

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, CESAs 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.

(2) Specific programmatic objectives.

(3) Staffing procedures.

(4) Types of enrollees.

(5) Expected outcome.

(6) Evaluation procedures.