

**A Review of the Seattle Public Schools  
Programs and Services for Students Identified as  
Having Emotional and Behavioral Disabilities**



Urban Special Education Leadership Collaborative  
Education Development Center, Inc.  
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## **Background**

The Urban Special Education Leadership Collaborative (the Collaborative), housed at Education Development Center, Inc., in Newton, Massachusetts, is a national network of more than 110 urban school districts committed to improving educational outcomes for students with disabilities. In addition to providing leadership development and networking opportunities to its membership of special and general education leaders, the Collaborative offers a range of customized technical assistance and professional development services that focus on some of the most pressing issues affecting urban school districts, such as low achievement of students with disabilities, inclusive educational practices, school-wide behavior supports, disproportionate representation of minorities in special education, redesigning organizational structures, and service delivery systems to enhance supports to schools.

In March 2007, the Seattle Public Schools entered into a contractual agreement with the Collaborative to conduct a comprehensive review of special education in the school district and to produce a final report with specific recommendations focused on strengthening the capacity of the Seattle Public Schools to improve outcomes for students with disabilities. This report was issued in October 2007. In the report it was noted that the Collaborative's External Core Team:

... is concerned about the range, structure, and quality of programs and services to students identified with emotional/behavioral disabilities. While it did not have the time to pursue its concerns during its site visit, interviewees presented a sufficient number of questions and comments to suggest a more in-depth study of these programs was warranted. Also, the Core Team Leader, Dr. Riley, has been able to review a draft of the report written by Clemson University's National Dropout Prevention Center leaders on selected alternative programs sponsored by the Seattle Public Schools. The characterizations of how students with emotional/behavioral disabilities were being treated at one of these sites brought into question the integrity of services and interventions that may be employed across the school system for this population of students. (pg. 30)

In response to this recommendation the school district requested that the Collaborative provide an additional review specifically focused on the delivery of services to students with Emotional and Behavioral Disabilities (EBD).

The Collaborative provided a team of two experienced special educators to conduct a focused review of programs for students with Emotional and Behavioral Disabilities (EBD) in the Seattle Public Schools. These individuals are:

- Ronald Felton, Associate Director, Urban Special Education Leadership. Mr. Felton is a retired Associate Superintendent of Miami-Dade County Public School and former CEO of a mental health agency for students with severe emotional disturbances (SED). He is also a former teacher of students with SED and served as the supervisor for programs for students with SED in Miami-Dade.

- Sandra Covington-Smith, Research Associate, National Dropout Prevention Center for Students with Disabilities. Dr. Covington-Smith holds a Ph.D. in Special Education with an emphasis in Behavior Disorders from the University of Missouri-Columbia. She is a Certified Trainer as part of the University of Missouri-Columbia Research Collaborative Partnership with the National Technical Assistance Center on Positive Behavioral Interventions and Supports.

In late December 2007, Mr. Felton and Dr. Covington-Smith spent three days onsite visiting schools and interviewing, in the schools and at the central office, more than 50 Seattle Public Schools' education professionals, parents of students with EBD, and others who could provide insight and perspective on the delivery of services to this population of students, as well as recommendations for how outcomes for students with emotional and behavioral disabilities might be improved. (See Appendix A for a list of interviewees). Prior to and after the visit, team members reviewed demographic, placement, and other data provided by the school district regarding programs for EBD students. During and after the onsite visit, team members also reviewed training materials, policies and procedures, program descriptions, and other documents. (See Appendix B for a list of documents reviewed.) The purpose of all these activities was to generate recommendations that would assist the school district in its efforts to improve the delivery of services to students exhibiting emotional and behavioral problems.

### **Overview of EBD Programs**

At the time of the review there were 294 students identified as EBD and were being served across 62 locations<sup>1</sup> with students being assigned by age, program type, attendance area, academic and cognitive functioning and, in many cases, individual behavioral issues. There are a number of types of program models throughout the school district that vary in level of restrictiveness and access to the general education program. African-American students (classified as Black in the district's demographic data) make up 21.6% of the school district's overall student population and are disproportionately represented in the EBD programs as they account for 46.6% of the population being served in the EBD program.

Of the 294 students who are identified as EBD, 143 are identified as being served in the Behavior Intervention Programs (BIP). The school district describes these programs as serving the students with "significant disabilities in behavioral and social skill domains." Additional program delivery models include Level 2/3, Academically and Behaviorally Challenged (ABC), Low Incidence (A & B), Resource, Self-Contained, and Pre-K. The school district also has specialized BIP programs for students identified as ADHD and students with "Internalizing Disorders." The staffing ratio for many of the programs is one teacher, two Instructional Assistants, and 10 students.

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<sup>1</sup> The district provided the data file on which this information is based in November 2007.

## **Identification and Placement**

The definition of EBD as set forth in Washington Administrative Code (WAC 392-172A-01035) is:

*(e)(i) Emotional/behavioral disability means a condition where the student exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a student's educational performance:*

*(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.*

*(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.*

*(C) Inappropriate types of behavior or feelings under normal circumstances.*

*(D) A general pervasive mood of unhappiness or depression.*

*(E) A tendency to develop physical symptoms or fears associated with personal or school problems.*

*(ii) Emotional/behavioral disability includes schizophrenia. The term does not apply to students who are socially maladjusted, unless it is determined that they have an emotional disturbance under (e)(i) of this subsection.*

In the disability category of Emotional Disturbance, the United States Department of Education reports a national prevalence rate of 69%<sup>2</sup>. With a student population of approximately 46,000, the number of students identified as EBD in the Seattle Public Schools is below that national average. However, there is a concern among the central office and school-based special education staff that there are students inappropriately referred and then ultimately placed into EBD programs. Staff saw an urgent need to provide additional training and support to general education teachers to work with all students, including students who present challenging behaviors. Visitations to school sites and conversations with school site personnel indicate that this may indeed be the case. Specifically, teachers reported that there are many students that they believe should not have met the criteria for placement and/or should have received prior support and interventions before being placed in EBD programs.

As stated above, there is a significant level of disproportionate representation of African American students in these programs (see Table 1), and this is of great concern to the school district. This level of disproportionality highlights the need to look closely at culturally relevant practices, school-wide initiatives around positive behavior supports, and the use of strategies to

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<sup>2</sup> Children Served in the 50 States and Washington DC (including BIE schools) under IDEA, Part B, Ages 6-21 By Age Group and Disability, 1993 Through 2006, Numbers, Percentage Distributions, and Prevalence Rates. <https://www.ideadata.org/PartBTrendDataFiles.as>

intervene early with behaviors identified as challenging and/or disruptive, prior to special education referral and assessment.

**Table 1. EBD Students by Ethnicity and Program Types<sup>3</sup>**

<b>Ethnicity</b>	<b>ABC</b>	<b>BIP</b>	<b>LEVEL 2/3</b>	<b>LOW GROUP</b>	<b>LOW INC A</b>	<b>LOW INC B</b>	<b>RESOURCE</b>	<b>SELF-CONT</b>	<b>PRE-K</b>	<b>Grand Total</b>
Asian	0.68%	1.70%	4.42%	0.34%	0.00%	0.00%	0.34%	0.34%	0.00%	7.82%
Black	1.70%	26.53%	12.93%	1.02%	0.34%	0.00%	3.06%	1.02%	0.00%	46.60%
Hispanic	0.00%	4.76%	3.06%	0.00%	0.00%	0.00%	0.68%	0.00%	0.00%	8.50%
Native American	0.00%	1.02%	2.04%	0.34%	0.00%	0.00%	0.34%	0.34%	0.00%	4.08%
White	0.34%	14.63%	12.59%	0.00%	0.00%	1.70%	2.72%	0.68%	0.34%	32.99%
Grand Total	2.72%	48.64%	35.03%	1.70%	0.34%	1.70%	7.14%	2.38%	0.34%	100.00%

There is a great deal of support within the special education department for a move away from the traditional refer-test-place model for special education and toward a Response to Intervention (RtI) model. RtI is a problem-solving model that considers how environmental factors might influence an individual student's learning and behavioral challenges (e.g., the structure of the school and its discipline plan and how adults respond to behavior in the school). RtI offers a tiered structure for providing services/intervention as soon as the student demonstrates a need and serves to provide effective alternatives prior to the determination that special education services are required. There is not an indication that pre-referral interventions based on evidence-based practices are being implemented in the Seattle Public Schools or that continuous progress monitoring of those interventions is occurring. There are also strong indications that schools in general are ill-equipped to effectively and therapeutically intervene with students who present challenging behaviors and that referral for special education is a strategy that is employed early in the intervention process.

<sup>3</sup> From data file provided by Seattle Public Schools - November 2007

**Table 2. Distribution of EBD Students by School and Program Types**

SCHOOL	ABC	BIP	LEVEL 2/3	LOW GROUP	LOW INC A	LOW INC B	RESOURCE	SELF-CONT	SP PRE	Total
ADAMS								1		1
AFRICAN AMER ACAD							1			1
AKI KUROSE		4	3							7
AS #1 PINEHURST K-8			2							2
BALLARD		3	5							8
BROADVIEW			1				2			3
CATHARINE BLAINE K-8		1	2							3
CLEVELAND		4	4							8
COE		2								2
COOPER							1			1
DEARBORN PARK							1			1
DENNY		5	4							9
ECKSTEIN		3	1							4
EMERSON		2						1		3
EXP ED UNIT									1	1
FRANKLIN	4	3	4							11
GARFIELD		4	3							7
GATEWOOD		8					1			9
GREENWOOD		7					1			8
HAMILTON			3							3
HAWTHORNE	3									3
HIGHLAND PARK		3								3
INGRAHAM		2	6							8
INTERAGENCY		15	4							19
LAWTON							1			1
LESCHI							1			1
LOYAL HEIGHTS		1					1			2
MADISON		4	1							5
MADRONA K-8			2				1			3
MAPLE		7								7
MARSHALL		13	1							14
MC CLURE		7	7							14
MC GILVRA							1			1
MCGRAW RES		1	10			1	3	4		19
MEANY		2	2							4
MERCER		4	3							7
MUIR		3					1			4
NATHAN HALE			2							2
NOVA			1							1
ORCA							1			1
RAINIER BEACH		4	2	1						7
ROOSEVELT		4	5							9
SALMON BAY SCHOOL			1							1

SCHOOL	ABC	BIP	LEVEL 2/3	LOW GROUP	LOW INC A	LOW INC B	RESOURCE	SELF-CONT	SP PRE	TOTAL
SANISLO							1			1
SCHMITZ PARK							1			1
SEALTH		2	5		1					8
SOUTH LAKE HS			3							3
STEVENS		6								6
SUMMIT K-12			5	2		3				10
T.T. MINOR		6					1			7
THE CENTER SCHOOL			1			1				2
TOPS			1							1
VIEW RIDGE							1			1
WASHINGTON	1	4	3							8
WEST SEATTLE		4	3							7
WEST WOODLAND		3								3
WHITMAN		2	3	2						7
WING LUKE								1		1
Grand Total	8	143	103	5	1	5	21	7	1	294

As shown in Table 2, there are a large number of programs serving a relatively small number of students identified as EBD. Although the Collaborative has been advised that enrollments in some of the BIP classes have increased since the data was sent to the team, there appears to be very low enrollment in many of these classes. Some of the proliferation of programs and program models can be linked to the need to provide services to students whose challenging behaviors are not being met in one setting and district special education leaders being pressured to find other locations in which to serve them. In interviews both with teachers and administrators, the team reached the conclusion that many of the students identified as EBD present intractable behaviors for which there are no readily available interventions. Although there appear to be some exceptions, the programs primarily serve to isolate the students in an effort to minimize the impact on the day-to-day operation of the schools. In its review of organizational, program, and service delivery of special education in the Seattle Public Schools, the Collaborative's 2007 External Core Team noted that "the school district's programs are so specialized that some students 'fit' the program and others are denied unless there are enough students to develop another specialized program," and that "the default program model assumes that students cannot attend the school they would attend without disability or by parent choice." This is clearly the case with students in EBD where one specialty program was developed for students described as having "internalizing disorders" and another program for students identified as having Attention Deficit Disorder (ADD), with each program having additional identification criteria beyond that which is required for EBD. Despite these attempts to specialize programs, there are always students who do not "fit," and there were reports of students being moved around from program to program in an attempt to achieve this "fit." The team spoke with a school-based administrator who bemoaned the fact that the program for students with ADD had become less effective because the wrong students were being placed in the program. However, this is one of the issues that needs to be addressed by the district which perpetuates the idea that the student must "fit" the program rather than the school supporting the student.

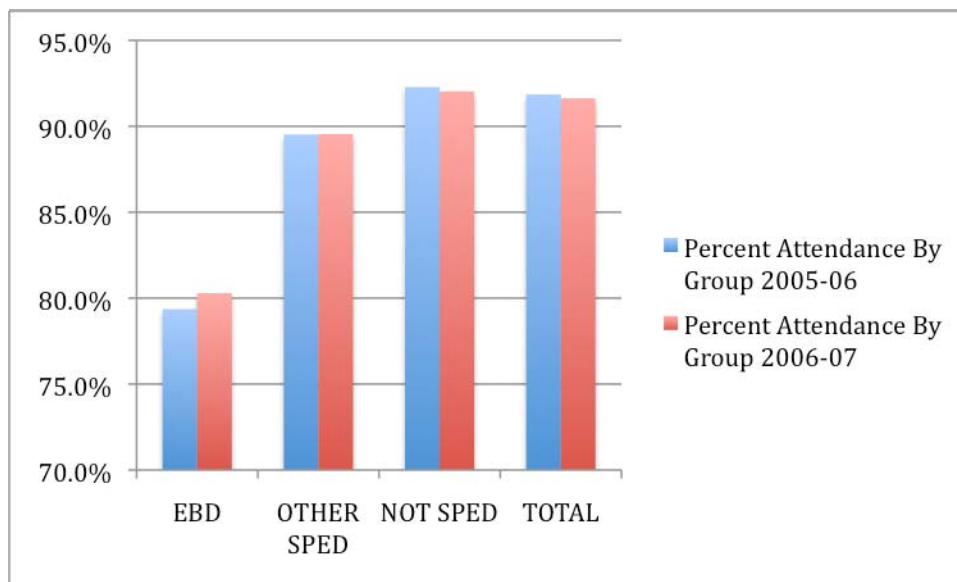
Students identified as EBD are likely to be placed in schools other than the ones they might attend if they did not have a disability. When the team spoke with EBD students they often reported feelings of isolation and unfair treatment from both the student body and general education faculty. Students consistently viewed special education, and EBD programs in particular, as a place for students with problems, specifically with anger.

The team only had the opportunity to meet with a small number of parents of students who are identified as EBD. These parents reported a lack of communication and a feeling of “being lost” within the system without adequate support or outreach. They reported that once their children began receiving special education services no one was willing to discuss evaluations, modifications, progress, or transition services. They reported having “no voice.”

### **Attendance, Discipline, Dropout Graduation, and Academic Performance Data**

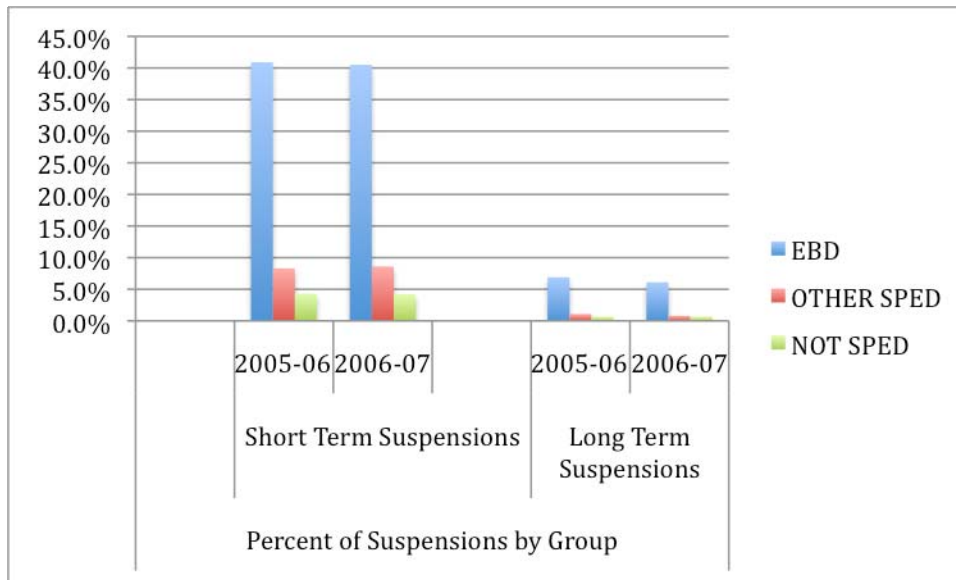
Students with EBD are not faring well in the current delivery model. One indicator of this is attendance. Students identified as EBD have a considerably lower percentage of attendance than general education students and than all other special education students (see Table 3). The school district may wish to conduct a deeper examination of the attendance data to look at the types of absences (e.g., suspension, illness) within this group as compared to others. The bottom line is that these students have greater attendances issues.

**Table 3. Percent Attendance by Group (2005-06 and 2006-07)**



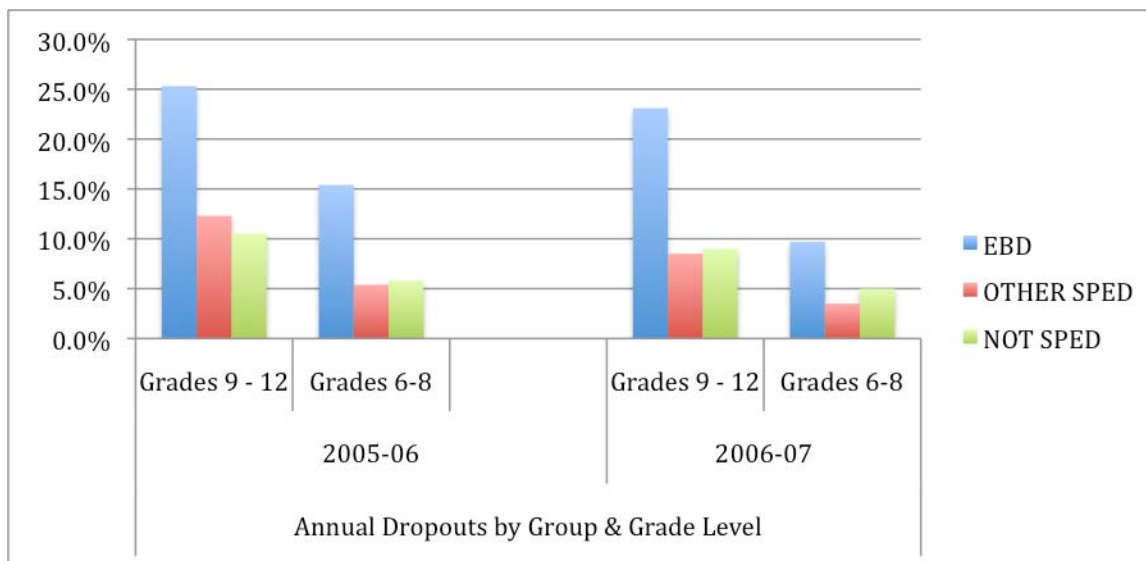
Related to attendance, and also of considerable concern, are the suspension and expulsion rates of students with EBD. When reviewing the percentage of students receiving long-term suspensions (defined as until the end of semester with students being withdrawn from school and sent to a re-entry program) or short-term suspensions (defined as 10 days or less), the percentage of EBD students being disciplined in that manner is far higher than in the general education population or the non-EBD special education population (see Table 4).

**Table 4. Percent Suspension by Group (2005-06 and 2006-07)**



The data on the percentage of students dropping out of school reveal a similar disproportionality when comparing EBD students with other special education and non-special education students. The percentages of dropouts among EBD students are more than twice as great as the other two groups (see Table 5).

**Table 5. Annual Dropout by Group & Grade Level (2005-06 and 2006-07)**



As was reported in the October 2007 report of the Collaborative's External Core Team, the proportion of students with disabilities who meet the standard on the Washington Assessment of

Student Learning (WASL) is only half that for their peers without disabilities. When examining the spring 2007 scores for students with EBD, we find that these students generally do not even do as well as those in other special education categories. In grade 10, this disparity is most significant with no EBD students meeting the reading standard in 2007 as compared to 49.7% of other special education students and 86.3 % of their peers without disabilities. In fact, the only area in which EBD students performed as well as other students with disabilities was on the grade 4 reading assessment.

In short, there are few signs that services being provided to students with EBD are resulting in satisfactory outcomes for these students. There is clearly a need to make significant changes in the way the school district meets the needs of students who need intervention for emotional and behavioral disabilities.

### ***Recommendations***

The district should continue to plan for the implementation of an RtI model across the district. Response to Intervention (RtI) is defined as “the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying child response data to important educational decisions.”<sup>4</sup> As such, it is an initiative that needs to be led by the district’s instructional leadership team as a whole and not by special education alone. The Office of Superintendent of Public Instruction for the state of Washington has provided similar guidance in its document “Using Response to Intervention (RTI) for Washington’s Students.”<sup>5</sup>

The district needs to continue its development of a consistent, positive, and system-wide approach to discipline and behavioral interventions for all students. Positive Behavioral Supports (PBS) is a broad range of systemic and individualized strategies for achieving important social and learning outcomes, while preventing problem behavior. PBS is therefore a process that is consistent with the core principles of RtI. PBS is for *all* students and may be implemented by all faculty and staff. PBS fosters not only a proactive and positive environment, but it also promotes positive interactions and outcomes (e.g., behavior, social, and academic) as well. As such, personnel can see benefits from viewing PBS as a system-wide effort, encompassing all academic and social goals rather than simply reductions in school discipline problems. With this view, the domain of targeted group interventions may be expanded to include academic remediation, truancy prevention, dropout prevention, and young parent programs.

The school district must look closely at the identification and placement of minority students—specifically African Americans—as EBD. The significant level of disproportionate representation of African American students in EBD programs is of great concern and highlights the need to look closely at culturally relevant practices, school-wide initiatives around positive

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<sup>4</sup> Batsche, G., Elliott, J., Graden, J. L., Grimes, J., Kovaleski, J. F., Prasse, D., et al. (2006). *Response to Intervention: Policy considerations and implementation*. Alexandria, VA: National Association of State Directors of Special Education

<sup>5</sup> Available at <http://www.k12.wa.us/SpecialEd/RTI.aspx>

behavior supports, and response to intervention strategies for intervening with behaviors identified as challenging and disruptive prior to special education referral and assessment. The district must accept full responsibility for effectively educating African American students in culturally responsive, respectful, and relevant ways. Cultural influences on behavior cannot be ignored and must be addressed. Research has shown that effective teaching is compatible with and supportive of culturally responsive pedagogy and practices.<sup>6</sup> Every attempt must be made to gain insight into behavior viewed as inappropriate but that stems from cultural influences and thereby poses inconsistencies within the school environment. Moreover, strategies must be developed to address these behaviors, while providing support and highlighting the strengths of African American learners. In an attempt to respect cultural values and belief systems, every effort must be made to gain knowledge and educate others through ongoing professional development opportunities that address the existing cultural influences on behavior, in the hopes of alleviating factors that may impede both instruction and learning. With an understanding of cultural influences, only then can effective interventions be selected/designed, implemented, and monitored.

In addition, to better serve all students in EBD programs, a formal vehicle must be employed that will be effective in consistently informing parents of students' behavioral and academic progress. With early engagement and ongoing communication, this system would bridge the gap between home and school. The system must be proactive rather than reactive and should promote the facilitation of parental involvement. Parents should be viewed as partners in their children's education. Parental involvement is one of the most powerful predictors of school completion and school success. When families are involved, students are more likely to attend school regularly, pass more classes, earn more credits, earn higher grade-point averages, display positive attitudes toward school, and graduate from high school.<sup>7</sup> Furthermore, faculty would be better prepared to maintain positive teacher-parent interactions, thereby enhancing students' overall success.

### **Program Design and Service Delivery**

From interviews, observations, and a review of district documents, the team concluded that there is not a consistent model being implemented for the delivery of services to students with emotional and/or behavior disabilities in these special education classes. Faculty has typically been left to its own resources to structure the classroom program and its components. As a result, program quality varies based on the experience and skill set of the individual teachers, which also varies widely. Nonetheless, there are some sites with excellent teachers who have the requisite skills to manage well-structured programs even in school settings that provide minimal support. It is important that classes for EBD students are held in schools that provide positive behavioral supports for all students. Yet many of the school district's classes for EBD are operating in schools where there is an absence of a consistently implemented positive school-

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<sup>6</sup> Gay, G. (2000). *Culturally responsive teaching*. New York: Teachers College Press.

<sup>7</sup> National Parent Teacher Association (2001). *National standards for parent/family involvement programs*. Chicago, Illinois: Author.

wide discipline plan. Faculty mentioned the need to implement PBS, as well as the need for additional information to be distributed district-wide regarding effective evidence-based practices and interventions, including school-wide positive behavior supports.

Faculty reported the use of exclusionary discipline practices, such as in-school and out-of-school suspensions. Suspensions were described as common practice. In many instances, faculty described not having available alternatives to suspensions and reported the need for such alternatives to be included within the EBD programs. Exclusion from class due to disciplinary action leads to lost instructional time and increased academic difficulties. Exclusionary discipline practices may simply begin as in-classroom separation, which quickly become in-school seclusion, and rapidly escalate to out-of-school isolation. Faculty expressed the desire and need for professional development in the areas of PBS that would aid them in establishing and implementing alternatives to suspension and to respond effectively and efficiently to disruptive behavior leading to exclusionary disciplinary practices. Faculty noted the need to develop and implement proactive rather than reactive strategies that would, in turn, assist them in effectively preventing and addressing problems and/or disruptive classroom and school behaviors. Concerns regarding the use of exclusionary discipline practices within EBD programs are more than warranted. The repeated use of exclusionary discipline practices (e.g., suspension) has been identified as one of the major factors leading to dropout and, as shown earlier, more than 50% of students with EBD drop out of school.<sup>8</sup>

To its credit, the district has taken steps to develop a consistent delivery model and provide support to teachers in the Behavior Intervention Programs (BIP), including the BIP Support Team. It has even created a tiered model for providing support to the classrooms. According to documents provided by staff, the BIP Support Team “is designed to serve as both an advocate for Best Practices within BIP (Behavior Intervention Programs) and as a resource to staff working with students who have EBD (Emotional/or Behavioral Disabilities).” There is a one-page *Classroom Walk Through Checklist* with indicators that are designed to help assess the operation of individual classrooms. There is also a form for schools to request support from the BIP support. When asked, however, several teachers were not aware of the existence of the form and the availability of such support.

District support staff also has developed a Behavior Intervention Programs Summer Institute (BIPSI) in an effort to address the service delivery issues and the lack of a clearly articulated approach to meeting the needs of students identifies as EBD. The BIPSI is a good start towards improving the delivery of services in these programs. However, the BIPSI materials do not provide a clear plan for new or veteran teachers to structure a program for these students. The BIPSI materials are comprised of a collection of documents from a variety of sources that relate to the education of students with emotional and behavioral difficulties. However, they do not reflect a consistent and coherent approach to structuring and operating a classroom for these students. Rather, this compendium can best be described as a smorgasbord of ideas and practices

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<sup>8</sup> Wagner, M., Newman, L., Cameto, R., Levine, P., & Garza, N. (2006). An overview of findings from Wave 2 of the National Longitudinal Transition Study-2 (NLTS2). Menlo Park, CA: SRI International. Available at [www.nlts2.org/reports/2006\\_08/nlts2\\_report\\_2006\\_08\\_complete.pdf](http://www.nlts2.org/reports/2006_08/nlts2_report_2006_08_complete.pdf).

with no clear guidance as to how the items fit together to create a successful program for students with emotional and behavior problems.

It also appears that placement in a BIP or in other highly restrictive programs is not likely to result in the provision of sufficient supports and services aimed at improving either mental health or educational outcomes for these students. One of the most salient observations made by the team was the lack of mental health/counseling services available to students served in BIP programs. This exacerbates the problem of students not fitting or responding well to programs due to the lack of clinical attention to the issues that are the basis for classification. Although the district has a history of providing such services, including the use of contracts with outside mental health providers, this appears to no longer be the case.

Students in the BIP programs are generally not accessing instruction and services in the least restrictive setting and are not fully able to access the general education curriculum with highly qualified teachers. Many teachers reported a lack of preparation and skills to effectively serve the students placed in EBD programs. Faculty and staff identified the need for additional training and ongoing professional development and support opportunities. Faculty and staff were open to providing both their assistance and feedback in making certain that their professional development needs were met more frequently. They also wanted to ensure a positive experience and collaboration for all.

Access to general education classes for the EBD students was said to be typically determined by the level of advocacy engaged in by the individual teacher and the perspective of the school building administrator and the faculty towards inclusive practices. Teachers reported disengagement from “central office staff” (e.g., consulting teachers and special education supervisors), noting a “non-existent continuum of resources and district-wide support.” Specifically, teachers noted they are often left to their own devices to survive within EBD programs. They expressed the desire for consistent mentoring services and professional development opportunities. Additionally, professional development opportunities for instructional assistants were also identified. Faculty reported no existing social skills curricula or modified curricula as being available. Discussions with Central Curriculum and Instructional Services personnel confirmed that modified curricula or related services are available; however, interviews with faculty did not.

Following the onsite visit, central office staff contacted team members regarding the use of seclusionary time-out—specifically the use of time-out rooms—and the need for the facilities department to anticipate these types of rooms when planning for future program placements and facilities renovation and construction. It was requested that the team provide input relative to the use of time-out rooms. Washington Administrative Code identifies isolation as an “aversive intervention” and states that “no student may be excluded from his or her regular instructional or service area and isolated within a room or any other form of enclosure as a means of aversive intervention, except under the conditions set forth in WAC 392-172A-03130.”<sup>9</sup> Washington Administrative Code provides specific information as to the use and monitoring of time-out

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<sup>9</sup> Washington Administrative Code 392-172A-03125 (5)

rooms and goes further to state that “positive behavioral supports interventions shall be used by the school district and described in the individualized education program prior to the determination that the use of aversive intervention is a necessary part of the student’s program.”

It is the experience of the team members that the use of time-out rooms, hereinafter referred to as seclusionary time-out, as an intervention for EBD students who exhibit disruptive and or violent behavior is problematic for a number of reasons. Seclusionary time-out is a controversial intervention that is most open for abuse. Such abuse may include placing the student in seclusion frequently and for large portions of the school day and, thus, denying access to Free Appropriate Public Education. As an intervention, seclusionary time-out is not educative. It does not serve to teach appropriate behavior but instead focuses attention on inappropriate behaviors. Often, seclusionary time-out is positively reinforcing to the student who is seeking to be removed from a classroom or activity that is not supportive or engaging and/or may be more aversive than time spent in seclusionary time-out. During the visit, the team observed one classroom that had a time-out room situated inside the classroom itself. Although it was not in use at the time of the visit, it is the team’s experience that a time-out room situated in the classroom near the area in which instruction is taking place is highly disruptive when an aggressive or loud student is placed in the area.

### ***Recommendations***

The team believes that many of the concerns regarding the delivery of services to students with EBD can be addressed through the implementation of the Service Delivery Recommendations contained in the report of the Collaborative’s External Core Team from October 2007. This team shared the concerns relative to the specialized and categorical program model currently used in the school district and that students with disabilities should be integrated rather than clustered into groups of similar disabilities. The External Core Team’s observation that “the programs are so specialized that some students ‘fit’ the program and others are denied unless there are enough students to develop another specialized program” rings true for the school district’s delivery of services to EBD students. The district should discontinue the practice of creating new and specialized programs before addressing the weaknesses of the existing delivery model and programs.

The extent to which students with EBD can be successfully served in integrated settings will be determined by the success of the school district’s efforts to implement a continuum of positive behavioral supports in all its schools. This team sees this as imperative to addressing the needs of students already identified as EBD in integrated instructional setting where they can appropriately access the curriculum. There are many students currently served in BIP programs who would be better served in integrated settings. There are some, albeit fewer, students who require a program that is truly designed to meet the needs of students with significant emotional and behavioral disabilities. The current array of BIP programs cannot meet the needs of this group of students. An effective BIP program would require:

- Highly trained staff that has the knowledge and background to effectively deliver high-quality instruction while maintaining a positive, supportive, and therapeutic structure for students with very significant mental health issues.
- Onsite mental health services provided by qualified district staff and/or through agreements with outside providers. Such services must be integrated into the classroom so that mental health and educational staff are working in concert.
- Access to opportunities for integration in general education settings as appropriate and a programmatic design that includes strategies and procedures for the re-integration of students in these settings with supports.
- A clearly defined research-based, psycho-educational classroom model that is consistent across the school district and supported by the district office through ongoing professional development and onsite support.
- Onsite administrator(s) who have the knowledge and understanding necessary to support the program.
- A program guide or manual providing a coherent framework for the program and to serve as a rubric or guide for administrators and support staff to offer structure and guidance to the programs.

## **Summary**

In March 2007, the Seattle Public Schools entered into a contractual agreement with the Urban Special Education Leadership Collaborative to conduct a comprehensive review of special education in the school district and to produce a final report with specific recommendations focused on strengthening the capacity of the Seattle Public Schools to improve outcomes for students with disabilities. In the final report, it was recommended that the Collaborative provide an additional review specifically focused on the delivery of services to students with Emotional and Behavioral Disabilities (EBD). To that end, the Collaborative provided a team of two experienced special educators who reviewed demographic and outcome data, training materials, policies and procedures, program descriptions, organizational charts and role descriptions, and state and other documents. They also interviewed more than 50 Seattle education professionals, parents, and others who could provide insight and perspective on how outcomes for students with Emotional and Behavioral Disabilities might be improved.

## **Overall Findings**

The team found that the special education leadership, district-level support staff, and special education instructional staff all shared a concern regarding the current delivery model for students who present challenging behaviors in the schools. This concern was shared by many building-level administrators who are justifiably concerned about the effect of these behaviors on the functioning of their schools. To its credit, the district has begun to take steps to provide onsite support, as well as professional development, to the teachers who work with students identified as EBD.

The team identified several areas of concern regarding the delivery of services to students who have emotional and behavioral difficulties. The report provides a presentation of the team's findings as well as a range of recommendations for action. Several of these recommendations require a systemic change in the way students who present challenging behaviors are viewed and how the school district approaches discipline and intervention prior to identification and placement in special education.

**Appendix A:**  
Special Education Review  
Interview Participants

**Appendix A**  
Special Education Review  
Interview Participants

(Partial Listing of Invitees)

- Dr. Colleen Stump, Special Education Leadership Team
- Dr. Julie Mack, Special Education Leadership Team
- Rebecca Clifford, Special Education Leadership Team
- Joan L. Bell, Special Education Leadership Team
- Martha Lawson, Special Education Leadership Team
  
- Wayne Herzog, Behavior Development Team
- Barbara Bennett, Behavior Development Team
- Nedra Peterson, Behavior Development Team
  
- Dan Coles (Literacy), Central Curriculum and Instructional Services
- Rosalind Wise (Math), Central Curriculum and Instructional Services
- Elaine Woo (Science), Central Curriculum and Instructional Services
- Anita Moralis (Social Studies), Central Curriculum and Instructional Services
- Laura Garcia (Early Learning), Central Curriculum and Instructional Services
- Trish Grieff (STAR Mentor Program), Central Curriculum and Instructional Services
- Jerri Harris (Literacy Coach), Central Curriculum and Instructional Services
- Catherine Vasquez (SE Initiative), Central Curriculum and Instructional Services
  
- Debbi Limon, Consulting Teachers
- Heidi Gainer, Consulting Teachers
- Peggy McLeod, Consulting Teachers
- Mary Kimsey, Consulting Teachers
- Lynda Collie-Johnson, Consulting Teachers
- Geri Diaz, Consulting Teachers
- Pat Russell, Consulting Teachers
- Neli Morillo, Consulting Teachers
- Jim Helotis, Consulting Teachers
- Tom Coan, Consulting Teachers
- Robin Olney, Consulting Teachers
- Mel Miller, Consulting Teachers
  
- Katie Pearl (Mercer Middle), Teacher
- Trina Manley (West Woodland), Teacher
- Shawn Lewis (Eckstein Middle), Teacher
- Vernel Nichols (Alder Academy), Teacher
- Frank White (Alder Academy), Teacher
- Michelle Jacobson (Rainier Beach), Teacher

- Stewart Lewis (Eckstein Middle), Teacher
- Dr. Doug Cheyney, Department Chair, Special Education, University of Washington
- Representative of King County Interagency Staffing Team, Agency
- Rhonda Claytor, Principal, Gatewood Elementary
- Sumiko Huff, Principal, Hawthorne Elementary
- Clover Codd, Former Principal, Loyal Heights Elementary
- Anitra Pinchback-Jones, Assistant Principal, West Seattle High School
- David Elliott, Principal, Coe Elementary
- Andhra Lutz, Principal, Mercer Middle
- Phil Brockman, Ballard High School, High School Reform Group
- Jon German, Middle College, High School Reform Group
- Janet Blanford, Pathways (Academic Support), High School Reform Group
- Jenny Wiley, Franklin High School, High School Reform Group
- Robert Geary, Rainier Beach High School, High School Reform Group
- Michael Tolley, High School Director, High School Reform Group
- Susan Derse, Principal on Special Assignment, High School Reform Group
- Roxanne Trees, Career Technical Education, High School Reform Group
- Sharon McMinimee, Assistant General Counsel, High School Reform Group

**Appendix B:**  
Special Education Review  
Document Review

**Appendix B**  
Special Education Review  
Document Review

- EBD Student demographics, graduation, drop-out and disciplinary data
- EBD student Performance on WASL
- Excel data and pivot tables (“BIP data”)
- Program service delivery model description
- Special education policies, procedures, related to EBD programs
- BIP Institute Training Documents and Handouts
- Entrance Criteria and Protocol for IDP (Internalizing Disorders Program)
- BIP Team Support Model Description and PowerPoint
- Classroom Walk Through Checklist
- Form - *Request for BIP Support Team*
- BIP Class List File
- Elementary Special Education Service Delivery Continuum (Draft)
- Final Recommendations for the Programs located in the John Marshall Building
- Behavior Intervention Plan (BIP) documents and assessments
- BIP Class List 07-08