

Understanding the Role of Special Education in North Carolina's Public Schools

Mary N. Watson

Nearly 200,000 (approximately 13%) of the 1.4 million students enrolled in North Carolina's public and charter schools are identified as having disabilities. The disabilities may be physical, behavioral, developmental, intellectual, sensory, or a combination of these. All of these students require an individualized education program (IEP) of specialized instructional practices and materials in order to benefit fully from their education. Some also require related services such as physical, occupational, or speech therapy; assistive technology; or adapted classroom facilities or equipment. Some medically fragile students are on ventilators while others require tube feeding or catheterization in order to attend school. While the majority of students with disabilities receive special education and related services in regular classroom settings or in small resource classes, a small percentage of them receive these services in separate classes within regular schools, in separate day or residential schools, and sometimes in hospitals or in their homes.

To fully appreciate the role of special education in North Carolina's overall public education system, one must grasp the reality that more than 95% of these nearly 200,000 students go to the same public schools that their nondisabled peers attend. Nearly every general education classroom in our state includes students with disabilities. Long gone are the days when handicapped students were not sent to school at all or were turned away as unteachable, isolated in some institution or, out of a general lack of understanding of the disability were simply tolerated, having little or no chance of becoming productive, self sufficient, taxpaying citizens. North Carolina enacted its first law authorizing the provision of special education for handicapped children in 1947 and was one of the first states to do so. Now, more than 60 years later, the public schools of North Carolina provide special education services for students with disabilities beginning at age three. Younger children, those from birth through age two have the benefit of early intervention programs provided to identified infants and toddlers under the auspices of the Department of Health and Human Services.

The ever-increasing emphasis that students with disabilities are, first and foremost, students, has been clearly reflected in periodic reauthorizations of the federal special education law now known as the Individuals with Disabilities Education Improvement Act (IDEA), initially passed in 1975, and in corresponding revisions to Article 9 of Chapter 115C of the North Carolina General Statutes. These laws emphasize that students who have disabilities belong in the mainstream of education and should not be removed unless absolutely necessary and, even then, not until interventions have been tried within the general education environment and have been determined to be inadequate. Even audit and compliance monitoring functions have changed. Since the turn of the century there has been a dramatic transition in the way progress is monitored. We have moved from a rather cold compliance with the law mentality to one of continuous improvement. No longer is a "pass-fail" checklist a satisfactory result of compliance monitoring; local education agencies now focus on outcomes and plan their programs around the results of the last monitoring cycle, perhaps

now better conceptualized as a continuous monitoring spiral. The United States Department of Education's emphasis on accountability is clear: "Efforts are important, but effect is everything."

If one visited the Exceptional Children Division on a day when all staff were present and available to talk about what they were working on, the visitor

might be overwhelmed at the passion, enthusiasm, and intensity with which our consultants shared the many successes of their work. There would be much talk about literacy and how even severely medically fragile students—such as those who are deaf-blind—are learning to read. A visitor would no doubt hear how an analysis of the results of the state's testing program confirms that the percent of students with disabilities who are reading at their grade level is increasing at twice the rate of nondisabled students. One might notice how frequently the terms "research-based" and "evidence-based" permeate many of the conversations about curriculum and instructional interventions.

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Exceptional Children Division Vision Statement:

Exceptionally qualified consultants, working through Communities of Practice at local, state, and national levels, provide consultation and training that enable exceptional students in all local education agencies to engage and progress in a general curriculum that is founded on solid research and is relevant to the times.

It's possible that there would be more talk about school-wide Positive Behavioral Support programs, which have the potential to change the behavioral culture within an entire school, than there would be about the need for better behavioral intervention plans for individual children. Someone would surely mention that this year's graduation rate for students with disabilities is up over 7% from last year. Our occupational and physical therapists and our speech language pathologist might bend the visitor's ear with accounts of how related services personnel now participate actively in IEP team meetings and how such meetings increasingly use language that is more family-friendly and less arcane and discipline-specific.

Other consultants would be delighted to tell you of the work going on to train school resource officers in techniques of intervention designed to ease rather than escalate a child's disruptive behavior, making it especially useful in a potential crisis situation involving certain communication or behaviorally disabled students. Consultants who are aware of the American Medical Association's recommendations for screening of infants for autism at ages 18 and 24 months would be eager to tell about their work with other medical professionals on a committee that is presently engaged in designing a flow chart that will not only assist physicians in the autism screening process but also point out other "red flags" that would facilitate the early referral and diagnosis of infants who may have other disabilities as well.

There are also challenges to the effective implementation of special education services in our state. Tight budgets, which inevitably force constricted thinking by lawmakers and administrators, create a constant threat of less than adequate funding. An unwritten but clearly understood duty of every local Exceptional Children program director is to do more with less. Every little bit helps, and a critical need among local education agencies this year is for prompt physician approval of Medicaid reimbursement requests made by school officials for eligible services that are provided in public schools. Other challenges include the recruitment and retention of qualified personnel. In 2001, the Self-Assessment Steering Committee of the Departments of Public Instruction and Health and Human Services assessed the effectiveness of the state's implementation

of IDEA. The Committee's report identified personnel shortages as one of the five most pervasive problems of the state's special education system: "[T]he self-assessment documents dramatic personnel shortages in North Carolina. Higher education is not producing new teachers in sufficient quantities to keep pace with population growth and teacher turnover rates... There are nontraditional routes leading to licensure that help fill gaps but do not adequately address competency. Efforts to support and retain lateral entry teachers need to be comparable to those that support teachers who have been traditionally trained." Although seven years have passed, this problem is as true today as it was in 2001. Special education needs more trained teachers as well as more occupational and physical therapists and speech language pathologists, and all need to feel supported and valued so that they choose to stay in the profession. We are proud, however, of the significant changes that have been made in the area of teacher licensure, which now emphasizes generic competencies across all categories of exceptionality and focuses on the services teachers must deliver to students with disabilities, rather than on blind adherence to a system of categorical licensure.

As I prepared to write this commentary, I imagined myself actually standing among the 36,000 subscribers to the *North Carolina Medical Journal* engaging in friendly conversations about our common interests and acknowledging the ways we interact on behalf of the clients our professions share in common. I realized how our shared interest in early identification, diagnosis, and referral of children with disabilities has the potential for making significant differences in their educational progress, especially for those high-risk hearing impaired or autistic children whose narrow learning windows for language development must be recognized and maximized. I realized how the research into why the incidence rate for autism has increased tenfold in as many years will benefit both educators and health professionals and how often advances in the field of medicine and pharmacology have contributed to a variety of improved instructional techniques and practices. Special educators know a lot, but we also have a lot to learn. It is my hope that dialogue between medical and education professionals about children with disabilities will always be ongoing and never be taken for granted and that the Exceptional Children Division will always be on the top of the list of resources that the medical community can call on as colleagues and allies in a shared pursuit of the best health and educational opportunities for all children with disabilities. **NCMJ**

For additional information on special education programs in North Carolina, please call 919.807.3969 or go to <http://www.ncpublicschools.org/lec>.