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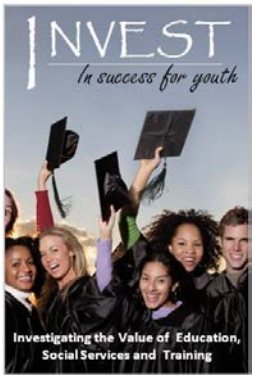

Educational Disabilities Among At-Risk Students

The overlap between social service use and special education participation among school-aged children in Washington State

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In collaboration with the Education Research and Data Center, Office of Financial Management

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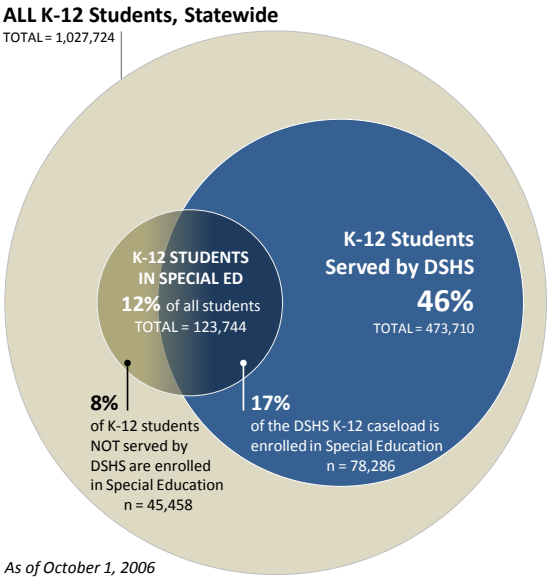
MOST SCHOOL-AGE CHILDREN and youth served by the Department of Social and Health Services (DSHS) attend public schools. In school they may be eligible for an array of services addressing barriers to school success, including special education. This study describes the demographic characteristics, patterns of social service use, and educational challenges of children who receive both school-based special education and DSHS services. A primary goal is to describe the relationship between social and behavioral risk factors and educational disabilities for K-12 students using linked DSHS and educational administrative data sources. This foundational research is a step toward building analytical capacity to inform policies and programs designed to improve educational outcomes for high-risk children and youth.

DSHS service use and special education enrollment

WASHINGTON STATE K-12 STUDENT POPULATION



As of October 1, 2006

Key Findings

- School-age children who require DSHS services are twice as likely to be enrolled in special education as children who are not served by DSHS.
- Special education participation is more common among students who require Children's Administration services, behavioral health treatment or juvenile rehabilitation services.
- Mental health needs and family instability are key predictors of special education enrollment for children in high-risk DSHS service groups.
- Children receiving behavioral health, juvenile rehabilitation or Children's Administration services are more likely than others participating in special education to be identified as having an emotional or behavioral disorder.

THE STUDY POPULATION | Youth in Washington State served by the Department of Social and Health Services (DSHS) and enrolled in the K-12 public school system

This study examines the experiences of children and youth in Washington State who: 1) received any DSHS service between July 1, 2006 and June 30, 2007 (State Fiscal Year (SFY) 2007), 2) were enrolled in any Washington State public school on December 1, 2006, and 3) were between the ages of 6 and 21 years on December 1, 2006.[1] A total of 430,861 students were identified, ranging from pre-school through the 12th grade (see Table 1 on page 8 for demographic characteristics). The DSHS Integrated Client Database (CSDB) was used to identify receipt of the following services at any point during SFY 2007 (refer to technical notes on page 10 for more detail): Division of Behavioral Health and Recovery (DBHR) – Mental Health; DBHR – Substance Abuse; Children's Administration – Foster Care; Children's Administration – Other (non foster care) services; juvenile rehabilitation services from the Juvenile Justice and Rehabilitation Administration (JJRA); Developmental Disabilities Administration (DDA); Economic Service Administration (ESA) – TANF; ESA – Basic Food (without TANF receipt); and Medical Assistance (referring to medical coverage provided by the Health Care Authority, or HCA).

Public school records from the P20 education data warehouse in the Educational Research and Data Center (ERDC) of the Office of Financial Management (OFM) were used to identify the subgroup of students at all grade levels enrolled in special education services on December 1, 2006 (Table 2, page 8). The term "special education" as used here refers to the system of individualized accommodations and services provided by the public school system to children with disabilities as mandated by the 2004 *Individuals with Disabilities Education Improvement Act* (IDEA) *(PL 108-44)*.[2]

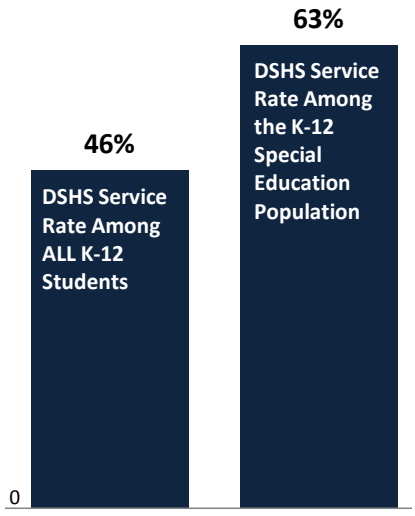
FINDING 1 | School-age children who require DSHS services are twice as likely to be enrolled in special education as children who are not served by DSHS

The Department of Social and Health Services (DSHS) served approximately 473,710—or 46 percent—of the K-12 public school population during the 2007 State Fiscal Year (SFY).[3] Of the estimated 123,744 students enrolled in special education on October 1, 2006, however, 63 percent were served by DSHS during the same year (see Figure 1, right).

Expressed differently, K-12 public school students who were served by DSHS were twice as likely to be enrolled in special education (17 percent) as students who did not receive DSHS services (8 percent).

The overrepresentation of DSHS clients in special education was fairly consistent across districts and regions throughout the state. In more than four out of five school districts statewide, students served by DSHS in SFY 2007 were more likely than those who did not use DSHS services to be enrolled in special education during the corresponding academic year.

FIGURE 1.
DSHS served almost half of K-12 students statewide and two-thirds of the K-12 special education students
SFY 2007



[1] This date was chosen to match the statewide Special Education "Child Count" federal reporting system, in order to maximize the comparability of the DSHS-served special education population with the statewide special education population. The child count statistics for ages 6 to 21 were used for comparison.
[2] http://www.wrightslaw.com/bks/lawbk/ch3.history.pdf
[3] K-12 population estimates were derived from the October 1, 2006 student count (a single point in time), while DSHS service use referred to any time during SFY 2007 (July 1, 2006 through June 30, 2007).

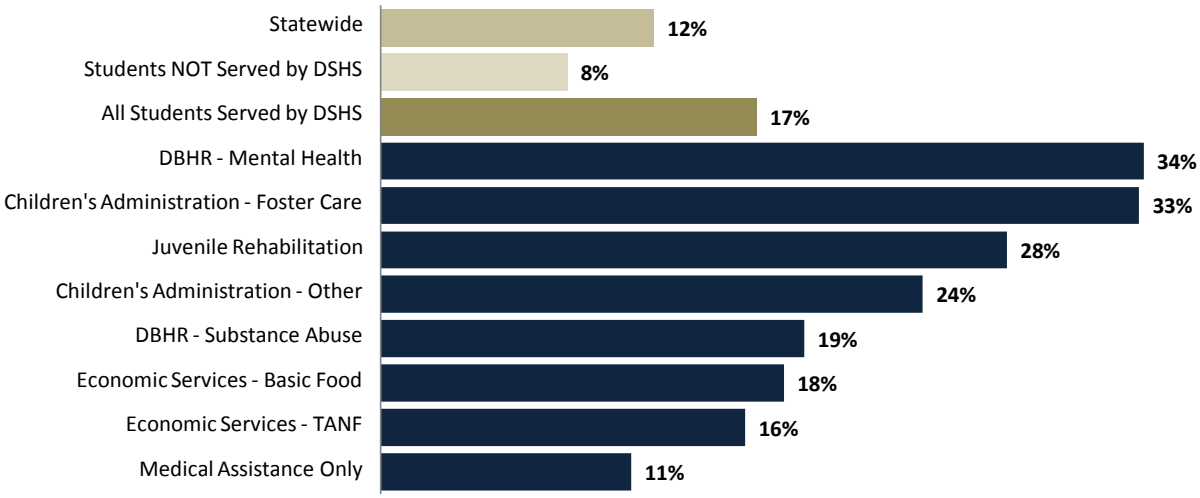
FINDING 2 | Special education participation is more common among students who require Children's Administration services, behavioral health treatment, or juvenile rehabilitation services

Special education participation for K-12 students served by DSHS varied widely according to the type of services the child required. Figure 2 (below) and Table 2 present the proportion of DSHS clients reported by their districts as receiving special education on December 1, 2006 by the type of DSHS service received in SFY 2007. Students who received only medical assistance in SFY 2007 were used as a baseline comparison group as they are less likely than recipients of other services to have experienced significant poverty, family instability or behavioral risks during the time period in question. The findings show:

- Thirty-four percent of students who received DBHR – Mental Health and 19 percent of those who received DBHR – Substance Abuse services were enrolled in special education compared to only 11 percent of the Medical Assistance Only group.
- Children in foster care placements (33 percent) and those who required other Children's Administration services (24 percent) had substantially higher rates of special education enrollment than the Medical Assistance Only group.
- Students served by the Juvenile Justice and Rehabilitation Administration also had much higher rates of special education enrollment (28 percent) than the Medical Assistance Only group.
- Special education enrollment rates for students receiving TANF (16 percent) or Basic Food (18 percent) were somewhat elevated compared to those of the Medical Assistance Only group.

The present study focuses on special education participation related to behavioral or social risk factors rather than to cognitive or developmental disabilities. The strikingly high rates of participation in special education among youth receiving DBHR – Mental Health, Children's Administration or JJRA services suggest a strong relationship between behavioral or familial risks and educational challenges. While 92 percent of school-age clients of the Developmental Disabilities Administration also received special education services (Table 2) this is to be expected given that DDA provides services specifically to individuals with more chronic or pervasive developmental disabilities. The public school experiences of students who receive DDA services are likely very different from those of other at-risk children served by DSHS and merit a separate analysis.

FIGURE 2.
Special education participation varies across DSHS client populations
SFY 2007 and AY 2006/2007



FINDING 3 | Mental health needs and family instability are key predictors of special education enrollment for children in high-risk DSHS service groups

The relationship between DSHS service use and special education participation suggests that educational disabilities affect many children and youth who receive DSHS services. Furthermore, behavioral health needs as indicated by use of DBHR-mental health services, and family instability as indicated by the use of Children's Administration services are common correlates of special education enrollment for many of these children.[4] Because most children served by DSHS received services from more than one program during the time period of the study, we used logistic regression analysis to better isolate the independent associations between the need for specific DSHS services and special education participation.

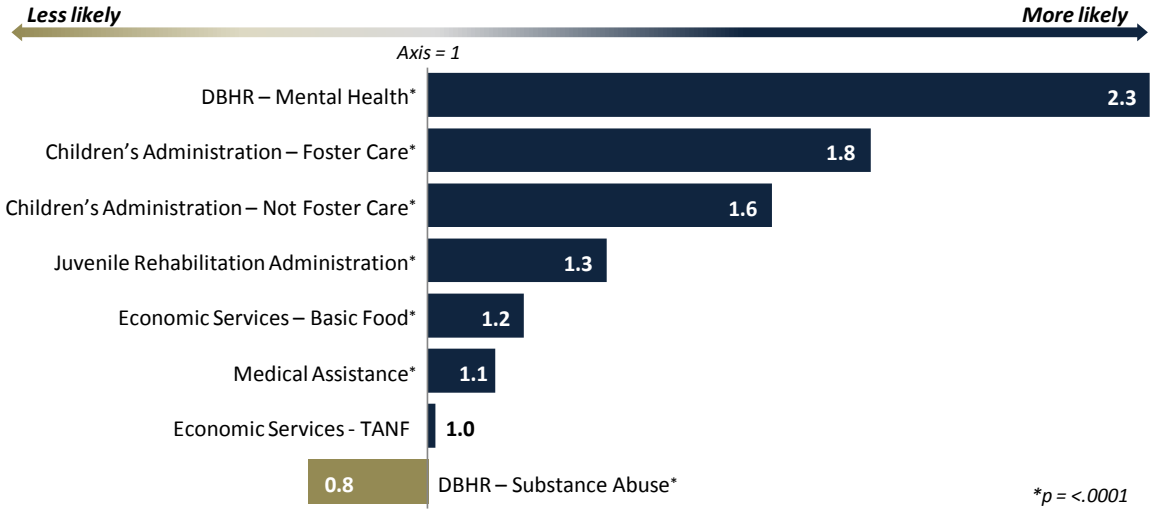
The odds of special education participation were 2.3 times higher for children receiving DBHR – Mental Health services than for those who were not receiving mental health services (see Figure 3 (below) and Table 3 on page 9). Similarly, children in foster care and children receiving other Children's Administration services had 60 to 80 percent higher odds of special education enrollment than DSHS youth not served by the Children's Administration. In other words, the over-representation of DSHS clients in school-based special education is associated with the presence of mental health needs as indicated by DBHR – Mental Health service use, as well as with a history of abuse or neglect as indicated by the need for Children's Administration services.

JJRA involvement was associated with 30 percent greater odds of special education enrollment, a relatively modest effect given that 28 percent of JJRA clients in the present cohort were also enrolled in special education (see Figure 3). Likewise, while 19 percent of students who received DBHR – Substance Abuse services were also enrolled in special education, the use of DBHR – Substance Abuse services was actually associated with decreased odds of special education participation after controlling for the use of other services. These findings suggest that students who need DBHR – Substance Abuse services are more likely to be enrolled in special education only if they also have mental health needs or have been abused or neglected.

FIGURE 3.

Special education participation is related to mental health needs and family instability

DSHS clients in SFY 2007 age 6-21 enrolled in public schools in Washington State AY 2006/2007



[4] Other researchers have found that racial/ethnic minorities, immigrants, and low-income students are more likely than are their peers to be determined eligible for special education (Albrecht, 2012; Baer, et al, 2011; Bringewatt & Gershwin, 2010; Bryan, et al, 2012; Thorsen, et al, 2011).

[5] National Dissemination Center for Children with Disabilities, http://nichcy.org/.

FINDING 4 | Children receiving behavioral health, juvenile rehabilitation services, or Children's Administration services are more likely than others participating in special education to be identified as having an emotional or behavioral disorder

A student qualifies for special education services under IDEA if he or she has a disability that adversely affects educational performance.[5] Current federal regulations recognize 14 categories of qualifying disabilities, each of which may encompass a range of formal diagnostic categories or functional levels (refer to the technical notes for a list of the 14 categories).

The relative prevalence rates of the fourteen qualifying disability categories were similar between the overall DSHS and statewide special education populations. However, within the DSHS population, students needing services for behavioral risk or family instability had a greatly increased likelihood of qualifying for special education due to an emotional or behavioral disorder (EBD)[6] (see Figure 4 (below) and Table 4, page 9). Four percent of the statewide and 3 percent of the Medical Assistance Only special education populations were identified with a qualifying disability of EBD. In contrast, 14 percent of children in foster care, 10 percent of non foster care Children's Administration clients, 17 percent of DBHR – Mental Health, 19 percent of DBHR – Substance Abuse, and almost 31 percent of the JJRA population in special education qualified under the EBD category.

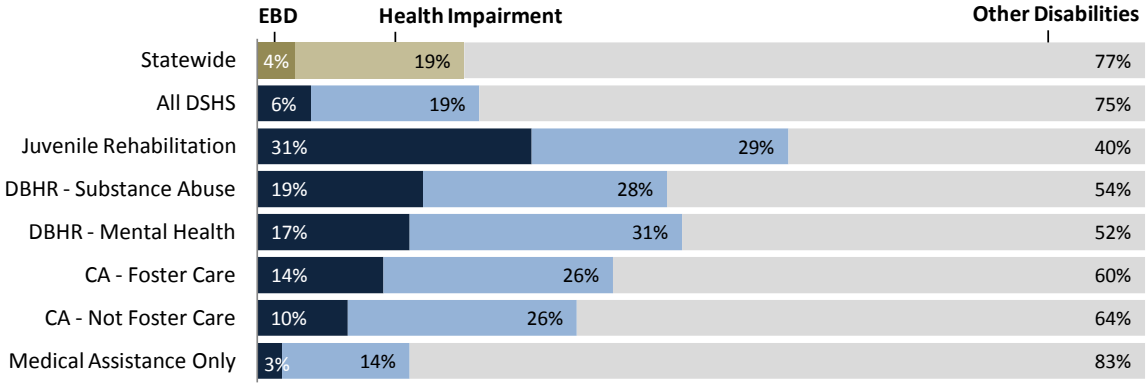
The disability category "other health impairment" was also significantly more common among students receiving services targeting behavioral or familial risks (including DBHR, JJRA and Children's Administration services). Although this term can refer to a wide range of health conditions that impact a student's ability to learn, we found a strong relationship between the "other health impairment" label and the presence of attention-deficit hyperactivity disorder (ADHD), conduct disorders or impulse disorders based on health service records from the DSHS Integrated Client Database. The ADHD/other health impairment connection has been reported in other studies, and is likely explained by the absence of a separate ADHD qualifying category under IDEA (Grice, et al, 2002; Larson, et al, 2011, Loe & Feldman, 2007).

Finally, students who received DDA services were much more likely than either the statewide or DSHS special education populations to be diagnosed with disabilities often associated with the need for more intensive supports both inside and outside of the school (Table 4). However, as mentioned previously, the unique educational needs of DDA clients merit a separate study.

FIGURE 4.

For students enrolled in special education, the relative proportions of emotional or behavioral disorders and "other health impairment" vary widely between different DSHS service populations

Statewide population compared to individuals receiving services from select DSHS agencies in SFY 2007



[5] National Dissemination Center for Children with Disabilities, http://nichcy.org/.

[6] The category "emotional disturbance" (usually referred to as EBD) was included as a qualifying disability category for special education services in response to the recognition of the large numbers of children with mental health needs in schools (Forness & Kim, 2012).

DISCUSSION | What does the disproportionate enrollment of students served by DSHS in school-based special education mean for social service providers and educators?

We found that public K-12 students who receive DSHS services are disproportionately likely to qualify for special education relative to their representation in the statewide student population. Within the DSHS population, those who receive services associated with emotional or behavioral needs (DBHR – Mental Health) or an unstable family environment (Children's Administration services) are more likely to be enrolled in special education than those who do not receive those services. Finally, children who are served by the Children's Administration, DBHR, or JJRA and are also enrolled in special education are far more likely than other special education participants to qualify with a diagnosis of an emotional or behavioral disorder.

Educational achievement for any child is a function of his or her unique combination of individual, familial, and sociocultural strengths and challenges influenced by the ability of the school system to build on the child's strengths while addressing his or her challenges. The Children's Administration serves children with histories of abuse and/or neglect. These conditions increase the risk that the affected child will arrive at school unprepared to learn in a typical classroom environment. Resulting academic difficulties may lead to the identification of educational disabilities that qualify them for special education. Children who receive public mental health services experience behavioral or emotional conditions that impact their functioning in a variety of domains. As a result, they often struggle academically and are much more likely than their peers to qualify for special education. Mental health needs and substance abuse commonly follow early experiences of disrupted family environments and abuse (Lucenko, et al, 2012) and may lead to learning disabilities and academic failure.

Prior investigation with a similar population established that children who require DSHS services targeting behavioral health, family risks, and economic need are more likely to drop out of high school than are children who do not require these services (Coker, et al., 2012). The need for DSHS services is therefore associated with both an increased risk of academic failure and an increased likelihood of qualifying for special education based on the presence of an emotional or behavioral disturbance. The findings indicate that school engagement and academic success are the products of a dynamic system comprised of families, communities, schools, and the larger society.

The "overlap" between DSHS service use and special education participation provides compelling evidence to support ongoing efforts toward interagency collaboration in the provision of services to at-risk children and youth. Distinctions between the academic, social, or emotional components of educational achievement may divert attention from the reality of the school experience for a child. Nearly two-thirds of students who receive special education in the public school—particularly those qualifying for special education due to emotional or behavioral needs—receive DSHS services. Many of these children face challenges extending beyond their inability to benefit from the general curriculum. While more work is needed to understand the complexity of the risk and protective factors that impact academic success, the present findings provide strong evidence that the educational needs of children and youth served by DSHS are related, at least in part, to factors external to the school environment.

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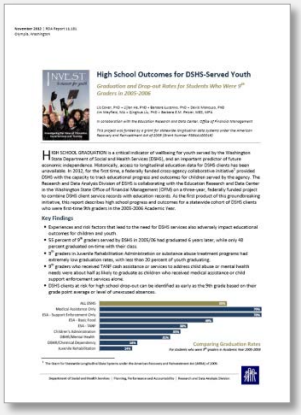

Also in the INVEST research series . . .

High School Outcomes for DSHS-Served Youth:
Graduation and Drop-out Rates for Students Who Were 9th Graders in 2005-2006

High school progress indicators and outcomes are described for a statewide cohort of youth served by the Washington's Department of Social and Health Services. Within 6 years of entering the 9th grade, 55 percent of the DSHS cohort had graduated from high school, 43 percent had dropped out, and 2 percent were still enrolled in public school. Youth served by the Juvenile Rehabilitation Administration, the Division of Behavioral Health and Recovery, and the Children's Administration had extremely low graduation rates and high drop-out rates, compared to those receiving Medical Assistance or Child Support Enforcement only, and had early indications of risk in the form of low grade point averages and high numbers of unexcused absences. http://publications.rda.dshs.wa.gov/1471/

SUPPORTING TABLES

TABLE 1.

Demographic and service-level characteristics

Age *(December 1, 2006)*	NUMBER	PERCENT
ALL AGES	**430,861**	**100%**
6 years	35,069	8.1%
7 years	35,184	8.2%
8 years	34,390	8.0%
9 years	33,543	7.8%
10 years	34,006	7.9%
11 years	33,471	7.8%
12 years	33,440	7.8%
13 years	34,287	8.0%
14 years	35,621	8.3%
15 years	35,996	8.4%
16 years	35,689	8.3%
17 years	33,051	7.7%
18 years	12,967	3.0%
19 years	2,819	0.7%
20 years	1,132	0.3%
21 years	196	0.1%

Race/Ethnicity	NUMBER	PERCENT
White only, Non-Hispanic	219,500	50.9%
Non-white, any	183,395	42.6%
Hispanic origin	95,366	22.1%
Non-Hispanic		
African American only	21,244	4.9%
American Indian only	7,401	1.7%
Asian Pacific Islander only	16,633	3.9%
Other race only	9,741	2.3%
Multiracial	33,010	7.7%
Unknown race/ethnicity	27,966	6.5%

Gender	NUMBER	PERCENT
Female	215,043	49.9%
Male	215,637	50.1%

Grade Level *(December 1, 2006)*	NUMBER	PERCENT
TOTAL N	**430,861**	
Pre-Kindergarten	40	0.01%
Kindergarten	10,344	2.4%
1st grade	36,390	8.5%
2nd grade	35,552	8.3%
3rd grade	34,345	8.0%
4th grade	34,283	8.0%
5th grade	33,896	7.9%
6th grade	33,799	7.8%
7th grade	34,175	7.9%
8th grade	35,156	8.2%
9th grade	39,274	9.1%
10th grade	38,184	8.9%
11th grade	33,481	7.8%
12th grade	31,942	7.4%

DSHS Service Use *(any time during SFY 2007)*	NUMBER	PERCENT
ALL DSHS	**430,861**	**100%**
Medical Assistance	324,388	75.3%
Medical Assistance, Only	119,816	27.8%
ESA – TANF	68,890	16.0%
ESA – Basic Food (no TANF)	104,003	24.1%
DBHR – Mental Health	29,420	6.8%
DBHR – Substance Abuse	7,076	1.6%
Juvenile Justice and Rehabilitation	2,234	0.5%
Developmental Disabilities Admin	9,729	2.3%
Children's Administration – Foster Care	7,283	1.7%
Children's Administration – Other	47,446	11.0%

TABLE 2.

Proportion of students age 6-21 who received any DSHS service in SFY 2007 and who also received Special Education services on December 1, 2006 of the corresponding academic year (AY 2006/07)

	Total Number by Service Category 12/1/06	Enrolled in Special Education Services 12/1/06	Percent Special Education
Statewide[7]	***NA***	**109,796**	***NA***
All DSHS	**430,861**	**68,903**	**16.0%**
Medical Assistance	324,388	52,927	16.3%
Medical Assistance Only	119,816	13,192	11.0%
Economic Services Administration – TANF	68,890	11,053	16.0%
Economic Services Administration – Basic Food (no TANF)	104,003	18,362	17.7%
Division of Behavioral Health and Recovery – Mental Health	29,420	9,860	33.5%
Division of Behavioral Health and Recovery – Substance Abuse	7,076	1,318	18.6%
Juvenile Justice and Rehabilitation Administration	2,234	615	27.5%
Developmental Disabilities Administration	9,729	8,925	91.7%
Children's Administration – Foster Care	7,283	2,425	33.3%
Children's Administration – Other	47,446	11,313	23.8%

[7] The Statewide Special Education total was calculated on December 1, 2006 as part of Child Count Source table, http://reportcard.ospi.k12.wa.us/ LRE_CC_0607.

TABLE 3.

Relationship between special education participation, demographic variables and service-related risk factors for DSHS clients aged 6-21 enrolled in public schools

Odds ratios represent the relative probability of special education involvement given the presence versus absence of the following demographic or service characteristics

KEY VARIABLE/REFERENCE	Odds ratio	p-value
Gender		
Male/ (reference = female)	2.154	<.0001
Age		
9-11 yrs/6-8 yrs	1.387	<.0001
12-14 yrs/6-8 yrs	1.261	<.0001
15-17 yrs/6-8 yrs	1.161	<.0001
18-21 yrs/6-8 yrs	1.658	<.0001
Race/Ethnicity (reference = White Only)		
Hispanic	0.824	<.0001
African-American (non-Hispanic)	1.124	<.0001
American Indian	1.132	<.0001
Asian/Pacific Islander	0.474	<.0001
Other race	0.502	<.0001
Multi Racial	1.152	<.0001
Unknown race	0.524	<.0001
DSHS service		
Medical Assistance	1.122	<.0001
Economic Services Administration – TANF	1.014	0.2804
Economic Services Administration – Basic Food (No TANF)	1.173	<.0001
Division of Behavioral Health and Recovery – Mental Health	2.298	<.0001
Division of Behavioral Health and Recovery – Substance Abuse	0.823	<.0001
Juvenile Justice and Rehabilitation Administration	1.322	<.0001
Developmental Disabilities Administration	67.598	<.0001
Children's Administration – Foster Care	1.796	<.0001
Children's Administration – Other	1.619	<.0001

TABLE 4.

Proportion of clients who received special education services by disability category identified by their school, statewide totals, DSHS totals, and by DSHS service category, ages 6-21[8]

As recorded on December 1, 2006

	STATEWIDE	All DSHS	MA	MA Only	TANF	BF	MH	SA	JJRA	DDA	CA-FC	CA Other
TOTAL	**109,796**	**68,903**	**52,927**	**13,192**	**11,053**	**18,362**	**9,860**	**1,318**	**615**	**8,925**	**2,425**	**11,313**
Emotional/ Behavioral Disability	4.3%	5.6%	5.6%	2.8%	6.6%	5.7%	17.1%	18.7%	30.7%	0.8%	14.2%	10.2%
Health Impairment	19.1%	19.3%	17.6%	14.4%	14.4%	17.0%	30.6%	27.6%	28.8%	20.1%	25.9%	25.8%
Specific Learning Disability	40.9%	40.3%	41.1%	48.2%	52.8%	41.2%	26.4%	47.6%	32.8%	2.4%	27.2%	33.3%
Intellectual Disability	4.7%	6.2%	6.4%	4.7%	3.1%	7.0%	5.3%	2.7%	2.9%	21.8%	8.1%	6.2%
Autism	4.3%	4.1%	3.3%	2.1%	0.3%	2.8%	3.7%	0.5%	1.0%	19.3%	2.7%	2.6%
Disabilities associated with early childhood[9]	22.1%	19.0%	20.1%	24.0%	21.6%	21.5%	12.5%	0.8%	0.5%	11.8%	14.9%	17.2%
Sensory Disabilities[10]	1.4%	1.4%	1.5%	2.1%	0.6%	1.4%	1.1%	0.7%	0.5%	1.1%	1.2%	1.2%
Other Disabilities[11]	3.2%	4.2%	4.5%	1.8%	0.8%	3.4%	3.6%	1.7%	2.9%	22.8%	6.2%	3.7%

MA = Medical Assistance. **TANF =** Economic Services Administration – Temporary Assistance for Needy Families. **BF =** Economic Services Administration – Basic Food. **MH =** Division of Behavioral Health and Recovery – Mental Health. **SA =** Division of Behavioral Health and Recovery – Substance Abuse. **JJRA =** Juvenile Justice and Rehabilitation Administration. **DDA =** Developmental Disabilities Administration. **FC =** Children's Administration – Foster Care. **CA Other =** Children's Administration – Other.

[8] Statewide ages were calculated on December 1, 2006, while DSHS ages were calculated on January 1, 2007.
[9] Communication disorders or developmental delays (age 0-8).
[10] Visual impairment, hearing impairment, deafness or deaf-blindness.
[11] Orthopedic impairment, traumatic brain injury, or multiple disabilities.

SELECTION CRITERIA

Data for the current study were drawn from a cross-agency limited data set linking individual-level data from the DSHS Client Services Database (CSDB) to individual-level data from the P-20 education data warehouse in the Education Research and Data Center (ERDC) of the Office of Financial Management (OFM). The larger study population consisted of all individuals who received any DSHS service in State Fiscal Years (SFY) 2006, 2007, or 2008, and who were under 26 years of age on January 1st of the first of these three years in which they received a DSHS service. The study cohort included children and youths who received any DSHS service or Medical Assistance (administered by the Washington State Health Care Authority (HCA) in State Fiscal Year (SFY) 2007, were enrolled in a K-12 public school on December 1, 2006 and who were age 6 to 21 on that date. Services were categorized as follows:

- Division of Behavioral Health and Recovery, Mental Health (DBHR – Mental Health)
- Division of Behavioral Health and Recovery, Chemical Dependency (DBHR – Substance Abuse)
- Juvenile Justice and Rehabilitation Administration (JJRA)
- Children's Administration, Foster Care (CA – Foster Care)
- Children's Administration – Other[12] (CA – Other)
- Developmental Disabilities Administration (DDA), formally known as the Division of Developmental Disabilities
- Economic Services Administration – Temporary Assistance for Needy Families, (ESA – TANF)
- Economic Services Administration, Basic Food (excluding TANF recipients) (ESA – Basic Food)
- Medical Assistance (alone or in combination with other services)
- Medical Assistance Only

Three-quarters of the study population received Medical Assistance administered by the Health Care Authority, or HCA. The "Medical Assistance Only" category, consisting of the 37 percent of Medical Assistance recipients who received no DSHS services in 2007, was created as a relatively low-risk group against which to compare those who needed services indicating greater financial need or the presence of risk factors related to behavioral problems or family functioning. All other service groups reported here overlap to some extent except for the ESA – Basic Food group, which excludes TANF recipients. For example, a student would be included in both the JJRA and ESA – TANF categories if he or she was served by both programs during SFY 2007.

SOURCES FOR DSHS AND NON-DSHS SPECIAL EDUCATION ENROLLMENT BY DISTRICT AND STATEWIDE

- The percentages of students in special education by school district were obtained from the OSPI website at http://reportcard.ospi.k12.wa.us/Download/2007/DemographicInformationByDistrict.xls.
- The October 1, 2006 K-12 total enrollment numbers for all districts were obtained from: http://www.k12.wa.us/DataAdmin/pubdocs/p105/Oct06DistrictP105.xls .
- Demographic, service, and disability information for students enrolled in special education programs were derived from the December 1, 2006 Child Count (OSPI, 2007) http://reportcard.ospi.k12.wa.us/LRE_CC_0607.

CATEGORIES OF QUALIFYING DISABILITIES FOR SPECIAL EDUCATION SERVICES

(National Dissemination Center for Children with Disabilities [refer to www.nichcy.org for more detailed descriptions]):

- ***Autism***
- ***Developmental Delay*** Used exclusively for children under the age of 9 with developmental delays.
- ***Intellectual Disability***
- ***Speech or Language Impairment (Communication Disorder)***
- ***Specific Learning Disability*** Example: dyslexia not secondary to other cognitive or neurological impairments
- ***Deaf-Blindness; Deafness; Hearing Impairment; Visual Impairment Including Blindness*** *(4 separate categories)*
- ***Orthopedic Impairment***
- ***Traumatic Brain Injury***
- ***Multiple Disabilities***
- ***Emotional Disturbance (commonly referred to as "EBD" – emotional or behavioral disorder)*** Includes students whose emotional or behavioral responses are not typical, and adversely affect their educational performance.
- ***(Other) Health Impairment*** Impairment in educational performance due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome.

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Please request REPORT NUMBER 11.190

[12] The CA – Foster Care category included all children who received foster care services (alone or in combination with any other CA services), while the CA – Other category includes children who received only non foster care Children's Administration services.