



616 H Street, NW · Suite 300  
Washington, DC 20001  
T 202.467.4900 · F 202.467.4949  
[www.childrenslawcenter.org](http://www.childrenslawcenter.org)

**Testimony before the District of Columbia Council  
Committee on Education  
February 22, 2013**

**Agency Performance Oversight Hearing:  
District of Columbia Public Schools**

**Judith Sandalow  
Executive Director  
Children's Law Center**

Good morning Chairman Catania and members of the Committee. My name is Judith Sandalow. I am the Executive Director of Children's Law Center<sup>1</sup> (CLC) and a resident of the District. I am testifying today on behalf of CLC, the largest non-profit legal services organization in the District and the only such organization devoted to a full spectrum of children's legal services. Every year, we represent over 2,000 low-income children and families, focusing on children who have been abused and neglected and children with special health and educational needs. The majority of the children we represent attend DCPS.

I appreciate this opportunity to testify regarding DCPS's performance over the past year. I would like to take this opportunity to first acknowledge that progress has been made. For example, more young children with disabilities are being identified. The Early Stages identification rate – for children with disabilities between 3 and 5 – has increased to 8.72%,<sup>2</sup> meeting the benchmark set by the judge in DL v. DC.<sup>3</sup> This is a major improvement over the rate three years ago of 5.4%,<sup>4</sup> although it still does not quite meet the 10-12% eligibility rate predicted by experts for a city such as DC.<sup>5</sup> DCPS has also expanded some effective programs, such as the elementary grade autism programs and the Tools of the Mind program for 3 to 5 year-olds.<sup>6</sup> Some local schools have developed innovative and successful programming, such as the excellent inclusion program at Hyde-Addison Elementary School where the special education teachers were trained by Lindamood-Bell, a state-of-the-art reading instruction program. Our attorneys have also reported very positive experiences at Raymond Education Campus, Cleveland Elementary School, and Stanton Elementary School. In terms of finances, DCPS has improved Medicaid billing for special education related services, resulting in an additional \$1 million in revenue for the city.<sup>7</sup> There is, however, still much progress to be made. In my testimony today, I will focus on opportunities for improvement in special education, transparency, family engagement, and behavioral supports.

## **Special Education**

In our testimony over the past several years, we have consistently raised concerns about DCPS's lack of sufficient special education program capacity. While we share the hope expressed often by Mayor Gray that all DC children be able to attend local schools, in our experience the local DC public schools are still far from equipped to meet the needs of all children. This lack of sufficient capacity is poised to become even more acute as DC continues to focus on returning children from nonpublic placements<sup>8</sup> and at the same time closes two current full-time special education programs.<sup>9</sup>

The needs of children in special education vary widely. Some children may only need an hour or two of group speech therapy or counseling each week and can spend the rest of their school days in a mainstream classroom. However, many children need more intensive supports. Some children can only learn in a small, quiet classroom with a handful of fellow students. Some children have such serious emotional needs that they must have a trained clinician in their classroom at all times to help them manage their behavior. Some children need an hour of one-on-one tutoring each day to learn to read. Some children cannot function in the noise and bustle of a mainstream school building, even within a self-contained classroom.

This wide spectrum of needs that fall under the general umbrella of "special education" is the reason that the federal Individuals with Disabilities Education Act (IDEA) specifically requires that all schools offer a continuum of special education placements, ranging from full inclusion to separate schools.<sup>10</sup> It is also the reason that the IDEA requires that schools offer a wide range of the "related services" that are necessary to support a student so that he or she can learn in the classroom.<sup>11</sup> In fact, the IDEA requires that schools provide students with whatever instruction and related services are necessary to allow each particular student to learn, regardless of the school's preexisting capacity to provide the service. However, the DC public schools are still far from having

the capacity to provide all students with the specialized instruction and related services that they need and, as far as we know, there is no comprehensive plan to identify and fill the gaps.

Rather than seeing thoughtful and comprehensive planning, what we have seen over the past several years is that DCPS has closed a succession of special education programs without appropriately planning for how the students from those programs will continue to receive the supports they need. In particular, DCPS has in short succession closed approximately a dozen programs serving students with emotional disabilities, including the Rose School, the Jackie Robinson Center;<sup>12</sup> the Hamilton Center,<sup>13</sup> the Browne School, the Hamilton-Moten School, the Moten Therapeutic Nursery, the Taft School, the M. M. Washington Special Education Center, the Douglass Transition Academy, the Shadd Transition Academy, the AdvancePath program, and the Spectrum program.<sup>14</sup> While many of these programs had serious problems, the constant churning from program to program has inevitable harmful consequences as students lose their connections with teachers and peers and DCPS loses the expertise and specific strategies developed by staff in each of the programs. Some students were uprooted repeatedly as they were placed by DCPS in one soon-to-be-closed school after another. Although the closures may have been part of a well-intentioned effort to conserve resources or to move special education students into local schools where they could have some interaction with non-disabled peers, we have repeatedly seen that the transitions were effected without a clear plan developed in advance and often caused harm to the students impacted.

I hope that DCPS will take to heart the lessons of these closures as the school system plans for the new round of school consolidations in the upcoming school year. Specifically, I very much hope that DCPS will develop thoughtful and detailed transition plans for the students who will be leaving the full-time Emotional Disabilities (ED) program at Ron Brown Middle School and the students who will be leaving the full-time Learning Disabilities (LD) program at Prospect Education

Center.<sup>15</sup> The transition plans must be developed in close collaboration with parents. I understand that these children will be moving to self-contained classrooms spread out across several mainstream schools. To make that transition work, it will be critical for DCPS to plan for adequate staffing of both teachers and service providers such as psychologists and speech therapists. It will also be critical for DCPS to plan to help the children adjust emotionally to the transition, as many of them will be leaving behind beloved teachers and peers and attending much bigger schools. This would be a difficult transition for most elementary or middle school students, and that difficulty will likely only be heightened because of these students' disabilities.

Similarly, I hope that DCPS will develop and share with the community a detailed and thoughtful transition plan regarding the relocation of Sharpe Health School (serving medically fragile students) and Mamie D. Lee School (serving students with intellectual disabilities) into River Terrace.<sup>16</sup> We understand that some of the children from Sharpe and Mamie D. Lee are expected to move to inclusion programs in neighborhood schools, while others will move to the newly-renovated River Terrace. The renovation of River Terrace presents an opportunity for DCPS to create a state-of-the-art program, on par with the highly-regarded St. Coletta's Public Charter School, and we hope that DCPS will seize this opportunity while also ensuring that any children who return to neighborhood schools have all the supports they need. Sharing information early and often with parents and community partners will be essential to the success of these transitions.

More broadly, there needs to be a thorough and thoughtful overall strategic plan for the expansion of special education program capacity in the DC public schools. A comprehensive review of the special education needs of DCPS students, including those at nonpublics, detailing the many different supports that they require in order to learn, needs to be done. Having a basis of solid knowledge about the needs of DC's children will help DCPS then identify gaps in programming and develop plans to fill them. At this point, there is no objective way of judging to what extent DCPS's

current programs meet the needs of the city's children, though from the evidence of our clients' experiences it is clear that DCPS does not have the special education staff and other supports that our clients need:

- An elementary school recently told one of our clients that although her daughter needed specialized instruction in math, the school could not provide it because their special education teacher didn't have time. Instead, the school suggested that the parent provide the instruction herself at home.
- A high school told one of our clients that her son – who has autism and struggles enormously with speech – would have his hours of speech therapy cut in half because the speech therapist didn't have enough time to work with him.
- A middle school special education coordinator told a psychologist working with one of our clients that the school could not implement the IEPs of all of its students because they did not have enough staff.
- An elementary school told one of our clients that their special education teacher could not provide more than seven (7) hours per week of inclusion instruction for her son because that was all the time the special education teacher had available.
- A middle school told one of our clients that her daughter could have special education support for only two of her class periods, even though she needs specialized instruction in all subjects. She has Ds in all the subjects where she has to go regular classes without any special support.
- An elementary school told one of our clients that although her son needed speech therapy, the school didn't have the capacity to provide it. They offered to put him on a waiting list for services.

- Several of our clients have been told that their children cannot apply to DCPS's application-only schools, such as McKinley Technology High School and Luke C. Moore High School, because those schools cannot provide the special education instruction that their children need.

We also have serious concerns about one of DCPS's new special education programs for middle and high school students, the RISE program. At that program, students' content-area instruction is provided by computer programs. Special-education-certified teachers (as distinct from content-area certified teachers) are available in the classrooms, but in our experience they are not well-versed in the academic material the students are learning. Within one RISE classroom, children may range in age from 14 to 22 and their disabilities may include learning disabilities, emotional disabilities, and mental retardation. The use of computer instruction might allow each child's programming to be individualized, but the special education teachers in the classrooms are not equipped to support students with such a wide range of needs, and the students are sometimes being grouped with peers who are so much older or younger. We understand that DCPS plans to expand the RISE program in order to create more seats for students who are projected to leave nonpublic placements. The program as it stands now is not a model that we believe should be replicated. Instead, it should be evaluated and adjusted in order to provide more meaningful instructional supports.

When students return to DC from residential placements or when wards of DC who attended full-time special education program in Maryland while living in that state return to live in DC, DCPS routinely insists that they return to a local public school for at least 30 days before DCPS will consider a more specialized placement. At the residential program or out-of-district placement, these students had received full-time special education instruction pursuant to the decision of their Individualized Education Program (IEP) team that they needed such services. DCPS's practice of

requiring these children to attend their neighborhood school for at least 30 days after they return to DCPS can be extremely harmful for these students, who are very high needs students already experiencing a destabilizing transition from a highly supportive environment to one in which they have far less support. For example, we worked with a second grader who had been in a full-time special education program in a Maryland county to address his emotional disabilities. When his foster home placement changed from Maryland to DC, he had to leave his Maryland school. Even though DCPS was provided with his full special education file before the school year started, DCPS insisted on placing him at his neighborhood school without any special education services whatsoever. In fact, his classroom teacher was an excessed former librarian. The child was so destabilized by being thrown into an environment without any supports that he regularly made himself vomit, wet his pants, and ran the hallways. After he had endured this situation for two months, DCPS ultimately agreed that he needed full-time special education. In his current placement, he no longer makes himself throw up and he has only had two accidents in several months, as opposed to the three to four per week he had been having. As well as harming students such as this one, the practice of requiring students with full-time IEPs to attend neighborhood schools that cannot meet their needs also runs directly counter to federal law, which requires that schools implement students IEPs or at least provide comparable services when they are transferring in from out of state.<sup>17</sup>

Another major gap in DCPS's special education services is in its ability to provide vocational and life skills training to teenagers and young adults with disabilities. Such training is essential if these students are to leave school able to support themselves. Under federal special education law, DCPS is obligated to provide special education students between 16 and 22 with "transition services."<sup>18</sup> We understand that DCPS is focusing on improving these secondary transition services and we support that effort because, in our experience, DCPS still is very far from having the



capacity to meet its students' needs. Approximately 2,000 of DCPS's high school students are in special education,<sup>19</sup> not counting the high school special education students at the charter schools that have elected to use DCPS as their local education agency (LEA) for special education purposes.<sup>20</sup> There are also approximately 1,000 high school students attending nonpublic schools and residential programs where they were placed by DCPS.<sup>21</sup> To our knowledge, the secondary transition programs that DCPS currently offers to help students learn job skills – Project Search, which provides supported employment in the federal government for students with cognitive disabilities, and Marriott Bridges, which connects students to local employer – are not able to serve anywhere near the number of students who need such services. The information our attorneys have received indicates that each year Project Search serves approximately 20 students and Marriott Bridges serves approximately 100 students, a drop in the bucket compared to the hundreds if not thousands of students needing such training. Our attorneys have also learned that the programs' eligibility criteria exclude many students who desperately need vocational training.

The impact of this lack of vocational and life skills training is that far too many DCPS students leave school without the skills they need to become independent adults. At a time when the city is wisely focusing on developing career-readiness for young adults through RAISE DC, it is essential that DCPS expand its vocational programs to meet the needs of the over 3,000 high school special education students.<sup>22</sup> Offering more programs that engage students in learning job skills will likely also lead to fewer students dropping out, as we find that many of the teenagers we work with are very motivated by learning vocational skills even if they may have given up years ago on learning to read or do math. Integrating vocational programs into the curriculum will also likely improve students' academic skills, as we also find that many of our clients make more progress in academics when those academics are tied to practical skills. As a first step, we urge DCPS to assess the vocational and life skills training needs of its students. At the same time, DCPS should assess the

effectiveness of Project Search, Marriott Bridges, and any other vocational programs in operation. Based on the information from these assessments, DCPS should develop and implement a plan to expand the vocational and life skills training opportunities for special education students. This plan should be developed in coordination with the Rehabilitation Services Administration (RSA), the agency tasked with helping adults with disabilities obtain and maintain employment.

### **Transparency**

DCPS continues to lag behind its sister agencies in information sharing. There were some small steps forward last year. DCPS for the first time, after several years of requests, released a list of its special education programs.<sup>23</sup> While details about the programs and their capacity are still not fully available, prior to this release there was no way for parents to even know what programs DCPS had to offer.

It is very difficult to get information about DCPS's policies. While many agencies make their policies available on their websites, DCPS generally does not do so. The page of the DCPS website devoted to policies only includes a handful of its policies.<sup>24</sup> We generally have to submit FOIA requests to DCPS in order to receive copies of basic policies, even after schools have cited those policies as justifications for denying parents' requests.<sup>25</sup> DCPS should ensure that all policies and directives are available to the public online and upon request.

DCPS should also provide the public with opportunities to contribute to the development of policies. Most agencies allow the public to participate in policy development through the notice and comment process.<sup>26</sup> This process informs the community that the agency is contemplating a policy change and gives the community a formal opportunity to offer feedback. We have found this process to be very effective at bringing a wider knowledge base to bear on the development of policy and at increasing the community's sense of trust and connection to the agency. We urge DCPS to issue its policies for notice and comment.

## **Family Engagement**

We have several specific recommendations for steps DCPS should take to improve its partnering with parents and family members. Current DCPS policy only requires schools to provide parents with a summary of their child's progress toward graduation when the child is a senior in high school. At that point, it can often be too late to correct problems that might have been easy to address earlier. For example, we have repeatedly found that our clients have not been enrolled as sophomores and juniors in the courses necessary for graduation. By the time they find this out as seniors, they are often so frustrated that they refuse to stay in school for an extra semester or two to make up the courses they missed. While current DCPS policy does require students to be informed each year of their progress toward graduation,<sup>27</sup> providing that information only to the student is not sufficient. DCPS should provide a summary of each student's progress toward graduation to both parent and student during each year of high school and take steps to ensure that the parent understands the information being communicated. This step is critical if we are to improve DCPS's graduation rates, which just barely surpassed 50% last year.<sup>28</sup>

We are also concerned that DCPS's new classroom observation policy will limit parents' ability to learn about their children's classroom performance. Parents need to know how their children are responding to classroom instruction in order to provide support at home and to make informed choices about a child's school placement. In particular, we are concerned that the policy prevents parents from asking a child's therapist or a professional with specific expertise related to the child's disability to observe the child in the classroom in order to help the parent understand the child's needs or to inform treatment provided outside the school setting. Often a parent does not have the background knowledge necessary to assess whether their child is making appropriate progress. DCPS should allow classroom observations by anyone whom the parent asks to observe their child within reasonable – and flexible – limitations on the number of total hours that a child

may be observed in a given period of time and reasonable expectations for observers not to disturb classroom instruction. This would allow parents who may lack educational expertise to still participate fully in their children's education.

In several very concerning cases, we have found that the DCPS staff responsible for enrollment at the school level have communicated misinformation to parents and caregivers seeking to enroll children in school. We have had schools claim that it is not possible for relatives who are caring for a child to enroll that child in school, even though that relative has correctly followed the process outlined by DC regulations.<sup>29</sup> For example, a great-grandmother we represent was told for over a year that she could not enroll her young great-grandchild in school because she did not have formal custody of the child, despite DC regulations clearly not requiring a caregiver to have formal custody to enroll a child. We have also found that schools will occasionally tell parents that they cannot enroll children who have IEPs, even though those children live within the school's boundary lines. We encourage DCPS to refresh the training of enrollment staff to ensure that they communicate accurate information to parents.

### **School-wide positive behavior supports and mental health services**

For children to make it to graduation and to succeed as adults, schools must do much more than focus on academics. Many of our children come to school with complex behavioral health issues, so ensuring our schools are able to meet these needs is critically important. If children aren't doing well emotionally, they aren't able to focus and learn as well as other children.<sup>30</sup> Chairman Catania, for many years you have championed the District's school based mental health program. Thanks to your *South Capitol Street* legislation, next month the Mayor will be submitting his plan for expanding early childhood and school based mental health programs to all schools by the 2016-2017 school year. The *South Capitol Street* legislation also calls for school based mental health programs to

be in 50% of our schools by the next school year (2014-2015) and we look forward to seeing the funding for this expansion in the upcoming DMH budget.

In addition to DMH's school-based mental health clinics, there are various other mental health supports in the schools and we urge the Committee to closely examine if these supports are being utilized to their maximum benefit. A positive development this past year was that DCPS' Office of Special Education piloted several promising evidence-based mental health practices.<sup>31</sup> The reported results from last school year were encouraging.<sup>32</sup> The students reported reduced traumatic stress symptoms, increased functioning and fewer behavioral problems in school. We encourage the Committee to investigate these programs further and, if warranted, encourage DCPS to expand them beyond their current pilot status.

A key frontline behavioral health intervention is the Student Support Team (SST) process. The goal of the SST process is to provide assistance to students who need additional academic and behavioral health supports in order to succeed in a general education environment.<sup>33</sup> At SST meetings, parents, teachers, guidance counselors, and social workers come together to assess students' needs and design strategies to help them improve their behavior or academics. The *South Capitol Street* legislation requires schools to annually report how many students were sent to a student support team (SST), as student support teams play a critical role in truancy prevention. Through this oversight process, DCPS has already reported some of this data. At Anacostia High School, for example, just one (1) student was referred to the SST so far this school year.<sup>34</sup> Yet, 156 students at Anacostia were absent 21 or more days.<sup>35</sup> Ballou High School referred only 24 students to the SST, despite having 209 students who have been absent without excuse for 21 or more days so far this school year.<sup>36</sup> OSSE regulations require students to be referred to student support teams after five (5) unexcused absences in one marking period.<sup>37</sup> The Fiscal Impact Statement for an original version of the *South Capitol* legislation found that the schools didn't have sufficient resources to meet the

requirements of SST meetings – and to bring DCPS into compliance with the regulations would cost \$3.715 million.<sup>38</sup> The data that DCPS is reporting about the lack of compliance is not surprising given their certified lack of resources. Early intervention and engagement at the school is essential if we are going to reduce truancy and improve academic and behavioral outcomes for our students. DCPS needs to be provided with the resources to have sufficient SST meetings.

There is also a striking lack of resources when it comes to social worker staffing at many of the city's most high needs schools. For example, in 2012 there were approximately 800 students at Ballou High School and only five DCPS social workers to serve them – a ratio of 160 students per social worker.<sup>39</sup> This sort of case ratio is extremely troubling given the challenges we know are facing our children and families. School social workers are the school employees designated to support students' healthy social development and positive adjustment in the school setting.<sup>40</sup> To improve our school attendance and get to the root causes of truancy, there must be the right number of social workers and other staff in place to intervene early when students first start showing signs of trouble.

In addition, DCPS needs to improve the quality and availability of school-wide positive behavior interventions and supports (PBIS). The goal of PBIS is to establish the social environment and behavioral supports necessary for a school to be an effective learning setting for all students; it is a well-known national model that is supported by the U.S. Department of Education (the DOE's Office of Special Education Programs runs a technical assistance center on PBIS).<sup>41</sup> It includes school-wide (primary) intervention to prevent behavior problems from occurring in the first place, classroom (secondary) intervention for small groups of students who are at higher risk, and individual (tertiary) intervention for students who need individualized supports.<sup>42</sup> Schools that implement the PBIS model have found improvements in attendance and classroom management, among other positive changes.<sup>43</sup> A school's investment in PBIS can be expected to reduce the number of children who need special education or other "deep end" services.<sup>44</sup> DCPS has taken

some steps to implement PBIS, including as part of a 2004 State Improvement Grant from the U.S. Department of Education. However, to our knowledge, DCPS's implementation of PBIS has not been systematic.

Similarly, DCPS lags far beyond other local jurisdictions in the quality of the behavior plans that most of its schools develops for children with problematic behaviors. Whereas our clients in Maryland often have 10-page-long Behavior Intervention Plans (BIPs) detailing their individual strengths and needs, the behavior plans we see in DCPS are most often short and formulaic. This is deeply problematic when we consider that children with behavior difficulties are often the most likely to drop out of school and to become involved with the juvenile justice system.<sup>45</sup> Any improvement in the school's ability to help such children get back on track can be expected to pay off enormously.

### **Conclusion**

Thank you again for the opportunity to testify and I welcome any questions.

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<sup>1</sup> Children's Law Center works to give every child in the District of Columbia a solid foundation of family, health and education. We are the largest provider of free legal services in the District and the only to focus on children. Our 80-person staff partners with local pro bono attorneys to serve more than 2,000 at-risk children each year. We use this expertise to advocate for changes in the District's laws, policies and programs. Learn more at [www.childrenslawcenter.org](http://www.childrenslawcenter.org).

<sup>2</sup> Oversight responses, Attachment Q3, p. 8.

<sup>3</sup> Order, D.L. v. D.C., Civil Action No. 05-1437 (RCL). Nov. 16, 2011.

<sup>4</sup> "Percentage of children ages 3 through 5 served under IDEA, Part B, as a percentage of population, by disability category and state: Fall 2010," Data Accountability Center, available at [https://www.ideadata.org/arc\\_toc12.asp#partbCC](https://www.ideadata.org/arc_toc12.asp#partbCC).

<sup>5</sup> The national average rate at which preschool children receive special education is 5.94%, but experts estimate that the District should serve a larger proportion of children because of the characteristics of the population. Comparisons with other cities suggest that DC should provide special education services to approximately 10-12% of preschool children. Memorandum Opinion & Findings of Fact and Conclusions of Law, p. 9. D.L. v. D.C., Civil Action No. 05-1437 (RCL). Nov. 16, 2011.

<sup>6</sup> Per Oversight Response Attachment Q3, p. 12, Tools of the Mind curriculum is in use over 180 pre-school, pre-kindergarten, and kindergarten classrooms. However, the response to oversight question Q63 states that there are only 6 Tools of the Mind classrooms in DCPS, so it is not clear how broad the expansion of Tools of the Mind has been.

<sup>7</sup> Per Oversight Response Q15, DCPS was able to retroactively increase FY 12 revenue by \$1 million.

<sup>8</sup> DCPS indicated in response to oversight question Q64 that it anticipates returning 184 students from nonpublic settings in the 2013-2014 school year.

<sup>9</sup> "Better Schools for All Students: DCPS' Consolidation Reorganization Plan," Jan. 2013, p. 5, <http://dcps.dc.gov/DCPS/Files/downloads/COMMUNITY/CR/Consolidation%20Plan.pdf>.

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<sup>10</sup> 34 C.F.R. § 300.115 requires that each state have a continuum of alternative placements available to meet the needs of children with disabilities. The continuum must include the alternative placements listed in § 300.38: regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions.

<sup>11</sup> 3 C.F.R. § 300.34 defines “related services” as “transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech- language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also includes school health services and school nurse services, social work services in schools, and parent counseling and training.”

<sup>12</sup> [http://www.washingtonpost.com/blogs/dc-schools-insider/post/special-ed-students-at-shadd-hamilton-to-move/2011/05/03/AF75GZiF\\_blog.html](http://www.washingtonpost.com/blogs/dc-schools-insider/post/special-ed-students-at-shadd-hamilton-to-move/2011/05/03/AF75GZiF_blog.html)

<sup>13</sup> [http://www.washingtonpost.com/blogs/dc-schools-insider/post/special-ed-students-at-shadd-hamilton-to-move/2011/05/03/AF75GZiF\\_blog.html](http://www.washingtonpost.com/blogs/dc-schools-insider/post/special-ed-students-at-shadd-hamilton-to-move/2011/05/03/AF75GZiF_blog.html)

<sup>14</sup> This information is based on the recollections of many Children’s Law Center attorneys. There are not publicly available reports available regarding most of the school closures.

<sup>15</sup> “Better Schools for All Students: DCPS’ Consolidatoin Reorganization Plan,” Jan. 2013, p. 5, <http://dcps.dc.gov/DCPS/Files/downloads/COMMUNITY/CR/Consolidation%20Plan.pdf>.

<sup>16</sup> “Better Schools for All Students: DCPS’ Consolidatoin Reorganization Plan,” Jan. 2013, p. 5, <http://dcps.dc.gov/DCPS/Files/downloads/COMMUNITY/CR/Consolidation%20Plan.pdf>.

<sup>17</sup> See 34 C.F.R. § 300.232(a) and 300.232(f).

<sup>18</sup> See 34 C.F.R. § 300.320(b)(2).

<sup>19</sup> Oversight Responses Attachment Q62 indicates that there are 2,089 students with IEPs in DCPS’s high schools and young engagement programs (e.g., the STAY programs and Washington Metropolitan High School). The oversight responses do not provide a break-down by age, so it is not possible to say how many of the 2,089 high school students are 16 or older, but likely a majority are given that many students repeat 9<sup>th</sup> grade.

<sup>20</sup> The list of charter schools that have elected to have DCPS serve as their LEA for special education purposes is available at

<http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/DC%20Public%20Charter%20School%20LEA%20Status%20SY%202012-13.pdf>

<sup>21</sup> Oversight Responses Attachment Q62. Data is not provided broken down by age.

<sup>22</sup> <http://dme.dc.gov/DC/DME/Programs/Raise%20DC%20-%20Partnership%20Summary%20FINAL.pdf>

<sup>23</sup> This list is available at <http://dcps.dc.gov/DCPS/Files/downloads/In-the-Classroom/Special-Education/Classroom%20Locations%20SY%202012-2013.pdf>.

<sup>24</sup> <http://dc.gov/DCPS/About+DCPS/Strategic+Documents/DCPS+Policies>

<sup>25</sup> For example, we had to FOIA the handbooks describing the responsibilities and qualifications of the different categories of professionals providing special education related services. We also had to FOIA the instructions for use of EasyIEP. In past years, we had to submit FOIA requests to receive any information about DCPS’s special education programs.

<sup>26</sup> The DC Administrative Procedures Act requires that “The Mayor and each independent agency shall, prior to the adoption of any rule or the amendment or repeal thereof, publish in the District of Columbia Register...notice of the intended action so as to afford interested persons opportunity to submit data and views either orally or in writing.” D.C. Code § 2-505. “Rule” is defined to mean “the whole or any part of any Mayor's or agency's statement of general or particular applicability and future effect designed to implement, interpret, or prescribe law or policy or to describe the organization, procedure, or practice requirements of the Mayor or of any agency.” The Public Education Reform Act required that “the Mayor shall promulgate rules and regulations governing DCPS, including rules governing the process by which the Mayor and DCPS will seek and utilize public comment in the development of policy.” D.C. Code § 38-172(c)(1).

<sup>27</sup> Attachment A to DCPS’s “Letter of Understanding (LOU) Process” policy indicates that the parent’s signature is only required on the summary of a student’s progress toward graduation provided when the student is in 12<sup>th</sup> grade, not in any year previous. See also 4 DCMR § D-2204.

<sup>28</sup> DCPS’s adjusted cohort graduation rate for 2012 was 53.56%. See Oversight Response Attachment Q50.

<sup>29</sup> D.C. Code 5-A5004 allows “other primary caregivers” to enroll children in school upon showing documentation of the caregiver’s residency status and primary caregiver status.



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<sup>30</sup> Children who are stressed find it harder to concentrate, sit still, rebound from disappointment and follow directions. They “struggle constantly to cope with a flood of emotions that always seem on the verge of capsizing them.” Paul Tough, *How Children Succeed*, 17.

<sup>31</sup> DCPS ran a Mental Health Consultation program in 18 elementary schools, a Cognitive-Behavioral Intervention for Trauma for Schools program in 3 middle schools, and Structured Psychotherapy for Adolescents Responding to Chronic Stress in 6 High Schools.

<sup>32</sup> DCPS Office of Special Education, Evidence-based Treatment and Practice, Powerpoint Presentation. Shared by Deitra Bryant-Mallory, Mental Health & Behavioral Supports, DCPS (Oct. 23, 2012).

<sup>33</sup> See “Student Support Teams” page on DCPS website,

<http://dc.gov/DCPS/In+the+Classroom/How+Students+Are+Supported/Student+Support+Teams>.

<sup>34</sup> Oversight Response Attachment Q71.

<sup>35</sup> Oversight Response Attachment Q67.

<sup>36</sup> Oversight Response Attachments Q71 and Q67.

<sup>37</sup> 5 DCMR § A2103.3(c)(3).

<sup>38</sup> Natwar M. Gandhi, Chief Financial Officer, *Fiscal Impact Statement – South Capitol Street Memorial Amendment Act of 2012* (March 5, 2012).

<sup>39</sup> DCPS FY12 Performance Oversight Answers, Attachment Q36 states that there were a total of 791 students at Ballou High School in 2012. Attachment 18 states that the current Social Worker FTE at Ballou High School is 5.

<sup>40</sup> Oversight Response Attachment Q18.

<sup>41</sup> <http://www.pbis.org/>

<sup>42</sup> “Positive Behavioral Supports (PBS): Tips for Parents and Educators,” National Association of School Psychologists Communique, Oct. 2006, [http://www.nasponline.org/publications/cq/cq352pbs\\_ho.aspx](http://www.nasponline.org/publications/cq/cq352pbs_ho.aspx).

<sup>43</sup> National Center for Mental Health Promotion and Youth Violence Prevention, Evidence Based Program Fact Sheets: Positive Behavioral Interventions and Supports (PBIS), <http://www.promoteprevent.org/publications/ebi-factsheets>.

See also [www.pbis.org](http://www.pbis.org) and [www.pbismaryland.org](http://www.pbismaryland.org)

<sup>44</sup> See, e.g., “Illinois PBIS Schools to Surpass 1,000 Milestone,” Feb. 2009,

[http://www.pbis.org/common/pbisresources/publications/Illinois\\_Feb08\\_Update\\_021309.pdf](http://www.pbis.org/common/pbisresources/publications/Illinois_Feb08_Update_021309.pdf); “PBIS’s Impact on Academics, Family Involvement, Dropout Rates, and Least Restrictive Environment,” The Equity Project, Indiana University, [http://www.pbis.org/common/pbisresources/publications/Illinois\\_Feb08\\_Update\\_021309.pdf](http://www.pbis.org/common/pbisresources/publications/Illinois_Feb08_Update_021309.pdf).

<sup>45</sup> See, e.g., Gibson, Allison, “Educational outcomes for children with early-onset behavior problems,” 2005.