



Advocates for Justice and Education, Inc.

The federally designated Parent Training and Information Center for Washington DC

**Testimony of
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Committee on Education and of the Whole Performance Oversight Hearing:
District of Columbia Public Schools (DCPS)

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On the DCPS website, on a page entitled “Academic Programs and Inclusion,” it states that they provide “a continuum of services for students ages three through 22 with disabilities who have been found eligible to receive special education services.” This continuum of services are said to ensure that students learn in the least restrictive environment (LRE) *possible*. With this in mind, DCPS has several classrooms outside of the general education setting and, according to the website, “refers to all specialized instruction and services that are provided to a class or grouping made up entirely of students with disabilities.” The website also notes that students with less than 20 hours of specialized instruction outside of the general education setting in their IEPs typically receive services in a Learning Lab, also known as a resource room or pull-out services.

For students with more than 20 hours of specialized instruction on the IEP, there are several types of self-contained programs listed on the website, including the following classrooms:

- Behavior and Education Support (BES)
- Communication and Education Support (CES)
- Early Learning Support (ELS)
- Independence and Learning Support (ILS)
- Medical and Education Support (MES)
- Sensory Support Programs
- Specific Learning Support (SLS)

At Advocates for Justice and Education, Inc. (AJE), we support families with students in both DCPS and public charter schools with a variety of accommodations needed for their academic and social success. I have found that with the many families I work with, particularly in early childhood education (preschool to third grade), the primary point of contention between the schools and families is the appropriate school setting for their child with disabilities. This issue cuts across both DCPS and public charter school sectors. Yet,

in the case of DCPS, while it appears there is more structured attention to meeting the educational needs of a neuro-diverse population, it is unfortunate that these programs are not better invested in.

Oftentimes, I've heard parents not want their child to be enrolled in one of the self-contained programs due to the stigma associated with these classrooms. I've also heard parents complain about the compatibility of the classroom with their child's needs. For example, for the CES classrooms, which seem to be the most popular self-contained program, parents might oppose being in that classroom due their child being verbal and they associate the classrooms with nonverbal or severely impacted children. There is also fear of their child not being properly educated or academically challenged in such a restrictive environment.

Many of these fears are justified. There is limited data on the academic and social performance of these self-contained classrooms and as a parent who has children enrolled in such programs, I can attest to the lack of academic and social progress of my own children.

As a former member of the Chancellor's Parent Cabinet and an active parent at my children's school, I have raised these issues within DCPS and am hoping that with some attention from DC Council, there can be more concerted efforts to this important aspect of equity. It is typically the children with autism spectrum disorder, intellectual disabilities and/or severe emotional disturbance that get relegated to these self-contained classrooms without any appropriate information provided to the families as to why their child cannot be educated in a general education setting or provided with an academically rigorous program as well as the necessary therapeutic services needed for rehabilitation.

There is the universal design for learning and other evidence based practices that promote measurable inclusion practices. Also, in the U.S. Supreme Court case Endrew F case the court made clear that states are obligated to not underestimate the academic potential of children with the specific types of disabilities. DCPS underinvests in our children, sending the same message to our DC families that led the family in the Douglas County, Colorado case to take their plea all the way to the Supreme Court.

We believe that we have learned our lesson not just on behalf of Endrew F but also our own local history of Forrest Haven and Saint Elizabeth. We also claim to be a pioneer in the creating a working school based mental health system, work that I am proud to be a part of and honored to serve as the Chair of the Subcommittee on Family and Youth Engagement for the School Based Mental Health Coordinating Council. I plea with the Committee on Education and our new Chancellor, Dr. Lewis Ferebee, to work together with us, directly impacted families and advocates, to take into account our city's past and what we aspire to be our future and not leave our most impacted children behind by

prioritizing inclusion when possible and investing in the self-contained programs to ensure that students in whose best interest it is to be in these classrooms truly obtain free and appropriate public education.

Many of the families I work with and parent with at my own children's school really wanted to be here today but are not able to make it. I would like to consider this testimony as step one in shedding light on this process and look forward to helping to create more opportunities for our parent's voices to be heard on this issue and hope that DCPS takes the lead in creating such events. To kick off this partnership, here are a few demands that resonates with our families:

1. Adequate funding and staffing for related services so that those services can be provided according to the need of the child as supported by research;
2. Support (with funding and staff) authentic inclusion opportunities to the extent appropriate - specials, lunch, recess;
3. More investments in family engagement to improve communication with families for children in these programs beyond IEP meetings and to promote inclusive school based activities;
4. Utilizing evidence-based inclusion processes for field trips, specials, lunch, recess and school programs;
5. Reverse inclusion - allowing typically developing children to have access to the smaller class sizes of a self-contained program, as needed;
6. More engaging academic expectations for children in self-contained classrooms; and
7. Greater access to afterschool and recreational activities that promote inclusion and social skills development.

Thank you for the time and consideration.