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A survey of state educational agencies on criteria for providing related services as mandated by Public Law 94-142 and section 504 of the Rehabilitation Act of 1973

Katsiyannis, Antonis, Ed.D.

The College of William and Mary, 1989

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A SURVEY OF STATE EDUCATIONAL AGENCIES ON CRITERIA FOR
PROVIDING RELATED SERVICES AS MANDATED BY PUBLIC LAW
94-142 AND SECTION 504 OF THE REHABILITATION ACT OF 1973

A DISSERTATION
PRESENTED TO
THE FACULTY OF THE SCHOOL OF EDUCATION
THE COLLEGE OF WILLIAM AND MARY IN VIRGINIA

IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE
DOCTOR OF EDUCATION

BY
ANTONIS KATSIYANNIS

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PROVIDING RELATED SERVICES AS MANDATED BY PUBLIC LAW
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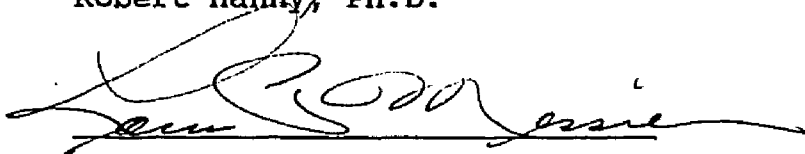
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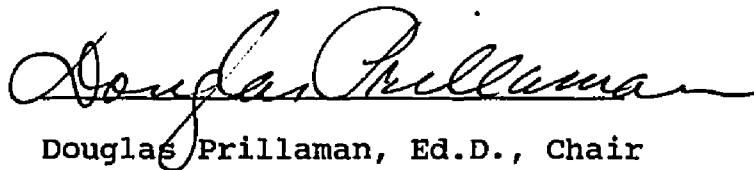
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CHAPTER I

INTRODUCTION

The related services component of the Education of All Handicapped Children Act (Public Law 94-142) has been one of the most difficult requirements in providing a Free Appropriate Public Education (FAPE) for all handicapped students and it continues to be a persistent challenge (O'Hara, 1986). Though the vast majority of the disputes about special education services are resolved informally or in the administrative due process system, school administrators and parents have frequently disagreed about the scope of the requirement to provide related services, and the courts have been asked to resolve these disagreements (Kakalik, Furry, Thomas, & Carney, 1981; Page-Johnson, 1986).

The issue is complicated by the fact that related services are limited under P. L. 94-142 to handicapped children, and handicapped children are defined as only those needing special education. Special education is defined as instruction designed specifically to meet the unique needs of the child, while the definition of related services

follows the seemingly logical progression of adding services which are necessary for the child to benefit from special education. Thus, the definition of related services supports the assumption that the child is both handicapped and in need of special education. If a child is neither handicapped nor in need of special education, then the child is not entitled to related services under P.L. 94-142 (Shrybman, 1982; Malakoff, 1983; Sage & Burrello, 1986; O'Hara, 1986). Macuch (1981) reports that this distinction has forced teachers and administrators to make "tortured judgments" about whether or not a person needs a given service to profit from the special program (p. 273).

The issue of providing related services is compounded by the fact that there may be discrepancies between federal and state regulations. The Bureau of Education for the Handicapped (BEH, 1979), now the Office of Special Education Programs, specifies that if a related service, such as physical therapy, is defined by a state as special education, then it may be provided even if no other special education is required. However, if such therapy is defined only as a related service, it may be provided only in conjunction with special education.

Further, the basic question of whether or not a related service is to be provided and what constitutes a related service for an individual child is very complicated. BEH (1979), now OSEP, cautioned that the related services

mentioned in the statutes and regulations are not an all inclusive list, and the need for a related service should be considered on a case by case basis. Consequently, the provision of related services is often subject to scrutiny in both litigation and administrative proceedings (Rothstein, 1984).

Related services are provided to students to enable them to benefit from special education. Related services are defined as:

...transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education and include speech pathology and audiology, psychological services, physical and occupational therapy, recreation, early identification, assessment of disabilities in children, counseling services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in school, and parent counseling and training (Federal Register, 1987, p. 42473).

Need for the Study

Issues involving related services have focused on availability, service delivery models ensuring fiscal efficiency, compliance and legality. An area which has yet to be examined is the matter of criteria for providing related services. Traditionally, the responsibility for determining eligibility to related services has been left to Eligibility/ Individualized Education Program (IEP) team

members. Professionals on these teams in order to reach a decision rely primarily on their discretion based on a limited number of guidelines provided through state/local agencies and relevant litigation and legislation. But research indicates that the quality of their decisions is very poor. Ysseldyke, Algozzine, Richey and Graden (1982) studied multi-disciplinary placement team meetings; they found that 83% of the statements made in the process of the meeting were considered irrelevant to the decision ultimately made and "little relationship was indicated between the nature and type of information presented and the final decision reached as a result of the team meeting". (p. 43). Algozzine and Ysseldyke (1981) estimated that decision makers are right about half the time in making eligibility decisions. Furthermore, using a computer simulation method, they showed that more than 200 decision makers declared non-handicapped students eligible for special education assistance 51% of the time .

At the national level we rarely find literature addressing the issue of eligibility criteria for related services. The following educational agencies have addressed the issue of eligibility criteria. The Department of Defense Dependent Schools (1985) stated that the provision of related services is the joint responsibility of the department and the various military medical departments. In providing services, an appropriate assessment by competent

professionals is emphasized in addition to defining specific related services. Similarly, the Texas Education Agency (1986) developed a booklet which describes educational rights of parents, a number of related services and specific criteria for participation in extracurricular activities. Specifically, the Admission, Review, and Dismissal (ARD) Committee determines eligibility if a student receives a grade below 2.0 in any academic class. The ARD Committee is empowered (1982 regulations) to determine eligibility for any one of the related services based on: "a written report or evaluation from registered, certified or licensed related service personnel identifying the student's problems and the degree of severity...(p. 26)." Citron (1983) also reports that New York has established a special legal procedure for determining the physical capacity of a student to participate in athletic (extracurricular) activities. Additionally, the New York State Department of Education (1983) developed a manual which includes specific guidelines for providing speech pathology as a related service.

The Ohio State Department of Education (1982) has addressed the issue of related services. Criteria are outlined for providing speech therapy, transportation, and medical services as well as services to hearing impaired, visually impaired, multiply handicapped, and educable mentally retarded (EMR) students. Criteria for eligibility to receive adapted physical education are specified by the

Louisiana State Department (1981). Citron (1982), examining statutory provisions for related services, found 18 states and territories which had implied statutory provisions for related services while 26 had statutory provisions which defined (or adapted) the related services component of P.L. 94-142.

It is possible to conclude that for instances in which criteria for eligibility have been specified , this has been done on a limited scale. Thus, further research is needed to address the issue of eligibility criteria. Eligibility for special education and related services is addressed in the P.L. 94-142 provision of "Protection in Evaluation Procedures" (PEP). This provision mandates that school personnel must meet in multi-disciplinary teams to make placement and other instructional planning decisions. Participants, though not experts in the broad array of related services, will be able, to participate in an informed and effective manner if they have the benefit of drawing from established criteria. By becoming productive participants, team members are likely to experience more satisfaction (Yoshida, Fenton, Maxwell and Kaufman (1978). The availability of eligibility criteria for related services may also increase the scope and quality of participation of team members, such as the minimal participation level of regular education teachers (Ysseldyke, Algozzine, & Allen, 1981).

Further, existence of eligibility criteria may result in decreased number of conflicts and better practice for the beneficiary students. Also, availability of such criteria at the state level will enable students to receive reasonably similar services across the state since variations from LEA to LEA will be minimized.

Statement of the Problem

The purpose of this study was to investigate the area of criteria for providing related services as specified in P.L. 94-142. This was achieved by surveying state educational agencies and the District of Columbia to determine the availability of criteria for providing related services, whether they appear in statutory provisions or SEA regulations. Additional issues regarding state practices in the provision of related services were addressed.

Research Hypotheses

The following four hypotheses were formulated for this study.

Hypothesis 1: There will be a small number of states which have developed eligibility criteria for providing all specific related services as they appear in the Federal Register. Available eligibility criteria will be more

prevalent for specific services such as: speech therapy, occupational therapy, physical therapy and transportation.

Hypothesis 2: There will be variability in the nature of existing eligibility criteria in terms of specificity as reported by various SEAs.

Hypothesis 3: There will be variability across states in the practice of providing related services in general.

Hypothesis 4: There will be similarities of responses across states when stating reasons for not having developed criteria for eligibility.

Definition of Terms

The following definitions appear in the Federal Register (1979), Washington, D.C.: U.S. Government Printing Office.

Audiology : (a) identification of children with hearing loss; (b) determination of the range, nature, degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing, (c) provision of habilitative activities, such as language habilitation, auditory training, speech reading (lip reading), hearing evaluation, and speech conservation; (d) creation and administration of programs for prevention of hearing loss; (e) counseling and guidance of pupils, parents, and teachers regarding hearing loss; and (f) determination of the child's need for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.

Counseling services : services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.

Early identification: implementation of a formal plan for identifying a disability as early as possible in a child's life.

Medical services : services provided by a licensed physician to determine a child's medically related handicapping condition which results in the child's need for special education and related services.

Occupational therapy : (a) improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation; (b) improving ability to perform tasks for independent functioning when functions are impaired or lost; and (c) preventing through early intervention, initial or further impairment of loss of function.

Parent counseling and training : assisting parents in understanding the special needs of their child and providing parents with information about child development.

Physical therapy : services provided by a qualified physical therapist.

Psychological services : (a) administering psychological and educational tests, and other assessment procedures; (b) interpreting assessment results; (c) obtaining, integrating, and interpreting information about child behavior and conditions related to learning; (d) consulting with other staff members in planning school programs to meet the special needs of children as indicated by psychological tests, interviews, and behavioral evaluations; and (e) planning and managing a program of psychological services, including psychological counseling for children and parents.

Recreation: (a) assessment of leisure functions; (b) therapeutic recreation services, (c) recreation programs in schools and community agencies; and (d) leisure education.

School Health Services: services provided by a qualified school nurse or other qualified person.

Social Work Services: (a) preparing a social or developmental history on a handicapped child; (b) group and individual counseling with the child and family; (c) working with those problems in a child's living situation (home, school and community) that affect the child's adjustment in school; and (d) mobilizing school and community resources to enable the child to receive maximum benefit from his or her educational program.

Speech Pathology: (a) identification of children with speech or language disorders; (b) diagnosis and appraisal of specific speech or language disorders; (c) referral for medical or other professional attention necessary for the habilitation of speech or language disorders; (d) provisions of speech and language services for the habilitation or prevention of communicative disorders; and (e) counseling and guidance of parents, children, and teachers regarding speech and language disorders.

Transportation: (a) travel to and from school and between schools; (b) travel in and around school buildings; and (c) specialized equipment (such as special or adapted busses, lifts, and ramps), if required to provide special transportation for a handicapped child.

Limitations of the Study

The research was confined to practices in the provision of related services at the state level with an emphasis on eligibility criteria. Data used in the study were limited to those which became available through responses to survey items and attached regulations, and/or statutory provisions as appropriate.

CHAPTER II

REVIEW OF THE LITERATURE

A review of the literature and research regarding the issue of related services is presented in this chapter. The review is divided into four sections: (a) litigation on related services, (b) Office of Civil Rights, State Educational Agencies (SEA) and the Office of Special Education Programs decisions on the issue of related services and (c) provision of related services at the state level.

Litigation on Related Services

A number of courts have been asked to define the scope of the related services requirement under P.L. 94-142. Related services have been the subject of frequent disagreements between school administrators and parents for two reasons: a) the cost of providing some related services is very high, and b) parental requests for a variety of services to be provided at public expense are often unreasonable (Howard, 1981). Further exacerbating the

issue, Lehr and Haubrich (1986) state that "the law provides few substantive standards for what a related services are and to what extent these services should be made available. Consequently, the courts heavily rely on knowledge and opinions of professionals when dealing with such disputes" (p. 361).

Felker (1984) summarizes the legal disputes over the intent of the law as follows:

Are related services limited by ties to special education?
 Are related services limited by ties to academic achievement?
 Are related services limited at all? (p. 146-147)

Rothstein (1984) indicates that medical/health services, interpreters, psychological counseling and transportation have been the most frequently cited causes for litigation, while Howard (1981) claims that psychotherapy, counseling and medical services are a repeated source of dispute in the issue of providing related services. However, just as the list of possible related services is not exhaustive under P.L. 94-142, neither are the number and type of disputes associated with related services.

The issue's complexity becomes apparent when parents request school districts to pay for or provide medical treatment or life-support services for handicapped students. Challenging questions asked include: Are such services "supportive services" within the meaning of the law? If so,

what are the limits, if any, on medical or life-support services that the district should provide (Page-Johnson, 1986)?

In responding to requests for medical services, school administrators often refuse to pay, maintaining that medical services and life-support services are not legally required. P. L. 94-142 indicates that medical services "are considered related only when they are used for diagnostic or evaluation purposes" (Page-Johnson, 1986). Administrators, by denying such services, do not necessarily intend to deny students' needs. Essentially, they maintain that such services should be borne by parents or through the aid of other public and social service agencies, as educational funds should be spent for educational programs. In addition, teachers and other professional staff are reluctant to assume responsibility for actually giving medical or life-support services to handicapped students. They are concerned with their lack of medical expertise as well as potential legal liability. These concerns, balanced against the students' needs, present the courts with sensitive philosophical and legal issues regarding the issue of related services. The following litigation represents the most influential and/or unique cases in establishing the legal precedent in the area of related services.

In Irving Independent School District v. Tatro (1984), the Supreme Court specifically dealt with the issue of

medical/health services. Tatro, a child born with spina bifida required Clean Intermittent Catheterization (CIC) services to be performed once or twice daily. The Supreme Court affirmed in part and reversed in part the Court of Appeals (Fifth Circuit) decision. In a rare unanimous decision, the court affirmed Tatro's entitlement to CIC under P.L. 94-142; however it reversed the ruling on awarding attorney's fees (Vitello, 1986). CIC was found to be a health and not a medical service (Sendor, 1984). The Supreme Court broadened the related service construct to include not only services to enable a handicapped student to benefit from education but to obtain access to beneficial educational services (Vitello, 1986). Medical services are defined as services provided by a licensed physician. Thus, since CIC could be performed by a school nurse, it qualified as a related service not subject to exclusion. In addition, the court established the following guidelines: (a) The child must have a handicap that requires special education services; (b) the school district is required to provide only those related services necessary to aid the child in benefitting from special education; (c) school health services must be provided only if they can be performed by a nurse or other qualified person. Any services that must be performed by a physician are not included. CIC services were also found appropriate for the schools to provide in Tokarcit v. Forest Hill School District (1981).

In Hairstern v. Drosick (1976) a child with spina bifida was excluded from regular classes even though he was capable of participating in such a setting. The court ruled that the exclusion of a minimally handicapped child from a regular public school classroom without a bona fide educational reason was a violation of Section 504 of the Rehabilitation Act of 1973. The child's attendance could not be conditional upon the presence of his mother so she could take care of the student's health needs.

Another issue before the courts involved the maintenance of a tracheostomy tube. In Department of Education, State of Hawaii v. Katherine D. (1984), the plaintiff, having cystic fibrosis, was in need of a tracheostomy tube. The court ruled that proposed public placement would be appropriate only if necessary services were provided, otherwise the student should remain in the present private placement at public expense.

Standards set in the Tatro case, as stated earlier, have undergone considerable modification. In Detsel v. Board of Education (1987), parents requested that the LEA provide a full time person to constantly monitor the child's respiratory status and to assist her with her physical needs during school hours. The court ruled that the LEA was not obliged to "provide the service because it required constant care by at least a licenced practical nurse and this service cannot be provided by a school nurse who must care for other

children" (EHLR 558:396).

The same reasoning applied in Bevin v. Wright (1987). The court rejected the standards for medical services set in Tatro by ruling that the determination of what constitutes a medical service should not be based solely on the status of the health care provider, but also on the nature and extent of the services. Furthermore, the court stated that there was a reasonableness standard which should be applied. The court recognized that the distinguishing factor in this case was the continuity of services. The children in Tatro and Katherine D. required CIC services which could be provided by the LEA at little expense in both time and money.

Another health services issue concerns students who do not qualify for special education under the P.L. 94-142. In Elizabeth S., et al. v. Gilhool (1987), a class action suit was filed on behalf of a student with juvenile diabetes and a student with spina bifida. Upon the LEA's refusal to train the teacher and other personnel to monitor the condition of Elizabeth (with diabetes) and provide care for Jose (with spina bifida), plaintiffs alleged violation of Section 504 of the Rehabilitation Act of 1973 in the LEA's refusal to serve "other health impaired" students. A settlement was reached and the state agreed to classify all students who have physical limitations likely to affect their ability to participate in school activities as handicapped.

One of the most significant cases involving the issue of interpreters is Board of Education of the Hendrick Hudson Central School District, Westchester County, New York v. Rowley (1982), the first Supreme Court case to interpret related services. In this case, Amy, a deaf student but excellent lip reader, requested a sign interpreter in order that she might benefit from regular education (Heaney, 1984). The court ruled that interpreters did not have to be provided for all deaf children, but also stated that there were instances when interpreters should be provided. Specifically, the court ruled that it is necessary to take into consideration those support services which are already being provided, without an interpreter, and whether the child is able to benefit educationally from instruction. A child with a lower achievement level, or a different level of hearing, or with psychological problems may be entitled to an interpreter as a related service using the preceding standard. Handicapped students are not "guaranteed the best education possible, only an education that leads to reasonable achievement levels" (Scherer & Stimson, 1985, p. 19). In a similar case, a lower court ruled in favor of plaintiff parents when the LEA failed to fund a cued speech interpreter for the plaintiff (Woolcott v. State Board of Education, 1984).

Psychiatric services and psychotherapy have also been issues before the courts. In Max v. Illinois State Board of

Education (1986), the court ruled that parents were entitled to recover expenses for providing students with psychotherapy. The rationale was that psychotherapy should have been in the student's IEP so that Free Appropriate Public Education (FAPE) was assured. On the contrary, In McKenzie v. Jefferson (1981), the public school was not obliged to reimburse parents for a student's psychiatric hospitalization since placement at the hospital was primarily for medical, and not educational reasons. A ruling favorable to the LEA was also given in Darlene v. Illinois State Board of Education (1983) as the court found the plaintiff's psychiatric hospitalization was medical in nature.

In Gary v. Joseph M. Cronin (1982), T. G. v. Board of Education (1983), and Papacoda v. Connecticut (1981) the consensus for the 3 cases was that if counseling is essential to the child's ability to benefit from a special education program, then it must be provided as a related service. In Antkowiak v. Aubach (1987), the court also held that psychological services were related services under P. L. 94-142.

The courts have also ruled on a number of other concerns raised under the related services issue. In Hurry v. Jones (1983), the court ruled that transportation as a related service includes transportation to and from school, and accessibility within the school building. In Sandra T.

v. Old Rochester School District (1978) the court ruled that the school district must provide the services of a therapeutic specialist for a student who was withdrawn and avoided physical activity. In Birmingham and Lamphere School Districts v. Superintendent of Public Instruction for Michigan (1982) the court ruled that summer enrichment activities constituted a related service for an autistic child.

In conclusion, it seems that much of the litigation has focused on defining the parameters of the specific related services while others have dealt with the appropriateness of certain services under the law (Osborne, 1984). Some issues still remain unclear. Even though the courts have set standards for LEAs to provide medical services/health services, the LEA's responsibility is unclear when the provision of psychotherapy as a related service is requested. In this regard, it seems imperative that each child's needs be decided on a case-by-case basis (Felker, 1984). Felker (1984) also suggests a number of policy considerations in providing related services such as: current legal precedent, influence of the judiciary, sensitivity of the issue, variations by state, state statutory solutions, disbursement of costs to other state agencies, eligibility, and personnel preparation (p. 149-153). Similarly, as shown on Table 1, Farrow and Rogers (1983) summarize trends in litigation of related services.

Table 1

Litigation trends involving related services

Policy Areas	Direction of Court Opinion	Noteworthy Exceptions and Conditions
Related Services: Non-Educational Exceptions	Court opinions adopt a very broad concept of "education" and the term "related;" consequently, court opinions construe noneducationally related exceptions quite narrowly (cases decided in Pa, Md., D.C., Tex. and Il.)	It is still possible that some services clearly are not related to educational needs, e.g., counseling services to deal with depression when a student is progressing well in school. The problems arise in demonstrating a clear lack of relationship.
Related Services: Medical Exceptions	Court opinions generally construe medical exceptions narrowly. Courts appear reluctant to try to separate medical from related services if they are necessary for a child's educational attendance.	State policies that determine medical services based on who provides the service, where the service is rendered, and the nature of the equipment are not clearly re-

solved. The tide of the court opinions appears to go against these everyday definitions of medical, especially when educational attendance is at stake.

Specific Related services:
Occupational and Physical Therapy

Court opinion in Md. found these services within the definition of special education and related services. Federal regulations cite them as related services.

Must be necessary for the child to benefit from the educational program.

.Catheterization

Court opinions have found this a related service whenever necessary for the child to attend special or regular class.

If necessary for the child to attend school it qualifies as a related service.

.Psychotherapy

Court opinions have generally ruled that psychotherapy and psychological services constitute related services.

Must be necessary for a child to benefit from school program

Farrow, F., Rogers, C. (1983). Effective policies in the provision of related services. A report of the handicapped public policy analysis project. Volume 2. Center for the study of Social Policy, Washington, D.C. (ERIC Document Reproduction Service ED 245 468).

Office of Civil Rights(OCR), State Educational Agencies (SEA) and the Office of Special Education Programs Decisions on the Issue of Related Services.

The Office of Civil Rights (OCR), the Office of Special Education Programs (OSEP) and State Educational Agencies (SEA) have also been involved in the issue of related services in an attempt to interpret legislative mandates. Selected cases, though few in number, address a broad array of related services and a number of relevant issues in their provision.

The provision of instructional aides or interpreters is an area in which SEAs have been involved. In the West Covina Unified School District (1980), the SEA determined that an instructional aide or interpreter was required to assist the student in integrating into regular education programs. On the other hand, a sign language interpreter was not ordered for a blind student when the parents failed to provide evidence of how the service could be used successfully with the child (New York SEA, 1981). In another case, Jeanne G. (1980), the Connecticut SEA ordered that a sign language interpreter be provided on a trial basis to assist the child

in a behavior modification program.

Services to parents have also captured the attention of SEAs. In re: Los Angeles Unified School District (1981), a hearing officer ordered that counseling must be provided to parents of a handicapped child and that such counseling must be separate from that provided to the student. The California SEA (1980) required that sign language instruction must be provided to the guardian of a visually and hearing impaired child. A Texas SEA (1982) decision also considered parental transportation as a related service for a seriously emotionally disturbed child in a residential placement. The overriding factor was that the parents' participation in group counseling was necessary to the support of the rehabilitation and education of the child.

Medical services is another area in which the BEH (presently OSEP), SEAs and OCR have ruled. BEH (1980) stated that if medical services, including psychiatric services, are included in a child's Individualized Educational Plan, then such services must be provided and paid for by the school district. BEH (1979) also stated that state regulations and definitions may include psychotherapy as a required related service which then must be provided. In response to the Palo Alto School District, the California SEA (1980) ruled that a school district could be held responsible for the cost of both residential placement and psychological counseling if the district did not dispute the

need for placement to provide special education. Addressing a dispute involving the Illinois Board of Education, OCR (1980) ruled that the school board violated its legal duty to provide medical, emotional, and psychiatric services when such services were necessary to provide education designed to meet the educational needs of handicapped students as adequately as the needs of non-handicapped students are met.

The related service of transportation is yet another area in which BEH, OCR and SEAs were involved. BEH (1978) stated that transportation is a mandatory related service if it is a component of the child's IEP, necessary for the child to receive other related services, to get to and from a residential or special school, as well as, to participate in extracurricular activities. However, OCR stated in 1978 that transportation was not a related service for summer school programs if non-handicapped children were not provided with transportation. This concept of providing transportation on an equal basis has been upheld repeatedly. First, BEH (1979) approved a California LEA's right to assess transportation fees for handicapped children who attended schools they would have normally attended if non-handicapped. Secondly, states, West Virginia being one example (West Virginia Regulations for the Education of Exceptional Children, 1983), have specific regulations concerning the amount of time in transit, the type of equipment required, and the responsibilities of drivers and

aides.

The Office of Civil Rights (OCR), the Office of Special Education Programs (OSEP) and State Educational Agencies (SEA) in order to interpret legislative mandates have addressed a number of issues on a variety of specific related services. The contribution of these agencies will continue, and along with litigation, will further clarify the legal framework regarding the issue of related services.

The Provision of Related Services at the State Level

The responsibility for providing related services has fallen primarily on state and local education officials, even though costs may be borne by other agencies, third parties or LEAs themselves. This responsibility requires educational agencies to provide services never before considered within their scope. In Missouri for instance, educational agencies expended over \$300,000 on physical and occupational therapy in 1980 (Schipper, 1980).

However, very few states have taken approaches to define their responsibility on related services. Farrow and Edgers (1983) report that Michigan's Department of Education, in limiting the SEA's responsibilities, and clarifying its tasks as opposed to those of other human service agencies, concluded that handicapped children need three kinds of services: education, rehabilitation, and life

support. The Michigan Department of Education decided to take responsibility only for educational services. But the approach is still contingent on philosophical debate and has not been translated into policy since other state agencies and federal agencies have not approved it. Along these lines, Washington State's Office of the Superintendent of Public Instruction attempted to clarify its responsibilities by differentiating the provision of services by population. The state division of developmental disabilities was assigned responsibility for handicapped toddlers ages 0-2. Children ages 3-5 remained with the education agency. This policy was aimed at avoiding service duplication and achieving cost effectiveness (Farrow & Egers, 1983). The Virginia General Assembly (1983) developed an interagency plan of service delivery for preschool handicapped in which the state department of education participated but the lead agency is the Department of Mental Health and Mental Retardation. This action was a result of Virginia's attempt to comply with the mandates of P.L. 99-457.

Moore, Walker, & Holland (1982) indicate that states, as shown in Table 2, do not necessarily view specific related services the same way when it comes to assuming responsibility for service delivery. Nonetheless, SEAs, in order to assure the availability of related services in the most efficient way in terms of quality and fiscal adequacy, have attempted to secure other state agencies' cooperation

Table 2

Degree of State Consensus Regarding Related Services That May Be
Required by P.L. 94-142 and Section 504

<u>Related Services</u>	<u>Consensus</u>
Audiology	High
Counseling services	High
Medical services: - diagnostic or evaluative purposes - medical/health treatment	High Low: many states contend these services constitute medi- cal exclusions, especial- ly catheterization
Occupational therapy	Moderate: some states contend this is a medical or noneducational exception under the law
Parent counseling and/or training	Moderate
Physical therapy	Moderate: some states contend this is a medical or noneducational excep- tion
Psychotherapy	Low: several states view psychotherapy and other such psychological ser- vices as a medical or noneducational exception under the law
Recreation	High
School health services	High
Social work services	Moderate
Speech pathology	High
Transportation	High

Moore, M.T., Walker, L.J., & Holland, R.P. (1982).
Finetuning special education finance. A guide for state policy makers. Educational Testing Services, Princeton, N.J. (ERIC Document Reproduction Service ED 226 445).

to expand the availability of related services to local districts. Generally, the following three forms have been adapted: (a) increasing access to another system's resources (b) negotiating to secure third party financing, and (c) joint funding and cooperative programming arrangements with other human service agencies. The following state approaches appear in an 1983 study of the Center for the Study of Social Policy.

California's Department of Education and Mental Health developed a strategy to allow LEA's greater access to local mental health services. These two agencies adapted an agreement which directed local mental health agencies to use their funds to pay local related service expenses for emotionally disturbed students. Connecticut's Department of Education developed a system of third party financing in which local districts pay for health related services such as private insurance and medicaid reimbursements. In Maine, the SEA focused on Maine's interagency effort in order to increase joint funding and the collaborative delivery of related services through its interdepartmental coordinating committee for preschool handicapped students.

Oklahoma's Cooperative School/Rehabilitation Work Study Program is a joint effort of the State's special education

section with the Division of Children, Youth and Rehabilitative Services of the State Department of Human Services. The focus of this cooperative school work-study program is to establish a comprehensive process to identify and serve all physically, mentally, and emotionally handicapped youth enrolled in participating secondary schools, and close the gap between school and employment. The work-study program resulted in an improved service delivery and cost reduction.

Michigan's special education department, in a joint effort with the State Division of Rehabilitative Services and Vocational Education Division, attempted to improve the provision of related services to handicapped students. This agreement stressed the importance of technical assistance, clarified each agency's responsibility in secondary programs, and expanded vocational programming.

The report of the Commission on the Financing of a Free, Appropriate Public Education (FAPE, 1983) for special needs students underlines the importance of states developing standards which define the financial responsibility of LEAs for related services. It initiated interagency agreements so that financial resources under state and federal health and human service programs could be fully and readily utilized. O'Hara (1986), also emphasized interagency agreements and called for SEAs to move from purely compliance issues to an increasing focus on quality

of services provided. Thomas and Reese (1982) indicate the need "to modify the provision of P.L. 94-142 making SEAs and LEAs solely responsible for the provision of related services" (p. 10). As far as the present status is concerned, they conclude that a better delivery of services is dependent upon a state's more effective coordination of services across state agencies. Overall, according to the Ninth Annual Report to Congress on the Implementation of the Education of the Handicapped Act (1987), the majority of the states indicated a need for specific improvements in related services ranging from psychological services to occupational and counseling services. The most persistent challenge was the availability of trained personnel (pp. 47-53). Finally, Macuch (1982) calls for the passing of a new law, the Right to Basic Human Service Act, which would require the appropriate agencies to make their services available.

In the Ninth Annual Report to Congress (1987), it is stated that for 1984-85 over 5 million related services were provided, with transportation being the most prevalent. Deaf/blind students received an average of ten related services while speech impaired received an average of one. Table 3 provides the total number of related services received by handicapping condition and Table 4 by type of service (Ninth and Tenth Annual Reports to Congress).

Table 3

Total Number of Related Services Received by Students by
Handicapping Condition During School Year 1984-85, 1985-86

Handicapping Condition	Total Number of Services Received	
	1984-85	1985-86
Learning Disabled	2,040,658	1,558,447
Mentally Retarded	1,241,051	1,031,346
Speech or Language Impaired	966,832	490,264
Emotionally Disturbed	707,979	578,319
Multihandicapped	229,177	177,493
Hard of Hearing or Deaf	179,570	141,460
Other Health Impaired	165,549	52,403
Orthopedically Impaired	133,208	139,388
Visually Handicapped	61,570	45,623
Deaf-Blind	<u>20,410</u>	<u>5,503</u>
All conditions	5,797,160	4,630,358

Ninth Annual Report to Congress on the Implementation of the Education of the Handicapped Act (1987). U.S Department of Education: Author.

Tenth Annual Report to Congress on the Implementation of the Education of the Handicapped Act(1988). U.S Department of Education: Author.

Table 4

Total Number of Related Services Received by Students by Type Related Service During School Years 1984-85, 1985-86

Related Service	Total Number of Services Received	
	1984-85	1985-86
Transportation Services	1,007,020	569,673
Diagnostic Services	774,803	777,436
Psychological Services	772,633	557,119
Speech/Language Pathology	667,161	432,157
School Social Work Services	524,146	472,785
School Health Services	498,824	419,237
Counseling Services	482,970	620,262
Recreational Services	407,809	215,435
Other Related Services	203,504	186,849
Audiological Services	188,358	184,817
Occupational Therapy	141,030	106,710
Physical Therapy	<u>128,902</u>	<u>87,888</u>
All Related Services	5,797,160	4,630,368

Ninth Annual Report to Congress on the Implementation of the Education of the Handicapped Act (1987). U.S Department of Education: Author.

Tenth Annual Report to Congress on the Implementation of the Education of the Handicapped Act(1988). U.S Department of Education: Author.

Summary

The provision of related services is an evolving issue which has captured the interest of localities, states and the federal government. Integral to this process are the issues of quality service delivery and cost effectiveness. Specifically, education agencies both at the state and local level have developed programs to meet the financial and legal obligations involved in providing related services. SEAs have developed beneficial arrangements with other human service agencies, while localities have focused on how to share resources with other LEAs in providing related services.

The literature indicates that the role of interagency cooperation and collaboration needs to be expanded. Turnbull (1986) calls for inter-local cooperation in the sharing of planning, personnel, and fiscal capacities among state level agencies. If one state or local agency is not able to provide the appropriate services, then one agency should be authorized to require another agency to contract for those services. In the 1986 Amendments to the P.L. 94-142, Congress enacted provisions to lessen the financial responsibility borne by educational agencies. States are directed not to reduce or deny assistance available to handicapped students under the Maternal and Child Health Program (Title XIX or the Social Security Act) because of children's right to services under P.L. 94-142.

Accordingly, the need for the establishment of interagency agreements is emphasized. The intent is to direct both state and local agencies to shift major financial responsibilities to health, mental health, social service and vocational rehabilitation agencies. It is expected that this trend will greatly expand (Greenan,1986; Flynn & Harbin,1987).

The Virginia General Assembly (1983) addressed interagency cooperation and collaboration by establishing a state level Interagency Coordinating Council. The primary responsibilities of the council are: 1) coordination of service delivery to handicapped children; 2) development and implementation of an interagency state plan; 3) initiation of cooperative arrangements at the local level; 4) designing strategies to mediate problems; and 5) monitoring the changes in programs and delivery of services in order to provide needed services and reduce or eliminate duplication of services. Such an interagency agreement is perhaps one of the most progressive steps in providing related services to handicapped children.

Shrybman (1982) summarizes the problems associated with the provision of related services under the following areas: costs/resources, nature of services required, responsibility for provision of services, complaints from parents, services characterized as noneducational, courts as an enforcement mechanism for related services, and compliance difficulties.

CHAPTER III

METHODOLOGY

The purpose of this study was to investigate the area of eligibility criteria for providing related services by state educational agencies and the District of Columbia as mandated by relevant federal legislation (P.L. 94-142 and Section 504 of the Rehabilitation Act of 1973). Chapter 3 presents the research methods and procedures used in this study. Included are: (a) design, (b) instrumentation (c) plan for the study, (d) specific hypotheses and (e) treatment of the data. A summary of the methodology concludes the chapter.

Design of the Study

The design selected for the study was descriptive research. It was selected because it describes a condition as it presently exists through qualitative or quantitative characterization. A survey instrument was designed and used to answer questions concerning the present status of the specific topic of eligibility criteria for the provision of specific related services (McMillan & Schumacher, 1984).

Subjects

The sample population of this study consisted of the fifty state educational agencies and the District of Columbia. State special education directors were selected as respondents to provide needed information.

Instrumentation

A 13-item survey instrument was used in this study (Appendix B). The instrument was constructed following guidelines set by Fink's and Kosecoff's (1985) Step-by-Step-Guide. Items selected included those screened for selection of information needs and hypotheses (p. 24), open ended and forced choice items (p. 27-32), length and order of items (p. 41-48), sampling (p.53), and design (p.65). Two survey items (1 & 12) had similar formats to those reported in the Ninth and Tenth Annual Reports to Congress on the Education of the Handicapped. The format of survey item 11 was taken from the article written by Moore, Walker & Holland (1982).

The instrument was examined for clarity and coherence by both academicians and practitioners. Specifically, the survey was reviewed by three fellow doctoral students in special education administration, the supervisor of Due Process Proceedings of the Commonwealth of Virginia, two professors of special education and the director of special

education of a Virginia LEA. Comments were then collectively considered by the researcher and, after appropriate changes were made, the final version of the survey was developed. The researcher met with all reviewers (except the special education director) to discuss their comments.

The questionnaire was structured so that the following types of information could be obtained:

1. Issues relevant to the development of criteria for eligibility for related services (hypotheses 1 and 2).

2. Issues addressing the absence of criteria for eligibility with emphasis on how decisions of eligibility are made (hypothesis 4).

3. Issues regarding each state's involvement in the provision of related services such as interagency agreements, development of in-service, seminars, or workshops to increase effectiveness of delivery (hypothesis 3).

4. Data concerning the actual provision of specific services such as degree of favorableness for the requirement in providing specific services, frequency of disputes on this issue, and areas needing improvement (hypothesis 3).

5. Request for a copy of policy and or legislation on eligibility criteria (hypothesis 2).

Plan for the Study

The following procedures were used in the implementation of this study:

1. Review of relevant literature and construction of the survey.
2. Examination of the survey instrument for clarity and coherence.
2. Mailing of the survey instrument to the 50 SEAs and the District of Columbia.
3. Follow-up letter (four weeks after initial request), Special Net message (a computer-based data for special educators) ten days after follow-up letter, and personal phone calls following the Special Net message in order to secure high rate of return.
4. Data were then tabulated and analyzed.

Research Hypotheses

The following four hypotheses were developed for this study.

Hypothesis 1: There will be a small number of states which have developed eligibility criteria for providing all specific related services as they appear in the Federal Register. Available eligibility criteria will be more prevalent for specific services such as: speech therapy,

occupational therapy, physical therapy and transportation.

Hypothesis 2: There will be variability in the nature of existing criteria for eligibility in terms of specificity as reported by various SEAs.

Hypothesis 3: There will be variability across states in the practice of providing related services in general.

Hypothesis 4: There will be similarities of responses across states when stating reasons for not having developed criteria for eligibility.

Treatment of the Data

Returned survey instruments, and attachments when available, were filed alphabetically by state in manila folders. The tabulation of the data was accomplished by visual inspection of the responses to the survey items for each participating state educational agency on a master sheet. Data for each survey were independently tabulated by the researcher and a rater and results were compared for accuracy. A 100% accuracy rate was achieved for all survey items except items 10 and 11 (90%). The researcher and the rater then jointly tabulated items 10 and 11. For further security surveys on 7 states, every fifth one when alphabetically ordered, were examined jointly by the researcher and the rater. Frequency counts were manually calculated for all SEAs twice. Percentages of the responses

were based upon the total number of participating SEAs.

Criteria of eligibility and/or definitions for specific services were also examined in terms of specificity. This part of the study was achieved by analyzing available eligibility criteria individually and then comparing them to one another.

A summary of findings, conclusions, and recommendations in light of the received data and the review of the literature were formulated and reported.

Summary of Methodology

The state educational agencies in the fifty states and the District of Columbia were surveyed with a 13-item survey instrument which had been designed to elicit information in the area of eligibility criteria for providing related services to handicapped students. The responses to the survey instrument were tabulated and frequency counts were calculated for all SEAs. Criteria of eligibility and/or definitions for specific services were also examined in terms of specificity. A summary of findings, conclusions and recommendations in light of the received data and the review of the literature were formulated and reported.

CHAPTER IV

RESULTS

The purpose of this study was to determine the availability of eligibility criteria for providing related services as mandated by relevant federal legislation (P. L. 94-142 and Section 504 of the Rehabilitation Act of 1973). The survey instrument used was designed to secure information pertinent to state practices in the area of related services, thus determining the availability of eligibility criteria.

A total of 51 survey instruments were sent to directors of special education, 38 (75 %) were returned (see Table 5). Data received, in addition to the survey instrument, included 18 SEA regulations and/or state laws addressing the issue of eligibility criteria. The content of this material is primarily presented in hypothesis 4, though references are made, as appropriate, when discussing the other hypotheses. In order to secure a high return rate, the following efforts took place: (a) follow-up letter, (b) personal telephone calls, and (c) utilization of Special Net. Personal telephone calls to some SEAs resulted in the response that they were not able to provide the information

Table 5

States and the District of Columbia Classified by
Participation in the Study

<u>Participated</u>		<u>Did Not Participate</u>
Arizona	Missouri	Alabama
Arkansas	Montana	Alaska
California	Nevada	Idaho
Colorado	New Jersey	Iowa
Connecticut	New Mexico	Kansas
Delaware	New York	Kentucky
D. C.	North Carolina	New Hampshire
Florida	Ohio	Nebraska
Georgia	Oklahoma	North Dakota
Hawaii	Oregon	South Dakota
Illinois	Pennsylvania	Vermont
Indiana	Rhode Island	Virginia
Louisiana	South Carolina	Washington
Maine	Tennessee	
Maryland	Texas	
Massachusetts	Utah	
Michigan	West Virginia	
Minnesota	Wisconsin	
Mississippi	Wyoming	

due to personnel shortage or an overwhelming number of commitments. All correspondence was prepared by the researcher, and it was sent out from the Office of Special Education, Pupil Personnel Services and State Operated Programs, Virginia Department of Education (Appendix A).

As shown in Table 6, participating SEAs reflected a representation of all U.S. regions.

Table 6

States Participating in the Study by Region

Eastern	Southern
Connecticut	Arkansas
Delaware	Florida
Maine	Georgia
Maryland	Louisiana
Massachusetts	Mississippi
New Jersey	North Carolina
New York	Oklahoma
Pennsylvania	South Carolina
Rhode Island	Tennessee
West Virginia	Texas

Central

Western

 Illinois

Arizona

Indiana

California

Iowa

Colorado

Michigan

Hawaii

Minnesota

Idaho

Missouri

Montana

Ohio

Nevada

Wisconsin

New Mexico

Utah

Wyoming

This chapter is organized into four sections each addressing one of the study's hypotheses . This format is used because study's hypotheses address all survey items. Tables for each hypothesis, when necessary, are included. Data for survey items 1,2, and 4-7 are tabulated in Appendix C, and tabulated data for items 8,9 appear in Appendix D and E respectively. The rest of the survey items are presented either within the text or in a combination of text and tables.

Hypothesis 1. There will be a small number of states which have developed eligibility criteria for providing all specific related services as they appear in the Federal Register. Available eligibility criteria will be more prevalent for specific related services such as: speech, occupational therapy, physical therapy and transportation.

An analysis of the results indicates a low incidence of eligibility criteria addressing specific related services for students' eligibility to receive them when necessary. As shown in Table 7, criteria for receiving speech pathology exist in 15 states (31 %) followed by occupational therapy in 9 (18%), physical therapy in 8 (16%) and transportation in 4 states (8 %). Seventeen (45 %) states indicated the existence of criteria for at least one related service. Table 7 includes only those services identified in the Federal Register. Related services such as psychotherapy, though reported in the literature as the result of litigation, are not included in the list of related services found in the register. In all, 65% of the existing criteria are divided between speech, OT and PT. Criteria for social, psychological, audiological, transportation and other services generate the remaining 35%.

There was only one state, Florida, which indicated that students could receive Occupational Therapy (OT), Physical Therapy (PT) and speech therapy directly without having to be eligible for special education. However, educational

Table 5

Availability of Eligibility Criteria by Specific Service and State.

States	Specific Services*						
	OT	PT	Speech Therapy	Audiological Services	Social Work	Psychological Services	Trans- portation
California	x	x	x				
Delaware							x
Florida	x	x	x	x			
Georgia			x				
Indiana	x	x	x				x
Louisiana	x	x					
Maine	x		x		x	x	
Missouri			x				
Mississippi			x				
Montana	x	x	x				
N. Carolina			x				
Ohio	x	x	x	x		x	x
Tennessee			x				
Texas *	x	x	x	x	x	x	x
W. Virginia			x				
Wisconsin	x	x	x				
Wyoming			x	x			

Note. Only Texas has criteria for recreational, diagnostic, counseling, and school health services.

agencies were required to provide these services according to guidelines established by relevant federal legislation, despite the lack of such criteria at either the local or the state level.

Only Texas has fully addressed this issue in providing eligibility criteria for all related services. Florida, Maine, Indiana and Ohio also have developed criteria for several specific related services such as OT, PT, speech and audiological services. Others, like Georgia, Missouri, Delaware and North Carolina have developed criteria for only one service, usually speech services. Only one state, Maine, has criteria for occupational therapy without the concurrent availability of criteria for physical therapy. Twenty one states (55 %) had not developed any eligibility criteria. Only Massachusetts and West Virginia have expressed an interest in developing guidelines to assist their localities and achieve consistency in practice throughout their respective states.

The development of criteria for 19 specific services took place after 1979. California reported that criteria for OT/PT services were first developed in 1940. Ohio has had criteria for OT/PT, speech, transportation, and psychological services since 1968.

Those states having eligibility criteria recommended their adoption by LEAs (Appendix C), however, all states required that all eligible students receive special

education and related services as established by federal and state statutes and regulations. Students may receive related services as appropriate in order to benefit from special education unless state regulations indicate otherwise (OT, PT, and speech may be provided directly in Florida).

For instance, although the state of Arkansas has not developed criteria for specific related services, the State's Department of Education has developed regulations regarding program standards and eligibility criteria for special education. This global approach of needing to be handicapped and eligible for special education services in order to be considered for a related service was indicated by seven states including Connecticut. A commentary on special education regulations in Connecticut (1986) illustrates this point in the following fashion: "for a service to satisfy the definition of a "related service" and be reimbursable under Connecticut General Statutes, the service must have a relationship to the child's educational needs; i.e., the service must be necessary for the child's satisfactory educational performance. For example, physical therapy, although it may be necessary and desirable for a student's physical well being and health, may have no bearing on that student's satisfactory educational performance in some cases" (p. 14-15).

In those states in which eligibility criteria for specific related services exist, special education directors

report the following reasons as the basis for their development: (a) To assist LEAs on the issue of related services (12 states), (b) to minimize discrepancies from LEA to LEA (9 states), and (c) to avoid disputes on who is eligible for receiving a specific service (7 states). Other reasons for having developed eligibility criteria include: (a) Assume compliance, (b) clarify the provision of related services under P. L. 94-142, (c) meet requests by superintendents of public instruction and (d) clarify the interdependency of special education and related services, yet allow flexibility in making the determination of the relational need applied to individual cases in question.

In summary, results support this hypothesis. Only one state has addressed the development of criteria for all specific related services. There are only 17 states which indicated the existence of eligibility criteria for at least one specific service and the majority of criteria were developed after 1979. OT, PT and speech criteria account for 65 % of available eligibility criteria. Only 4 states (Delaware, Ohio, Texas, and California) had criteria for transportation.

Hypothesis 2. There will be variability in the nature of existing criteria for eligibility in terms of specificity as reported by various SEAs.

The results of the survey indicate that only seventeen

states have established some eligibility criteria for receiving related services (see Appendix C). As noted earlier, 31 % of the states have established criteria for speech pathology, a service defined by 7 states as special education. Consequently, this limited availability of criteria does not allow for comparison between available state eligibility criteria in order to establish trends and indicate similarities and differences across the states. However, it is possible to examine available criteria on an individual basis.

The following examples of eligibility criteria were chosen to illustrate available practice. Specific related services addressed were speech, OT and PT because they account for 75 % of all available criteria reported. The reasons for selecting the eligibility criteria reported were the fact that one or more of the following criteria were met; uniqueness of a particular approach, specificity of available criteria, and the availability of other relevant and useful components. California provides a good example of eligibility criteria for receiving speech therapy. A student has a receptive or expressive language disorder when he or she meets one of the criteria: "(A) pupil scores at least 1.5 standard deviations below the mean or below the 7th percentile, for his or her chronological age or developmental level on two or more standardized tests in one or more of the following areas of language development:

morphology, syntax, semantics, or pragmatics....(B) and displays inappropriate or inadequate usage of expressive or receptive language as measured... (California Administrative Code, 1988, p. 10-11). The specificity of eligibility criteria for a student to be eligible to receive speech services is evident.

Distinctly different from those of California were the criteria for speech therapy found in Georgia. In Georgia's guidelines, following the definitions for speech and language disorders, a distinction is made between "students who have communication problems but do not necessarily have speech or language disorders" and those who do. A student is eligible for services if following a comprehensive evaluation, "the student demonstrates one or more of the above disorders which impart on education, social or intellectual or educational growth..." (Georgia Department of Education, 1988, p. 68-70).

In the area of eligibility criteria for OT/PT, Indiana and Montana provide examples of the level of specificity found in their regulations. In Indiana's guidelines for the Delivery of Occupational Therapy/Physical Therapy Services in Special Education Programs (1988), OT/PT for handicapped children in the school program are to be provided "as required to assist a handicap child to benefit from special education" (p. 1). The guidelines aim to describe OT/PT functions in the context of educational objectives and

include: (a) principles of OT/PT services, (b) definitions, (c) process which includes evaluation, direct therapy and consultation (d) referral, (e) evaluation, (f) participation of providers in IEP conference, (g) continuum of services, and (h) components of occupational and physical therapy. The above components clearly set the framework in which OT/PT are found to be necessary in the educational process, yet are broad enough to allow for individual needs (see also Appendix F).

Eligibility criteria for OT/PT developed by Montana differ from those of Indiana. In Montana, a student shall be considered eligible for OT/PT if (a) the student has been identified as handicapped under P. L. 94-142 and (b) a significant deficit in the development of prerequisites for fine motor or gross motor functional living skills exists. The significant deficit should be documented: (1) for the preschool population (3-5 years old) a 25% delay in motor performance from the student's developmental age, and (2) for all students, written confirmation that the deficit restricts or inhibits educational performance. In addition the child study team must determine whether the student receives OT/PT in accordance with a set of guidelines. For instance... (6) "the program must be needed during school hours or during prescribed educational activity." (Guidelines for Delivery of Occupational and Physical Therapy, 1988, p.86-88). Montana's approach is more specific than

Indiana's and requires a number of explicitly stated assurances to be documented before or while OT/PT is provided.

Guidelines received on the provision of related services, in addition to eligibility criteria, address a number of other areas. A useful insight into the functions and the licensure/certification requirements for related services personnel is reported by the Texas Department of Education. Related services personnel are responsible for implementing services as identified in a handicapped student's IEP. Other functions include : (a) to perform assessments; (b) to provide assistance to Admission Review and Dismissal (ARD) committee; (c) to contribute to the IEP development; and (d) to provide consultation to teachers and parents regarding the implementation of the IEP. Certification or licensure requirements for all related service personnel are included as well (SBOE Rules, p.14-16).

From the description of criteria for providing previously stated services as experienced by various states in areas such as OT, PT, speech pathology and transportation, it is evident that efforts are made to strike a balance between rigidity and flexibility (e.g., benefit from special education). Indiana's guidelines, though specific, include well defined items which must be considered by eligibility/IEP professionals. Specifically,

guiding the team members in establishing a relationship between the provision of the related services and the educational process seems to be most promising.

In summary, results support this hypothesis. Existing criteria vary in terms of specificity. Indiana's eligibility criteria were more general in nature for OT/PT than those of Montana. Similarly, eligibility criteria for speech therapy in Georgia reflect more flexibility than California's criteria for the same service.

Hypothesis 3. There will be variability across states in the practice of providing related services in general.

Results indicate that states have moved to developing a number of approaches to meet the mandate on related services. Seventeen (44 %) of SEAs indicated a number of interagency agreements with other state agencies with similar responsibilities. The Department of Mental Health and Mental Retardation (California, Hawaii, Oklahoma, Texas) along with Social Services (California) and Children's Services (California) were often found to collaborate with the Department of Education in order to meet students' needs. This pooling of resources varies in the degree of specificity regarding respective responsibilities of agencies involved. Other states (Connecticut, Hawaii, Indiana, Tennessee) and the District of Columbia report the use of the private sector, or through contracts with

hospitals, to provide certain services such as occupational therapy and physical therapy. This cooperative effort has reached training centers at local universities for personnel needs in certain areas of related service delivery. For instance, Massachusetts and Indiana provide a number of discretionary grants to colleges to meet personnel shortages, while in Mississippi 28 speech pathologists are supported with the state funds to complete their college work. California, Florida, Indiana, Massachusetts, Michigan, Oklahoma and Oregon were the most active indicating four or more interagency agreements or other state initiated programs in their effort to address issues in the area of special education and particularly in the area of related services. Others, such as Minnesota, Missouri, Nevada and New Mexico, did not report any type of SEA involvement in the provision of related services (see also Appendix C, survey item 7).

Interagency agreements are only a part of the activities that states utilize to achieve a better service delivery. Sixteen states (42 %) used seminars, 25 (66 %) workshops and 12 (31%) were involved in pre-service training primarily with the collaboration of colleges and universities. These activities were not limited to the provision of related services, but often included a number of other special education related issues. An interesting practice was the emphasis which was given in the state of

New York to training all team members in eligibility/IEP in matters regarding special education and related services (Appendix D).

Less variability was observed in the way states rate the degree to which educational agencies should provide specific related services. This is not to suggest that SEAs which view a specific service with a low degree of favorableness do not provide it when necessary. Rather, it is felt that some services are outside the scope of educational agencies and need to be provided by some other agency. This degree of favorableness, by specific service, is shown on Table 8. It is obvious that psychotherapy seems to be viewed less favorably than any other related service followed by recreational activities and school social work services. But, even though psychotherapy is viewed with low favorableness by 42% of the states, more than half of the states view it with moderate to high favorableness. Similarly, 53 % of the states view recreational services with a low to moderate degree of favorableness, while 47 % view them with high favorableness. Diagnostic and counseling services are rated moderate to high and no state views them with a low degree of favorableness.

Audiological and school health services are viewed with low to moderate degree of favorableness by 32% and 28 % of the states respectively, while the rest of the states view them with a high degree. Transportation and speech services,

Table 8

Degree of Favorableness by Which Educational Agencies View the
Mandate to Provide the Following Related Services

Related Services	Low	Moderate	High
Psychotherapy	16	7	15
School social work services	5	8	20
Occupational therapy	4	6	28
Speech pathology	1	3	31
Audiological services	3	9	25
Recreational services	10	9	17
Diagnostic services		7	28
Physical therapy	2	8	26
Transportation services	1	4	31
School health services	4	6	26
Counseling services		9	24

the most frequent related services according to the Ninth Annual Report to Congress(1987), are viewed with a low to moderate degree of favorableness for 14 % and 11% of the states. However, speech pathology and transportation followed by OT,PT, diagnostic services, school health services and counseling services had the highest and more frequent degree of favorableness.

Table 9 reports frequency of responses of those states indicating a need in the area of related services by specific related service. Eighty percent of the SEAs indicated staff needs in physical and occupational therapy. Additional training of staff in diagnostic and psychological services was reported by 61 % and 63 % of the states respectively. Fifty percent of the states expressed need for the expansion of psychological services and approximately 37% expressed the same need for school social work and counseling services.

The need for eligibility criteria is also reported in Table 9. Eligibility criteria for OT, PT and counseling services were needed by 24% of the states. Funding was also reported for occupational therapy(58 %), speech services (55 %), diagnostic services (52 %), physical therapy and transportation (58 %), counseling services (61 %) and school health services (52 %). Finally, in terms of needs having the highest frequency of responses, funding and additional staff dominate, followed by in-service, additional training,

Table 9

Number of States Reporting a Need for Providing Related Services

Related Services	Needs				Funding
	Additional Staff	Inservice/ Additional Training	Expand/ Enhance Service	Criteria For Eligibility	
Psychological services	23	24	19	6	21
School social work services	19	21	18	4	17
Occupational therapy	30	21	15	9	22
Speech language pathology	26	17	12	6	21
Audiological services	20	10	13	4	17
Recreational services	14	13	11	7	17
Diagnostic services	15	23	13	7	20
Physical therapy	30	18	17	9	22
Transportation services	8	14	10	7	22
School health services	14	17	11	7	20
Counseling services	18	16	17	9	23
Totals	215	191	147	75	222

expansion of services and criteria for eligibility.

However, if only a limited number of states have developed eligibility criteria for certain specific related services, how do students receive services? States report that a limited number of LEAs have developed criteria. Only 7 states (18 %) indicated that some of their LEAs had developed criteria. In two instances, the number of these LEAs was reported. Illinois indicated 65% of LEAs having criteria, while Montana reported 6 LEAs (1%) having criteria. It was also reported that specific related services are provided by the LEAs in accordance with federal and state statute regulations. LEAs determine eligibility for related services on a case-by-case basis through the development of the IEP. Criteria used in the IEP process, as indicated by Michigan, are "generally unwritten and unofficial." Still, an important element for eligibility is for the child to benefit from special education. Recommendations for the provision of a specific service are normally presented by the related service provider.

The delivery of related services also involves a number of conflicts. As reported in Table 10, data indicate that conflicts which lead to due process hearings, administrative reviews, and court cases reflect an increase for due-process and reviews from 1986/87 to 1987/88. While some states such as Florida and Georgia did not have any cases, others like Washington D.C. had 147 due process

hearings for 1986/87 and 1987/88 and 33 administrative reviews for 1987/88. Illinois had 107 due process hearings in 1987/88, and New York had 85 due process hearings and 10 administrative reviews for 1986/87 and 1987/89. Minnesota, in addition to a number of hearings, had 6 court cases for 1986/87 and 1987/88 (see also Appendix E).

Table 10

Summary of Due-Process Hearings, Administrative Reviews and Courts Cases on Related Services; 1986/87 and 1987/1988

Year	Due Process	Administrative Review	Courts
1986/87	219	53	7
1987/88	299	89	5

Pennsylvania reports that related services are a frequent subject of dispute between parents and LEAs. In Oklahoma, which had 79 due process hearings, 18 administrative reviews and 3 court cases, the SEA reports that related services are heavily represented in disputes between LEAs and parents and IEP teams are required to write related services objectives in educational terms. This

connection to educational objectives, required in Indiana as well, may be the source of these conflicts because it is possible for a child to be in need of OT/PT but not necessarily within the educational framework.

In summary, it is apparent that while states show an indication of establishing criteria for eligibility, LEAS still rely heavily on the multi-disciplinary/IEP team to make these decisions independently. Some states have been developing a broad array of activities to assist LEAS in providing related services including formal interagency agreements at the state level as well as workshops, seminars and pre-service training collaboration efforts with colleges and universities. Variations existing in the above mentioned areas are also found in disputes involving related services, degree of favorableness expressed by respondents to the requirement of providing certain specific services and reported needs in staff, funding, in-service training, expansion of services and eligibility criteria.

Results support this hypothesis. Variations exist in disputes involving related services, degree of favorableness expressed by respondents to the requirement of providing certain specific services and reported needs in staff, funding, in-service training, expansion of services, eligibility criteria and type of assistance offered to LEAs.

Hypothesis 4. There will be similarities of responses across states when stating reasons for not having developed criteria for eligibility.

Directors of special education reported that lack of eligibility criteria was attributed to the following reasons: (a) eligibility/IEP teams are best equipped to make these decisions for 32 states (83 %), (b) the participation of related service providers in recommending (or rejecting) the particular related service for 18 states (47 %) and (c) individual needs of handicapped students make it impossible to adhere to standard criteria for potential eligibility in 17 states (44 %), Table 11.

Table 11

Reasons Cited by Special Education Directors for Lack of Eligibility Criteria by Number of States and Percent

Reasons	States	Percent
Eligibility/IEP teams are best equipped to make these decisions	32	83%
Specialists make recommendations	18	47%
Individual needs make it impossible to adhere to criteria	17	44%

In reference to statement (a), it is assumed that these two teams should have the capacity to carry out these responsibilities. A suggestion made by New York was to improve the quality of decision making by training team members. Similarly, Montana's Guidelines for the Delivery of Occupational and Physical Therapy (1988) in the delivery of OT/PT address the issue of decision making. In the regulations it is stated: "The child study team must determine whether the student receives occupational and/or physical therapy in accordance with the following guidelines:

- a) the therapy program must show support for one or more of the annual goals and/or the short-term objectives on the student's IEP.
- b) the program must be needed during school hours or during prescribed educational activity.
- c) the frequency and intensity of the program must be needed in order for the student to benefit from his/her educational activity. The frequency and intensity of the therapy program must be determined by educational goals and activities" (p. 87).

This quote reflects the need for the team to be guided through the eligibility determination process and establish the necessity of the service in terms of educational purposes.

In addressing the statement which calls for the specialist to make recommendations for eligibility purposes, results indicate some potential conflicts. Specifically, due to personnel shortages many LEAs and some states (Nevada) contract OT/PT services from nearby hospitals. Data

indicate some inherent problems in such arrangements, for instance interest conflicts.

Further, the statement that individual needs of handicapped students would make it impossible to adhere to standard criteria for potential eligibility is shared by almost half of the responding states. However, states like Massachusetts and Indiana emphasize the importance of eligibility criteria. "The concept of eligibility criteria implies a continuum of need on which only a portion of these students who might benefit from specialized help become entitled to the programmatic guarantees and procedural safeguard provided by state and federal regulations governing the education of the handicapped" (Who Requires Special Education in Massachusetts, 1989, p. 2).

In summary, results support this hypothesis. States have not developed one or more eligibility criteria because of reliance on: (a) Eligibility/IEP teams, (b) recommendations made by related services specialists in the eligibility process, and (c) the belief that individual needs take precedence over the need for eligibility criteria. For tabulated data see Appendix C, survey item 4.

Summary

Results show that only one state has developed eligibility criteria for all specific related services as

they appear in the Federal Register. Eighteen other states indicated the existence of eligibility criteria for at least one specific service and the majority of criteria were developed after 1979. Eligibility criteria were most frequently reported for speech pathology, occupational therapy, and physical therapy. Eligibility criteria for transportation exist in four states.

Existing criteria vary in terms of specificity. Indiana's eligibility criteria were more general in nature for OT/PT than those of Montana. Similarly, eligibility criteria for speech therapy in Georgia reflect more flexibility than California's criteria for the same service.

Variations exist in disputes involving related services, degree of favorableness expressed by respondents to the requirement of providing certain specific services and reported needs in staff, funding, in-service training, expansion of services and eligibility criteria. There is also variability in the type and degree of assistance offered to LEAs by the state educational agency. While no pattern could be established, a number of approaches were reported such as interagency agreements, seminars, workshops and on-site training.

Finally, data indicate that most states have not developed one or more eligibility criteria because of reliance on: (a) Eligibility/IEP teams, (b) recommendations made by related services specialists in the eligibility

process, and (c) the belief that individual needs take precedence over the need for eligibility criteria.

CHAPTER V

SUMMARY, CONCLUSIONS, DISCUSSION AND
RECOMMENDATIONS

The related services component of the Education of All Handicapped Children Act (P.L. 94-142) has been one of the most difficult features in providing a Free Appropriate Public Education (FAPE) for all handicapped students and it continues to be a persistent challenge (O'Hara, 1986). The issue is further complicated by the fact that related services are limited under federal law to handicapped children, and handicapped children are defined as only those needing special education. Special education is defined as instruction designed specifically to meet the unique needs of the child, while the definition of related services follows the logical progression of adding services which are necessary for the child to benefit from special education. Issues involving related services have focused on availability, provision models, fiscal efficiency, compliance and legality. An area which had not been examined is the availability of criteria for providing related services. It is this area which was addressed by this study.

The study was designed to present a description of how

SEAs are dealing with the issue of eligibility criteria for providing related services. A 13 item survey instrument was designed and sent to the special education directors of the 50 states and the District of Columbia. Results were tabulated and frequency counts were calculated for all participating SEAs with a percentage of responses included.

The limitations of this study were as follows: (a) the research was confined to practices in the provision of related services at the state level, (b) data used in the study were limited to that which became available through responses to survey items and attached regulations, and/or statutory provisions as appropriate and (c) SEAs were surveyed on only those related services appearing in the Federal Register. The reader should consider the limitations of the study when reading this section.

Summary

A summary of findings is presented in relationship to the four hypotheses of this study as follows:

Hypothesis 1: There will be a small number of states which have developed eligibility criteria for providing all specific related services as they appear in the Federal Register. Available eligibility criteria will be more prevalent for specific services such as: speech therapy, occupational therapy, physical therapy and transportation.

Results support this hypothesis. Only one state has addressed the development of all specific related services. Eighteen other states indicated the existence of eligibility criteria for at least one specific service and the majority of criteria were developed after 1979. Eligibility criteria were most frequently reported for speech pathology, occupational therapy, and physical therapy. Eligibility criteria for transportation exist in four states.

Hypothesis 2: There will be variability in the nature of existing eligibility criteria in terms of specificity as reported by various SEAs.

Results support this hypothesis. Existing criteria vary in terms of specificity. Indiana's eligibility criteria were more general in nature for OT/PT than those of Montana. Similarly, eligibility criteria for speech therapy in Georgia reflect more flexibility than California's criteria for the same service.

Hypothesis 3: There will be variability across states in the practice of providing related services in general.

Results support this hypothesis. Variations exist in disputes involving related services, degree of favorableness expressed by respondents to the requirement of providing certain specific services, and reported needs in staff, funding, in-service training, expansion of services and eligibility criteria. There is also variability in the type and degree of assistance offered to LEAs by the state

educational agency. While no pattern could be established, a number of approaches were reported such as interagency agreements, seminars, workshops and on-site training.

Hypothesis 4: There will be similarities of responses across states when stating reasons for not having developed criteria for eligibility.

Results show that most states have not developed criteria for more than one or any criteria because of reliance on: (a) eligibility/IEP teams, (b) recommendations made by related services specialists in the eligibility process, and (c) the belief that individual needs take precedence over the need for eligibility criteria. Those states which have them or work towards their development believe otherwise.

Discussion and Conclusions

The purpose of this study was to determine the availability of eligibility criteria for providing related services as mandated by relevant federal legislation at the state level. Results indicate that the issue of related services is a complex one and state educational agencies are faced with a number of problems such as funding and staff needs. Results, however, provide little support for eligibility criteria for students to receive a specific related service, although considerable attention has been

devoted to eligibility criteria for receiving special education. The issue has been left to the discretion of IEP/Eligibility teams with the only guidance deriving from federal statutory language. It is assumed that these two teams should have the capacity to carry out these responsibilities. Unfortunately, though, research shows that this is often not the case. (Ysseldyke, Algozzine, Richey and Graden, 1982; Algozzine and Ysseldyke, 1981). Even though the quality of decisions by the Eligibility/IEP teams may be questionable, both teams are essential in the process of special education. Training of Eligibility/IEP team members and the availability of guidelines will result in better quality decisions.

This limited number of states having eligibility criteria could be explained if the issue is brought to the broader perspective of local control. As stated by Hudgins and Vacca (1985), "education in the United States is of national interest, the responsibility of the state, and administered by the locality." Knezevich (1975) insists that in the United States "the local district remains, although significantly modified in size and functions from its historic counterpart, the basic structural unit for the administration of public education" (p.205). Further, local control has received some recognition as the result of the research for effective schools, especially in the area of community involvement. Apparently this historical

predisposition creates a skepticism for the SEAs to interfere with matters in the administration of the schools. State-imposed eligibility criteria may result in resentment and conflict; however, if recommended, they may be of assistance. It remains unclear to which degree they will be adopted. (Odoms & Warren, 1988; Siders, et.al, 1987; Doyle & Finn, 1986; Hudson, 1986).

Additionally, the involvement of the federal government in local matters which concern educating handicapped students through major federal legislative mandates is well established. This legislation was not easily obtained. It violated a strong tradition in the United States that education is a state and local responsibility. But, in the last three decades, the federal government has moved from little involvement in special education to become a major partner in local and state programs for those identified as handicapped (Gallagher, 1989).

SEAs also assist LEAs with such matters as interpretation of the laws, regulations, guidelines for program operation, consulting services, technical assistance, and training of personnel. In addition, a number of government (Office of Special Education) and nongovernment (Council for Exceptional Children) agencies provide essential assistance (Mayer, 1982). This assistance is not only desirable but essential to meet the individual needs of exceptional children.

Thus, if the involvement is established and necessary, it seems logical to expect more direction from SEAs (in addition to regulatory and financial responsibility), especially in matters which create confusion and are of concern to LEAs. Related service delivery is indeed one of them and although eligibility criteria have not been a central theme yet, it is expected that they will receive more and more attention as LEAs become more sophisticated in service delivery and in their attempts to achieve a better and more efficient practice.

The need to develop eligibility criteria has been shared by West Virginia and Massachusetts, which are presently working on the development of criteria for special education and related services. Massachusetts reports that "due to the lack of uniformed criteria across the state, great inconsistencies are found in practice." This inconsistency creates confusion when LEAs attempt to answer the question, "Who is eligible for special education?" It is further stated that "a list of established guidelines that LEAs could follow in determining eligibility for special education should reduce that confusion and ensure greater consistency in the identification of special needs students throughout the commonwealth"(Report on Who Requires Special Education, 1989, p. 3). Also, research by Ysseldyke, Algozzine, Richey and Graden (1982) indicating the poor quality of decisions made by the IEP/Eligibility

teams further support the development of guidelines and criteria for use by the team members in eligibility/programming process.

The courts, due process hearings, administrative reviews, the Office of Special Education Programs, the Office of Civil Rights and State Educational Agencies will substantially contribute in defining (or interpreting) the legal framework of the mandate on related services. States have generally adopted the federal definition which allows students to receive related services only in order to benefit from special education.

Speech, transportation and diagnostic services are rated high in terms of favorableness as expressed by SEAs. This may be due to the ability and sophistication of LEAs to address these services, the availability of personnel and the sense of direct relationship of these services to educational objectives. On the contrary, psychotherapy, recreational and social work services are rated low.

Results of this study in many regards are comparable with conclusions found in the literature. Variations among states in the provision of special education are common (Danielson & Bellamy, 1989) It is apparent, though, that an increasing effort to achieve better practice will capture the interest of educational agencies taking the place of the dramatic expansion of special education and related services in the seventies and eighties. Primary reasons for this

will be cost effectiveness factors (thus LEAs will need to perform more with less money) and an attempt to respond to current trends in the field. Cost issues are better illustrated in the 10th Annual Report to Congress in which the cost of related services has exceeded by far the cost for special education in a number of states.

Adoption of the trans-disciplinary model of decision making versus the traditionally exercised multi-disciplinary model will require the availability of eligibility criteria (Odoms & Warren, 1988; Rainforth & York, 1987). The sophistication in service delivery, careful screening, and a move towards more integrated models (Regular Education Initiative, Reynolds, 1988) will allow students to receive only necessary services and to the extent possible in the mainstream.

Recommendations

The following recommendations appear to be feasible in light of the literature review, survey results, an analysis of eligibility criteria and comments from various SEAs:

1. Statewide eligibility criteria need to be developed for all related services. This will assist LEAs and will also be the constant reference source for Eligibility/IEP teams. Research by Ysseldyke, Algozzine, Richey and Graden (1982)

have reported flaws in the decisions made by the IEP/Eligibility teams.

2. Interagency agreements need to be expanded and increased with other state agencies so that the burden of SEAs solely financing these services can be shifted from the schools to other agencies as well. This is consistent with the federal legislation intent of the 1986 Amendments to P.L. 94-142.

3. Specific related service need to be adequately described and updated regularly to reflect current trends in the respective fields. Such information will enhance the understanding of non-expert team participants.

4. The referral process for a student to receive related services needs to be described precisely .

5. Eligibility criteria should be specific enough to discriminate between those needing the service for educational purposes and those who do not, yet flexible enough to allow for individual needs.

6. IEP/Eligibility teams need to be trained so that the quality of decision making is improved when considering eligibility and/or programming of students to special education and related services.

Recommendations for Further Research

1. Further research on eligibility criteria needs to be done at the LEA level. Eligibility/IEP team processes will require special attention to identify the impact on the decisions made in LEAs in which criteria exist versus those which do not have any.

2. Many aspects of the provision of related services at the state level need to be specifically examined. For instance, the nature of interagency agreements regarding the extent of collaboration between the involved agencies, nature and extent of assistance provided to LEAs, and areas such as funding, personnel and staff development needs.

APPENDIX A

Initial Letter, Follow up Letter

Special Net Follow up Message

Office of Special Education
Pupil Personnel Services and State Operated Programs

February 17, 1989

^F1^

^F2^

Dear ^F3^:

The Virginia Department of Education is currently examining the provision of Related Services to handicapped children, especially the need to develop criteria for eligibility. Requests for assistance by Local Educational Agencies (LEAs) and ongoing controversies between LEAs and parents on the provision of related services within the legal parameters of EHA and Section 504 reflect a need for action in this area.

As part of our efforts to address this issue, we are requesting information regarding your state's approach to eligibility criteria for the provision of related services. Please complete the enclosed questionnaire and attach a copy of any state developed eligibility criteria and/or policy on related services and return to me by March 10, 1989:

Your assistance in completing the questionnaire would be greatly appreciated. If you have questions, please contact Ms. Kathe Klare, Supervisor of Due Process Management, at (804) 225-2887.

Sincerely

William L. Helton
Administrative Director

KK/mco

Enclosure

cc: Kathe Klare



COMMONWEALTH of VIRGINIA

DEPARTMENT OF EDUCATION
P.O. BOX 60
RICHMOND 23216-2060

Office of Special Education
Pupil Personnel Services and State Operated Programs

March 15, 1989

Mr. Carl M. Haltom
Programs Division
Department of Public Instruction
P. O. Box 1402, Townsend Bldg.
Dover, Delaware 19903

Dear Mr. Haltom:

This is in reference to my February 17 request for your assistance in our effort to develop eligibility criteria for providing related services to our handicapped population when needed. Your response is not only desirable but essential to effectively address this issue.

If you have not already done so, please complete the enclosed questionnaire and attach a copy of any State developed eligibility criteria and/or policy on related services and return to me by March 25, 1989.

Your response to my request would be greatly appreciated and your experience on this issue will be included in our initial report at the end of March, 1989.

If you have questions, please contact Ms. Kathe Klare, Supervisor of Due Process Proceedings, at (804) 225-2887.

Sincerely,

William L. Helton

William L. Helton
Administrative Director

WLH/pw

Enclosure

cc: Kathe Klare

TO: Alaska Iowa
Louisiana Nebraska
Maine Nevada
Kentucky New Mexico
Alabama North Dakota
California Oregon
Idaho Vermont
Maryland Washington
Kansas Wyoming
Minnesota New Hampshire
Georgia Texas
Hawaii New Jersey
South Dakota

FROM: Virginia Special Education Director

On March 15, 1989 we sent you a follow-up letter regarding the completion of our survey on eligibility criteria for providing related services. If you have not sent the requested information, we would appreciate your timely response. Your cooperation will be essential in our effort to develop a state policy addressing this issue. If you have any questions, please contact Kathe Klare, Virginia Department of Education, at (804) 225-2887.

We thank you for your assistance.

APPENDIX B
Survey Instrument

Criteria for Providing Related Services:
Survey of State Educational Agencies

1. Please indicate if your state has developed criteria for eligibility for handicapped students to receive related services. Please check and indicate year of implementation.

	Yes *	Year
psychological services	_____	_____
school social work services	_____	_____
occupational therapy	_____	_____
special language pathology	_____	_____
audiological services	_____	_____
recreational services	_____	_____
diagnostic services	_____	_____
physical therapy	_____	_____
transportation services	_____	_____
school health services	_____	_____
counseling services	_____	_____
other related services	_____	_____
Comments: _____		

*If YES do not answer questions 2-4
If NO do not answer questions 5 and 6

2. Have Local Educational Agencies (LEAs) developed their own criteria of eligibility to provide related services? YES ___** NO ___

**If YES indicate approximate number and percent of LEAs currently having criteria of eligibility Number _____ Percent _____

3. State examples of criteria that LEAs utilize in determining eligibility of handicapped students in receiving specific services.
- _____
- _____
- _____

4. Please indicate reasons for not having such criteria by checking the following statements when applicable.

___ LEAs should determine such criteria of eligibility

___ Eligibility/IEP teams are best equipped to make these decisions

___ Specialist(s) providing a related service make recommendations

___ Individual needs of handicapped students could make it impossible to adhere to standard criteria for potential eligibility

other _____

5. Are the criteria for eligibility recommended or required for adoption by your state's local school agencies?
Please check: Recommended _____ Required _____

If required, specify or attach compliance procedures

- a.
- b.
- c.

6. What was the purpose and/or objectives for having developed such criteria for eligibility? Please check

- a. To assist Local Educational Agencies _____
- b. Minimize discrepancies from LEA to LEA _____
- c. Avoid disputes on who is eligible for related services _____
- d. Other _____

7. Please list available state initiated programs, for facilitating the provision of related services, for example, interagency agreements, private sector involvement

- a. _____
- b. _____
- c. _____
- d. _____

8. Has your state developed or coordinated any of the following educational activities for more effective delivery of related services. Please check (indicate number when available).

	1987-88	#	1986-87	#
seminars	_____	_____	_____	_____
workshops	_____	_____	_____	_____
preservice training	_____	_____	_____	_____

9. Indicate number of cases involving related services which resulted in

	1987-88	1986-87	#
a. due process hearings	_____	_____	_____
b. administrative review	_____	_____	_____
c. court	_____	_____	_____

10. Please rate the degree to which, you believe, educational agencies should provide the following related services.

	Low	Moderate	High
psychotherapy	_____	_____	_____
school social work services	_____	_____	_____
occupational therapy	_____	_____	_____
speech pathology	_____	_____	_____
audiological services	_____	_____	_____
recreational services	_____	_____	_____
diagnostic services	_____	_____	_____
physical therapy	_____	_____	_____
transportation services	_____	_____	_____
school health services	_____	_____	_____
counseling services	_____	_____	_____
other	_____	_____	_____
Comments _____			

11. Please indicate any specific needs in the provision of specific related services at the present time by checking the appropriate area

	Additional Staff	Inservice/ Additional Training	Expand/ Enhance Service	Criteria For Eligibility	Funding
psychological services	_____	_____	_____	_____	_____
school social work services	_____	_____	_____	_____	_____
occupational therapy	_____	_____	_____	_____	_____
special language pathology	_____	_____	_____	_____	_____
audiological services	_____	_____	_____	_____	_____
recreational services	_____	_____	_____	_____	_____
diagnostic services	_____	_____	_____	_____	_____
physical therapy	_____	_____	_____	_____	_____
transportation services	_____	_____	_____	_____	_____
school health services	_____	_____	_____	_____	_____
counseling services	_____	_____	_____	_____	_____
other related services	_____	_____	_____	_____	_____

12. Please make any additional comments related to this survey or any other issue regarding related services

13. Please include copies of state laws/state department of education regulations related to criteria for eligibility/definitions in the provision of related services.

Definitions/policy of related services included Yes___ No___

Criteria for eligibility to related services Yes___ No___
(include criteria for specific related services as well)

NOTE. All participating agencies will receive a summary of findings. Please indicate if you would like to have a complete report of the study and conclusions Yes_____ No_____

Name _____

Title _____

Address _____

Phone _____

Appendix C

Tabulated Data for Survey Items 1, 2, 4, 5, 6 & 7

	1	2	4			5	6				7
States	State Criteria	LEA Criteria	Reasons for No Criteria			Required	Objectives				State Programs
AZ	N	N	2	3	4	NR	N				Y
AR	N	N	2			NR	A	B	C	D	Y
CA	Y	N	2	3		Y	NR				Y
CO	N	N	2	3	4	NR	NR				Y
CT	N	N	2		4	N	N	N	N	N	Y
DC	N	N	2		4	NR	NR				Y
DE	Y	N	2	3	4	NR	NR				NR
FL	Y	NR	NR			Y	A	B			Y
GA	Y	Y	2		4	N	N				Y
HI	N	N	2		4	NR	NR				Y
IL	N	Y	2	3	5	Y	A		C		NR
IN	Y	N	2	3	4	NR	NR				Y
LA	Y	N	NR			Y		B	C		Y
ME	Y	NR	NR			Y	A	B	C		N
MD	N	N	2	3		NR	NR				NR
MA	N	Y	2		4	5	NR	A		D	Y
MI	N	NR	2	3		NR	NR				Y
MN	N	Y	2			NR	NR				NR
MS	Y	NR	NR			Y	A	B			NR
MO	Y	N	2	3	4	5	NR	NR			N
MT	Y	Y	NR			Y	A	B	C	D	Y
NV	N	N	2			NR	NR				NR
NJ	N	NR	2	3		NR	NR				N
NM	N	N	2	3	4	NR	NR				NR
NY	N	NR	1	2	4	NR	NR				NR
NC	Y	Y	2	3		Y	A	B	C		Y
OH	Y	Y	2	3	4	5	Y			D	NR
OK	N	Y	NR			NR	NR				Y
OR	N	NR	2		4	5	NR	NR			Y
PA	N	NR	2			NR	NR				Y
RI	N	NR	1	2	3	4	NR	NR			Y
SC	N	N	2		4	NR	NR				Y
TN	Y	N	2	3		NR	NR				Y
TX	Y	N	NR			Y	A	B	C		Y
UT	Y	N		3	4	5	NR	A	B	D	NR
WV	Y	N	2	3		NR	NR				NR
WI	Y	Y	NR			Y	A	B	C		NR
WY	Y	N	2			Y	NR				NR

N: No existence

Y: Existence

NR: No response

Appendix D

Tabulated Data for Survey Item 8

State Activities			
States	Seminars	Workshops	Preservice
AZ	Y	Y	N
AR	Y	Y	NR
CA	NR	Y	Y
CO	NR	NR	NR
CT	Y	Y	Y
DC	Y	Y	Y
DE	NR	Y	NR
FL	Y	Y	Y
GA	NR	Y	NR
HI	NR	Y	NR
IL	Y	Y	Y
IN	Y	Y	Y
LA	NR	NR	NR
ME	N	N	N
MD	Y	Y	NR
MA	Y	Y	Y
MI	NR	Y	NR
MN	NR	NR	NR
MS	NR	NR	Y
MO	N	N	N
MT	NR	NR	NR
NV	NR	NR	NR
NM	NR	NR	NR
NJ	Y	Y	Y
NY	NR	Y	Y
NC	NR	NR	Y
OH	Y	Y	NR
OK	NR	Y	NR
OR	NR	NR	NR
PA	Y	Y	Y
RI	NR	Y	NR
SC	NR	NR	NR
TN	NR	Y	Y
TX	NR	NR	Y
UT	Y	Y	NR
WV	Y	Y	NR
WI	Y	Y	NR
WY	NR	NR	NR

Note: Y: Existence
 N: No Existence
 NR: No Response

Appendix E

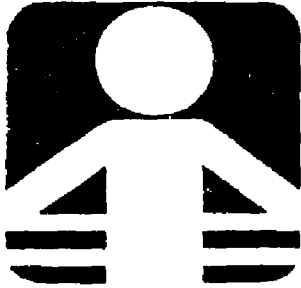
Tabulated Data for Survey Item 9

States	Cases					
	Due Process		Review		Court	
	86-87	87-88	86-87	87-88	86-87	87-88
AZ	NR	NR	NR	NR	NR	NR
AR	N	1	N	N	N	N
CA	NR	NR	NR	NR	NR	NR
CO	NR	NR	NR	NR	NR	NR
CT	NR	NR	NR	NR	NR	NR
DC	82	65	NR	33	NR	NR
DE	2	1	1	4	N	N
FL	N	N	N	N	N	N
GA	N	N	N	N	N	N
HI	14	20	N	N	2	1
IL	NR	107	NR	NR	NR	NR
IN	3	1	1	1	N	N
LA	NR	3	NR	NR	NR	NR
ME	NR	NR	4	3	NR	NR
MD	NR	NR	NR	NR	NR	NR
MA	NR	NR	NR	NR	NR	NR
MI	15	14	10	12	3	3
MN	N	N	N	N	N	N
MS	N	N	N	N	N	N
MO	N	N	N	N	N	N
MT	N	1	N	N	N	N
NV	N	N	1	N	N	N
NM	NR	NR	NR	NR	NR	NR
NJ	NR	NR	NR	NR	NR	NR
NY	51	34	5	5	N	N
NC	1	3	N	N	N	N
OH	4	3	N	N	N	N
OK	40	39	8	10	2	1
OR	NR	NR	NR	NR	NR	NR
PA	NR	NR	NR	NR	NR	NR
RI	NR	NR	NR	NR	NR	NR
SC	4	2	N	N	N	N
TN	3	1	23	16	N	N
TX	NR	NR	NR	NR	NR	NR
UT	N	3	N	5	N	N
WV	NR	NR	NR	NR	NR	NR
WI	NR	NR	NR	NR	NR	NR
WY	NR	1	NR	NR	NR	NR

Note: Y: Existence
 N: No Existence
 NR: No Response

APPENDIX F

Indiana's Guidelines for the Provision of OT/PT
Services in Special Education Programs



Delivery of

***Occupational Therapy/
Physical Therapy Services
in Special Education
Programs . . . Indiana Guidelines***

POLICY NOTIFICATION STATEMENT

It is the policy of the Indiana Department of Education not to discriminate on the basis of race, color, religion, sex, national origin, age or handicap, in its educational programs or employment policies as required by the Indiana Civil Rights Act (I.C. 1971, 22-9-1), Public Law 218 (I.C. 1971 Title 20), Titles VI and VII (Civil Rights Act 1964), the Equal Pay Act of 1973, Title IX (1972 Education Amendments), and Section 504 (Rehabilitation Act of 1973).

Inquiries regarding compliance with Title IX and Section 504 may be directed to John Steinbacher, Human Resources, Indiana Department of Education, 229 State House, Indianapolis, IN 46204-2798, 317-269-9042 or to the Director of Office for Civil Rights, Department of Education, Washington, D.C.

DELIVERY OF
OCCUPATIONAL THERAPY/PHYSICAL THERAPY SERVICES
IN SPECIAL EDUCATION PROGRAMS

INDIANA GUIDELINES

Division of Special Education
Indiana Department of Public Instruction

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INTRODUCTION

The Education of Handicapped Children's Act of 1975 (P.L. 94-142) and Indiana's Rule S-1 of 1978 require an expansion of services previously mandated by state law. Occupational and physical therapy for handicapped children in the school program are to be provided "as are required to assist a handicapped child to benefit from special education." Occupational therapy and physical therapy are medically related services and have not traditionally been included in the school program. The Division of Special Education, in cooperation with the Occupational Therapy/Physical Therapy Task Force of the Indiana Council of Administrators of Special Education (ICASE), has developed this document in an attempt to describe occupational therapy/physical therapy functions in the context of the educational program.

The reader is cautioned that the guidelines describe only the current state of the art; however, an attempt has been made to provide suggestions for problems that arise when implementing new services. Careful consideration has been made to distinguish between those functions which are recommended as options and those functions which must be performed.

The purpose of this document is to provide recommendations to local school corporations in establishing and implementing occupational and physical therapy in special education programs.

PRINCIPLES OF OCCUPATIONAL/PHYSICAL THERAPY SERVICES

The following principles, or program assumptions, will guide the delivery of therapy as it relates to special education programming. Any provision beyond the scope of these guidelines would be the option of the local educational planning district.

- Occupational therapy/physical therapy services will be provided only as they are required to assist a handicapped child to benefit from special education.
- Occupational therapy/physical therapy services will be provided to insure that all handicapped children have available to them a free appropriate public education which includes special education and related services to meet their unique needs.
- Occupational therapy/physical therapy services will follow the least restrictive model.
- Occupational therapy/physical therapy services are to be provided by qualified therapists.
- Only students identified as handicapped under Rule S-1 will be eligible to receive occupational therapy/physical therapy services as a related service within special education.

DEFINITIONS

The following definitions are an extension of those provided in Rule S-1. The purpose is to provide for understanding of common concepts and words used to describe occupational therapy or physical therapy services.

Occupational Therapy

"Occupational therapy refers to that service, provided through direct therapy and/or therapist-directed/teacher-implemented classroom programming, which evaluates and trains in the areas of gross and fine-motor function, self-care, and sensory and perceptual-motor integration with the intent of strengthening the child's ability to function as independently as possible. In addition, remedial techniques include the design, fabrication and adaptation of materials, equipment and the educational environment." (Rule S-1)

Occupational therapy is a health profession which provides for service to handicapped children whose abilities to cope with daily living tasks are threatened by developmental deficits, physical injury or illness. In the educational setting, occupational therapy through coordinated activities with all other available services is a service to enhance the handicapped child's

accessibility to a free appropriate public education. The goal of occupational therapy is to prevent further deterioration of independent living functions impaired or lost through birth defects, illness or injury.

"All nurses and special therapists in physical therapy; occupational therapy and related medical fields shall be graduates of fully accredited training schools and shall be registered by their respective examining boards or by their respective professional associations." (I.C. 20-1-6-8)

Occupational Therapy Assistant

An occupational therapy assistant may be employed to assist the occupational therapist in the practice of occupational therapy. The assistant must work under the direct supervision of a registered occupational therapist.

Physical Therapy

"Physical therapy refers to those habilitative and/or rehabilitative services provided through direct therapy and/or consultation which evaluate individual developmental levels, functional abilities, reflex level, range of motion, muscle strength, perceptual motor level and respiratory function. Treatment objectives and programs are planned in accordance with evaluation results and are implemented by a licensed physical therapist. The licensed physical therapist evaluates, recommends, and/or adapts assistive equipment." (Rule S-1)

Physical therapy is a health profession which focuses on evaluation, program planning, and implementation of physical, preventive and corrective measures in the management of individuals with handicapping conditions. In special education programs, physical therapy provides those services to children with handicapping conditions resulting from birth, illness, or injury. The purpose of physical therapy is to develop or restore neuromuscular and/or sensory-motor function, control postural deviations to minimize disabilities and to develop and maintain performance levels within the individual's educational program.

Physical therapy services may be direct, consisting of identification, evaluation, program planning and implementing a therapeutic program, or indirect, such as management/supervision and consultation for developing and planning programs. In an educational setting, physical therapy is a service to enhance accessibility to a free appropriate public education for children in special education programs through coordinating activities with other services.

The licensed physical therapist practices under "the order or referral of a physician or dentist holding an unlimited license to practice medicine or dentistry, respectively, in the State of Indiana" (I.C. 25-27-1-2). The physical therapist must be licensed by the Medical Licensing Board of Indiana to practice physical therapy in the State of Indiana.

"All nurses and special therapists in physical therapy, occupational therapy and related medical fields shall be graduates of fully accredited training schools and shall be registered by their respective examining boards or by their respective professional associations." (I.C. 20-1-6-8)

Physical Therapist's Assistant

A physical therapist's assistant may be employed to assist the physical therapist in the practice of physical therapy.

A physical therapist's assistant must obtain a certificate from the Medical Licensing Board of Indiana and must work under "the direct supervision of a licensed physical therapist who is in responsible charge of any patient or under the direct supervision of a physician." (I.C. 25-27-1-2)

Related Services

"Transportation and such developmental, corrective and other supportive services as are required to assist a handicapped child to benefit from special education, and includes audiology, psychological services, occupational and physical therapy, recreation, early identification and assessments of disabilities in children and counseling services and medical services for diagnostic or evaluation purposes. The term also includes school health services, school social work services and parent counseling and training in order to provide the parent with information about child development and assist the parent in understanding the special needs of the child." (Rule S-1)

Occupational therapy and physical therapy, as a related service, coordinates activities with teachers, parents and other support services to assist a handicapped child to benefit from special education.

PROCESS

Occupational therapy and physical therapy may be provided through a variety of program alternatives. The process may include evaluation, direct therapy and consultation. (See Continuum of Services.)

REFERRAL

The occupational or physical therapist functioning as a member of the multidisciplinary team may assist in determining a child's consideration for occupational therapy or physical therapy evaluation.

Referral for occupational therapy/physical therapy evaluation may be submitted by professional staff, parents, physicians

or outside agencies. The referral for evaluation to the occupational therapist and/or physical therapist will follow the same process as other referrals, i.e., psychological, speech/language, etc., as delineated by Rule S-1 and P.L. 94-142.

A referral for evaluation to determine the need for physical therapy/occupational therapy services may be included in the original referral for evaluation to the multidisciplinary team, or the referral may be submitted later for students already enrolled in special education programs.

Permission for continuation of therapy must be obtained annually, in writing, from the child's physician for either physical and/or occupational therapy. Annual permission is necessary because occupational therapy/physical therapy services are limited to one year (see Case Conference/Annual Case Review, Page 7).

Guidelines for referral to the occupational therapist may include, but are not limited to, dysfunction in one or more of the following categories:

- Physical daily living skills, e.g., self-care activities.
- Physical adaptation, e.g., environmental and equipment needs to compensate for the handicapping condition.
- Occupational performance, e.g., pre-vocational or vocational activities.
- Leisure/play activities.

Guidelines for referral to the physical therapist may include, but are not limited to, dysfunction in one or more of the following areas:

- Muscle strength and coordination.
- Range of joint movement.
- Ambulation (walking), mobility.
- Motor development, e.g., head control, balance, extremities.
- Postural characteristics and reflexes and general coordination responses.
- Functional abilities.

EVALUATION

The occupational and/or physical therapist may conduct an evaluation to determine the child's functional abilities/capacities and deficits/limitations as these relate to the student's access to a special education program. Such assessment will be conducted by a member of the multidisciplinary team and a written report submitted to the case conference committee.

The guideline for evaluation would be to substantiate the suspected concerns identified through the referral process. The scope of the evaluation is to be limited to those dysfunction areas identified for occupational or physical therapist. An evaluation must be made annually if services are to continue, since services are only for one year (see Referral, Page 5 and Case Conference/Annual Case Review, Page 7).

INDIVIDUALIZED EDUCATION PROGRAM

The occupational and/or physical therapists may meet as members of the case conference committee to discuss the evaluation and suggest appropriate services. Any activities which are primarily instructional in nature or which may be implemented by the classroom teacher and other support personnel should not be assumed by the occupational or physical therapist.

The parameters for provision of occupational and/or physical therapy services as in other special education and related services are delineated in Rule S-1 and P.L. 94-142. The mandated legal procedures for identification and placement of students receiving occupational therapy/physical therapy in special programs should be followed.

CASE CONFERENCE/ANNUAL CASE REVIEW

Following the evaluation, a case conference committee will convene in accordance to Rule S-1 and P.L. 94-142. A written report of the conference and the developed individualized education program, placement recommendation, etc., will be presented to the parent/guardian. Order or referral to place in a program for occupational and/or physical therapy will be obtained from the physician in written form. This order or referral will be valid for one year, and must be renewed annually. Each student's program will be reviewed at least annually during an Annual Case Review as specified in Rule S-1.

CONTINUUM OF SERVICES FOR OCCUPATIONAL/PHYSICAL THERAPY

No Therapy

No need for occupational therapy/physical therapy intervention exists, based on evaluation for occupational/physical therapy.

Consultation

Consultation, as a singular occupational therapy/physical therapy service, is reserved for students who have reached a level of functioning within the limits of their disability. This service may include information and/or suggestions to the student or parents and school personnel.

Goal: To enable the student to benefit from his/her educational experience.

Re-evaluation/Consultation

This occupational therapy/physical therapy service is intended for those students who seem to have reached a level of functioning within the limits of their disability but may still progress. It is also intended for those students who might otherwise regress without periodic re-evaluation and ongoing consultation.

Goals: To enable the student to benefit from his/her educational experience; to monitor the student's potential for progression or regression, thereby assessing the need for revision of management guidelines and/or mode of provision of occupational therapy/physical therapy services.

Direct/Consultation

Students who require regularly scheduled direct occupational therapy/physical therapy services fall into two categories:

1. Students who are not functioning to their ability in the educational environment, the home and society, but have the potential for doing so.

Goals: To enable the student to enhance his/her potential and to improve his/her physical level of functioning.

2. Students who are undergoing regression requiring constant monitoring to minimize the effects of each stage of physical deterioration.

Goals: To enable the student to benefit from his/her educational experience; to monitor the student's regression and to direct the student's physical management during the changing phases of the disease or condition.

Both categories of students require ongoing consultation with involved school and medical personnel, the student and the parents. Consultation is to provide information and/or to offer suggestions for therapy.

COMPONENTS OF OCCUPATIONAL THERAPY

1. Evaluation (Assessment)

- Self-care activities.
- Home-work-school activities.
- Pre-vocational/vocational activities/skills.
- Developmental play/leisure activities.

Evaluation techniques and methodology are subject to variance by individual therapists based on individual students.

2. Programming

- Monitoring/managing self-care activities - feeding programs, activities of daily living, oral motor skills, personal hygiene, fine-motor skills.
- Monitoring/managing home-work-school activities - use of adaptive methods and/or equipment, design devices, proper positioning, activities to improve visual/motor skills, child/family home programs.
- Monitoring/management pre-vocational/vocational activities/skills - adaptive homemaking, adaptive device/equipment, occupational interests and aptitudes, evaluation and training.

3. Other responsibilities may include, but are not limited to:

- Inservice (parents, teachers, school personnel, para-professionals, medical personnel, community, etc.).
- Recommendations for elimination or modification of architectural barriers.
- Supervise student practicum affiliations and occupational therapy assistant.
- Monitoring and maintaining occupational therapy equipment.
- Other duties as assigned, i.e., by the superintendent or special education director.

COMPONENTS OF PHYSICAL THERAPY

1. Evaluation (Assessment)

- Daily living skills.
- Positioning.
- Prosthetic and other types of devices.
- Mobility training.
- Habilitative and/or rehabilitative status and/or potential.

Evaluation techniques and methodology are subject to variance by individual therapist based on individual students.

2. Programming

- Management of daily living skills - bathing, dressing, hygiene, feeding, toileting, transfer, etc.
- Positioning - positioning in chairs, bed, on floor; carrying techniques.
- Monitoring, adapting, designing and fabricating the use of prosthetic, orthotic and assistive devices; and adaptive equipment.
- Mobility training - gait training; wheelchair mobility; positioning, handling, carrying techniques.
- Habilitative and/or rehabilitative therapy techniques.
- Joint mobility procedures; joint stability techniques; cardiopulmonary exercises; hydrotherapy; heat and cold therapy.

3. Other responsibilities may include, but are not limited to:

- Inservice (parents, teachers, school personnel, para-professionals, medical personnel, community, etc.).
- Recommendations for elimination or modification of architectural barriers.
- Supervise student practicum affiliations and physical therapist assistant.
- Record keeping.

- Monitoring and maintaining therapy equipment.
- Other duties as assigned, i.e., by the superintendent or special education director.

OCCUPATIONAL THERAPY/PHYSICAL THERAPY

As members of the multidisciplinary team, both occupational and physical therapists may have the following roles within the educational system:

1. Participating in educational program planning for students to coordinate occupational therapy and physical therapy goals with the total educational program goals/objectives for the child.
2. Consulting with school personnel, medical/nursing personnel and parents regarding occupational therapy/physical therapy services.
3. Adaptation of physical environment (school/home/community).
4. Development of leisure activity programs for home and school to foster social/emotional growth.
5. Assists in program planning.

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ABSTRACT

A SURVEY OF STATE EDUCATIONAL AGENCIES ON CRITERIA FOR PROVIDING RELATED SERVICES AS MANDATED BY PUBLIC LAW 94-142 AND SECTION 504 OF THE REHABILITATION ACT OF 1973

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The College of William and Mary in Virginia, September 1989

Chairman: Douglas Prillaman, Ed. D.

The related services component of P. L. 94-142 has been one of the most difficult features in providing a Free Appropriate Public Education (FAPE) for eligible handicapped students and it continues to be a persistent challenge. Related services have been a fertile area of disagreements between school personnel and parents because of the high cost of providing some services, and because of parents requests for a variety of services, not necessarily within the intent of the law, to be provided at public expense. Issues involving related services have primarily focused on availability, service delivery models ensuring fiscal efficiency, compliance and legality. One area which has yet to be examined is the availability of criteria to guide school personnel in determining whether special education students are eligible for specific related services.

The purpose of this study is to investigate the availability of criteria for providing related services to special education students by surveying all state educational agencies and the District of Columbia. Directors of special education were requested to complete a survey instrument and provide a copy of their state eligibility criteria for related services.

The analysis of survey responses and the examination of selected eligibility criteria resulted in the following findings: (a) only one state has developed eligibility criteria for all related services as defined under P. L. 94-142; available criteria were most prevalent for speech therapy, occupational therapy, and physical therapy, (b) variations exist among states in the practice of providing related services and (c) available eligibility criteria differ from state to state in terms of specificity. Recommendations for consideration by educational agencies on the issue of eligibility criteria are also provided.