

# **Opportunities for Early Identification of Children who Received Special Education after Kindergarten Entrance**

## **Executive Summary**

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### **About the *Center for Disabilities Studies***

The *Center for Disabilities Studies* at the University of Delaware is one of the 61 university affiliated program Centers for Excellence in Developmental Disability Research Education and Service (UCEDD) in the United States. The *Center* was established in 1992 and works in conjunction with individuals with disabilities to better their lives. The *Center* staff and affiliated faculty teach both pre-service and in-service courses for teachers, social service workers, and other service providers working with individuals with disabilities and their families. The *Center* operates state-of-the-art programs and assists both public and private organizations in adopting the procedures developed to operate those programs. *Center* staff and affiliated faculty also serve on state and national policy boards and commissions that address housing, transportation, education, advocacy, child care, health care, and other service areas. *Center* staff also conducts evaluations of programs serving individuals with disabilities and assists in policy development at both the local and state levels. The *Center for Disabilities Studies* is located in 166 Graham Hall at the University of Delaware in Newark. The Director of the *Center* is Dr. Michael Gamel-McCormick.

### **About the *Delaware Department of Education***

The Delaware Department of Education (DOE) is the state agency responsible for administering state and federal educational programs in the nineteen local school districts of Delaware. The Department's mission is, "To promote the highest quality education for every Delaware student by providing visionary leadership and superior service." The Department is comprised of four distinct branches: Curriculum and Instructional Improvement, Assessment and Accountability, Finance and Administration, and Adult Education and Workforce Development. The goal of the Exceptional Children and Early Childhood Education Workgroup within the Curriculum and Instructional Improvement Branch is to improve results for children with disabilities and young children. Among the responsibilities of this workgroup are the support for state Early Childhood Assistance Programs (ECAP), programs for four-year-olds and their families; and the Preschool Disabilities Program, programs for three and four-year-olds with mild disabilities and speech and language delays and the Office of Early Care and Education. The Secretary of the Department of Education is Ms. Valerie Woodruff, the Associate Secretary of the Curriculum and Instructional Improvement Branch is Dr. Nancy Wilson, and the Director of the Exceptional Children and the Early Childhood Workgroup is Dr. Martha Brooks.

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The study resulting in the *Opportunities for Early Identification of Children who Received Special Education after Kindergarten Entrance* report was commissioned by the Exceptional Children and Early Childhood Education Work Group within the Delaware Department of Education. The overall goal of the study, as stated by the Advisory Committee, was to determine how to identify children in need of special education services prior to entering kindergarten.

The Delaware Department of Education commissioned the study in early 2003 as proposed by the Advisory Committee and developed by the Center for Disabilities Studies in the College of Human Services, Education, and Public Policy at the University of Delaware in Newark, Delaware. The Advisory Committee for this study was composed of professionals from the Department of Education, Department of Health and Social Services, the Department of Services for Children, Youth and Their Families, and special education coordinators from two school districts in the state.

**Introduction and Background:**

The *Opportunities for Early Identification of Children who Received Special Education after Kindergarten Entrance* study was designed to describe the early experiences of families of children who were identified for special education services between kindergarten and grade four. The study focused on the children's and families' experiences from the time the children were born until the children entered kindergarten. The study also was designed to determine if, how, and by whom concerns about children's development and learning were recognized prior to kindergarten entry and, for cases in which a concern was recognized, why recognition did not lead to the services. The Advisory Committee determined the following specific research questions for the study:

1. What could have happened to identify children earlier?
2. Why were these children not identified earlier?

The design of the study used an ecological approach to explain children's development and interactions with service systems (Bronfenbrenner, 1977, 1979, 1989). An ecological framework guided the design of the study protocol and data collection methods used to document the experiences of children from birth until their entry into kindergarten. The ecological framework included the families' networks of support within and outside the family; contacts with the health care community, the early care and education community,

community services for children and their families, and school districts. Based on this ecological perspective, data were collected to determine if, when, and by whom concerns were expressed regarding the children's development and what actions followed. Data were analyzed to both describe these processes and to identify potential leverage points. Leverage points are individuals and programs that came in contact with many of the children and their families and/or were perceived positively by children and their families. This *Executive Summary* presents the highlights and summation of the findings of the *Opportunities for Early Identification of Children who Received Special Education after Kindergarten Entrance*. Included is a summary of the children's experiences prior to kindergarten, children's experiences when a concern had been expressed about their development, and the leverage points identified by analyzing data gathered about the 67 children in this study.

### **Methods of the Study:**

*Measurement* Several instruments were created to gather information for this study. Families were interviewed using a protocol developed by the advisory committee and the research team and refined following a pilot study. This interview collected information about health care, early care and education, school, and service experiences of the children. Families also gave permission to review children's records related to those services. Children's school records were reviewed to collect school grades, information about the students' Individual Education Plans (IEPs) and special education assessment information. The Departments of Education (DOE); Health and Social Services (DHSS); and Services for Children, Youth and Their Families (DSCYF) were asked to report specific information about the students.

*Sample* The population of interest for this study was determined by the Advisory Committee to be those children identified to be eligible for special education between their entry to kindergarten and fourth grade who had not been enrolled in previous special education programs. The sample of 83 children was evenly divided among the five grades. Children were randomly selected based on additional characteristics of gender, ethnicity, geographic location, and family income. Of the 83 children randomly selected, 67 meet all of the criteria for inclusion in the study.

### **Findings of the Study**

The findings are divided into two sections: the first section answers the question, "What was the experience, prior to entering kindergarten, of children who were found eligible for special education services after entering public school?" and the second section describes the experiences of 23 of the 67 children for whom someone had recognized a concern prior to their entry into kindergarten in a public school, but those concerns did not result in referrals, assessments and/or services prior to the children's entrance to kindergarten.

## Children's Experiences Prior to Kindergarten Entry:

### Family Context

Of the 67 children in this study:

- 89.5% (n=60) lived in households where at least one adult had sustained contact with the children between birth and kindergarten entry.

### Families' Contact with Professional Communities

#### *Contact with Health Care Providers:*

Of the 67 children in this study:

- 98.5% (n=66) had a primary medical home;
- 95.5% (n=64) had annual well-child visits; and
- 94% (n=63) were covered by health insurance.

#### *Contact with Community Service Providers:*

##### Food Program for Women, Infants, and Children (WIC)

- Of the 67 children in this study, 62.7% (n=42) of the families were enrolled WIC.
- Of the families enrolled in WIC, 83.3% (n=35) reported very positive experiences with WIC personnel and services.

##### Department of Services for Children, Youth and Their Families (DSCYF)

- Of the 67 children in this study, 20.9% (n=14) had contact with the Division of Family Services (DFS) between birth and their entrance to kindergarten.
- The needs of these 14 children were intense, and in some cases, the time spent interacting with DFS was extensive.

#### *Contact with the Early Care and Education System*

- 83.6% (n=56) of the 67 children had some experience with an early care and education setting from birth to kindergarten entrance;
- 76.1% (n=51) of the 67 children were enrolled in an early care and education setting between the ages of three and kindergarten entrance; and
- 50.0% (n=28) of the 56 children who had some experience with an early care and education setting from birth to kindergarten entrance spent 12 months or more in at least one program.

#### *Contact with School Districts*

Of the 67 families of this study:

- 13.4% (n=9) had made some type of contact with the local school district. These contacts ranged in content from inquiry about preschool and program placement assistance to school district evaluation requests.
- 55.2% (n=37) reported that their children had a Child Find screen that had not indicated any developmental concerns.
- 11.9% (n=8) reported that their children had a Child Find screen that indicated that there might be concerns with their children's development.

### Children's Experiences When a Concern Had Been Expressed about their Development:

Prior to entry into kindergarten, family members, early care and education professionals, or medical professionals raised concerns about the development of 23 (34.3%) of the 67 children in this study. Among the 23 children, there were 35 concerns reported. The most common concerns raised were associated with "speech" (22.9%, n=8) and "limited verbal communication" (8.6%, n=3). Concerns regarding "hyperactivity/focus" (14.3%, n=5) and "behavior" (11.4%, n=4) were common as well. Some concerns were diffuse such as concerns about overall development ("generalized developmental" 11.4%, n=4) or concerns that a child seemed different from others ("not like other children" 8.6%, n=3). Others were more specific such as concerns about health (11.4%, n=4), motor development (5.7%, n=2), and sensory impairment (5.7%, n=2).

Of the families of children for whom a concern was raised prior to entering kindergarten (N=23), 87.0% (n=20) there is information to indicate that they made contact with or received a referral to have an appointment with a professional. For 60.8% (n=14), there is information to indicate that the children were tested or examined by medical professionals or school district personnel. Of these 14 children, the testing or examination yielded normal results for two children (14.3%) and prescriptions for medication for two children (14.3%). The testing of two (14.3%) children occurred at the time they were preparing to enter kindergarten, they were found to be eligible for special services, and were prepared to be served upon kindergarten entrance.

### **Summary and Discussion of the Findings:**

#### Why Were These Children Not Identified Earlier?

When accounts of the 83 children and families and their experiences are considered within the framework of the process by which children's developmental and learning needs would be recognized and services provided prior to kindergarten entry, there are two pivotal junctures at which the process broke down: 1) the point of initial recognition of concerns about the children's early development and learning and 2) the responses made and actions taken once concerns about the children's early development were recognized.

In the cases of 44 of the children (N=83, 53.0%), no needs were recognized or concerns expressed although they came into contact with a number of people who might have recognized concerns and might have responded to those concerns.

For 23 children (N=83, 27.7%), concerns were recognized by family members and/or professionals but that recognition of a concern did not result in the provision of services. Many families made contact with professionals or received a professional referral (N=23, 87.0%, n=20). Fourteen families (60.8%) met with a professional who performed a test or examination. Three families (13.0%), upon contacting a professional about their concerns, received feedback that the children "will outgrow the problem." Three families (13.0%) decided to wait until going further to investigate their children's needs.

## What Could Have Happened to Identify Children Earlier?

The findings in this study suggest that children and their families are in contact with individuals who have opportunities and knowledge that would allow them to recognize typical and atypical development to support families in the process of identification and response to children's need prior to kindergarten entry. Those individuals and programs that came into contact with many of the children and their families and/or were perceived positively by children and their families are potential leverage points. Leverage points identified in the research included parents and extended family members, the early care and education community, the health care community, and community services, such as the Food Program for Women, Infants and Children (WIC).

*Parents and Extended Family Members.* Families may see their children in more detailed and nuanced ways than others do. Families may use language that does not resonate with did health care, medical or educational professionals. Family members, too, may have focused on related problems (such as the child who did not talk, and because of ear infections was not hearing well) or on early warning behaviors or signs that might eventually develop into concerns later after the children enter kindergarten.

*Early Care and Education.* Many of the children were enrolled in *early care and education* programs between the ages of 3 and 5. A sizable percentage remained in the same program for 9 months or longer.

*Health Care Community.* Nearly all of the children in this study had a primary care provider, had annual well-baby visits, and had health insurance coverage. Each contact with a medical or health care provider represented an opportunity for sharing information about typical development with families and an opportunity for a professional to recognize and respond to possible family members' concerns about their children.

*Community Services.* A large percentage of the children in this study were enrolled in the Food Program for Women, Infants and Children Nutrition Program (WIC) and most of these families reported positive experiences with the WIC program. Since the vast majority of families reported positive experiences with this program, the professionals staffing the WIC services may be especially prepared to be allies with families who have concerns about their children's development.

The Division of Family Services (DFS), a core service division of the Delaware Department of Services for Children, Youth, and Their Families (DSCYF), had contact with a significant number of families in this study (N=67, 20.9%, n=14). DFS appears to be a leverage point for this particularly vulnerable population and could have a significant impact on early identification.

**Recommendations:**

The following recommendations emerge from the findings of this study:

- Stronger family-service provider partnerships must be established in health and medical care, early care and education, family support, and child mental health providers;
- Providers need to develop skills to effectively and quickly communicate with families about children’s development and possible concerns about development and learning;
- Service provider systems need to provide clear, accessible, consumable information about children’s development;
- Between the ages of birth and five, even moderate and mild concerns should be monitored and addressed with assessment, family support, and programming;
- The “wait and see” response of service providers to families’ concerns about their children’s development needs to be abandoned and aggressive, targeted interventions need to be provided, especially for children with risk factors;
- Service providers must acknowledge and follow-up on families concerns about their children’s development and learning; and
- Families must be linked to services for which they and their children are eligible especially families living in poverty.

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