultant.

Figure 8-1
WORKING ARRANGEMENTS TO DEVELOP SPECIAL EDUCATION MASTER PLAN



Source: Office of Planning and Analytical Studies

Figure 8-2

TASK DEFINITIONS
MASTER PLAN PRIORITIES

1. Intra-Department Organization
 - Special Education - Special Programs Section
 - Compensatory Education
 - Vocational Education
2. Coordination
 - Departments and Commissions
 - Community Task Force
 - Private Agencies Coordination
3. Early Remediation - Preventive
 - Identification
 - Program
 - Personnel
 - Coordination
4. Classification System
 - Student Classification System
 - Staffing
 - Instructional Personnel
 - Ancillary
5. Programs
 - Guides and Handbooks
 - Strategies
6. Extending Services to Private Agencies
 - Referral, Contracting, Funding
 - Programs
7. In-Service Training
 - Endorsement System
8. Data System
9. Facilities Guideline
10. Extending Services to Post-School Students
11. Correspondence between Statutory and Regulatory Law
12. Management System
 - Impact
 - Feedback
 - Evaluation

Figure 8-3

Recommended Flexibility of Implementation of Master Plan of Special Education

<u>Rigid</u>	<u>Interim Standards Becoming Progressively More Rigid</u>	<u>District or School Option within Guidelines and/or Alternative Choices</u>
Eligibility of pupils for special education services	Teacher and Auxiliary personnel qualifications and certification standards	Methods of instruction Programs Materials
Maximum class size by type of handicap	Age range of children served	Instruction strategies
Classification of handicapped children	Facilities	In-service training
Transportation	Coordination - intra-DOE - inter-agency	
Placement of eligible special education students	Identification of handicapped children	

IX. IDENTIFICATION, DIAGNOSIS AND PRESCRIPTION

The first step in providing special education assistance to a handicapped child is the identification that the child has a handicapping condition which interferes with his learning ability in the regular classroom. Following the initial identification must come a proper educational diagnosis of the learning problem. Once the learning problem has been accurately established, a remediation program can be prescribed which will allow the child to achieve his full educational potential. The orientation of the discussion of these functions will be educational and concentrate upon the educational aspects of identification, diagnosis, and prescription. Concurrent with the educational programs, appropriate identification, diagnosis and prescription services as related to health needs and social needs must also be provided. While many handicapped children benefit from the health and social services, the primary orientation of these services is not educational. Where the other services are considered, primarily the medical input into identification and diagnosis, they will be clearly identified.

Identification

A generally accepted concept in special education and one that is being strongly advocated by leading special educators throughout the country is that the earlier the identification, the greater the possibility of remediation - both in degree and time required. This places a premium on early detection and identification of potential and actual handicapping conditions requiring special education services. The initial identification process for school age children with handicaps can be accomplished through a variety of methods. The State requires that all children entering school have a physical examination, although the Department of Education does not provide a mass physical health screening program; private physicians perform the bulk of these examinations. Educational and health screening at the school level now reaches school age children in Hawaii early in their school career with academic achievement testing as well as

vision and hearing screening tests. The screening programs offer a reasonably low cost (Figure 9-1) method of detecting vision and hearing problems and significant deviations from normal academic achievement for school age children and should be continued. It should be noted, however, that vision and hearing screening are only a part of the medical services needed by school age children. At present, all of the initial screenings are conducted by Department of Education personnel, even though vision and hearing may be termed medical or health concerns. Vision screening is now done by the classroom teacher using the Snellen Test; medical personnel feel that this test is inadequate and should be implemented by convex lens, cover and color tests. The hearing screening is now usually done by Department of Education speech and hearing specialists (Figure 9-2). The testing procedures for both of these types of screenings are relatively easy to learn and do not require highly trained specialists, e.g., classroom teachers or speech and hearing specialists, to conduct the initial screenings. The initial screenings should be the responsibility of the Department of Health as the problems and their identification are medical in nature. They should be done by trained lower level personnel under the supervision of professionally trained specialists. The cost savings possible by utilizing less trained personnel are shown by the comparison below:

	<u>Department of Health</u> <u>Audiometric</u> <u>Technician</u>	<u>Department of Education</u> <u>Speech and Hearing</u> <u>Specialist</u>
Average Cost per Child Tested	\$1.01	\$2.10
Estimated Annual Cost of Current Screening Program (Grades K and 2 in public schools)	\$32,500	\$73,500

If the School Health Aide Program is expanded, the health aides in each school would be the recommended personnel to be given supplementary training and do the vision and hearing screening.

For schools in which health aides are not available, the vision testing should be done by the vision technicians under the supervision of the public health nurse and the hearing screening performed by audiometric technicians employed by the Department of Health under the supervision of the speech/hearing therapists of the Children's Health Services Division. All children whose test results indicate a possible vision or hearing problem should be retested on an individual basis by the Department of Health speech/hearing therapist. If retesting confirms the existence of vision or hearing difficulties, the children should be referred to Department of Health or private physicians for a thorough medical evaluation. This procedure has the advantage of using less skilled personnel to perform the initial screenings which require a minimum of technical training. The speech and hearing specialists and medical personnel are then free to concentrate their efforts on children already identified as needing assistance.

The person in closest contact with the children in the school and in the best position to notice educational difficulties which may be the result of handicapping conditions is the regular classroom teacher. For an effective identification program the classroom teacher must be able to recognize the symptoms of the major handicapping conditions found in school age children and the learning problems caused by them. This does not mean that every classroom teacher be a trained special education diagnostician, but that she:

1. Be able to recognize that a problem exists with a handicapped child
2. Know from whom and where to seek assistance in dealing with a handicapped child

This will require a process of pre-service education and in-service training for the classroom teachers in the state.

Identification of handicapping conditions at the pre-school level (0-5 age group) is less complete as these children are not a "captive audience" as are children in school. Furthermore, many types of handicaps are more difficult to detect at this early age, particularly specific learning disabilities. Hawaii Revised Statutes, Section 301-21, Exceptional Children (originally

Act 29, S. L. H., 1949) specifies that the Department of Education has the responsibility for exceptional children under the age of twenty, however, due to a lack of resources, Department of Education policy currently provides for services to handicapped children of compulsory school age (6-18) only. There are exceptions to this general policy, however, such as Department of Education programs for pre-school deaf, deaf/blind, Pohukaina School and Sultan School (teachers provided by Department of Education).

Identification of handicapping conditions at the pre-school level is primarily accomplished by the Department of Health through the Learning Disabilities Clinic, Child Development Center, the general clinical services of the Crippled Children Services Branch, the "well baby" clinics, the public health nurses, the Children and Youth Project of the Maternal and Child Health Branch of the Children's Health Services Division, the Mental Health Division, and by private physicians and private agencies. The Children's Health Services Division estimates that approximately 20% of the handicapped children who will require special education services are identified before they reach school age; these are primarily the more severely handicapped.

In Hawaii there are an increasing number of day-care programs being established for children of pre-school age by a variety of organizations, e.g., Department of Social Services and Housing, Model Cities programs, Head Start programs. As more pre-school children are enrolled in these programs, an opportunity is provided for early identification of handicapping conditions for additional pre-school children. The three agencies primarily involved with handicapped children, Department of Education, Department of Health, and Department of Social Services and Housing, should all provide their particular services for identification, diagnosis, and prescription to each of these programs. However, as long as there is no centralized grouping of pre-school children, a complete program of identification of handicapped children of this age group will be very difficult. If the Department of Education moved into a general pre-school program, in effect lowering the compulsory school age, then the identification process would follow the pattern for school age children, i.e., observations by the classroom teacher, general screenings by Department of Health personnel. Without the grouping created by compulsory school attendance, other measures must be used. Three primary methods of identifying the pre-school handicapped children are suggested:

1. Public education. An intensive campaign should be conducted by the Department of Health to acquaint the general public with the symptoms of handicapping conditions.
2. In conjunction with the public education campaign, the Department of Health, through the Crippled Children Branch and for the Maternal and Child Health Branch, should continue to offer public clinics and screenings for early identification of handicapping conditions of pre-school children. Where possible the clinics should be mobile and go to the people and not rely on the initiative of the public to come to them. The Department of Health, not the Department of Education, is the proper agency for this task; the Department of Education school system has neither staff, equipment, nor facilities to provide medical screening for children.
3. The services of private physicians and clinics should be utilized by requesting them to report to a central registry in the Department of Health any handicapped children identified in their practice. This registry should be kept current by removing names of children from the list who are cured, leave the State, or die.

Diagnosis

Once a child has been identified as potentially having a handicapping condition, a diagnosis of the precise educational nature of the handicap must be made by a trained specialist. For the pre-school group the identification and diagnosis are often accomplished by the same person or organization.

For the school age group (and also for the pre-school group once they have been identified) there are several alternatives to where the diagnosis should be done and who should do it. In order of increasing distance from the school level they are:

A. Department of Education

1. By a resource room teacher at the school level
2. By a diagnostic/prescriptive teacher at the school level
3. By a diagnostic team at the school level
4. By a diagnostic/prescriptive teacher at the school complex level
5. By a diagnostic team at the school complex level
6. By a diagnostic team at the district level

B. Department of Health

1. School nurse
2. Public Health nurse
3. Specialized personnel centralized at the Regional or State level

C. Department of Social Services and Housing

1. Vocational Rehabilitation personnel

Hawaii has such diversity in its school system in terms of pupil and school concentration that no single alternative could prove cost effective throughout the State. The location of the diagnostic function should depend upon the number of the students in the area (Figure 9-3). In general, the diagnostic function should be located at the level in the school system closest to the student and justifiable by the number of students, the kind and severity of the handicap(s), whether this be at the school, complex, or district level. For example, a diagnostic team could be assigned to a school, several schools or an entire district depending upon the number of students involved.

In addition to location, these alternatives point out several other important differences. The first is the team approach (diagnostic team) versus the single individual approach (diagnostic teacher). The diagnostic team is favored by the Department of Education

because the variety of individuals and training found on the teams - psychological examiner, diagnostic/prescriptive teacher, speech and hearing specialist, and visiting teacher or school social worker - provides a much broader range of expertise to deal with the varied types of handicapping conditions encountered. It is felt that a single person, no matter how well qualified, simply cannot match the skills of a four person diagnostic team. This pattern was pioneered by the Special Education Projects Section of the Department of Education with its Child Study and Consultation Services team in 1969 and subsequently adopted in some measure by all districts. Figure 9-4 shows the number of diagnostic personnel by district. In addition, the educational personnel on the diagnostic team should confer with appropriate specialists from the Department of Health and Department of Social Services and Housing to add additional expertise to the diagnosis.

The Special Education Department of the University of Hawaii prefers and is training and graduating "clinical teachers" or diagnostic/prescriptive teachers whom they feel can adequately perform the educational diagnostic function alone. In addition, the clinical teachers are being trained to provide remediation services in a resource room setting and to assist the classroom teacher in working with handicapped children in the regular classroom.

An intermediate position which seems reasonable is suggested by a draft section of the Master Plan for Special Education. A diagnostic/prescriptive teacher would be located full time in each school. In this setting she would function as would a clinical teacher. In addition to the educational diagnosis, the diagnostic/prescriptive teacher would work with identified students in prescription and remediation. The other members of the team would be itinerant, i. e., would serve more than one school. This plan has the advantage of providing diagnostic and prescriptive services at the school level, providing the diagnostic/prescriptive teacher with additional diagnostic support through other team members, and allows for a flexibility in the staffing pattern of diagnostic personnel which can reflect the needs of the handicapped children rather than following a predetermined diagnostic team pattern. Figure 9-5 presents an alternative staffing pattern for diagnostic and prescriptive personnel based on the recommendations of the Master Plan. It also illustrates clearly that the number of diagnostic staff required varies greatly depending on the type of staff involved, thus implying the difficulty of utilizing a diagnostic team with a fixed composition.

In the Analytic Document on Special Education prepared in January, 1970, by the Special Education Section, an analysis of and recommendation for increasing the number of diagnostic and prescriptive personnel was prepared. Over the next six years, it was recommended that the Department of Education increase its special services staff by eighty-four persons at an annual cost of \$1,008,000 (Figure 9-6). Recently, this recommendation has been updated by the Special Education Projects Section; their current recommendation is to have one diagnostic team (diagnostic/prescriptive teacher, psychological examiner, speech and hearing specialist, school social worker or visiting teacher) in each of the thirty-five school complexes in the State. This would require a total of one hundred fifty diagnostic personnel. In addition to the diagnostic team personnel, the Special Education Projects Section recommends placing one school psychologist in each district staff and having one in the Special Education Branch at the State level. This would represent an annual cost of approximately \$1,896,000 (Figure 9-7). These recommendations were implemented to some degree and a limited number of additional diagnostic and prescriptive personnel were hired by the Department of Education. However, the current number of diagnostic personnel is still below the recommendations made by the two special education sections and far below the numbers recommended by national professional organizations such as the American Speech and Hearing Association, American Psychological Association, and the National Association of Social Workers in the Analytic Document. Even with the recently added personnel, Hawaii has only 16% of the nationally recommended diagnostic and prescriptive personnel (Figure 9-8).

In the chapter discussing gaps in special education in Hawaii, it is estimated that there are approximately 10,500 handicapped children in the State who are not receiving special education services. Of these children, only about three hundred have been diagnosed and are awaiting placement in special education programs. Of the remainder approximately 1,000 have been recommended for but are awaiting diagnosis and evaluation; the remaining 9,200 children are unidentified. To eliminate the backlog of cases awaiting diagnosis and to assist in the reduction of the unidentified handicapped children, it is recommended that at a minimum the diagnostic and prescriptive personnel of the Department of Education be increased to the thirty-five teams in thirty-five complexes level recommended by the Special Education Projects

Section; long-range plans then should approach the levels recommended by the Master Plan or the national professional organizations. A summary of staffing requirements and costs is shown below.

	<u>Recommended Staffing Level</u>	<u>Additional Staff Required</u>	<u>Additional Annual Cost</u>
Recommended National Standards	564	473	\$5,676,000
Master Plan Draft Pattern	462	371	\$4,452,000
Special Education Projects Section Recommendations	157	56	\$ 672,000

The large differences in staffing come from the different roles anticipated for the diagnostic and prescriptive personnel among the national standards and Master Plan patterns and the Special Education Projects Section recommendations. The diagnostic and prescriptive personnel in the Special Education Projects Section plan would perform diagnostic screening and prescribe an educational program for referred children. In addition to these functions, the other two patterns assume that the diagnostic and prescriptive personnel would be providing direct services to children (e.g., a diagnostic/prescriptive teacher in each school serving as a resource room teacher) and would be assisting regular classroom teachers in teaching and dealing with handicapped children so that as many children as possible can be kept in the regular classroom (e.g., demonstration teaching, assistance with individualized lesson plans for handicapped students, preparation of special materials). These latter two functions, direct services to children and to teachers, are very time consuming as evidenced by the difference in students/diagnostic and prescriptive personnel ratios utilized in calculating the required number of diagnostic and prescriptive personnel in each case.

In order to provide the needed medical diagnostic services to severely handicapped children, yet at the same time remain cost effective, a central staff of specialized personnel, e.g., psychiatrists, psychologists, is required to provide the complex, but infrequently required medical evaluations. An important organizational issue

that arises in connection with the idea of a central team of specialists is in which department or organization should they be located. This is particularly important for many of the needed services are primarily medical in nature, although they have important educational implications. Should a single agency contain all the required disciplines, e.g., Department of Education having psychiatrists on its staff, or should the Department of Education be a lead or coordinating agency which obtains services outside its areas of primary expertise from other agencies, e.g., Department of Education using Department of Health psychiatrists for diagnosis or purchasing these psychiatric diagnostic services from private physicians? In accordance with the Concepts of Special Education stated in Chapter Two, the Department of Education has responsibility for the educational services required by handicapped children and the Department of Health has the responsibility for the health services. If the specialized diagnostic services require health or medical personnel to perform them, then these personnel should be located organizationally in the Department of Health. This is true in general as well as in relationship to the Department of Education; the Department of Health should and does accept referrals for health evaluation and diagnosis from private physicians, parents, private schools and other government agencies. Diagnosis is an important example of an area where coordination between agencies is necessary. The Department of Education should refer all pupils requiring medical evaluation of suspected handicapping conditions to the Department of Health clinics and/or personnel. It is important, however, that close contact be maintained between the referring Department of Education unit and the Department of Health unit performing the medical diagnosis. This can be done most effectively by having Department of Education personnel attend the Department of Health medical staff conference where the child's case is discussed and/or having Department of Health personnel attend the Department of Education educational staff meetings to present the medical evaluation.

Another example of coordination of diagnostic services among agencies is occurring at the Roosevelt School Complex where education, health and mental health are working together as a special services team to provide the necessary services to the complex. The organization of this team is shown in Figure 9-9. The diagnostic team leader is the diagnostic/prescriptive teacher from the Department of Education diagnostic team; other Department of

Education personnel which are involved are the remaining members of the diagnostic team - psychological examiner, speech and hearing specialist, school social worker, the guidance counselors assigned to the complex, the curriculum specialist for special services from the Honolulu District (to whom the diagnostic team reports), and the program specialist in school health from the Department of Education State Office. The health input is primarily in the form of a public health nurse and health aides. The Mental Health Division provides psychologists, medical social workers, and psychiatric consultation.

A summary of the recommended alternatives for the organizational location of the various diagnostic personnel is shown in Figure 9-10.

Prescription

The prescription of an individual educational program for a diagnosed handicapped child should be done by an educational specialist, one who is familiar with the nature and severity of the handicapping condition and knowledgeable of the available and most effective educational programs and tools for remediation. This requires an educational orientation even though the handicap may be primarily medical in nature.

The proper person for this is the diagnostic/prescriptive teacher on the diagnostic team and district staffs and/or the special education teacher who is working with the handicapped child. While the special education teachers have the responsibility for the prescription of an educational program for each handicapped child identified in her area, they should not (and do not) work in isolation. Inputs are received from a variety of sources: other members of the diagnostic team; classroom teacher; district curriculum specialist for special education or special services; Department of Health and private medical personnel. These informational inputs will be primarily concerned with the educational and medical diagnosis of the handicapped. However, since the prescription is for an educational program, the diagnosis must relate to the educational aspect of the handicapping condition. If it does not, the diagnostic/prescriptive teacher must be able to translate any non-educational diagnosis, e.g., medical description of a handicapping condition, into its impact on the learning process of the child. This will

require close cooperation between the Department of Education and the Department of Health as the health oriented diagnoses are to be performed by the Department of Health. It is recommended that the suggestion made above concerning the reciprocal attendance at staff meetings by the appropriate Department of Education personnel (usually the diagnostic/prescriptive teacher) and the Department of Health personnel performing the health oriented diagnosis and follow-up services be established as a joint Department of Education/Department of Health policy, implemented and enforced by the respective departments.

Figure 9-1

Hearing Screening Program
1968-69
Maternal and Child Health Branch

Types of testing situations: parochial schools
 private schools
 pre-school children
 hearing workshops

<u>Location</u>	<u>Children Tested</u>	<u>Total Cost*</u>
Oahu	7316	\$ 5,274
Hawaii	467	283
Kauai	392	289
Maui	464	269
Molokai	<u>119</u>	<u>185</u>
	8758	\$ 6,300

Average Cost per Child Tested: \$ 0.72

*Total Cost includes salary of tester, expenses, steno, etc.

The tester was an audiometric technician.

Current Department of Health Average Cost Per Child
Tested (1971): \$ 1.01

Source: Children's Health Services Division

Figure 9-2

Hearing Screening Program
Honolulu District
Department of Education

Resources Required:

Seven speech and hearing specialists required eight weeks working full time to screen 8,000 pupils for hearing deficiencies.

Costs

Seven speech and hearing specialists x \$12,000/year x $\frac{8 \text{ weeks}}{40 \text{ weeks (full working year)}}$
\$16,800

Cost Per Child Tested

$\frac{\$16,800}{8,000} = \$ 2.10$

Estimated Total Number of Children Screened in State

Grades K and 2 is current program
Approximately 35,000 children in Grades K and 2

Projected Total Annual Cost For Screening

35,000 pupils x \$2.10 = \$73,500

Source: Honolulu District Office, Department of Education

Figure 9-3

Estimated Students Required to Justify a Diagnostic Team

Caseload of Diagnostic Team = 300 pupils diagnosed/year

Estimated incidence rate of handicapped pupils = 10%

Size of Student Population Requiring a
Diagnostic Team

$$= \frac{\text{Caseload}}{\text{Incidence Rate}}$$

$$= \frac{300}{.10} = 3,000 \text{ pupils}$$

Source: Special Education Projects Section, Department of Education

Figure 9-4

State Statistical Data: 1970-1971
Special Education/Special Services District Staff
January 31, 1971

	District							Total
	Honolulu	Central	Leeward	Windward	Hawaii	Kauai	Maui	
Curriculum Specialist (Special Education and/ or Special Services)	2	1	1	2	1	1	1	9
School Psychologist	1	-	-	-	-	-	-	1
Psychological Examiner	5	3	3	4	2	2	2	21
Diagnostic/Prescriptive Teacher	3	3	1	4	1	1	3	16
School Social Worker	4	2	3	2	-	1	2	14
Visiting Teacher	2	2	-	1	3	1	1	10
Speech and Hearing Specialist	10	3	3	3	3	2	3	27
Speech/Hearing Language Specialist	-	1	-	-	-	-	-	1
Audiometrist	-	-	-	1	-	-	-	1
Language Evaluation (Learning Disabilities Clinic)	1	-	-	-	-	-	-	1
Total	28	15	11	17	10	8	12	101

Source: Special Education Section, Department of Education

Figure 9-5

Alternative Diagnostic and Prescriptive Personnel Staffing Requirements
Patterned After Master Plan Recommendations

Total Number of Pupils = 180,000	<u>Current Diagnostic Staff</u>	<u>Recommended Staffing Pattern</u>	<u>Recommended Staff</u>	<u>Lacking</u>
Psychological Examiner	21	1/1800 pupils	100	79
Speech and Hearing	29	1/2500 pupils	72	44
School Social Worker, Visiting Teacher	24	1/2500 pupils	72	48
Diagnostic/Prescriptive Teacher and/or Resource Room Teacher	16	1/school	208	192
School Psychologist	<u>1</u>	1/1800 pupils	<u>10</u>	<u>9</u>
Total	91		462	371
Distribution	20%		100%	80%

Additional Annual Cost (\$12,000/person): \$4,452,000

Figure 9-6

Recommended Increase in Special Services Personnel
From the Analytic Document for Special Education

Total Acquisition of Special Services Personnel

	<u>FY 71</u>	<u>FY 72</u>	<u>FY 73</u>	<u>FY 74</u>	<u>FY 75</u>	<u>FY 76</u>	<u>Total</u>
School Psychologists	5	0	0	0	0	0	5
Psychological Examiners	8	8	8	8	6	7	45
School Social Workers	9	4	0	0	0	0	13
Speech-Hearing Specialists	8	4	0	0	0	0	12
Diagnostic Teachers	9	0	0	0	0	0	9
Total Personnel	39	16	8	8	6	7	84

Costs (\$ 000's)

	<u>FY 71*</u>	<u>FY 72</u>	<u>FY 73</u>	<u>FY 74</u>	<u>FY 75</u>	<u>FY 76</u>	<u>Total</u>
School Psychologists	--	--	--	--	--	--	--
Psychological Examiners	--	\$ 84	\$176	\$278	\$365	\$472	\$1,375
School Social Workers	--	\$ 50	\$ 53	\$ 56	\$ 58	\$ 61	\$ 278
Speech-Hearing Specialists	--	\$ 42	\$ 44	\$ 46	\$ 49	\$ 51	\$ 232
Diagnostic Teachers	--	--	--	--	--	--	--
Total Salaries	--	\$176	\$273	\$380	\$472	\$584	\$1,885
Fringe Benefits	--	\$ 33	\$ 51	\$ 70	\$ 88	\$109	\$ 351
Supplies	--	\$ 16	\$ 24	\$ 32	\$ 38	\$ 45	\$ 155
Equipment	--	\$ 17	\$ 4	\$ 7	\$ 5	\$ 5	\$ 38
Total Cost	--	\$242	\$352	\$488	\$603	\$744	\$2,429

*First year cost is being funded out of the present on-going budgetary allotment

Additional Annual Cost (\$12,000/person): \$1,008,000

Figure 9-7

Diagnostic and Prescriptive Personnel Staffing Recommended by the
Special Education Projects Section

	<u>Current Diagnostic Staff</u>	<u>Recommended Diagnostic Staff</u>	<u>Lacking</u>
Psychological Examiner	21	35	14
Speech and Hearing	29	35	6
School Social Worker, Visiting Teacher	24	35	11
Diagnostic/Prescriptive Teacher	16	35	19
School Psychologist	<u>1</u>	<u>7</u>	<u>6</u>
	91	147	56
Distribution	62%	100%	38%

Additional Annual Cost (\$12,000/person): \$672,000

Figure 9-8

Nationally Recommended Diagnostic and Prescriptive Personnel Staffing Levels

Total Number of Pupils = 180,000

	Current Diagnostic Staff ¹	Current Pupil/ Diagnostic Staff Ratio	Nationally Recommended Pupil/Diagnostic Staff Ratio ²	Recommended Staff	Lacking
Psychological Examiner	21	8,600:1	900:1	200	179
Speech and Hearing	29	6,400:1	2,500:1	72	45
School Social Worker, Visiting Teacher	24	7,500:1	2,500:1	72	48
Diagnostic/Prescriptive Teacher	16	11,250:1	900:1	200	184
School Psychologist	<u>1</u>	180,000:1	9,000:1	<u>20</u>	<u>19</u>
	91			564	473
Distribution	16%			100%	84%

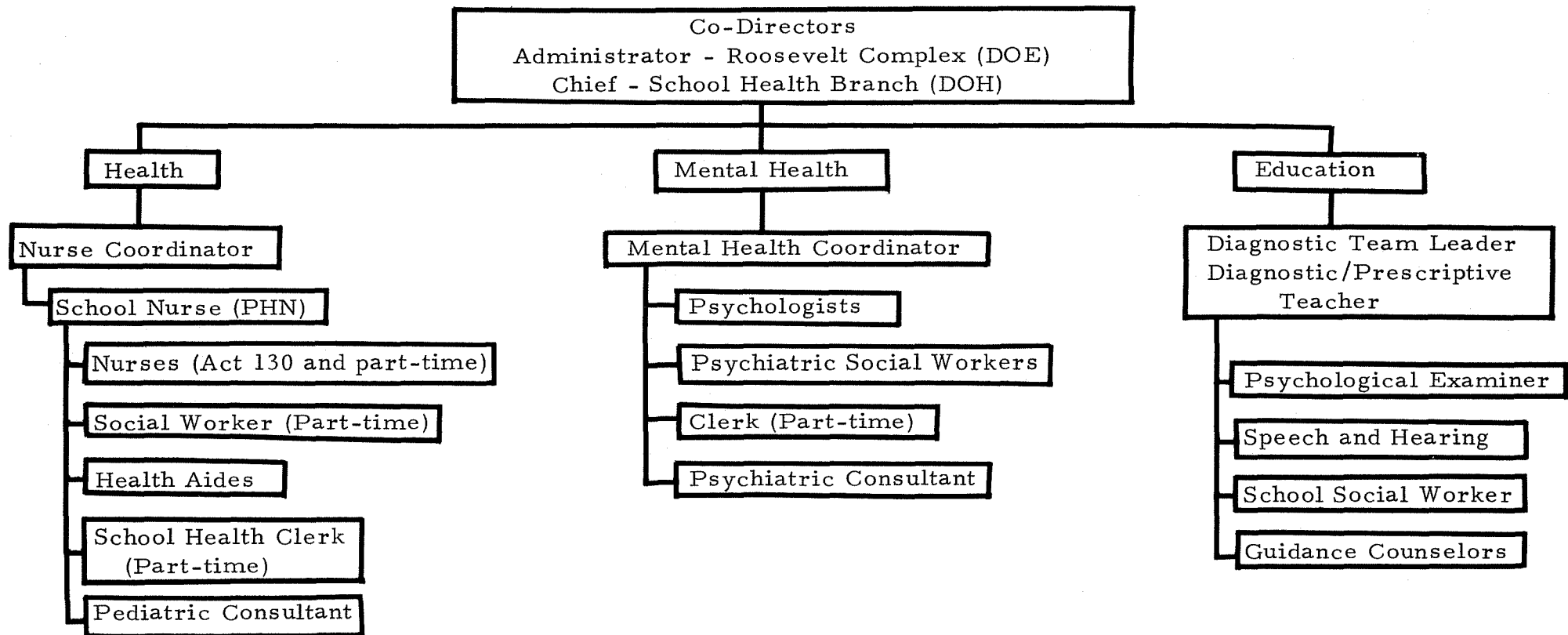
Additional Annual Cost (\$12,000/person): \$5,676,000

Sources: 1. Figure 9-4

2. Analytic Document on Special Education

Figure 9-9

Roosevelt Complex Comprehensive Diagnostic Services Team



Source: General Education Branch,
Department of Education

Curriculum Specialist,
Special Services

Program Specialist,
School Health

Figure 9-10

Summary of Recommended Alternatives for Location of Diagnostic Personnel

Diagnostic Team	Department of Education				Department of Health			Univer- sity of Hawaii	Private	DSSH
	School	School Complex	District	State	Mental Health Division	Childrens Health Services Division	Medical Health Services Division			Vocational Rehabil- itation Division
Psychological Examiner		X	X							
Diagnostic/Prescriptive Teacher	X	X	X							
Speech and Hearing Specialist		X	X							
School Social Worker or Visiting Teacher		X	X							
School Psychologist		X	X	X						
Clinical Psychologists					X	X			X	
Public Health Nurses		O ¹					X			
School Nurse	O									
Health Aides	O					X				
Audiometric Technicians		O	O			X				
Vision Testers		O	O			X				
Medical Social Workers					X	X	X			
Occupational Therapist	O					X				
Physical Therapist	O					X				
Vocational Rehabilitation Counselor		O								
Psychiatrist			O		X			X	X	
Pediatrician						X		X	X	
										X

¹O signifies physical location, organizational location shown with X

X. PLACEMENT

Once the handicapped child is identified, the learning problem diagnosed, and a remediation program prescribed, the child must be placed in a location suitable for the prescribed educational program to be carried out. This chapter will deal both with the issue of who should make the placement decision, and with the alternative types of placement which are available.

The placement decision can theoretically be made and/or influenced by a number of different people. These include:

1. Classroom Teacher
2. Principal
3. Diagnostic/Prescriptive Teacher
4. Diagnostic Team
5. District Curriculum Specialist in Special Education
or Special Services
6. District Superintendent
7. Centralized Educational Specialists (School Psychologist)
8. Medical or Health Specialists
9. Vocational Training Specialists
10. Parents
11. A team composed of all or part of the above

In programs with an educational emphasis, the placement decision is similar to the prescription decision in that it should be made by someone with an educational orientation. A knowledge of individual needs, the available and most effective educational programs and facilities is required. In addition, an understanding of how the student's prescribed program relates to the capabilities of the school or classroom in which he might be placed is important. Other considerations are also important; medical, social and vocational diagnoses, parental desires, and administrative considerations such as availability of facilities and the cost effectiveness of different programs must be included in the educational placement decision.

In Hawaii there is currently no formal prescribed decision making process for the placement of school age children in special education programs. To the extent that the District Superintendent

is responsible for the operation of all schools within the district, he has the ultimate responsibility. In most cases, however, the actual decision is delegated to the curriculum specialist for special education or special services. There are both advantages and disadvantages in having the decision made in this manner. The diagnostic team and the child's classroom teacher are the most aware of the handicapped child's problems and the educational program and other educationally related services that are required. In addition, the diagnostic team, simply because it is a team with a number of different expertises, is an appropriate group to determine and evaluate the various educational, health, social and emotional factors which must be considered in the educational placement decision. However, they do not have the overview of the district curriculum specialist who must consider administrative factors as well as educational ones (knowledge of available capacity in programs and facilities, awareness of staffing and utilization factors, availability of transportation, etc.); nor do they have the training or experience in the health, social and vocational areas to consider all available alternatives in these areas. Due to the limited resources available for special education, close coordination is required to utilize these resources most efficiently. It is recommended that each school district establish a committee to determine the placement for each school age handicapped student. Specific individuals on the committee may vary depending on the school or complex from which the pupils are being considered, but membership should include the curriculum specialist for special education or special services, diagnostic team members, medical and health personnel, social services personnel, and other education personnel if appropriate (school psychologist, principal, classroom teacher). The committee will have three distinct functions:

1. To determine which agency's programs will best meet the needs of each student
 - Department of Education, Department of Health, or Department of Social Services and Housing
2. To determine which program within the Department of Education will best meet the needs of students recommended for Department of Education placement.
3. To follow-up the placement recommendations to ensure that all identified handicapped children are receiving the appropriate services.

Placement in other programs should be determined by the agency providing the program. For example, children accepted into the Child Day Treatment Center operated by the Mental Health Division of the Department of Health should be the determination of the Mental Health Division. Again, these persons would not work in isolation. They should and do confer with appropriate Department of Education personnel to investigate alternative placements and to obtain additional information concerning the child which would be of use in deciding to accept the child into the program. However, since remediation of severe emotional disturbance is the prime reason for placing a child in the center and this is a medical problem for this degree of emotional disturbance, the final decision to accept the child or not should be made by Mental Health Division personnel.

In the area of vocational training programs and sheltered workshops provided by the Department of Social Services and Housing, Division of Vocational Rehabilitation personnel should not act alone but make the placement decision after conferring with personnel from other agencies knowledgeable about the child and other programs available.

The work-study program for high school aged educable mentally retarded students is a good example of the coordination required when there is a potential overlap of department target populations and/or services. The work-study program provides an integrated and coordinated program of special education and vocational rehabilitation services. The Department of Education, through the schools, have the educational responsibilities, i. e., special education classes and instruction, on-campus work stations for training and evaluation; the Division of Vocational Rehabilitation assumes the vocational rehabilitation responsibilities, i. e., off-campus work training and evaluation, job placement and follow-up. Selection of students for the special education class is done by Department of Education personnel, but inclusion in the work-study program requires the Division of Vocational Rehabilitation's agreement that the student capable of benefitting from the vocational training and work experience.

The educational placement alternatives available for school age handicapped children in Hawaii cover the range of those provided in most other states. They include:

1. Regular classrooms
2. Resource rooms or centers in regular schools
3. Self-contained special education classrooms in regular schools
4. Special schools
5. Home/Hospital instruction
6. Classes in institutions (Waimano, Hawaii State Hospital)

A generally accepted goal of special education and an important concept in special education in Hawaii is that students should be kept within the mainstream of education wherever possible and to the extent that it is beneficial to the student. If the regular classroom can effectively provide all or part of the program, it should be used. In addition to having the psychological, social and educational benefits of treating the handicapped child like a normal child, it is the most cost effective means of providing special education.

<u>Location of Education Program</u>	<u>Average Per Pupil Costs 1970-1971</u>
Regular classroom ¹	\$ 520
Self-contained special education classroom ²	\$1375
Special School ²	\$2480

¹School and Public Libraries Cost to Hawaii, Fiscal Year 1969-70, Office of Business Services, Department of Education

²Special Education in Hawaii, Part I, Legislative Reference Bureau

If the handicapped child's prescribed learning program cannot be fully implemented in a regular classroom setting with supplementary assistance, the resource room can provide an important step between assignment solely to regular classes and placement in a self-contained classroom. Students who need specialized supplementary teaching and services can

spend part of their time in a resource room where specialized instruction is available, while being integrated into the general education program to the extent that they will benefit from it.

Some students, because of the severity or nature of their handicap, simply can not benefit from the regular classroom. In these cases, the team taught or self-contained classroom should be available. Even here, however, the classroom is in a regular school setting and the students may be able to benefit from participation in concerts, plays, assemblies, athletic events, etc. and the general association with non-handicapped children.

The last group of students that must be assisted are those who have either severe handicaps or special needs that are best met away from a regular school setting. Two types of programs are currently available in Hawaii: home/hospital instruction and special schools. Both should be continued as required.

Home/Hospital instruction is currently provided for students in both special education and general education who are hospitalized or homebound for physical, health, or emotional reasons. This type of service fills a definite need; it should continue to be a district responsibility as the children involved are maintained in district educational programs.

Special schools are provided where unique equipment or skill training (such as mobility training for the blind) is required or the needed educational related services such as occupational therapy cannot be provided in a regular school setting. This type of facility and training can and should be provided in conjunction with regular schools if the economics of the situation allow; although it is not possible to make a standard policy, since the situation will vary according to the type of handicapping condition, the number of cases within a geographic area, and the extent of the unique facilities and services required. At a minimum, however, the analysis of any given situation must examine the following economic trade-off:

1. The costs of utilizing common facilities and/or programs within a regular school setting for both handicapped and non-handicapped children, versus

2. The economies of scale in combining special education children into groups large enough to allow the use of costly specialized facilities, equipment, and programs.

Department of Education policy specifies an annual evaluation of all students placed in special education classes. This is an essential function if the best possible educational placement is to be provided. Unfortunately, at the present time, this policy is often not followed due to lack of diagnostic personnel, district decision in use of personnel, and lack of state standards and guidelines to perform the evaluation. Usually the teacher in charge of the special education program reviews the progress and appropriateness of the placement of each student in her program. Supplemental evaluations performed by the diagnostic team are done only on teacher request and as services are made available. It is recommended that state standards be adopted and that the districts adhere to these standards not only for students in special education classes, but for all those in special education programs, e.g., resource rooms, special schools. The increase in diagnostic staff recommended in the previous chapter will also be required to perform the annual evaluations. An annual evaluation of handicapped children in programs of other agencies is also recommended to ensure the appropriateness of placement in those programs. These evaluations should be performed by personnel in the agencies involved.

XI. CURRICULUM

Typically, the phases in curriculum development include at least the following components:

1. Development of a Design Statement
 - curriculum theory
 - statement of objectives to be accomplished by the proposed curriculum
 - curriculum structure or concepts of application
 - evaluation criteria to measure curriculum effectiveness
2. Materials Development
 - survey of existing materials
 - design and development of new materials if required
3. Evaluation of Materials
 - field test materials
 - revise and improve materials as required
 - an iterative process repeated until materials are adequate
4. Procurement of Materials and Equipment
 - in-house manufacture
 - outside purchase
5. Dissemination of Materials
6. Teacher Training
7. Installation of Curriculum in Schools

These steps represent the complete process of curriculum development; they apply to general education as well as special education. However, quite often in actual practice these steps are not followed completely. The four models of curriculum development shown below illustrate the range of curriculum development activities along with the positive and negative features of each model.

1. Individual Teacher (each teacher does her own curriculum development)
 - + no visible costs
 - fragmented approach depending on initiative of each teacher
 - teachers often lack time, theory, expertise
 - cannot standardize training, supervision, planning, evaluation
 - no specific accountability for curriculum development
2. Curriculum Guides (each teacher provided with teaching guidelines)
 - + inexpensive, easy to do
 - + can be developed in a short time (2-6 months)
 - words only; often make little impact on teaching or students
 - little information on materials
 - if not sufficiently detailed, can be of little use to teacher in classroom
 - a gathering of many different ideas often without consistent approach
3. Assembly of Existing Materials
 - + provides materials for teachers to work with
 - + relatively low cost method of obtaining materials
 - + often can use general educational materials for special education with little or no modification
 - difficulty in insuring consistency of materials gathered from many different sources
 - most commercial materials are of poor quality, little if any testing to validate effectiveness
 - huge volume of material to be evaluated
 - development of design statement (theory, objectives, approach, evaluation criteria) should precede materials selection
4. Systematic Design, Development and Validation
 - + complete and thorough curriculum development process
 - + materials and curriculum are validated as effective before widespread use
 - + often can use general educational materials for special education with little modification for substantial cost savings, e.g., the

Hawaii English Program (HEP) for special education is costing approximately \$90,000 per year for three years to develop versus the initial HEP for general education use which cost approximately \$1,000,000 per year for five years to develop

- lengthy, time consuming process
- expensive, the HEP developed three programs (language skills, language systems, literature) on seven levels (Kindergarden - Sixth Grade) at a cost of \$5,000,000. The development required an equivalent full-time staff of twenty-five persons for five years. A comparison of costs of curriculum development projects in Hawaii and on the mainland is shown in Figure 11-1.

In considering curriculum development for special education it is important to note that special education is not a specific subject matter. This characteristic of special education program development creates a need to:

1. Use the general education curriculum and modify and expand it to meet the needs of handicapped students, or
2. To develop separate and complete special education courses specifically for handicapped children.

The trend in recent years has clearly been towards the former approach. For example, instead of developing a mathematics curriculum specifically for the educable mentally retarded, specialists concerned with the educable mentally retarded are primarily involved in working with the mathematics curriculum specialist in modifying and expanding the general mathematics curriculum to meet the needs of the educable mentally retarded.

This approach has two important advantages. First, it is consistent with the prevalent general philosophy which attempts to minimize the segregation of handicapped and non-handicapped students. To the extent both groups use the same basic curriculum, it becomes much easier for handicapped children to be phased back into the regular classroom. Secondly, to the extent that a basic developmental effort does not have to be repeated for

each different target group, this approach is less costly. As a result of the above advantages, a curriculum development approach which modifies and expands the general educational curriculum is preferable for Hawaii.

Recommendations

1. The guides for the various special education programs (Figure 11-2) should be revised, updated, approved and distributed to the appropriate personnel. These guides are from two to six years old and several are still in draft form. The various program specialists in the Special Education Branch and General Education Branch should be assigned the task of modifying and/or developing curriculum guides for the various subject areas. The curriculum guides for special skill training courses should be developed by the Special Education Branch personnel.

The curriculum guides in themselves are not sufficient to provide an adequate curriculum development effort, but they do have advantages which make them an appropriate interim and continuing measure: they are relatively inexpensive and easy to prepare; they can be done in a short period of time; they provide guidelines for teachers and reduce the reliance on the individual teacher for the entire curriculum development effort.

2. Existing special education curricula should be reviewed, revised and, if possible, adopted for use in Hawaii before the State undertakes a high cost development effort. A great many other groups e.g., other states, foundations, private research groups and publishing companies, are actively involved in curriculum development work. Private groups, in particular, are developing curriculum on a speculative basis, counting on their ability to sell it to a number of school systems. Hawaii should not assume the same speculative role if it can be avoided.

An initial review and evaluation of these outside curriculum development efforts is the most cost effective approach to curriculum development in Hawaii. This is the current practice of both the Hawaii Curriculum Center of the Department of Education and the Curriculum Research and Development Group of the University of Hawaii and it should be continued.

3. Where special education curricula developed outside are not applicable to Hawaii due to the uniqueness of the problems and needs of the handicapped students in Hawaii or when they do not appear to be acceptable either through omission of important areas or inadequately validated or inferior materials, then the State should develop the needed special education curricula itself. In this case, the special education curriculum development should utilize any general education curriculum development efforts which are applicable in order to minimize development costs, e.g., modification of HEP materials for educable mentally retarded students in elementary schools.

The appropriate groups for curriculum development of this type are the Hawaii Curriculum Center of the Curriculum Development and Technology Branch, Department of Education and the Curriculum Research and Development Group of the College of Education, University of Hawaii. They have both the technical background and the professional expertise to provide the basic research, conceptualization, and theory needed in the full curriculum development effort. These two agencies have signed a joint agreement which specifies the roles and responsibilities of each in curriculum development (Figure 11-3). This agreement applies to all curriculum development efforts, special education as well as general education. As stated in the Program Comprehensive Plan for 1971-73, Biennial Budget Cycle, "the University . . . has agreed to supply assistance in investigating and formulating educational needs; provide consultation and curriculum research, development and planning; accept contracts to develop and test curricula and instructional programs as designated by the Department of Education; and to identify and evaluate curriculum materials." Department of Education, for their part, accepted sole responsibility for the Hawaii Curriculum

Center (HCC). As such, they have the primary responsibility for assessment and evaluation of the existing curriculum, the search for appropriate curriculum designs and materials, the evaluation of curriculum proposals, and the installation of new curricula that are adopted.

In general, the roles and responsibilities agreed upon by the two groups seem both workable and logical. They recognize that research and development is properly a University responsibility, while at the same time reflecting the importance of Department of Education control over the research and development (and spending) that takes place in its behalf.

Figure 11-1

Curriculum Development Project Costs Comparison

	<u>Total Costs</u>	<u>Total Length of Project</u>	<u>Cost per Year</u>	<u>Cost/Year of Materials Produced</u>
<u>16 Mainland Projects</u>				
Low Project	\$ 900,000	5 years	\$ 200,000	\$ 300,000
Average of 16 Projects	\$ 5,100,000	6.2 years	\$ 760,000	\$2,600,000
High Project	\$18,000,000	10 years	\$1,800,000	\$9,300,000
<u>Hawaii Projects</u>				
HEP (K - 6)	\$ 5,000,000	5 years	\$1,000,000	\$ 710,000
HEP Special Education	\$ 270,000	3 years	\$ 90,000	\$ 45,000
Music	\$ 300,000	5 years	\$ 60,000	\$ 20,000
Science	\$ 300,000	5 years	\$ 60,000	\$ 100,000

Source: Curriculum Research and Development Group, University of Hawaii

Figure 11-2

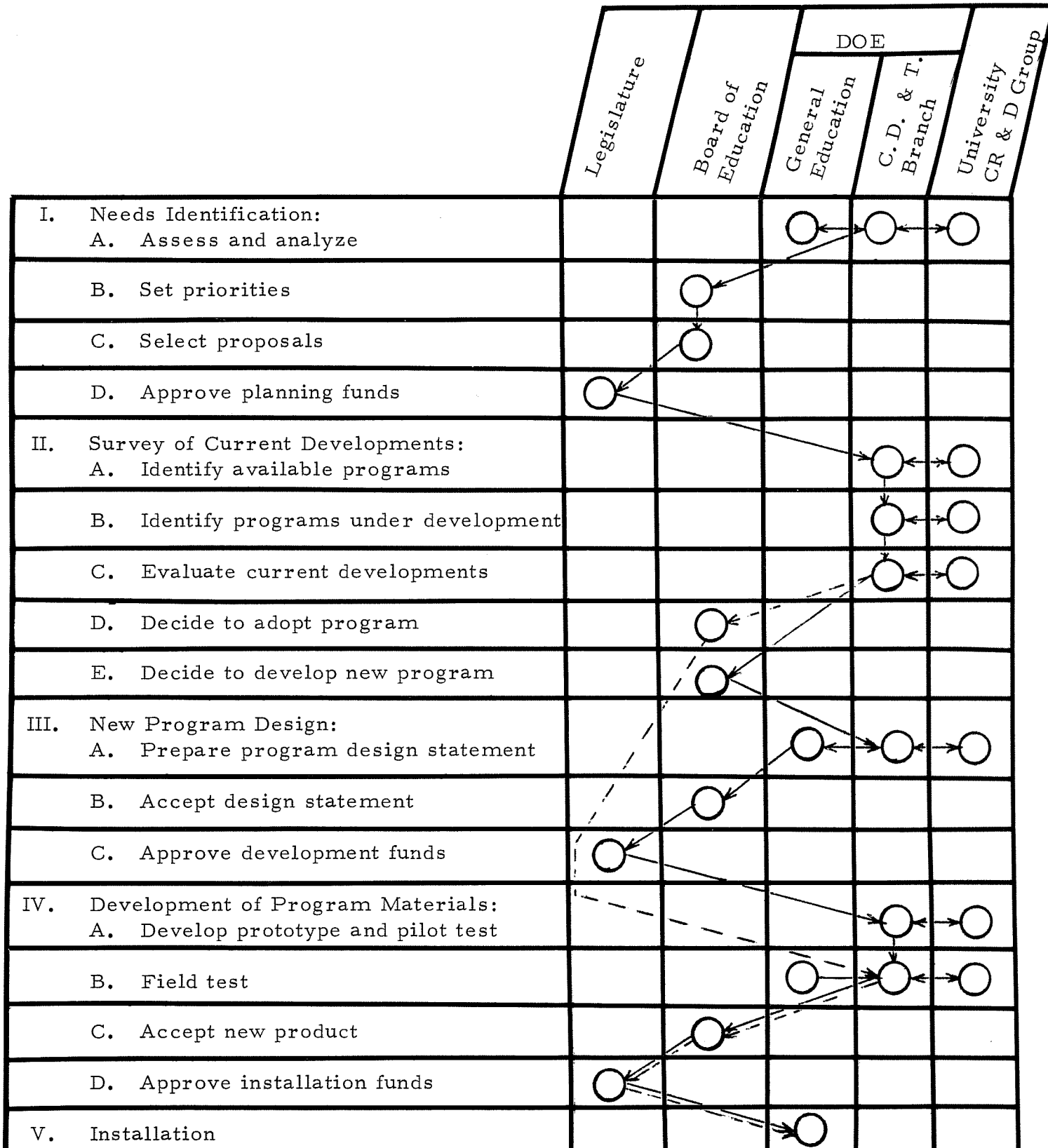
Program Standards and Curriculum Guides for Special Education

1. Special Education Program, Revised, November, 1969.
2. Program Standards for the Emotionally Handicapped, First Draft, August, 1968.
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11. Special Education Interim Program, Target Population, Standards and Guidelines; Special Education Section, Draft, May, 1971.

Source: Special Education Section

Figure 11-3

Division of Responsibilities for Curriculum Development



Source: Curriculum Research and Development Group, University of Hawaii

XII. RECRUITMENT OF SPECIAL EDUCATION PERSONNEL

The task of recruiting a qualified staff in special education can be subdivided into four smaller tasks, each involving different organizations with different responsibilities. These sub-tasks are:

1. Determination of Staffing Needs
2. Setting of Qualifications for Special Education Personnel
3. Interviewing
4. Personnel Selection

Determination of Teaching Staff Needs

Initial determination of special education teaching staff needs must be a joint effort of the school principal at each school and the district staff in each district. The principal is responsible for the staffing of his school and is in the best position to evaluate the status and qualifications of personnel currently working under his responsibility. The role of the district staff should be one of coordination of special education personnel planning activities, assistance with determining the specialized talents and qualifications necessary to perform successfully in the special education positions, provision of guidelines for manpower planning and insuring that the guidelines are adhered to, e. g., staffing pattern to allow maximum utilization of a resource room on a cost-effective basis. In a similar fashion, the district curriculum specialist for special education on special services and/or the complex administrator should determine the needs for diagnostic personnel.

At the current time, the needs determination process in Hawaii is similar to that described above. To ensure that all school principals and curriculum specialists of special education and special services are made aware of and assisted in understanding the unique staffing needs of special education, and the importance of truly qualified personnel, both a pre-service education and an in-service training component in special education should be

included in their training. This training should deal with the identification of handicapped children and in the case of the in-service training component should also describe the resources and programs available for special education students from the Department of Education and other government agencies. This education and information should be of significant benefit to these administrators in assisting them to supervise the special education programs and to understand the handicapped children in their schools and districts.

Setting of Qualifications for Special Education Personnel

In establishing qualifications for special education personnel it is important to distinguish between academic qualifications and performance on the job. High academic qualifications do not insure that a person will be a good teacher or specialist; only an evaluation of actual performance can make that determination. However, academic qualifications can accomplish two important functions:

1. Ensuring that individuals without adequate technical training are not given the responsibility for teaching, diagnosing, etc., special education students.
2. Motivating and guiding special education personnel to keep abreast of new developments in special education.

The certification process in Hawaii is aimed at accomplishing these two objectives. Three certificates related to special education are issued by the Office of Personnel Services; they are: special education teacher, psychological examiner specialist, speech and hearing specialist. The detailed requirements are published by the Office of Personnel Services in a booklet entitled "Certification Requirements of Teachers in the Public Schools of Hawaii". Furthermore, a teacher must follow an in-service training program which required her to achieve five credits every three years. Additionally, the teacher must accumulate fifteen credits for salary reclassification.

Whether these requirements are proper, too high or too low, is a matter of professional judgment for experts in the field and outside the scope of this report. Certain guidelines can be established, however, with which any specific certification requirements should comply.

1. The certification requirements should be a minimum, enforceable, and enforced standard for academic qualification.

Minimum - should set a baseline, not a goal

Enforceable - should be realistic and achievable by most of the special education personnel, e.g., not a standard that eliminates most of the existing special education teachers

Enforced - should be enforced by Office of Personnel Services and the district personnel officers by not creating or renewing contracts of personnel who do not meet the minimum or, in the case of tenured teachers with continuing contracts, reassigned to a class in which the teacher holds a valid certificate.

2. The certification requirements should be separated from on-the-job performance.

The certification in special education should be a license to practice contingent upon successful performance.

Within these guidelines there is great flexibility to tailor a detailed system to Hawaii's unique needs and to modify the system over time as the needs change. For example, to recognize the importance of successful teaching, a two track system of certification requirements could be established: one for new teachers with no experience; another with lesser academic requirements for proven successful teachers.

Only 50% of the current special education teachers in Hawaii are certified to teach special education (Figure 12-1). One alternative to increase this percentage would be to reduce the minimum requirement level to such a point that the required number of special education teachers would qualify. If this level, in the judgment of those expert in the field, is then too low, then it should be increased over time back to an acceptable level. A more positive course of action and the one which is recommended is to provide the uncertified special education teachers with a reasonable deadline (three - five years) to obtain their special education certification. Those not obtaining the certificate within this time would not have their contracts renewed or would be reassigned to an area for which they are certified.

There should be no flexibility, however, in enforcing the minimum standard. The Office of Personnel Services should not hire individuals who do not meet the minimum standards. Only in this way will the standards be set at a realistic level and followed.

The creation of performance based standards to evaluate the performance of special education personnel is currently in progress in the Office of Personnel Services. This effort should be continued as such standards are the heart of an effective evaluation system, but have not been developed in Hawaii nor in any other state.

The process by which certification standards are set in Hawaii is an important issue. Principals, the Special Education Branch, the Office of Personnel Services (DOE), professional organizations of special education teachers and other special education personnel, teacher training institutions, such as the University of Hawaii, all should play a role in setting qualifications and certification standards. Principals and members of the professional education organizations provide a practical insight into the considerations that are important in an actual teaching environment. The professional expertise within the Special Education Branch can provide necessary technical and background information concerning current activities, trends, and requirements in special education. The courses of study offered by the teacher training institutions must be consistent with the certification standards; longer term, the in-service courses offered by the University must be consistent with the training needs

of the Department of Education. All qualifications must be consistent with the actual availability of personnel, the difficulties of recruiting, and the inter-state teacher training and certification agreements administered by the Office of Personnel Services. The Office of Personnel Services should have the lead responsibility for setting standards, but should work closely with all other groups to obtain agreement on the standards. In case of disagreements which are not resolved by the various participants, the Superintendent of Education will make the final decision.

Interviewing

The problem of interviewing individuals to fill positions in the Hawaii school system is unique because of the differences between island and mainland recruiting, both of which have been used in the past. Travel costs prohibit every school principal from doing mainland interviewing himself. The current practice of sending one or more teams of individuals from the Office of Personnel Services to the mainland for interviewing, both for all schools and for all areas of specialization, should be continued if an adequate supply of educational personnel is not available in Hawaii. Qualification requirements must be thoroughly understood and used by the team, and if possible, the team member who interviews individuals for special education programs should have a special education background.

Island interviewing (at the University of Hawaii, etc.) is also most efficiently done using a centralized team approach. This would allow an initial screening of potential candidates, and collection of the necessary information on each one. It would also provide the potential candidates with a description of the Department of Education programs and policies. Follow-up interviews with individual school principals should be encouraged for promising candidates.

The current practice of the Office of Personnel Services in which they provide each district with a computerized listing of all prospective personnel who have applied and met qualifying standards is very good. It is of particular value when a principal must recommend an applicant for selection without benefit of a personal interview.

Selection

As with needs determination, recommendation for selection of new personnel is a task which ultimately must be the responsibility of the school principal. Since the individual must work for, and report to him, the final choice should be the principal's. Similarly, recommendation for selection of personnel for the diagnostic staff should be done by the curriculum specialist or complex administrator to whom they will report. The district superintendent and district personnel officer should review these recommendations before they are sent to the Office of Personnel Services for selection and hiring.

However, there must be certain guidelines within which the principal is required to work. Certification and performance standards serve to ensure that unqualified personnel are not placed in positions for which they are not trained. Enforcement of these standards should be done by the Office of Personnel Services. They maintain the personnel records on each individual and it is a straightforward task for them to verify that a person is qualified before a contract is signed. This should apply to contract renewals for on-going personnel, as well as the first contracts for new personnel. If standards are raised over time and existing personnel do not upgrade themselves through in-service training to meet these standards, their contracts would not be renewed or they would be reassigned to areas in which they do qualify.

Figure 12-1

Number of Teachers Certificated Special Education

Areas of Certification	No. of Basic/ Prof. Certif- icated Teachers	No. of Endorse- ments	No. Without Sp. Ed. Certif- icates but with Regular Teach- ing Certificate	No. of TTA's*	Total Certif- icated	Total No. of Sp. Ed. Positions	Per Cent Certificated
Special Education only	20	3	25		23	48	
Mentally Retarded	54	60	90	2	114	206	
Special Learning Disability	6	8	46	1	14	61	
Deaf/Hard of Hearing	5	4	3	1	9	13	
Emotionally Handicapped	6	7	7		13	20	
Visually Handicapped		1	2		1	3	
Totals	91	83	173	4	174	351	49.6%

*Temporary Teaching Appointments. This category comprises teachers who do not qualify for regular certificates so are issued temporary certificates which are good for not more than one year at a time.

Source: Office of Personnel Services, DOE

XIII. PRE-SERVICE EDUCATION AND IN-SERVICE TRAINING

One of the most important ways of up-grading the quality of special education personnel in the State and ensuring that these individuals keep abreast of current developments to the field, is the effective use of an in-service training program. In-service training is required in order to increase the competence of teachers and other special education personnel. If a person does not meet established minimum standards, in-service training is almost the only way a teacher can reach these standards without taking a leave of absence to attend school on a full-time basis; this will become increasingly important if the minimum standards are raised over time. Also, as the Department of Education requires that each teacher earn five credits every three years to ensure that they keep abreast of new developments in their field of specialization, in-service training is necessary to assist them in meeting this requirement.

Currently there are many different kinds of in-service training being offered to special education personnel in Hawaii. These include:

1. Regular courses during the University of Hawaii Fall and Spring sessions.
2. Regular courses during the University of Hawaii Summer session.
3. Regular courses through the College of Continuing Education (Fall and Spring).
4. "B" credit summer institute courses through the College of Continuing Education
- funded by Department of Education
5. "B" credit or non-credit workshops, seminars, and conferences sponsored by school districts and funded with an in-service training allocation from the district's budget.

6. "B" credit or non-credit workshops, seminars, and conferences, federally funded, and administered by the Special Education Projects Section of the Department of Education.
7. Summer traineeships for approximately forty special education teachers, federally funded and administered by the Special Education Projects Section of the Department of Education. Trainees attend teacher training institutions in Hawaii and on the mainland.

With this variety of alternatives it appears that the types of programs offered are sufficiently varied to satisfy most requirements for in-service training.

Current Situation

Four different groups are currently active in the course selection, planning, administering and presentation of most in-service training courses in Hawaii. They are the Career Management and Development Section of the Office of Personnel Services, the Special Education Branch of the Department of Education, the individual school districts, and the University of Hawaii. In-service training activities administered by the Special Education Branch are almost exclusively federally funded. Other in-service training is generally State funded.

The Career Management and Development Section has the overall responsibility within the Department of Education for the planning, development and administration of all in-service training within the department. As the lead agency, the Career Management and Development Section is charged with determining the in-service training needs of personnel within the Department of Education including special education personnel; it coordinates with the Special Education Department and the College of Continuing Education at the University of Hawaii to arrange for the offering of needed in-service training courses; it also coordinates and approves in-service training activities offered by each school district.

In practice, the decision regarding in-service training activities to be offered is generally made by the group responsible for administering the activity. On an on-going basis, each group selects the content of the courses, workshops, conferences, etc. that they will offer based on their judgment of what is needed. In varying degrees, this judgment is a result of polling individual school principals and teachers and other communication with school level personnel. The process of understanding the needs and desires of teachers and principals does not always work well, as the groups appear to act somewhat independent of each other, both in determining needs and in providing in-service training activities.

Recommendations

Pre-service education in special education in Hawaii is done largely by the University of Hawaii in the regular courses during the Fall, Spring, and Summer sessions. The University of Hawaii should require that all educational administrator and teacher candidates take at a minimum an introductory course in special education which provides a survey of important handicapping conditions which the regular teacher may find in the classroom and educational techniques for dealing with these conditions. This should be reflected in the Department of Education certification standards also. In the case of new personnel from out-of-state institutions and current personnel without this, a period of time can be allowed for them to take this type of course on an in-service basis.

The primary problem in in-service training lies not with the State's capability to provide such training, but with the evaluation and assessment of needs and the coordination between the users and the administrators, and among the various groups offering in-service activities. Coordination is essential to ensure that the needs are accurately determined and the high priority courses and workshops actually provided. Without this coordination it becomes possible for the courses offered to be different than those needed, for one district to have space available in a course without other districts being

aware of it, and for an overlap of course offerings to the same group of teachers to occur.

To the extent possible, decisions about course offerings should be made as close as possible to the group receiving the training, the classroom teachers and diagnostic personnel. Each principal should determine for his school what the in-service training needs are; these will include special education as well as general education training needs. This information should be aggregated at the district level and combined with a similar determination of in-service training needs of the diagnostic personnel made by the district curriculum specialist, special education or special services. The district curriculum specialist, special education or special services, should then determine what courses or other training activities in special education are most needed by the district, and plan and administer the district's in-service training in special education. They might contract with professors or other personnel from the University of Hawaii, arrange for other Department of Education personnel or bring someone from the outside to teach the course, but the course selection would be that of the district. The Special Education Branch and the Career Management and Development Section would be available to help in planning and administering these sessions, but only on a consulting/advisory basis. This would also apply in the case of federally funded in-service training. In this case, the funds would be administered at the State level (as required by Federal regulations), but the courses would be requested, planned, and administered by the districts.

There are a few cases in which it is more efficient for the Special Education Branch to plan and administer an in-service training session on a statewide basis. Statewide orientation of new special education teachers and a course on identification of handicapped children are good examples. Specifically, to accomplish the in-service training for increasing the awareness and identification of handicapped pupils, the Special Education Branch of the State Department of Education should prepare a brief in-service program to be presented in all districts and for all new teachers. The program should consist of two segments:

1. How to recognize a handicapped child - what are the characteristics, symptoms, behavior patterns,

etc. of the various types of handicapping conditions which the classroom teacher is likely to encounter.

If necessary, they should utilize outside experts, e.g., University of Hawaii Special Education Department, to assist in the preparation and presentation of this segment.

2. What resources are available from the district and state level of the Department of Education and from other agencies to assist the teacher.

This in-service training should acquaint the teacher with the proper persons and organizations from which to seek assistance with suspected handicapped children and how to utilize their services most effectively.

The incremental cost of this program would only involve transportation for it would be prepared and presented by existing Special Education Branch personnel to the teachers as part of their regular activities. The transportation costs are estimated at less than \$500. The Special Education Branch should only plan and administer courses on a statewide basis when a majority of the districts indicate an interest in the training. In all other cases, the Special Education Branch should simply help the districts plan and administer their own in-service training efforts in special education. The role of the Special Education Branch should be one of coordinator and consultant.

The role of the Career Management and Development Section should be one of consultant to the districts to assist them in developing, planning, and administering in-service training activities in all areas, including special education, coordinator of all in-service training activities in the Department of Education, liaison with the University of Hawaii and other teacher training institutions. In working with the districts, the Career Management and Development Section should provide assistance with planning the overall in-service training program for the district to ensure that the training needs are being met and that the program is adequate to allow

the personnel to continue to fulfill the State qualification guidelines. As the central agency overseeing in-service training, the Career Management and Development Section should coordinate programs offered by the districts and the Special Education Branch. In its role as coordinator, it should obtain the training needs of each district and from these compile a statewide summary; serve as a clearinghouse for in-service training information and plans; work with the districts to encourage cooperation among the districts for joint and reciprocal in-service training sessions where this approach is most cost efficient. This coordination does not include, however, approval or disapproval of district programs; selection of the specific content and type of in-service training sessions offered by each district is the responsibility of the district, not of a staff group at the State office level. In the liaison with the University of Hawaii, however, the Career Management and Development Section acts as spokesman for the Department of Education in obtaining the needed courses to be offered by the Special Education Department in both regular and summer sessions and by the College of Continuing Education. Based on the statewide compilation of in-service training needs, the Career Management and Development Section should arrange for the University of Hawaii and other teacher training institutions to provide the courses and other training activities needed by Department of Education personnel, including special education personnel.

The role of the University of Hawaii in the area of in-service training for special education (and other areas as well) is to provide the needed training for Department of Education personnel to the extent possible given their available resources. It can do and does this through courses offered in regular and summer sessions, courses offered by the College of Continuing Education, provision of professors and other University of Hawaii personnel for conferences, seminars, workshops, etc. In all instances of providing in-service training services to Department of Education (and other agency) personnel, it is important that the University of Hawaii act as a provider of the services deemed necessary by the receiving group, not as a dictator of what services it will provide. This does not imply that the University of Hawaii is at the whim of the Department of Education, but that the

University of Hawaii is to work to provide the training to Department of Education personnel that the Department of Education has determined to be necessary.

At present the University of Hawaii is hampered in offering needed courses to Department of Education personnel by minimum enrollment requirements for many of its course offerings, particularly in the Summer Session and through the College of Continuing Education. In order to meet minimum enrollment requirements, many of the courses offered have to be general, survey-type courses and are offered on a repeated basis. Specialized courses needed by special education teachers are not offered with enough frequency for the low enrollment due to the relatively small number of teachers who will require the course results in the course being cancelled. To fulfill the purpose of in-service training, i.e., to allow the teacher to advance in her field of specialty, the minimum enrollment figure on special education courses could be lowered to permit the offering of advanced special in-service training or the advanced courses offered less frequently to accumulate a greater number of teachers desiring the course. Another alternative which should be implemented is that the special education courses offered at the University of Hawaii Manoa Campus for classified students should be made available to in-service teachers by scheduling as many as possible at hours when Department of Education personnel can attend.

Special education teachers at private special education schools should be included in the Department of Education in-service training sessions, subject to certain constraints. The prime constraints should be:

1. That there is room in the course for the private special education teachers; first priority for enrollment would be for Department of Education personnel.
2. That the special education private school is providing special education services to handicapped children who otherwise would not receive services from the Department of Education. In this instance, the special education private schools are performing a function of the Department of Education and should be assisted in it.

If these conditions are met, then to deny special education teachers in special education private schools the opportunity to participate in in-service training activities is inefficient, wasteful, and contrary to the best interests of the children they serve.

6. Special Education in Hawaii. Part II. 151 p. \$1.50