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The 1990 Individuals With Disabilities Education Act (IDEA) (formerly the Education of the Handicapped Act) guarantees "that all children with disabilities have available to them...a free appropriate public education which emphasizes special education and related services designed to meet their needs..." In order to fully meet these goals, IDEA has: 1) Expanded the definition of "special education" to include "instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and instruction in physical education" and 2) extended "related services" to include "social work services" and "rehabilitative counseling." In addition, the term "handicap" has been replaced throughout the Act with the term "disability," and terminology using "people first" has been utilized.

HOW ARE CHILDREN WITH DISABILITIES DEFINED?

The disabilities previously addressed by law are listed in the table below. Major additions from IDEA are the inclusion of "autism" and "traumatic brain injury" as separate categories under the definition of children with disabilities. Eligibility is based on the fact of a child's condition "adversely affecting the child's educational performance."

Eligibility under IDEA still establishes a two-pronged criterion. First, does the child actually have one or more of the disabilities listed? Secondly, does the child require special education and/or related services?

Not all children who have a disability require special education; many are able, and should, attend school without any program modification.

WHO ARE THE STUDENTS SERVED?

According to the THIRTEENTH ANNUAL REPORT TO CONGRESS ON THE IMPLEMENTATION OF EDUCATION OF THE HANDICAPPED ACT (1990), 4,687,620 children with disabilities were served during the 1988-1989 school year. Of these, 94.2% were served under EHA. This was an increase of 2.2% over the 1987-1988 data and is the greatest increase since 1980-81. The number and percentage of each handicapped condition served under Chapter 1 of the Education and Consolidation Improvement Act--State Operated Programs (ECIA-SOP) and IDEA Part B are shown in the following table.

The overall picture is that the population of students served with learning disabilities has grown, while the number of students served with speech or language impairments and mental retardation have declined.

WHERE ARE THESE STUDENTS RECEIVING THEIR SPECIAL EDUCATION?

During the 1988-1989 school year, the majority of children and youth with handicaps received special education and related services in settings with nonhandicapped students. Over 31% received special education primarily in regular classes. More than 37% received special education and related services primarily in resource rooms, while 24% received special education and related services in separate classes within a regular education building. These three settings accounted for over 93% of the placements; thus, most students with handicaps were being educated in buildings with their nonhandicapped peers. The remaining children and youth were educated in public/private separate day school facilities (5.2%) (which is a decrease of 12,448 pupils), public/private residential facilities (0.8%), and homebound or hospital environments (0.9%).

HOW MANY TEACHERS ARE NEEDED?

During 1988-1989, 286,546 special education teachers reportedly served children with handicaps. This was an increase of about .1% over the 1987-1988 school year. Furthermore, an additional 27,977 teachers were needed to fill vacancies, especially in the areas of learning disabilities, mental retardation, emotional disturbance, and speech or language disabilities. These four categories, together with cross-categorical teachers account for 97% of all teachers needed. Approximately 9% of the teachers were needed for the categories of other health impaired, hard of hearing and deaf, multihandicapped, orthopedically impaired, visually handicapped, and deaf-blind.

PAST AND PRESENT TRENDS--WHAT EFFECT ON THE FUTURE OF SPECIAL

EDUCATION? In the early years following enactment of Part B, rapid growth in the number of children served as disabled was primarily due to new Federal categories of children with disabilities (e.g. children with specific learning disabilities), and to program development and implementation. Certain factors, however may decrease the future growth in the number of children served. A number of states have implemented pilot programs and other restructuring efforts to educate students with disabilities in the regular classroom environment. One successful method has been using prereferral interventions, (modifications of teaching strategies, instructional practices and classroom management) prior to referral for special education evaluation. By effectively accommodating the needs of "difficult to teach" students in the regular classroom (Fuchs, Fuchs, Bahr, Fernstrom & Stecker, 1990) there may be a significant decrease in the growth of children served as disabled. Prereferral activities typically include school-based, problem-solving consultation teams which provide assistance and recommendations to the regular education teacher regarding strategies aimed at

mainstreaming "difficult to teach" students in the regular classroom.

There are several possible explanations for the continuing and dramatic decrease in prevalence of students with mental retardation. First, criteria used for identification of mental retardation have become significantly more restrictive. More stringent criteria for mental retardation may have contributed to the growing incidence rates of specific learning disabilities; that is, children and youth with mild to moderate cognitive deficits who would have previously been classified as having mental retardation may now tend to be classified as having learning disabilities. Litigation may also have been a factor in the decrease in the incidence of mental retardation identification. It is highly probable that many States, in response to court rulings, have taken action to reduce over-representation of minority students with mental retardation. In addition, some observers believe that in recent years, many professionals and parents have tended to substitute labels such as learning disability, developmental delay, or developmental disability for the mental retardation label.

Other factors, however, could increase the number of children served. There is emerging evidence (Greer, 1990), for example, that substantial numbers of pregnant women are using alcohol and/or other drugs. Many specialists believe that these children are likely to have significant learning and behavioral disabilities that may require specialized school services. One other factor that is increasing the number of children served is the mandate of the 1986 Amendments to EHA, now IDEA, focusing on the needs of young children with disabilities through two programs--the Preschool Grants Program for 3- through 5-year-olds and the Infants and Toddlers Program for children from birth to age 2. However, even without these mandates, these young children would very likely have been identified at a later age. Moreover, early identification and intervention may result in the remediation of some of the disabilities of these young children. Such remediation may, in turn, result in a decreased need for services for these children later on.

RESOURCES

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