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Racial Disproportionality in Special Education:

Causes, Outcomes and Avenues for Change

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Abstract

In school systems across the United States, disproportionality in special education along racial and ethnic lines is not merely a problem of overrepresentation or underrepresentation, but misrepresentation. African Americans, Hispanics, and Native Americans are given incorrect diagnoses, disproportionate educational designations, and inappropriate placements. The key factors behind disproportionality include racial bias among educators and other service providers, socio-economic status, substandard early childhood environments, and family composition. Inappropriate special education placements can lead to increased rates of school dropout, poor academic achievement, lower-paying jobs, and juvenile crime. Therefore disproportionality is not a problem confined to the education system, it is of crucial significance to negative cycles perpetuated in African American, Hispanic, and Native American communities. Solutions aimed at this issue must include partnership building in communities, improved access to information and advocacy, higher awareness among education professionals, and efficacious early education programs for at risk communities.

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Introduction

The passage of the Education for All Handicapped Children Act—now known as the Individuals with Disabilities Education Act (IDEA)—in 1975 established the rights of individuals with disabilities to obtain a "free and appropriate public education" (Turnbull, Turnbull, & Wehmeyer, 2009) and ended decades of substandard educational care. Today, approximately 6 million students with disabilities are exercising these rights in a variety of educational settings and through a range of services (Losen & Orfield, 2002). Losen and Orfield (2002) report that since the inception of IDEA, graduation rates and college attendance rates for individuals with disabilities have improved remarkably, although there is still a significant lag behind the typically developing population. In spite of the success of IDEA, there is a widespread inequity in the distribution of special education and related services along racial and ethnic lines, driven by inaccurate diagnoses, disproportionate educational designations, and inappropriate placements.

The disproportionate representation of children of color in special education is a phenomenon which has been documented for over 30 years (Fielder et al., 2008). In recent years, there has been raised awareness around the issue and the latest reauthorization of IDEA in 2004 requires states to collect data on racial and ethnic disproportionality in special education and to develop procedures to address the problem. However, given the far reaching consequences of disproportionality—higher rates of crime and delinquency (Osher, Woodruff, & Sims, 2002), higher dropout rates (Donovan & Cross, 2002), higher risk incidences of substance abuse (Yu, Huang, & Newman, 2008), and poor school-to-work transition outcomes (Oswald, Coutinho, & Best, 2002)—this is a problem not merely confined to the education system. There is evidence that racial inequality in special education is one of many significant factors causing and perpetuating negative cycles of poverty and violence in African American, Hispanic and Native American communities.

In this paper I will examine the problem of racial and ethnic disproportionality in special education from the stance that this is a problem which affects not only educational outcomes but community and societal outcomes as well. I will argue that the factors interacting with this issue originate from both inside and outside the school system, and that the potential solutions to disproportionality require action by educators, administrators, community stakeholders and national policymakers alike. I will first outline my rationale for this project through a personal reflection, then I will define the key terms and briefly highlight the history of the problem. I will then examine the latest research on factors currently interacting with racial inequality—including misdiagnosis and improper classifications, racial bias, demographic variables, and early education environments—and I will examine the wide range of outcomes affected by disproportionality. I will then highlight a community example through the eyes of an advocate, Merva Jackson, the executive director of the Hartford, CT based African Caribbean American Parents of Children with Disabilities (AFCAMP). Through my profile of AFCAMP and interview with Jackson, I hope to illustrate how racial inequality in special education is perpetuated by multiple factors and how a community-based solution can work.

Personal Reflection and Rationale for Project

I came to the dual degree program in social work and early childhood special and general education after working for 13 years in another industry. Although I was 35 years old and considered myself a politically and socially aware individual, I quickly learned I had very little concept of issues such as racial oppression, inequality, and social justice. As I grappled with my own place in the world and the privilege I've experienced in my life as a white male, I began to take interest into how issues of race and privilege affected the population I am most interested in working with—young children with developmental disabilities. For a research project for a social work class, I examined the disparities in Autism diagnoses across racial and ethnic groups and was astonished by what I found. As I will outline in further detail below, the work of Mandell, Listerud, Levy, and Pinto-Martin (2002), Mandell, Ittenbach, Levy Pinto-Martin (2007), and Liptak et al. (2008) reveal a systemic failure to properly diagnose and treat children of color with Autism, with far reaching implications for these children and the schools and communities of which they are a part.

Piqued by what this research uncovered, I set out, for another social work class project, to discover how race and ethnicity intersected with Attention Deficit Hyperactivity Disorder (ADHD) diagnosis and treatment, specifically pharmacological interventions for the condition. I entered the project with the assumption that children of color were being overmedicated as a result of pathologized, culturally different behavior. However, the work of Olfson, Gameroff, Marcus, and Jensen (2003), which will be highlighted later in this paper, unveiled the complete opposite truth: children of color are, in fact, being *under*-diagnosed with ADHD and receiving less treatment, particularly stimulant medications, which are prescribed to white children in far greater numbers. As was the case with Autism, this condition—which, in many circumstances, can be managed with proper treatment—was being overlooked in children of color in favor of more amorphous designations such as conduct disorders or emotional disturbances (ED).

From these two projects, which examined very specific areas in this larger problem of racial disproportionality in special education, I decided to cast a wider net for the final project of my Foundations of Modern Education class at Bank Street. I sought out an advocacy organization dedicated to combating this issue, and was surprised when I found very few. The Hartford, CT based AFCAMP was one of them, and I interviewed Executive Director Merva Jackson as the centerpiece of the project. Jackson revealed to me the true depth and breadth of the problem, as she related stories of families unaware of their rights under the law, teachers untrained in identifying developmental issues, and children branded behavior problems because the schools could not properly assess their abilities and needs. The work of Jackson and AFCAMP, which will be featured in this project, illuminated for me not only the scope of the problem, but the potential community-based solutions as well.

The academic work I have done researching racial inequality in special education has been enlightening and alarming in exposing disproportionality as a pervasive and widespread problem. However, the practical experience I've gained though my social work and education placements has given me a perspective on the personal costs of disproportionality and the complex factors driving its persistence. In both programs, I have only been placed in educational environments, from general education classrooms, to integrated programs, to self-contained special education schools. In the two private self-contained special education placements—which are restrictive but have higher quality teachers, support staff and facilities than their public school equivalents—I had mixed experiences. At my first placement, a special education elementary school, children of color were well represented, and all of the children came from a wide range of socioeconomic backgrounds, from homeless to children of doctors. At the second self-contained placement, a therapeutic preschool, there was less diversity, with the majority of students being white and from families where one or both of the parents worked in white collar professions. It is significant, for reasons I will illustrate later in the paper, that the first, more diverse placement, was also the school that accepted children with ED and had more of a behavioral practice perspective, whereas the preschool served children who were more likely to be diagnosed with an Autism Spectrum Disorder or a speech and language disorder.

In other placements, what I had read in the research was confirmed for me—children of color with clear learning issues being singled out as behavior problems, uninformed parents being given little to no guidance, and students who were improperly diagnosed or classified were not getting the services they needed. In addition, I read poorly written and unclear Individualized Education Plans (IEPs) for some children of color, indicating that the parents were not properly informed or advocated for in the special education referral process. I worked with an African American boy who was being given prescribed ADHD medication only sporadically because his mother, who was single and working, had difficulty getting to the doctor to refill the prescription. Therefore this child would have periods where he was present and engaged in his school life, and periods where he was distracted and unregulated, to the point where his self-concept began to suffer greatly. I witnessed another African American child miss days upon days of school and services because his caretaker—a girlfriend of his incarcerated father with four children of her own—had trouble getting him ready for the bus every morning. This was a child with severe physical and cognitive deficits—partially due to the abuse he suffered as a young child—who benefitted greatly from the specialized environment, but made only minimal progress due to his lack of attendance. I also spoke with Hispanic parents who—despite all formal and informal assessments pointing to significant developmental and cognitive delays in their child—refused to accept a placement in a special education environment because they didn't believe she needed it. The child's mother insisted that she herself was like her daughter as a child and that she "grew out of it," revealing perhaps some personal fear of what a special education referral for her daughter might indicate about her, as well as different cultural attitudes towards special education.

These experiences not only confirmed much of the academic research I had done for my social work and education classes, but illuminated for me the contextual factors which can complicate children of color getting the services they need and are entitled to. I witnessed firsthand how poverty, crime, broken homes, a lack of support and cultural misunderstandings—all things outside of the school system domain—play a role in racial inequality in special education. In my interview with Jackson, she described a point in her career where she had a revelation about "how all this intertwines," referring to the intersection of her community problems with the problem of disproportionality in special education. This intersection will be a significant focus of this project.

Definition of Terms

Before exploring the history and current research regarding racial inequality in special education, it is important to define a few key terms which will be used often throughout this project. First, the term *special education*, unless used in a specific context, is not limited to special instruction offered in and out of classrooms, but encompasses the wide range of services—speech and language therapy, occupational therapy, physical therapy, and counseling—that can be authorized on a child's IEP. *Disproportionality* refers to a representation of certain racial and ethnic groups in special education which is disproportionate to that group's representation in the student population as a whole (e.g. a school in which African Americans account for 10% of the entire student body and 30% of the total children receiving special education services). Disproportionality is often examined as a phenomenon of *overrepresentation*, generally meaning that children of color are more often placed in special education environments than white children. However, it is important to make the distinction that children of color are overrepresented in particular types of settings and in certain classifications. As I will examine below, ED, mental retardation, and learning disabilities are all classifications in which children of color, particularly African American students, are overrepresented. It follows that children with these classifications are placed in more restrictive educational environments, hence the overrepresentation of children of color in these settings. Although much of the focus in disproportionality research is on overrepresentation, there are many areas in which children of color are *underrepresented.* For example, as will be examined later in the paper, children of color with Autism tend to get their diagnoses later than white children (if at all), leading to an underrepresentation in that classification for the crucial early intervention years. In fact, since both problems of overrepresentation and underrepresentation stem from misdiagnoses and improper classifications, an umbrella term for both phenomena I will use is *misrepresentation.*

Finally, a clarification on the term *restrictiveness*. IDEA stipulates that a child should be placed in the least restrictive environment which is appropriate (Turnbull et al., 2009) and therefore special education environments are often scaled by how restrictive they are. For example, an integrated classroom, such as a CTT class, is considered less restrictive than a self-contained classroom. Fierros and Conroy (2002) also note that restrictiveness refers to the extent to which children with disabilities are educated outside of classrooms which contain their non-disabled peers. However, although the word "restrictive" carries negative connotations, more restrictive environments are not always lower quality environments. Classroom size and teacher-student ratios are correlated with restrictiveness, so in more restrictive environments students get more direct attention and instruction. In addition, often all of the related services on a child's IEP are provided on site in more restrictive environments. Restrictive settings can be nurturing, supportive and very beneficial for certain children. However, when a child is placed in an environment which is too restrictive for his or her abilities, or is placed in such an environment for questionable reasons, it can be detrimental to the child.

Historical Overview

Prior to the passage of what is now known as IDEA in 1975, almost half of the country's 4 million children with disabilities were not receiving a public education, and for those who were being educated, it was often in inadequate physical conditions with poor instruction and no additional support (Losen & Orfield, 2002). The primary provisions of IDEA were concerned with eligibility for any child with a physical, mental, or emotional disability, and access to a free and appropriate education in the least restrictive environment possible, as well as free related services. In the 1997 re-authorization of IDEA, the definition of disability, and therefore eligibility requirements, were expanded to include any child with a developmental delay between the ages of 3 and 9 years of age (Turnbull et al., 2009). (Early Intervention, which covers children ages 0-3, is separately regulated under Part C of IDEA.) IDEA also placed the responsibility of identifying all children with disabilities within a school district on the public school system. In addition, IDEA enumerated specific procedural safeguards to protect the rights of parents, including the right be an equal partner in the development of the child's IEP and the right to an impartial hearing to raise grievances or make changes to a child's services (Turnbull et al., 2009).

The IEP is a crucial aspect of IDEA and plays a significant role in the phenomenon of racial disproportionality in special education. The IEP stipulates the type of learning environment the child will be placed in, the type of instruction he or she will receive, and the related services which will be provided. In addition, the IEP also includes a classification of the child in accordance with a specific disability. Although children with disabilities often have multiple areas of difficulty, for the purposes of the IEP, a child is generally given one classification. The classifications include speech and language impairment (SLI), mental retardation (MR), emotional disturbance (ED), learning disability (LD), specific health conditions such as hearing impairment, and specific diagnoses such as Autism. A child's classification is often a significant determinant of the type of educational environment that child will be placed in, with more restrictive environments serving children with classifications such as emotional disturbance and mental retardation, and less restrictive environments being reserved for children with classifications such as speech and language impairment.

Disproportionality in special education was recognized even prior to the passage of IDEA. Dunn (1968) estimated that, at the time of the study, 60 to 80 percent of children in special education were from ethnic minority, and low socioeconomic status, households. In the early 70s, the Office for Civil Rights (OCR) of the U.S. Department of Education began to conduct national surveys which have consistently revealed the overrepresentation of children of color in certain disability classifications (Losen & Orfield, 2002). For example, in 1982, the National Research Council found that although African American children constituted only 16 percent of the total school enrollment, they represented 38 percent of students in classes designated for "educable mentally retarded" (EMR) children (Losen & Orfield, 2002). Losen and Orfield (2002) cite 1998 data from the OCR which shows only meager improvement, with African American children representing 17 percent total enrollment and 33 percent with a mental retardation classification.

Issues affecting racial inequality in special education have also been argued in the courts over the past three decades. In 1970, *Diana v. State Board of Education* was filed on behalf of Mexican children in Monterrey County, California, alleging that the school system was identifying Spanish-speaking children as mentally retarded based on the scores of an IQ test which was only administered in English (Artiles, Rueda, Salazar, & Higareda, 2002). The court ruled that children who did not speak English could not be placed in special education classes on the basis of test administered in English. In a similar case, *Larry P. v. Riles*, filed in 1979, a class action suit claimed that African American children in California were being placed in EMR classrooms on the sole basis of IQ tests which the plaintiffs argued were culturally biased (Artiles et al., 2002). The courts agreed with the plaintiffs, banning the sole use of IQ tests in California in favor of a multi-modal assessment approach. In addition, the courts required the state to keep records of the number of children of color in EMR classrooms and be able to justify the placement of any African American in an EMR class. A similar class action suit regarding African American placements in EMR classrooms was filed in 1984 (*Marshall v. Georgia*), and although the judges rejected claims of bias in the placements, the opinion cited numerous deficiencies in the school districts' special education monitoring processes (Reschly & Kicklighter, 1985).

Despite considerable academic and legal attention given to racial disproportionality in special education in the past 30 years, very little has been done to combat it outside of the courts. The 2004 re-authorization of IDEA—which included directives for states to develop procedures to address racial inequality in special education—marked the first federal level acknowledgement of the problem and the steps implemented in the authorization were welcomed but considered relatively small. The persistent nature of disproportionality, and the government's slow response to the issue, perhaps speak to the complicated mix of factors which have been driving the phenomenon, which will be explored next.

Factors Affecting Disproportionality in Special Education

Misdiagnosis and Improper Classifications

One of the keys to proper education placement and service provision to children with disabilities is correct, thorough, and timely diagnoses and proper classifications. For children with developmental disabilities, it is crucial that they be given services and special instruction as early as possible to ensure the best outcomes. It is just as important that the child is given the *right* diagnosis or classification, as providing the wrong type of setting or service to a child can be detrimental. As I will outline below, misdiagnosis and improper classification occurs in what Hibel, Farkas and Morgan (2010) term "soft" disabilities and "hard" disabilities. "Hard" disabilities are genetically identifiable conditions such as Down syndrome, or physical impairments such as blindness or deafness, which are generally diagnosed by a physician and have distinct symptomology (Hibel et al., 2010). "Soft" diagnoses, such as LD, ED, or SLI, are rarely diagnosed by physician, and are often reached after subjective observations of behaviors in the classroom and a referral for evaluation made by a teacher. Although disproportionality can be found between "hard" and "soft" disability classifications, there are discrepancies within the categories as well, with certain racial and ethnic groups receiving far more classifications than others. What follows is a breakdown of certain key diagnoses and classifications, and the latest research on disproportionality within the classification.

Mental Retardation

Parrish (2002) reported that the disability classification with the most overrepresentation for children of color nationwide is mental retardation (MR). As the court cases highlighted above reveal, MR classifications for African American and Hispanic children have been one of the most controversial aspects of special education placements. Several studies throughout the decades have confirmed the continued overrepresentation of MR classifications for African Americans, Hispanics, and Native Americans (Dunn, 1968; Chinn & Hughes, 1987; Oswald et al., 1999; Skiba, Poloni-Staudinger, Gallini, Simmons, & Feggins-Aziz, 2006). Researchers have particularly focused on "educable mentally retarded" (which typically refers to an IQ in the range of

50-75) and the disproportionate representation of African Americans identified as EMR. Chinn and Hughes (1987) found that although African Americans represented about 20% of the U.S. population, they represented 45% of all those students identified as EMR. Oswald et al. (1999) reported that African Americans were 2.4 times more likely to be identified as EMR than non-African Americans. Skiba et al. (2006) found a similar disparity, with African Americans 2.6 times more likely to be given an EMR classification. When compared just to white children, Losen and Orfield (2002) note that African American children are three times more likely to be labeled mentally retarded. This is significant because children with EMR are more likely to be placed in a separate, more restrictive special education environment, and have low expectations placed on them as their schooling progresses. Fierros and Conroy (2002), noted—using data from the 1997-1998 Office of Civil Rights (OCR) report—that 82% of children with EMR classifications were at a high level of restrictiveness, indicated as at least 21% of the time spent out of a general education setting.

Although the problem of disproportionate EMR classifications is most noticeable among African American children, particularly males (Oswald et al., 2002), some Hispanic groups have also been misrepresented as well. Mercer (1973) focused on the Riverside, CA school system and found that although Mexican Americans represented only 11% of the school population, they represented 45% of the EMR population in the district. White students, by contrast, made up 81% of the school population and 32% of the EMR population.

As the court cases explored above make clear, the high prevalence of EMR classifications for children of color raises serious questions regarding bias. If EMR is determined solely by IQ tests, as it still is in certain school districts, the cultural and language barriers these tests impose raise serious doubts regarding their validity for use with all children. To illustrate the larger implications of this trend, Fierros and Conroy (2002) note a telling and troubling coincidence in California's history. The authors, quoting a 1982 National Research Council report, point out that the repeal of the law in California forbidding Mexican-Americans from attending white schools coincided with the legislative creation of EMR programs in public schools. Fierros and Conroy (2002) assert that EMR classrooms, in a sense, perpetuated the segregated school system that officially existed before *Brown v. Board of Education.*

Emotional Disturbance

Emotional disturbance (ED) is another classification which historically has a been disproportionately assigned to children of color, particularly African American males (Oswald et al., 1999; Losen & Orfield, 2002; Hosp & Reschly, 2004; Skiba et al., 2008) As with mental retardation, the overrepresentation of African Americans in the ED classification has remained consistent since the OCR began collecting special education placement data in the late 70s (Skiba et al., 2008). Losen and Orfield (2002) note that over a 20 year period, since the early 80s, while there has been a slight improvement in the overrepresentation of African Americans in the MR classification, there has been a significant increase in the number of African Americans with an ED label. Oswald et al. (1999) reported that African-Americans were 1.5 times more likely to be classified as ED. A study by Parrish (2002) increased the odds of an ED classification in African American children to 1.9 times more likely than white children. Parrish (2002) found that nationally, Native Americans were 1.24 times more likely than white children to be labeled ED and that Hispanic children were *less* likely (.75) than white children to be labeled ED. However, lower socioeconomic status and specific geographic locations brought those numbers significantly higher. For example, in New York State, both Hispanic children and Native American children are more than twice as likely to be classified as ED. ED classifications also tend to lead to more restrictive special education placements—Fierros and Conroy (2002) found that 70% of students with ED were in placements with high levels of restrictiveness.

The emotional disturbance classification brings with it a number of confounding factors that are worth noting. First, ED is a broad term which covers a number of specific behavioral and emotional disorders as well as more general symptoms. Although diagnosable disorders such as bipolar disorder or obsessive-compulsive disorder fall under the umbrella of ED, the definition of ED as outlined in IDEA is quite broad. The National Dissemination Center for Children with Disabilities ([NICHCY], 2010) reports that the definition of ED under IDEA includes an "inability to build or maintain satisfactory interpersonal relationships with peers or teachers" or "inappropriate types of behavior or feelings under normal circumstances." Emotional disturbance is usually determined by an evaluation overseen by a psychologist, but given the broad definition under the law, there seems to be much room for subjective interpretation. Many children of color, especially young African American males, face a range of potentially stressful contextual factors including poverty, single-parent households, crime, and racial oppression. These factors may lead to behaviors which fit under the broad ED definition, but don't necessarily indicate an underlying mental disability. Therefore, the overrepresentation of African Americans in the ED classification may be the result, in part, of a lack of understanding how a child's environment can affect behavior or a lack of resources to support a child experiencing a turbulent life outside of school.

Learning Disability

The third category of disability found to be an area of overrepresentation is learning disability (LD), sometimes referred to as specific learning disability (SLD). LD is considered a "soft" disability category, and although the diagnosis criterion varies from state to state, it is generally identified by a quantifiable discrepancy between intellectual ability and achievement (Reschly & Hosp, 2004). Although there are patterns of overrepresentation in LD classifications for children of color, the disparity is not as severe as it is found in the cases of MR and ED classifications. Many studies have confirmed that Native Americans are consistently overrepresented in the LD category (Parrish, 2002; Fierros & Conroy, 2002; Hosp & Reschly, 2004). Parrish (2002) reported that Native Americans are 1.5 times more likely to be identified as LD, and Fierros and Conroy (2002) noted that Native Americans represented 7.45% of all students identified as LD, the most of any racial/ethnic category (compared to 6.49% for African Americans, 6.44% for Hispanics, and 6.02% for whites). Parrish (2002) found that although African Americans and Hispanics were identified as LD students at rates higher than whites, it is not as significant as in other categories. Parrish (2002) reports that African Americans were 1.32 times more likely than whites to be labeled LD and Hispanics were 1.17 times more likely than whites have an LD classification.

Fierros and Conroy (2002) note that although MR and ED classifications led to higher levels of restrictiveness, the percentage of students with LD classifications in restrictive placements was still significant at 56% (compared to 82% and 70% for MR and ED, respectively). Therefore the three "soft" categories of disability which lead to the most restrictive environments—MR, ED, and LD—are also the categories with the highest representation of children of color.

Autism Spectrum Disorder

Although Autism Spectrum Disorder (ASD) is not considered a "hard" disability (a distinction generally reserved for physically-based conditions) it may be considered an "in between hard and soft" disability. The diagnosis of ASD is generally made or confirmed by a physician, it is based on a specific set of symptoms, and it carries with it physical consequences as well as intellectual and emotional consequences. ASD is a diagnosis which, depending on the severity of the condition, often requires intensive multi-modal services and more restrictive educational environments. However, since the symptoms of ASD—which include sensory integration issues, social-emotional deficits, repetitive stereotyped behaviors, and physical weaknesses—are well known, treatment and education programs are tailored to meet the specific needs of a child with this diagnosis. Children are often diagnosed with ASD by age 3, which provides a critical developmental window as evidence continues to demonstrate that treatments for ASD are more effective for younger children (Mandell, Novak, & Zubritsky, 2005).

There is strong evidence supporting claims that there are no differences between racial and ethnic groups in the prevalence or incidence of autism (Mandell et al., 2002; Shattuck & Grosse, 2007). However, in a study examining the diagnosis patterns of children with ASD, Mandell et al. (2002) found that African American children received their ASD diagnosis an average of 1.6 years later than white children, and Hispanic children received their diagnosis 2.5 years later than white children. Given the importance of early intervention for the treatment of ASD, 1.6 to 2.5 years is a significant amount of time these children are not receiving the help they need. In addition, Mandell et al. (2007) discovered that of those children, African Americans were twice as likely to be improperly diagnosed with a conduct or adjustment disorder before receiving their proper diagnosis. Misdiagnosis will often lead to improper educational placements and insufficient services, which can be detrimental to the long term prognosis for children with ASD. Therefore, these diagnosis patterns represent an area of underrepresentation in special education for children of color.

Attention Deficit/Hyperactivity Disorder

Attention-Deficit/Hyperactivity Disorder (ADHD) is another "in between" disability in which diagnosis generally leads to specific treatment protocols—and the educational placement of a child with ADHD can greatly depend on the extent to which they are receiving treatment. Most treatment protocols for ADHD involve the administration of stimulant medication. There is a perception that ADHD is over-diagnosed for children of color and some researchers have hypothesized the African American males are being prescribed stimulant medication as a method of social control (Fitzgerald, 2008). However, despite these perceptions, studies of prevalence by ethnicity indicate that white children are diagnosed with ADHD at rates almost twice as high as non-white children (Stevens, Harman, & Kelleher, 2005; Olfson et al., 2003). Stevens et al. (2005) and Olfson et al. (2003) both put prevalence rates of ADHD for white children at 4-5% and 1.5-2% for African American and Hispanic children. White children also receive medication and psychosocial treatments at higher rates than African American and Hispanic children (Stevens et al, 2005; Rowland, Umbach, Stallone, Naftel Bohlig, &

Sandler, 2002; Radigan, Lannon, Roohan, & Gesten, 2005). Across four separate studies, the average use of stimulant medication among children diagnosed with ADHD was 80% for white children, 60% for African American children, and 62% for Hispanic children.

It is important to note that among many factors contributing to this phenomenon is parental attitudes towards psychopharmacological treatments among certain cultures. For example, African American parents have reported to be less certain that medication can be used to treat ADHD and may be less likely endorse the use of medication in the treatment of ADHD (Bussing, Schoenberg, & Perwien, 1998; Bussing, Gary, Mills, & Garavan, C., 2007). In addition, Arnold et al. (2003) discovered that multimodal treatments—combining medication management, behavioral treatment and community care—have been shown to be significantly more effective in treating non-white children with ADHD when compared to medication alone. However, children who are not being diagnosed with ADHD or given the full range of treatment options are more likely to receive a classification, such as ED, which would require a more restrictive special education placement. Although many of the behaviors displayed by children with ADHD could fall under the ED classification, the IEP classification associated ADHD is "other health impaired," which generally leads to many more placement options than there are for those with ED. (Of note: Skiba et al. [2008] found that of all the disability categories, white children had their highest risk ratio in the "other health impaired" category, at 1.63, which was higher than any other racial or ethnic group.) With proper treatment, many children with ADHD can thrive in a number of different educational environments, which is why this phenomenon represents another area in which children of color are underrepresented and not being given the full benefit of what is available to them.

Demographic Factors

A common subject of debate in disproportionality studies is the role of demographic factors as an explanation for racial inequality in special education. For example, because African Americans represent a disproportionate percentage of those in poverty in the United States, could it be poverty—and all of the economic, physical, emotional and environmental stressors which generally arise from it—which is causing more African Americans to be labeled as MR? A number of recent studies, which will be examined below, have attempted to measure the role of poverty and other demographic factors in racial disproportionality in special education.

Poverty

Most recent data confirms that African American and Hispanic families are at a higher risk for poverty than white families. Skiba et al. (2005) reports that in the 2001 U.S. census, 14.4% of white children lived in homes at or below the poverty line, whereas 30.4% of African American children and 29.2% of Hispanic children lived in households at or below the poverty line. Skiba et al. (2005) reports that historically, research has shown widely inconsistent results in terms of the relationship between poverty and MR, ED, and LD classifications—some have shown poverty increases rates in these categories, and some have found that poverty *decreases* these rates. Oswald et al. (2002) found that MR identification rates declined for African Americans as poverty increased, and revealed a similar, but less severe, phenomenon amongst Native American children. For both groups, the wealthier the community the children were in, the higher likelihood of being identified as MR. For classifications of ED and LD, Oswald et al. (2002) found a more expected direction in the relationship between the two variables—

African American and Hispanic children, had higher rates of ED and LD as poverty increased. Using a regression analysis and focusing on African American children, Skiba et al. (2005) determined that mild mental retardation was the only special education classification that increased with poverty. Moderate MR and ED were not influenced by poverty at all, and LD and speech and language identifications decreased in higher poverty situations (Skiba et al., 2005). Both Oswald et al. (2002) and Skiba et al. (2005) conclude that such varied and inconsistent results indicate that, overall, poverty is a weak contributor to disproportionality although, where it does contribute, it serves only to magnify existing racial inequality.

Socioeconomic status and other demographic factors

Researchers examining the effects of socioeconomic status (SES) or other demographic factors have found mixed results as well. Hibel et al. (2010), using data on the Kindergarten class of 1998 from the Early Childhood Longitudinal Study (ECLS), found that SES was a weak predictor of special education placements in the categories of SLI, MR and LD. Coutinho, Oswald, and Best (2002), focusing solely on LD, found that SES does have a significant effect on special education placements, but not to the exclusion of race and gender factors—in other words, SES alone does not predict a child's likelihood of receiving an LD classification. Blair and Scott (2002) determined that low-socioeconomic markers (e.g. low maternal education, low birth-weight, unmarried mother) were strong predictors for special education placements for LD, with 30% of boys' LD placements and 39% of girls' LD placements attributable to low-SES markers. In addition, the authors' breakdown of risk ratios by marker and combination of markers found that for both boys and girls, the more factors combined (e.g. a student with low birth-weight, and an unmarried mother with low education) led to greater risk for LD classifications. Although these studies point to some interaction between SES and special education placements, the varied and inconsistent strength of the connection indicates that these factors are not likely the only cause of racial inequality in special education.

Early Education Environments and Academic Achievement

The importance of high quality early childhood programs in predicting future academic, social, and emotional success is well documented. A number of studies have attempted to use longitudinal data on from a cohort to determine the impact of early childhood education on future special education placements. Conyers, Reynolds, and Ou (2003), using data from the Chicago Longitudinal Study, measured the impact of a large-scale, high-quality preschool program on future special education placements. The authors collected data from those children who participated in the Child-Parent Center (CPC) and those who attended an alternative program, to determine placements in special education for MR, LD, SLI, and ED between grades 1 and 8. The participants in both the experimental and comparison groups were predominantly African American and living in low-income households. Conyers et al. (2002) found that the CPC had a significant impact on later special education placements, with 12.5% of the children in the CPC program being placed in special education, compared to 18.4% for the control group. The authors found the most significant difference in the category of LD, with MR and SLI classifications also occurring at lower rates for the CPC children, a fact the author attributes to the early literacy focus of the CPC. (There was no difference between groups in the number of ED placements). In addition, Conyers et al. (2003) report that for those who were placed in special education, the amount of time the child spent in the special education program was significantly less in the CPC group when compared to those from the alternative group.

Hibel et al. (2010) analyzed multiple variables as predictors for special education placement for children participating in the ECLS. The authors did not factor in pre-Kindergarten educational environments, but did collect data on the children's academic achievement as measured by a standardized test upon entry into Kindergarten. Hibel et al. (2010) report that a child's academic achievement was the strongest predictor of special education placements—significantly more so than race or SES—suggesting that those who gained more academic skills prior to Kindergarten had more positive outcomes. In addition, the authors described what they termed a "frog-pond" effect, meaning children who were in higher achievement environments were more likely to be placed in special education. Hibel et al. (2010) hypothesized that children with LD, MR, or SLI were easier to identify in higher-achievement classrooms, whereas they might be hidden in classrooms where the overall academic achievement is low. Of note is the fact that, contrary to the majority of research on the subject, Hibel et al. (2010) did not find any disparity in special education placements along racial or ethnic lines. In fact the authors found that African Americans and Hispanics were underrepresented in special education, which the authors attribute to the "frog-pond" effect—since most children of color are in lower-quality schools, they are harder to identify. However, since this was likely the case in many of the other major studies on disproportionality, it is still not clear why the ECLS group produced such drastically different results.

Racial Bias

The inconsistency among some of the factors affecting racial disproportionality in special education, and the fact that children of color are consistently overrepresented in the classifications of MR, ED, and LD, suggests that there is another important driving factor: racial bias. Losen and Orfield (2002) argue that racial inequality in special education cannot be satisfactorily explained by poverty or other demographic factors and therefore racial discrimination must play a significant role. Losen and Orfield (2002) assert that a number of trends suggests the "soft bigotry of low expectations" is a major factor behind disproportionality: 1) African Americans have a consistent disparity in the categories of MR and ED but very little in the LD classification; 2) there is almost no racial disparity in the medically diagnosed "hard" disabilities; 3) there are vast differences in disability incidence from state to state; 4) there are large disparities between African Americans and Hispanics in the categories of MR and ED as well as African American boys and African American girls. Losen and Orfield (2002) note that states with a history of racial discrimination towards African Americans—Mississippi, South Carolina, North Carolina, Florida, and Alabama—currently have the highest population of African Americans classified as mentally retarded. The authors also note that in numerous studies, when poverty and socioeconomic variables are controlled for, race and gender remain the most significant predictive factors in special education placements.

The effects of racial bias are experienced on both an individual level (doctors, teachers, administrators) and a systemic level, and can contribute to both the overrepresentation and underrepresentation of children of color in certain classifications.

Skiba et al. (2008) cited a number of findings from studies which suggest racial bias playing a role in the referral process: white teachers who deemed students of color more appropriate for special education than students of their own race; teachers describing African American children who have similar academic and behavioral ability as white students as "difficult to teach"; and children of color being referred to special education with less consultation with the child's parents, and with more restrictive suggestions, than with white students. Downey and Pribesh (2004) used data from the ECLS to measure the effects of teacher student relationships of similar and mismatched racial background. The authors found that African American children in classrooms with a white teacher are consistently rated poor classroom citizens. However, in classrooms where students are matched to teachers of their own race, African American children are generally deemed better behaved by the African American teachers than white students are by the white teachers.

Individual bias also extends to the realm of misdiagnosis by medical professionals. Beeger, El Bouk, Boussaid, Terwogt, and Koot (2009) examined pediatrician assessment and referral bias for Autism cases based on ethnicity. The authors administered surveys to 82 pediatricians. The surveys contained six case vignettes of individuals with differing in ethnic backgrounds presenting a varied number of autistic features. Measuring the pediatricians' spontaneous clinical judgments, the study revealed a tendency toward under-diagnosis among children from ethnic minority populations. In addition, Beeger et al. (2009) found that when asked to assess the same case vignettes using a standardized questionnaire, the doctors' diagnostic accuracy greatly improved.

There is evidence of racial bias at a systemic level as well. In the New York City special education system, District 75 schools are considered the most restrictive environment and are supposed to be reserved for those children with significant impairments. However, 80% of the District 75 school population is African American and Hispanic, which indicates that placements are not always based on need or severity of disability (National Institute for Urban School Improvement, 2006). Fierros and Conroy's (2002) study of restrictiveness in special education report that the three categories of disability most overrepresented by children of color—MR, ED, and LD—also led to the most restrictive placements. However, when each classification's level of restrictiveness was broken down by race, an even deeper level of bias is revealed. The authors found that even within the classifications which led to highly restrictive placements overall, white children were afforded more inclusive, less restrictive settings, than African Americans and Hispanics. That these findings are consistent across various, unconnected school systems indicates a systemic effort to place children of color in the most restrictive environments possible.

Outcomes from Disproportionality in Special Education

Although outcomes for children with disabilities have improved greatly since the passage of IDEA, there is still a great discrepancy between those in the special education system and those in the general education system. These outcomes are not only within the realm of academic success, but in all aspects of society, from job opportunities to crime and substance abuse. Therefore, the societal costs of racial disproportionality in special education are far reaching and may be responsible for perpetuating negative cycles within minority communities. What follows is a breakdown of some of the more significant outcomes from disproportionality and the research supporting these trends.

Academic Stratification

There is evidence that children placed in special education at an early age often lag behind students in general education classrooms and consistently display below-average levels academic achievement (Hibel et al., 2010). Although researchers consistently find lower long-term academic achievement for all children placed in special education, the picture becomes more complicated when race and SES is accounted for. Reynolds and Wolfe (1999), using data from the Chicago Longitudinal Study (CLS), examined academic outcomes for 1,234, predominantly African American children from low-income households. The authors found that 15% were referred to special education at some point between grades 1-6, approximately half for learning disabilities and half for other disabilities. Reynolds and Wolfe (1999) report that children in special education placements consistently registered lower on reading and math achievement scores. This was especially true in grades 4-6, where the gap between those in special education and those in general education widened considerably. In addition, children referred to special education for learning disabilities tended to fare worse than those referred for other reasons.

The findings of Reynolds and Wolfe (1999) were cited by Hibel et al. (2010) as evidence of the academic stratification that can occur for all children in special education. However, the fact that the sample from the CLS was predominantly African American and poor, highlight the quality of the special education instruction as a potential confounding factor. Reynolds and Wolfe (1999) note that conclusions drawn from their results can only apply to Chicago specifically or large city systems in general. As Osher et al. (2002) argue—citing a 2002 National Research Council report on disproportionality in special education—African American children are less likely to be in schools with well-trained teachers, high-quality instruction, or the material capital to develop quality programs. Therefore children already in sub-standard learning environments are being placed in environments which are likely even worse, which brings another level of academic stratification for children of color that white children may not experience.

Removal from School and Dropout Rates

Another issue facing children of color in special education is the fact that even if they are in a program with strong instruction and resources, many are not in school enough to receive the benefits. Donovan and Cross (2002) reported that the dropout rate for children with learning disabilities exceeds 30%. Kortering (2009), citing 2008 data from the Office of Special Education (OSEP) indicated that school completion rates for all children with disabilities was 52%. According to OSEP, the completion rate for children with learning disabilities was 57%, and for students labeled MR and ED, the rates were particularly troubling at 39%, and ED 37%, respectively. These figures are confounded by the fact that children of color, particularly African Americans in urban areas, are at a higher risk for dropout, with rates in some areas hitting 50% (Miller-Cribbs, Cronen, & Davis, 2002).

Children of color with disabilities, especially those labeled ED, also face a higher risk of removal from school via expulsion and suspensions. Osher et al. (2002) report that African American students with disabilities are more than three times as likely as white children to be given short term suspensions, and 2.6 times as likely to be suspended for more than 10 days. The authors also point out that African American, Hispanic and Native American children with disabilities are 67% more likely than white students to be removed from school on the grounds of "dangerousness." In addition, the authors point out that these removals are exacerbated by classrooms which are poorly managed, and that children of color are more likely to be educated in these types of environments. When combined with the problem of misrepresentation in special education, these patterns of removal are particularly disturbing. For it means some children color are missing out on large portions of learning and support not because of some inherent emotional or behavioral problem, but because their real needs are not being properly understood and cared for.

Crime and Juvenile Delinquency

Academic stratification, dropouts, and removal from school have far reaching implications for students with disabilities. These factors can often lead to negative consequences within the school community and beyond, including higher rates of crime and arrest. Hibel et al. (2010) reports that 30% of white students with disabilities and 40% of African American students with disabilities are arrested within two years of leaving school. According to a National Longitudinal Transition 2 Study 2008 report, young people with disabilities, especially those labeled ED or LD, are more likely to use cigarettes, alcohol, marijuana, and other substances (Yu, Huang, & Newman, 2008).

There is strong, consistent evidence that those with an ED label are at a particularly high risk for criminal or delinquent behavior while at school or after leaving. Wagner (1995) found that 57% of students with ED were arrested within 5 years of leaving school, almost twice the rate of children with other disabilities and three times the rate of children in the general school population. Mann and Reynolds (2006), using data from the CLS, analyzed predictive factors for delinquent behaviors of the predominantly African American sample, and found that a special education placements with a label of ED were one of the most predictive variables. These rates are confounded by the dropout statistics as well—Osher et al. (2002) point out, for example, that 73% of all students with ED who drop out are arrested within three to five years of leaving school. These trends point to another form of stratification which may be occurring for some children of color in special education: behavioral stratification. On the one hand, the classification of ED is supposed to indicate that these children have a *disability*, something that presumably has neurobiological origins which causes them to react to situations in a particular way. However, being deemed "difficult to teach," or "dangerous", and facing repeated disciplinary actions, including removals from school, can send a completely different message to the child: they are inherently "bad" and not deserving of support and understanding. If this message is reinforced in the school, it is not surprising that the delinquent behaviors manifest themselves outside of the school as well.

Transitions from School

Students with disabilities face a host of challenges when transitioning out of school and into adult life: seeking employment, attempting to live independently, and engaging in post-secondary vocational or academic training. There is significant evidence that these individuals face bleak prospects, due in part to a lack of transitional support and services (Wagner, 1995; Phelps & Hanley-Maxwell, 1997; Silverman, 2007). Phelps and Hanley-Maxwell (1997), using data from the first National Longitudinal Transition Study (NLTS), found employment rates to be considerably low across many disability categories, including LD (63%), ED (58%), and MR (41%). The authors found rates considerably below the general population for a number of other transition outcomes for these categories of disability, including independent living (LD, 34%; ED, 21%; MR, 15%), post-secondary academic enrollment (LD, 19%; ED, 15%; MR, 2%), and post-secondary vocational enrollment (LD, 18%; ED, 13%; MR, 6%). In addition, Phelps and Hanley-Maxwell (1997) found that those individuals with disabilities who did find employment after school, were often in jobs with very low earnings or little potential for growth. When employment rates are parsed by race, prospects appear to be significantly worse for children of color. For example, Oswald et al. (2002) report that among youth with disabilities, 75% of African American students are unemployed two years out of high school, compared to 47% of white students. The latest National Longitudinal Transition Study found overall improvement in some of these areas—for example, the employment rate for individuals with disabilities rose to around 60%—but with rates still well below the general population (Wagner, Cameto, & Newman, 2003).

One factor driving these trends in post-school transitions is the lack of support and services available to students with disabilities leaving high school. In a report on transition support for youth with disabilities in New York City, Silverman (2007) found that although IDEA stipulates that it is a legal obligation of all states to provide transition services to all students with IEPs, many are receiving poor support or none at all. Silverman (2007) found that in over 26% of the IEPs reviewed, the New York City Department of Education had conducted no transition planning at all. The author also found that for those IEPs that did include transition planning, only 31% included the student in the planning, and fewer than 4% involved an outside agency in the planning, which is a legal right and often a key component to successful transition outcomes. Overall, Silverman (2007) found that *none* of the IEPs reviewed met all of the indicators of compliance with the law regarding transitions for youth with disabilities. This research focuses only on one large metropolitan area, but it is indicative of the challenges many individuals face when transitioning from school to adult life. IDEA, when it is implemented properly, is meant to provide education and support to people with disabilities from birth to age 18. There is very little provided by the government once individuals leave the system, leaving many to fend for themselves. Considering the poor supports many children of color with disabilities get throughout their youth, it is not surprising so many are ill equipped to be independent and productive members of society once leaving school. As we will explore further, this has far reaching implications for communities and the nation at large.

A Community Example

To illustrate the far reaching effects of racial inequality in special education, and the challenges facing those working towards a solution on a community level, I spoke with Merva Jackson, the Executive Director of the Hartford, CT-based African Caribbean American Parents of Children with Disabilities (AFCAMP). Hartford is the capital of Connecticut, and is a racially diverse city with 32.7% of the citizens who are white, 37.4% African American, and 40.7% Hispanic (U.S. Census Bureau, 2011). Hartford is also one of the state's poorest cities, with 29.4% of families living at or below the poverty line. In the Hartford school system, children with disabilities face many of the same challenges outlined above, including misrepresentation, academic stratification, and removals from school. What follows is the story of Merva Jackson and her role in trying to help families get their children the help they need. As a means to linking the community based advocacy work of AFCAMP with progressive education, I will illustrate how Jackson's approach is in accord with the principles of social justice and progressive education.

What is AFCAMP?

AFCAMP began as an extension of Merva Jackson's internship for her degree in social work. In 1998, as a graduate student at Central Connecticut State University she asked her professor if she could be placed at the State of Connecticut's Office of Protection and Advocacy for Persons with Disabilities (P&A) for her internship. Prior to coming to graduate school for social work, Jackson had worked in the field of disability for 15 years, mainly on the provider side, working in group homes for persons with blindness. Jackson was born in Jamaica and had family in Africa as well, and had seen first-hand the lack of supports persons with disabilities had in those countries. Her vision was to learn about the infrastructure of disability advocacy organizations in the United States, so she could then set up similar organizations in Jamaica and Africa. Still, her choice of internship placement was seen as unusual:

> "When I told everyone where I wanted to go, all of the students laughed at me, and my professor said 'Why do you want to go there?' And when I got to P&A, even *they* said, 'No one ever comes here for an internship'" (M. Jackson, personal communication, November 13, 2009).

At the time, P&A had recognized that they were not serving families of color as well as they could, so they assigned Jackson to go to different communities in Hartford and do a needs assessment. Jackson learned right away how desperate the situation was:

> "I was blown away. I learned just after one forum with families and members of the community that many families had no clue about the

> Individuals with Disabilities Education Act. Their kids were being suspended and expelled from school for manifestations of their mental health issues. They were being referred to the juvenile justice system. Because they didn't know what their child's disability was. And when I say they didn't know, I mean they had *no clue*." (M. Jackson, personal communication, November 13, 2009)

With the help of P&A, Jackson began to organize brief "IDEA 101" sessions for parents in the community. She started to build partnerships with community stakeholders, such as local churches, who provided Jackson the space to hold meetings and helped disseminate information about the IDEA trainings. The effect for some parents was immediate, and they wanted to help Jackson help other families as well. In 1999, Jackson began to work with that first core group of parents to help them develop and plan an advocacy organization. The parents gave input on what they needed and how the organization should work.

> "When I finished helping them design it, I said "OK guys, I got you the plan, now my work is done." My plan was to go work in DDS [Department of Developmental Services] for 10 years and then go to Africa. But they looked at me like I had ten heads and said, "Oh really?" I ended up staying here, because I couldn't turn my back on this issue" (M. Jackson, personal communication, November 13, 2009).

Those parents eventually became the board members, staff, and volunteers of AFCAMP, which is now housed in the P&A office where Jackson had her internship. Although Jackson herself is not a parent of a child with a disability, the rest of the staff and volunteers are all parents who were at one point helped by AFCAMP. Although AFCAMP works in a number of arenas pertaining to children of color with disabilities, including the mental health and juvenile justice systems, their main focus is on issues of disproportionality in special education.

Though AFCAMP, Jackson has witnessed many of the issues explored in the research regarding racial inequality in special education. One story she shared is a troubling example of misrepresentation and removal from school on unjust grounds:

> "In the beginning I found many children on the Autism Spectrum who were not diagnosed as being Autistic, but rather had an ED classification. My first family that I worked with had a child with Autism that wasn't properly diagnosed and it was the most eye-opening thing for me. This young man lived right next door to the school. The school yard and his yard were right there. And he had been suspended from school for almost four months. He was about nine. His mom would continually go back to the school and ask them, "When is he going back to school?" And he had no home bound tutoring, nothing. I was shocked. I mean this is a potentially high functioning child on the spectrum, and because the school didn't understand his symptoms or the antecedents to certain behaviors—because he had sensory issues—he was suspended" (M. Jackson, personal communication, November 13, 2009).

Jackson's story raises an important theme which she relates many times throughout our talk: it is not only the parents that don't have the proper understanding of disability and how they are manifested, but the schools as well. This is why one of the key components of Jackson's advocacy approach, which will be explored below, is empowerment for not just parents, but for teachers and school administrators as well.

How AFCAMP Works and its Connections to Progressive Education

Empowerment

Before AFCAMP was started, and Jackson was still an intern, she learned very quickly that once parents began to understand their child's disability, and understand their rights under the law, they felt empowered to act. Jackson's advocacy philosophy of empowerment is based on the reality that many parents will find themselves in situations where they must rely on their own skills to make change happen:

> "Part of my requirement for my service is you've got to participate. I am not an enabler, I'm an empowerer. I tell parents, 'I don't care if you move from here to Ohio, you're going to have the same issues. And you might not be able to find somebody to help you, so you need to know how to do it.' We're not interested in reinventing the wheel, we're interested in making sure the information gets to the families. If a family comes to my training, I expect them to leave knowing just one thing they can do differently tomorrow that will make a difference" (M. Jackson, personal communication, November 13, 2009).

The concept of empowerment implies a knowledge of power dynamics—who has it, who doesn't, how one can obtain it or share it, how one can use it to initiate positive change. School systems—from the students, to the teachers, to the state administrators—all have power dynamics which play an important role in how change happens. What is striking about AFCAMP's work is that by simply offering information to parents, they immediately increase the parents' sense of agency. As Jackson told me, after her first few "IDEA 101" trainings, "Many of [the parents] realized that they did have some power because they now knew there was a law that governed their rights. Once those parents realized that a difference could be made, they stayed involved" (M. Jackson, personal communication, November 13, 2009).

There are parallels between Jackson's model of parental advocacy for social justice, and Cochran-Smith's (1999) principles for teaching social justice. The first principle Cochran-Smith (1999) espouses is to enable significant work for all students within learning communities by working to increase the students' sense of efficacy. In addition, Cochran-Smith asserts (1999) that activism, power, and inequality should be an explicit part of the curriculum. Students' understanding of power dynamics and their own sense of agency within power structures will not only help teach for social justice, but it can increase a student's willingness to participate in school and elsewhere. The connection between teaching for social justice and the philosophy behind Jackson's parental advocacy is important because it speaks to a need for common social justice values to be held across all levels of an educational community, not just within the walls of the school. Just as a teacher who values social justice will impart that upon their students, parents who exercise their power to affect change will teach their children to do the same.

Support

Given the high stress of raising a child with disabilities, the alienating process of interacting with the special education system, and the stigma connected with disability in the community, support for parents of children with disabilities is crucial. AFMCAP runs monthly support groups where parents can share stories, exchange information, and provide emotional stability for one another. Since AFCAMP, in its inception, served African Caribbean American parents, these meetings organically became racially homogeneous. Jackson expressed that this appealed to many families: "What we heard from parents is that they go to other groups but they don't feel at home. And many times they don't even recognize themselves as belonging so we wanted families to feel this was a place they could belong" (M. Jackson, personal communication, November 13, 2009). This became an issue for AFCAMP when they found that their name was a barrier to help-seeking families who were of other racial backgrounds. Although the organization can and does serve families of all racial backgrounds, the board debated whether or not to change their name to something more inclusive-sounding. After extensive discussions, the board decided it did not want those African American families to lose that sense of belonging, so they voted to keep the name African Caribbean American Parents of Children with Disabilities. However, they decided to use just the acronym AFCAMP in all official communications.

This conflict of inclusiveness versus exclusiveness is similar to the issues Muslin (2004) discussed when recounting the need for an exclusive group of African American teachers at Bank Street. Muslin (2004) explicated the concept of "the need to be apart in order to become integrated" (p. 48). By having an exclusive group where teachers of color could openly and forthrightly share their experiences at the school, the teachers could go back into the larger community feeling heard and supported. Muslin (2004) recounts how a Parents of Children of Color group and a Kids of Color student group began in the wake of the Teachers of Color group. She argues that these types of groups, particularly those for kids, are important because it provides an opportunity for these children to feel what it is like to be in the majority, even if it is for an hour. This need to have a separate community within a larger community is clearly an important aspect of AFCAMP's appeal to the parents it serves. However, it is important to note that while the group does have an aspect of separateness, the group's goal is to help build an integrated community: "We want to create an environment within the community that is inclusive and acceptable for our families to live in" (M. Jackson, personal communication, November 13, 2009). Children with disabilities, and by extension their parents, face stigmatization even within their own communities. By coming together for support, guidance, and information, the parents can then help to make the community at large more inclusive.

Partnership Building

The nature of AFCAMP's work sometimes puts them, and the parents they represent, into conflict with the schools, especially when they are trying to obtain services for a child. However, Jackson stressed that her philosophy is to never look for adversaries:

> "Many schools recognize that we don't come in as adversaries. And that's part of my policy: we do not go to the table with adversaries, we go to partner. It's a partnership. We all have to work together for the best interest of this child. I may be an advocate, but my role is not to be adversarial. My role is to build partnerships, first between us and the parent, and then between the parents and the schools. Which is why we believe we empower *both.* Because I could be beating up on the teachers and schools all I want…but they don't even know the law themselves" (M. Jackson, personal communication, November 13, 2009).

It is important to emphasize Jackson's belief that by building partnerships between the parents and the school, she is able to empower *both.* Given the power dynamics between teachers and parents, it is not often you hear of a teacher being empowered by a parent or an outside advocacy organization. It is often assumed within the school system that teachers, who have professional training and skills, are the ones to share that knowledge and expertise with the parents. I was struck, however, by Jackson's assertion that she looks to *help the teacher, and the school, help the child.*

This notion of partnership-building, even with potential adversaries, is a powerful concept. Jackson's policy made me think about the role of teachers in this equation and how Pignatelli's (2006) notion of forgiveness can play an important role in building partnerships. Pignatelli (2006) argues that through forgiveness, mutual respect and affection are established and one can contribute to the wellness of the community. In addition, Pignatelli (2006) states that the "power of forgiveness lies in its assertion of the possibility of new beginnings, renewal, and growth" (p. 6). In many cases AFCAMP works on, they approach a school because the child is not receiving needed services or there is a misunderstanding of the child's issues. If there is something a teacher has missed, it is likely that the parents will have anger towards that teacher and it is clear that forgiveness on the parent's part will be necessary for a partnership to be built. However, it is also important for teachers to forgive themselves (Pignatelli, 2006). Pignatelli (2006) offers an example of a teacher who suspected a child had Autism, and then after the child was removed from her classroom, she was racked with self-doubt and guilt. However, as Pignatelli (2006) notes, there should be a culture, both within the school and the community at large, which supported this teacher and helped her realized she did the best she could. The teacher was able to forgive herself by eventually recognizing that the parents and the administration all had shared responsibility for the child. One wonders if there was more of a "partnership-building" stance by all parties at the initial meeting, this conclusion, and forgiveness, could have been reached sooner.

Implication of AFCAMP's Work

Jackson does not view her work as simply getting the services the children and families are entitled to. She views the implications of her work as being more far reaching than what happens inside a school. As she stated about her experience after her first community forum, "A light bulb went off in my head when I thought about homelessness, prisons, violence in the community, and how all of this somehow intertwines" (M. Jackson, personal communication, November 13, 2009). When a child with a disability is taken from school, or taken from his or her home and placed in juvenile justice, simply because of a manifestation of his or her disability, the potential outcomes for that child are bleak. Jackson sees this work as not only saving children, families, or schools—but as saving the community itself. As Counts (1932) declared in his plea to educators to make social justice an explicit part of the curriculum, "Until school and society are bound together by common purposes the program of education will lack both meaning and vitality" (p. 15). Jackson works to bring typically disparate or conflicted systems—community members, teachers, policymakers, parents—into a partnership to ensure the well-being of the entire community.

Discussion and Recommendations

The research presented here, along with reinforcement from the community example, demonstrates the problem of racial and ethnic disproportionality in special education as a phenomenon driven by many complex factors, with far reaching consequences. These consequences are also cyclical—children labeled with disabilities become adults with disabilities, and they enter adult life with a host of significant challenges, which could potentially be passed on to their own children. A community affected by the crime, unemployment, and lack of independence experienced by uncared for youth with disabilities, becomes a risk factor for children in the next generation to enter special education, not receive the support they need, an perpetuate the negative cycles. Therefore, the basis for a solution to this problem must be multifaceted, with many entry points for intervention and change.

Theoretical Framework

Considering the complex, interacting variables behind the problem of disproportionality, and the need for coordination at the individual, community, state, and national levels, a guiding theoretical framework for the solution could be the ecosystems perspective. Developed by Bronfenbrenner (1979), the ecosystems perspective conceptualizes how systems at the micro, mezzo, and macro levels of society are "nested" within one another and interact with one another. As an illustrative example, Turnbull et al. (2009) outline the many different layers which can affect and child and parent's interaction with the educational system—including state and federal policy, community values, and schools (See Appendix A). Disproportionality in special will not be changed by an individual teacher, a school system, a community, a state or the federal government. It will take a coordinated effort at all of these levels, and a recognition that the health of the entire system depends on solutions to this problem.

Information and Raised Awareness

As evidenced in the research and in some of the examples presented by Jackson, a lack of information regarding disability, rights under the law, and the supports available to children is a major contributing factor to disproportionality. For example, research on patterns of diagnosis and treatments for ADHD found that many parents of children of color did not fully understand the diagnosis or how certain treatments could help. If parents were armed with proper information on ADHD, they could make informed decisions about the best treatment path to take. Likewise, knowing the difference between Autism, or even sensory processing disorder, and emotional disturbance could save parents years of inappropriate settings and lost treatments. Even information on racial disproportionality and the factors driving it could be helpful to parents—if an African American parent knows that African American children are disproportionally being labeled as MR, they may not accept such a label for their child without further confirmation. The spread of information on this issue can come from national sources, such as the Office for Civil Rights, or through community based meetings such as Jackson's "IDEA 101" sessions.

Information and awareness is not only necessary for the parents of children with disabilities, but teachers, school administrators, and state education officials as well. Fielder et al. (2008), note that in the latest re-authorization of IDEA, the law now compels states and local agencies to develop procedures to prevent overrepresentation of students with racial, cultural, ethnic, and linguistic diversity (RCELD). Fielder et al. (2008) examined the Checklist to Address Disproportionality in Special Education (CADSE), which was developed by the Wisconsin Department of Public Instruction. The goal of the CADSE was to help assess how culturally responsive schools were in their special education referral practices, and to help eliminate the assumption that a RCELD student would end up in special education. The CADSE assesses culturally responsive practices in general education classrooms, in early intervention programs, and in the evaluation and referral process. Fielder et al. (2008) argue that this tool can be extremely useful in raising awareness of the issue among all teachers, not just special educators.

Assessment, Referral, and Placement Procedures

As the research and Jackson's experience indicates, there are deep problems in the assessment, referral, and placement procedures which are the primary factors driving disproportionality in special education. Although, poverty, family SES, prior academic achievement, and other demographic variables certainly play a role, the research indicates that these factors cannot satisfactorily account for all of the disproportionality along racial and ethnic lines. Racial bias plays a role across a variety arenas, from the classroom teacher, to the doctor making a diagnosis (or lack thereof), to the special education officials making placement decisions. The solution to the problems at this level may involve a combination of more standardization in some areas and more nuanced measures in others. On the one hand, as we saw with Beeger et al.'s (2009) research on doctors' clinical judgments when race is known and when it is not, a degree of standardization in making diagnoses can help to counteract racial bias in the process. For example, considering the amorphous definition of emotional disturbance, a more rigid diagnostic criteria may help to limit the number of children unjustly receiving the classification. For a designation such as MR, however, a more nuanced approach may be called for. As determined in the court case *Larry P. v. Riles*, using just an IQ test to determine whether or not someone is MR, is not sufficient and can lead to disproportionality. The court determined that the tests are biased in favor of whites, and is not an accurate instrument to determine MR on its own. The California courts called for a multi-modal approach instead, other states have implemented this approach as well.

Another potential solution which can be gleaned from *Larry P. v. Riles* is the issue of accountability. One aspect of the ruling was that schools needed to keep track of the number of African Americans in EMR classrooms, and be able to justify why exactly an African American was in such a classroom if audited. There is no data on how much compliance was enforced after the ruling, but accountability measures may be a key to reducing racial bias in the assessment, referral and placement process. The latest authorization of IDEA compelled states to not only collect data on disproportionality, but to develop procedures to fight it. Some federal funding is tied to compliance to these new directives, but it is unclear how comprehensive the procedures need to be in order to be in compliance. However, if there was an independent office assigned to audit school systems and analyze the procedures for compliance, this would likely force more school systems to adhere to the directives. In addition, the office could ask for justification for any student who was placed in special education or given a classification under unclear circumstances or for unclear reasons. Raising awareness of the issue is an important step, but given the entrenched nature of most racial bias, a systemic program of enforcement—with real consequences for noncompliance—may be necessary.

While an adjustment to procedures and compliance incentives would likely help mitigate racial bias, the level of skill and training in the assessment and placement team is another important factor. Since many school systems which mainly serve children of color have limited resources, they cannot always afford quality assessments or highly skilled evaluators. However, it could be argued that by investing more heavily in that stage of special education, the right children would be getting placed in the right classrooms, and limited resources would presumably not be wasted. More importantly, an investment in the earlier stages of special education would save the school system money in the long run, as many of the negative outcomes which result from the lack of proper supports can turn out to be an expensive drain on the system.

Improvement of Early Childhood Programs

Several studies indicated that academic achievement is a strong predictor of future special education placements (Conyers et al., 2002; Oswald et al., 2002; Hibel et al., 2010). Therefore the quality of a child's early academic experience can be a determinant of whether or not that child is at risk for a special education placement. It has also been shown that high quality early childhood programs, such as the Child-Parent Center (CPC) used for the CLS, can greatly reduce a child's risk of being referred to special education in later grades (Conyers et al., 2002). That Conyers et al. (2002) found successful results with a high-quality early childhood program in a predominantly poor and African American community demonstrates the necessity of such programs to help reduce disproportionality in special education. Besides giving children a head start into an academic and social environment, a strong early childhood program can help with timely and accurate assessments, and can potentially reduce the risk for misdiagnosis. In addition, as Mann and Reynolds's (2006) study on delinquency outcomes from the CLS discovered, involvement in the CPC reduced placements in special education for ED, which, in turn, reduced future delinquency rates.

Engaging Community Stakeholders

One of the most compelling aspects of Jackson's advocacy approach to racial inequality in special education is that she engages not just school officials and teachers, but all members of the community. Besides the practical benefits of this approach—raised awareness will bring more resources to solve the problem—there is an important message she sends by making this a priority. By engaging all of the important stakeholders in her community, she is telling the community that this problem effects all of them. The children being given inappropriate educational care, being removed from school, being improperly labeled, are not the responsibility of another set of parents or another teacher—they are our responsibility. With many states facing budget crises, programs such as Early Intervention are oftentimes the first services whose budgets are cut, as has happened recently in New York State. However, what lawmakers need to understand is that an investment now in special education will save the community, the state, and the nation, much more in the long run. For what we end up spending on the neglected children—from raised crime rates, higher substance abuse rates, and costs of caring for an adult who cannot live independently—is significantly more than the relatively meager investment needed for the children's early lives. Therefore advocating to all stakeholders at the local, state and national level—with the message that all of these children are our responsibility—is crucial component of change.

Limitations

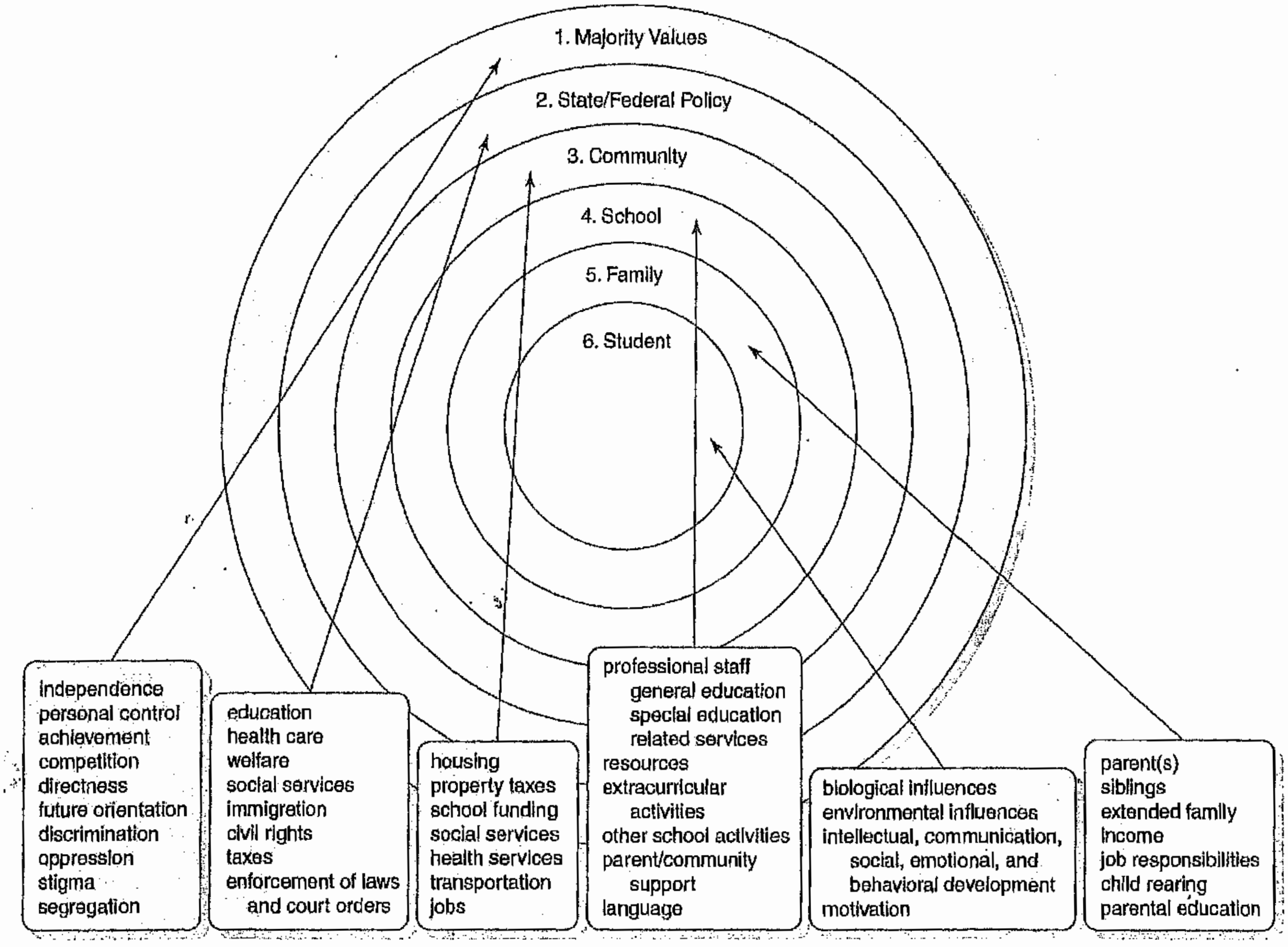
This paper is meant to be a comprehensive exploration of racial disproportionality—the factors contributing to the problem, the outcomes which result from inequity, and potential avenues for a solution. Due to space constraints and the scope of this project, not all aspects of the problem were examined. Losen and Orfield's (2002) *Racial Inequity in Special Education*—which was an invaluable resource for this project—offers a thorough treatment of the issue from multiple perspectives. In addition, Harry and Klingner's (2005) *Why Are So Many Minority Students in Special Education?* is an excellent resource, as is the work of the Department of Education's Office for Civil Rights.

A major issue affecting disproportionality in special education is the classification and treatment of English-language learners (ELLs). Due to the scope of this project, it was only briefly touched upon in the discussion of *Diana v. State Board of Education.* The issue of ELLs in special education is complex and distinct enough to warrant a separate examination. Artiles, Rueda, Salazar and Higareda (2002) and Sullivan (2011) are useful starting resources, covering the most pertinent factors for ELL placements in special education.

Conclusion

The issue of racial disproportionality has been present since before the passage of IDEA in 1975 and continues to this day. There are a number of factors keeping this phenomenon alive from misdiagnosis and improper classifications to poverty to poor early education environments to racial bias at all levels of the process. In many ways, racial inequity in special education is a form of segregation in the post-*Brown v. Board of Education* world. The outcomes which stem from this problem—low school completion rates, higher crime rates, bleak job prospects—indicate that this is a problem which is not confined to school systems, but to the community and nation at large. In fact, racial inequity in special education may be one of many factors contributing to the negative cycles which affect many poor urban communities. Although there are many school-based points of entry for correcting this problem, such as improving diagnosis procedures and providing better early childhood environments, true change will only come if the entire community is invested in the solution. As Merva Jackson demonstrates with her work, bringing all community stakeholders to the table is a crucial aspect of affecting change. This approach recognizes that racial disproportionality in special education is not the problem of one child, or one family, or one school, but rather it is problem for which we all must bear responsibility.

Appendix A: An Ecosystems Framework for Special Education



Source: Turbull et al., 2009

References

Arnold. E.L., Elliot, M., Sachs, L., Bird, H., Kraemer, H.C., Wells, K.C., Abikoff, H.B., Comarda, A., Conners, C.K., Elliott, G.R., Greenhill, L.L., Hecthman, L., Hindshaw, S.P., Hoza, B., Jensen, P.S., March, J.S., Newcorn, J.H., Pelham, W.E., Severe, J.B., Swanson, J.M., Vitiello, B., & Wigal, T. (2003). Effects of ethnicity on treatment attendance, stimulant response/dose, and 14-month outcome in ADHD. *Journal of Consulting and Clinical Psychology, 71,*713-727.

Artiles, A.J., Rueda, R., Salazar, J.J. & Higareda, I. (2002). English-language learner representation in special education in California urban districts. In D.J. Losen and G. Orfield (Eds.), *Racial Inequality in Special Education* (pp. 117-136). Cambridge, MA: Harvard University Press.

Begeer, S., Bouk, S.E., Boussaid, W., Terwogt, M.T., & Koot, H.M. (2009). Underdiagnosis and referral bias of autism in ethnic minorities. *Journal of Autism and Developmental Disorders, 39,* 142-148.

Blair, C. & Scott, K.G. (2002). Proportion of LD placements associated with low socioeconomic status: Evidence for a gradient? *Journal of Special Education, 36,* 14-22.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design.* Cambridge, MA: Harvard University Press.

Bussing, R., Gary, F., Mills, T., & Garavan, C. (2007). Cultural variations in parental health beliefs, knowledge, and information sources related to Attention Deficit/Hyperactivity Disorder. *Journal of Family Issues, 28*(3), 291-318.

Bussing, R., Schoenberg, N., & Perwien, A. (1998). Knowledge and information about ADHD: Experience of cultural differences among African-American and White parents. *Social Science & Medicine, 46* (7), 919-928.

Chinn, P.C. & Hughes, S. (1987). Representation of minority students in special education classes. *Remedial and Special Education, 8*, 41-46.

Cochran-Smith, M. (1999). Learning to teach for social justice. In G. Griffin (Ed.), *Education of teachers NSSE yearbook.* Chicago: University of Chicago Press.

Conyers, L.M., Reynolds, A.J., & Ou, S.R. (2003). The effect of early childhood intervention and subsequent special education services: Findings from the Chicago child-parent centers. *Education Evaluation and Policy Analysis, 25*, 75-95.

Counts, G. (1932). *Dare the school build a new social order?* Carbondale: Southern Illinois University Press.

Coutinho, M.J., Oswald, D.P., & Best, A.M. (2002). The influence of sociodemographics and gender on the disproportionate identification of minority students as having learning disabilities. *Remedial and Special Education, 23*, 49-59.

Downey, D.B. & Pribesh, S. (2004). When race matters: Teacher's evaluations of student's behavior. *Sociology in Education, 77*, 267-282.

Dunn, L.M. (1968). Special education for the mildly retarded: Is much of it justifiable? *Exceptional Children, 35*, 5-22.

Fielder, C.R., Chiang, B., van Haren, B., Jorgensen, J., Halberg, S., & Boreson, L. (2008). Culturally responsive practices in schools: A checklist to address disproportionality in special education. *Teaching Exceptional Children, 40*(5), 52-59.

Fierros, E.G. & Conroy, J.W. (2002). Double jeopardy: An exploration of restrictiveness and race in special education. In D.J. Losen and G. Orfield (Eds.), *Racial Inequality in Special Education* (pp. 39-70). Cambridge, MA: Harvard University Press.

Fitzgerald, T.D. (2008). Controlling the black school-age male: Psychotropic medications and the circumvention of public law 94-142 and section 504. *Urban Education, 44*(2), 225-247.

Harry, B. & Klingner, J. (2006). *Why are so many minority students in special education?* New York: Teachers College Press.

Hosp, J.L. & Reschly, D.J. (2002). Predictors of restrictiveness of placement for African American and Caucasian students. *Exceptional Children, 68*, 225-238.

Hosp, J.L. & Reschly, D.J. (2003). Referral rates for intervention or assessment: A meta-analysis of racial differences. *Journal of Special Education, 37*, 67-80.

Hosp, J.L. & Reschly, D.J. (2004). Disproportionate representation of minority students in special education: Academic, demographic, and economic predictors. *Exceptional Children, 70*, 185-199.

Kortering, L.J. (2009). School completion issues in special education. *Exceptionality, 17*, 1-4.

Liptak, G.S., Benzoni, L.B., Mruzek, D.W., Nolan, K.W., Thingvoll, M.A., Wade, C.M., & Fryer, G.E. (2008). Disparities in diagnosis and access to health services for children with autism: Data from the national survey of children's health. *Journal of Developmental & Behavioral Pediatrics, 29,* 152-160.

Losen, D.J. & Orfield, G. (2002). *Racial inequity in special education.* In D.J. Losen and G. Orfield (Eds.), *Racial Inequality in Special Education* (pp. xv-xxxvii). Cambridge, MA: Harvard University Press.

Mandell, D.S., Listerud, J., Levy, S.E., & Pinto-Martin, J.A. (2002). Race differences in the age at diagnosis among Medicaid-eligible children with autism. *Journal of the American Academy of Child and Adolescent Psychiatry, 41*, 1447-1453.

Mandell, D.S., Novak, M.M., Zubritsky, C.D. (2005). Factors associated with age of diagnosis among children with autism spectrum disorders. *Pediatrics, 116*, 1480-1486.

Mandell, D.S., Ittenbach, R.F., Levy, S.E., & Pinto-Martin, J.A. (2007). Disparities in diagnoses received prior to a diagnosis of autism spectrum disorder. *Journal of Autism and Developmental Disorders, 37,* 1795-1802.

Mann, E.A. & Reynolds, A.J. (2006). Early intervention and juvenile delinquency prevention: Evidence from the Chicago longitudinal study. *Social Work Research, 30*, 153-167.

Mercer, J.R. (1973). *Labeling the mentally retarded.* Berkeley, CA: University of California Press.

Miller-Cribbs, J.E., Cronen, S., Davis, L., & Johnson, S.D. (2002). An exploratory analysis of factors that foster school engagement and completion among African American students. *Children & Schools, 24*, 159-174.

Muslin, Z (2004) The need to be apart in an inclusive educational setting. In J.G. Silin (Ed.), *Talking tough topics in the classroom* (pp. 43-51). New York: Bank Street College of Education.

National Dissemination Center for Children with Disabilities (2010). Emotional disturbance. Retrieved March 4, 2011 from the World Wide Web: http://nichcy.org/disability/specific/emotionaldisturbance

National Institute for Urban School Improvement (2006). *New York City schools district 75: Synergy site profile*. Tempe, Arizona: Author.

Olfson, M., Gameroff, M.J., Marcus, S.C., & Jensen, P.S. (2003). National trends in the treatment of attention deficit hyperactivity disorder. *American Journal of Psychiatry, 160*(6), 1071-1077.

Osher, D., Woodruff, D., & Sims, A.E. (2002). Schools make a difference: The overrepresentation of African American youth in special education and the juvenile justice system. In D.J. Losen and G. Orfield (Eds.), *Racial Inequality in Special Education* (pp. 93-116). Cambridge, MA: Harvard University Press.

Oswald, D.P., Coutinho, M.J., & Best, A.M. (2002). Community and school predictors of overrepresentation of minority children in special education. In D.J. Losen and G. Orfield(Eds.), *Racial Inequality in Special Education* (pp. 1-15). Cambridge, MA: Harvard University Press.

Oswald, D.P., Coutinho, M.J., & Best, A.M., & Singh, N.N. (2002). Ethnic representation in special education: The influence of school-related economic and demographic variables. *Journal of Special Education, 32*, 194-206.

Parrish, T. (2002). Racial disparities in the identification, funding, and provision of special education. In D.J. Losen and G. Orfield (Eds.), *Racial Inequality in Special Education* (pp. 15-38). Cambridge, MA: Harvard University Press.

Phelps, L.A. & Hanley-Maxwell, C. (1997). School-to-work transitions for youth with disabilities: A review of outcomes and practices. *Review of Educational Research, 67*(2), 197-226.

Pignatelli, F. (2006). Forgiveness in progressive education. *Encounter: Education for Meaning and Social Justice, 19*(3), 6-13.

Radigan, M., Lannon, P., Roohan, P., & Gesten, F. (2005). Medication patterns for attention-deficit/hyperactivity disorder and comorbid psychiatric conditions in a low-income population. *Journal of Child and Adolescent Psychopharmacology, 15*(1), 44-56.

Reschly, D.J. & Hosp, J.L. (2004). State SLD identification policies and practices. *Learning Disability Quarterly, 27*, 197-213.

Reschly, D.J. & Kicklighter, R.J. (1985, August). *Comparison of black and white mildly retarded students from Marshall v. Georgia.* Paper presented at the Annual Convention of the American Psychiatric Association, Los Angeles, CA.

Reynolds, A.J. & Wolfe, B. (1999). Special education and school achievement: An exploratory analysis with a central-city example. *Educational Evaluation and Policy Analysis, 21*, 249-269.

Roseberry-McKibbin, C. (2007). *Language disorders in children: A multicultural perspective.* Boston, MA: Allyn and Bacon.

Rowland, A.S., Umbach, D.M., Stallone, L. Naftel, A.J., Bohlig, E.M., & Sandler, D.P. (2002). Prevalence of medications treatment for attention deficit-hyperactivity disorder among elementary school children in Johnson County, North Carolina. *American Journal of Public Health, 92*(2), 231-234.

Shattuck, P., & Grosse, S. (2007). Issues related to the diagnosis and treatment of autism spectrum disorders. *Mental Retardation and Developmental Disabilities Research Reviews, 13*, 129-135.

Silverman, M. (2007). *Transitioning to nowhere: An analysis of the planning and provision of transition services to students with disabilities in New York City.* New York: Advocates for Children of New York, Inc.

Skiba, R.J., Poloni-Staudinger, L., Gallini, S., Simmons, A.B., Feggins-Azziz, R.L., & Chung, C.G. (2005). Unproven links: Can poverty explain ethnic disproportionality in special education? *Journal of Special Education, 39*, 130-144.

Skiba, R.J., Poloni-Staudinger, L., Gallini, S., Simmons, A.B., & Feggins-Azziz, R.L.(2006). Disparate access: The disproportionality of African American students with disabilities across educational environments. *Exceptional Children, 72*, 411-424.

Skiba, R.J., Simmons, A.B., Ritter, S., Gibb, A.C., Rausch, M.K., Cuadrano, J., & Chung, C.G. (2008). Achieving equity in special education: History, status, and current challenges. *Exceptional Children, 74*, 264-288.

Sperry, L.A., Whaley, K.T., Shaw, E., & Brame, K. (1999). Services for young children with autism spectrum disorder: Experiences of parents and providers. *Infants and Young Children, 11*, 17-33.

Stahmer, A.C. & Mandell, D.S. (2007). State infant/toddler program policies for eligibility and services provision for young children with autism. *Administration and Policy in Mental Health and Mental Health Services Research, 34*, 29-37.

Stevens, J., Harman, J.S., & Kelleher, K.J. (2005). Race/ethnicity and insurance status as factors associated with ADHD treatment patterns. *Journal of Child and Adolescent Psychopharmacology, 15*(1), 88-96.

Sullivan, A.L. (2011). Disproportionality in special education identification and placement of English language learners. *Exceptional Children, 77*, 317-334.

Turnbull, A., Turnbull, R., & Wehmeyer, M. (2009) *Exceptional lives: Special education in today's school (6th ed.).* Upper Saddle River, New Jersey: Prentice-Hall.

U.S. Census Bureau (2011). *Fact sheet: Hartford, Connecticut.* Retrieved March 11, 2011 from the World Wide Web: http://factfinder.census.gov

Wagner, M.M. (1995). Outcomes for youths with serious emotional disturbance in secondary school and early adulthood. *The Future of Children, 5*, 90-112.

Wagner, M., Cameto, R., & Newman, L. (2003). *Youth with disabilities: A changing population. A report of findings from the National Longitudinal Transition Study (NLTS) and the National Longitudinal Transition Study-2 (NLTS2).* Menlo Park, CA: SRI International.

Yu, J., Huang, T., & Newman, L. (2008). Facts from the National Longitudinal Transition Study 2: Substance use among young adults with disabilities. Retrieved March 4, 2011 from the World Wide Web: http://ies.ed.gov/ncser/pubs/20083009/

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