

APPENDIX B

The department identification number system for children with EEN

The superintendent recently adopted policies relating to pupil records as required by the Family Educational Rights and Privacy Act of 1974. Section II (1) relates to the need of the division to monitor and receive information on children with EEN in order to carry out its obligations as mandated in subch. V, ch. 115, Stats. The department subsequently has adopted rules relating to records of children with EEN. Pursuant to s. PI 11.05 (2) (b), districts shall utilize the identification number system provided by the division in those instances where the parent fails to consent to release of pupil records with the child's name.

The identification number system shall utilize certain specific data on each individual and shall meet the following criteria:

(1) Logically descriptive; the unique identifier shall consist of elements which describe some characteristics of the individual being identified.

(2) Simplicity of structure; the elements shall be simple to derive and they must be easily available with a high degree of accuracy.

(3) Capability for automated assignment; the number shall be of such a nature that initial assignment and verification can be accomplished via a computer.

(4) Ease of the manual assignment and retrieval; the number shall be made up of elements that are logical and simple enough for the user to understand.

(5) Confidentiality; assignment of the identification number shall leave the identification of the individual solely with the LEA.

The procedures for assigning unique identification numbers shall be as follows:

Step 1: The first 2 letters of the individual's last name.

Step 2: The individual's birthdate which is the number of month, day and last 2 digits of the year (month, day, year).

Step 3: The individual's sex by code (1 B male, 2 B female).

Step 4: A 2-digit tie breaker, if needed (01, 02, . . . gives 99 possibilities). This provides for the unique identification of 2 or more individuals who have the same first 2 letters of the last name, same birthdate and same sex code.

Example 1:

DO First 2 letters of last name
 06-15-66 . . Birthdate
 2 Sex code (1=male, 2=female)
 01 Two-digit tie breaker
 The unique identifier shall read as follows: DO-061566-201

Name	Birthdate
Sally Doe	6-15-66

Example 2:

HI First 2 letters of last name
 06-16-66 . . Birthdate
 1 Sex code (1=male, 2=female)
 01 Two-digit tie breaker
 The unique identifier shall read as follows: HI-061566-101

Arnold Higgenbothen	6-15-66 A
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Example 3: (for needed tie breakers)

HI First 2 letters of last name
 06-15-66 . . Birthdate
 1 Sex code (1=male, 2=female)
 02 Two-digit tie breaker
 The unique identifier shall read as follows: HI-061566-102

James Higgenbothen	6-15-66 A
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(Refer to examples 2 and 3—here are 2 children with the same first 2 letters of the last name, same birthdate and same sex code, hence the 2-digit tie breaker shall read 01 and 02, respectively.)

The unique identifiers shall read as follows for examples 2 and 3:

Arnold Higgenbothen HI-061566-101
 James Higgenbothen HI-061566-102

Whenever districts are required to provide data to the division and parents have not given consent, the material shall be identified with an identification number using the above system.

APPENDIX H

Program types and levels the least restrictive alternative.

PI 11.21 through PI 11.27 are designed to assist special education planners and school system personnel in providing a broad range of service alternatives for individual exceptional children and youth with EEN. This broad range of program types and levels is fundamentally based upon the principle of the "least restrictive alternative" enunciated by the courts in a recent series of litigations.

Basically, courts have insisted that when a governing organization seeks to restrict a person's fundamental liberty, it shall use the least restrictive alternative available. For schools, the least restrictive alternative implies that among all the alternatives for placement within the general educational system, children with EEN shall be placed where they can obtain the best education at the least distance away from the mainstream of their peers. Inherent in this concept is the implication that regular education has some appropriate program elements unavailable in special education, hence the need to consider accommodations within the mainstream where feasible. The department's support of the concept of the least restrictive alternative was clearly articulated in "Credo for Mainstreaming," an article written in 1972 and published in the "Bureau Memorandum," Vol. 13, No. 3, which emphasized the need for inservice procedures and training of regular and special staffs in mainstreaming principles. The imperative need for inservice and training to ensure successful implementation of any model of accommodation will not be reiterated, but reference to this position statement is suggested.

Special education in the seventies is stressing individualized diagnosis, educational assessment and instructional planning and is also emphasizing the integration of exceptional students through flexibility of placement options in the program delivery system. There is a deemphasis on the importance of categorization and labels as the rationale for setting educational goals and expectations for individuals or groups of children. However, the department and LEAs are implementing the mandates of subch. V, ch. 115, Stats., within certain disability and program parameters and restraints established by the legislature and the executive office. While specific disabilities are initially identified through the screening and M-team process, the emphasis in assessment and instructional planning is on determination of EEN, development of an educational prescription related to these needs and provision of appropriate broad array of special education services. Categorization is used for administrative purposes of budgeting and differentiating costs of programs/services which require personnel, equipment, facilities, resources and statistical reporting as required by laws established by the state legislature and the congress.

Thus, the major emphasis in subch. V, ch. 115, Stats., is on the design of appropriate individualized plans for children with identified EEN and a broad array of programs, services and delivery alternatives to meet these identified educational and treatment needs. Under the rubric of mainstreaming, accommodation or the least restrictive alternative, a number of conceptual or theoretical models have been advocated to enable the provision of a wide variety of services in a number of alternative educational settings. Special educators are familiar with the Wilenberg, Deno, Reynolds prototypes. Each of these systems assumes that the greater number of children with mild exceptionality require some accommodation in the mainstream. The more complex the educational problem, the more restrictive the educational environment becomes from a service delivery standpoint.

None of these prototypic models is fully appropriate to the Wisconsin experience and current educational scene. Like most models they are only theoretical prototypes useful in the design and development of individual programs. For example, most cas-

cade or pyramidal models designate residential hospital programs as the most restrictive alternative based upon the severity and complexity of the small number of children with EEN requiring these 24-hour settings. Yet in Wisconsin, many residential institutions functioning under the normalization principle place some of the most severe cases of exceptionality in community settings with immediate expectancy for public school programming. Also, the federal district court for the eastern district of Wisconsin has recently upheld the department's definition of "local" programs to include not only the resident district but programs in adjoining districts, CHCEBs, CBSAs and the state residential schools as opposed to an "immediate accessibility" concept. All of these programs and service systems are feasible within the public school network and receive financial support from state/local public school auspices. Thus, it is not anticipated that every district will establish a program for low incidence EEN. Districts shall, however, facilitate the provision of "local" services through some public school administrative delivery system in most instances.

For these reasons the department has developed its own conceptual model (Appendix I) for program types and levels encompassing some of the elements of the cascade and pyramidal systems but revised in the light of the Wisconsin experience with children with EEN. This conceptual model shall be tested and evaluated as a standard for devising a total program within an LEA. It represents another step in a conscious planning effort to move to the least restrictive alternative approach to programming for children with EEN. It should be kept in mind that the steps indicated in the model represent program accountability terms and are not necessarily totally descriptive of the particular type of educational service being provided to a particular child placed within any one of the alternatives.

The service model is partially based upon the varying program types considered within PI 11.21 through PI 11.26. Like most models it calls for implementation of various new educational alternatives and options in addition to more traditional special classes and separate alternatives which permit the placement and transfer of students with EEN in either direction away from or back towards the regular education options. It should further be understood that at a particular time in a child's life, dependent upon the specific EEN, the child may be placed directly within or provided any one or more of the model's component elements without necessarily progressing through any of the other program/service options. For example, a severely retarded child may be placed directly in a self-contained complete program yet receive the additional services of an itinerant language clinician and a physical therapist if these service needs have been determined by the M-team.

One precautionary statement is needed. The least restrictive alternative concept is based upon designated individual program/service needs rather than fiscal economies or available physical facilities. Although caseloads of itinerant specialists may be somewhat larger in number than enrollments in resource rooms or in the various self-contained elements of the model, this does not imply departmental encouragement for over-utilization of the itinerant approach as a panacea for reducing programming costs. Program placement and service delivery shall be based upon an individual instructional plan which recognizes that alternative services shall match identified needs. What is implied is the need for a balanced continuum of program/service options within the total delivery system.

LEAs shall use this model as a standard for conceptualizing and designing a total program tailored to the individual needs of each Wisconsin educational agency.

The division encourages the implementation of new pilot or innovative approaches which field test other instructional intervention techniques not covered in the current model. LEAs interested in initiating experimental approaches shall obtain prior approval from the division. The agency shall submit definitive program statements including:

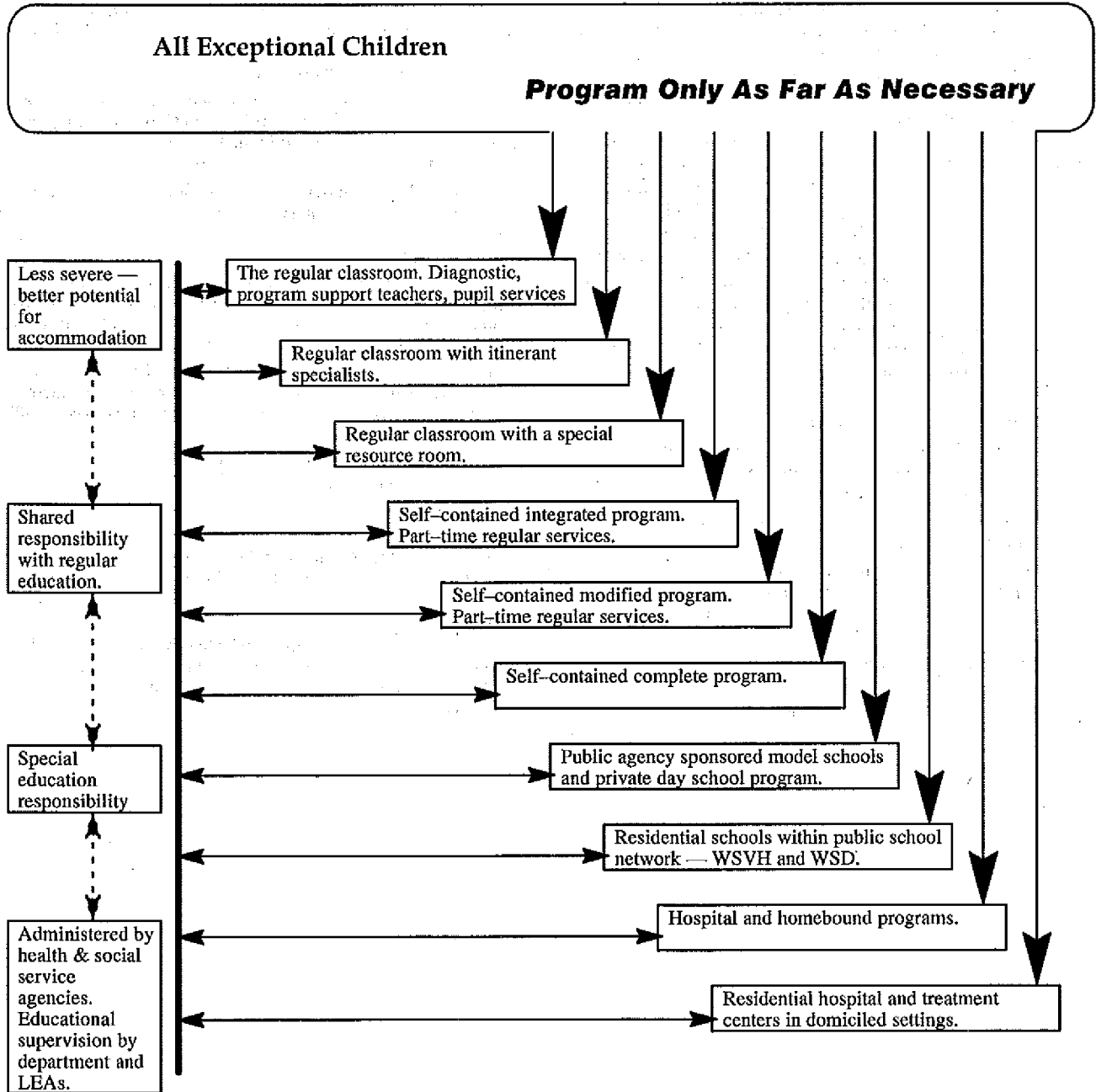
(1) Overall goals.

[Faint, mostly illegible text describing the requirements for overall goals, including details on program objectives, implementation plans, and evaluation methods.]

- (2) Specific programmatic objectives.
- (3) Staffing procedures.
- (4) Types of enrollees.
- (5) Expected outcome.
- (6) Evaluation procedures.

[Faint, mostly illegible text providing detailed instructions and requirements for each of the six listed items, including specific criteria and reporting procedures.]

APPENDIX I



APPENDIX J

The formula used is a modification of a reading expectancy formula developed by Bond and Tinker (Bond, G. L. and Tinker, M.A., *Reading Difficulties: Their Diagnosis and Correction* (2nd ed.) New York, Appleton-Century-Crofts, 1967). The Bond & Tinker studies indicate that the predicted achievement scores derived from the original formula ($I.Q. \times \text{years in school} \div 1.0 = \text{expected reading grade}$) closely approximate actual reading achievement. Because the components of the formula are general, i.e., number of "years in school", and intelligence, it is believed that this formula can be adapted and appropriately applied to all the academic areas specified in s. PI 11.34 (2) (g).

The Bond & Tinker formula did not include 5 year old kindergarten in "years in school" but in effect allowed for it by adding in a 1.0 factor. To simplify the formula and to ensure that the child is constantly compared to the same referent group, 5 year old kindergarten was added to the formula and the 1.0 factor deleted. This should ease computation without detracting from the accuracy of the formula.

Definition of factors in formula:

A. I.Q.—full scale score derived from an individual measure of intellectual functioning. I.Q. should be written as a decimal, for example 87 equals .87, 105 equals 1.05, etc.

B. Years in school—number of years in school beginning with 5 year kindergarten.

The Bond & Tinker formula was weighted by a factor of .5 (50%) in order to indicate the level at or below which a child must function to exhibit a significant discrepancy. The full formula then is:

$(I.Q. \times \text{years in school}) \times .5 = \text{grade score (50\% of expected achievement)}$.

Examples utilizing this formula are:

A. A child beginning the fifth year of school (beginning fourth grade, e.g., 5 years in school) with a measured full scale I.Q. of 92 (.92) would have a grade score computed in the following manner:

$$(.92 \times 4) \times .5 = (3.60) \times .5 = 1.8$$

B. A child in the 7th month of second grade, who is repeating second grade, with a measured full scale I.Q. of 101 (1.01) would have a grade score computed in the following manner:

$$(1.01 \times 3.7) \times .5 = (3.7) \times .5 = 1.9$$

C. A child in the ninth year of school (8th grade) with an I.Q. of 113 (1.13), who is identified in January, would have a grade score computed in the following manner:

$$(1.13 \times 8.5) \times .5 = (9.6) \times .5 = 4.8$$

D. A child entering kindergarten at 5 years of age with average ability and functioning at or below a 4 year level in 2 or more of the readiness areas will meet the academic criteria of eligibility. The formula for establishing grade score should not be used.

E. A child entering third grade at the age of 8 who has not completed 3 years in school (no kindergarten) would have a factor of 1.0 added to the years in school for determining grade score (50% of expected achievement).

$$(I.Q. \times \text{years in school}) \times .5 = \text{grade score}$$

$$(1.00 \times 2 + 1) \times .5 =$$

$$(2.00 + 1) \times .5 =$$

$$3.0 \times .5 = 1.5$$

Therefore if this 8 year old child entering third grade is achieving at the 1.5 grade level or below in 2 or more of the readiness or basic skill areas, this child will meet the academic criteria of eligibility.

F. A child entering first grade who has average ability and has completed 2 years in school (retained in kindergarten) would have the formula applied for establishing grade score.

$$(.90 \times 2) \times .5 = 1.80 \times .5 = .9$$