Houston Special Education Program Review

FEBRUARY 22, 2018

Allison Gruner Gandhi, EdD | Tessie Rose Bailey, PhD
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MAKING RESEARCH **RELEVANT**

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3732_02/18

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Executive Summary

Houston Independent School District (HISD) contracted with American Institutes for Research® (AIR®) to conduct a third-party, independent "Special Education Program Review." AIR conducted this review over a 10-month period between May 2017 and February 2018. This report describes our assessment of HISD's strengths and areas in need of improvement with respect to its special education program, and identifies recommendations for HISD to consider as it continues its efforts to improve services for students with disabilities in the district.

Methods

AIR gathered data from multiple sources from June through November 2017. Data sources included (1) extant data on student performance, special education identification and placement, and staffing; (2) documents related to HISD infrastructure, strategic planning, guidance on policies and procedures, professional development offerings, and documentation of parent feedback and concerns; (3) Individualized Education Program(s) (IEPs) for a randomly selected representative sample of 300 students with disabilities; (4) an AIR-administered survey of all school staff; (5) an AIR-administered survey of all parents; (6) interviews and focus groups with district leaders; and (7) interviews and focus groups with staff at a randomly selected, representative sample of 27 schools. Using these data sources, the research team generated findings for this report through an iterative process that involved (a) descriptive synthesis and coding of each data source; (b) review of each data source to identify evidence pertinent to the eight indicators; (c) collective review of evidence across all data sources to identify emerging overall themes; (d) identification of preliminary findings based on emerging themes; (e) in-depth, follow-up review of select data sources to confirm supporting evidence for preliminary findings; and (f) finalization of findings statements and associated supporting evidence. The analysis process was conducted in a collaborative manner among a team of eight researchers, all of whom have a background in special education practice and policy.

Findings

Our findings include both areas of strength and areas in need of improvement. With respect to strengths, HISD has taken on specific activities and efforts recently that will enable them to improve outcomes for students with disabilities and implement the report's recommendations more effectively. These include—

1. **Proactive approach to addressing stakeholder concerns regarding HISD special education**

2. **Dedicated and knowledgeable staff ready to support program improvement**

3. **Initial implementation of districtwide Intervention Assistance Team (IAT) process**

4. **Increase in professional development opportunities to support principals and teachers in supporting students with disabilities**

Additionally, we identified 10 areas in need of improvement:

1. **There is confusion about, and inconsistent implementation of, processes related to intervention and special education identification.**

2. **IEPs lack sufficient individualization, in accordance with the intention of IDEA.**

3. **Equitable access is lacking for students with disabilities to the full continuum of special education service options.**

4. **Focus on ensuring that students with disabilities have access to high-quality instruction is insufficient.**

5. **HISD staff express a need for professional development that is sustained and focused on in-person coaching and mentoring rather than one-time or online trainings.**

6. **The current staffing allocation in HISD is insufficient to meet the needs of its population of students with disabilities.**

7. **Tension and division persists between general education and special education that impedes effective implementation of practices and procedures that target the needs of students with disabilities.**

8. **The process for communicating about and rolling out new policies and procedures appears to be uncoordinated, inefficient, and rushed.**

9. **There is a systematic underutilization of data to drive programmatic decision making and monitoring.**

10. **HISD lacks a systematic process for ensuring that families are appropriately involved in decision making regarding intervention and special education for their children.**

Recommendations

We offer five major recommendations geared toward addressing the findings outlined in this report and improving outcomes of struggling students and students with disabilities in HISD.

Recommendation 1. **All schools should provide proactive, preventative services for struggling students through implementation of a schoolwide, tiered system of support.**

Recommendation 2. **Simplify and clarify special education procedures for referral, identification, and eligibility determination to ensure meaningful family engagement and data-driven decision making about how to meet the needs of students with disabilities.**

Recommendation 3. **Ensure students with disabilities have access to high-quality core instruction and specialized instruction and interventions, in accordance with state and federal laws.**

Recommendation 4. **Develop a comprehensive professional learning framework for ensuring sustained improvement in educator effectiveness to support students with disabilities.**

Recommendation 5. **Appropriately empower the special education district office to have greater oversight of the special education budget, staff, placement, and resources to ensure efficient and equitable distribution of special education services.**

HISD has taken an important first step toward large-scale improvement by commissioning this review. We commend the educators and leaders at all levels of the system for their commitment to addressing the needs of students with disabilities and struggling students. We also commend the many family members and advocates in the community of Houston who have shared their concerns about the quality of special education services and about the timeliness and effectiveness of referral, evaluation, and intervention procedures. The recommendations in this report are aligned with conversations and initiatives that have begun already in HISD. With continued commitment on the part of district leadership, meaningful engagement from families and educators throughout the system, and access to forthcoming statewide supports offered by the Texas Education Agency (TEA), HISD is well-positioned to see positive change.

Introduction

Houston Independent School District (HISD) contracted with American Institutes for Research to conduct a third-party, independent "Special Education Program Review." AIR conducted this review over a 10-month period between May 2017 and February 2018. Drawing on information gathered from extant data, documents, a staff survey, a parent survey, interviews, focus groups, and site visits to 27 schools, this report describes our assessment of HISD's strengths and areas in need of improvement with respect to its special education program, and identifies recommendations for HISD to consider as it continues its efforts to improve services for students with disabilities in the district.

In this report, we provide a brief description of background information leading to the commissioning of this study, followed by a description of our methods. We then present our findings, which include areas of strength and 10 specific areas in need of improvement. We conclude with 5 recommendations that are grounded in the findings and in our knowledge of best practices supported by research and that are being implemented successfully in similar districts nationwide. Appendices A–D present additional supporting data.

Background

Recent events in HISD and in the state of Texas broadly have spurred intense public interest in the quality of services provided to students with disabilities and struggling students in the district. These include a seven-part investigative series by the [Houston Chronicle](#) in fall 2016, which reported on a maximum special education enrollment target of 8.5% set by the Texas Education Agency (TEA) in 2004 and the steady yet dramatic [drop](#) in statewide special education identification rates since, and a subsequent ruling by the U.S. Department of Education that TEA was in [violation of federal law](#) by setting this target. HISD's special education enrollment in fall 2016 was 7.3%, even lower than the state-imposed target; this revelation prompted public outcry among parents and special education advocates in the Houston community. Under the leadership of a new Superintendent, Richard Carranza, who joined HISD also in fall 2016, HISD quickly initiated several actions signaling the prioritization of special education as an area of attention, including the formation of a board [ad hoc committee](#) on special education, [resignation](#) of a longstanding Assistant Superintendent for Special Education, [forums](#) with concerned parents and community members, and the commissioning of this [special education program review](#).

The current special education program review follows a similar [review](#) that was conducted in 2011 by Thomas Hehir and Associates. The Hehir review included six recommendations: (1) develop an outcome-based school monitoring system for students with disabilities; (2) hold principals accountable for the issues identified in this report; (3) develop effective models of special education service delivery emphasizing effective universal design principles; (4) develop specialized inclusive schools for students with significant disabilities; (5) develop policies, procedures, and practices for effective services for students with dyslexia; and (6) develop and distribute a comprehensive and easily accessible manual of special education policies and procedures. HISD addressed these recommendations by developing [related indicators](#) and monitoring progress toward those indicators annually from 2012 to 2016, under the guidance of the former Assistant Superintendent for Special Education

HISD's request for the current review asked for an assessment of the degree to which the district has made progress toward the Hehir recommendations, as well as suggestions on how the district can improve the following aspects of its special education program: proactive, preventative services for struggling students; referral, identification, and evaluation processes; IEP development and implementation; special education service delivery; effectiveness and efficiency in the use of district resources and infrastructure; effectiveness of professional development; equitable placement of students with disabilities; and engagement of families of students with disabilities. AIR collaborated with HISD at the onset of the review to identify eight indicators that address HISD's concerns and that are aligned with special education best practice: (1) prevention and identification; (2) IEP development; (3) equitable access; (4) instructional supports/accommodations; (5) staff collaboration and professional development; (6) data-driven decision making; (7) systems and organizational structures for providing coordinated districtwide supports; and (8) family engagement. These indicators served as the guiding framework for all data collection and analysis activities, as well as an organizational framework for the findings and recommendations presented herein. A more detailed description of these indicators, including a chart aligning them with HISD's original request for proposals and with the Hehir recommendations, is included as Appendix A.

Methods

AIR gathered data from multiple sources from June through November 2017. Data sources included (1) extant data on student performance, special education identification and placement, and staffing; (2) documents related to HISD infrastructure, strategic planning, guidance on policies and procedures, professional development offerings, and documentation

of parent feedback and concerns; (3) IEPs for a randomly selected representative sample of 300 students with disabilities; (4) an AIR-administered survey of all school staff; (5) an AIR-administered survey of all parents; (6) interviews and focus groups with district leaders; and (7) interviews and focus groups with staff at a randomly selected, representative sample of 27 schools. Using these data sources, the research team generated findings for this report through an iterative process that involved (a) descriptive synthesis and coding of each data source; (b) review of each data source to identify evidence pertinent to the eight indicators; (c) collective review of evidence across all data sources to identify emerging overall themes; (d) identification of preliminary findings based on emerging themes; (e) in-depth, follow-up review of select data sources to confirm supporting evidence for preliminary findings; and (f) finalization of findings statements and associated supporting evidence. The analysis process was conducted in a collaborative manner among a team of eight researchers, all of whom have a background in special education practice and policy.

Data sources

- *Extant data.* The AIR team reviewed publicly available extant data as well as data provided by the HISD Research and Accountability department. Publicly available data included the following: State of Texas Assessments of Academic Readiness (STAAR©) performance reports for 2011–2017; graduation and dropout analysis reports for 2011–2016; special education identification, assessment, and placement reports for 2012–2017; and Performance-Based Monitoring Analysis System (PBMAS) reports for 2012–2016. Other extant data provided by HISD included special education employee data (full-time equivalent positions by role); attrition rates for all teachers and special education teachers; numbers of special education programs by campus; and comprehensive demographic data for all schools (enrollment, grades served, school type, percentage special education, percentage limited English proficiency, percentage economically disadvantaged, percentage African American, percentage Hispanic, percentage White, and percentage Asian).

- *Documents.* AIR collected and analyzed documents made available by HISD including the following: notes from parent forums; comment cards from parents; agendas and minutes from board and ad hoc committee meetings; budget documents; policy guidance documents and forms; lists of professional development course offerings; results of HISD-administered feedback surveys for professional development courses; agendas for special education summer conferences; results of observation logs for teacher implementation of Universal Design for Learning (UDL); organizational charts for HISD leadership; and strategic plans.

- *IEPs.* AIR was given access to current IEPs for a random, representative sample of 300 students. To identify the sample of 300 students, AIR used a dataset provided by HISD that contained all students with disabilities in the district with their grade, disability type, and demographic characteristics. We created strata based on grade level (PreK, K–2, 3–5, 6–8, and 9–12) and generated target sample numbers within each stratum for proportion of students within each racial–ethnic category, which aligned with proportions for the district overall. We then sampled randomly within each combination of grade span and racial–ethnic group until the target number was met. We repeated this process three times, and reviewed the potential samples for representativeness along other important dimensions— percentage with specific disability diagnoses, percentage with limited English proficiency, percentage identified as immigrant, and percentage identified as low socioeconomic status. We selected the sample that was the most closely aligned to the overall district. We followed a similar process to identify a subsample of 50 IEPs for which we requested access to full histories (including full initial evaluation [FIE] results) and conducted a deeper analysis. AIR analysts then reviewed and coded these IEPs for evidence of alignment between evaluation results and current levels of performance, goals, accommodations, and instructional settings; data-based decision making; and appropriate participation of family members and student.

- *Staff survey.* All school-level staff in HISD were invited to complete a brief survey developed by AIR. The survey included approximately 20 (the number varied by respondent type) Likert-scale items aligned with the indicators of best practice that guided the review, and two open-ended response questions. HISD disseminated and promoted the survey by various means—posting to myHISD, e-mailing staff, using social media, including the message in weekly newsletters and academic service memos to teachers and principals, and incorporating it in talking points for the superintendent and other district leaders at principal meetings. Additionally, AIR spoke with principals at the 27 site visit schools about strategies to encourage staff to respond. The survey was open for a total of 6 weeks at the beginning of the 2017–2018 school year. The response rate was 29%, which is consistent with response rates for other similar staff surveys administered by HISD.

- *Parent survey.* AIR also developed a brief survey that was disseminated to all parents in the HISD community, and available in English, Spanish, Arabic, and Vietnamese. Parents were asked to fill out a survey for each child attending HISD schools. The survey included an advance screener question asking if the child (a) received special education or dyslexia services at some point between the 2012–2013 and 2016–2017 school years, (b) did not receive special education or dyslexia services at any point between the 2012–2013 and 2016–2017 school years, but the parent believed that the child needed services, or (c) did

not receive special education or dyslexia services at any point between the 2012–2013 and 2016–2017 school years, and the parent did not believe that the child needed services. Respondents marking "c" did not continue with the survey. For respondents marking "a" or "b" the survey included eight or nine Likert-Scale items related to their experience interacting with HISD with respect to the needs of their child over the past 5 years. Each version of the survey also included one open-ended response question. HISD disseminated and promoted the survey by various means—posting to district and school websites; sending automated calls, texts, and e-mails to all parents in the school messenger system; using social media; issuing a media release; including the message in an academic service memo asking principals to provide computer stations for families to take the survey; and including the message in talking points for the superintendent and other district leaders at principal meetings. The survey was open for a total of 6 weeks at the beginning of the 2017–2018 school year. Additionally, AIR staff attended the Parent Summit in mid-September to encourage parents to respond, and spoke with principals at the 27 site visit schools about strategies to encourage parents to respond. The response rate was 5% overall and 11% for parents of students with disabilities, which is consistent with response rates for other similar parent surveys administered by HISD.

- ***District-level interviews and focus groups.*** AIR conducted six in-person interviews and five in-person focus groups with district-level leaders and staff. Interviewees included the following: Superintendent Richard Carranza, Board President Wanda Adams, Assistant Superintendent of Special Education Joan Anderson, Chief Academic Officer Grenita Lathan, Chief Student Support Officer Mark Smith, and Assistant Superintendent of Research and Accountability Carla Stevens. Focus groups included special education senior managers (16 participants); special education program specialists (9 participants); Deputy Superintendent Samuel Sarabia and school chiefs (9 participants); evaluation specialists (10 participants); and Licensed Specialists in School Psychology (8 participants).

- ***School site visits.*** AIR used a stratified random sampling procedure to select 27 schools (3 from each of the 9 Trustee districts at varying grade levels—elementary school, middle school, and high school) that were representative of school characteristics such as special education identification rates (low, average, high); percentage students in different racial–ethnic categories; percentage students economically disadvantaged; percentage students who are English learners, immigrants, newcomers; and relevant school types (e.g., specialized inclusive schools). Each school participated in a half-day site visit that consisted of: (a) advance telephone interview with the principal, (b) on-site interview with the special education department chair or, if not applicable, an administrator with knowledge of special education in the building, (c) on-site focus group with special education teachers,

and (d) on-site focus group with members of the school's Intervention Assistance Team (IAT). In some instances in which numbers were small, special education teachers or IAT members participated in one-on-one interviews instead of focus groups. In all, AIR conducted interviews or focus groups with 25 principals, 29 special education department chairs or administrators with knowledge of special education, 92 special education teachers (in addition to special education department chairs), and 104 IAT members.

Data analysis

All data were cleaned and prepared for analysis. For both surveys, AIR staff ran descriptive summary statistics and prepared tables that provided overall statistics and comparative statistics across key subgroups for each item (descriptive statistics are reported in Appendices B1–B3). Interviews and focus groups were audiorecorded and transcribed, and then team members used NVivo qualitative analysis software to code the transcripts according to themes aligned with the indicators of best practice that guided this review. For focus groups, charts were created displaying responses to Likert scale questions (included in Appendices C1–C3). A team member reviewed the extant data and created tables and charts to display trends over time (included in Appendices D1–D3). Several team members reviewed and summarized the documents, including the results of the IEP coding exercise.

Once data cleaning was complete, the full team of eight researchers engaged in an intensive collaborative data review exercise that began with a 2-day retreat and continued with follow-up analyses. During the retreat, team members first reviewed coded data and summaries from each data source independently to identify pieces of evidence that aligned with each of the broad indicators that guided this review. The team then looked for areas in which evidence was aligning across several data sources around a common theme. These themes served as the starting point for developing findings. The team used the following guidelines to identify a finding: (a) finding is supported by evidence across multiple data sources; (b) finding reflects a theme that comes up frequently in one or more data source; (c) finding reflects a theme or issue that is highly salient for HISD stakeholders; and (d) finding reflects a need that, if addressed, is likely to lead to improved outcomes for students with disabilities in HISD. An initial list of 22 findings was generated through this process. Following the in-person retreat, team members again carefully reviewed the evidence that supported each finding, and then combined finding statements that were overlapping or similar. The final findings, and the evidence that supports them, are described in the following section.

Findings

Our findings include both areas of strength and areas in need of improvement. We begin by describing the areas of strength, which are notable and will be important for HISD to leverage as it moves forward with implementing action steps following this review. We then describe 10 areas in need of improvement.

Areas of Strength

HISD has recently taken on specific activities and efforts that will enable them to improve outcomes for students with disabilities and implement the report's recommendations more effectively. These include the following:

1. **Proactive approach to addressing stakeholder concerns regarding HISD special education**

Over the past year, HISD has taken a proactive approach to addressing concerns expressed by families and other stakeholders about the quality of HISD special education services. The HISD Board convened an ad hoc committee that has met regularly over the last year to study special education issues in the district. Presentations to the ad hoc committee by district staff indicate that there is a desire to make something like the ad hoc committee a more permanent feature of the special education department. HISD also has engaged in intense parent outreach through its fall special education Summit and hiring of three parent liaisons to support families in navigating the special education process.

2. **Dedicated and knowledgeable staff ready to support program improvement**

Throughout our evaluation process, we continually met dedicated and knowledgeable staff who, under the right conditions, could move HISD to a national leadership position in providing special education services. HISD's staff is one of its greatest assets. Clear support exists for the education of students with disabilities at all levels—from the superintendent to staff responsible for directly supporting special education services in schools. The recent addition of three parent liaisons also demonstrates HISD's commitment to engaging parents effectively in the referral and eligibility processes, a requirement under the Individuals with Disabilities Education Act (IDEA). In addition, the allocation of resources to support a new district Board Certified Behavior Analyst (BCBA) shows that the district is taking initial steps to hire highly qualified staff to support high-need students.

3. **Initial implementation of districtwide Intervention Assistance Team (IAT) process**

Although some areas still need improvement, HISD has made measurable progress on the recommendations outlined in the 2011 Hehir Report. Most notably, the district has begun developing a process for providing *proactive, preventative services for struggling students*. During 2017, HISD created a department to oversee the development of the IAT process as well as support scale up across the district. Beginning in summer 2017, the department began releasing technical assistance resources and procedural guidance to support schools in implementing this new process. In addition, the district invested in a districtwide assessment tool, Star 360, to support the identification of students at risk and the monitoring of their academic progress. Although the IAT and new assessment processes are still in initial implementation, they provide a good foundation for implementing a more proactive and responsive intervention system.

4. **Increase in professional development opportunities to support principals and teachers in supporting students with disabilities**

Over the last 4 years, HISD has increased the number of professional development opportunities that support general education teachers and administrators in supporting students with disabilities. Each summer for the last 4 years, HISD Office of Special Education Services has hosted a multi-day conference targeting teachers and leaders. Along with the number of available sessions, conference enrollment has steadily increased. The professional development has focused on universal design for learning (UDL) in both special education and general education classrooms. HISD general education staff and administrators have also noted the increased access to relevant special education-related trainings, particularly in an online format. For example, the district hosted a series of required special education overview trainings for all principals. The district has also released several new online special education training modules to support general educators' use of accommodations in the classroom.

Areas in Need of Improvement

The 10 findings below describe specific areas in which the evidence we gathered showed challenges and that we believe, if addressed, can significantly improve the education of students with disabilities in HISD. Each of these findings aligns to one or more of the indicators for special education best practice that guided this review. The findings are interrelated, and our recommendations for addressing them (presented in the concluding section of this report), reflect those intersections by suggesting a multipronged approach.

Finding 1. There is confusion about, and inconsistent implementation of, processes related to intervention and special education identification. (INDICATORS: PREVENTION AND IDENTIFICATION, EQUITABLE ACCESS, SYSTEMS AND ORGANIZATIONAL STRUCTURE)

Under IDEA, states and local education agencies are required to identify, locate, and evaluate all students suspected of having a disability [§ 300.111(a)]. Under IDEA, this process is referred to as "child find." Although there are many approaches to meeting the child find requirements, HISD uses the IAT to "provide a systematic method for school staff to refer students experiencing behavioral or academic difficulties for Section 504 or special education evaluation (2016–2017 School Guidelines, Page IV-32)." Nationally, many districts embed their child find processes within a schoolwide, tiered system of support, commonly referred to in HISD and Texas as response to intervention (RTI). RTI is a schoolwide prevention model that includes many of the components necessary for an effective IAT, including progress monitoring, universal screening, data decision making, and three tiers of increasingly intense levels of support. In January 2018, the U.S. Department of Education found that TEA failed to ensure implementation of child find requirements and that RTI implementation was poor across the state.

The IAT process, as well as RTI, has been described in HISD's school guidelines since 2015–2016. The IAT process is defined as "a team of professional educators with diverse training and experience who convene to discuss and initiate interventions for students in need of assistance and individualized services" and is purported to "facilitate Response to Intervention (RtI) and assist teachers, parents, and others with intervention strategies for dealing with the learning needs, concerns, and behavior problems of students (2016–2017 School Guidelines, Page IV-31)." Beyond the description of the IAT in the district's 850-page school guidelines, the district's website has little else available for parents or community stakeholders to learn about the IAT process. Families and community stakeholders could find more information about the IAT if they were able to locate a separate wiki site housing special education information and policies.

In the 2017–2018 school year, evidence suggests that HISD provided a greater focus on supporting schools in implementing a consistent IAT process, including establishing an Interventions Office and providing training for IAT chairs. However, evidence gathered through this review demonstrated variability in the degree to which the IAT process was implemented as intended. Furthermore, there was confusion regarding the relationship among the IAT, RTI, and special education. According to the AIR-administered staff survey, only about a third of respondents indicated that during the 2016–2017 school year, their school's IAT "always" engaged in expected activities such as: convening regularly to discuss, problem solve, and

coordinate early intervention efforts for struggling students within the schools' RTI process to prevent unnecessary referrals to special education (34%); convening meetings to ensure that assistance and recommendations were provided to teachers, students, and parents (35%); documenting provided interventions and monitoring the students' response to interventions (36%); and reviewing students' response to intervention before referring a student to special education (41%). Slightly more than a third (35–38%) reported that their IAT "often" engaged in these activities, which is positive; however, about a quarter of respondents reported that their IAT "never" or only "sometimes" engaged in these activities (Table B1-10 in Appendix B1).

The majority of respondents reported that their IAT was "always" or "often" effective in: intervening before academic or behavioral issues interfered with student learning (63%); raising the level of understanding among all staff about student needs and their effects on learning and teaching (69%); supporting teachers to meet the needs of each student in accessing grade level curriculum (68%); monitoring the effectiveness of interventions provided through the school's RTI process (66%); implementing a uniform and consistent system for addressing the needs of all students (67%); objectively identifying students' academic and behavioral needs based on universal screeners and other classroom and parent data (70%); and providing a systematic vehicle for school staff to refer students experiencing substantial behavioral or academic difficulties for a Section 504 or special education evaluation (74%). However, about one third (27%–37%) reported that their IAT "never" or only "sometimes" was effective in these areas, indicating room for improvement (Table B1-11 in Appendix B1). When general educators were asked about what they do when a student in their class was struggling academically or behaviorally, or they suspected the student might have a disability, only 29% reported that they "always" consulted with one or more members of the IAT for advice or worked with the IAT to coordinate or provide intervention; and 42% of teachers reported that they "never" or "sometimes" did these things (Table B1-9 in Appendix B1).

In school-level focus groups with IAT members, the majority of participants agreed or strongly agreed with the statements that "My school uses a standard data-based decision-making process for identifying at-risk students" (90%) (Figure C3-1 in Appendix C3) and "My school provides proactive, preventative, and effective interventions for students that are struggling academically or behaviorally" (79%) (Figure C3-2 in Appendix C3). However, lower percentages of participants agreed that HISD policies and procedures for prevention, identification, and services for at-risk students and students with disabilities are clear (60%) (Figure C3-5 in Appendix C3) or that the principal and leaders at their school demonstrate sufficient support for the work of the IAT (67%) (Figure C3-7 in Appendix C3). Furthermore, there was variation in these data across school level and Trustee district. For example, at the elementary level, only

9% of IAT members disagreed or strongly disagreed that the principal and leaders at their school supported their work; this percentage was much higher for IAT members at the middle (44%) and high (39%) school levels. When looking across Trustee districts, 100% of IAT members in Districts I, II, VII, and VIII *agreed or strongly agreed* that their principal and building leaders supported their work. On the other hand, in Districts V and VI, 66% and 76%, respectively, *disagreed or strongly disagreed* (Figures C3-7a through C3-7l in Appendix C3). With respect to HISD policies and procedures on this topic, 100% of IAT members in District IX *agreed or strongly agreed* that these were clear, compared to District VII in which 91% *disagreed or strongly disagreed* (Figures C3-5d through C3-5l in Appendix C3).

Further analysis of interviews and focus groups with school-level staff provided evidence of inconsistency and confusion with respect to the IAT process. One interviewee commented that the IAT process should have been piloted ahead of time to "iron out the kinks"; they struggled to keep up with the rapid changes that ensued after the process' rocky roll-out in fall 2017. One school's IAT liaison remarked, "The whole process seems confusing, and I can literally feel like we have an understanding of it on our campus . . . but then you talk to the [diagnostician] and the LSSP, and they're on a totally different page." One example of inconsistency relates to IAT members. In the 27 schools we visited, the number of members for the IAT focus groups ranged from 1 through 9, and often did not match the "core members" recommended in the IAT training that was delivered in June 2017. For example, at one school where there were 2 members of the IAT, staff explained that the entire team is not always involved at the beginning of the IAT process: "No, that first step would just be the AP and the counselor. And then if the AP and counselor feel like they need to pull more people in, then the IAT meeting could occur at that point. It just depends on the situation." In 25 of 27 interviews conducted with special education department chairs or teachers, special educators explained that they were not allowed to be part of the IAT or provide information until a student has been tested, because it would be considered a conflict of interest. One department chair explained, "Special education teachers or chairs are not involved in IAT, because we were told to stay away." Only one school included a special education chair as a member of the IAT. This contradicts HISD's policies, which explain that special education staff, as well as the department chair, can be valuable resources to the IAT given their knowledge about how to support diverse learners.

Another common theme that arose in interviews and focus groups was concern about paperwork and its impact on schools' ability to comply with IAT procedures. For example, one counselor explained that the paperwork was a hindrance to reviewing student data in a timely fashion:

> "I think that the . . . process that the district developed is tedious and arbitrary, and it's slowing us down. It needs to be a one pager that teachers are supposed

to complete before coming to the meeting, and then concerns were voiced, and then intervention plans were done at the table. We can't even get through one student. We're supposed to, can't even get through one student because of everything that we're supposed to fill out."

In addition to paperwork, lack of access to needed data was cited as a barrier to effective IAT implementation. Not all teachers or counselors have access to all academic data, attendance data, and previous year's data. As a special education department chair shared,

 "Reading and math teachers have all the data on their students, because it's a reading and math screener. So, when the teachers . . . [are] asked to provide an intervention plan with their small groups, it was a little difficult, because they don't have access to all their student's data in that system. Same thing goes with teachers, who are teaching the intervention classes. They have no access to that data."

Furthermore, teachers and counselors were confused as to where to enter data. An IAT member explained, "On the teacher's side there's confusion as to whether we're still using Chancery to input our IAT information or whether we're just doing this referral via computer now or what is the process." Another IAT evaluation member added, "And then sometimes because of that, I, as the evaluation specialist, end up with nothing as interventions. And then I just go around begging anyone to tell me anything because we cannot make the decision to move forward with an LD referral or not."

Participants in 13 of 27 focus groups or interviews about the IAT made comments implying that the process was a means for special education referral: in other words that an IAT needed to be held before testing. This contradicts HISD guidance on the IAT, specifically that "the team is focused on intervention as the goal, not referrals to special education." An IAT manager said, "We don't understand the purpose and [teachers] think it is automatic referral [to special education]." Another IAT member stated, "So in the IAT process the way we're looking at it, it's not just at Tier 3 they're going to be referred, it's starting at the very beginning with Tier 1 intervention." A special educator explained the IAT process in reference to special education referral: "I worry on a lot of campuses when we don't have people with expertise to do those kinds of early behavioral interventions. That's how we end up with, I think, an abundance of referrals. People don't always know what to do with that."

2017–2018 is the first year the district has implemented a common universal screener to identify students in need of intervention support. When staff in the 27 visited schools were

asked about universal screening, 13 different assessments were mentioned, and some noted using the universal screener in addition to other assessments. An IAT member explained, "I would say we use multiple different sources of data. We use the progress monitoring with the universal screener, and we also use Imagine Learning, which gives us really good data . . . really specific data to the growth or the holes that students have, as well as anecdotal observations from the interventionist working with them." Often there was misunderstanding on which data to use or how to use the data, and where to store the data: "the data changes and sometimes it's hard to keep up with what data system we're using."

AIR's interview protocol specifically asked about the IAT process for academics *and* behavior. Across the 27 IAT interviews, staff in 10 schools did not provide any answers for how behavior is assessed or monitored. In 2 schools, interviewees explained that identifying behavior concerns is challenging because a universal screener or process does not exist for behavior that mirrors academics. When behavior was a concern, they sought data from the teacher, reviewed suspensions, and looked at learner profiles. The IAT training materials from HISD describe assessment (universal screening and progress monitoring) as an essential component, and offer examples for literacy; however, there are no examples offered for math, and behavior charts are the only option for behavior. On the HISD-provided timeline for IAT, behavior screening or progress monitoring is not listed at all.

Component 3 of the IAT framework, Instruction and Intervention: Layered Continuum of Academic Supports, indicates that Tier 1 is high-quality instructional supports for all students; Tier 2 is more specialized prevention or remediation for those below level in reading and math offered at the instructional level; and Tier 3 is increased intensity (greater frequency and smaller group size) of interventions at the instructional level. Despite this guidance, when staff were asked for examples of interventions for Tier 2 or 3, many described instructional practices such as, "flexible grouping, small groups, reading assistance," versus a standardized intervention program. Staff in only 5 of 27 schools mentioned intervention programs (Renaissance Learning, Imagine Learning, IStation, and Ascend Math) used at Tier 2 or 3. When probed about dyslexia services, teachers and IAT members across the 27 schools identified five interventions that are used (Neuhaus, Lighthouse/Guided Reading, Kurzweil, district dyslexia curriculum, Motivated Reading) with the caveat that these are only administered by a dyslexia specialist. If a dyslexia specialist was not assigned to the campus, students could not receive these interventions.

When asked about fidelity of interventions or quality of the interventions, none of the IAT focus group participants or interviewed principals could explain fidelity procedures. As an educator described,

> "The five years I've been here, I think we've had four different IAT chairs, which causes a lot of breakdown. You have a kid who's struggling and it just seems the process, the flow chart of implementing interventions, what that looks like, making sure the parents understand that we're starting to help your kid. It doesn't mean we're going to test them right away. There's a timeline involved. Providing some interventions before we just go test happy. That entire IAT process, I think it's very muddy. It's confusing as an insider. I think as a parent it's very confusing."

A principal explained, "In terms of preventive services, there's not consistent approaches for our teachers to take when they have this evidence in their classroom. In terms of how to approach struggling students."

Comments made in focus groups of IAT members and evaluation staff suggest that the process for special education referral also varies across the district. An IAT member described the process:

> "Questions that you want answered, if you ask the same question to two different people, you'll get two different answers in many cases. A process on my last campus and a process on this campus is largely left up to the campus. Sometimes it's at the whim of the team that's assigned to the team. That kind of depends on who your diag is, who your LSSP is. That's going to dictate then what the process is going to be, based on who those people are on the team. If those people on the team change, even within the same school year or from school year to school year, then your campus' process, especially for identification, for example, can change dramatically based on who is assigned to your campus."

Our review of IEPs did not show strong evidence of the connection between the IAT process and special education referral; only 4% of full and individual evaluations (FIEs) mentioned frequent assessment of student progress before special education referral. In focus groups with evaluation specialists and licensed specialists in school psychology (LSSPs), common referral-related challenges participants mentioned included schools not understanding the IAT process; a lack of staff to complete interventions with fidelity; and/or lack of accurate data to drive the decision for further testing. As stated by an evaluation staff member, "a lot of times we spend a

lot of time being political and having to maneuver situations. I spend a lot of time with politics, talking, dealing with people, trying to get them to understand why he might want to do this instead of that, why interventions are important."

Finding 2. IEPs lack sufficient individualization, in accordance with the intention of IDEA (INDICATORS: IEP DEVELOPMENT, EQUITABLE ACCESS, DATA-DRIVEN DECISION MAKING)

IDEA requires that each public school child who receives special education and related services has an Individualized Education Program (IEP). The IEP is a written statement of the individualized services provided to the child that must include the following aligned components: (1) the child's present levels of academic achievement and functional performance (PLAAFP); (2) measurable annual goals; (3) description of how progress will be measured and shared with families; (4) special education and related services and supplementary aids; (5) rationale for not participating in the regular class; (6) accommodations on state and districtwide assessments; and (7) timelines and locations of services [34 CFR 300.320(1–7)]. In Texas, the IEP is developed by an admission, review, and dismissal (ARD) committee, which includes the parents of a child with a disability, regular and special education teachers, and a representative of the district (CFR 300.321).

HISD staff overwhelmingly believe that the IEPs are appropriately developed, although other evidence suggests this perception may not be accurate. Our staff survey revealed that 85% of respondents agreed or strongly agreed that "IEPs are developed in alignment with each student's [PLAAFP], and are based on comprehensive evaluation results and the state standards (or alternative standards, as appropriate)" (Table B1-6 in Appendix B1). Nearly all special education teachers (96%) in our focus groups agreed or strongly agreed that "IEPs for students with disabilities at my school are developed in accordance with federal law, IDEA, and state/district policies" (Figure C2-1 in Appendix C2). In addition, most district leaders (75%) in our focus groups agreed or strongly agreed that "HISD schools do a good job coordinating and conducting ARD meetings and developing IEP goals and services based on evaluation results" (Figure C1-6 in Appendix C1). However, our review of redacted IEPs for a randomly drawn, representative sample of 300 students with disabilities found a systemic lack of individualization in multiple sections of the IEP: (a) PLAAFPs; (b) measurable annual goals; (c) supplementary aids and accommodations; (d) instructional arrangements and settings; and (e)ARD participants. Findings for each section are described in more detail below.

PLAAFP. The PLAAFP is a required statement on which the ARD committee will develop the individualized goals and services outlined in the IEP. Federal regulations require that the

PLAAFP include a statement on how the "child's disability affects the child's involvement and progress in the general education curriculum [300.320(a)(1)(ii)]." Quality PLAAFPS should clearly identify all areas of need as well as supports necessary to address those needs, specific and measurable baseline data, and strengths related to areas of need. PLAAFP data can include state testing results, diagnostic assessments, classroom assessment, progress-monitoring data, and universal screeners. A systematic review of PLAAFP pages from our random sample of IEPs found that only 44% included data. Of the PLAAFP statements that included data, 20% included data that were not current. For example, some PLAAFPs contained snapshots or state testing results from the previous year. Often, data were directly copied and pasted from the evaluation report regardless of its relevance to program development or alignment with classroom performance data. For example, one PLAAFP stated, "Student's ability in Crystallized Knowledge (Gc) is considered a deficit and therefore can negatively impact performance on academic tasks as they relate to language development, vocabulary knowledge, and the ability to listen." Although this example states it can impact performance, it does not explain how nor is the statement confirmed through academic performance data. In addition, this language is neither parent friendly nor useful in the development of annual goals.

Annual Goals. Each IEP must include a statement of measurable annual goals based on the needs identified in the PLAAFP. Our review of IEPs revealed that only 84% included goals that were measurable. In addition, only 62% contained at least one goal that addressed the skill deficits outlined in the PLAAFP, and only 65% included goals aligned to state standards. In other words, more than one third of the IEPs reviewed included goals that were neither individualized nor aligned to state standards. Furthermore, many of the goals contained grammatical and formatting errors, which suggests a rushed process and lack of quality review. For example, one IEP included the phrase "<<Student name>> will write three words <<criteria>>> with 70% accuracy, 3 out of 5 times." Another IEP stated that the goal was 70% but included the contradictory statement 5 out of 8 times (62.5%) in the same goal. Other evidence of lack of individualization was found in about 5% of IEPs, such as goals repeated verbatim across multiple IEPs; errors in student names (e.g., wrong name, spelling error); and incorrect pronoun use (e.g., a female student referred to as "he" in the goal).

Annual goals should address academic (e.g., reading, writing, math, language) and functional (e.g., behavioral, communication, social/emotional, self-help) areas of need described in the PLAAFP and that require specialized instruction. For IEPs reviewed at the secondary level, a majority contained goals for every subject area and many of these goals were not individualized. Annual IEP goals should address individual areas of need and inform specially designed instruction. IEP goals such as 'complete all work and pass all assessments with a 70%

or better' is not addressing an individual need as it is the minimum standard for all students. An example of an annual goal that might cross multiple subjects and meets an individualized need could be independent use of an organization tool such as a planner.

Lastly, as stated in the federal regulations, goals should be [reviewed annually](#) to determine if annual goals are being achieved. In the current IEP paperwork, *Part B, Goals and Objectives* includes a section to report on progress toward meeting the previous year's annual goals and benchmarks/short-term objectives. Of the 300 IEPs coded, only 52% reported on progress, and when it was reported, it simply stated "progress was made." Only 32 IEPs stated that mastery of previous goals was reached.

Supplementary Aids and Testing Accommodations. IDEA requires that each IEP contain a "statement of the special education and related services and supplementary aids and services [§300.320(a)(4)]"; "*Supplementary aids and services* means aids, services, and other supports that are provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate . . . (IDEA §300.42)." They include, but are not limited to, accommodations for and modifications to how content is presented or how a child's learning is assessed. Accommodations and modifications are selected based on individual student needs identified through data summarized in the IEP and evaluation reports. Separately from accommodations listed under supplementary aids, the IEP also must include a statement about accommodations required on state and districtwide assessments. Our review found that 94% of IEPs contained accommodations under supplementary aids and services. However, only 58% included accommodations that addressed deficits and needs identified in the PLAAFP or the IEP. In our review of a representative sample of full special education files, 60% of IEPs included accommodations that were supported by individual student data or recommendations from evaluation staff.

In our review, accommodations in the IEPs fell into three categories: (1) testing accommodations only (e.g., oral/signed administration, small group administration); (2) testing and instruction (e.g., oral/signed administration, small group administration, supplemental aids, extra time); and (3) instruction only (e.g., shorten length of assignments, check often for understanding, follow routines). Of the IEPs coded, 6% had no accommodations listed at all, 5% included testing accommodations only, 54% included both testing and instruction accommodations, and 35% included only instruction accommodations. Although testing and instruction accommodations were included, they were not always individualized, and finding accommodations listed exactly how they are listed for the STAAR was common. For example,

IEPs included "oral/signed administration" but did not clarify if it should be an *oral* administration or *signed* administration when clearly both are not appropriate. There was also evidence of a lack of alignment with the PLAAFP. For example, the "use of a dictionary" was often listed as an accommodation, as it is allowed on STAAR, for students with identified reading difficulties. In some cases, accommodations were vague and did not specify how they would be used instructionally. For example, one IEP listed "use of supplemental materials" but did not list what constitutes supplemental materials. Another listed "make use of color coding" but did not specify what was to be color coded (e.g., reading assignments, written work, organizational tool).

Instructional Arrangements/Settings. The ARD committee is responsible for identifying the appropriate instructional arrangement or setting based on the PLAAFP, annual goals and objectives, and evaluation data. Among our sample of 50 full file reviews, only 34% of IEPs reviewed included instructional arrangements/settings that aligned with data presented in the FIE. For the 300 current IEP reviews, in comparing the instructional arrangement/setting on the IEP against the PLAAFP, 66% of the placement decisions were supported by data. For example, a second grader's IEP included support from an additional adult and placement in a self-contained, full-day, special education class. The PLAAFP contained limited data to support the recommendation that the student's disability affects her ability to function in a regular classroom; the IEP did not mention if a regular classroom had been tried in the past or if she can spend part of her day in general education. In another example, a first grader was placed in a special education self-contained classroom even though the PLAAFP states that the student is almost on grade level for reading, writing, and vocabulary with some deficits in math. The PLAAFP stated that he would benefit from a language-rich classroom environment that would model social and academic skills. Best practice would suggest that the general education classroom, with pull-out or resource support in math, could meet these goals. According to the qualitative data gathered through interviews and focus groups with school staff, staff often reported that placement is determined by existing programs or disability type, rather than IEP needs. Staff also referred to decisions about placement being made by an HISD program specialist or a "placement committee" who often do not know the student. This contradicts IDEA § 300.116, which specifies that placement decisions are "made by a group of persons, including the parents, and other persons knowledgeable about the child, the meaning of the evaluation data, and the placement options."

ARD Participants. Federal regulations require that districts ensure parent participation in the ARD meeting and that failure to do so can result in a procedural violation under IDEA. Only 83% of the IEPs reviewed included evidence that the ARD meeting was attended by the parent,

either in-person or by phone. In reviewing the IEP deliberations, there was no recorded information about how the parents were involved in the IEP process. On the current IEP form, ARD teams are required to provide a statement of parent input regarding their child to guide the PLAAFP (e.g., parent reports that the child likes school, parent would like the child to be placed in all general education classes). In about 10% of the IEPs reviewed, the section on parent reporting was left blank and did not include parent input in the PLAAFP.

Finding 3. Equitable access is lacking for students with disabilities to the full continuum of special education service options. [INDICATORS: IEP DEVELOPMENT, EQUITABLE ACCESS, DATA-DRIVEN DECISION MAKING, SYSTEMS AND ORGANIZATIONAL STRUCTURES]

IDEA requires that students with disabilities have a free appropriate public education (FAPE) in the least restrictive environment (LRE). Under IDEA, districts *must* ensure that students with disabilities are educated with their nondisabled peers to the "maximum extent appropriate" and that removal from the general education environment "occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily [§ 300.114(2)(i–ii)]." In addition, each district *must* ensure that it offers a continuum of alternative placements to meet the needs of students with disabilities, including "instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions [§ 300.115(a–b)]." Students may receive special education services in a special class for a portion of the day (between 40% and 79%), often referred to as a resource class, or for the full day (< 40%), often referred to as a self-contained class. They also may receive the majority (> 80%) of their instruction in the regular classes which many schools refer to as inclusion or full inclusion.

In HISD, in 2016–2017, nearly 70% of students with disabilities spent 80% or more of their school day in the regular education classroom, while about 23% spent less than 40% of their school day in the general education classroom. Only 6% of students with disabilities spent between 40% and 79% of their school day in a regular education classroom. These percentages reflect a striking trend since 2012–2013, in which the percentage of students with disabilities in "inclusion" and "self-contained" settings have increased (from 52% to 69%, and 20% to 23%, respectively), and the percentage in "resource room" settings has drastically decreased (from 24% to 6%). It is notable that the percentage of students with disabilities in self-contained settings now exceeds the percentage in resource room settings, despite an intentional focus by HISD over the past several years toward placing students with disabilities in more inclusive settings (Figures D3-1 through D3-3 in Appendix D3).

When compared to state and national trends, placement data in HISD reflect a similar percentage of students with disabilities being served in "inclusion" settings, but a lower percentage being served in resource room or "partial inclusion" settings, and a higher percentage in self-contained settings (see Figure 1).

Data also revealed that the trend toward inclusion varied by student race/ethnicity. The *HISD Special Education Program: Identification, Placement, and Assessment Report (2016–2017)* notes that "There was an increase in the percent of African American and Hispanic students with disabilities placed in a mainstream setting from 2013 to 2017. Consequently, there was a decrease in the percent of African American and Hispanic students with disabilities placed in a resource or self-contained setting from 2013 to 2017. However, African American students are placed in a resource or self-contained instructional setting at a higher percent[age] than their White and Hispanic peers." AIR's analysis of extant data also reveals that the decrease in resource room placement between 2013 and 2017 was larger for African American and Hispanic students than White students. For African American students, the percentage decreased from 30% to 8% (22 percentage point decrease), and for Hispanic students, 22% to 6% (16 percentage point decrease). Comparatively, the percentage of White students served in partial inclusion placements decreased by 9 percentage points (from 13% to 4%) (Figure D3-2 in Appendix D3).

Figure 1. Percentage of Students in Inclusion, Resource Room, and Self-Contained Settings, for HISD, Texas, and the United States: 2016–2017
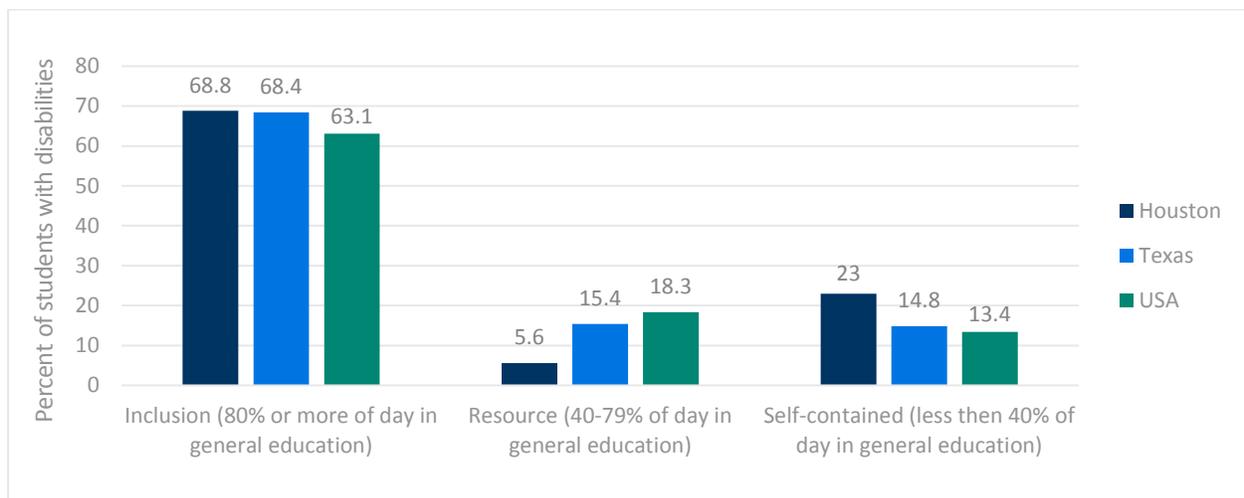
SOURCE: HISD Special Education Program Identification, Placement, and Assessment Report, 2016–2017; U.S. Department of Education, EDFacts Data Warehouse (EDW): "IDEA Part B Child Count and Educational Environments Collection," 2016–2017. Data extracted as of July 12, 2017, from file specifications 002 and 089.

Our review of extant data showed that the continuum of special education services and placement options is inequitably distributed in the district. As a result, available options do not always exist for students to receive instruction in the LRE closest to their home. Available programs in HISD include:

- Transition Ready with Essential Knowledge (TREK): For students with high-functioning autism/Asperger's), the TREK classroom uses the Essential Elements to address deficits in the areas of behavior, social skills, communication, and executive functioning.

- Explorer Program (EXP) (PreK): Preschool-aged children with disabilities are placed in a general education setting.

- Skills for Learning and Living (SLL): SLL teaches students with cognitive disabilities in the least restrictive environment.

- Structured Learning Center (SLC): SLC teaches students with autism in the least restrictive environment.

- Behavior Support Class (BSC): BSC teaches students with significant emotional disabilities in the least restrictive environment.

- Preparing Students for Independence (PSI): PSI teaches students with severe cognitive, communicative, sensory, and/or physical disabilities in the least restrictive environment.

- Preschoolers Achieving Learning Skills (PALS): PALS teaches preschool-aged students who are identified as having a disability.

Table 1 shows the number of these programs in HISD, overall and by Trustee district. The number of programs varies greatly across the district, and does not appear to be associated with the number of schools. For example, District 2 has 99 special education programs, which is more than twice the number of schools in that district (43). Comparatively, District 8, which has a similar number of schools as District 2 (39), has only 50 programs. This difference can also be seen in a comparison of the student-to-program ratio in these districts. In District 2, the ratio of students with disabilities to programs is 23.33 compared to 33.68 in District 8. This indicates a greater availability of special education programs in District 2 compared to District 8.

Table 1. Number and Type of Special Education Program Classrooms, by HISD Trustee District

District	Total Number of Schools	Total Number of Classrooms	Type of Program: BSC	Type of Program: Explorer	Type of Program: PALS	Type of Program: SLC	Type of Program: SLL	Type of Program: TREK	Student-to-program ratio
District 1	38	78	16	6	13	8	30	2	31.96
District 2	43	99	28	3	12	8	40	4	23.33
District 3	30	63	12	4	10	6	27	1	27.97
District 4	33	51	11	1	8	9	16	2	25.63
District 5	33	50	4	4	12	8	15	6	32.74
District 6	21	48	7	2	7	6	19	4	26.73
District 7	17	40	1	1	6	3	12	4	24.73
District 8	39	50	9	1	5	9	18	4	33.68
District 9	29	56	12	3	8	6	6	0	31.84

Data analysis also found that several schools have no special education programs, and that this also varied by Trustee district (see Table 2). For example, in District 8, 15 of 39 schools, or 38%, have no special education programs. At the other extreme, in District 6, only 1 of 21 schools (less than 5%) have no special education programs.

Table 2. Number and Percentage of Schools With no Special Education Programs, by HISD Trustee District

District	Total number of schools	Number of schools with no special education programs	Percentage of schools with no special education programs
District 1	38	3	8%
District 2	43	5	12%
District 3	30	2	7%
District 4	33	11	33%
District 5	33	11	33%
District 6	21	1	5%
District 7	17	4	24%
District 8	39	15	38%
District 9	29	5	17%

Analysis of interview and focus group data showed that some schools place a high priority on full inclusion, meaning that all students with disabilities are educated in the general education classroom for the majority of their day. However, staff also expressed needing an option for students with learning disabilities, namely a "resource room" placement setting, which would provide an appropriate placement for students with learning disabilities who need more support. A number of district leaders, school administrators, and teachers shared the concern that the resource room no longer exists as a placement option, and that students formerly served in these settings would benefit from a placement option other than self-contained or inclusion in the general education setting. For example, one district leader shared,

> "Resource was a place where a special ed. teacher would have kids come to that class and work on modified curriculum . . . . Once modified assessment went away, then that class went away. Then those kids went back into gen. ed., but some principals just did it arbitrarily instead of really looking at the process, and having the IEP meetings to determine how much of that time was needed. They came to recognize it wasn't the best way to do it . . . ." Another interviewee shared, " . . . some principals will tell you that they got rid of Resource and all those kids that served in gen. ed., they haven't made a plan as to how do they get this special designed instruction." And another shared, "But resource classes [are] not offered at [my school] anymore. Other high schools offer it, but not here."

Data provided by HISD indicate that 266 schools offer "resource service" to students with disabilities, which seems to contradict the impression by staff that a resource room is no longer offered as a placement option, as well as the student-level data from 2016 through 2017 that show only 6% of students with disabilities spending between 40% and 79% of their school day in general education (typically interpreted as synonymous with the "resource room" setting). Further analysis of these data shows that schools are coded as offering resource services if special education teachers are providing instruction via in-class support, coteaching, consultation, or a separate class. There was no option listed for special education teachers to use a pull-out model, in other words, removing a child from the general education classroom for parts of the day to receive individualized instruction in a quiet and focused setting, aligned with his or her specific needs. In addition, the current special education operating guidelines do not provide guidance for making decisions about resource services, including the provision of specialized instruction in a resources classroom or pull-out model.

Data from focus groups showed that 88% of district leaders either disagreed or strongly disagreed that special education services and placement into appropriate instructional settings

are provided equitably across schools in the district (Figure C1-8 in Appendix C1). As one district leader said, "This is the biggest issue!" Another leader noted,

> "It's hard to measure [equity in placement], because principals get to say whether or not they will have them. If you have a very supportive principal and an understanding principal, then I would say those kids will have access to a typical school experience. If you have principals who have yet to determine their philosophy on inclusiveness for kids with disabilities who are particularly significant, then they may look different. Those kids may only access ancillary activities like music or PE."

Both district and staff interviews revealed that placement decisions are often divorced from the IEP team and rest heavily on principal choice. Many staff shared that placement is often driven by the district and existence of space in "programs." The current process is a barrier, because some principals refuse to house some special education programs in their buildings. During focus group interviews many staff echoed this notion that principals have the final say, "You have principals that are saying no, flat out. 'No, we're not taking them, I'm at my capacity.' Or they're just saying 'no . . . . I don't want that program'." Others agreed: "Right. Or the program is full, and we have to send the kid five, six miles away. Imagine you are a kid with autism, and you might have some behavior issues, and you're riding a bus for 45 minutes to an hour, maybe an hour and a half." In a separate interview, one other staff member alluded to socioeconomic status and racial/ethnic factors playing a role in decision making, stating, "And let's not forget, culture and money [play] a lot. I have a kid, one year, where I tried and tried and someone finally pulled me aside . . . . They're like, "This kid is not going there. It is about where it's located. It is about culture." Other staff continued, "Right, they don't want that African American child." Another staff noted, "And they have said it in so many ways. They're not placing that child in that setting."

Finding 4. Focus on ensuring that students with disabilities have access to high-quality instruction is insufficient (INDICATORS: INSTRUCTIONAL SUPPORTS/ACCOMMODATIONS, STAFF COLLABORATION AND PROFESSIONAL DEVELOPMENT)

A review of performance data for students with disabilities in HISD over the past 5 years shows consistently low achievement (10% or less meeting or exceeding grade-level standards) across multiple subjects and a persistent achievement gap between students with disabilities and their nondisabled peers. In some subjects such as reading and writing, performance on the State of Texas Assessments of Academic Readiness (STAAR©) has increased for students without disabilities but remained stagnant for students with disabilities (Figures D1-1 through D1-10 in

Appendix D1). These poor outcomes suggest a need to closely examine the quality of instruction that students with disabilities are receiving, and the preparation that teachers receive to implement evidence-based strategies.

Evidence AIR gathered about the quality of instruction was mixed. Survey respondents reported generally positive impressions of the degree to which appropriate instructional strategies were being implemented in their schools. The majority of respondents reported that teachers at their school differentiate their instruction to a great extent or moderate extent (85%); select and provide appropriate accommodations outlined in the IEP (87%); use technology that enhances learning for students with disabilities (82%); and implement principles of Universal Design for Learning (UDL) (79%), to a moderate extent or to a great extent (Table B1-1 in Appendix B1). Data gathered during school-level focus groups are similar, with 71% of participants agreeing or strongly agreeing with the statements that "in general education classroom settings, teachers differentiate instructional practices and provide all students (especially struggling students and students with disabilities) with the interventions and supports they need during instruction and assessment to successfully access grade-level standards and the school's curriculum" (Figure C3-3 in Appendix C3) and that "in general education classroom settings, students with disabilities consistently receive appropriate accommodations (as outlined in their IEPs) during instruction and assessment to access grade-level standards and the school's curriculum" (Figure C2-3 in Appendix C2).

However, further analysis of interview data gathered on this topic demonstrated inconsistency across schools in the quality of instruction provided to students with disabilities. For example, although a majority of special education teacher focus group participants agreed that students with disabilities consistently receive appropriate accommodations, responses varied by Trustee district. In Districts VII and VIII, 100% of participants *agreed or strongly agreed* that students with disabilities received appropriate accommodations; whereas in District IX, 80% *disagreed or strongly disagreed* (Figures C2-3d through C2-3l in Appendix C2). When discussing this item during focus groups, several participants reported that most teachers provide accommodations but that consistency is difficult given the number of students teachers serve, and the lack of support for the general education teacher. One participant explained,

> "That's the obligation of the special education teacher, to make sure we go in there, inform the general ed teacher at the very beginning of the year, this is your child, and this is his accommodations, and this is what it could look like . . . . The day to day giving of those accommodations that just really takes us being very actively involved, I think, because the general ed teacher, you know, it might slip her mind, or she gets busy and doesn't modify, or shortens the

assignment or whatever that is, so we try and just be in there a lot. I have two assistants and the resource teacher and me and we kinda try and share. So, we are in all the rooms, all the time, which isn't possible to be there all the time, but even the dyslexia teacher, she'll tell me, I noticed so and so. The teacher is not giving him his test, his math test with the accommodations. Then, we just try to immediately address it. So, there are problems with that."

Another special educator shared, "I think there's a lot of accommodations on the fly rather than prep ahead of time, which would make it, the consistency would improve if it were prepared ahead of time. That's hard for all of us."

Similar variation was evident when we asked IAT members if teachers consistently differentiate their instruction in general education classrooms. In Districts I, VIII, and IX, 100% of focus group respondents *agreed or strongly agreed*, compared to Districts V and VI, in which 60% and 50% of respondents, respectively, *disagreed or strongly disagreed* (Figures C3-3d through C3-3l in Appendix C3). One focus group participant explained, "There's been some good training . . . [on] . . . how do you differentiate, that's like a big this word, differentiation. It's tough, it's tough to actually make it happen in real life and be really meaningful. Not all teachers are up to that task because it is difficult to . . . . Again, if you're seeing 60 plus kids, how do you make sure those 60 kids are, it's all differentiated in your one little classroom. It's a challenge." Several staff commented on the difficulty teachers have with consistency and implementation of evidence-based instructional strategies. One district leader stated that they could not measure if staff were using evidence-based instructional strategies: "We don't have any way to measure that. We've attempted. We got to get better. We got to figure it out. That's one of the things we've been talking about. Even if we knew, we don't have any evidence that says that impacts outcomes, because the fidelity of how those are used varies. Depends upon how well the teacher is using them, and how well the student has been taught."

Parents of students with disabilities in HISD have also noted frustration with the lack of academic progress for their children. Among the parents who responded to the AIR-administered parent survey indicating that their child was in need of special education or dyslexia services, the top concern was that the child was struggling in core academic classes like math and reading. Comments from parents included, "My child [is] still failing gen education classes, [they] seem to just be present in class—where can he be taught the basics?" and "[I] need to pay for private tutoring because school wouldn't help."

On the staff survey, when asked, "What, if anything, would assist you in better teaching and supporting struggling students and students with disabilities" 44% of 764 staff who provided suggestions gave answers related to staff collaboration and professional development and professional development on instructional strategies specifically was among the highest priorities. Multiple HISD staff made statements about that fact that special education training tended to focus more on compliance issues than instruction; as one participant commented, *"We've spent a lot of time on compliance and not as much on the instructional side."* This perception was supported by AIR's document review of professional development offered by HISD's Office of Special Education Services Conferences in 2015, 2016, and 2017. Each conference lasted 3 days, and offered between 32 and 46 sessions. These sessions are of varied lengths (30, 60, or 90 minutes). Overall, some common themes noted over 3 years were that the majority of conference sessions focused on (1) nonacademic interventions (e.g., cultural awareness, TED Talks on various topics such as Teachers as Learners, and Cyber Café on district-adopted instructional resources such as Imagine Learning); (b) various district compliance and policies (e.g., inclusion, ARD/ IEP process, accommodations, Section 504 dyslexia training) or adopter programs (e.g., EasyIEP, Goalbook, and Restorative Practices); and (c) positive behavior support, social-emotional learning, trauma, and suicide prevention. There were very few, if any, professional development offerings in reading, math, or specific content area instructional/intervention strategies. In 2015, HISD did not offer any reading or math instructional/intervention strategies over the 3-day conference. During the 2016 3-day conference, one session was offered on literacy for elementary school (Literacy 3), and two literacy sessions for middle school (literacy strategies and nonfiction frame). The one math session on the 2016 agenda was time with a math vendor. The 2017 conference offered four sessions on instruction—one on vocabulary, one on literacy intervention, one on unpacking elementary reading and math, and one on math work stations.

One of the recommendations made by Hehir and Associates in 2011 was to "Develop effective models of special education service delivery emphasizing effective universal design principles." District leaders stated that UDL has been a major focus of their professional development in recent years: "I don't want to give up the notion of universal design for learning; and the work that's been done for universal design for learning. We've done a lot of good work. I'm not sure it's widely understood. Sometimes it requires teachers to teach in different way[s] or tell a different mindset." Additionally, in HISD's *2015–2016 Special Education Program: Identification, Placement and Assessment Report,* Office of Special Education Services (OSES) reported that UDL is identified as an improvement strategy: "The OSES has provided districtwide universally designed for learning resources such as Goalbook and Kurzweil to improve the teaching and learning process." Despite this district-level focus, evidence suggests UDL is not being

implemented effectively. For example, in interviews or focus groups in 10 out of the 27 visited schools, teachers reported little or no awareness or use of UDL, and in another 6 schools, interviewees reported that they did not think teachers were implementing it. When asked about teachers' use of UDL, responses included "What's that, understanding by- What is it?", "What is UDL? I don't know what that is" and "I don't really see it."

Additionally, records of UDL observation data gathered by OSES senior managers in 2016–2017 show implementation challenges. These data show that the majority (approximately 60%–70%) of observed teachers had a learning objective present but very few (less than 20%) communicated the objective to the class, had objectives individualized to student needs, or had students make choices in how they responded to the lesson. These data also showed that slightly more than half of lessons provided two or more options for how learners could demonstrate their learning, but a much smaller percentage (~5%) showed evidence of learners selecting how they would demonstrate their learning. The majority of classes observed had a lesson designed to engage all learners (54% at the last observation), but a smaller percentage of classes had learners attentive to the lesson (23% at last observation), communicating the component of the lesson capturing their interest or providing meaningful feedback on how the lesson could be improved. Notably, though UDL observation data were collected regularly over the course of a school year, there was no evidence of improvement from month to month.

It is important to note that extensive professional development on intervention and instruction is offered through HISD's Office of Academic Services; however, it was clear from our interviews that teachers of students with disabilities did not feel sufficiently trained in these areas. Furthermore, there was no evidence that UDL as an overarching framework is integrated throughout all professional development offerings.

Finding 5. HISD staff express a need for professional development that is sustained and focused on in-person coaching and mentoring rather than one-time or online trainings (INDICATORS: STAFF COLLABORATION AND PROFESSIONAL DEVELOPMENT)

Overall, data from professional development satisfaction surveys administered by HISD show positive feedback. For example, participant feedback on the 2016 and 2017 annual summer Office of Special Education Services Conferences was positive, with large majorities of participants saying they were "extremely satisfied" (79% in 2017; 73% in 2016) and "extremely likely" or "very likely" (86% in 2017; 81% in 2016) to attend the course/workshop again. Data from HISD-administered satisfaction surveys for 13 courses offered by OSES between 2014 and 2016 showed similar results, with the majority of participants (between 55% and 87%)

reporting that the course/workshop provided them with several useful ideas to apply in their own classroom (three exceptions were a session on Instructional Rigor in which only 34% reported receiving several useful ideas, a session on progress monitoring in which only 44% reported receiving several useful ideas, and was one Job Alike session in which only 44% reported that they received several useful ideas). Similarly, the results of AIR's staff survey administered in late summer 2017 also show generally positive impressions of professional development HISD teachers had received related to special education during the 2016–2017 school year. With the exception of professional development on Kurzweil technology in which feedback was mixed, 60% or more of respondents indicated that the professional development they had received on various topics was "moderately helpful" or "very helpful" and fewer than 20% responded that the professional development was "not helpful" (Table B1-4 in Appendix B1).

However, in-depth principal interviews and teacher focus group data indicate some dissatisfaction with the professional development that focused on students with disabilities. A large percentage (80%) of district administrators, including special education central office staff, who participated in the fall 2017 focus group interviews, disagreed or strongly disagreed with the statement, "HISD staff at all levels and roles are provided effective professional development designed to improve achievement outcomes for students with disabilities, and students at risk academically" (Figure C1-9 in Appendix C1). When school-based staff were asked to respond to the statement, "Both general and special educators receive ongoing, high quality professional development and training on topics related to students with disabilities," about half of the participants (51%) across all school levels also disagreed or strongly disagreed (Figure C2-4 in Appendix C2 and Figure C3-4 in Appendix C3). When the data are disaggregated by school level, the secondary schools are lower, with 54% and 60% of middle school and high school staff, respectively, disagreeing that HISD staff receive quality professional development on students with disabilities, compared to 31% of elementary school staff (Figures C2-4a through C2-4c in Appendix C2 and Figures C3-4a through C3-4c in Appendix C3).

When asked to explain their disagreement with the notion that HISD staff at all levels and roles are provided effective professional development related to students with disabilities, district leaders noted variation in professional development needs depending on role and experience, and that the current professional development offerings were not appropriately targeting these varying needs. One participant explained, "With the frequent turnover of folks, the ability to provide quality professional development for our teachers is very limited as well. Once you plan and prepare something, then time gets cut or the time is never made available, trying to have opportunity that is specific to what the special education teacher needs for the population of

students that he or she's working with is very limited." Another referred specifically to training on UDL: "you know the UDL training is great training but it's not job embedded and people don't understand why it's being provided." Some participants noted not being allowed to access externally provided professional development, even when needed to acquire specific skills: "In the past, and I don't know if this is going to continue, but I remember being told I could not go to an outside conference, because my numbers ... I had to make sure that I had my quota [of tested] students achieved."

At the school level, HISD teachers who participated in AIR's survey, interviews, and focus groups expressed a desire for more higher quality professional development to help them improve their instruction for students with disabilities. When asked, *"What, if anything, would assist you in better teaching and supporting struggling students and students with disabilities?"* teachers reported that they want more professional development on instructional strategies and interventions for students with disabilities, differentiating instruction, and varying approaches and formats to professional development delivery. A theme that arose repeatedly in interviews and focus groups with school-based staff was the need for differentiated professional development delivery, (e.g., direct teacher coaching and classroom modeling). Teachers wanted a differentiated approach to professional development based on staff needs and roles throughout the year, more focus on coaching rather than online professional development, and modeling with feedback. One teacher explained, *"I don't like when I go and they are lecturing to me . . . just show me what it looks like. What should we be doing . . . can we have hands-on training."* School staff expressed preference for ongoing external professional development that is face-to-face, and wanted to attend professional development together with their colleagues in other roles (e.g., general and special education).

Finding 6. The current staffing allocation in HISD is insufficient to meet the needs of its population of students with disabilities (INDICATORS: SYSTEMS AND ORGANIZATIONAL STRUCTURES)

A review of staffing data showed shortages in some key areas. For example, as of December 18, 2017, the district had nine vacancies for school psychologists, having filled 5 of its 14 vacancies from the beginning of the 2017–2018 school year. District staff cited low pay and unrealistic workloads as potential reasons for continued vacancies in these positions. These vacancies place the district well outside the National Association of School Psychologists (NASP) recommended ratio of students to school psychologists of 500–700:1 (NASP Model for Comprehensive and Integrated School Psychological Services, 2010) instead overburdening these professionals with caseload ratios averaging 5,385:1. Even when accounting for support

provided by diagnosticians, school psychologists appear overloaded with testing and evaluation reports. In addition, these unrealistic caseloads prevent them from providing other specialized services students need, such as counseling and behavior support.

HISD has made efforts to address some staffing shortages, but concerns still exist. Although there are about 50 program specialist positions in the district, staff noted varying levels of support from program specialists in schools: "I have a program specialist who goes to all of the meetings," "our program specialist comes out . . . at least four times, five times this year," or the principal "confers with [program specialist] once or twice a week." The majority of school staff viewed the program specialist as the person who "will fix it" or "who will come if there is a problem" and as the "most helpful" when there were challenges. However, some school staff noted inequitable support, because program specialists appeared to focus primarily on schools in crisis or on individual situations that require district intervention (e.g., severe behavior problem) as opposed to support staff to improve overall special education services. Despite the value of the program specialist, staff did note that some changed frequently and that you could "start a school year with them, and then you get a new one two or three or four months later, and then another one in the summer."

There also appeared to be concerns regarding availability of staff to support specific needs. Only one program specialist is assigned to support inclusive practices even though almost 70% of special education students spend the majority of their time in the general education classroom. Other concerns were that there is only one BCBA program specialist and one behavior program specialist to support teachers in the district, including those serving the more than 2,100 students with autism. HISD has funded only three Parent Liaisons, although there are families representing more than 216,000 students (and more than 15,000 students with disabilities) across 9 district regions. Staffing ratios for these positions are unlikely to result in the intended outcomes as the staff will be able to provide only limited support to large numbers of students and families or intensive supports to very few.

Although special education teacher-to-student ratios in the district appear to be commensurate with or better than state and national averages, teachers may not be adequately prepared for their role. HISD's special education student-to-teacher ratio is 13 compared to 20.8 in Texas and 17.1 nationally.[1] Despite these data, 52% of respondents to the AIR-administered survey indicated they disagreed or strongly disagreed that "*There are sufficient special education*

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[1] The HISD ratio was calculated as 15,189 students (data from 2016–2017 district profile) divided by 1164 special education teachers (data provided to AIR by HISD as of January 2018). The state and national ratios were calculated using 2015–2016 personnel and child count data available at http://www2.ed.gov/programs/osepidea/618-data/index.html.

teachers and staff available to meet the needs of students with disabilities in my school," and more than half (59%) of surveyed staff disagreed or strongly disagreed that "*When my school is in need of new staff to support students with disabilities, the district is able to quickly respond to and fill the need*" (Table B1-8 in Appendix B1). Similarly, data from the five district focus groups indicated that two thirds of respondents disagreed or strongly disagreed that "*HISD's resources and staff are adequate to meet the needs of students with disabilities and struggling students*" (Figure C1-11 in Appendix C1). School-level focus group data were similar, although results varied across grade levels and district regions, and between focus group member roles (i.e., special education staff versus IAT team members). In the aggregate, 51% of school-level staff participating in focus groups disagreed or strongly disagreed that "*There are sufficient qualified staff at my school to meet the needs of students with disabilities*" (Figure C2-6 in Appendix C2 and Figure C3-6 in Appendix C3). Interview data supported the staff survey and focus group data, with 58% (28/48) of principals and special education department chairs also indicating they do not believe they have sufficient resources and staff to support the education of students with disabilities in their building.

There was observed variability in perceptions of the appropriateness of staff allocation by role and region. When school-level focus group data were disaggregated by role, IAT staff indicated slightly more disagreement (53%) that "*There are sufficient qualified staff at my school to meet the needs of students with disabilities*" than special education staff (45%) at these same schools (Figure C2-6 in Appendix C2 and Figure C3-6 in Appendix C3). Focus group data varied significantly by staff role in Districts I, II, III, VI, and VII for this same statement. In Districts I and VII, 67%–71% of special education staff disagreed or strongly disagreed that their schools had sufficient qualified staff to serve students with disabilities, compared to 22%–33% of IAT staff expressing disagreement. In Districts II, III, and VI, 50%–75% of IAT staff in focus groups disagreed or strongly disagreed that their schools had adequate qualified staff to serve students with disabilities, compared to 13%–31% of special education staff expressing disagreement (Figures C2-6d through C2-6lc in Appendix C2 and Figures C3-6d through C3-6l in Appendix C3).

There are some potential reasons for shortages in certain areas. District focus group respondents reported that HISD salaries for special education staff are not as competitive as neighboring districts, particularly for diagnosticians and LSSPs. Two respondents said that two LSSPs left HISD because they can make $15,000–$20,000 more in another school district. Another participant noted that the district loses some of its highest quality special education staff to surrounding districts that have higher pay scales. This same participant noted some of the impacts of poor pay, like staff vacancies and delays in testing. One of the respondents added that some of the district special education senior managers, including those who have

been with the district for decades, are "grossly underpaid." Another participant suggested that special education teacher salaries were lower than nearby districts in addition to expecting more work of those teachers:

> "Not only is the pay not what other districts surrounding us have, but our district requires a lot more . . . . People are feeling like, yes I'm committed to children, but I can be committed to children at another school district that doesn't have 280 plus schools, where my class size is (even for special ed self-contained) 5:1-2, and I can manage that. I don't have to work 14 hour days, and I can get more. That's what people look at, not just the pay but what am I getting and what am I doing for the pay."

This same respondent reported that prospective special education staff actually left the district after making a commitment to employment once they discovered their salary rate through human resources. Another focus group participant brought up the discrepancy between the salaries of district special education staff and district staff in other offices, stating, "People in our position in other departments in the district, their pay scale is higher." In the first open response question on the staff survey, "*What recommendations do you have for improving services in HISD for struggling students and students with disabilities?,"* several respondents representing different roles (e.g., assistant principal, special education teacher, teacher assistant, LSSP) mentioned that the district experiences high special education staff turnover rates due to low salaries, particularly for diagnosticians, LSSPs, and special education teacher assistants. Although AIR was unable to corroborate these concerns by examining salary schedules in neighboring districts, staff nonetheless believed strongly that salary discrepancies exist.

Our data also revealed a lack of clarity for some roles. Most notable was the district's use of special education department chairs in schools. The position does not appear well-defined and its implementation varied across visited schools. In some cases, the special education chair took on a more administrative role (e.g., writing IEPs, facilitating ARDs), while others had responsibility for coaching teachers, providing trainings, and observing and providing feedback to teachers on their instruction. In most schools, special education department chairs took on these administrative and/or instructional leadership roles in addition to teaching students. Often the department chairs handled communication with the district's special education staff (program specialists or senior managers) and served as a liaison between the district and the principal. However, in some schools, principals did not rely on the department chair for this purpose. Instead, they worked directly with district special education staff or assigned a dean who served as the liaison. Although many commented that the special education department

chair was overburdened with too many responsibilities, these responsibilities often overlapped with responsibilities associated with other roles (i.e., instructional leadership duties of the principal or assistant principals, paperwork and consultation duties for special education teachers, training duties for district staff).

Finding 7. Tension and division persists between general education and special education that impedes effective implementation of practices and procedures that target the needs of students with disabilities (INDICATORS: PREVENTION AND IDENTIFICATION, STAFF COLLABORATION AND PROFESSIONAL DEVELOPMENT, SYSTEMS AND ORGANIZATIONAL STRUCTURES)

Five district-level staff and stakeholders at 14 of the 27 visited schools described special and general education as sitting in "silos" or noted that a disconnect exists between special education programs and general education. Expressions of this included staff describing a "yours versus mine" mentality where general educators do not accept their role as the primary teacher or teacher of record for students with disabilities. Some school leaders are aware of this tension and are working to correct it; for example, one principal stated, "One of the things that we're trying to incorporate is that it's not just your students or my students, all students are my students."

The gap between special and general education is also evident in the district's planning processes and organizational structure. For example, the district's approach to building facilities reveals a lack of integration between general and special education. In focus groups with district leaders, respondents noted a pattern where special education staff were not consulted about construction plans. In one high school renovation project, two special education classrooms from the old campus were left out of plans for the new building. More collaborative planning for professional development also emerged as a possible area for improvement. A district leader described misalignment between the professional development offered to special education versus general education teachers, stating "[professional development] we offer in special education isn't connected to what our priorities and initiatives are in general ed . . . my perception is that it is considered a separate topic and we never talk about teaching to a continuum of students."

Some disconnect between special and general education is also evidenced in HISD's organizational structure. Organizational charts for the Office of Special Education Services (OSES) show points of overlap with other departments, such as in the areas of parent engagement and intervention, but reports from district stakeholders suggest that OSES has

historically operated in isolation, without connecting to related departments. For example, OSES has its own parent liaisons who do not appear to be connected to the Family and Community Empowerment (FACE) unit that sits under the Office of Student Support Services. One district leader reflected on the need to infuse special education issues into the FACE work: "We need to have a component in FACE to . . . deal with special needs or special ed so those parents can have somewhere to come to be able to learn more." Similarly, the Office of Student Support Services employs a Positive Behavioral Interventions and Supports (PBIS) manager and a Behavioral Intervention manager, but how these staff connect to intervention specialists in the Intervention office, or to OSES' designated program specialists for Behavior and Applied Behavioral Analysis is unclear. However, HISD has made progress toward integrating special education as part of a districtwide restructuring effort; one district stakeholder noted that "under our previous administration, the interventions office resided with . . . student support, and it was really odd . . . and so we moved [general education curriculum, interventions, and special education] together . . . and I think that has made a world of difference."

Strategizing at the school level is also compartmentalized (dividing special and general education), which sometimes results in less attention paid to special education priorities or issues. One illustration of this is the practice of developing separate overall School Improvement Plans (SIPs) and campus support plans for special education. As a district leader observed, "We have our own campus support plan for special ed that we would present to the campus, instead of sitting at the table with the campus . . . and being part of that [overall] plan." Analysis of SIPs for the 27 visited schools seemed to confirm the perception that many campuses did not make special education a focus of their overall plans; a third of these SIPs either did not include any or included only one substantive reference to special education.

At the school level, data suggest that many principals do not assume responsibility for the progress of students with disabilities. In focus groups with district leaders, 76% of participants *disagreed* or *strongly disagreed* with the statement that "HISD principals assume responsibility and are held accountable for the progress of students with disabilities in their buildings" (Figure C1-13 in Appendix C1). In describing this problem, one participant explained that when an issue related to special education surfaces in a school, the typical response from a principal is "'What are you, Special Ed, going to do about it?'" This suggests that the district is still grappling with the second recommendation that emerged from Hehir and Associates' 2011 evaluation, which was to hold principals accountable for special education issues.

This trend was also borne out among school staff; we found that the degree of collaboration between special and general educators is low overall and uneven across the district. When

general educators were asked on the staff survey how often they collaborate with special educators to discuss modifications and/or accommodations, to discuss student progress, or to share strategies for including students with disabilities in general education, nearly half of all respondents (49%–54%) said they collaborate never, almost never, or a few times per semester (Table B1-3 in Appendix B1). In focus groups with special educators, participants were asked to assess the statement that general and special educators meet and collaborate regularly regarding instruction, team teaching, and accommodations; responses indicated that overall, 54% disagreed or strongly disagreed (Figure C2-5 in Appendix C2). However, the level of agreement with this statement varied substantially across Trustee districts; results were most positive in District VII, where 89% of focus group participants agreed or strongly agreed that staff collaborate regularly, but results were uniformly negative in Districts V and VIII, where 100% of participants disagreed (Figures C2-5d through C2-5l in Appendix C2).

Interviewees at 11 schools described friction between coteachers and their general education partners over their roles in the classroom. Often coteachers described being treated as a classroom aide or assistant rather than a teaching professional with equal status. For example, one special education department chair observed, "Sometimes the general ed teacher has a misunderstanding of what that second [co]teacher is in the classroom for . . . it's not to be a disciplinarian. It's not to make copies. It's not to deal with just the students that are acting out, but it's really to collaborate." Some staff may be struggling with coteaching because they have not been exposed to effective models or best practices: 38.9% of survey respondents reported that the professional development they received on coteaching was *not helpful* or *minimally helpful* (Table B1-4 in Appendix B1).

In general, interactions between special and general educators often occur on an as-needed basis and are superficial in nature. When interviewees were asked how special and general educators collaborate, 17 respondents described exchanging basic information, such as delivering a binder with a list of allowable accommodations or providing copies of students' Individualized Education Programs. Thirteen school-level interviewees and one district interviewee reported that special and general educators engage on an as-needed basis, in reaction to a specific problem or concern such as course failure or underperformance. One special education department chair stated, "I make sure that they're [students with disabilities] passing their classes. If they are not I go and communicate with their teachers." Almost all stakeholders who described limited collaboration between special and general education cited time and/or scheduling issues as the main obstacle to regular collaboration.

Finding 8. The process for communicating about and rolling out new policies and procedures appears to be uncoordinated, inefficient, and rushed (INDICATORS: SYSTEMS AND ORGANIZATIONAL STRUCTURES)

HISD uses a variety of approaches to disseminate new policies and procedures, but it is unclear that all staff are receiving and understanding key information. In three focus groups with district leaders, 48% of participants disagreed or strongly disagreed with the statement "HISD's policies about special education and communication of those policies are adequate to ensure that stakeholders understand expectations" (Figure C1-12 in Appendix C1). In 27 focus groups with school-based IAT members, 40% of participants disagreed or strongly disagreed that "HISD's policies and procedures for prevention, identification, and services for at-risk students and students with disabilities are clear and shared with stakeholders in a timely manner to ensure everyone understands expectations" (Figure C3-5 in Appendix C3).

Through interviews with staff at 27 schools and a review of district resources, we identified several communication channels being used to share information about special education, including principal meetings; special education department chair meetings; e-mail; academic services memos; the myHISD portal; and the Office of Special Education Services (OSES) operating guidelines site. Staff also receive messages from different authorities, including special education program specialists, school support officers, principals, or the special education department chair. Because of the wide range of communication channels and agents used by HISD, information is not spread in a thorough or consistent way. District leaders demonstrated awareness of this problem; one interviewee noted, "We disseminate information to them [special education department chairs], but they are inconsistent about disseminating it to their staff."

Interview data suggest that passive modes of communication such as sending out memos or other e-mail notifications are not always successful in conveying key information. "Academic services memos" are sent to administrators on at least a weekly basis. Some interviewees thought the memos are not getting principals' full attention because of their frequency and the breadth of subjects covered. One principal was skeptical that their colleagues read these memos because there are so many; another commented that they route the memos through their secretary to check for important updates because "there [are] memos for everything." Another principal noted that there is a place to go online and search the memos, but thought this had limited utility because "it's time consuming, and the [memos] that are really important . . . I think need to be discussed at principal's meetings." Similarly, five administrators voiced concerns about the effectiveness of e-mail communications (both messages they receive and

send). One principal described difficulties sifting through e-mail and picking out key information, and expressed a desire to discuss special education issues face-to-face and ask clarifying questions. According to building leaders, these passive strategies are not conducive to providing deep and meaningful information about changes being enacted in HISD. One principal observed, "We're told what to do, but there's no information behind that," and another principal thought that the district does not explain its reasons and rationale for procedural or policy changes.

The OSES operating guidelines website is also problematic, according to reports from district leadership and analytics describing site activity. This website hosts 570 distinct files and pages[2] and is subject to frequent changes, which may be made by any of the 18 registered users. During the month of December, the guidelines were revised 45 times, with 31 of these revisions occurring in a single day. One district leader expressed concern that the guidelines are not user-friendly and are not well-differentiated for the various audiences accessing the website, such as parents and teachers: "everybody points me to the website and I look at the website and . . . it's jargon laden . . . it's not parent friendly . . . [there are no graphics, [there are] no flow charts." Attitudinal barriers are also at play, for example, the assumption that posting information on the website is all that is necessary to communicate with key stakeholders. A district leader said,

> "A lot of it is we had the inability to be consistent with that message, and I think that's part of the reason why things feel broken. Our special ed department was pretty black and white as far as, this is what you follow and wasn't really getting that message out in a consistent way across the entire district. It was putting something on a website and then saying, we've done our jobs so we can move on."

In focus groups with special education department staff, one program specialist commented, "You can find almost anything you need to know on [the] operating guidelines if you just take the time to go there and to read." A special education senior manager had similar sentiments, stating, "Our operating guidelines [are] there for all to view."

The district releases many resources to support implementation of special education policies, which sometimes overlap or provide conflicting information. For example, the district provides one document about "How to Select Accommodations and/or Modifications" and another describing "Accommodations, Modifications, Supplementary Aids, and Services," but the two

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[2] As of January 17, 2018.

documents do not refer to each other. Our concerns about conflicting information arose from guidance documents that paraphrased or misquoted state or federal regulations such as the *Texas Administrative Code* and IDEA. For example, an OSES-distributed document explaining the protocol for full and individual evaluation (FIE) sets a timeline of 45 days—after obtaining parent consent—to complete a student's FIE and cites federal regulations under IDEA. In fact, the federal standard is for FIEs to be completed within 60 days; requiring evaluations to be completed in 45 days could give the impression that the district's response was rushed and due diligence was not observed. Often, using the original language from federal statute is the simpler and more accurate approach.

Overall, data suggest that differences in messaging (across mediums and across parties conveying these messages), as well as delays in the dissemination of messages, lead to inconsistent implementation. One principal observed, "The big issue is that we don't really have consistency in special ed. Policies are made for one school that aren't made for another school." A district leader explained that it is "not uncommon for some communities to get certain procedures or have procedures explained to them in a certain way, and other parts of the city have it in another way; and there [is] really no unifying document." One special education department chair commented on the lag-time before staff are advised of changes: "A lot of times things change before we get [the updates] . . . if it changes rapidly then we're kind of behind the change."

Finding 9. There is a systematic underutilization of data to drive programmatic decision making and monitoring (INDICATORS: DATA-DRIVEN DECISION MAKING)

HISD's research department gathers and has access to an abundance of data on academic and behavioral outcomes, identification rates, and placements for students with disabilities. However, we found little evidence that district and school leaders were proactively, collectively, and consistently using these data to set goals, inform large-scale improvement strategies, and monitor progress toward goals.

The HISD 2017 District Improvement Plan includes four goals for special education: (1) decrease the percentage of students with disabilities places in general education for 40% or less of the school day by 5%; (2) improve achievement outcomes for students with disabilities in core content areas of reading, writing, math Grades 3–8; and end-of-course English language arts and mathematics on STAAR assessment by 10%; (3) the percentage of students with disabilities who meet the Global Graduate (post-secondary readiness) standards will increase 2 percentage points annually per year; and (4) meet established local, state, and federal timelines and targets

for identification of students with disabilities. OSES has an expanded and more detailed version of this plan, called the Targeted Improvement Plan (TIP) that includes these overall annual compliance goals, as well as additional goals that reflect departmental priorities. AIR reviewed this TIP including prior drafts that included for each goal a corresponding problem statement, root cause, and strategy to achieve those goals (see Table 3).

Table 3. OSES 2017 TIP Goals, Problem Statements, Root Causes, and Strategies

Goal 1	
Problem Statement 1: Achievement of students with disabilities is far below the expectations for academic performance.	Goal 1: Decrease the percentage of students with disabilities placed in general education for 40% or less of the school day by 5%.
Root Cause 1: Placement decisions about where special education services should be provided are often determined by campus ARD/IEP committees on the basis of disability category rather than student needs.	Strategy 1: Update the *Special Education Operating Guidelines* that will identify the standard procedure by which the Compliance Work Group will engage their work.
Goal 2	
Problem Statement 2: Passing rate for STAAR 3–8 in reading/ELA is 35.4% and math is 40.4%. Passing rate for EOC in ELA is 25% and math EOC is 40%.	Goal 2: Increase the passing rate for STAAR 3–8 in reading/ELA and math; increase the passing rate for EOC in ELA and Math.
Root Cause 2: Teachers' lack of use and understanding of accessibility features and designated supports impact fidelity of implementation.	Strategy 2: Provide access to universal screening tools for all students, then base interventions and supports on the screener results.
Goal 3	
Problem Statement 3: Too many students with disabilities are accessing the alternate curriculum and default to the alternate assessment.	Goal 3: Students who participate in the alternate assessment will not exceed the 1% cap.
Root Cause 3: ARD/IEP teams look at the disability category to determine which assessment a student should take rather than looking at the student's strengths and abilities.	Strategy 3: Provide professional development and follow-up activities to help campuses understand which students are those with significant to severe disabilities, and update the Special Education Operating Guidelines accordingly.

Goal 4	
Problem Statement 4: We have failed to achieve 100% compliance specific to initial evaluation timelines.	Goal 4: Meet 100% compliance with evaluation timelines.
Root Cause 4: We have targeted incremental increases over time that will never reach the required 100%.	Strategy 4: Update the *Special Education Operating Guidelines* that will identify the standard procedure by which the Compliance Work Group will engage their work.

In some places in the TIP, strategies do not relate to problem statements, root causes, and goals. For example, TIP problem statement 1 is "*achievement of students with disabilities is far below the expectations for academic performance.*" Note this statement does not include specific achievement data of said students nor does it identify the targeted expectations for performance. Because research shows that the number one impact on student academic achievement is a student's teacher and the instruction a student receives, we might expect the root cause of continued low academic performance of students with disabilities to be related to (a) systemic low academic expectations for students with disabilities in the district, (b) overall low quality of instruction that students with disabilities receive, or (c) administrative or programmatic processes that interfere with student access to instruction (e.g., student time spent in transitions, staff interruptions during instruction). Instead, root cause 1 is "*Placement decisions . . . are often determined by campus ARD/IEP committees based on disability category rather than student needs*" and the associated goal is "*Decrease the percentage of students with disabilities placed in general education for 40% or less of the school day by 5%.*" Placement setting does not inherently affect the quality of instruction students receive, academic or otherwise, and it is unclear that setting a goal with respect to placement alone will address persistently low academic performance. As another example of misaligned goals, problem statement 2 references the low passing rates of students with disabilities on Grades 3–8 STAAR reading/ELA and math assessments and end of course (EOC) reading and math tests. In response, strategy 2 was created—*Provide access to universal screening tools for all students, then base interventions and supports on the screener results*. While this strategy itself may be sound and assist in identifying appropriate interventions per individual student needs, it is more closely aligned with supporting the needs of all students than those with disabilities and it is also not aligned to root cause 2: *Teachers' lack of use and understanding of accessibility features and designated supports impact fidelity of implementation.* An aligned strategy would address teachers' lack of understanding of accessibility features and supports, likely through some combination of professional development, exposure and practice. An aligned strategy

would propose to alter the low rates of teacher usage of accessibility features and supports. Instead, the TIP suggests implementing a tool for deeper diagnosis of student needs, as opposed to addressing the issues of implementation fidelity by teachers.

In addition to the information listed in Table 3, the TIP includes activities under each goal, with a timeline, expected outcomes, and results. In our review of these sections, we noticed instances of expected outcomes being written as goals and strategies rather than measurable outcomes, or vice versa. For example, the expected outcome for tracking FIEs is written as the name of a responsible person instead of a measurable goal. In several places under "results" a data source is noted rather than a measurable goal. In another instance, one of the activities for Goal 2 is "improved student outcomes in STAAR and EOC assessments" rather than an activity.

Despite the establishment of goals in the TIP, none of the interviewed district leaders mentioned the TIP goals or identified other specific special education goals, outcomes, or indicators against which the district was monitoring special education progress, even when explicitly prompted. When asked "*What are your top 3 priorities with respect to improving special education services in HISD?*" responses included the following:

- improving parent communication and advocacy;

- improving referral, evaluation, and identification processes;

- ensuring that evaluation assessments are completed in a timely manner;

- increasing leadership capacity of special education senior managers and program specialists within their departments;

- developing campus administrators' knowledge and ownership of process for serving students with disabilities;

- pushing and continuing to use Universal Design for Learning (UDL);

- developing and disseminating very clear processes and procedures for all aspects of the special education program and ensuring they are widely understood by all stakeholders;

- improving staff development and training;

- providing consistent programmatic offerings throughout the entire district that are of equivalent quality and are meeting the needs of students as close to their homes as possible;

- fostering a sense of urgency that academic growth for students with disabilities is just as important as for students without disabilities; and

- focusing more on outcomes for students with disabilities, particularly in the areas of reading, writing, and math.

Although these are all important priorities, only two aligned specifically with goals laid out in the TIP (outcomes focus aligns with Goal 2, and timely evaluations aligns with Goal 4). During these interviews, there was no explicit mention of goals and indicators for special education that had been developed by HISD.

Before the current special education program review, HISD was monitoring progress toward a set of indicators established in response to the six recommendations from the 2011 Thomas Hehir & Associates *Review of Special Education in the Houston Independent School District* report. OSES tracked progress data on these indicators from 2012 through 2016. However, the indicators and occasionally the evidence gathered did not always align with the recommendations, the intent behind the recommendations, or the root cause of the problem leading to the recommendations. For example, OSES developed the indicator "*The number and percent of students identified with dyslexia will increase*" based on the Hehir report recommendation to "*Develop policies, procedures, and practices for students with dyslexia.*" This indicator goes several steps beyond the development of policies, procedures, and practices, and assumes that the development of these policies will lead to increased identification. The current OSES TIP has a similar goal: *"The number of students identified to have dyslexia will increase by 234 from the 2016–2017 school year"* with no context to explain why this is a desired goal.

In district leader interviews, while leaders noted that attention was initially paid to implementing district-developed indicators based on the Hehir report recommendations, others thought that necessary resources were not directed toward systemically implementing all the recommendations equally. One leader believed that actions, such as providing dyslexia training and ensuring campuses had dyslexia coordinators, did not begin until 2015 or 2016. Others thought that the action plan remained more of an internal document that was not communicated well to schools, which had responsibilities for implementation. One leader said, "I just think there were pieces of that action plan that were never vetted out and were never realized."

One district leader mentioned that stakeholders—principals, teachers, community members— do not have an understanding of what was attempted or accomplished with the special education targets that were set based on the Hehir report: "I know that transformative work was done in the district. I see evidence of it. I think though that kind of work in a vacuum

without a feedback loop to the field then becomes a little stifling . . . but the Hehir report I do get the sense was being utilized, was being implemented; but it was being implemented in a vacuum." Historically, stakeholder engagement in the district's special education decision making has been limited. This lack of transparency and communication by the district in the midst of heightened scrutiny of the state for its lower-than-average special education identification rates is recognized as one factor that led to parent complaints and negative media attention of the district's special education policies and practices.

HISD collects a variety of district-level data on students with disabilities and their nondisabled peers (e.g., achievement gap scores, graduation and drop-out rates, academic achievement disaggregated by placement), which are included in publicly available, annual STAAR performance reports. However, interviews with district leaders indicate that the current special education leadership is not yet using the research department's services to create and track indicators of impact or to analyze data. The previous special education administrator hired her own data person and worked very closely with the research department. One district leader noted that the special education department needs to analyze district data more deeply to make programmatic decisions for special education. Thus far, the data have just been looked at "from a cursory point of view." This leader shared, "The research department does a very good job of disaggregating data, and putting together reports [that are needed]. I don't know that we've done our due diligence in really digging through the data and the reports, so that we can come to some conclusions and some strategies about what we can do differently and how we move forward."

A similar lack of data-driven decision making was found at the campus level. For example, when principals were asked about what data they look at to inform decision making about students with disabilities, only 1 of 27 interviewed principals mentioned the A4 dashboard and 1 principal mentioned reviewing data together with the special education program specialist assigned to their school. Likewise, district and school staff noted there are important decisions made about students with disabilities using limited data, and lacking group consensus and a robust data-based decision-making process. Staff survey data and focus group data from IAT members, LSSPs, and evaluation specialists revealed that diagnosticians, in the process of conducting evaluations for special education and making determinations regarding special education eligibility and identification, often look only at student scores from the tests they themselves have administered during the testing window; they do not consider a variety of other student data collected by the school and by a student's teachers. According to these data, diagnosticians also do not frequently counsel with a student's teacher(s) when identifying a student for special education.

Finding 10. HISD lacks a systematic process for ensuring that families are appropriately involved in decision making regarding intervention and special education for their children (INDICATORS: FAMILY ENGAGEMENT)

HISD is making a concerted effort to change the perception of families, parents, and the community about how the district serves all students, including children with disabilities, by implementing specific actions and activities, such as administering parent surveys; using parent liaisons; conducting town hall meetings; hosting parent summits and special education parent forums; collecting comment cards; forming a board ad hoc committee for special education; and hosting an online parent connect hub. An analysis of AIR's staff survey administered in late summer 2017, show that staff rate their schools very favorably when asked about how well HISD communicates and engages with parents and families of students with disabilities. Almost 90% of surveyed staff agreed or strongly agreed that teachers at their school communicate effectively with families; and 83% agreed or strongly agreed that their school uses an effective system for communicating with families of struggling students and students with disabilities (Table B1-12 in Appendix B1). In the open-ended portion of the staff survey in which teachers were asked to make recommendations for improving HISD's services for struggling students and students with disabilities, only 90 of 842 teachers recommended changes pertaining to family or parent communication and engagement. Likewise, in special education teacher focus groups conducted in fall 2017, 75% of participants (across elementary, middle, and high schools) agreed or strongly agreed that their school effectively communicates and engages with parents to support learning for struggling learners and students with disabilities (Figure C2-8 in Appendix C2).

Although a majority of the school-level staff gave their schools positive marks on engaging parents and families of students with disabilities, data gathered from district leaders (e.g., central office staff), depicted less-than-favorable ratings. In a focus group of district leaders, 89% disagreed or strongly disagreed with the statement, "HISD effectively communicates and engages with parents to support learning for struggling learners and students with disabilities" (Figure C1-15 in Appendix C1). A theme that emerged from district leader interviews is that parental communication is compliance driven regarding ARDs, IEP process, and paperwork. This district leader statement captures a common perception, noting, "I don't think we are there yet with parents and engagement . . . . As diverse of a population that we have in our district, I don't think we are doing it effectively." HISD school staff who participated in AIR's principal interviews and teacher focus groups, pointed to district-level activities like town hall meetings and special education parent forums as examples of how their school is doing a good job with parent communication and engagement. When asked to describe the specific strategies and

activities they implement at their school to communicate and engage parents of students with disabilities, teachers listed parent attendance at ARD meetings, providing procedural safeguards, student report cards, and parent open house or meetings.

Recommendations

We offer five major recommendations to address the findings outlined in this report and improve outcomes of struggling students and students with disabilities in HISD. Each recommendation includes a series of short- and long-term action steps or activities that HISD can take to implement the recommendation. In addition, we offer suggestions for monitoring implementation of the recommendation, both at the process and outcome levels.

As HISD moves forward in implementing the following recommendations, we offer a bit of caution. Failure to prepare adequately for implementation of large-scale change can lead to wasted resources, frustration among staff, and worse, poor student outcomes. It will take time to build the district and school infrastructure necessary to prepare staff to implement changes adequately and ensure ongoing fidelity to these changes. For systemic changes, implementation science suggests that schools and districts invest at least 3–6 months to build stakeholder buy-in and another 6–12 months to adequately prepare (e.g., resource development or access, professional development, communication, and infrastructure changes) for full implementation. Using a validated, systematic approach to implementing and monitoring these recommendations will lead to efficient and effective use of resources, greater adherence to the established processes, and most importantly, sustained improvement in student outcomes. Additionally, although implementing each recommendation on its own is possible, we strongly suggest a comprehensive approach to system change that integrates all five recommendations, to maximize outcomes and opportunities for students with disabilities.

Recommendation 1. **All schools should provide proactive, preventative services for struggling students through implementation of a schoolwide, tiered system of support (addresses Findings 1, 2, 3, 4, 9, 10).**

Nationally, implementation of effective prevention models of tiered systems of support, sometimes called response to intervention (RTI) and multitiered systems of support (MTSS), have consistently resulted in sustained academic performance, reduced behavior problems, decreased inappropriate referrals to special education, and improved graduation rates. Moreover, evidence suggests that effective implementation of tiered systems of support can reduce disproportionality in special education and decrease the length of needed special education services (Burns, Appleton, & Stehouwer, 2005; Dexter, Hughes, & Farmer, 2008). In

an effective, schoolwide RTI/MTSS model, students with disabilities, like students without disabilities, have access to instruction at increasing levels of intensity. At Tier 1, all students including those with disabilities have access to high-quality, standards-based instruction delivered using universal design principles and appropriate accommodations, whether delivered in the general or special education environment. At Tier 2, students have access to supplemental instruction using validated, standardized interventions designed to address basic skill deficits outlined in the PLAAFPs of the IEP. At Tier 3, students with severe and persistent learning needs, including those not progressing on IEP goals, have access to intensive interventions or more individualized instruction through valid methods like data-based individualization. By implementing effective tiered systems of support across all schools, HISD can better identify and meet the needs of all students, including those with dyslexia, English language learners, disadvantaged students, gifted students, and students with disabilities.

Although the current IAT process in HISD includes elements associated with a tiered system of support framework, our review found inconsistent knowledge and implementation of the process across schools (Finding 1). We also found limited evidence of data-driven decision making (Findings 2, 4, and 9), lack of individualization in IEPs and instruction (Finding 2), lack of systemic family engagement with respect to instruction (Finding 10), and insufficient attention paid to ensuring access to high-quality instruction and a full continuum of services for students with disabilities (Findings 2 and 3). A well-implemented, comprehensive schoolwide tiered system of support can address these challenges. It is important to note, however, that HISD will not see significant impact on student performance until schools are fully implementing the essential components of a tiered system of support with fidelity.

Short-Term Implementation Activities

a. Engage relevant stakeholders in developing written district guidance for implementation of a tiered system of support that outlines the essential components and clearly communicates how special education is embedded into a tiered system of support.

b. Provide professional development and coaching to ensure school and grade-level teams collect and use appropriate formative (e.g., Star 360 universal screening and progress monitoring) and diagnostic data for decision making at all levels of instruction (e.g., school, grade, class, student level).

c. Engage stakeholders in simplifying the IAT process to ensure (1) that students have timely access to validated interventions at Tier 2, intensified interventions at Tier 3, and referral to special education eligibility determination, if appropriate; and (2) effective communication with families throughout the process.

d. For students demonstrating lack of response to validated Tier 2 interventions delivered with fidelity, provide intensified interventions using validated data-based intensification strategies, such as use [data-based individualization](#).

e. Support full implementation of a comprehensive tiered system of support in a small number of pilot schools, with technical assistance (e.g., assigned support staff, professional development, train-the-trainer model).

Long-Term Implementation Activities

a. Provide ongoing professional learning and support to regional and school-based staff to ensure they have the knowledge and skills necessary to work in a schoolwide tiered system of support.

b. Regularly monitor (e.g., annual, biannually) the extent to which schools are implementing the essential components necessary for an effective tiered system of support using a standardized tool, like the [CRTI RTI Fidelity Implementation Rubric.](#) Monitoring activities should ensure the following:

   i. students receiving supplemental interventions are progress monitored frequently (e.g., at least monthly for Tier 2 and weekly for Tier 3) using valid and reliable tools, such as the district's supported tool Star 360;
   ii. struggling students have access to validated small group and intensive interventions delivered through data-based individualization matched to their identified needs;
   iii. students with disabilities have access to instruction at various levels of intensity, based on need;
   iv. assessment procedures, like regular screening data with Star 360 screening tools, are consistently implemented and used for decision making at all levels of instruction;
   v. schools are increasing the percentages of students meeting screening benchmark standards while reducing percentage of students needing intensive instruction, and,
   vi. schools use systematic mechanisms for informing parents at all levels of decision making, including initial identification of risk, progress in interventions at least every 4–6 weeks, and before referral decisions or movement to a less intensive tier.

c. Use the results of monitoring activities to identify areas of need, provide targeted professional development and coaching, and improve schoolwide implementation of the essential components.

d. Assign site-based and regional staff to support all schools in scaling up and refining their tiered system of support model to reduce barriers to implementation, increase timely

delivery of interventions, clarify engagement of families within the system, and clarify decision-making procedures.

Suggested Indicators of Success

a. *Indicators of successful implementation:* Increases in implementation fidelity of the essential components of a tiered system of support as measured by an existing fidelity standardized tool, like the CRTI RTI Fidelity Implementation Rubric

b. *Indicators of impact: (*1) increases in the percentage of students scoring at or above screening benchmark targets across all subgroups (target goal = > 80%); (2) decrease in the percentage of students identified as at risk on a valid and reliable benchmark screening in fall and winter (target goal Tier 2 = 15%–20 %); and (3) increases in percentage of students with disabilities that meets grade level standards on STAAR

***Recommendation 2*. Simplify and clarify special education procedures for referral, identification, and eligibility determination to ensure meaningful family engagement and data-driven decision making about how to meet the needs of students with disabilities (addresses Findings 1, 2, 8, 10).**

Clear policies, procedures, and supplemental guidance are essential for ensuring that special education requirements are implemented accurately and in accordance with state and federal laws. The accessibility of clear policies and procedures available in multiple formats increases the consistency with which staff use outlined procedures. It also allows for more transparent and productive conversations among district staff, school staff, and families. Implementation science indicates that simply posting written policies and procedures is not likely to lead to widespread compliance or improved outcomes. As with all policies and procedures, staff will need initial and ongoing training as well as coaching to ensure integrity to special education procedures. Developing a systematic approach to communicating and rolling out current and new policies and procedures will be essential.

Our review found a lack of consistent and clear processes for decision making regarding referral, identification, and eligibility determination (Findings 1 and 8). As a result, there was variation in implementation across schools, which could result in inappropriate or underidentification of students eligible for special education. Some surveyed participants even indicated that eligibility determination was sometimes made before the ARD meeting using data provided by a diagnostician or school psychologist, which not only excludes family input but could be viewed as predetermination of placement and be in violation of federal and state laws. Furthermore, this inconsistency in the implementation of special education procedures

has contributed to frustration and a lack of meaningful engagement among families in these decisions (Findings 2 and 10).

Short-Term Implementation Activities

a. Review existing special education guidance on current and previously used sites and remove redundant or out of date resources, and identify an official location and source (e.g., website, document) for sharing formal HISD policies and procedures regarding referral, identification, and eligibility.

b. Establish clear guidelines regarding when an IAT should consider a referral for a comprehensive evaluation (e.g., inadequate response to two intensive interventions delivered with fidelity) and ensure the guidelines make clear that schools are required to share formal progress-monitoring data with parents as part of the process in accordance with federal law [34 C.F.R. § 300.309(b)] and that the IAT process cannot be used to [delay an evaluation for eligibility](#).

c. Implement systematic procedures for documenting and addressing verbal or written requests for a referral for a comprehensive evaluation, and ensuring timely response to parents about next steps.

d. Use new HISD parent liaisons and other district resources to increase families' awareness of current HISD policies and procedures regarding referral, identification, and eligibility determination.

e. Develop and implement a [communication protocol](#) for informing educators and families about policy changes that includes professional learning opportunities for implementing the new or revised policy or procedure.

f. Reinforce to special education staff and principals that eligibility determination and placement decisions are based on data provided by the diagnosticians and school psychologists, but must be made by the ARD committee, which includes the parents [[20 U.S.C. 1414(e)](#)].

Long-Term Implementation Activities

a. Develop and implement a robust, districtwide system for monitoring verbal or written referrals (e.g., electronic data system); responses to those referrals; accuracy of referral process (e.g., fidelity rubric); accuracy of eligibility determination process (e.g., evaluation and IEP audits); and level of family engagement in these processes (e.g., post eligibility meeting family survey).

b. Engage relevant stakeholders (e.g., educators, administrators) to review existing policies and procedures systematically for referral, identification, and eligibility determination and identify opportunities for simplifying the number of steps in the process, providing clear guidance to educators and families, and aligning the required paperwork.

c. Develop clear implementation tools (e.g., checklists, forms, online tools) to support educators' adherence to simplified HISD policies and procedures for referral, identification, and eligibility determination.

d. Provide ongoing learning opportunities for families about HISD's referral, identification, and evaluation processes through various family engagement strategies identified through stakeholders.

e. Provide professional learning opportunities for teachers and administrators to become skilled in implementing these processes effectively, including engaging families in various decision-making processes such as determining progress in prereferral interventions, referral to special education, eligibility determination, and IEP development.

Suggested Indicators of Success

a. *Indicators of successful implementation*: (1) completed professional learning opportunities for educators and families regarding referral, identification, and evaluation processes; (2) district communication protocol related to referral, identification, and eligibility determination; (3) implementation tools (i.e., forms, online tools) that are clearly aligned to written policies and procedures for documenting referral, identification, and eligibility decisions

b. *Indicators of impact:* (1) accuracy of referral and prevention process as measured by reduction in the percentage of students referred for special education eligibility determination who were not found eligible; and (2) increase in percentage of parents reporting (i.e., postdecision survey) who thought the school effectively informed and engaged them in decisions about their child throughout the prereferral, referral, and eligibility determination

***Recommendation 3.* Ensure students with disabilities have access to high-quality core instruction and specialized instruction and interventions, in accordance with state and federal laws (addresses Findings 1, 2, 3, 4, 7, 9)**

Struggling students and students with disabilities require access to the general education curriculum (Tier 1), as well as interventions and individualized supports (Tiers 2 and 3).

Research has demonstrated consistently that inclusion in general education is associated with improved postschool outcomes for students with disabilities. However, research also shows that physical inclusion in the general education classroom is not sufficient to ensure meaningful access to the general education curriculum and improved student outcomes. High-quality core instruction requires the use of universally designed instruction delivered using high leverage practices. Research has shown that these practices, when used daily by teachers to implement state standards and differentiate instruction, are considered to have significant impact on student learning (Windschitl, Thompson, Braaten, & Stroupe, 2012). Examples of high-leverage practices include providing oral and written feedback and eliciting and interpreting individual students' thinking. Implementation of principles of universal design requires the full investment of general education to ensure struggling students and students with disabilities have access to core instruction.

Given the individualized nature of special education, students found eligible under IDEA require specialized instruction in addition to access to core instruction. These services may be delivered at a Tier 2 level of intensity, such as small group instruction using validated interventions, or at a Tier 3 level of intensity, which requires intensive intervention delivered using validated approaches like data-based individualization. In an effective instructional model, only a small percentage (3%–5%) of students should require the most intensive level of support. Effective use of inclusive instructional strategies at Tier 1 and validated interventions, also known as evidence-based interventions, at Tier 2 should reduce the need for intensive, and costlier, interventions at Tier 3. In some cases, students with disabilities will require the additional provision of individualized accommodations and assistive technology to ensure equitable access to core instruction. IDEA requires that districts provide a continuum of instructional arrangements: regular classes, push-in and pull-out support within regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions

Our review found that HISD is not placing enough attention on the instructional needs of struggling students and students with disabilities. Despite numerous professional development opportunities, many interviewed staff had not heard of universal design for learning and referred to classroom supports for students with disabilities as primarily access to accommodations (Finding 4). Special education strategic goals and initiatives are focused primarily on compliance and placement rather than on improving instruction or student outcomes (Findings 4 and 9). IEPs do not consistently show sufficient evidence of data-driven goals, access to specialized instruction, or accommodations or instructional settings appropriate for a student's unique instructional needs (Finding 2). Schools did note that the IAT process would provide access to tiers of instructional support, but that it was focused on students in

general education. Regardless, the implementation across schools was inconsistent and there was observed tension between general education and special education (Findings 1 and 7). In addition, HISD placement data indicate that not all students have access to the full continuum of instructional arrangement (Finding 3). In fact, some schools described what could be characterized as an "all or nothing" approach to instruction placement and services (i.e., either full inclusion or separate class). These findings are preventing HISD from moving forward with a comprehensive approach to ensuring that struggling students and students with disabilities have access to high-quality instruction and intervention designed to meet their unique needs.

Short-Term Implementation Activities

a. Prepare teachers to use student data to identify appropriate classroom and testing accommodations, and implement procedures to ensure that classroom teachers systematically provide accommodations, as required.

b. Provide supports on how to use progress-monitoring data collected at all levels of instruction to write individualized, measurable IEP goals that are rigorous yet realistic.

c. Ensure new IEPs reflect the provision of specialized instruction aligned with PLAAFPs and annual goals, in accordance with state and federal laws.

d. Provide a [continuum of instructional intensity](#) to ensure students with disabilities have access to core instruction in regular education as well specially designed instruction outside the general classroom for parts of the day, if appropriate for their needs.

e. Ensure that professional development clarifies the educators' legal obligation to provide accommodations outlined in the IEP and enforce provision of accommodations through ongoing fidelity checks.

Long-Term Implementation Activities

a. District general and special education departments should collaborate to identify an aligned instructional focus and common language (e.g., universal design for learning, high-leverage practices, intensive interventions) to ensure a consistent and targeted focus on improved outcomes for struggling students and students with disabilities.

b. Provide special education teachers, especially those in coteaching settings, opportunities during the regular school day to collaborate with their general education partners.

c. Monitor placement levels (i.e., inclusion, resource, segregated) district- and schoolwide to ensure percentages are commensurate with national and state trends, and provide site-based technical assistance to schools or regions with identified areas of need.

d. Conduct regular audits of IEPs and evaluation reports, and provide targeted technical assistance to address identified concerns.

e. Engage stakeholders in ongoing analysis and problem solving about root causes for poor implementation of special education processes and outcomes of students with disabilities identified through data.

Suggested Indicators of Success

a. *Indicators of successful implementation: (*1) observations or walk-throughs indicated implementation of high-leverage practices, universal design learning principles, and appropriate accommodations, (2) documentation of validated interventions delivered with fidelity, (3) documentation of intensive interventions delivered using a validated process for intensifying instruction, (4) placement levels commensurate with state and national trends, (5) IEPs audit data (e.g., increases in percentage of IEPs with aligned PLAAFPs, annual goals, specialized instruction, instructional setting)

b. *Indicators of impact:* (1) sustained increases in the academic performance of students with disabilities as measured by state tests, (2) sustained increases in academic performance as measured by valid screening and progress-monitoring tools, such as the district's Star 360, and (3) increases in percentage of students progressing toward annual goals as measured by regular progress reports

***Recommendation 4.* Develop a comprehensive professional learning framework for ensuring sustained improvement in educator effectiveness to support students with disabilities (addresses Findings 1, 2, 4, 5, 9, 10)**

Effective professional development delivered with adequate intensity has been shown to have moderate effects on student outcomes (Hattie, 2015). Some research indicates that specific support mechanisms help teachers increase their implementation of new procedures and instruction with fidelity. These include the provision of high-quality professional development paired with ongoing coaching within the classroom context (Joyce & Showers, 2002; Kretlow & Bartholomew, 2010), matching instructional programs to teachers' philosophical beliefs (Durlak, Weissberg, & Pachan, 2010), and clearly describing the essential ingredients of programs as well as explanations for how to adapt essential ingredients (Harn, Parisi, & Stoolmiller, 2013; Swain, Whitley, McHugo, & Drake, 2010). A comprehensive professional development framework integrates multiple, ongoing mechanisms for providing learning opportunities for educators such as online learning, embedded job coaching, professional

learning communities, and face-to-face trainings. These should also address varying levels of readiness, from initial awareness to highly specialized skill development.

Our review found a need for a more differentiated approach to professional development that offers staff opportunities for coaching, modeling, and embedded feedback (Finding 5). We also found a need for more training specifically on using validated data and decision-making processes at all levels of instruction (Findings 1 and 9), providing individualized instruction and supports (Findings 2 and 4), and delivering high-quality core instruction through the use of high-leverage practices and universal design for learning (Finding 4). Other areas of concern that require professional learning include writing measurable goals that reflect state and federal requirements (Finding 2), and strategies for engaging families in the IEP development and implementation (Finding 10).

Short-Term Implementation Activities

a. Engage stakeholders in reviewing and developing a multiyear professional development framework that builds on consistent foundational knowledge and ensures deeper learning.
b. Ensure special education staff have access to ongoing specialized professional development aligned with current and future teaching needs.
c. Provide a menu of professional development services or access to out-of-district professional development opportunities designed to meet teachers' needs for training in specialized services for special populations.
d. Partner with external services (e.g., regional service providers, external partners, institutions of higher education and/or community agencies) providers to fill immediate gaps in HISD professional development model, if necessary.

e. Ensure all procedural or policy changes are accompanied by a professional development cycle likely to efficiently reach all teachers.
f. Use HISD parent liaisons to provide job-embedded professional learning related to implementing family engagement strategies.
g. Create weekly opportunities for job-embedded professional learning and collaboration between general and special education teachers to plan for coteaching and aligned instruction.

Long-Term Implementation Activities

a. Ensure full continuum of professional learning opportunities, including professional learning opportunities for master special education teachers.

b. Annually, review special education implementation and outcomes data (e.g., student outcomes, implementation data, survey results) to identify ongoing special education professional learning needs.

c. Annually, engage relevant stakeholders in identifying priority areas, appropriate formats for delivery, and evaluating effectiveness of professional learning for HISD educators.

Suggested Indicators of Success

a. *Indicators of successful implementation*: (1) increases in the percentage of educators reporting positive reviews of the quality and usefulness of professional learning opportunities, and (2) comprehensive special education professional development plan that includes a catalog of a continuum of professional learning opportunities

b. *Indicators of impact*: (1) increases in frequency of teachers implementing learned practices, (2) increases in student academic performance in classrooms or schools implementing learned practices

Recommendation 5. **Appropriately empower the special education district office to have greater oversight of the special education budget, staff, placement, and resources to ensure efficient and equitable distribution of special education services (addresses Findings 1, 2, 3, 6, 7, 8, 9, 10)**

Unlike general education services, the requirements of special education are detailed in federal and state laws. As a result, special education is subject to greater litigation and scrutiny, as evidenced by the U.S. Department of Education's recent corrective action for TEA. Failure of a district's schools or staff to adhere to the legal requirements can result in expensive litigation, community dissatisfaction with the district, and poor outcomes for students with disabilities. As a result, special education service delivery requires careful oversight and monitoring. In fact, the U.S. Department of Education, Office of Special Education Programs requires states to provide oversight and monitoring for its local education agencies.

Empowering the HISD special education department with the authority to enforce, monitor, and improve special education service delivery facilitates more efficient and effective allocation of limited special education resources. It also supports analysis of and decision making using district-level special education data, as opposed to school-level data, to identify areas for streamlining processes and improving services. In addition, it can to lead to more efficient use of staff as they experience fewer chains of command and reduction in competing messages for themselves and families. There are several other advantages to providing greater authority to the special education department to oversee implementation. One of the major advantages is greater control over equitable placement options for students with disabilities. Another

advantage is that greater control offers greater opportunities for aligning special education with other district initiatives and the strategic plan. This is critical as there is a push at the state and federal levels to align implementation of special education with the *Every Student Succeeds Act*. Finally, this approach facilitates shared responsibility among principals and the special education department in ensuring that students with disabilities receive special education services in accordance with state and federal laws.

In our review, we found inconsistency in implementation of special education prereferral and service delivery across the district (Findings 1, 2, and 3); lack of enforcement of regulatory requirements at the local level (Findings 7 and 8); poor communication mechanisms for staff and families (Finding 8 and 10); and limited ability to systematically monitor overall quality of special education services and remediate concerns (Finding 9). In addition, we found confusion about special education staff roles and inequitable distribution of qualified staff (Finding 6).

Short-Term Implementation Activities

a. Establish a special education advisory board or panel of relevant stakeholders (e.g., families, educators) to engage in data analysis and provide recommendations for ensuring effective implementation of special education across the districts.

b. Provide administrative authority to the special education department to enforce IDEA regulatory requirements within schools.

c. Develop and implement an outcomes-based monitoring system for students with disabilities that aligns with existing federal and state special education indicators for results-driven accountability.

d. Create a communication system (e.g., hotline) that enables the district's special education staff to be responsive to parent and educator immediate questions and concerns and disseminate information about the resource regularly to staff and families.

e. Develop and implement a comprehensive communication plan that aligns with existing district plans and includes timely and direct mechanisms to reach all staff.

f. Develop and distribute a comprehensive and easily accessible manual of special education policies and procedures that aligns with regulatory requirements.

g. Engage families in identifying the appropriate venues for informing and educating parents about changes in policies and procedures.

h. Use web-based meeting software to host quarterly or biannual all special education staff meetings to build a supportive districtwide special education community, quickly disseminate information, and provide brief professional learning activities.

Long-Term Implementation Activities

a. Regularly monitor efficacy and usability of special education guidance, and make changes to policies and procedures at predesignated times throughout the year and supplement changes with adequate professional development and communication with affected staff.

b. Continue to refine implementation of a comprehensive communication plan to ensure transparency and results-oriented messaging for district and school staff, community, and parents.

c. Develop a simplified, transparent chain of command for special education staff (e.g., special education chairs report to regional program specialists who report directly to the assistant superintendent of special education).

d. Hire at least six more parent liaisons to ensure families in each region have access to their services.

e. Review roles of existing special education positions and eliminate overlap or address holes through reallocation of current staff or hiring additional staff.

f. Engage stakeholders and staff to more effectively use special education staff to: (1) ensure special education teachers are equal partners in the classroom coteaching model and provide specialized instruction to eligible students, as needed, (2) ensure regional special education program specialists are adequately prepared to support local implementation and immediately address concerns, and (3) clarify the role of special education department chairs at the school level to more effectively serve as a liaison between the school and the district.

g. Increase staffing in areas of need, such as school psychologists or social workers, to support student access to counseling and behavioral supports and services and prevention services.

h. Leverage the HISD Research Department to regularly monitor the effectiveness and equity of special education services, conduct regular data reviews to identify areas of concern, and regularly use data visualization strategies to share key findings and action steps.

i. Conduct a thorough examination of salaries by staff role and ensure that pay scales align with competing districts to maintain highly qualified staff.

Suggested Indicators of Success

a. *Indicators of successful implementation*: (1) accessible special education procedural manual, (2) organizational chart that reflects shared responsibility for students with disabilities between school administrator and special education staff, (3) clearly established communication protocols for gathering and disseminating information, and (4) equitable placement options across each region of the district

b. *Indicators of impact:* Student outcomes on indicators aligned with state systemic improvement plan, such as Indicator 1: Graduation; Indicator 2: Dropout; Indicator 3: Performance on Math and Reading State Test; Indicator 4: Suspension/Expulsion; Indicator 5: Educational Environment (Ages 6–21); Indicator 9: Disproportionality in special education, and Indicator 10: Disproportionality by specific disability

Final Remarks

HISD has taken an important first step toward large-scale improvement by commissioning this review. We commend the educators and leaders at all levels of the system for their commitment to addressing the needs of students with disabilities and struggling students. We also commend the many family members and advocates in the community of Houston who have shared their concerns about the quality of special education services and about the timeliness and effectiveness of referral, evaluation, and intervention procedures. The recommendations in this report are aligned with conversations and initiatives that have already begun in HISD. With continued commitment on the part of district leadership, meaningful engagement from families and educators throughout the system, and access to forthcoming statewide supports offered by TEA, HISD is well-positioned to see positive change.

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Appendix A. Crosswalk of HISD Review Indicators With Conditions From HISD Request for Proposals Scope of Work (RFP SOW) and Recommendations From 2011 Hehir Report

HISD Review Indicators	HISD RFP SOW Conditions 1–13, plus additional conditions 1–2	HISD RFP SOW Condition 15 (Hehir recommendations)
Prevention and Identification: Prevention services and referral, evaluation and identification processes are established for special education services for students	**SOW Condition 1:** Identify how the district is providing proactive, preventive services for struggling students (response to intervention and intervention assistance team) **SOW Condition 2:** Provide suggestions on the evaluation referral process **SOW Condition 3:** Provide suggestions on our process for identifying students with disabilities **SOW Condition 4:** Evaluate the effectiveness of the district's identification practices for African American students, Hispanic students, English language learners, immigrant students, and Newcomers with disabilities	**Hehir Recommendation 5:** Develop policies, procedures, and practices for effective services for students with dyslexia
Individual Education Program Development: The development of comprehensive IEPs, including the composition of the IEP team and specification of data-based and age-appropriate goals, services, accommodations, and transition plans	**SOW Condition 5:** Evaluate the development of the individualized education program in alignment with the evaluation results and the alternative or standard curriculum	

HISD Review Indicators	HISD RFP SOW Conditions 1–13, plus additional conditions 1–2	HISD RFP SOW Condition 15 (Hehir recommendations)
	SOW Condition 12: Provide feedback on the alignment between the student's IEP and provision of services	
Equitable Access: Access to an appropriate curriculum, equal academic and social opportunities, and interactions with peers of students with disabilities	**SOW Condition 13:** Provide suggestions on the equitable placement of students in appropriate instructional settings within and outside the district	**Hehir Recommendation 3:** Develop effective models of special education service delivery emphasizing effective UDL principles **Hehir Recommendation 4:** Develop specialized inclusive schools for students with significant disabilities
Instructional Supports/ Accommodations: Instructional practices, such as differentiated instruction, the use of modifications and accommodations, and technology, support the education of students with disabilities	**SOW Condition 6:** Report how the district is providing targeted accommodations for students with disabilities to access the district's curriculum	**Hehir Recommendation 3:** Develop effective models of special education service delivery emphasizing effective UDL principles **Hehir Recommendation 5:** Develop policies, procedures, and practices for effective services for students with dyslexia
Staff Collaboration and Professional Development: Staff practices and opportunities promote the sharing of cross-disciplinary knowledge to support the education of students with disabilities	**SOW Condition 10:** Provide suggestions on the effectiveness of professional development to improve achievement outcomes **SOW Condition 11:** Provide feedback on current systems and organizational structures for providing coordinated and aligned	

HISD Review Indicators	HISD RFP SOW Conditions 1–13, plus additional conditions 1–2	HISD RFP SOW Condition 15 (Hehir recommendations)
	districtwide supports (including adequate and appropriate staffing)	
Data-Driven Decision Making: Practices that contribute to the frequent collection of student achievement and behavior data, the accessibility of data, and the use of data to guide instructional and programmatic decisions regarding students with disabilities	**SOW Condition 1:** Identify how the district is providing proactive, preventive services for struggling students (response to intervention and intervention assistance team) **SOW Condition 2:** Provide suggestions on the evaluation referral process	**Hehir Recommendation 1:** Develop outcomes-based school monitoring systems for students with disabilities
Systems and Organizational Structures for Providing Coordinated Districtwide Supports: Systemwide alignment for special education, current systems, and organizational structures provide coordinated and aligned districtwide supports for general and special education as well as how teachers are staffed across special education settings within schools and districts	**SOW Condition 7:** Provide feedback on the effectiveness and efficiency of use of all the district's financial resources in meeting the needs of students with disabilities **SOW Condition 8:** Given state and federal accountability requirements, provide feedback on the effectiveness and efficiency of services for students with disabilities **SOW Condition 9:** Provide suggestions on the effectiveness of the delivery of services for students to improve achievement outcomes **SOW Condition 11:** Provide feedback on current systems and organizational structures for providing coordinated and aligned	**Hehir Recommendation 1:** Develop outcomes-based school monitoring systems for students with disabilities **Hehir Recommendation 2:** Hold principals accountable for issues identified in the report **Hehir Recommendation 5:** Develop policies, procedures, and practices for effective services for students with dyslexia **Hehir Recommendation 6:** Develop and distribute a comprehensive, easily accessible manual of special education policies and procedures

HISD Review Indicators	HISD RFP SOW Conditions 1–13, plus additional conditions 1–2	HISD RFP SOW Condition 15 (Hehir recommendations)
	districtwide supports (including adequate and appropriate staffing)	
Family engagement: School practices to proactively include parents and students as partners by establishing a clear policy on parental involvement, providing comprehensive and accessible communication, and offering family education and supports	**SOW Additional Condition 1:** Provide strategies to address parent and community stakeholder communication and information **SOW Additional Condition 2:** Provide feedback on development, engagement, and supports to parents of students with disabilities	

Appendix B1. Descriptive Results From Staff Survey

Table B1-1. To what extent do most teachers at your school do the following when providing instruction in classes that include students with disabilities and struggling students?

	Not at All	To a Minimal Extent	To a Moderate Extent	To a Great Extent	N
a. Differentiate their instruction (e.g., modify content, process, or product)	0.8%	14.1%	34.6%	50.4%	2,001
b. Select and provide appropriate accommodations outlined in the IEP (e.g., small setting, extra time)	1.2%	12.2%	31.0%	55.5%	2,002
c. Use technology that enhances learning and access for students with disabilities (e.g., screen readers, calculator)	2.7%	15.0%	31.3%	51.0%	1,966
d. Implement principles of Universal Design for Learning (UDL) (e.g., multiple means of engagement, representation, and expression)	5.1%	16.1%	36.6%	42.2%	1,852

Table B1-2. To what degree did the district address staff professional development needs with respect to teaching students with disabilities from 2012 through 2017?

	Strongly Disagree	Disagree	Agree	Strongly Agree	N
a. School and district leaders have ensured that knowledge needs of staff (special education and general education) who teach students with disabilities are addressed	9.6%	26.9%	40.6%	22.9%	1,711
b. Teachers new to the profession or new to teaching students with disabilities receive additional, specialized support	17.1%	30.6%	33.4%	18.9%	1,529

	Strongly Disagree	Disagree	Agree	Strongly Agree	N
c. *Individual professional development plans reflect professional growth needs related to students with disabilities*	11.4%	28.5%	38.9%	21.3%	1,581

Table B1-3. Based on your experience and knowledge of practices in your school, how often do general and special educators meet to collaborate for the following purposes?

	Never/ Almost Never	A Few Times a Semester	1–2 Times a Month	1–2 Times a Week	Daily/ Almost Daily	N
a. *To discuss and plan instructional modifications and/or accommodations for one or more specific students*	21.0%	32.8%	14.2%	23.1%	8.8%	758
b. *To discuss academic or behavioral progress of one or more specific student*	16.6%	32.3%	17.6%	26.1%	8.5%	760
c. *To share strategies regarding the instruction of students with disabilities in general education*	23.1%	29.1%	16.4%	24.3%	7.1%	757

Table B1-4. During the 2016–17 school year, to what extent did the professional development you received through the district on the following topics help you to improve your instruction, service provision, or other responsibilities for students you serve (students with and without disabilities)?

	Not Helpful	Minimally Helpful	Moderately Helpful	Very Helpful	N
a. *Using formative assessments*	7.2%	19.5%	37.0%	36.3%	1,464
b. *Differentiating Instructions*	6.0%	18.0%	36.7%	39.3%	1,512
c. *Using technology for Instruction and Learning*	7.0%	15.7%	35.3%	42.0%	1,506
d. *Dyslexia training*	15.0%	23.6%	30.0%	31.4%	1,118
e. *Teaching students with disabilities*	9.0%	22.4%	35.6%	33.0%	1,332

	Not Helpful	Minimally Helpful	Moderately Helpful	Very Helpful	N
f. Teaching students who are several years below grade level	14.0%	24.1%	32.9%	29.1%	1,253
g. Making appropriate referrals for students at risk for disabilities	11.8%	19.5%	35.4%	33.3%	1,383
h. Intervention Assistance Team roles, Response to Intervention (RTI) process, referral process	11.1%	19.7%	33.9%	35.3%	1,474
i. Selecting and implementing appropriate accommodations for students with disabilities	9.7%	20.5%	33.7%	36.1%	1,414
j. Developing or contributing to IEPs for students with disabilities	10.7%	19.6%	33.8%	35.8%	1,360
k. Co-teaching	18.2%	20.7%	32.9%	28.2%	1,726
l. Assessments for students with disabilities (e.g., STAAR ALT)	11.6%	21.1%	33.0%	34.3%	1,244
m. Managing student behavior (including nonviolent crisis intervention training)	14.2%	19.5%	34.1%	32.1%	1,350
n. Restorative discipline practices	16.1%	21.2%	33.5%	29.2%	1,215
o. Inclusionary and UDL practices	16.0%	20.7%	33.4%	30.0%	1,147
p. Kurzweil training	21.5%	23.9%	29.8%	24.8%	1,022
q. Other	20.2%	14.0%	31.9%	33.9%	307

Table B1-5. Based on your experience and knowledge of schoolwide practices about using data to make decisions, to what extent do you agree with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree	N
a. Teachers use data to identify students in need of academic intervention	2.1%	5.3%	43.9%	48.7%	1,626
b. Teachers use data to identify students in need of behavioral intervention	5.2%	19.5%	41.9%	33.4%	1,582

	Strongly Disagree	Disagree	Agree	Strongly Agree	N
c. Teachers use data to design and modify instruction for students struggling academically	2.8%	9.0%	46.0%	42.2%	1,627
d. Teachers use data to design and modify instruction for students struggling behaviorally	6.1%	22.0%	40.3%	31.7%	1,570
e. Staff use data to make decisions about improvements to special education practices and processes in their school	8.6%	17.4%	40.8%	33.2%	1,517

Table B1-6. To what extent do you agree with the following statements?[a]

	Strongly Disagree	Disagree	Agree	Strongly Agree	N
a. IEPs are developed with input from special and general education teachers who work with the student	4.2%	10.7%	43.3%	41.8%	1,232
b. IEPs are developed with adequate input from the student's parent(s)/guardian(s)	5.4%	16.7%	42.6%	35.3%	1,195
c. IEPs include measurable goals aligned to grade-level standards	3.1%	9.1%	48.8%	39.0%	1,215
d. IEPs are developed in alignment with each student's present level of academic and functional performance, and are based on comprehensive evaluation results and the state standards (or alternative standards, as appropriate)	4.2%	11.0%	46.5%	38.4%	1,214
e. For students transitioning from other schools, the IEP process incorporates adequate communication with staff from the feeder or receiving schools	12.1%	21.6%	37.7%	28.6%	1,082

[a]This question was asked only of staff who had participated in at least one IEP/ARD meeting during the 2016–17 school year.

Table B1-7. Based on your experience in the 2016–17 school year, to what extent do you agree with the following statements about placement and access for students with disabilities?

	Strongly Disagree	Disagree	Agree	Strongly Agree	N
a. Students with disabilities at our school are placed in settings with their non-disabled peers to the greatest extent possible	4.3%	7.4%	42.2%	46.1%	1,564
b. Students with disabilities at our school have adequate access to core curriculum and instruction	3.8%	7.1%	46.0%	43.2%	1,546

Table B1-8. To what extent do you agree with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree	N
a. There are sufficient special education teachers and staff available to meet the needs of students with disabilities in my school	23.6%	28.6%	31.6%	16.2%	1,492
b. There are sufficient resources, interventions, and specialized programs at my school to meet the needs of students with learning disabilities	21.7%	27.8%	34.9%	15.7%	1,463
c. There are sufficient resources, interventions, and specialized programs at my school to meet the needs of students with dyslexia	22.1%	26.5%	35.8%	15.5%	1,315
d. There are sufficient resources, interventions, and specialized programs at my school to meet the needs of students with autism	22.4%	28.5%	33.4%	15.7%	1,360
e. There are sufficient resources, interventions, and specialized programs at my school to meet the needs of students with emotional/behavioral disabilities	26.9%	30.8%	29.2%	13.2%	1,436
f. When my school is in need of new staff to support students with disabilities, the district is able to quickly respond to and fill the staff need	30.0%	29.4%	28.5%	12.1%	1,250

	Strongly Disagree	Disagree	Agree	Strongly Agree	N
g. My principal makes it clear that educating students with disabilities to high standards is a priority in this school	10.8%	12.8%	38.6%	37.7%	1,471
h. I am knowledgeable about HISD polices regarding identification, placement, and services for students with disabilities	4.8%	9.6%	49.4%	36.3%	1,463
i. I am knowledgeable about HISD policies regarding identification and services for students with dyslexia	8.5%	21.2%	43.5%	26.8%	1,392
j. When my school is in need of support from the district on an issue related to students with disabilities, we receive helpful support from the school support officer	14.7%	17.4%	45.8%	22.2%	1,110
k. When my school is in need of support from the district on an issue related to students with disabilities, we receive helpful support from the special education senior manager	14.1%	19.0%	44.5%	22.4%	1,113
l. When my school is in need of support from the district on an issue related to students with disabilities, we receive helpful support from the special education program specialist	11.4%	15.9%	48.0%	24.7%	1,175
m. When my school is in need of support from the district on an issue related to students with disabilities, we receive helpful support from the IAT senior manager	15.1%	19.6%	44.7%	20.6%	989
n. When my school is in need of support from the district on an issue related to students with disabilities, we receive helpful support from "other." Please specify.	16.2%	17.2%	44.7%	22.0%	792

Table B1-9. During the 2016–17 school year, how often did you do the following when a student was struggling academically or behaviorally in your classroom or you suspected a student might have a disability?ª

	Never	Sometimes	Often	Always	N
a. Consulted with one or more members of the Intervention Assistance Team (IAT) for advice or appropriate strategies for working with the student	13.3%	27.1%	30.5%	29.1%	653
b. Differentiated instruction and/or made accommodations for the student	2.4%	11.6%	34.4%	51.6%	665
c. Worked with the IAT to coordinate or provide interventions for the student within the school's RTI process	19.6%	22.6%	29.1%	28.6%	632
d. Referred the student to the IAT for special education evaluation	23.3%	22.8%	25.7%	28.1%	626
e. Talked to the student's parent(s) about the concern	4.4%	14.7%	28.7%	52.2%	655

ªThis question was asked of general education teachers only.

Table B1-10. During the 2016–17 school year, how often did your school's IAT team engage in the following activities?ª

	Never	Sometimes	Often	Always	N
a. Convened regularly to discuss, problem solve, and coordinate early intervention efforts for struggling students within the school's RTI process to prevent unnecessary referrals to special education	5.3%	22.1%	38.4%	34.1%	375
b. Convened meetings to ensure that assistance and recommendations were provided to teachers, students, and parents	5.9%	21.2%	38.2%	34.7%	372
c. Documented provided interventions and monitored the students' response to these interventions to understand the level of support needed by the student	6.9%	20.0%	37.3%	35.7%	375

	Never	Sometimes	Often	Always	N
d. Reviewed students' response to intervention prior to referring a student for special education or dyslexia evaluation	5.4%	18.8%	34.5%	41.3%	368

ªThis question was asked only of staff who had participated as a member of their school's intervention assistance team during the 2016–17 school year.

Table B1-11. During the 2016–17 school year, how often did your school's IAT team effectively accomplish the following?ª

	Never	Sometimes	Often	Always	N
a. Intervened before academic and behavioral issues interfered with student learning	10.4%	26.4%	39.5%	23.7%	367
b. Raised the level of understanding among all staff about student needs and their effects on learning and teaching	9.7%	21.7%	40.5%	28.2%	373
c. Supported teachers to meet the needs of each student in accessing grade-level curriculum	11.8%	20.2%	39.0%	29.0%	372
d. Monitored the effectiveness of interventions provided through the school's RTI process	11.6%	22.6%	37.1%	28.8%	372
e. Implemented a uniform and consistent system for addressing the needs of all students	14.6%	18.1%	37.7%	29.6%	371
f. Objectively identified students' academic and behavioral needs based on universal screeners and other classroom and parent data	12.2%	18.2%	39.5%	30.1%	362
g. Provided a systematic vehicle for school staff to refer students experiencing substantial behavioral or academic difficulties for a Section 504 or special education evaluation	12.9%	13.7%	42.5%	31.0%	365

ªThis question was asked only of staff who had participated as a member of their school's Intervention Assistance Team during the 2016–17 school year.

Table B1-12. Based on your experience and knowledge of your colleagues' practices with respect to communication with families during the 2016–17 school year, to what extent do you agree with the following statements?ᵃ

	Strongly Disagree	Disagree	Agree	Strongly Agree	N
a. *Teachers at my school communicate effectively with families*	1.6%	9.3%	52.1%	37.0%	1,369
b. *My school uses an effective system for communicating with families of struggling students and students with disabilities*	3.6%	13.8%	50.1%	32.5%	1,344
c. *Teachers at my school effectively involve families in decisions about how to address individual student needs*	3.0%	13.1%	50.5%	33.4%	1,355
d. *Teachers at my school provide educational information to families on how to support their child's learning at home*	3.2%	12.9%	47.8%	36.1%	1,354

ᵃThis question was asked only of staff who had participated as a member of their school's Intervention Assistance Team during the 2016–17 school year.

Appendix B2. Descriptive Results From Survey of Parents of Children Actively Receiving Special Education or Section 504 Services

Table B2-1. Please indicate how often you had the following experiences between the 2012–13 and 2016–17 school years. (Mark the best response.)

		Never	Sometimes	Always	N
a.	*I participated in my child's Admission, Review, and Dismissal (ARD)/Individualized Education Program (IEP) or Section 504 team meetings*	3.7%	9.3%	87.0%	1,258
b.	*The teacher(s) and school staff treated me like an equal partner in planning my child's IEP or Section 504 plan, and listened to my concerns and recommendations*	6.1%	27.2%	66.7%	1,253
c.	*At the ARD or Section 504 meeting, we selected accommodations that my child needed (for example, my child gets extra time to take class tests)*	7.5%	21.0%	71.5%	1,250
d.	*At the ARD or Section 504 meeting, we selected modifications that my child needed (for example, my child gets different reading materials than his/her classmates, which is easier for him/her to read)*	17.9%	25.0%	57.1%	1,245
e.	*The school provided my child with all the services written on my child's IEP or Section 504 plan*	7.8%	38.4%	53.8%	1,251
f.	*The process for having my child referred and evaluated for testing was easy*	24.5%	30.2%	45.2%	1,240
g.	*My child received services in the school closest to our home*	18.2%	14.9%	66.9%	1,243
h.	*I was satisfied with the amount of time my child spent in the regular classroom with classmates who do not have disabilities*	11.9%	23.9%	64.2%	1,252

	Never	Sometimes	Always	N
				N Range: 1,240–1,258

Table B2-2. For students age 14 and above. Please mark your response, YES or NO to the following statements. (Mark the best response.)

		Yes	No	N
a.	The school provided planning for life after high school, including services to help my child to reach his or her goals to go to college or work	54.7%	45.3%	437
b.	The school provided information on agencies or organizations in the community that can assist my child in planning for life after high school`	44.5%	55.5%	443
				N Range: 437–443

Table B2-3. For students who attended more than one school between 2012–13 and 2016–17. Please mark your response, YES or NO to the following statements.

	Yes	No	N
a. The quality of services my child received was similar across schools	38.5%	61.5%	636
b. The quality of staff who worked with my child was similar across schools	38.0%	62.0%	645
c. My involvement in the ARD/IEP or Section 504 planning process was similar across schools	57.4%	42.6%	639
			N Range: 636–45

Table B2-4. Please indicate how often you had the following experiences with teachers/school staff between the 2012–13 and 2016–17 school years...

	Never	Sometimes	Always	N
a. *Teachers/school staff: Shared data with me about how my child is doing in school*	8.3%	41.6%	50.1%	1,472
b. *Teachers/school staff: Provided me with information about my child in a way or form (e.g., in large print or braille, through an interpreter, etc.) that I could read and understand, including at meetings/events*	9.1%	23.0%	67.9%	1,246
c. *Teachers/school staff: Provided me with information about my child in my primary language (e.g., English, Spanish, Vietnamese, Arabic, etc.), including at meetings/events*	3.4%	9.2%	87.4%	1,251
d. *Teachers/school staff: Provided me information on Procedural Safeguards (also known as the Rights Booklet) in a language I could read and understand*	9.0%	11.8%	79.2%	1,238
N Range: 1,238–1,472				

Appendix B3. Descriptive Results From Survey of Parents of Children in Need of Special Education Services

Table B3-1. Why do you think your child is struggling to learn and might need special education or dyslexia services? (Check all that apply.)

	Percentage	N
a. My child is not making progress in reading	45.0%	250
b. My child is not making progress in math	28.5%	158
c. My child is not making progress in academic subjects other than reading and math	17.1%	95
d. My child is having trouble managing his or her behavior in school	24.0%	133
e. I had my child tested outside of school and the report says that my child has a disability	27.0%	151
f. My child used to receive special education or Section 504/dyslexia services and I think he/she still needs them	11.5%	64
g. Other	45.6%	2759
		Total **N**=555

Table B3-2. How did you tell the school that your child might have a disability and needs services? (Check all that apply.)

	Percentage	N
a. I filled out formal paperwork provided by the school	27.1%	154
b. I told teacher(s) and/or other school staff	59.5%	338
c. I put my concern in writing to the school (email or letter)	30.5%	173
d. I did not tell anyone at the school	23.2%	132
		Total **N**=568

Table B3-3. Who else outside of the school did you tell about your concern? (Check all that apply.)

	Percentage	N
a. I told someone at the district	21.0%	99
b. I told an attorney	4.7%	22
c. I told a family advocate	25.4%	120
d. Other	70.6%	333
	Total **N**=472	

Table B3-4. What action(s) did your school take after you shared your concern? (Check all that apply.)

	Percentage	N
a. The school provided my child with extra help in the area where he or she was struggling	25.2%	140
b. The school gave me information about how I can help my child at home	18.4%	102
c. The school gave me information about how to refer my child for special education or dyslexia testing	13.2%	73
d. The school tested my child for special education but my child did not qualify	6.1%	34
e. The school tested my child for dyslexia but my child did not qualify	4.0%	22
f. The school did not do anything	40.4%	224
g. I did not let the school know about my concern	19.5%	108
	Total **N**=555	

Table B3-5. Please indicate how often you had the following experiences with teachers/school staff between the 2012–13 and 2016–17 school years...

	Never	Sometimes	Always	N
a. Teachers/school staff: Shared data with me about how my child is doing in school	13.9%	44.3%	45.7%	563
b. Teachers/school staff: Provided me with information about my child in a way or form (e.g., in large print or braille, through an interpreter, etc.) that I could read and understand, including at meetings/events	41.2%	23.4%	57.6%	548

	Never	Sometimes	Always	N
c. *Teachers/school staff: Provided me with information about my child in my primary language (e.g., English, Spanish, Vietnamese, Arabic, etc.), including at meetings/events*	21.6%	12.0%	79.0%	552
d. *Teachers/school staff: Provided me information on Procedural Safeguards (also known as the Rights Booklet) in a language I could read and understand*	49.3%	13.3%	65.4%	540
e. *Teachers/school staff: Informed me about my right to request a dyslexia assessment or special education evaluation at any time*	72.8%	17.2%	9.9%	545
N Range: 540–563				

Appendix C1. Results From District-Level Focus Groups

Prevention and Identification

Figure C1-1. HISD schools use pre-referral and evaluation procedures that ensure students with disabilities are identified appropriately, across all race and ethnicities and in a timely manner.

☐ Strongly Agree
☒ Agree
☒ Disagree
■ Strongly Disagree

3, 9%
6, 18%
6, 18%
18, 55%
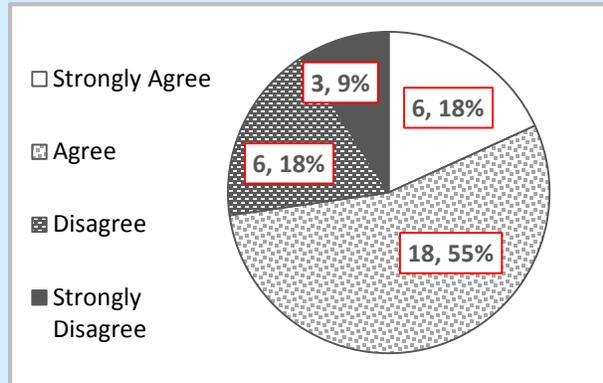
N=33 (9 Special Education Program Specialist, 16 Special Education Senior, 8 LSSP)

Figure C1-2. HISD staff follow a clear set of policies and procedures regarding the evaluation of students for dyslexia services.

☐ Strongly Agree
☒ Agree
☒ Disagree
■ Strongly Disagree

4, 27%
8, 53%
3, 20%
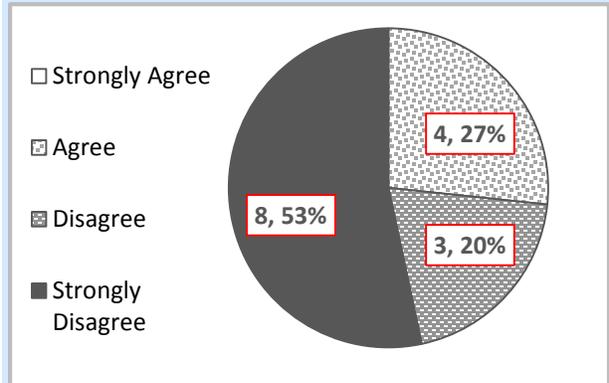
N=15 (9 Evaluation Specialists, 6 LSSP)

Figure C1-3. HISD schools use valid/reliable assessments and evaluation procedures that ensure students with disabilities are evaluated appropriately, across all races and ethnicities, in a timely manner.

☐ Strongly Agree
☒ Agree
☒ Disagree
■ Strongly Disagree

1, 13%
3, 37%
4, 50%
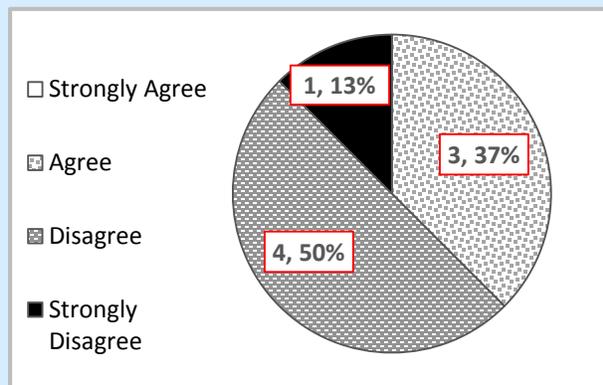
N=8 (8 LSSP)

Figure C1-4. HISD schools use evaluation procedures that ensure students with disabilities are evaluated appropriately, across all races and ethnicities, in a timely manner.

☐ Strongly Agree
☒ Agree
☒ Disagree
■ Strongly Disagree

1, 17%
3, 50%
2, 33%
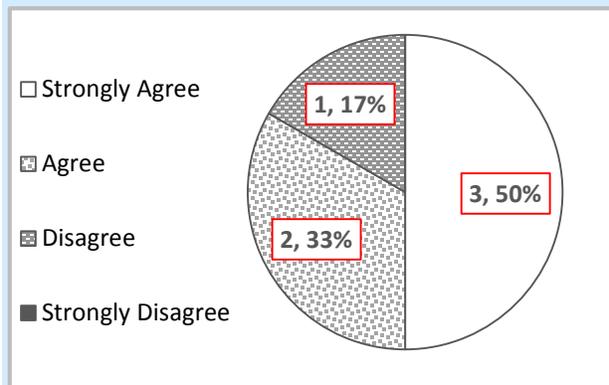
N=6 (6 LSSP)

Figure C1-5. HISD administrators consistently monitor the appropriateness of evaluations and the eligibility determination process.

- ☐ Strongly Agree
- ⊠ Agree
- ⊠ Disagree
- ■ Strongly Disagree

1, 13%
4, 50%
3, 37%
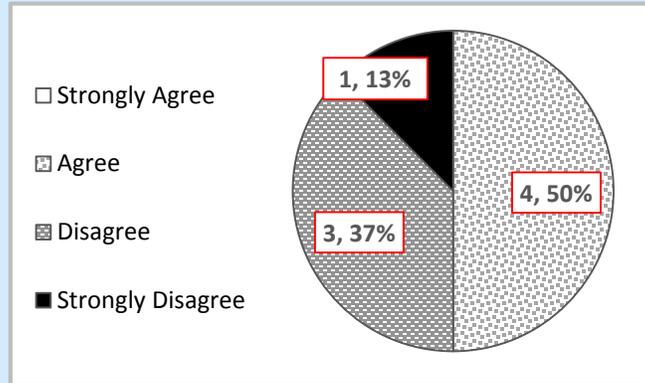
N=8 (8 Evaluation Specialists)

IEP Development

Figure C1-6. HISD schools do a good job of coordinating and conducting ARD meetings and developing IEP goals and services (academic and behavioral) based on evaluation results.

- ☐ Strongly Agree
- ⊠ Agree
- ⊠ Disagree
- ■ Strongly Disagree

1, 12%
2, 25%
5, 63%
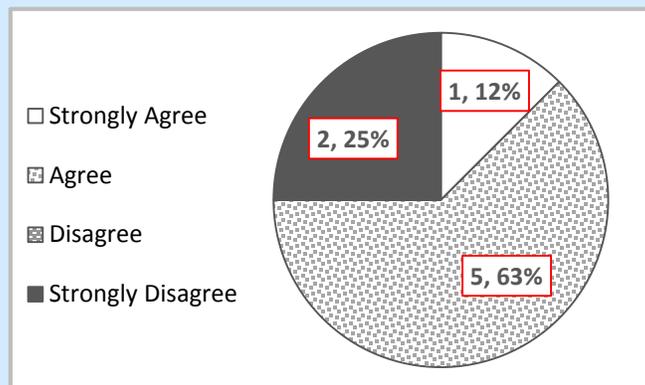
N=8 (8 LSSP)

Equitable Access

Figure C1-7. HISD is providing proactive preventive services for struggling students (response to intervention and intervention assistance team) equitably across all regions and schools.

- ☐ Strongly Agree
- ⊡ Agree
- ▨ Disagree
- ■ Strongly Disagree

1, 11%
3, 33%
5, 56%
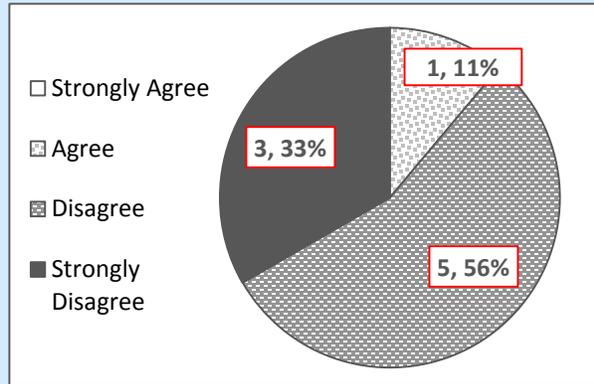
N=9 (9 Deputy & School Chief)

Figure C1-8. Special education services and placement into appropriate instructional settings are provided equitably across schools in the district.

- ☐ Strongly Agree
- ⊡ Agree
- ▨ Disagree
- ■ Strongly Disagree

2, 12%
8, 50%
6, 38%
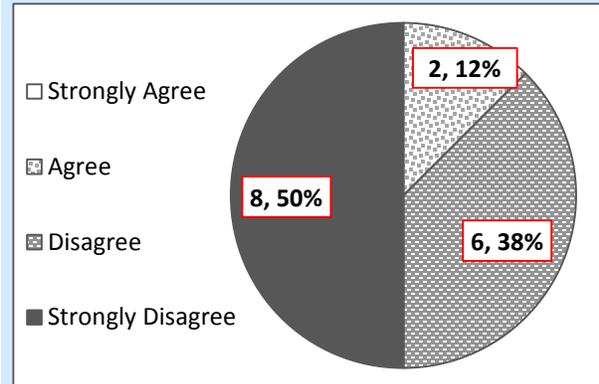
N=16 (16 Special Education Senior Managers)

Staff Collaboration and Professional Development

Figure C1-9. HISD staff at all levels and roles are provided effective professional development designed to improve achievement outcomes for students with disabilities, and students at risk academically.

- ☐ Strongly Agree
- ⊡ Agree
- ▨ Disagree
- ■ Strongly Disagree

1, 4%
4, 16%
11, 44%
9, 36%
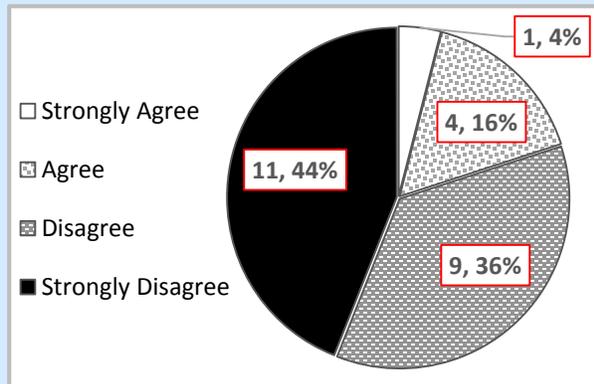
N=25 (16 Special Education Senior Manager, 9 Deputy & School Chief)

Figure C1-10. HISD provides me opportunities to regularly update my knowledge and skills.

- ☐ Strongly Agree
- ⊡ Agree
- ▨ Disagree

2, 14%
4, 29%
8, 57%
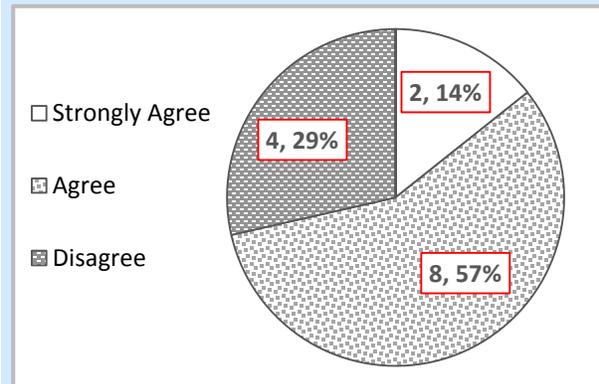
N=14 (9 Evaluation Specialists, 5 LSSP)

Systems and Structures

Figure C1-11. HISD's resources and staff are adequate to meet needs of students with disabilities and struggling students.

- ☐ Strongly Agree
- ⊠ Agree
- ⊞ Disagree
- ■ Strongly Disagree

5, 10%
13, 25%
12, 24%
21, 41%
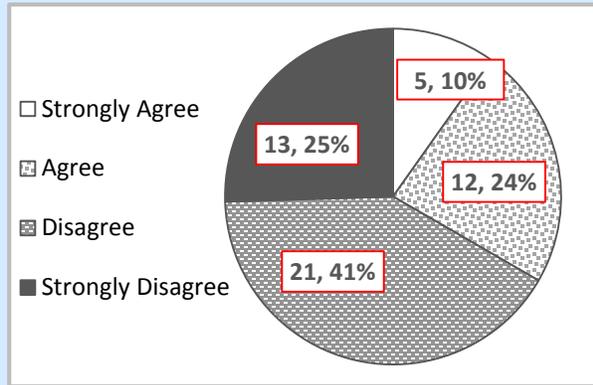
N=51 (9 Special Education Program Specialist, 16 Special Education Senior Manager, 9 Deputy & School Chief, 9 Evaluation Specialists, 8 LSPP)

Figure C1-12. HISD's policies about special education and communication of those policies are adequate to ensure that stakeholders (e.g., teachers, leaders, and district staff) understand expectations.

- ☐ Strongly Agree
- ⊠ Agree
- ⊞ Disagree
- ■ Strongly Disagree

1, 4%
2, 8%
10, 40%
12, 48%
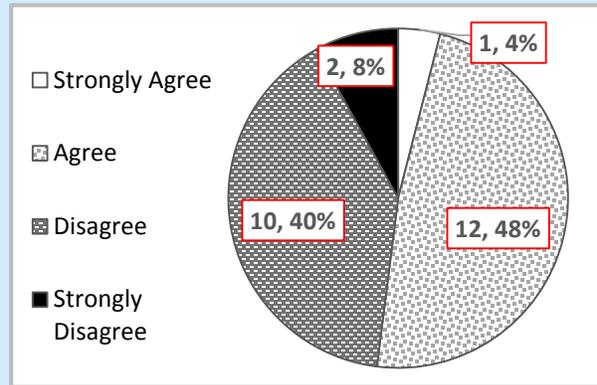
N=25 (16 Special Education Senior Manager, 9 Deputy & School Chief)

Figure C1-13. HISD's principals assume responsibility and are held accountable for progress of students with disabilities in their buildings.

- ☐ Strongly Agree
- ⊠ Agree
- ⊞ Disagree
- ■ Strongly Disagree

6, 24%
6, 24%
13, 52%
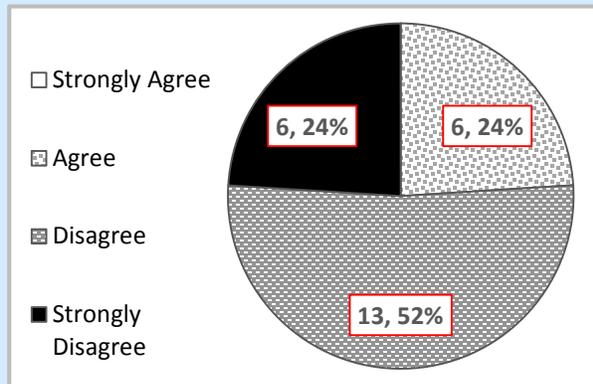
N=25 (16 Special Education Senior Manager, 9 Deputy & School Chief)

Figure C1-14. Indicate the response that best describes how you spend the majority of your time in your role as Licensed Specialist in School Psychology in HISD.

- ⊞ I spend the majority of my time providing evaluation services for students referred for a suspected disability
- ■ I spend the majority of my time providing and/or advising on intervention services for students with disabilities and struggling students
- ⊞ I spend an approximately equal amount of time providing evaluation services and intervention services.

1, 13%
1, 12%
6, 75%

N=8 (8 LSSP)

Family Engagement

Figure C1-15. HISD effectively communicates and engages with parents to support learning for struggling learners and students with disabilities.

☐ Strongly Agree

⊠ Agree

⊠ Disagree

■ Strongly Disagree

1, 11%

3, 33%

5, 56%
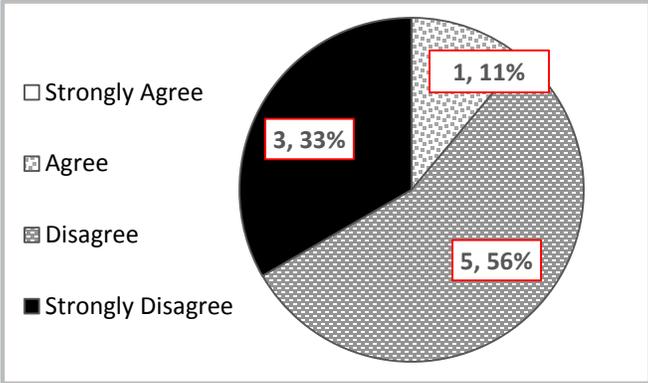
N=9 (9 Deputy & School Chief)

Appendix C2. Results From Focus Groups With Special Education Teachers

Overall Results

Figure C2-1. IEPs for students with disabilities at my school are developed in accordance to federal law, Individuals with Disabilities Education Act, and state/district policies

Legend: Strongly Agree, Agree, Disagree, Strongly Disagree

1, 1%
2, 3%
25, 31%
52, 65%
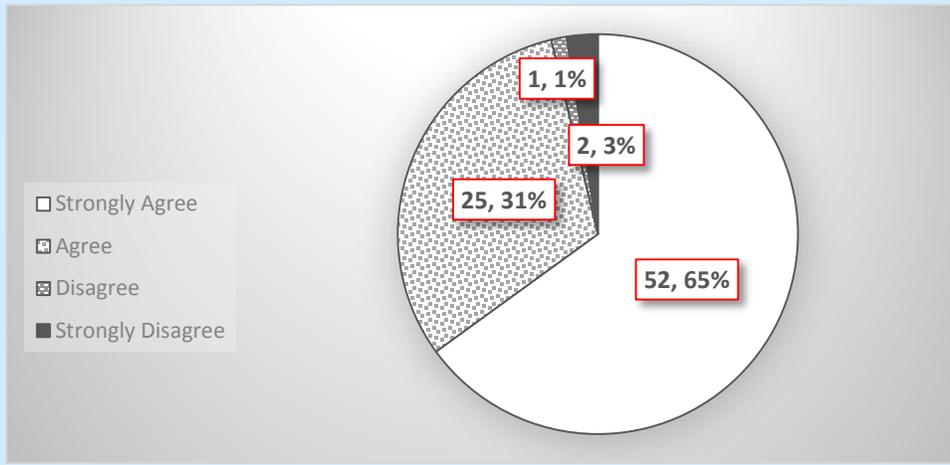
Figure C2-1A. Elementary Results

Elementary — Strongly Agree, Agree, Disagree, Strongly Disagree; 10%, 90%
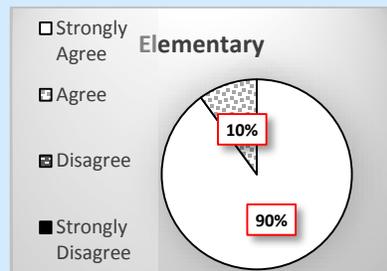
Figure C2-1B. Middle School Results

Middle — Strongly Agree, Agree, Disagree, Strongly Disagree; 3%, 33%, 64%
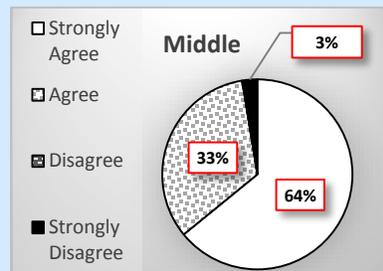
Figure C2-1C. High School Results

High — Strongly Agree, Agree, Disagree, Strongly Disagree; 3%, 3%, 36%, 58%
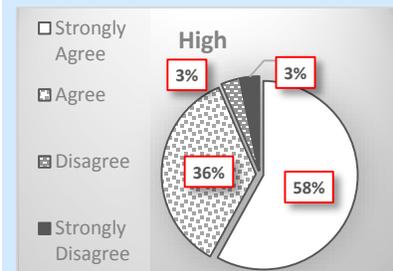
Figure C2-1D. District I Results

District I — Strongly Agree, Agree, Disagree, Strongly Disagree; 29%, 71%
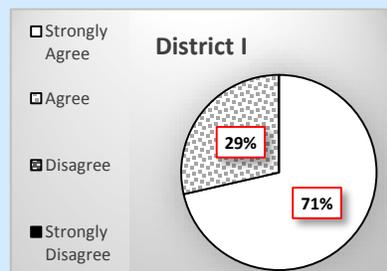
Figure C2-1E. District II Results

District II — Strongly Agree, Agree, Disagree, Strongly Disagree; 25%, 75%
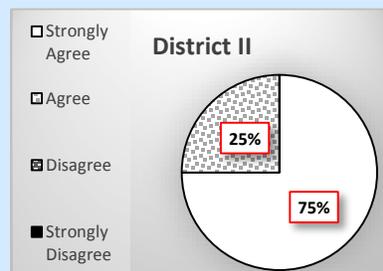
Figure C2-1F. District III Results

District III — Strongly Agree, Agree, Disagree, Strongly Disagree; 31%, 69%

Figure C2-1G. District IV Results

District IV
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

44% 56%

Figure C2-1H. District V Results

District V
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

43% 57%

Figure C2-1I. District VI Results

District VI
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

8% 8% 34% 50%

Figure C2-1J. District VII Results

District VII
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

100%

Figure C2-1K. District VIII Results

District VIII
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

100%

Figure C2-1L. District IX Results

District IX
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

8% 31% 61%

Figure C2-2. At my school, placement decisions for students with disabilities prioritize the least restrictive environment and are based on the student's unique learning and behavioral needs

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

9, 12% 1, 1% 27, 36% 39, 51%

Figure C2-2A. Elementary Results

Elementary

- ☐ Strongly Agree
- ☐ Agree
- ⊠ Disagree
- ■ Strongly Disagree

44%
56%

Figure C2-2B. Middle School Results

Middle

- ☐ Strongly Agree
- ☐ Agree
- ⊠ Disagree
- ■ Strongly Disagree

17%
39%
44%

Figure C2-2C. High School Results

High

- ☐ Strongly Agree
- ☐ Agree
- ⊠ Disagree
- ■ Strongly Disagree

3%
10%
29%
58%

Figure C2-2D. District I Results

District I

- ☐ Strongly Agree
- ☐ Agree
- ⊠ Disagree
- ■ Strongly Disagree

14%
29%
57%

Figure C2-2E. District II Results

District II

- ☐ Strongly Agree
- ☐ Agree
- ⊠ Disagree
- ■ Strongly Disagree

37%
63%

Figure C2-2F. District III Results

District III

- ☐ Strongly Agree
- ☐ Agree
- ⊠ Disagree
- ■ Strongly Disagree

38%
62%
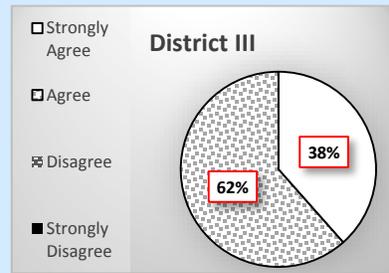
Figure C2-2G. District IV Results

District IV

- ☐ Strongly Agree
- ☐ Agree
- ⊠ Disagree
- ■ Strongly Disagree

11%
22%
22%
45%

Figure C2-2H. District V Results

District V

- ☐ Strongly Agree
- ☐ Agree
- ⊠ Disagree
- ■ Strongly Disagree

100%

Figure C2-2I. District VI Results

District VI

- ☐ Strongly Agree
- ☐ Agree
- ⊠ Disagree
- ■ Strongly Disagree

10%
20%
70%

Figure C2-2J. District VII Results

District VII

- ☐ Strongly Agree
- ☐ Agree
- ⊠ Disagree
- ■ Strongly Disagree

33%
67%

Figure C2-2K. District VIII Results

District VIII

- ☐ Strongly Agree
- ☐ Agree
- ⊠ Disagree
- ■ Strongly Disagree

50%
50%

Figure C2-2L. District IX Results

District IX

- ☐ Strongly Agree
- ☐ Agree
- ⊠ Disagree
- ■ Strongly Disagree

8%
42%
50%

Figure C2-3. In general education classroom settings, students with disabilities consistently receive appropriate accommodations (as outlined in their IEPs) during instruction and assessment to access grade-level standards and the school's curriculum

Legend:
- □ Strongly Agree
- ▣ Agree
- ▨ Disagree
- ■ Strongly Disagree

6, 7%
24, 31%
17, 22%
31, 40%

Figure C2-3A. Elementary Results

Elementary

20% · 40% · 40%

Figure C2-3B. Middle School Results

Middle

14% · 19% · 24% · 43%

Figure C2-3C. High School Results

High

3% · 19% · 42% · 36%

Figure C2-3D. District I Results

District I

13% · 25% · 62%

Figure C2-3E. District II Results

District II

13% · 25% · 62%

Figure C2-3F. District III Results

District III

23% · 46% · 31%

Figure C2-3G. District IV Results

District IV

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

11%
34%
22%
33%

Figure C2-3H. District V Results

District V

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

14%
43%
43%

Figure C2-3I. District VI Results

District VI

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

8%
25%
34%
33%

Figure C2-3J. District VII Results

District VII

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

33%
67%

Figure C2-3K. District VIII Results

District VIII

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

50%
50%

Figure C2-3L. District IX Results

District IX

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

10%
10%
50%
30%

Figure C2-4. Both general and special educators receive ongoing, high-quality professional development and training on topics related to students with disabilities

9, 11%
10, 12%
32, 40%
30, 37%

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ◼ Strongly Disagree

Figure C2-4A. Elementary Results

Elementary

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

15%
31%
54%

Figure C2-4B. Middle School Results

Middle

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

8%
15%
46%
31%

Figure C2-4C. High School Results

High

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

19%
6%
34%
41%

Figure C2-4D. District I Results

District I

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

43%
57%

Figure C2-4E. District II Results

District II

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

25%
50%
25%

Figure C2-4F. District III Results

District III

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

8%
8%
23%
61%

Figure C2-4G. District IV Results

District IV

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

11%
33%
56%

Figure C2-4H. District V Results

District V

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

29%
71%

Figure C2-4I. District VI Results

District VI

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

15%
8%
31%
46%

Figure C2-4J. District VII Results

District VII

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

11%
11%
22%
56%

Figure C2-4K. District VIII Results

District VIII

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

100%

Figure C2-4L. District IX Results

District IX

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

15%
39%
15%
31%

Figure C2-5. General and special educators in my school meet and collaborate regularly on instruction, team teaching, and student accommodations

Legend: Strongly Agree, Agree, Disagree, Strongly Disagree

- 11, 14% (Strongly Disagree)
- 16, 21% (Strongly Agree)
- 19, 25% (Agree)
- 31, 40% (Disagree)

Figure C2-5A. Elementary Results

Elementary
- 40%
- 60%

Figure C2-5B. Middle School Results

Middle
- 5%
- 19%
- 27%
- 49%

Figure C2-5C. High School Results

High
- 13%
- 27%
- 30%
- 30%

Figure C2-5D. District I Results

District I
- 17%
- 33%
- 50%

Figure C2-5E. District II Results

District II
- 25%
- 63%
- 12%

Figure C2-5F. District III Results

District III
- 17%
- 41%
- 42%

Figure C2-5G. District IV Results

District IV
- 22%
- 34%
- 22%
- 22%
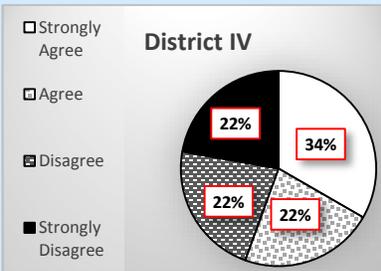
Figure C2-5H. District V Results
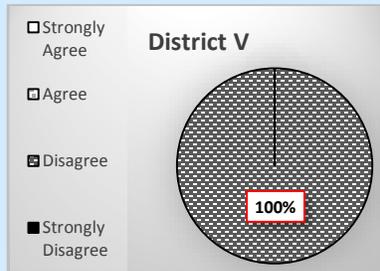
District V
- 100%

Figure C2-5I. District VI Results

District VI
- 23%
- 15%
- 62%

Figure C2-5J. District VII Results

District VII

- ☐ Strongly Agree
- ⊡ Agree
- ⊠ Disagree
- ■ Strongly Disagree

11%
33%
56%

Figure C2-5K. District VIII Results

District VIII

- ☐ Strongly Agree
- ⊡ Agree
- ⊠ Disagree
- ■ Strongly Disagree

100%

Figure C2-5L. District IX Results

District IX

- ☐ Strongly Agree
- ⊡ Agree
- ⊠ Disagree
- ■ Strongly Disagree

15%
8%
46%
31%
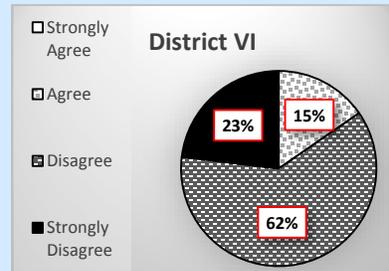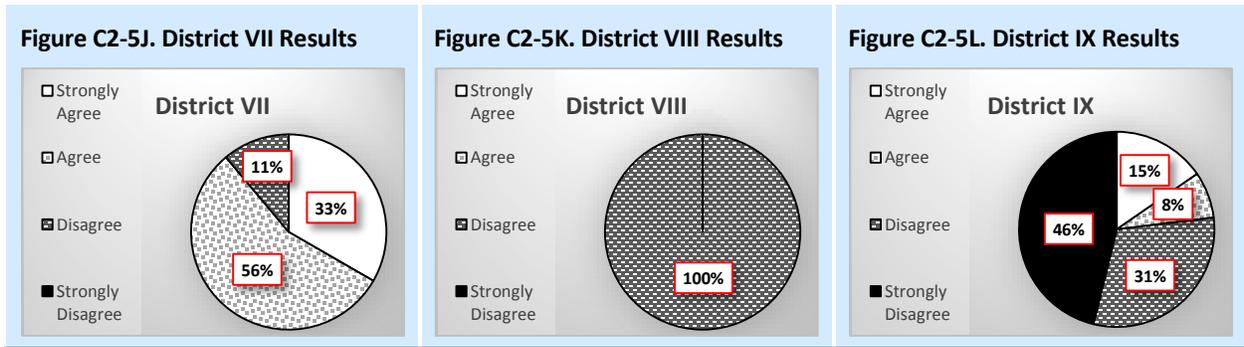
Figure C2-6. There are sufficient qualified staff at my school to meet the needs of students with disabilities

- ☐ Strongly Agree
- ⊡ Agree
- ⊠ Disagree
- ■ Strongly Disagree

11, 15%
17, 24%
21, 30%
22, 31%

Figure C2-6A. Elementary Results

Elementary

- ☐ Strongly Agree
- ⊡ Agree
- ⊠ Disagree
- ■ Strongly Disagree

11%
33%
56%

Figure C2-6B. Middle School Results

Middle

- ☐ Strongly Agree
- ⊡ Agree
- ⊠ Disagree
- ■ Strongly Disagree

19%
16%
26%
39%

Figure C2-6C. High School Results

High

- ☐ Strongly Agree
- ⊡ Agree
- ⊠ Disagree
- ■ Strongly Disagree

16%
23%
26%
35%
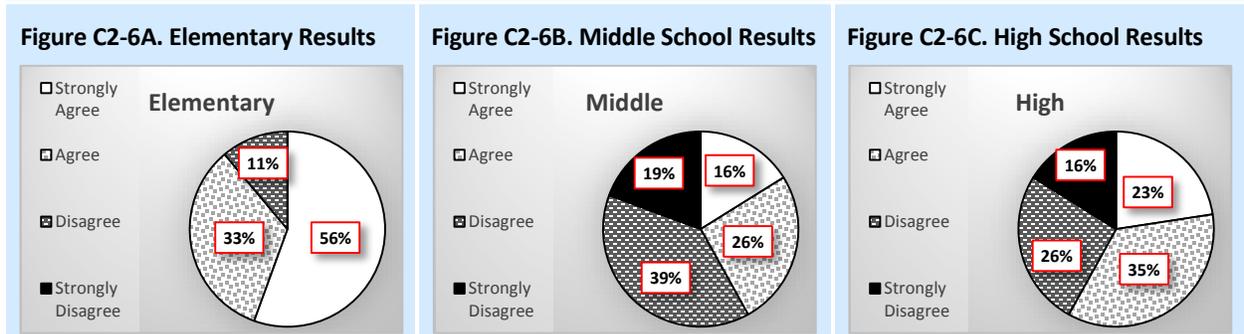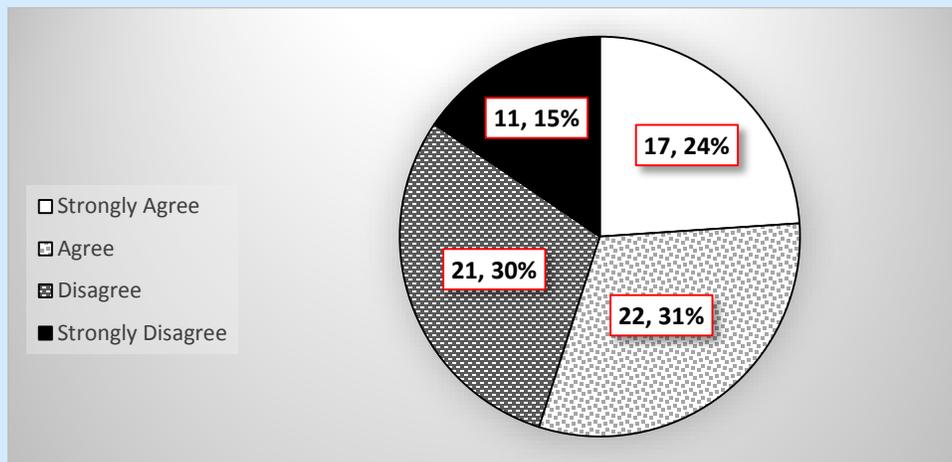
Figure C2-6D. District I Results

District I

Legend: Strongly Agree, Agree, Disagree, Strongly Disagree

29%
71%
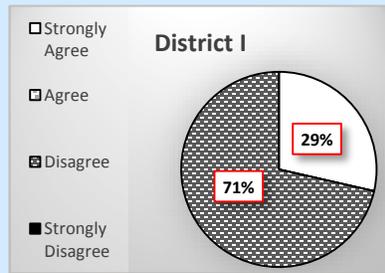
Figure C2-6E. District II Results

District II

Legend: Strongly Agree, Agree, Disagree, Strongly Disagree

13%
50%
37%
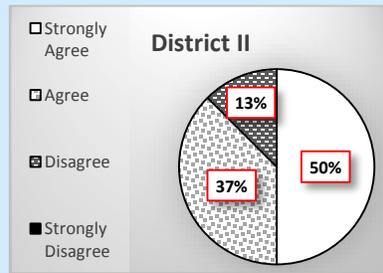
Figure C2-6F. District III Results

District III

Legend: Strongly Agree, Agree, Disagree, Strongly Disagree

15%
23%
16%
46%

Figure C2-6G. District IV Results

District IV

Legend: Strongly Agree, Agree, Disagree, Strongly Disagree

33%
34%
33%

Figure C2-6H. District V Results

District V

Legend: Strongly Agree, Agree, Disagree, Strongly Disagree

43%
57%

Figure C2-6I. District VI Results

District VI

Legend: Strongly Agree, Agree, Disagree, Strongly Disagree

8%
17%
42%
33%

Figure C2-6J. District VII Results

District VII

Legend: Strongly Agree, Agree, Disagree, Strongly Disagree

11%
33%
22%
34%

Figure C2-6K. District VIII Results

District VIII

Legend: Strongly Agree, Agree, Disagree, Strongly Disagree

0%

Figure C2-6L. District IX Results

District IX

Legend: Strongly Agree, Agree, Disagree, Strongly Disagree

33%
33%
17%
17%

Figure C2-7. The principal and other building leaders demonstrate sufficient support for the education of students with disabilities in this school

Legend:
- ☐ Strongly Agree
- ⊡ Agree
- ⊠ Disagree
- ■ Strongly Disagree

Main pie chart values: 8, 11%; 18, 23%; 31, 40%; 20, 26%

Figure C2-7A. Elementary Results

Elementary: 11%, 11%, 78%

Figure C2-7B. Middle School Results

Middle: 17%, 33%, 31%, 19%

Figure C2-7C. High School Results

High: 3%, 16%, 56%, 25%

Figure C2-7D. District I Results

District I: 20%, 20%, 40%, 20%

Figure C2-7E. District II Results

District II: 13%, 50%, 37%

Figure C2-7F. District III Results

District III: 23%, 39%, 38%

Figure C2-7G. District IV Results

District IV: 22%, 33%, 45%

Figure C2-7H. District V Results

District V: 50%, 50%

Figure C2-7I. District VI Results

District VI: 8%, 59%, 8%, 25%

Figure C2-7J. District VII Results

District VII

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

22%
45%
33%

Figure C2-7K. District VIII Results

District VIII

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

50%
50%

Figure C2-7L. District IX Results

District IX

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

15%
15%
39%
31%

Figure C2-8. My school effectively communicates and engages with parents to support learning for struggling learners and students with disabilities

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

5, 8%
16, 27%
10, 17%
29, 48%

Figure C2-8A. Elementary Results

Elementary

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

10%
50%
40%

Figure C2-8B. Middle School Results

Middle

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

9%
18%
24%
49%

Figure C2-8C. High School Results

High

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

12%
6%
29%
53%

Figure C2-8D. District I Results

District I

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

17%
83%

Figure C2-8E. District II Results

District II

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

33%
67%

C2–Figure C2-8F. District III Results

District III

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

33%
50%
17%

Figure C2-8G. District IV Results

District IV

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

11%
22%
34%
33%

Figure C2-8H. District V Results

District V

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

100%

Figure C2-8I. District VI Results

District VI

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

25%
13%
62%

Figure C2-8J. District VII Results

District VII

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

50%
50%

Figure C2-8K. District VIII Results

District VIII

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

100%

Figure C2-8L. District IX Results

District IX

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

18%
9%
36%
37%

Appendix C3. Results From Focus Groups With Intervention Assistance Team Members

Overall Results

Figure C3-1. My school uses a standard data decision-making process for identifying at-risk students

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

10, 10%
41, 41%
49, 49%

Figure C3-1A. Elementary Results

Elementary

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

7%
45%
48%

Figure C3-1B. Middle School

Middle

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

7%
30%
63%

Figure C3-1C. High School Results

High

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

15%
46%
39%

Figure C3-1D. District I Results

District I

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

50%
50%

Figure C3-1E. District II Results

District II

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

8%
42%
50%

Figure C3-1F. District III Results

District III

- ☐ Strongly Agree
- ☐ Agree
- ☒ Disagree
- ■ Strongly Disagree

5%
40%
55%

Figure C3-1G. District IV Results

District IV

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

50% 50%

Figure C3-1H. District V Results

District V

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

14% 50% 36%

Figure C3-1I. District VI Results

District VI

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

45% 55%

Figure C3-1J. District VII Results

District VII

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

38% 62%

Figure C3-1K. District VIII Results

District VIII

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

9% 46% 45%

Figure C3-1L. District IX Results

District IX

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

25% 75%

Figure C3-2. My school provides proactive, preventative, and effective interventions for students who are struggling academically or behaviorally

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

3, 3% 18, 18% 28, 28% 50, 51%

Figure C3-2A. Elementary Results

Elementary

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

7%
45%
48%

Figure C3-2B. Middle School Results

Middle

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

7%
30%
63%

Figure C3-2C. High School Results

High

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

15%
46%
39%

Figure C3-2D. District I Results

District I

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

25%
75%

Figure C3-2E. District II Results

District II

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

17%
41%
42%

Figure C3-2F. District III Results

District III

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

5%
5%
32%
58%

Figure C3-2G. District IV Results

District IV

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

17%
25%
17%
41%

Figure C3-2H. District V Results

District V

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

7%
36%
57%

Figure C3-2I. District VI Results

District VI

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

18%
18%
64%

Figure C3-2J. District VII Results

District VII

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

25%
75%

Figure C3-2K. District VIII Results

District VIII

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

9%
46%
45%

Figure C3-2L. District IX Results

District IX

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

37%
63%

Figure C3-3. In general education classroom settings, teachers differentiate instructional practices and provide all students (especially struggling students and Students with disabilities) with the interventions and supports they need during instruction and assessment to successfully access grade-level standards and the school's curriculum

Legend:
- □ Strongly Agree
- ▣ Agree
- ▨ Disagree
- ■ Strongly Disagree

24, 24%
2, 2%
26, 27%
46, 47%

Figure C3-3A. Elementary Results

Elementary

- □ Strongly Agree
- ▣ Agree
- ▨ Disagree
- ■ Strongly Disagree

31% 27%
42%

Figure C3-3B. Middle School Results

Middle

- □ Strongly Agree
- ▣ Agree
- ▨ Disagree
- ■ Strongly Disagree

7% 17%
24%
52%

Figure C3-3C. High School Results

High

- □ Strongly Agree
- ▣ Agree
- ▨ Disagree
- ■ Strongly Disagree

26% 28%
46%

Figure C3-3D. District I Results

District I

- □ Strongly Agree
- ▣ Agree
- ▨ Disagree
- ■ Strongly Disagree

100%

Figure C3-3E. District II Results

District II

- □ Strongly Agree
- ▣ Agree
- ▨ Disagree
- ■ Strongly Disagree

33% 34%
33%

Figure C3-3F. District III Results

District III

- □ Strongly Agree
- ▣ Agree
- ▨ Disagree
- ■ Strongly Disagree

5%
30%
65%

Figure C3-3G. District IV Results

District IV

☐ Strongly Agree
☑ Agree
⊞ Disagree
■ Strongly Disagree

8%
8%
34%
50%

Figure C3-3H. District V Results

District V

☐ Strongly Agree
☑ Agree
⊞ Disagree
■ Strongly Disagree

7%
60%
33%

Figure C3-3I. District VI Results

District VI

☐ Strongly Agree
☑ Agree
⊞ Disagree
■ Strongly Disagree

20%
50%
30%

Figure C3-3J. District VII Results

District VII

☐ Strongly Agree
☑ Agree
⊞ Disagree
■ Strongly Disagree

11%
33%
56%

Figure C3-3K. District VIII Results

District VIII

☐ Strongly Agree
☑ Agree
⊞ Disagree
■ Strongly Disagree

45%
55%

Figure C3-3L. District IX Results

District IX

☐ Strongly Agree
☑ Agree
⊞ Disagree
■ Strongly Disagree

43%
57%

Figure C3-4. Both general and special educators receive ongoing, high-quality professional development and training on topics related to students with disabilities and struggling students

☐ Strongly Agree
☑ Agree
⊞ Disagree
■ Strongly Disagree

20, 20%
16, 16%
36, 35%
29, 29%

Figure C3-4A. Elementary Results

Elementary

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

7% | 21% | 27% | 45%

Figure C3-4B. Middle School Results

Middle

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

19% | 16% | 29% | 36%

Figure C3-4C. High School Results

High

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

20% | 22% | 29% | 29%

Figure C3-4D. District I Results

District I

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

25% | 75%

Figure C3-4E. District II Results

District II

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

11% | 34% | 22% | 33%

Figure C3-4F. District III Results

District III

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

28% | 28% | 44%

Figure C3-4G. District IV Results

District IV

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

8% | 25% | 42% | 25%

Figure C3-4H. District V Results

District V

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

12% | 13% | 50% | 25%

Figure C3-4I. District VI Results

District VI

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

18% | 46% | 36%

Figure C3-4J. District VII Results

District VII

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

11% | 34% | 33% | 22%

Figure C3-4K. District VIII Results

District VIII

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

27% | 18% | 55%

Figure C3-4L. District IX Results

District IX

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

13% | 25% | 62%

Figure C3-5. HISD's policies and procedures for prevention, identification, and services for at-risk students and Students with disabilities are clear and shared with stakeholders (e.g., teachers, leaders, schools and district staff) in a timely manner to ensure everyone understands expectations

Legend:
- □ Strongly Agree
- ▣ Agree
- ⊠ Disagree
- ■ Strongly Disagree

8, 8%
18, 18%
23, 22%
53, 52%

Figure C3-5A. Elementary Results

Elementary
- □ Strongly Agree
- □ Agree
- ⊠ Disagree
- ■ Strongly Disagree

13%
33%
44%

Figure C3-5B. Middle School Results

Middle
- □ Strongly Agree
- □ Agree
- ⊠ Disagree
- ■ Strongly Disagree

10%
6%
26%
58%

Figure C3-5C. High School Results

High
- □ Strongly Agree
- □ Agree
- ⊠ Disagree
- ■ Strongly Disagree

7%
27%
12%
54%

Figure C3-5D. District I Results

District I
- □ Strongly Agree
- □ Agree
- ⊠ Disagree
- ■ Strongly Disagree

50%
50%

Figure C3-5E. District II Results

District II
- □ Strongly Agree
- □ Agree
- ⊠ Disagree
- ■ Strongly Disagree

8%
25%
17%
50%

Figure C3-5F. District III Results

District III
- □ Strongly Agree
- □ Agree
- ⊠ Disagree
- ■ Strongly Disagree

10%
10%
10%
70%

Figure C3-5G. District IV Results

District IV

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

8% | 8%
25%
59%

Figure C3-5H. District V Results

District V

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

7%
31% | 31%
31%

Figure C3-5I. District VI Results

District VI

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

9%
9%
82%

Figure C3-5J. District VII Results

District VII

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

50% | 50%

Figure C3-5K. District VIII Results

District VIII

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

18%
18% | 64%

Figure C3-5L. District IX Results

District IX

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

12%
88%

Figure C3-6. There are sufficient qualified staff at my school to meet the needs of students with disabilities

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

16, 15%
14, 14%
40, 39%
33, 32%

Figure C3-6A. Elementary Results

Elementary

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

10% | 11%
48% | 31%

Figure C3-6B. Middle School Results

Middle

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

23% | 13%
35% | 29%

Figure C3-6C. High School Results

High

- ☐ Strongly Agree
- ☒ Agree
- ☒ Disagree
- ■ Strongly Disagree

9%
21%
35% | 35%
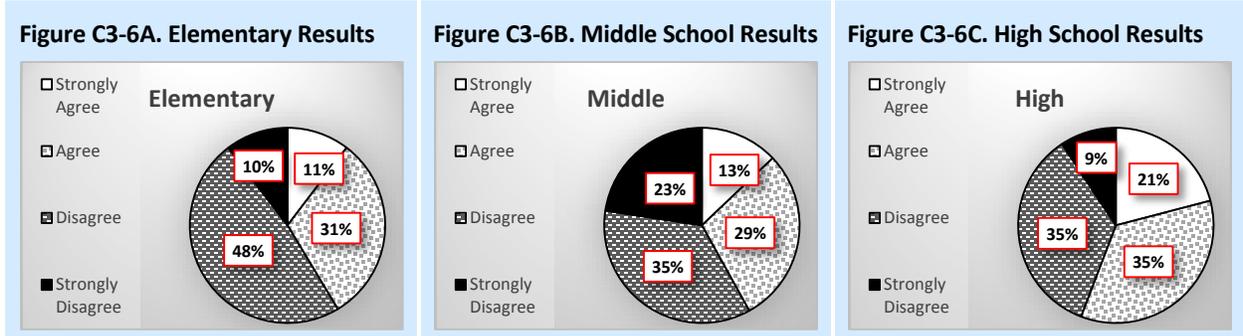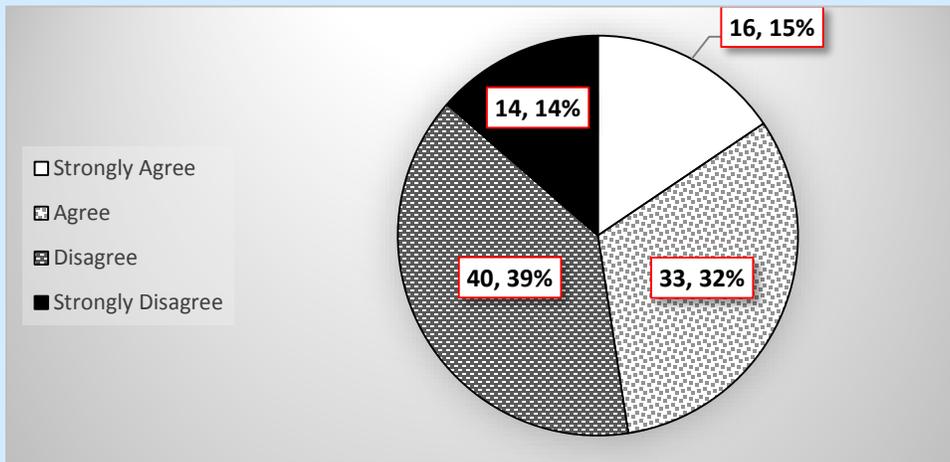
Figure C3-6D. District I Results

District I

Strongly Agree
Agree
Disagree
Strongly Disagree

33% 34%
33%
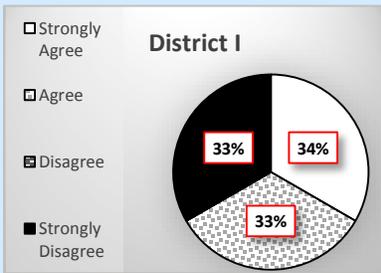
Figure C3-6E. District II Results

District II

Strongly Agree
Agree
Disagree
Strongly Disagree

8%
33%
42%
17%
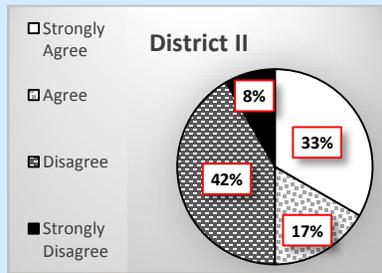
Figure C3-6F. District III Results

District III

Strongly Agree
Agree
Disagree
Strongly Disagree

20% 15%
10%
55%
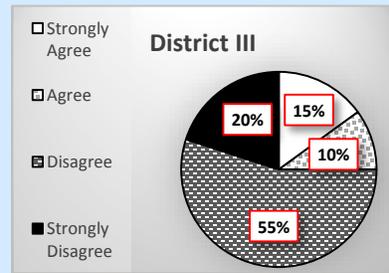
Figure C3-6G. District IV Results

District IV

Strongly Agree
Agree
Disagree
Strongly Disagree

17%
33%
25%
25%
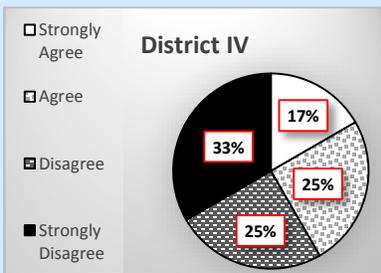
Figure C3-6H. District V Results

District V

Strongly Agree
Agree
Disagree
Strongly Disagree

6%
38% 56%
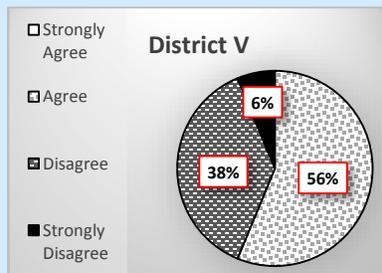
Figure C3-6I. District VI Results

District VI

Strongly Agree
Agree
Disagree
Strongly Disagree

8% 8%
34%
50%
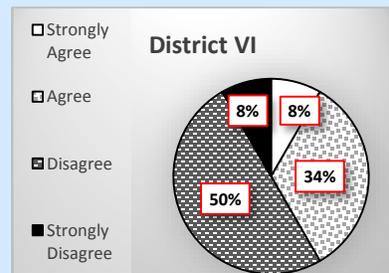
Figure C3-6J. District VII Results

District VII

Strongly Agree
Agree
Disagree
Strongly Disagree

22% 11%
67%
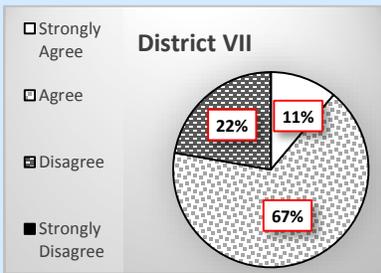
Figure C3-6K. District VIII Results

District VIII

Strongly Agree
Agree
Disagree
Strongly Disagree

9%
37%
36%
18%
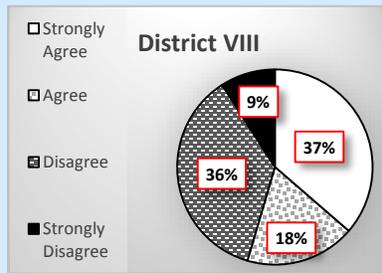
Figure C3-6L. District IX Results

District IX

Strongly Agree
Agree
Disagree
Strongly Disagree

13%
50%
37%
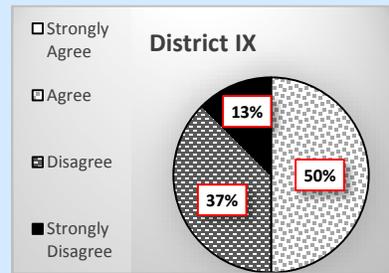
Figure C3-7. The principal and other leaders at this school demonstrate sufficient support for the work of the IAT team
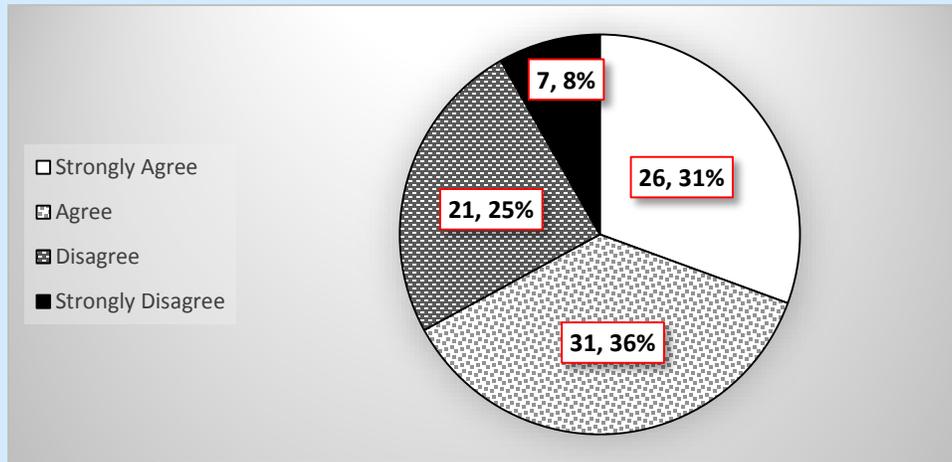
Figure C3-7A. Elementary Results
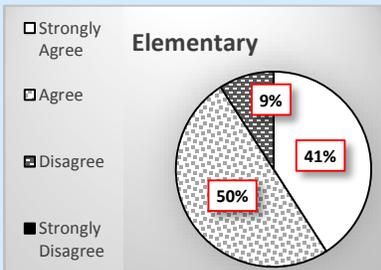
Figure C3-7B. Middle School Results
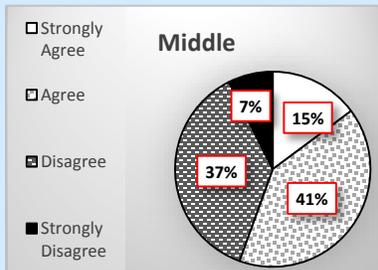
Figure C3-7C. High School Results
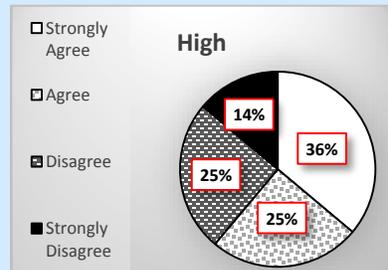
Figure C3-7D. District I Results
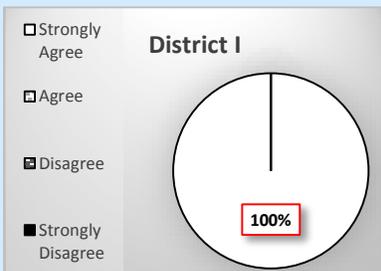
Figure C3-7E. District II Results
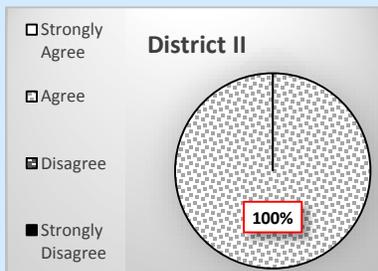
Figure C3-7F. District III Results
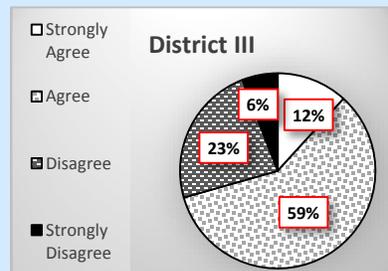
Figure C3-7G. District IV Results
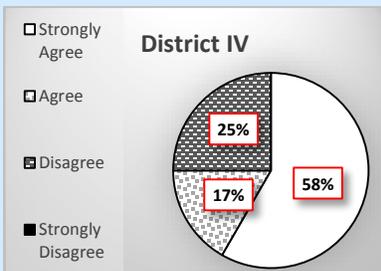
Figure C3-7H. District V Results
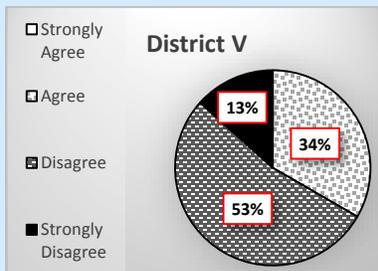
Figure C3-7I. District VI Results

Figure C3-7J. District VII Results

District VII

- ☐ Strongly Agree
- ☐ Agree
- ⊠ Disagree
- ■ Strongly Disagree

37%

63%

Figure C3-7K. District VIII Results

District VIII

- ☐ Strongly Agree
- ☐ Agree
- ⊠ Disagree
- ■ Strongly Disagree

27%

73%

Figure C3-7L. District IX Results

District IX

- ☐ Strongly Agree
- ☐ Agree
- ⊠ Disagree
- ■ Strongly Disagree

13%

25%

37%

25%
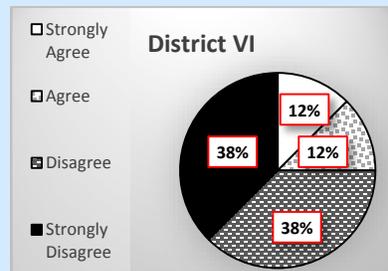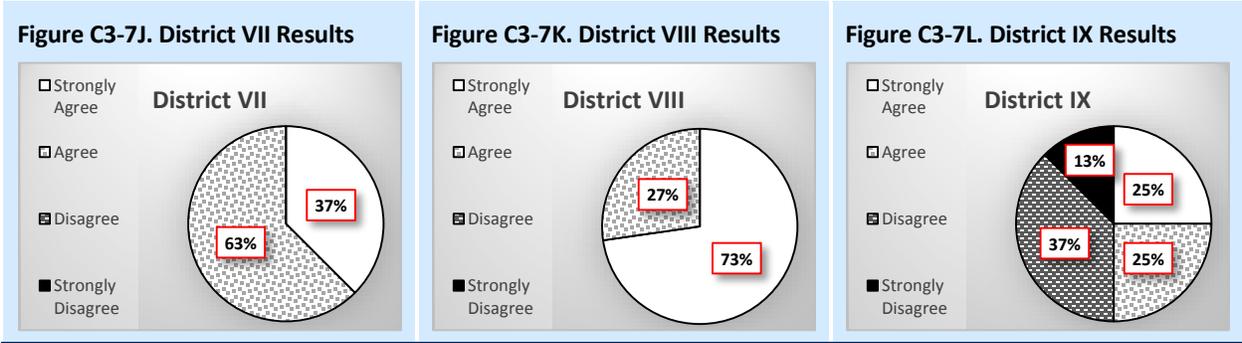
Appendix D1. Extant Data Trends in HISD Performance and Persistence Data, 2012–2017

Figure D1-1. State of Texas Assessments of Academic Readiness (STAAR®) 3-8 Performance: Students Meeting or Exceeding Grade-Level Standards in Mathematics
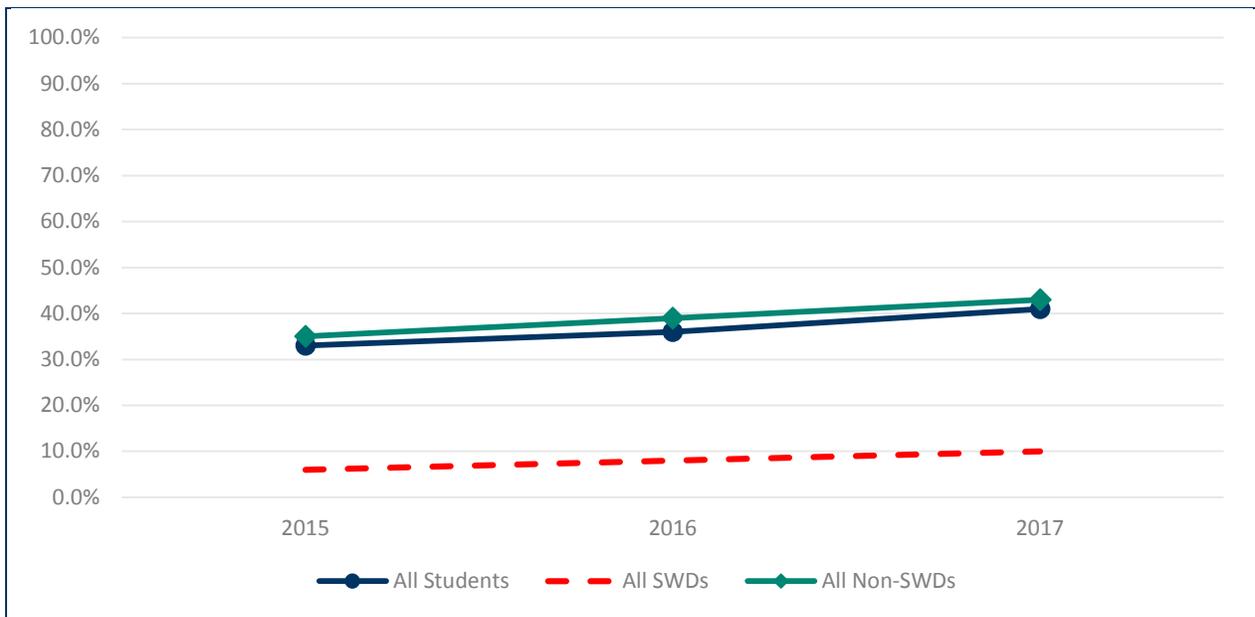
Source: STAAR 3-8 Performance Report, 2016–2017

[a]Passing rate represents performance on STAAR English and Spanish combined, first administration only.

[b]Data do not include results from the STAAR Alternate 2 exams.

Figure D1-2. STAAR® 3-8 Performance: Students Meeting or Exceeding Grade-Level Standards in Reading
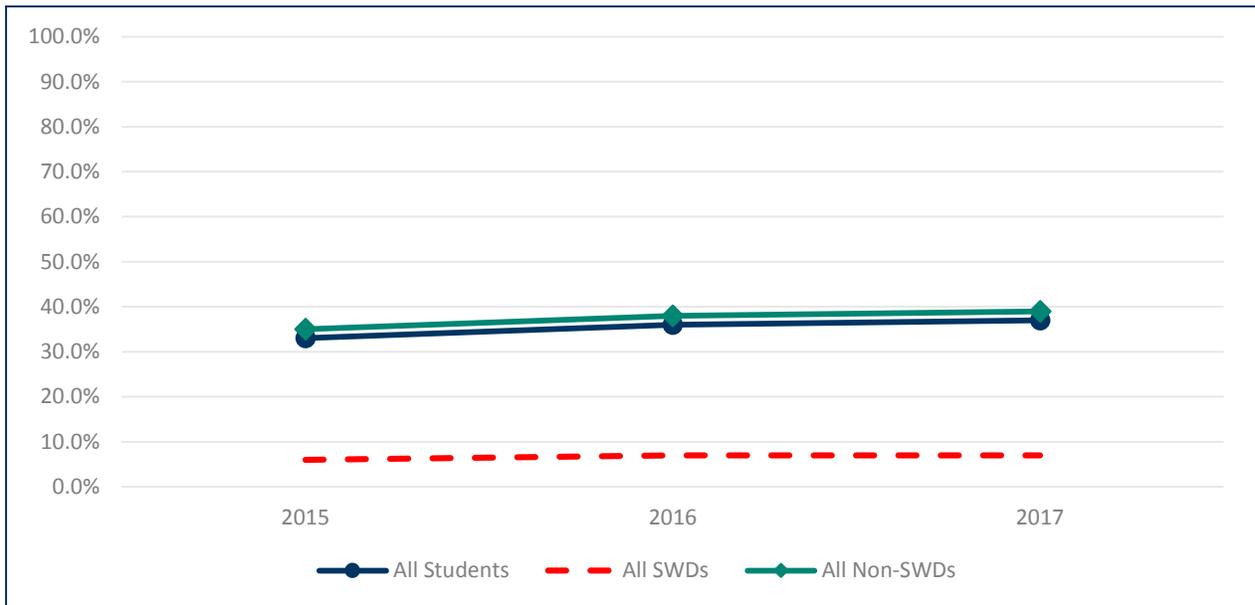
Source: STAAR 3-8 Performance Report, 2016–2017

aPassing rate represents performance on STAAR English and Spanish combined, first administration only.

bData do not include results from the STAAR Alternate 2 exams.

Figure D1-3. STAAR® 3-8 Performance: Students Meeting or Exceeding Grade-Level Standards in Science
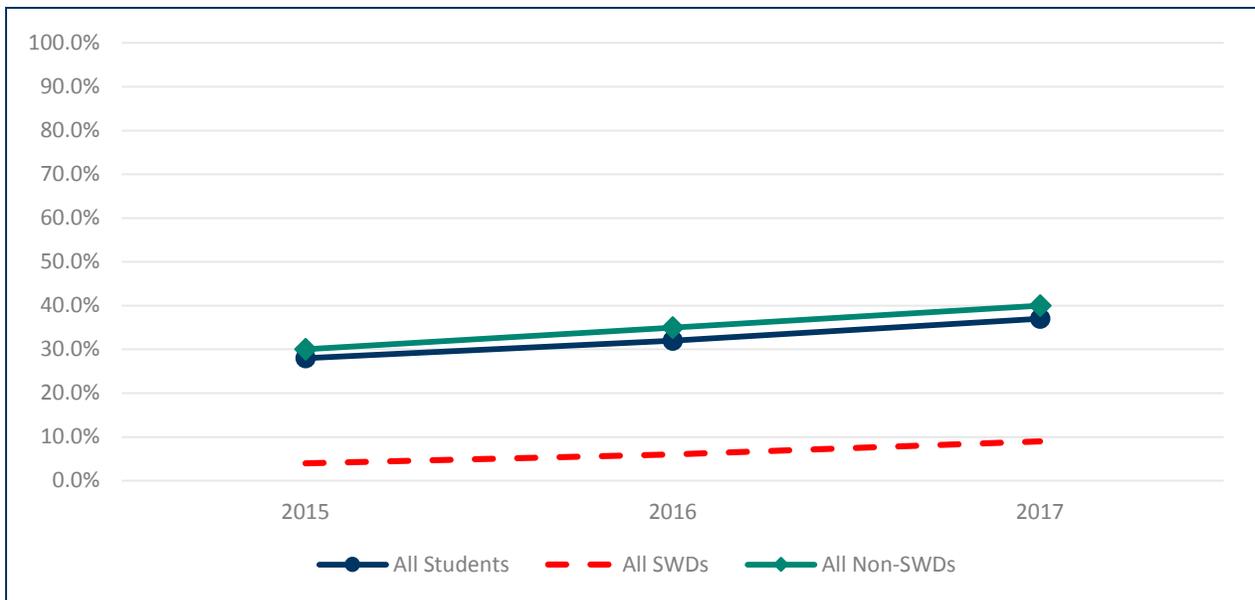
Source: STAAR 3-8 Performance Report, 2016–2017

aPassing rate represents performance on STAAR English and Spanish combined, first administration only.

bData do not include results from the STAAR Alternate 2 exams.

Figure D1-4. STAAR® 3-8 Performance: Students Meeting or Exceeding Grade-Level Standards in Social Studies
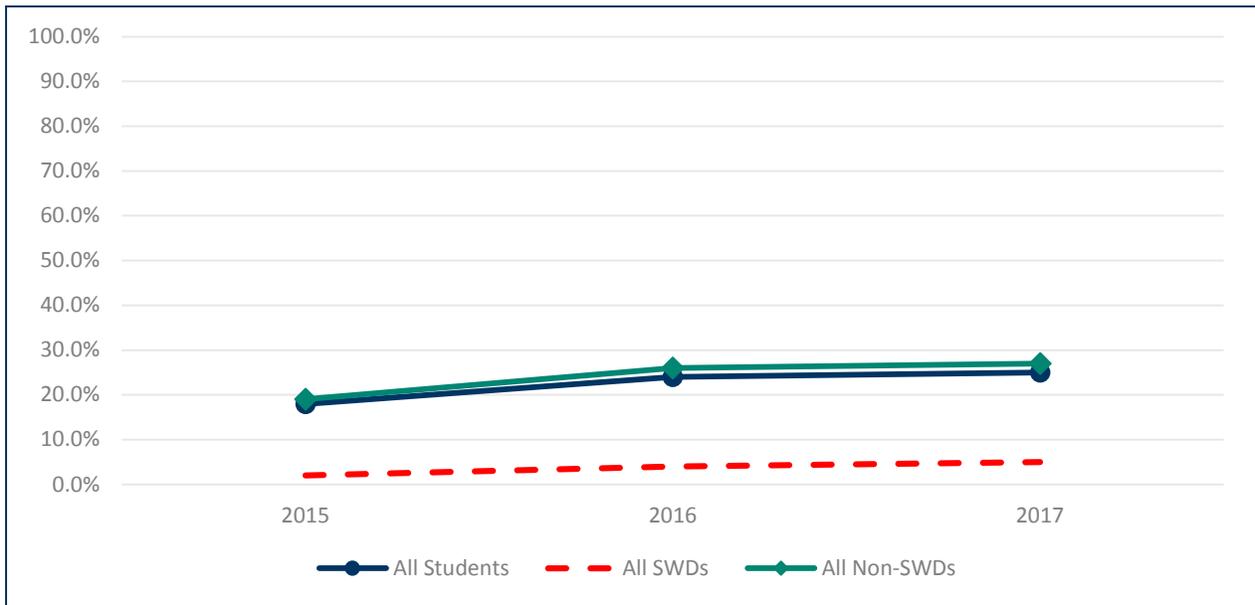
Source: STAAR 3-8 Performance Report, 2016–2017

[a]Passing rate represents performance on STAAR English and Spanish combined, first administration only.

[b]Data do not include results from the STAAR Alternate 2 exams.

Figure D1-5. STAAR® 3-8 Performance: Students Meeting or Exceeding Grade-Level Standards in Writing
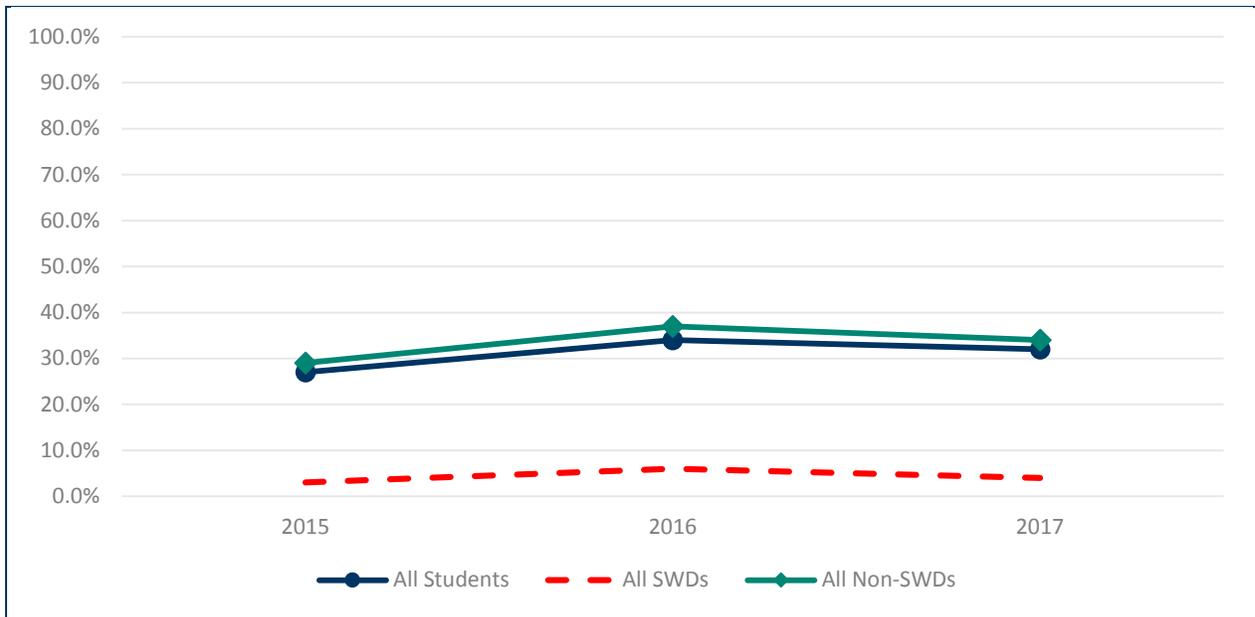
Source: STAAR 3-8 Performance Report, 2016–2017

[a]Passing rate represents performance on STAAR English and Spanish combined, first administration only.

[b]Data do not include results from the STAAR Alternate 2 exams.

Figure D1-6. STAAR® End-of-Course (EOC) Exam Performance: Students Meeting or Exceeding Grade-Level Standards in Algebra I
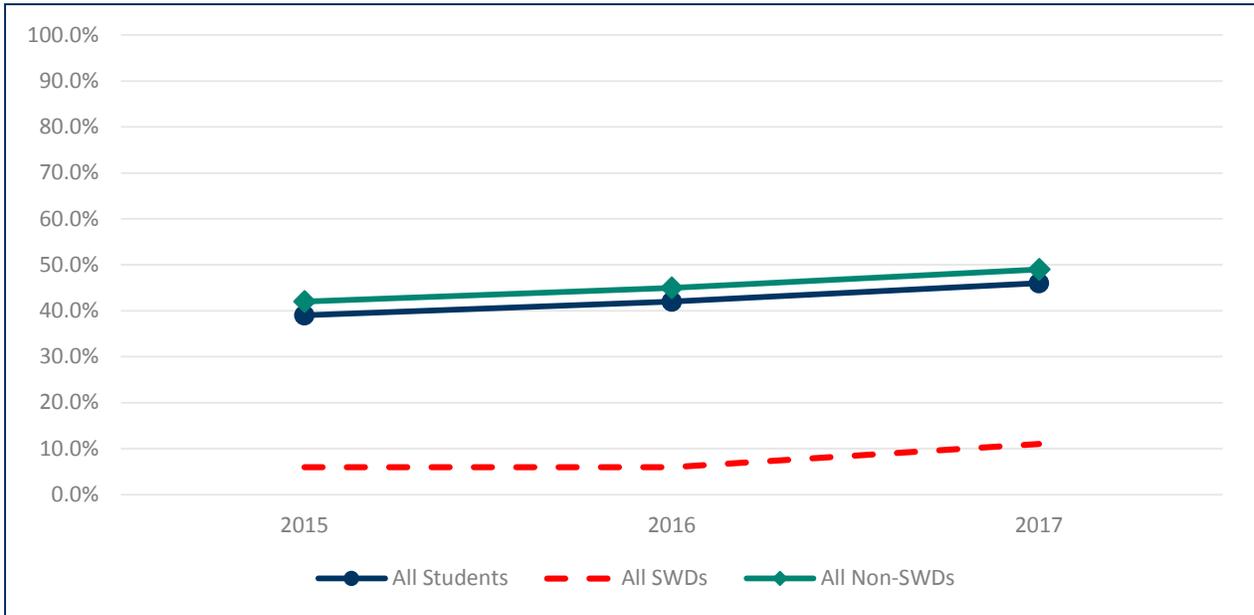
Source: STAAR End-of-Course Report, 2017

[a]Passing rate represents performance on first administration of STAAR EOC.

[b]Data do not include results from the STAAR Alternate 2 exams.

Figure D1-7. STAAR® EOC Exam Performance: Students Meeting or Exceeding Grade-Level Standards in Biology
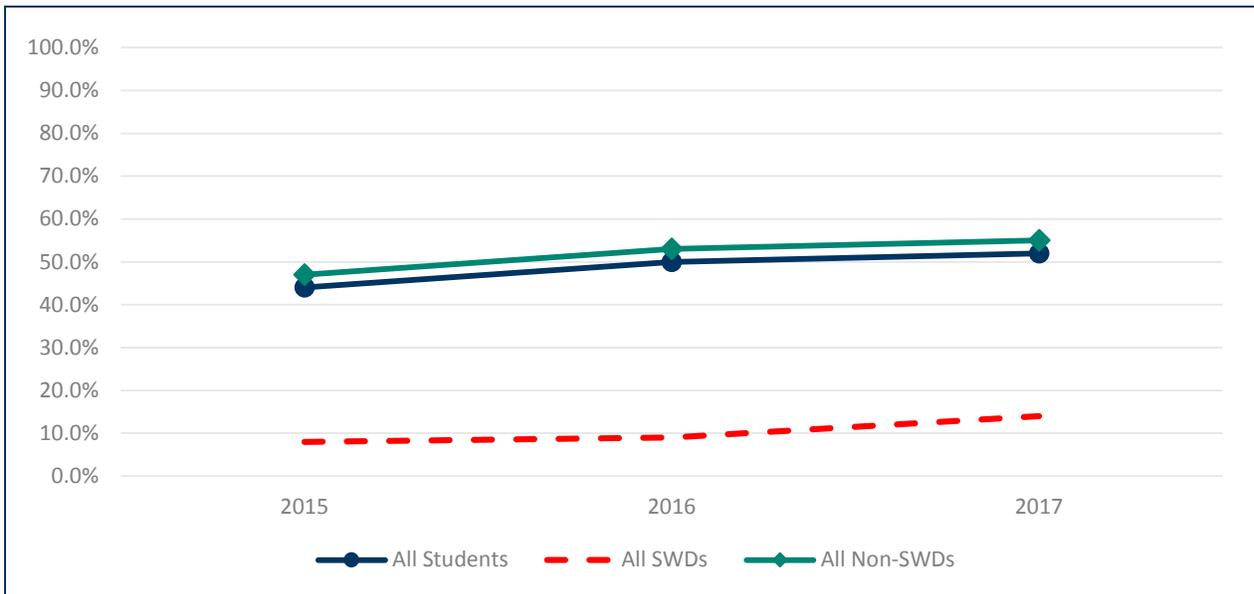
Source: STAAR End-of-Course Report, 2017

[a]Passing rate represents performance on first administration of STAAR EOC.

[b]Data do not include results from the STAAR Alternate 2 exams.

Figure D1-8. STAAR® EOC Exam Performance: Students Meeting or Exceeding Grade-Level Standards in U.S. History
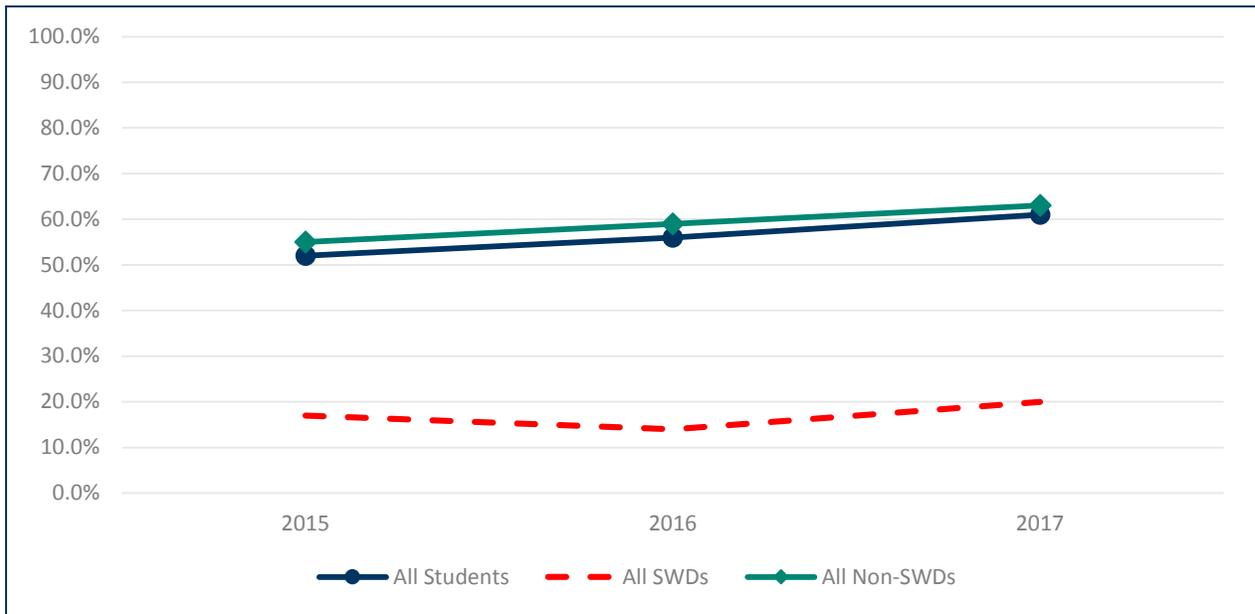
Source: STAAR End-of-Course Report, 2017

aPassing rate represents performance on first administration of STAAR EOC.

bData do not include results from the STAAR Alternate 2 exams.

Figure D1-9. STAAR® EOC Exam Performance: Students Meeting or Exceeding Grade-Level Standards in English I
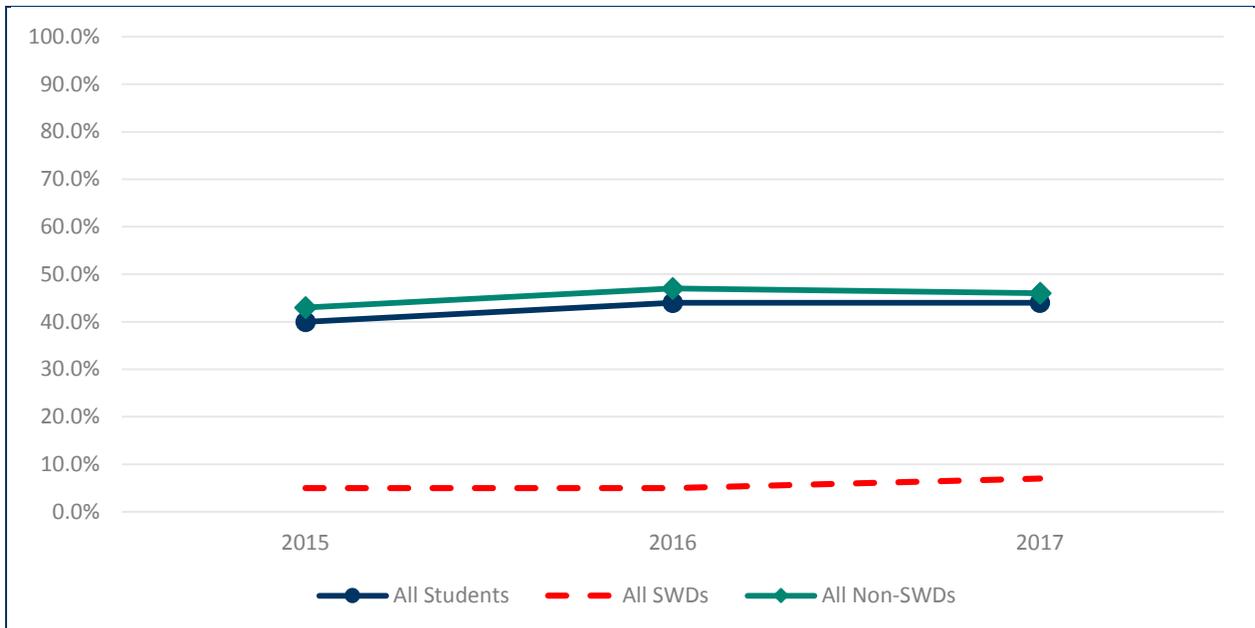
Source: STAAR End-of-Course Report, 2017

aPassing rate represents performance on first administration of STAAR EOC.

bData do not include results from the STAAR Alternate 2 exams.

Figure D1-10. STAAR® EOC Exam Performance: Students Meeting or Exceeding Grade-Level Standards in English II
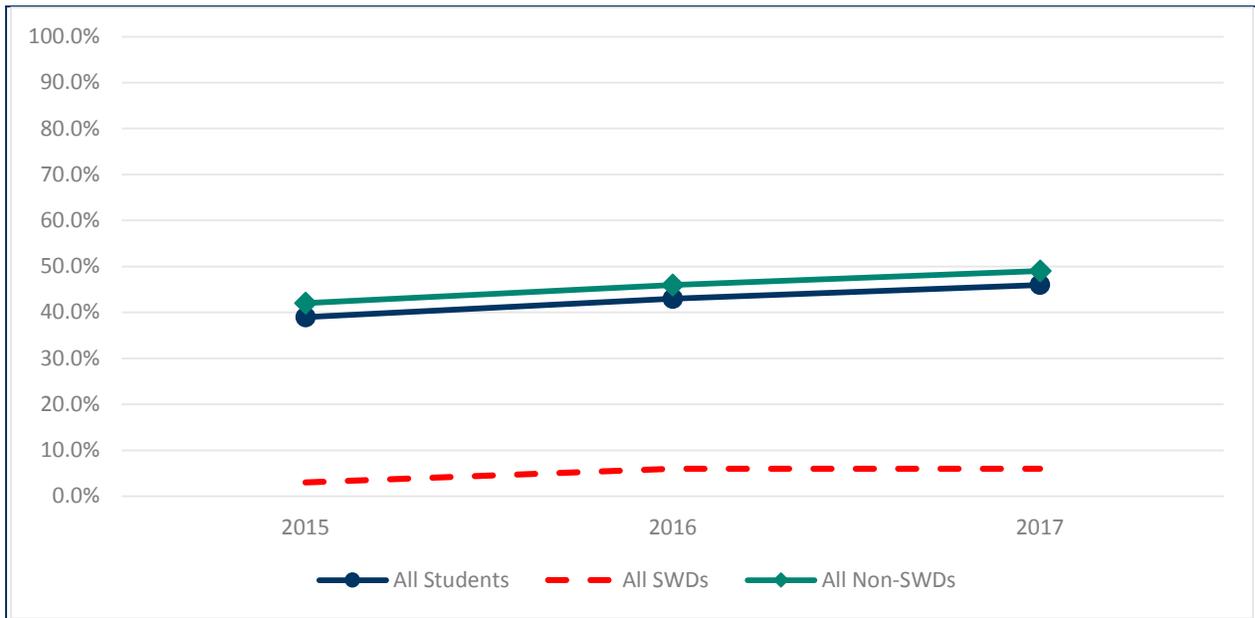
Source: STAAR End-of-Course Report, 2017
aPassing rate represents performance on first administration of STAAR EOC.
bData do not include results from the STAAR Alternate 2 exams.

Figure D1-11. Percentage of HISD Students Who Graduated With a High School Diploma in 4 Years
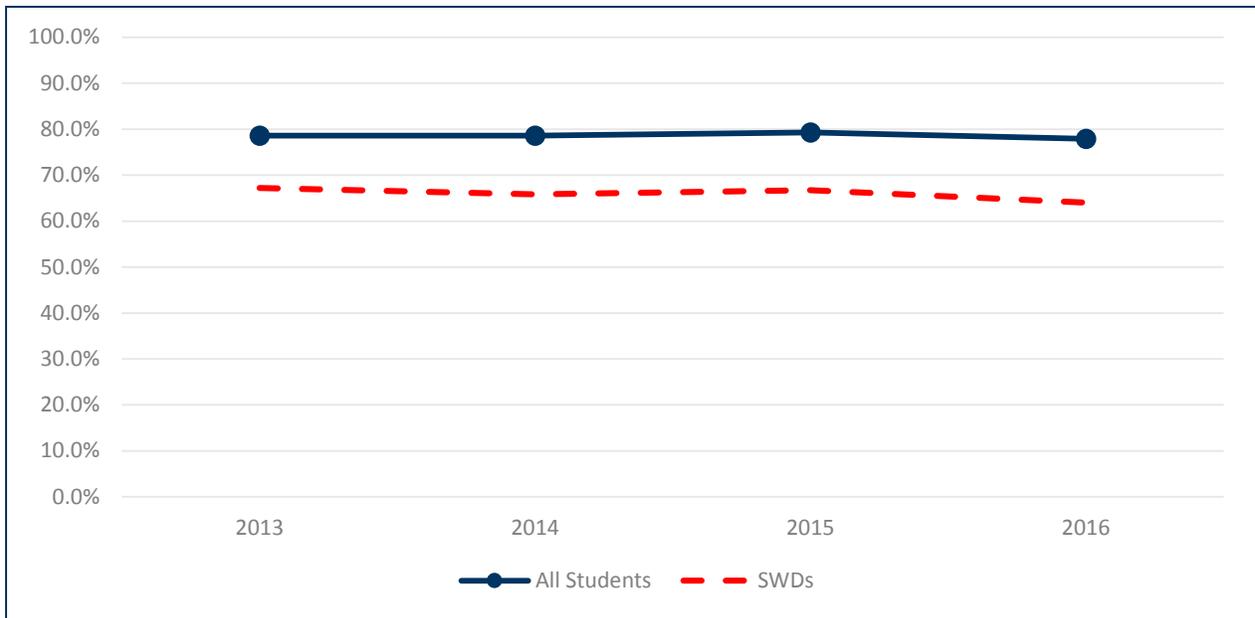
Sources: PBMAS Annual District Reports and HISD Annual Graduation and Dropout Analysis, 2013–2017
aGraduation rates shown were calculated without exclusions.

Figure D1-12. Percentage of HISD Students in Grades 9–12 Who Dropped Out Over 4 Years
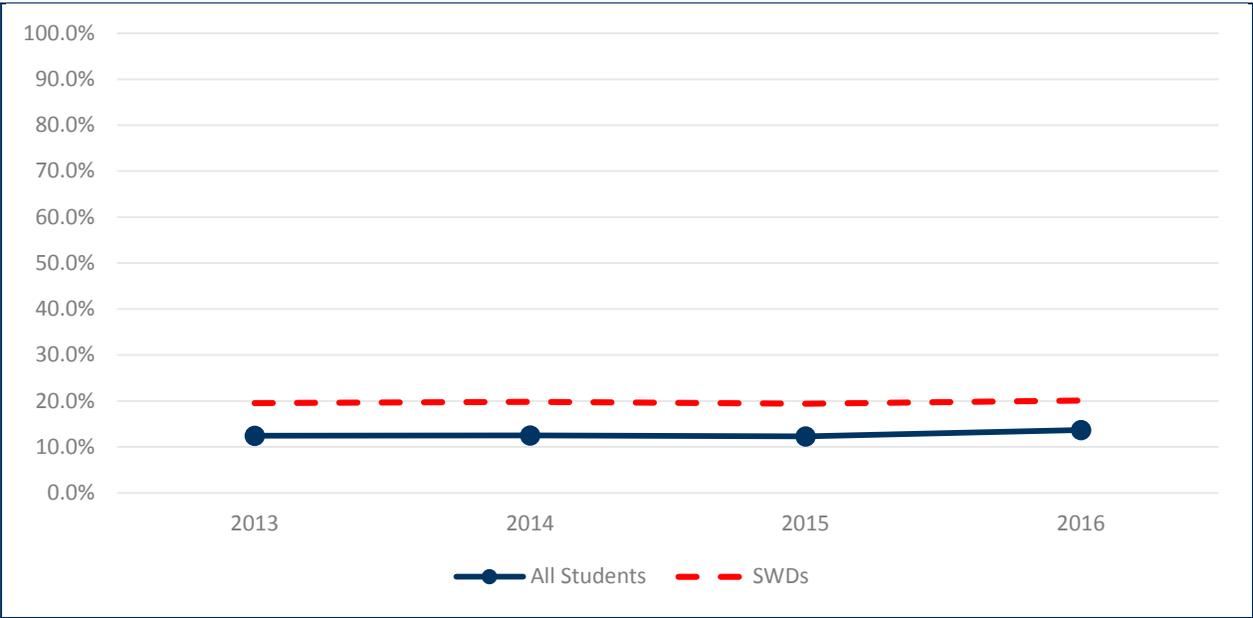
Sources: PBMAS Annual District Reports and HISD Annual Graduation and Dropout Analysis, 2013–2017

[a]Graduation rates shown were calculated without exclusions.

Appendix D2. Extant Data Trends in HISD Identification Data, 2012–2017

Figure D2-1. Percentage of Students Served in HISD's Special Education Program: Grades K–12, by Race
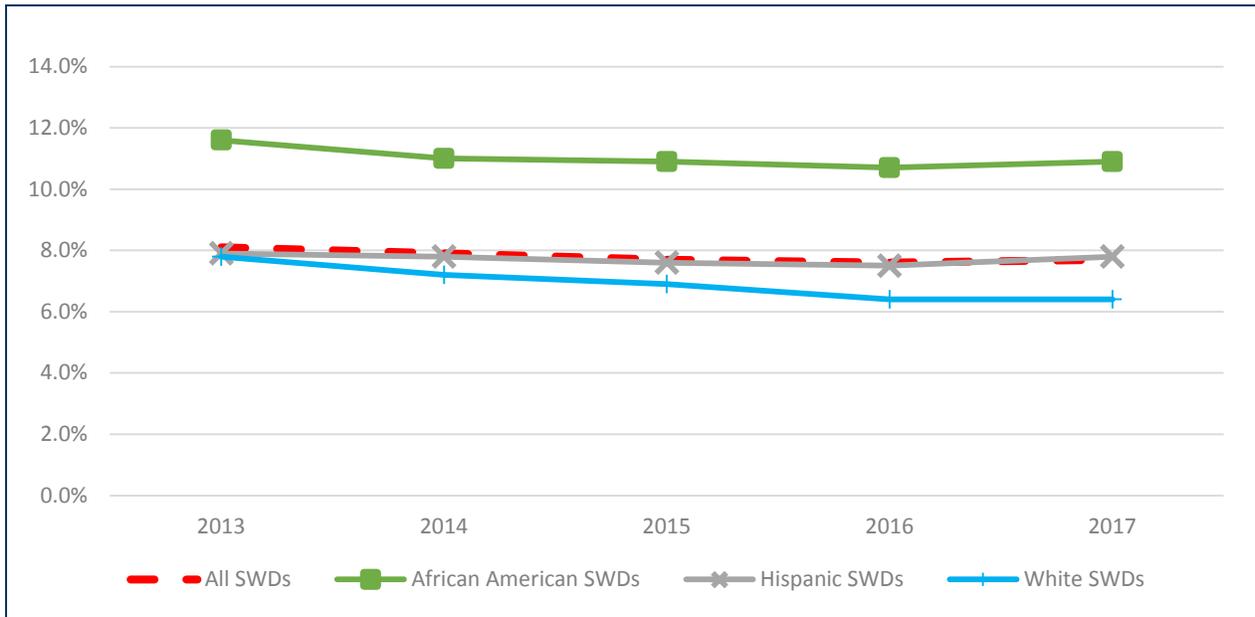
Sources: PEIMS Enrollment Reports, HISD Special Education Program Identification, Placement, and Assessment Reports, 2013–2017

Figure D2-2. Percentage of Students Served in HISD's Special Education Program: Grades K–5, by Race
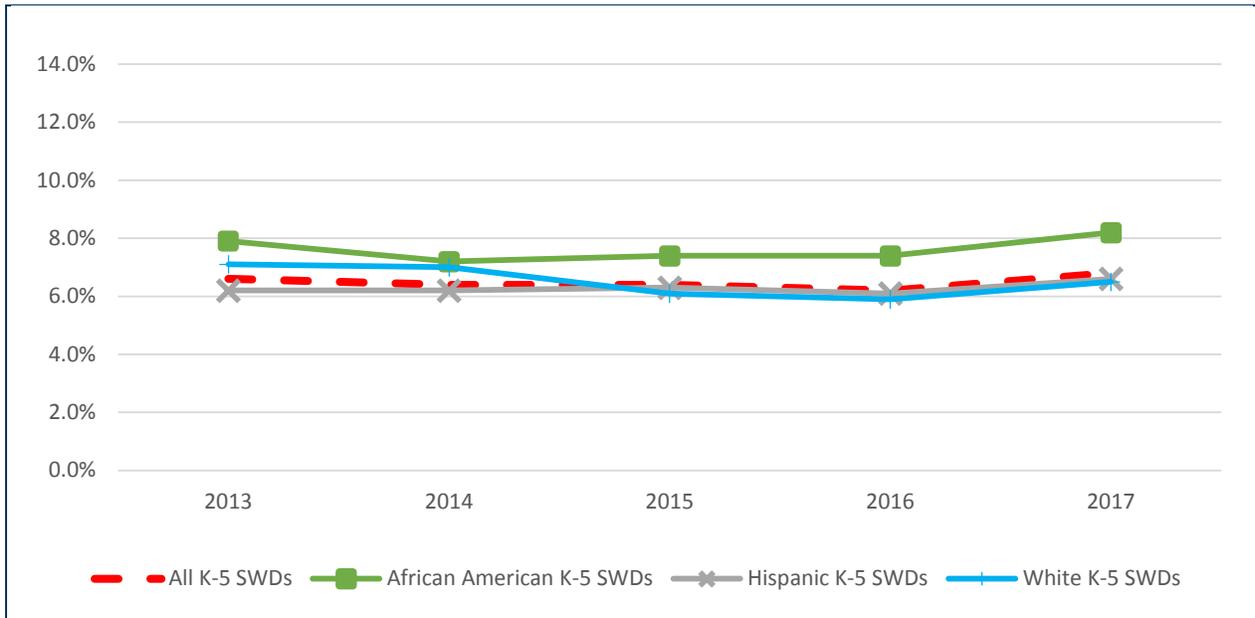
Sources: PEIMS Enrollment Reports, HISD Special Education Program Identification, Placement, and Assessment Reports, 2013–2017

Figure D2-3. Percentage of Students Served in HISD's Special Education Program: Grades 6–8, by Race
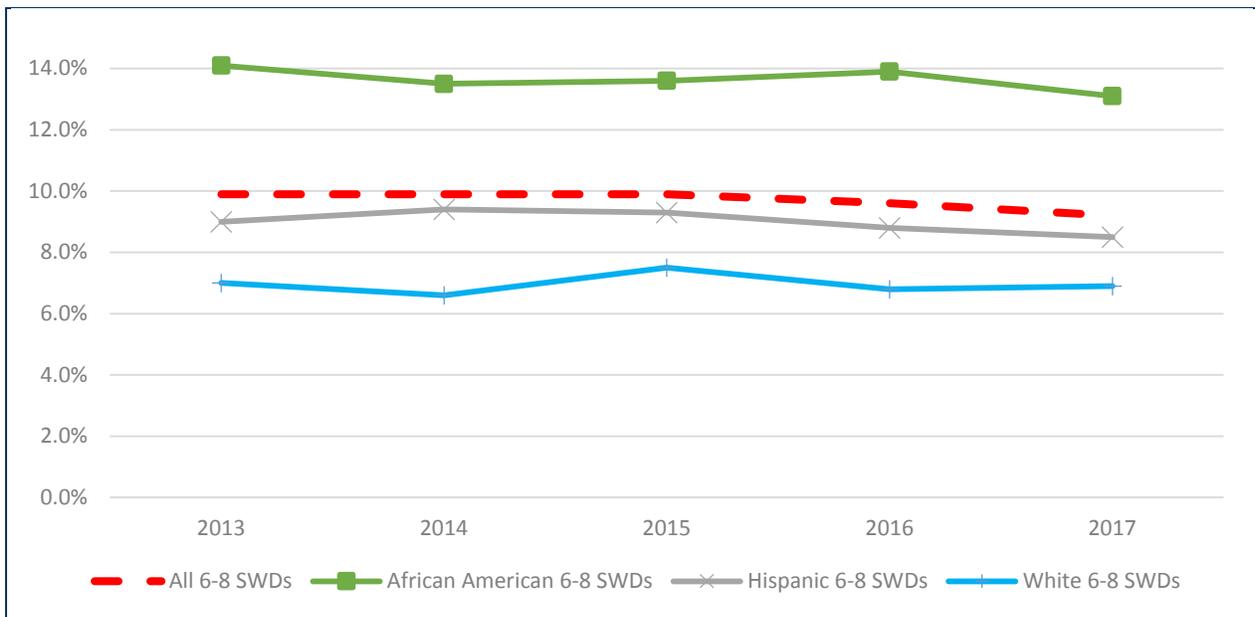
Sources: PEIMS Enrollment Reports, HISD Special Education Program Identification, Placement, and Assessment Reports, 2013-2017

Figure D2-4. Percentage of Students Served in HISD's Special Education Program: Grades 9–12, by Race
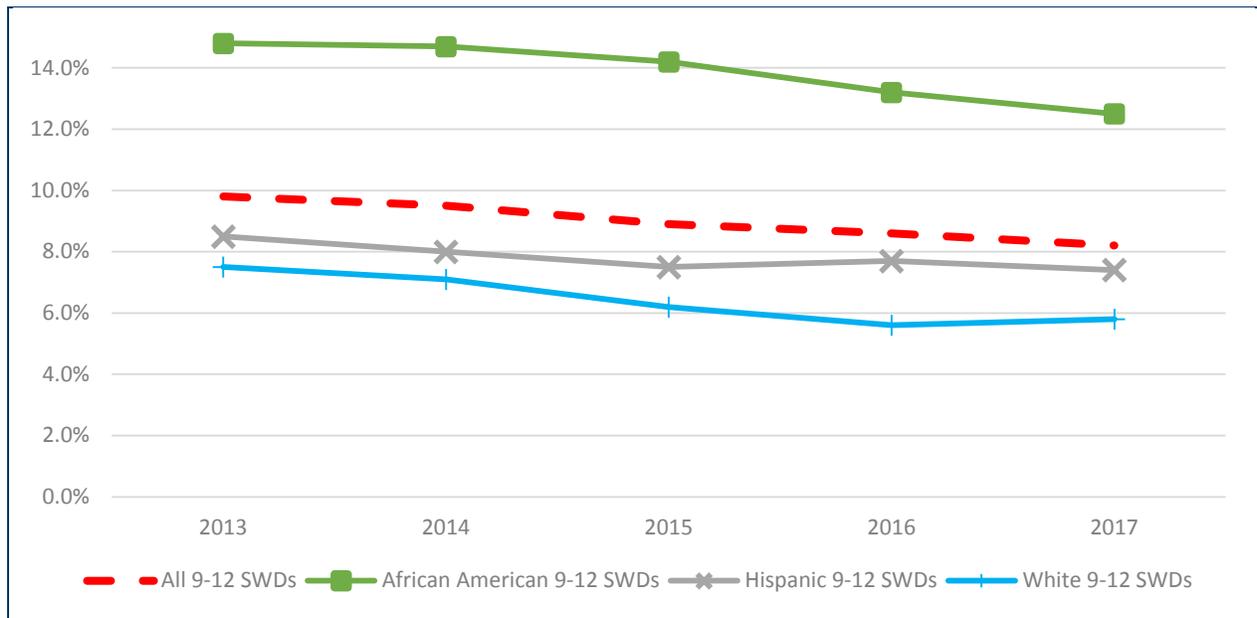
Sources: PEIMS Enrollment Reports, HISD Special Education Program Identification, Placement, and Assessment Reports, 2013–2017

**Figure D2-5. Percentage of HISD Students With Disabilities in Grades K–12 Identified With Autism, by Race/Ethnicity**
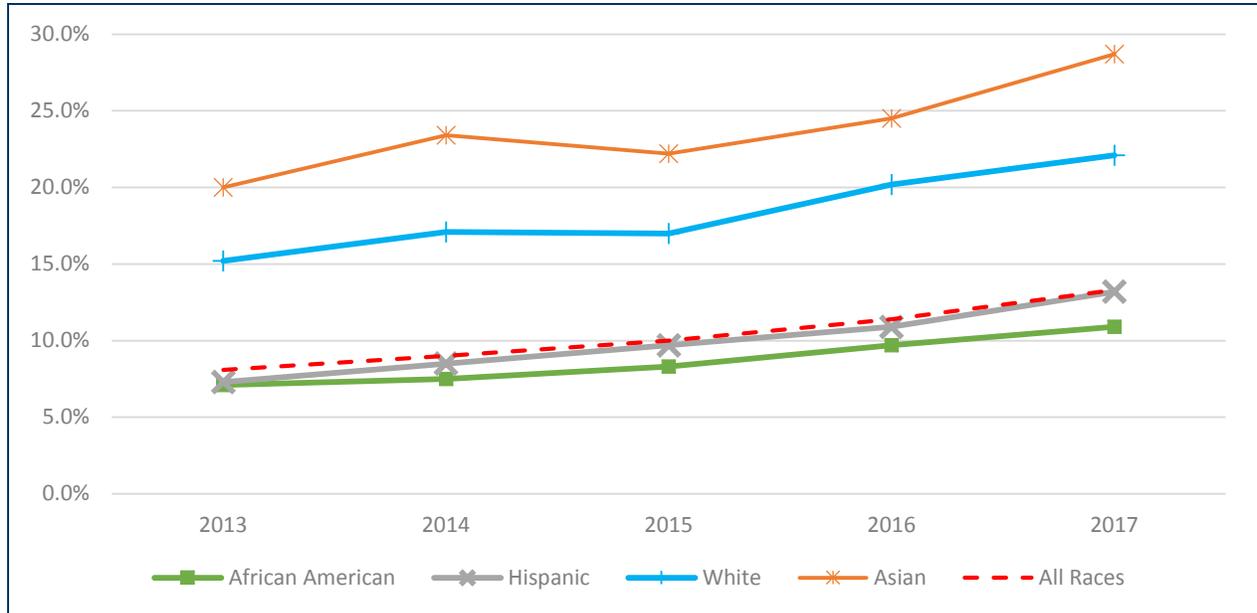
Source: HISD Special Education Program Identification, Placement, and Assessment Reports, 2013-2017, PEIMS Data

Figure D2-6. Percentage of HISD Students With Disabilities in Grades K–12 Identified With Emotional Disturbance, by Race/Ethnicity
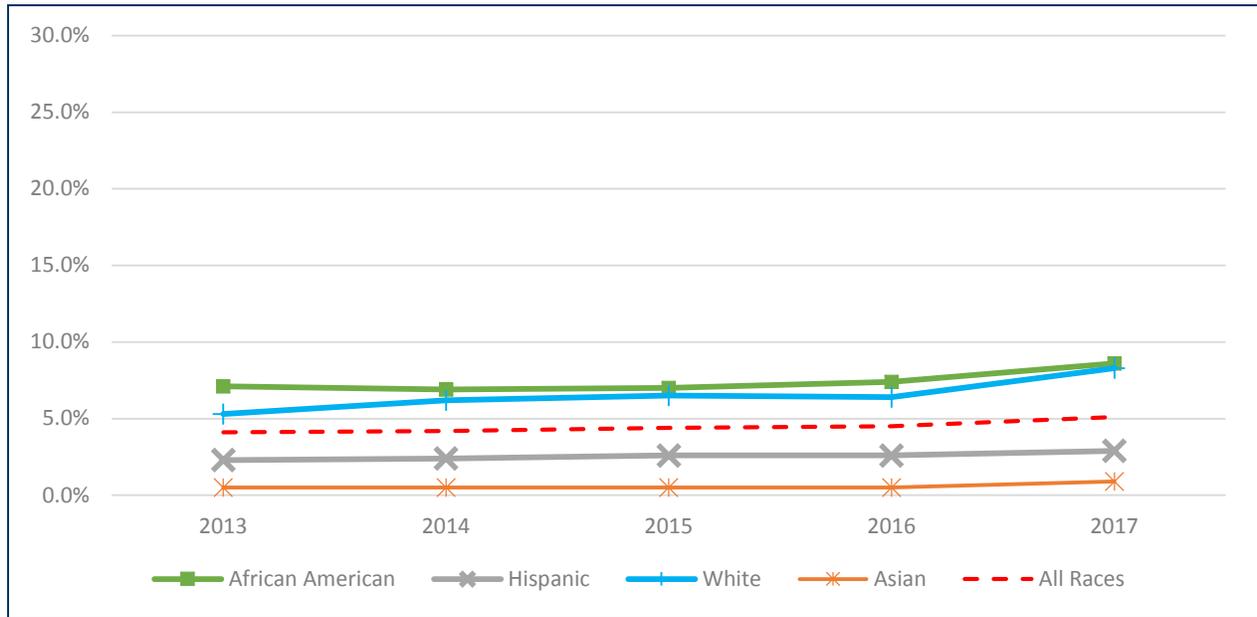
Source: HISD Special Education Program Identification, Placement, and Assessment Reports, 2013–2017, PEIMS Data

Figure D2-7. Percentage of HISD Students With Disabilities in Grades K–12 Identified With Intellectual Disability, by Race/Ethnicity
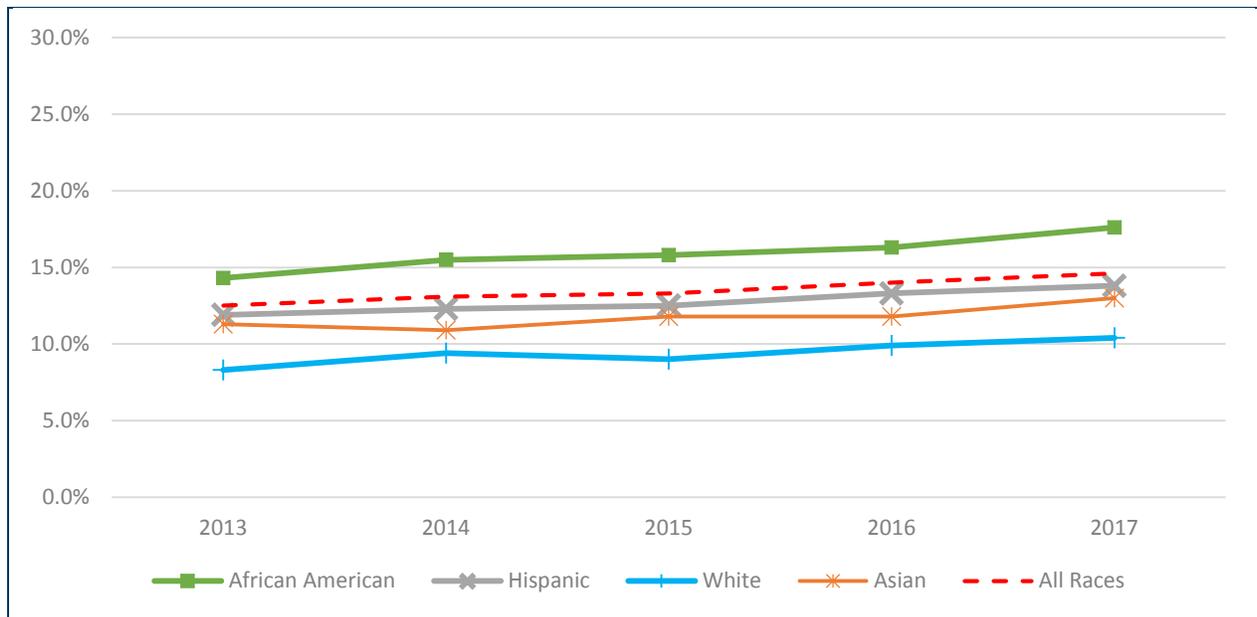
Source: HISD Special Education Program Identification, Placement, and Assessment Reports, 2013–2017, PEIMS Data

Figure D2-8. Percentage of HISD Students With Disabilities in Grades K–12 Identified With Other Health Impairment, by Race/Ethnicity
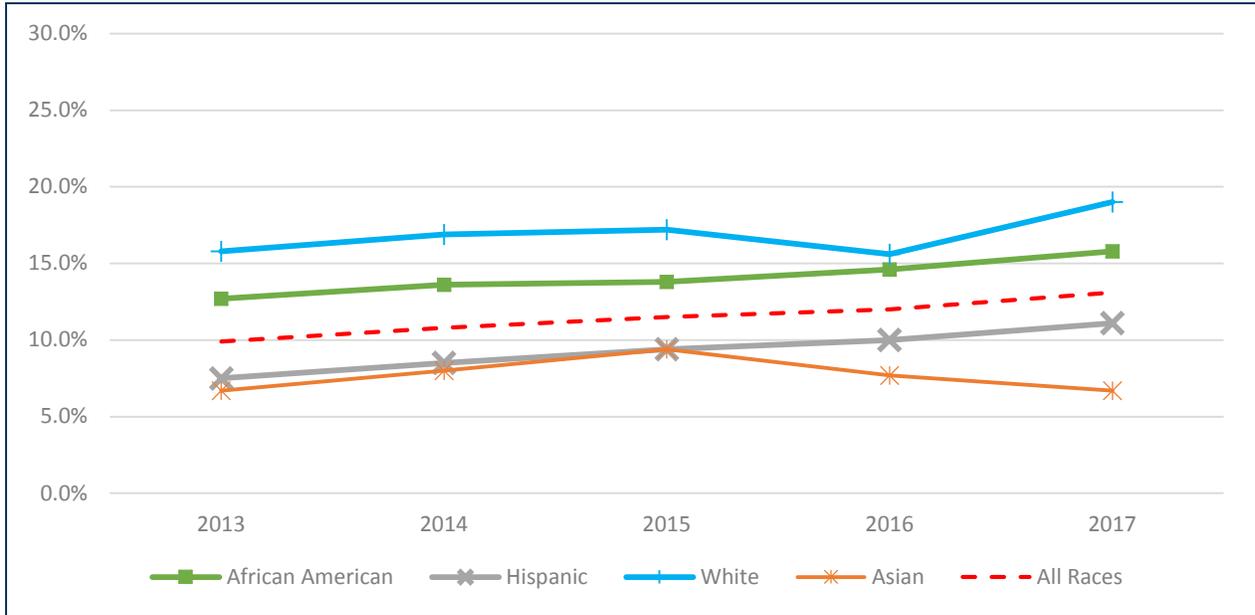
Source: HISD Special Education Program Identification, Placement, and Assessment Reports, 2013–2017, PEIMS Data

Figure D2-9. Percentage of HISD Students With Disabilities in Grades K–12 Identified With Learning Disability, by Race/Ethnicity
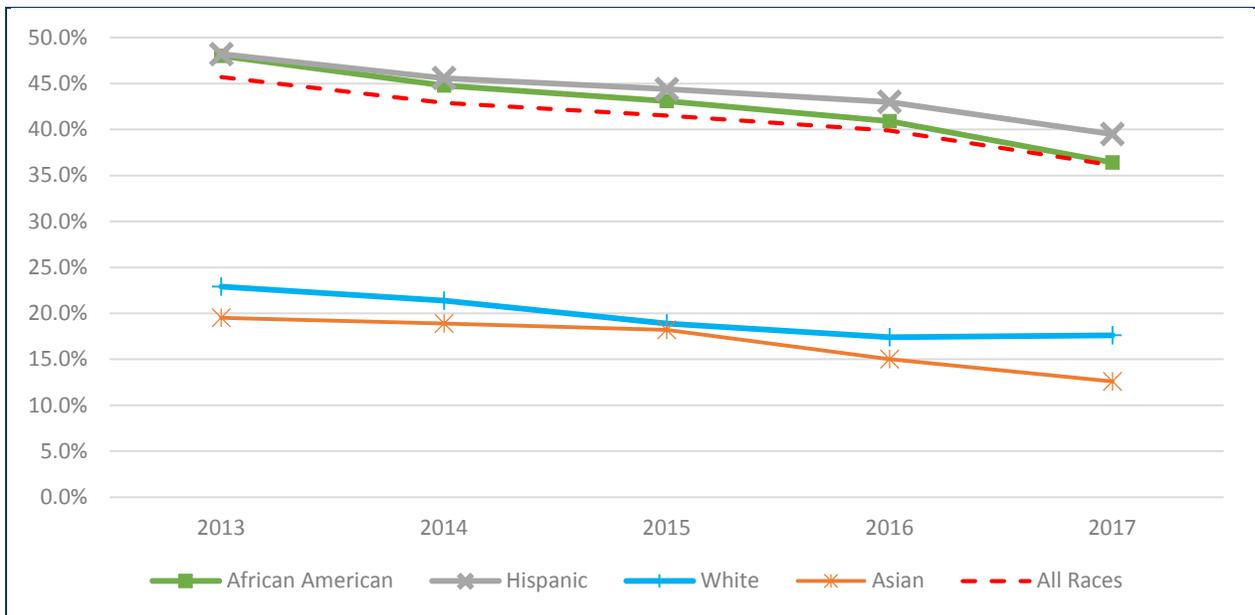
Source: HISD Special Education Program Identification, Placement, and Assessment Reports, 2013–2017, PEIMS Data

Figure D2-10. Percentage of HISD Students With Disabilities in Grades K–12 Identified With Speech Impairment, by Race/Ethnicity
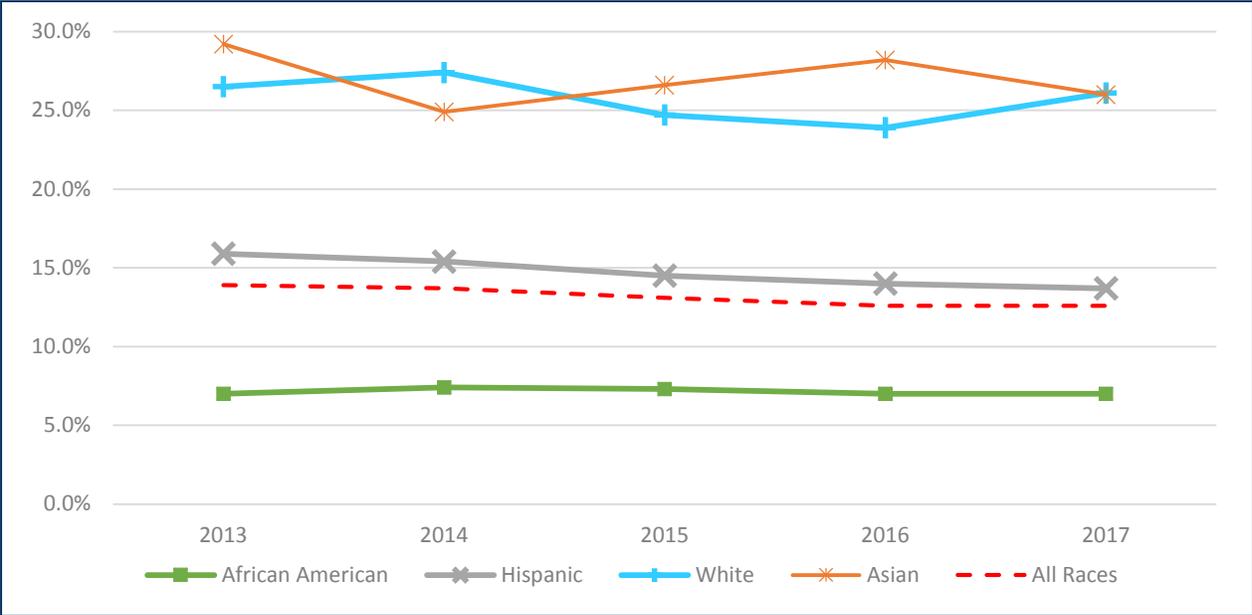
Source: HISD Special Education Program Identification, Placement, and Assessment Reports, 2013–2017, PEIMS Data

Appendix D3. Extant Data Trends in HISD Placement Data, 2012–2017

Figure D3-1. Percentage of HISD Students With Disabilities Aged 6–21 Who Are Served in a Regular Classroom for 80% or More of the School Day, by Race/Ethnicity
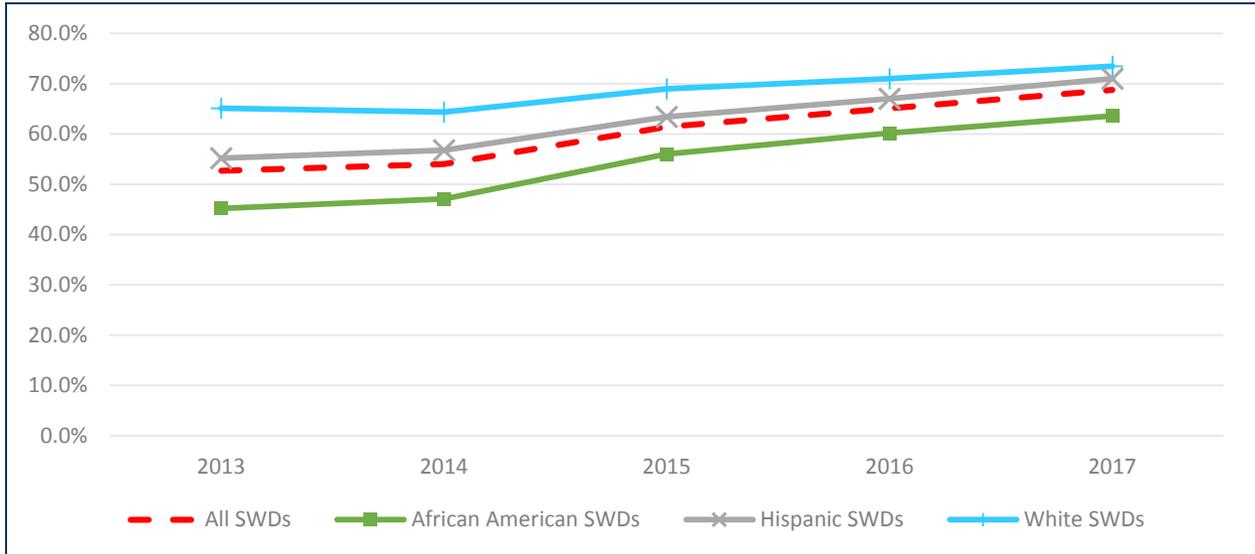
Source: HISD Special Education Program Identification, Placement, and Assessment Reports, 2013-2017
[a] Graphs may underestimate the percentage of students in select settings; in publicly reported data, if the number of students meeting certain criteria (e.g., African American students in a given instructional setting) is less than five, this figure is not included due to privacy laws.

Figure D3-2: Percentage of HISD Students With Disabilities Aged 6–21 Who Are Served in a Partial Inclusion Setting (Spend 40%–79% of the Day in a Regular Class), by Race/Ethnicity
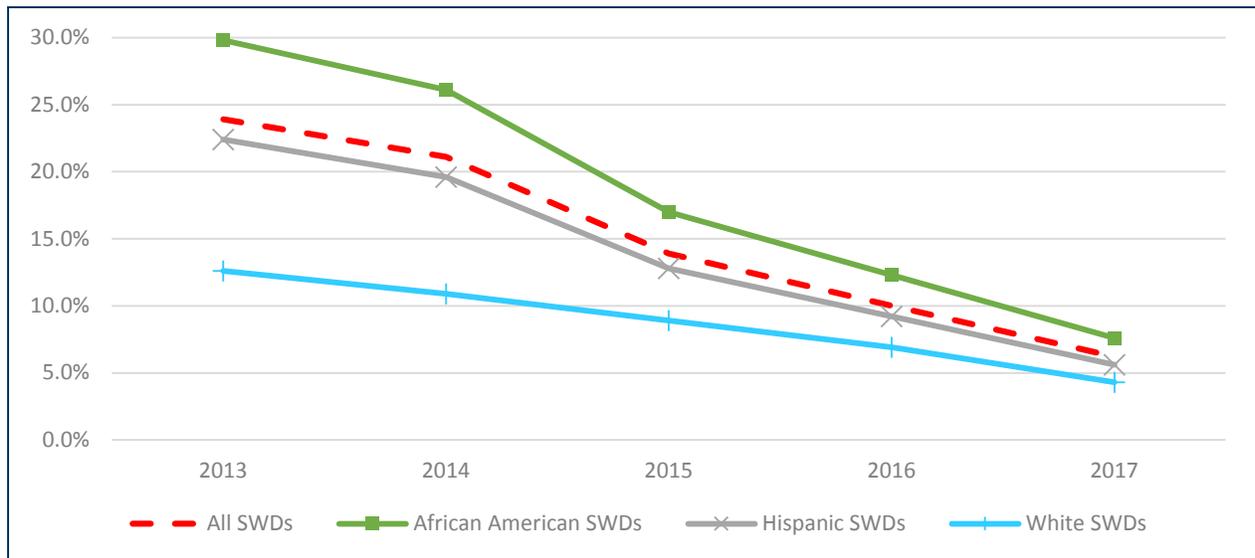
Source: HISD Special Education Program Identification, Placement, and Assessment Reports, 2013–2017

a Graphs may underestimate the percentage of students in select settings; in publicly reported data, if the number of students meeting certain criteria (e.g., African American students in a given instructional setting) is less than five, this figure is not included due to privacy laws.

Figure D3-3: Percentage of HISD Students With Disabilities Aged 6–21 Who Are Served in a Regular Classroom for Less Than 40% of the School Day, by Race/Ethnicity
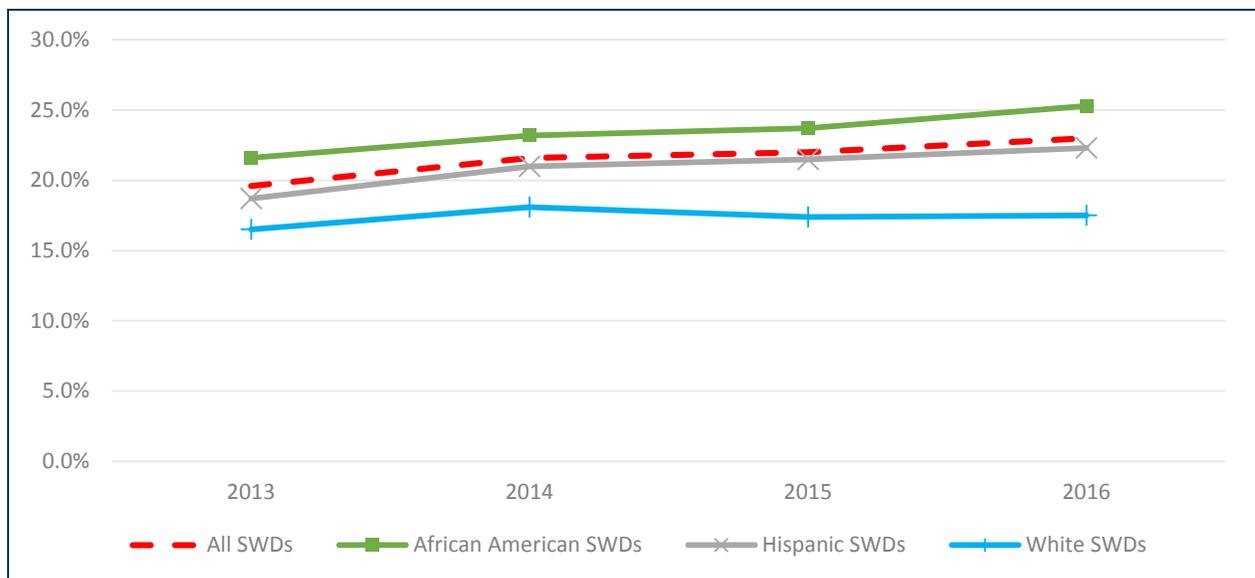
Source: HISD Special Education Program Identification, Placement, and Assessment Reports, 2013–2017

a Graphs may underestimate the percentage of students in select settings; in publicly reported data, if the number of students meeting certain criteria (e.g., African American students in a given instructional setting) is less than five, this figure is not included due to privacy laws.

Figure D3-4. Percentage of HISD Students With Disabilities Aged 6–21 and Served in a Sub-Separate Setting
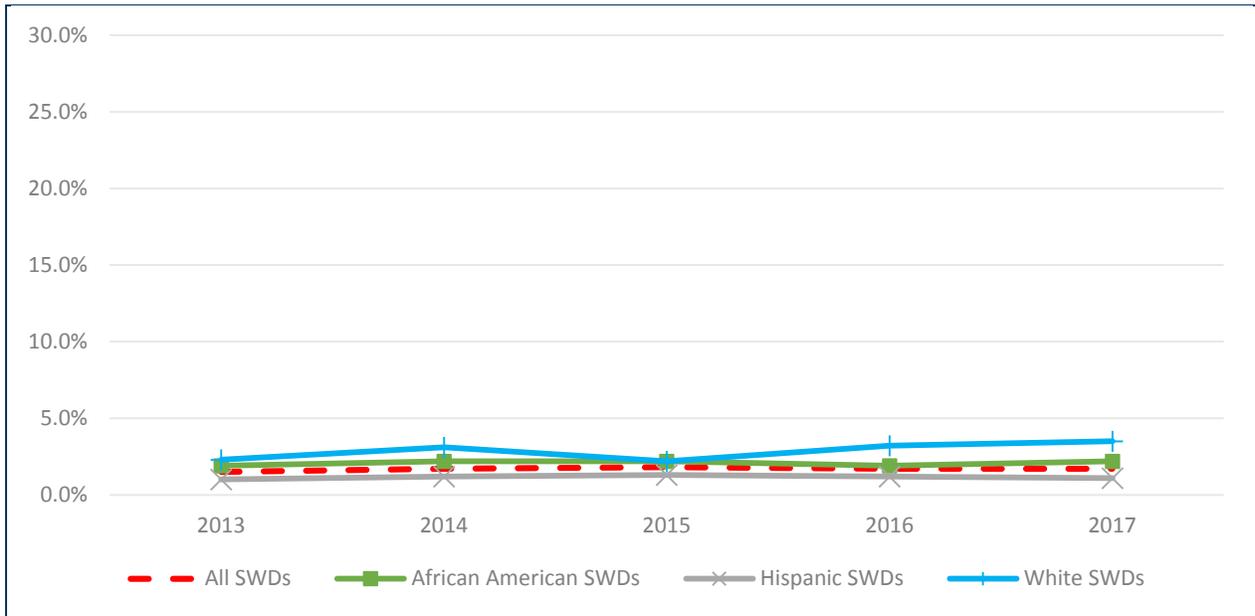
Source: HISD Special Education Program Identification, Placement, and Assessment Reports, 2013–2017

[a] Graphs may underestimate the percentage of students in select settings; in publicly reported data, if the number of students meeting certain criteria (e.g., African American students in a given instructional setting) is less than five, this figure is not included due to privacy laws.

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