

# **SPECIAL EDUCATION IN THE SHELTON PUBLIC SCHOOLS:**

## **DATA ANALYSIS AND PROGRAM DISCUSSION**

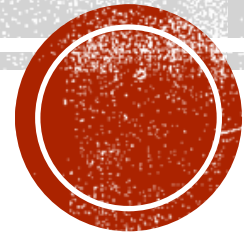
Elizabeth Hannaway, Ed.D.

Janice Simonetti

Carla D'Orio

Board of Education Presentation

October 26, 2016



# OUR DISCUSSION TODAY

1. A look at our students and programs
2. Plans and Goals for the 16-17 school year and ahead



# THIS TIME LAST YEAR

- New aspects in September of 2015 that have made a big difference:
  - Increased staffing – special ed teachers, social worker, physical therapist, behaviorist
  - Added a fourth PreK classroom
  - Further Developed Transition Program Aspects (18-21 year olds)
  - Expanded our “special program” classrooms at the elementary level – went from 1 to 2 at ESS

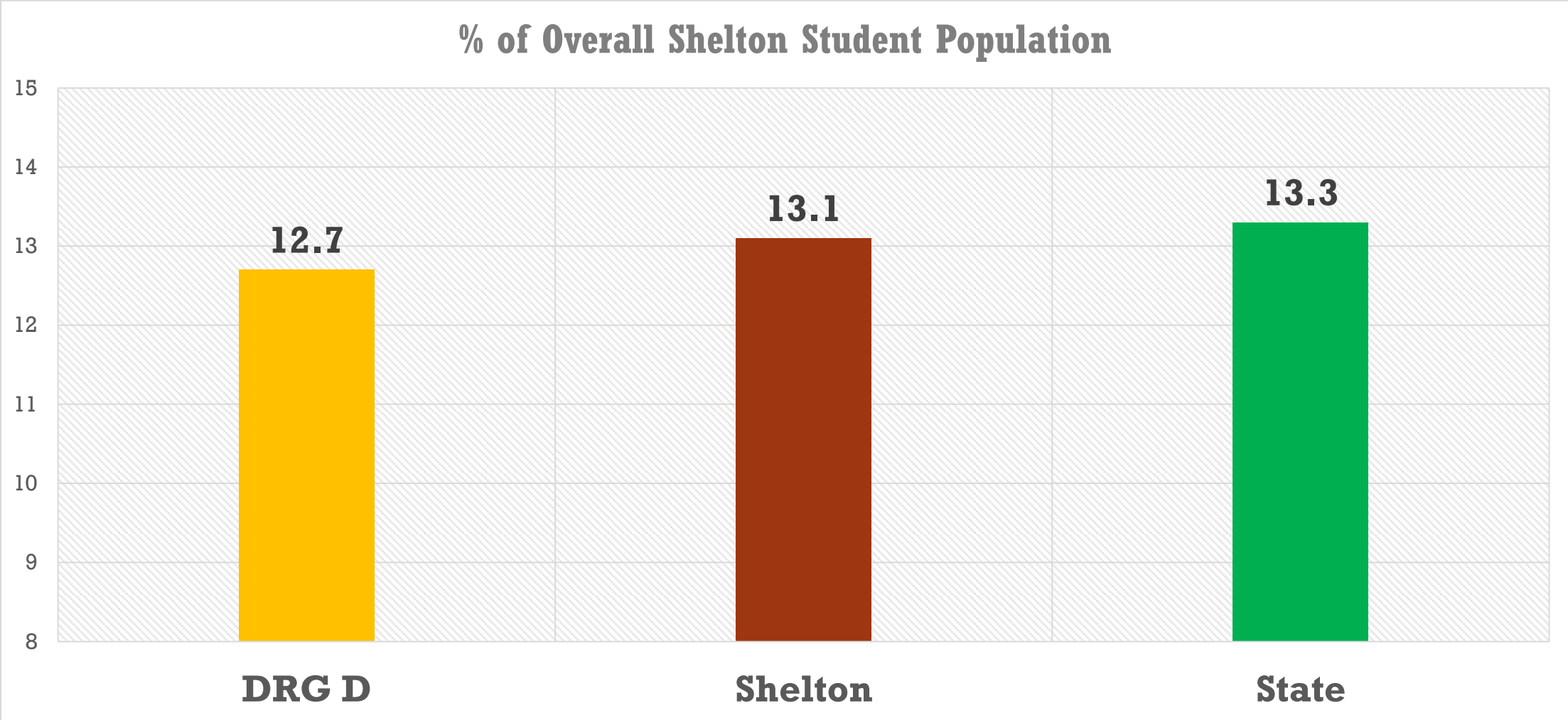


# WHAT'S NEW THIS YEAR, 2016-2017

- Further developed our social work and speech-language departments with new staff
- Staff have received or will receive more specialized training in reading services, social skills supports, and assistive technology. As a result, we have expanded our course offerings and services.
- Expanded our elementary “special program” classrooms significantly
  - Now have one in each elementary building
  - Alternative at ESS and SSS, Life Skills at LHS, Therapeutic at BHS, and PreK at MOH

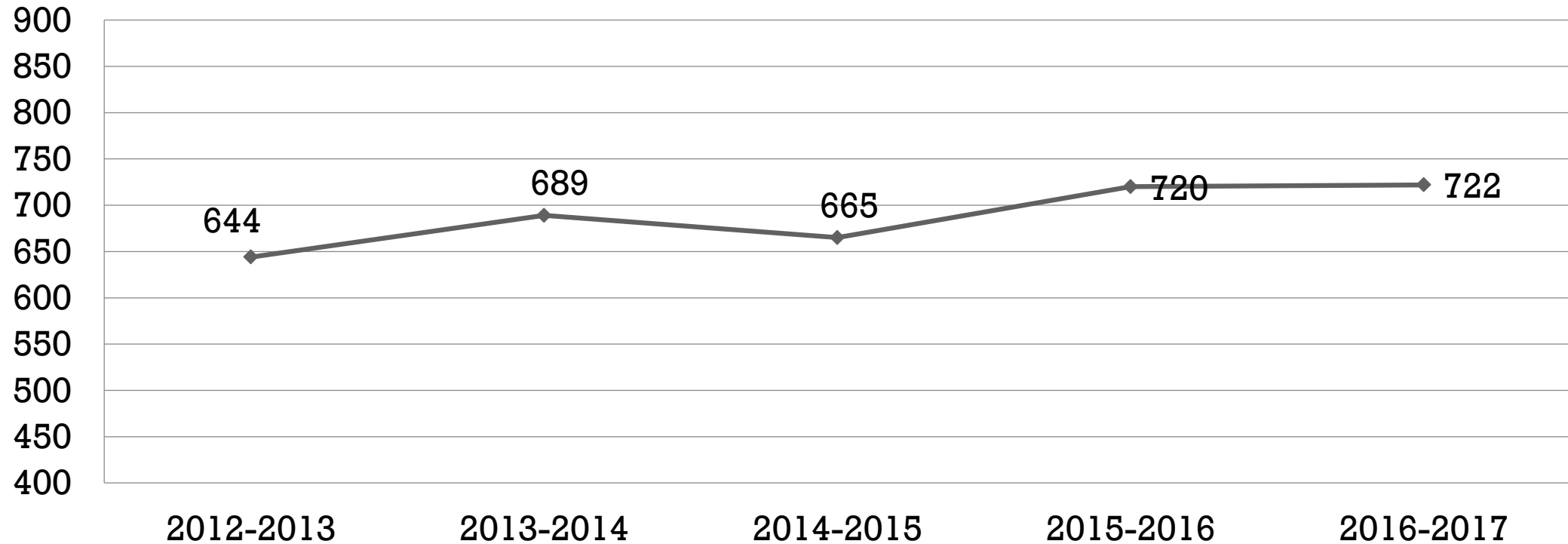


# SPED POPULATION COMPARISON



# OUR CURRENT SPECIAL EDUCATION NUMBERS: TOTAL IN AND OUT OF DISTRICT STUDENTS

**As of October 1st State Reporting**

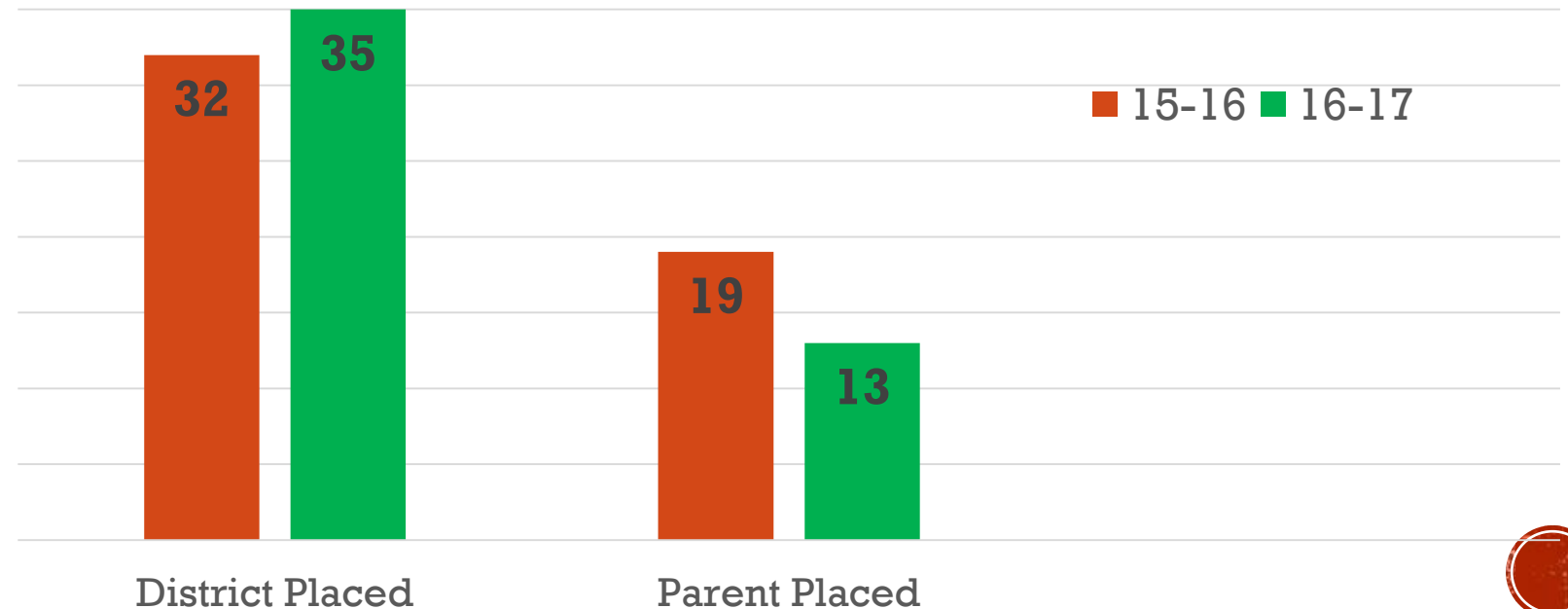


# OUT OF DISTRICT STUDENTS

Two types:

1. District Placement - Those who the district sends to a private school with highly specialized services

2. Parent Choice - Those student with disabilities whose parents choose to attend local charter or magnet schools



# CLOSE LOOK: OUTPLACEMENTS

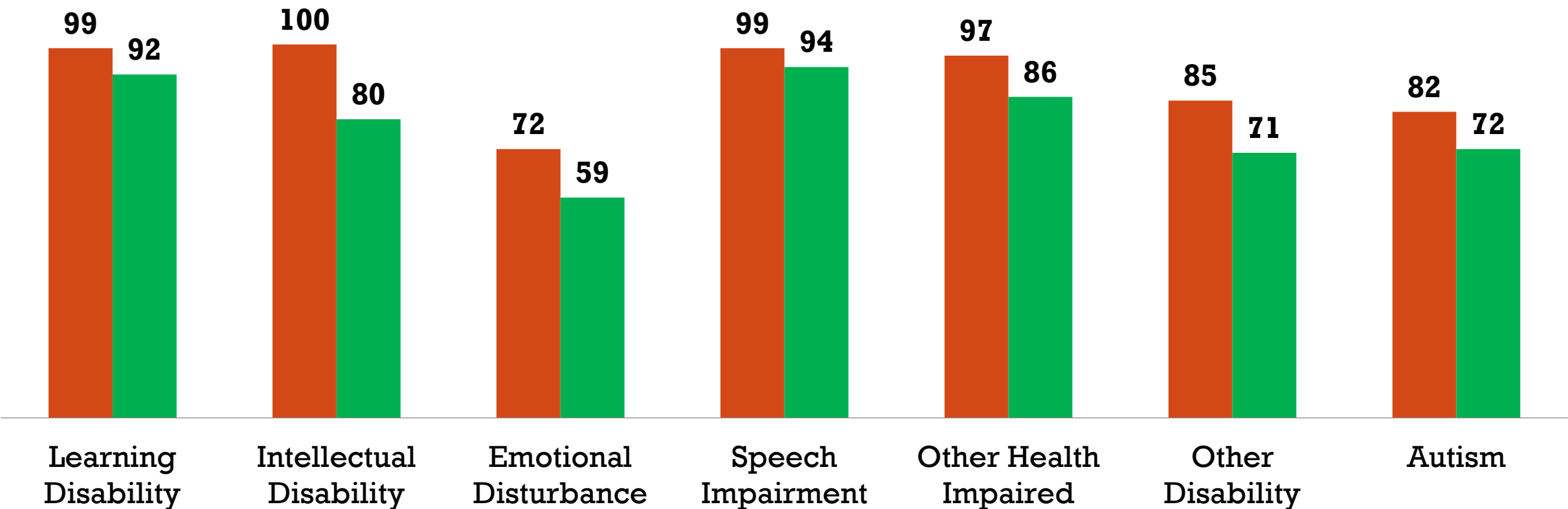
- ***When an outplacement is being considered...***
  - The team has exhausted every layer of in-district programming available
  - The student achievement and performance has been stagnant or declined
  - The district does not have the specialization needed to program for the child
  - The student may not benefit from being educated among typical peers
- Students outplaced is 3.5-4% of our overall sped population
- Outplacements are a last resort option, always.
- Most common needs for outplacements: mental health disorders, medically complex or multiply disabled, and Autism Spectrum Disorders





# PERCENTAGE OF NEIGHBORHOOD SCHOOL ATTENDANCE BY DISABILITY

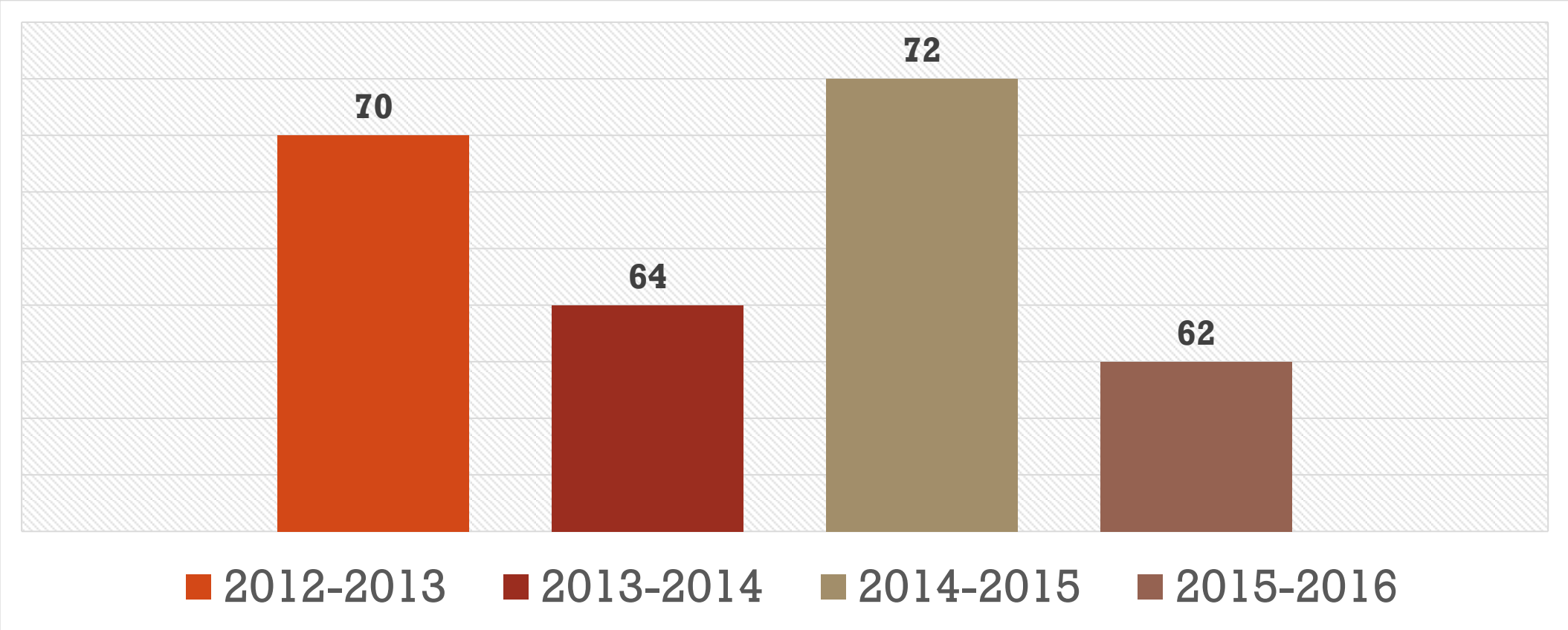
Shelton State



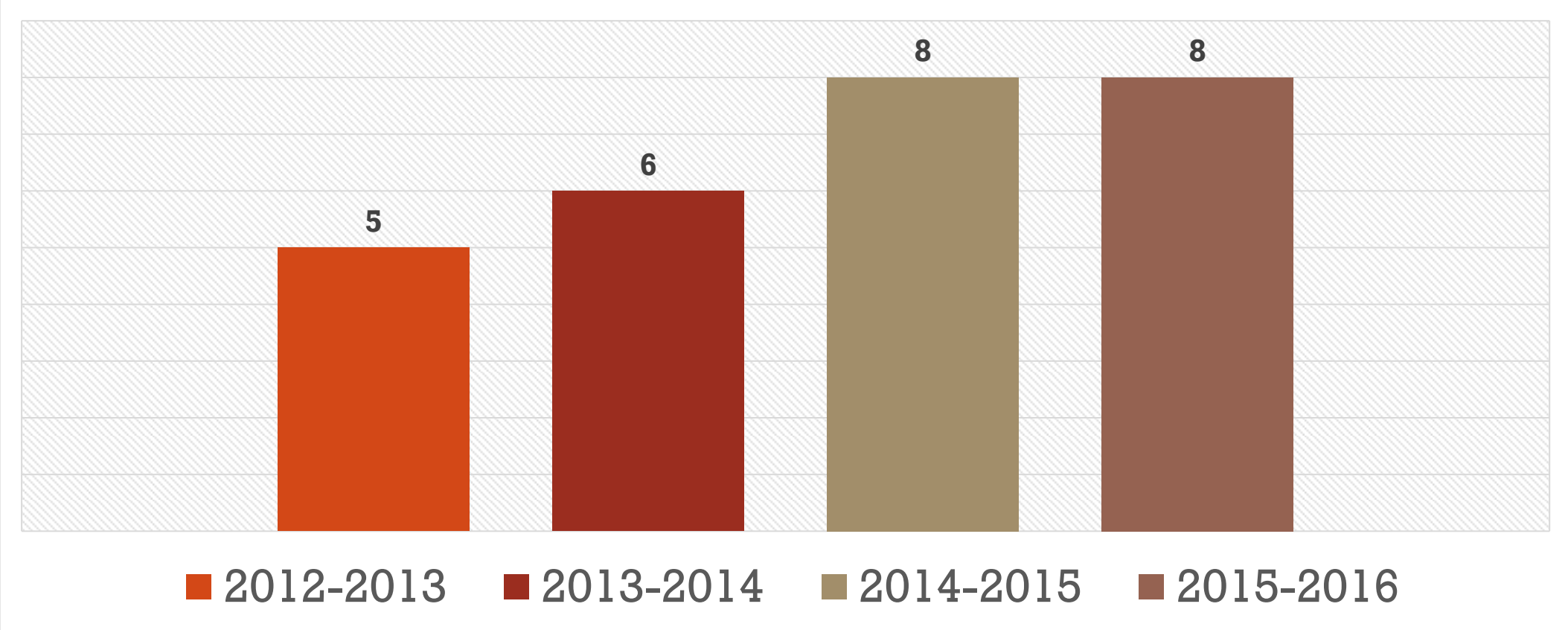
Neighborhood School = where the student would attend if not disabled



# PERCENTAGE OF REFERRALS TO SPECIAL ED. FOUND ELIGIBLE

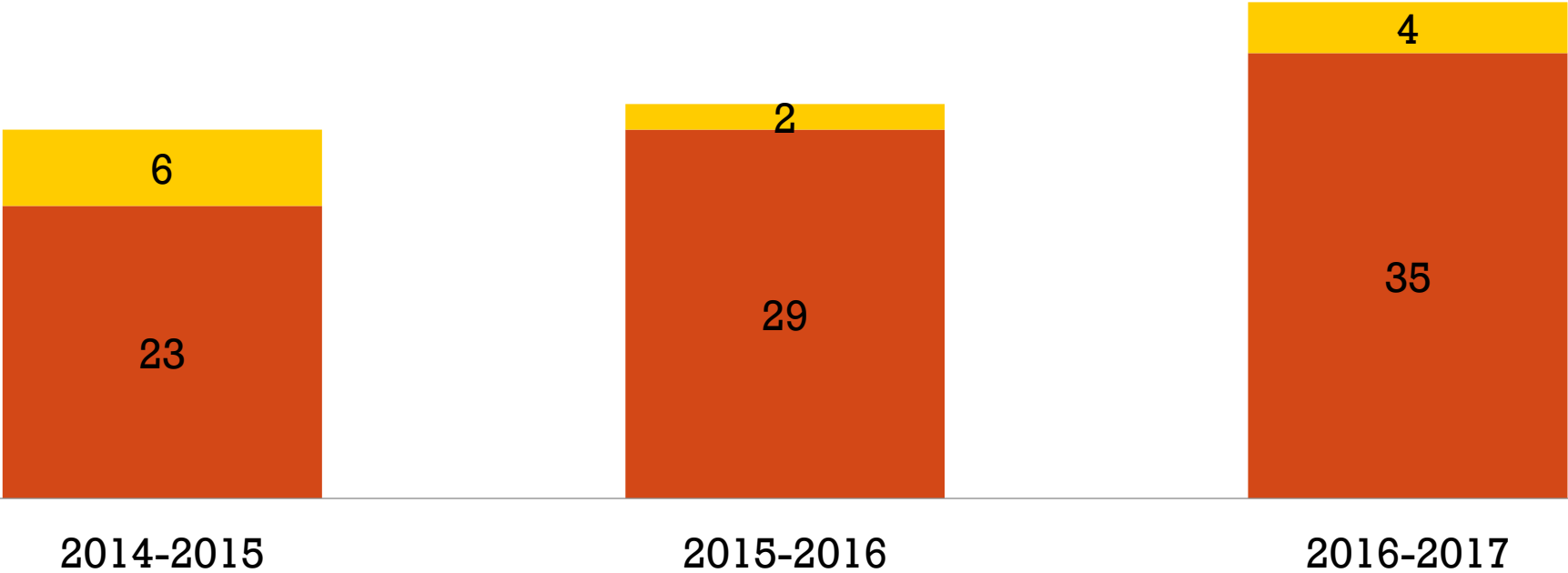


# PERCENTAGE OF SPECIAL ED. STUDENTS "EXITED" EACH YEAR



# NEW STUDENTS WHO MOVED INTO SHELTON WHO ALREADY HAD AN IEP – BEGINNING IN JULY

■ In-District   ■ Out of District



# DATA TAKEAWAYS

- Our eligibility rate from referral is consistent:
  - Our evaluation and identification practices have been consistent
- Our out of district rates are consistent
- We out perform the state in maintaining student in their home schools:
  - We differentiate supports at each building level
  - We do not over rely on in district specialized programming
  - We are not quick to refer students to outplacement
- Our sped population has increased due to:
  - Consistent increase in PreK referrals
  - Large number of new students moving in with IEPs already
  - Increase in number of referrals



# OUR CONTINUUM OF SERVICES

## Adjusted Curriculum

- Most of our special ed population participates in this program
- Services occur in either:
  - The *general education* classroom, called “collaborative”
  - The *special education* classroom, typically 1-1 or small group

## Special Programs

- A small portion of our in district special ed population participates in these programs
- PreK, Life Skills, Alternative, Therapeutic, 18-21 Transition

## Related Services

- Designed to support the services in the adjusted curriculum or special programs
  - Counseling,
  - speech-language,
  - occupational or physical therapy,
  - behavioral supports,
  - audiological,
  - assistive technology



# SPECIAL PROGRAMS

## PreK

- 8 classes at MOH, 3 year olds in the AM, 4 year olds in the PM
- Special Education Classrooms that include non-disabled peers
- “multi-disciplinary” program – language, motor, pre-academics, social, emotional all in one

## Life Skills

- K-12 program
- Designed for students who are multiply impaired
- LHS – houses elementary classroom
- Includes heavy instruction in daily living skills
- High amount of collaboration with related services

## Alternative

- K-4 program
- 1 class housed at ESS, 1 at SSS
- Designed for students who require intense behavioral, social, and language services
- Many students on the Autism spectrum, but not required

## Therapeutic

- K-12 program
- Designed for those students with emotional and behavioral needs
- BHS – houses elementary classroom
- Provides for intensive counseling and behavioral supports

## 18-21 Transition

- Connected to SHS
- Designed for 18-21 year olds who have completed academic course work
- Provides for independent living, functional academic, and employment training supports
- Social supports provided via community outings



# RELATED SERVICES

## Counseling

- School Psychologists
- Social Workers
- School Counselors (at times)
- **Goal:** to support students to utilize strategies for coping with stressors that get in the way of learning and socializing

## Speech-Language

- Speech-Language Pathologist
- **Goal:** to support students to independently communicate, as well as understand what's being said around them in everyday learning environments

## Occupational & Physical Therapies

- OTs and PTs
- **Goal:** to support students to fully access all learning materials and environments in a safe and independent manner

## Behavioral Services

- Board Certified Behavior Analyst
- **Goal:** to support students to utilize strategies to reduce counter-productive behaviors that get in the way of learning

## Other Services

- Assistive Technology (academic, communication, motor)
- Audiology – contract with CES, for those students with hearing impairments





# PLANS FOR THIS YEAR

## Programmatic

- Analyze performance of the elementary special programs
- Work with K-12 sped teams to reduce chronic absenteeism, and supporting increasing population of students with Emotional Disturbance
- Further develop special ed teachers' capacities to support student with Dyslexia and Reading Impairments

## Parent Relations

- Consider adjustments to our practices as a result of Special Ed Parent Survey results
- Continue outreach to sped parents via
  - Special Education Committee Reps
  - Parent Survey
  - Parent lecture series events
  - Online presence



# PLANS FOR THIS YEAR

## Staff Support

- Professional Development
  - Dyslexia assessment, identification, and research-based instructional methodologies
  - Social cognition
  - Assistive Technology
  - Mental Health Issues
  - New Student Assessment Methods
- Increased presence at monthly department meetings
- Individual, team-based training sessions

## Collaborative

- Develop more community partnerships
- Continue to work closely with the Curriculum and Instruction Office on shared initiatives
- Partnered with UCONN, Fairfield University, and Sacred Heart University for Psychologist and Speech Pathologist Interns



# ONGOING CHALLENGES

- Increase in new students to move into the district already identified with IEPs
  - Both outplaced and in-district students
  - Transportation implications
- Restraint and Seclusion
  - Students who required protective holds and more secluded environments
  - Students who posed safety threats to themselves and others
- Mental Health Disorders
  - School refusal
  - Suicidal ideation
  - Increase in students hospitalized
  - Higher incident rates of student classified with Emotional Disturbances



# SOCIAL WORKERS - WHAT DO WE DO?

- SCHOOL SOCIAL WORKERS ARE TRAINED TO INTERVENE WITH STUDENTS STRUGGLING WITH SOCIAL-EMOTIONAL AND PSYCHOLOGICAL ISSUES. FOR EXAMPLE: POVERTY, SUBSTANCE ABUSE, COMMUNITY VIOLENCE, EMOTIONAL AND PHYSICAL HEALTH ISSUES, EARLY SEXUAL ACTIVITY AND FAMILY CONFLICTS.
- THESE ISSUES INTERFERE WITH ACADEMIC SUCCESS.
- A SOCIAL WORKER'S INTERVENTIONS OFTEN EMPOWER THE AT-RISK STUDENT TO BECOME AN ACHIEVER OF ACADEMIC SKILLS.



# WHAT DO WE PROVIDE?

- PROMOTE A SYSTEMS PERSPECTIVE THAT ALLOWS FOR IDENTIFYING THE IMPACT OF ENVIRONMENTAL, BIOLOGICAL, CULTURAL, DEMOGRAPHIC, EMOTIONAL, AND ECONOMIC FACTORS THAT INTERFERE WITH STUDENT LEARNING
- UTILIZE ASSESSMENT TOOLS TO EVALUATE AND PLAN FOR IEP'S, AS WELL AS TRANSITION SERVICES
- CONDUCT MANDATORY PSYCHO-SOCIAL HISTORIES AS A MEMBER OF THE PPT TEAM
- DEVELOP CRISIS PLANS IN RESPONSE TO IDENTIFIED NEEDS
- IMPLEMENTING INTERVENTION AND PREVENTION PROGRAMS TO ENHANCE SCHOOL CLIMATE, STUDENTS' POSITIVE ATTITUDE TO LEARNING, SOCIAL SKILLS, AND CHARACTER EDUCATION
- PARTNER WITH COMMUNITY AGENCY STAFF TO SUPPORT AND COORDINATE RESOURCES FOR REFERRING STUDENTS AND THEIR FAMILIES
- PROMOTE FAMILY STRENGTHS AND ASSISTING FAMILIES TO SET UP POSITIVE STRUCTURES TO SUPPORT THEIR CHILDREN'S EDUCATION AND WELL BEING
- IDENTIFY CULTURAL NEEDS OF DIVERSE SCHOOL POPULATIONS IN SUPPORT OF THEIR UNIQUE EDUCATIONAL CHALLENGES
- CONDUCT FUNCTIONAL BEHAVIORAL ASSESSMENT AND DESIGN BEHAVIOR INTERVENTION PLANS TO DECREASE STUDENT PROBLEM BEHAVIORS AND INCREASE APPROPRIATE SCHOOL BEHAVIOR AND ACADEMICS



# WHAT IS THE NEED?

- ONE IN FIVE ADOLESCENTS IN THIS COUNTRY SHOWS SIGNIFICANT SYMPTOMS OF EMOTIONAL DISTRESS, WITH NEARLY 10% HAVING SYMPTOMS THAT IMPAIR EVERYDAY FUNCTIONING (KNOPF, PARK, & MULYE, 2008).
- THE PRESENCE OF MENTAL ILLNESS IN CHILDREN AND ADOLESCENTS, IF NOT PROPERLY DIAGNOSED AND TREATED, INCREASES THE LIKELIHOOD OF SIGNIFICANT HEALTH ISSUES FOR THEM AS ADULTS AND GREATLY LIMITS THEIR ABILITY TO BECOME PRODUCTIVE MEMBERS OF SOCIETY (WU ET AL, 2006).
- FOR ADOLESCENTS, THE FIRST SIGNS OF MENTAL ILLNESS OR EMOTIONAL DISTRESS CAN EMERGE IN THE SCHOOL ENVIRONMENT. IT IS WELL KNOWN THAT MENTAL HEALTH ISSUES SUCH AS ANXIETY, DEPRESSION, AND FAMILY PROBLEMS ARE OFTEN THE ROOT CAUSES OF POOR ACADEMIC PERFORMANCE, DISCIPLINARY ISSUES, AND TRUANCY.
- SCHOOL SOCIAL WORKERS ARE EXPERTLY TRAINED TO HELP THE ENTIRE STUDENT POPULATION, NOT JUST THE SPECIAL EDUCATION STUDENTS, BUT ALSO THE GENERAL EDUCATION POPULATION, AS WELL.



# ACCORDING TO THE NASW...

- In accordance to the National Association of Social Work, school social work services should be provided at a ratio of one school social worker to each school building serving up to 250 general education students, or a ratio of 1:250 students. According to the National Mental Health Association, less than 1 in 5 of the 12.5 million children in need of mental health services actually receive them.
- The Child Health and Development Institute of Connecticut, the Sandy Hook Advisory Commission and the Keep the Promise Coalition all have endorsed expansion of school social work services to address the mental health needs of school children.
- Shelton Public Schools is currently at a district wide ratio of 1:1194 with three schools without any assigned social worker.



# FISCAL IMPLICATIONS

- WHILE SCHOOL DISTRICTS ARE TASKED WITH TOUGH FISCAL DECISIONS, THE LONG TERM RAMIFICATIONS OF ALLOWING THE NEEDS OF STUDENTS TO GO UNADDRESSED IN TERMS OF DOLLARS AND CENTS IS EXPONENTIALLY MORE COSTLY TO A TOWN THAN COMMITTING TO RETAIN ADEQUATE RATIOS OF SOCIAL WORKERS.
- IN LIGHT OF THIS, SCHOOL SOCIAL WORKERS ALSO GENERATE REVENUES FOR SCHOOL DISTRICTS THROUGH MEDICAID REIMBURSEMENT.





# SOCIAL EMOTIONAL LEARNING

- ACCORDING TO A STUDY INVOLVING MORE THAN 270,000 STUDENTS; THOSE WHO PARTICIPATED IN EVIDENCE-BASED SOCIAL EMOTIONAL LEARNING PROGRAMS SHOWED AN 11 PERCENTILE-POINT GAIN IN ACADEMIC ACHIEVEMENT COMPARED TO STUDENTS WHO DID NOT PARTICIPATE IN SEL PROGRAMS. (1)
- COMPARED TO STUDENTS WHO DID NOT PARTICIPATE IN SEL PROGRAMS, PARTICIPATING STUDENTS ALSO SHOWED AN IMPROVEMENT IN CLASSROOM BEHAVIOR, AN INCREASED ABILITY TO MANAGE STRESS AND DEPRESSION, AND BETTER ATTITUDES ABOUT THEMSELVES, OTHERS, AND SCHOOL.
- THERE WERE ALSO SIGNIFICANT ASSOCIATIONS FOR SKILLS IN KINDERGARTEN AND KEY OUTCOMES FOR YOUNG ADULTS YEARS LATER IN EDUCATION, EMPLOYMENT, CRIMINAL ACTIVITY, SUBSTANCE USE, AND MENTAL HEALTH. (2)



# GOALS AND FINAL THOUGHTS

- HOW WE CAN BE MORE PROACTIVE IN OUR PRACTICE
- CONDUCT A NEEDS ASSESSMENT FOR SOCIAL EMOTIONAL LEARNING
- BEGIN TO PLAN FOR HOW TO INTEGRATE SOCIAL EMOTIONAL LEARNING PRACTICES AND STRATEGIES INTO THE CURRICULUM AS WELL AS SCHOOL CULTURE
- PLAN LONG TERM FOR HOW SHELTON PUBLIC SCHOOLS WILL ADDRESS EMOTIONAL LEARNING



# RESOURCES

1. CHILD DEVELOPMENT, JANUARY/FEBRUARY 2011, VOLUME 82, NUMBER 1, PAGES 405-432
2. EARLY SOCIAL-EMOTIONAL FUNCTIONING AND PUBLIC HEALTH: THE RELATIONSHIP BETWEEN KINDERGARTEN SOCIAL COMPETENCE AND FUTURE WELLNESS. PUBLICATION OF THE AMERICAN PUBLIC HEALTH ASSOCIATION. VOLUME 105, ISSUE 11, 11/2015  
[HTTP://AJPH.APHAPUBLICATIONS.ORG/DOI/ABS/10.2105/AJPH.2015.302630](http://ajph.aphublications.org/doi/abs/10.2105/ajph.2015.302630)
3. ECONOMIC VALUE OF SOCIAL EMOTIONAL LEARNING. FEBRUARY 2015. CENTER FOR BENEFIT-COST STUDIES IN EDUCATION TEACHERS COLLEGE, COLUMBIA UNIVERSITY. [WWW.CBCSE.ORG](http://www.cbcse.org)
4. KNOFF, D., PARK, M. J., & MULYE, T.P. (2008). THE MENTAL HEALTH OF ADOLESCENTS: A NATIONAL PROFILE, 2008. SAN FRANCISCO, CA: NATIONAL ADOLESCENT HEALTH INFORMATION CENTER, UNIVERSITY OF CALIFORNIA, SAN FRANCISCO.  
[HTTP://WWW.SOCIALWORKTODAY.COM/ARCHIVE/111312P24.SHTML](http://www.socialworktoday.com/archive/111312p24.shtml)

