Improving Service to Students with Low-Incidence Sensory Disabilities in Ohio: A Mixed-methods Study to Examine National Context and District Experience

This was a two-phase study with support from the Ohio Vision Project:

- A survey of 595 Ohio educators in the role of special education director in traditional districts and community schools. (*Question 1: What is the experience of Ohio districts with providing services for students with LISD?*)
- A national study of states' provisions for certification and LISD preparation programming. (Question 2: What are the provisions for certification and licensure in LISD fields across the 50 states and how does Ohio compare?)

Methods:

- The national study gathered information from SEA web sites and from structured interviews with SEA officials in the 50 states. Data focused on certification regimes and numbers of programs (HI, VI, DB, O&M).
- The Ohio study used an online survey—designed with stakeholder input—with extensive telephone follow-up (January-June 2016). The response rate (51%) makes the results generalizable to the state as a whole.

Findings (broad generalities; details provided next):

- 1. Ohio districts and community schools are not confident they can address the needs of students with HI, VI, and DB.
- 2. The most critical need in Ohio districts and schools is access to qualified LISD staff.
- 3. Ohio's preparation pipeline delivers proportionately fewer qualified staff than pipelines in most other states.
- 4. To reach the national average, Ohio would need to offer 7 preparation programs instead of 4.

Details on findings:

- 1. Ohio's traditional districts and charter schools are not confident they can address the needs of students with HI, VI, and DB:
 - About 20% have no confidence or low confidence.
 - Only 22.5% are fully confident.
 - High confidence districts have more of what is needed to serve students well:
 - 1. access to qualified professionals
 - 2. familiarity with resources
 - 3. access to training, and
 - 4. aware stakeholders.
 - Low confidence districts lack these essentials.

- 2. The most critical shortfall is access to qualified LISD staff.
 - LISD-specific positions listed in survey were: TVI, THI, TDB, certified O&M specialist, paraprofessional intervener, Braille paraprofessional.
 - Statewide access to staff across all positions was rated "unpredictable." (mean=3.02 on 1-5 scale, anchor for 3 = "unpredictable")
 - 35% of districts reported access was very difficult or worse.
 - Worst statewide: access to TDBs and Braille paraprofessionals ("very difficult") (means=2.41 and 2.29, respectively)
- 3. Ohio's preparation pipeline delivers fewer qualified staff than pipelines in most other states with programs.
 - Programs per million total population = PI.
 - Ohio's PI=.35, the 38th percentile*: equivalent to about 1200 children with LISD per preparation program
 - North Dakota's PI=2.97 (highest in the nation): about 300 children with LISD per program.
 - Maryland's PI=0.17 (lowest in the nation): about 2600 children with LISD per program.
 - * If the 12 states with PI=0 (no programs) are included in the calculations, OH is at the 50th percentile.
- 4. Higher education in Ohio would need to offer 7 preparation programs instead of 4, to reach the average of states with programs.
 - PI=.64 is the national mean (for the 38 states with 1 or more programs)
 - PI = 1.26 is the 85th percentile (1 standard deviation above the mean)
 - For Ohio, PI=.64 \rightarrow 7 programs (.64 x 11.5)
 - For Ohio, PI=1.26 \rightarrow 14 programs (1.26 x 11.5)

Study Recommendations, briefly:

- Finish work on first new multi-institution program.
- Begin work on new similar THI program.
- Plan for additional programs.
- Build a comprehensive support system over the span of a decade (starting with a system to monitor the *service dilemma**).

WordFarmers Associates conducted the study in 2015-2016 for the Ohio Vision Project. Contact Aimee Howley at <aimeehowley@gmail.com>.

^{*} This phrase ("service dilemma") indicates that (a) if the service provided is inappropriate but (b) a student has an IEP specifying the service that is inappropriate, then (c) the service provided isn't officially considered to be inappropriate. This formality does not by itself actually make the inappropriate service appropriate. See the full report for a complete discussion of this circumstance, which is reportedly common across the nation.