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Governance Brief

California's Children and Youth with Disabilities: Who They Are

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Introduction

California's landmark funding system for public schools, the Local Control Funding Formula (LCFF), provides school board members increased decision-making flexibility. Based on the idea that local communities know the students in their schools best, the formula allows local educational agencies (LEAs)—school districts, county offices of education, and charter schools—to invest money in ways that they believe best meet the needs of their students.

The school board's role is to ensure local policies serve all students including those with disabilities from birth through age 21. During the 2016–17 school year, more than 754,000 students with identified disabilities in this age range were enrolled in California public schools.¹ LEAs are responsible for providing all students, including students with disabilities, with rigorous academic instruction and improving their educational progress. In order to meet these responsibilities, special education funding and some services are administered through consortia known as Special Education Local Plan Areas (SELPA). In rare instances, an individual district may perform these SELPA duties.

This brief provides information about California's children with disabilities including infants, toddlers, school-aged children, and young adults; their various disabling conditions; the sometimes complicated challenge to accurately assess these conditions; and the implications of identifying a child as having a disability. It is the second in a series of briefs excerpted from a comprehensive, forthcoming CSBA report on the requirements and processes related to educating students with disabilities. With accurate information, board members can make the best decisions to ensure equity, transparency, and accountability of the education provided to all students.

This brief will address:

- » **An overview of California's students with disabilities**
- » **Developmental delay in children birth to 3 years old**
- » **Disabilities in older children**
- » **Challenges in diagnosis for certain categories of disability**
- » **Issues of disproportionality in special education**

Who Are Students with Disabilities?

Students with disabilities have learning or physical differences that may range from minor to severe, and special educational supports and services are likely to benefit them. Schools provide a vital service by ensuring that students have the opportunity to receive a rigorous education and develop socially, academically, and intellectually to their full-est capacity.

The federal Individuals with Disabilities Education Act (IDEA) requires LEAs to identify and serve all students in their jurisdiction who have a disability, and ensure that they receive "resources, adapted instruction, and specialized assistance to mitigate the effects of [their] disability."² The application of IDEA varies from infants and toddlers (birth to age 3) to older children (ages 3 through 21). For more information

regarding the legal responsibilities and requirements outlined in IDEA, please refer to the CSBA brief “Students with Disabilities: Their Education and the Law.”

Infants and Toddlers

Part C of IDEA, called Early Start in California, requires an assessment of any child from birth to age 3 for whom there is a reasonable suspicion of developmental delay. Some children are born with a risk condition or developmental concern that is evident from birth, while others are identified when a family member, physician, or other professional (such as a child care provider) expresses a concern about the child’s development. To access Early Start services, parents can request an interdisciplinary assessment of their child any time they have reasonable concerns.³ When professionals have concerns, they must ask the parent for permission to refer for an assessment. In either case, the purpose of the assessment is to confirm or dismiss the suspicion of a developmental concern in one or more of the developmental domains (gross or fine motor, speech, language development, social or emotional, or self-help skills).⁴

The term *developmental delay* is used to describe the difference between a child’s development compared to peers of the same age or to a typical developmental trajectory. The term encompasses a broad range of conditions and behaviors that suggest below-average progress in one or more of the areas in which children develop. When a developmental delay is suspected in a child age 3 or younger, the LEA or Regional Center is contacted for an assessment, and a service coordinator is assigned to assist the parents through the assessment process.

If a developmental delay is confirmed, the infant or toddler and his or her family are eligible for early intervention services. Upon confirmation of a delay, the service coordinator, parents, and other appropriate professionals work as a team to design an Individualized Family Services Plan (IFSP), which outlines the services and supports that the child and family will receive.⁵ An IFSP typically includes early intervention specialists, service providers and service coordinators, and the child’s parents. The IFSP plan remains in effect until the child turns 3 years old, the developmental concern is resolved, or the child transitions to Part B preschool services. IFSPs are developed by the IFSP team and the local Regional Center or the child’s school district. The agency responsible for serving the child (either the Regional Center or the local school district) arranges for the provision of services such as speech therapy, occupational or physical therapy, or special instruction. According to the California Department of Developmental Services, “Local educational agencies are primarily responsible for services for infants with vision, hearing, and severe orthopedic impairments,

SELPA and Regional Centers

SELPAs coordinate and often provide services for students with disabilities. While SELPAs are frequently organized regionally, they are not the same thing as Regional Centers. Typically, SELPAs work with school districts and county offices of education to ensure that all children and youth with disabilities from birth through age 21 within their local areas receive whatever special education-related services and supports they need. SELPAs also coordinate the state and federal funds earmarked to provide those services and supports.

Regional Centers are private, nonprofit organizations that provide or coordinate services and supports for individuals with developmental disabilities across a lifespan. They provide some case management and contract out for other limited services. Their services are generally therapeutic and less educationally focused compared to SELPAs. Regional Centers contract with the California Department of Developmental Services. The 21 Regional Centers and network of about 40 Early Start Family Resource Centers—which connect families of young children with other parents, specialists, referral services, information, and support—are spread throughout the state to help individuals and their family members find and access services. For more information, see www.dds.ca.gov/RC/index.cfm.

including any combination of these solely low-incidence disabilities. Regional Centers are responsible for services for all other children eligible for Early Start.”⁶

California has a robust network of about 40 Early Start Family Resource Centers. The Centers connect parents of children with developmental delays and provide them support, information, and referral services.⁷

Part C of IDEA requires each state to make Early Start services available free of charge to every family, regardless of income.⁸ A family receives services to help parents and other family members learn how to best support their child and his or her development in light of the delay. The services are designed with family routines in mind rather than clinical therapies. For example, a family might receive instructions on how to manage a piece of equipment to better position a child that lacks adequate physical muscle tone or guidance on how to play with a child with a

neurological disability that makes touch challenging. These early intervention services are guided by a commitment to family-centered⁹ approaches within the child’s natural environment—either the child’s home or childcare setting.¹⁰

Importance of Early Intervention

Children develop more rapidly and learn more quickly during their first 3 years of life than at any time afterward. During this period, something like undetected hearing loss can profoundly delay the child’s ability to communicate. Early and appropriate intervention, treatment, and support have been proven to significantly lessen the long-term effects of a developmental delay, and sometimes can even resolve the initial concerns.¹¹ The goal of early intervention is to ensure that infants and toddlers with a developmental delay have the best possible chance to live full and meaningful lives: the earlier the intervention is started, the greater the likelihood of its positive impact on the child’s development.¹²

Disabilities in Older Children

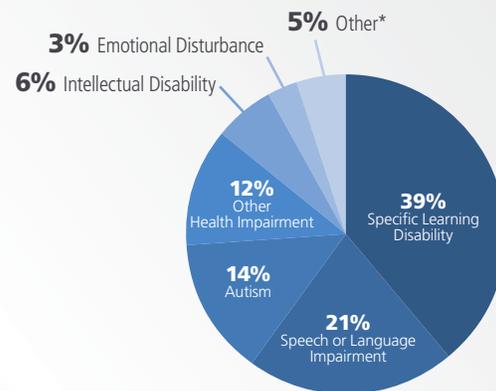
Part B of IDEA includes requirements and definitions that are more specific than those in Part C. Part B requires schools to provide special education services to students ages 3 through 21 who have one or more identified disabilities.¹³ Children who are aged 3 years or older but not yet in school are eligible for evaluation and special education services free of charge through the public school system. California identifies the following disability categories, which mirror those identified under IDEA.¹⁴

- » Specific learning disability
- » Speech or language impairment
- » Autism
- » Other health impairment
- » Intellectual disability
- » Emotional disturbance
- » Orthopedic impairment
- » Hearing impairment
- » Visual impairment, including blindness
- » Traumatic brain injury
- » Deafness
- » Deaf-blindness
- » Multiple disabilities

The category “multiple disabilities” encompasses a combination of impairments affecting the child’s developmental and educational challenges that “cannot be accommodated in special education programs solely for one of the impairments.”¹⁵

During the 2016–17 school year, the disabilities of 86 percent of all California public school students identified for special education services fell into four categories: specific learning disability (39 percent), speech or language impairment (21 percent), autism (14 percent), and other health impairment (12 percent).

Graph I: 2016–17 California Special Education Students, by Type of Disability¹⁶



* Includes low-incidence disabilities such as orthopedic impairment, hard of hearing, multiple disability, visual impairment, deaf, traumatic brain injury, and deaf-blindness

Over the past 10 years, the percentage of students identified for special education services has increased, from 10.8 percent in 2006–07 to 12.1 percent in 2016–17—representing an additional 74,689 identified students. During this same period both the number and percentage of students identified with autism and other health impairments has more than doubled, while the identification of students with a specific learning disability and speech or language impairment has dropped. There is not consensus among researchers about the explanations for shifts in identification over time, but some of these changes in diagnosis could be explained—at least in part—by reclassification of students as physicians, families, and educators become more knowledgeable about specific disabilities. For example, a student who in the past might have been classified as having a severe intellectual disability or emotional disturbance might now be classified as having autism.¹⁷

Challenges with Diagnosing Specific Learning Disabilities

Proper identification of students with a specific learning disability is critical in order for them to access the appropriate services to support their academic progress. Nearly two in five students with a disability fall into this category. According to researchers, a specific learning disability is “an umbrella term that points to weaknesses in such areas as reading, writing, spelling, math, and other kinds of skills,” and is caused by “faulty or inefficient ways that information is processed in the brain.”¹⁸ Researchers also note that the concept “focuses on the notion of a discrepancy between a child’s academic achievement and his or her apparent capacity to learn,” rather than resulting from “mental retardation, emotional disturbance, cultural difference, or disadvantage.”¹⁹

Another complicated overlap that professionals face when determining the presence of a specific learning disability involves children whose first language is not English, often termed dual language or English learners (ELs). While knowing more than one language has many cognitive benefits,²⁰ ELs take more time to begin speaking or reading English in comparison to their English-fluent peers. Disentangling a delay related to their dual language learner status from a possible specific learning disability is complicated, and evidence suggests that the complex evaluation process for determining a specific learning disability may not always result in an accurate diagnosis for ELs.²¹ Research suggests that in some cases districts over-identify ELs for special education. In other cases, studies have found that districts under-identify ELs for special education.²² Clearly, educators must proceed with caution when considering these cases: Any educator whose professional judgment indicates that an EL may have a disability must ensure that the student is appropriately and carefully assessed.

The strength of the instruction and the classroom climate are key components to ensuring that children are not misdiagnosed. A child who is in a classroom that has many positive attributes with regard to climate and instruction but who still struggles to read, may well have a learning disability. Research identifies these favorable attributes as “a positive social climate; strong instructional leadership; increased time for reading instruction; high expectations and strong accountability; continuous monitoring of student achievement; ongoing professional development based on effective reading strategies; and integral parental involvement.”²³ In situations where these qualities are weak or absent, a child’s inability to read is more likely to be due to the quality of instruction.

Additional Challenges with Diagnosis

Some of the categories of disability represent indisputable conditions, and the path to providing services and supports is obvious. A child who is blind or who has a profound stutter has a confirmed disability. The child who is blind may, for example, receive instruction in Braille and be provided books in Braille. The child with a stutter may receive speech therapy and possible counseling for maintaining her or his self-esteem.

Other categories are not so clear. For example, IDEA defines “other health impairment” as “...having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that —

- (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and
- (ii) Adversely affects a child’s educational performance.”²⁴

Many of the conditions included in this definition are certainly indisputable (asthma, diabetes, epilepsy, leukemia, etc.). But it can be challenging to secure an accurate diagnosis of attention deficit hyperactivity disorder (ADHD). The second-grade boy who simply can’t sit still might be, in one teacher’s mind, a clear case of ADHD, while another teacher might interpret the behavior as perfectly normal for his age and gender. Studies show that “more boys have problems with attention and focus than girls.”²⁵ The Centers for Disease Control note that “there is no single test to diagnose ADHD, and many other problems, like sleep disorders, anxiety, depression, and certain types of learning disabilities, can have similar symptoms.”²⁶ Clearly, this can further complicate efforts to diagnose the disability accurately. In fact, other researchers have argued that ADHD is equally prevalent in males and females, but gender stereotypes and misconceptions about the symptoms of ADHD have led to under-diagnosis in girls.²⁷

Categories of disability also sometimes overlap. Dr. Nancy Rappaport from Harvard Medical School believes that half of students with attention problems also “have learning disabilities. For these kids, we need to intervene to support their learning deficits, otherwise treating them with [ADHD] stimulants will be a bust.”²⁸

Emotional Disturbance

Recent legislation and current statewide initiatives have placed a spotlight on the IDEA category of disability called “emotional disturbance.” This attention has been prompted by increased diagnoses of behavioral and emotional disturbances in children and youth.²⁹

Early childhood trauma is emerging as one likely reason for these problems. Abuse of any kind (physical, sexual, or emotional), physical or emotional neglect, divorce, mental illness in a parent, family violence, substance abuse, or the incarceration of a family member can all create toxic stress in a child’s life. Research shows a strong connection between these kinds of experiences, the number of experiences that occur, and a child’s ability to learn, regulate behavior, and get along with others. Studies indicate that 6 out of every 10 children in California have experienced at least one of these adverse childhood experiences (ACEs).³⁰ When experienced before the age of 18 and without the support of a mental health professional, ACEs can change the way a child’s brain develops and disrupt learning, behavior, and lifetime health.³¹

Disproportionality and Students with Disabilities

Inequity remains a challenge for students with disabilities and their families. California is attempting to address patterns of inequity, in part through a focus on what is termed *disproportionality*—an imbalance in any one of the three following areas:

1. The rates that students from any racial or ethnic group are identified as having a disability,
2. The patterns of school placements for these students, and
3. The patterns of disciplining students from any racial or ethnic group at markedly higher rates or in different ways than their peers (especially in instances of suspension and expulsion).³²

Discipline Disparities

Disproportionate discipline refers to disciplinary patterns that are not applied equally. In the case of racial and ethnic disparities, research has shown that “African-American students are referred to the [school] office for infractions that are more subjective in interpretation” than referrals for other students.³³ And African-American males are three times more likely to be suspended or expelled than white

students, including for the same infractions.³⁴ Students with disabilities are also disciplined at higher rates than their non-disabled peers, and, among students with disabilities, the problem is compounded by racial and ethnic discipline gaps.³⁵ This data suggests that many students with disabilities are not receiving adequate behavioral supports and other strategies as part of their Individualized Education Programs (IEPs). In response, the U.S. Department of Education issued a *Dear Colleague* letter with guidance to schools on providing the appropriate behavioral supports to ensure students have access to the “meaningful educational benefit” they are guaranteed under the law.³⁶

Personal and school contexts also influence how a child behaves, as well as how that behavior is perceived. Inappropriate behavior can be the result of students’ experience with a range of trauma and other stressors, from hunger or abuse to bullying or the illness of a family member. An actual diagnosis of emotional disturbance should not result from a few isolated incidents, but requires that a behavior is exhibited “over a long period of time and to a marked degree that adversely affects a child’s educational performance.”³⁷

Disparities in Identification

Identifying students for special education services can be a controversial issue. Researchers continue to debate whether or not certain racial and ethnic groups are over- or under-identified for special education services. On one hand, some scholars argue that “children of color . . . are identified as students with disabilities at substantially higher rates than their peers.”³⁸ Yet other studies using different methodological approaches report that, “among children who were otherwise similar in their academic achievement, poverty exposure, gender, and English language learner status, racial or ethnic minority children were consistently less likely than white children to be identified as having disabilities.”^{39,40}

Although the debate continues about disproportionality and identification for special education, LEAs should attend carefully to their local data. IDEA requires states and LEAs to consistently gather data to track instances of these kinds of imbalances. LEAs found to be consistently and significantly disproportionate (as defined by the state) in any one of the three identified areas for up to three prior consecutive years⁴¹ must find the source of the imbalance and must also spend 15 percent of their IDEA money to address the problem. For example, the LEA might use funds to provide professional development to staff, improve basic instruction, or introduce a schoolwide program of positive behavioral supports.⁴²

Guiding Questions for School Board Members

Board members can help their schools better serve students identified for special education services by answering the following questions:

1. How many students are identified with a disability in our schools? What are the demographics of these students and the types of disabilities for which they are identified?
2. How are students with disabilities distributed throughout our schools or programs? Do some schools in our district have higher concentrations of students with disabilities? If so, is this due to a strategic coordination of resources or are there other issues at play, such as differences in how the staff approach the student study team or IEP process?
3. What are the procedures for identifying infants and toddlers with a disability?
4. Do families have access to local Early Start Family Resource Centers, Regional Centers, or other programs that provide supports to parents of young infants and toddlers with disabilities?
5. What are the procedures for identifying students with a disability in our schools? Are the professionals trained at identifying and understanding the various disabilities?
6. In the assessment process, how are our staff considering the possible impact of other factors, such as school environment, English learner status, etc.?
7. Are certain ethnic groups in our schools being disproportionately represented in special education rosters, or in restrictive classrooms, such as RSP (resource specialist) classes and special day classes?

Conclusion

Children and youth with disabilities represent a highly diverse group of individuals with an equally diverse set of needs, abilities, and educational requirements. While determining the appropriate services for these students is not always easy, it is essential for educators and school leaders to make the best effort possible to provide a challenging academic program with the necessary supports and services to ensure access and participation.

Understanding the various disabilities of students in California public schools along with the challenges of

identification is critical to ensure that all students get the supports they need to achieve their potential. By identifying and reaching out to students with disabilities, school professionals can have a profound impact on school climate, culture, language, and other areas. Board members can also support this mission by ensuring that their LEA has a coherent system to identify and support students, families, and staff with the skills to assess, engage, and educate students with disabilities.

Additional Resources

Early Start

Interagency Coordinating Council on Early Intervention (ICC): "Together, We Make a Difference"—Early Start Handbook, from the California Department of Developmental Disabilities <http://bit.ly/2gVWbhC>

Child Find Requirements <http://bit.ly/2y0nSK7>

Reasons for Concern, from the California Department of Education <http://www.cde.ca.gov/sp/se/fp/concerns.asp>

Directory of Regional Centers in California <http://www.dds.ca.gov/RC/RCList.cfm>

Early Start Resources <http://www.ceitan-earlystart.org/resources/>

Early Intervention: Part C of IDEA <http://www.wrightslaw.com/info/ei.index.htm>

Specific Disabilities

The State of LD: One in Five (drop-out rates) <http://www.ncl.org/the-state-of-learning-disabilities-understanding-the-1-in-5>

RTI-Based SLD Identification Toolkit: Considerations for English Language Learners <http://rtinetwork.org/getstarted/sld-identification-toolkit/ld-identification-toolkit-considerations-for-ell>

Who Is Placed in Special Education <http://sites.psu.edu/morganpubs/wp-content/uploads/sites/36166/2015/11/2010-placed-into-special-education.pdf>

The Yale Center for Dyslexia & Creativity. (2000). *The Invisible Disability*. http://dyslexia.yale.edu/WSJ_SchwabLetter.html

Behavior, Suspension, and Expulsion

Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings from the U. S. Department of Health and Human Services, U.S. Department of Education. <https://www2.ed.gov/policy/gen/guid/school-discipline/policy-statement-ece-expulsions-suspensions.pdf>

State Performance Plan Technical Assistance Project (information on continuing care reform) <https://sptap.org>

Flannery, M. E. (2016). How schools are helping traumatized students learn again. *NEA Today*. <http://neatoday.org/2016/05/17/trauma-and-children/> and <http://neatoday.org/2016/11/03/schools-helping-traumatized-students/>

Grade Retention: Achievement and Mental Health Outcomes. (2003). Gabrielle E. Anderson, Angela D. Whipple, & Shane R. Jimerson. Center for Development and Learning. National Association for School Psychologists <http://www.cdli.org/articles/grade-retention-achievement-and-mental-health-outcomes/>

Endnotes

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- 2 Hibel, J., Farkas, G., & Morgan, P. L. (2006). Who is placed in special education? *Sociology of Education*, 83(4): 312–332. doi: 10.1177/0038040710383518
- 3 For any concern about developmental delay in an infant or toddler, a parent should call his local regional center, local educational agency, or family resource center for more information. For contact information, see the resources section of this document.
- 4 For more details about specific eligibility requirements for Early Start, go to <http://www.dds.ca.gov/EarlyStart/WhatsES.cfm>
- 5 For more about IFSPs, see <http://www.altaregional.org/post/individualized-family-service-plan>
- 6 California Early Start. (2011). Facts at a glance: California Early Start. California Department of Developmental Services. Retrieved from http://www.dds.ca.gov/EarlyStart/docs/EarlyStart_InformationPacket.pdf
- 7 To learn more about these resource centers and to find the one closest to you, go to <http://www.frcnca.org>
- 8 Information about special education finance will be addressed in the forthcoming 2018 CSBA Special Education Report.
- 9 For more about family-centered early intervention, read “Family-Centered Early Intervention for Infants and Toddlers with Disabilities,” by Nicole Tomasello, Amy Manning, & Catherine Dulmus, in the *Journal of Family Social Work* (2010) at <http://www.tandfonline.com/doi/pdf/10.1080/10522150903503010>
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- 22 Shifrer, D., Muller, C., & Callahan, R. (2011). Disproportionality and learning disabilities: Parsing apart race, socio-economic status, and language. *Journal of Learning Disabilities*, 44(3), 246–257. See also: Cook, P. L et al. (2015). Minorities are disproportionately underrepresented in special education: Longitudinal evidence across five disability conditions. *Educational Researcher*, 44(5), 278-292.
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- 24 From the *Code of Federal Regulations*: §300.8(c)(9). See also the NICHY Fact Sheet on *Other Health Impairment* at <https://www.isbe.net/Documents/other-health-impairment.pdf>

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