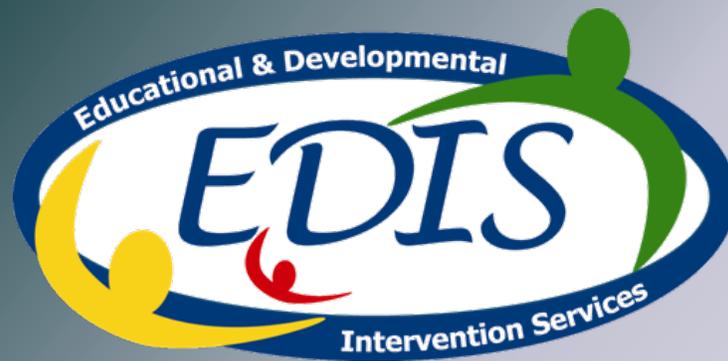




U.S. ARMY MEDICAL COMMAND (MEDCOM)

Educational and Developmental Intervention Services (EDIS)



School Year 2009/2010 Annual Report of Compliance

Submitted to
Office of the Secretary of Defense
Sep 31, 2010



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Annual Compliance Report on Status of Special Education, Related Services and Early Intervention - 1 JUL 2009 – 30 JUN 2010

Part II – Military Medical Departments -- EDIS

A. Monitoring:

The information should be aggregated by geographic grouping that coincides with one of the 3 DoDEA Areas (Europe, Pacific, US/Cuba). For items 5-7, in addition to the DoDEA Areas, provide a worldwide rollup. Reporting period is July 1, 2009 – 30 June 2010.

1. Provide a synopsis of monitoring approaches and activities. Identify the number of standards met, and the date that corrective actions (if any) are to be completed to reach compliance. (Do not include DoD visits under this item.)
2. Include any required responses to corrective actions identified during DoD monitoring visits.
3. Provide redacted copies of due process hearings.
4. Provide the number of requests for mediation, and number of mediations conducted.
5. Provide the number of requests for due process hearings, and number conducted.
6. Provide RUMRS count by EDIS site, (include service not provided, date when filed and date when resolved)

DO NOT INCLUDE THE NAMES OF CHILDREN

B. Program Initiatives:

Provide a brief description of **MAJOR** initiatives [beyond normal program requirements, and which may have system-wide application] undertaken to improve services to children and families or to support compliance efforts (1 July 2009 to 30 June 2010).

C. Operational Data

Supply EDIS data grouped by CONUS and OCONUS and worldwide roll-up. Several reports require an additional breakout at the clinic level to provide a clearer picture of the population served in EDIS. The reports that include a clinic level are marked with a “**C**” in the report listing below. To provide useful data groupings for the Services, the reports also may include administrative groupings, (e.g., CONUS vs. OCONUS) or regional commands. Use March 31, 2010 (end of second quarter FY 10) for reporting point-in-time data (**PIT**). Use SY 09-10 (1 July 2009 to 30 June 2010) for all other reports. Report 3 requires an additional “race and ethnicity” grouping at the roll-up or major command level.

DO NOT INCLUDE THE NAMES OF CHILDREN

1. Number of children on service plans receiving early intervention (EIS) or related services (RS). – Listing is by IFSPs and IEPs. **PIT**
2. Staffing by provider type (GS, uniformed, or contractor) and discipline by FTE (full time equivalent) **PIT**

EIS

3. EDIS EIS enrollment by ethnicity and race. **PIT**
4. Count of children who received EIS from EDIS by DoD enrollment category, **PIT**
5. Number referrals made to EDIS in annual reporting period.
6. Number of children referred to EDIS during the reporting period. Evaluations, eligibilities and IFSPs developed following the referral and through 30 June.
7. Count of children by age at time of referral (age-grouped in 6-month intervals)

8. Percentage of children who were referred and received EIS on IFSPs, as a subset of total children from birth to 12 months of age **(PIT)** *(Also include estimate of children [population] based on DoDEA kindergarten numbers, and count of children [birth to 12 months] served in EIS)*
9. Percentage of children who were referred and received EIS on IFSPs, as a subset of total children from birth to 36 months of age **(PIT)** *(Also include estimate of children [population] based on DoDEA kindergarten numbers, and count of children [birth to 36 months] served in EIS)*
10. Percentage of children who were referred to EDIS and had their initial IFSP meeting conducted within 45 days *(Also include the total number of children [referred, determined eligibility for EIS and received an IFSP] and the number of those children who had the initial IFSP meeting in 45 days of referral)*
11. Percentage and count of children eligible for EIS based on developmental delay and biologic risk
12. Count and percentage of sessions kept by environments where early intervention services were provided based on actual location of individual sessions. *(Group by Exclusive/Restricted [e.g., one-on-one at EDIS] and Natural environments)*
13. Average length of time that children received early intervention services from EDIS with adjusted discharge reason *(Include count of all children who had IFSPs and were discharged during the period – adjusted reflects the exclusion of administrative discharges, e.g., those that occurred through provider error)*
14. Number of children discharged by discharge reason for children referred to EDIS
15. Child Outcome report based on OSEP analysis format

Related Services

16. Count of Children who received related services from EDIS by DoDEA enrollment category and DoDDS eligibility criteria **PIT**
17. Number of requests from DoDDS for evaluations and services
18. Number and percentage of EDIS evaluation requests completed on time
19. Number and percentage of related services provided to children on IEPs
20. Number of related services provided to students with IEPs by DoDDS defined locations

Race and ethnicity –

Education institutions and other recipients will be required to collect individual data on race and ethnicity of students... using a two-question format. The first question would be whether or not the respondent is Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race). The second question would ask respondents to select one or more of five racial groups (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White) with which they self identify. (Dept of Educ. Guidance)

Categories for DoD Annual Compliance Report:

- (1) Hispanics of any race; and, for Non-Hispanics only,
- (2) American Indian or Alaska Native,
- (3) Asian,
- (4) Black or African American,
- (5) Native Hawaiian or Other Pacific Islander,
- (6) White, and
- (7) Two or more races.
- (8) Declined to state

Executive Summary

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Executive Summary

Status of Compliance: Headquarters, U.S. Army Medical Command (MEDCOM) provides effective oversight, monitoring, and staff training to ensure and maintain program compliance. We measure compliance using twenty the (20) standards published by DoD. As of 30 June 2010, 18 of 20 Army Educational & Developmental Intervention Services (EDIS) programs fully met all applicable Department of Defense (DoD) compliance standards. Two programs had deficiencies in administrative procedures that did not preclude any child from accessing or receiving appropriate services.

Background: EDIS provides developmental evaluations and early intervention services (EIS) to infants/toddlers (birth – 36 months) and their Families in communities supported by DoD schools in both domestic and overseas locations. EDIS also provides evaluations and educationally related services (RS) to students receiving special education in DoD Dependents Schools (DoDDS) overseas.

The military medical departments provide EDIS pursuant to the Individuals with Disabilities Education Act (IDEA) and as directed by DoD Instruction (DoDI) 1342.12, *“Provision of Early Intervention and Special Education Services to Eligible DoD Dependents.”* The DoDI requires an annual report on the status of compliance. The reporting period for the annual submission is 1 July through 30 June of each year, with a point-in-time census date of 31 March.

Army Program Description: The Army Medical Department is responsible for EDIS programs at 19 program sites across Europe (9), Asia (1) and the United States (9). EDIS provides services in the child’s natural environment or least restrictive setting, based on written individualized service plans. The EDIS teams include early childhood special educators, speech language pathologists, occupational therapists, physical therapists, nurses, social workers, and psychologists.

Significant Achievements During this Reporting Period:

- The Exceptional Parent Magazine published an article by recognized authority on early intervention, citing that the Army early intervention services were “...**possibly the best in the world** ...” in the provision of family-centered services and using best practices in the field.
- Wrights Law, a web site for dissemination and interpretation of IDEA law, cites (and hyperlinks) an **Army EDIS handbook** on early intervention services as recommended reading as an **example of accurately putting the law into practice.**
- Army EDIS was **invited to present** a plenary session at the National Early Childhood Conference, sponsored by the U.S. Department of Education, Office of Special Education.
- Army EDIS **provided training to the Navy EDIS** programs on the use of the Special Needs Program Management Information System.
- Several Army EDIS programs have begun **outreach to families of Wounded Warriors** to ensure that infants/toddlers with special needs are identified and receive services.

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Section A.

Army EDIS Monitoring Activities

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Army EDIS Monitoring Activities During SY 2009/10

1. **Synopsis of monitoring approaches and activities.** (Identify the number of standards met, and the date that corrective actions (if any) are to be completed to reach compliance.)

Army Monitoring Approach: In July 2002, the MEDCOM issued a policy that implemented a three-tier approach for ensuring compliance with DoD Standards, which was subsequently included in MEDCOM Regulation 40-53, *EDIS: Early Intervention Services*, 18 Aug 08. The policy includes requirements for:

- Formal compliance monitoring review at least once every three years by a higher headquarters. A program that has a successful formal compliance review by a higher headquarters receives a MEDCOM Certificate of Full Compliance.
- Annual local program self-assessments.
- Annual review of compliance by the Army Regional Medical Commands (RMCs) as part of the Command Organizational Inspection Program (OIP).
- Compliance verification by HQ MEDCOM through random on-site visits.
- Written reports of corrective actions back to the monitoring headquarters.
- Technical assistance to programs to ensure appropriate completion of corrective actions.
- Routine review of SNPMIS data by EDIS Managers at both the RMCs and HQ MEDCOM to identify individual concerns or trends across programs.

Army Monitoring Activities: The Army EDIS programs had a total of four (4) compliance monitoring activities by an Army higher headquarters. The disruption of flights over the Atlantic caused by the volcanic eruptions in Iceland resulted in the re-scheduling of a compliance monitoring visit to one Army EDIS program in Europe. It is now scheduled for early spring of 2011. The monitoring activities listed in Table 1 are the on-site, triennial compliance verification visits.

Table 1
Compliance Monitoring of ARMY EDIS Programs by Higher Headquarters – SY 09/10

Month	Regional Medical Commands Only (0 visits)	HQ MEDCOM (4 visits)
Jul 09		
Aug 09		
Sep 09		
Oct 09		
Nov 09		
Dec 09		
Jan 10		Ft. Knox, KY (combined RMC/MEDCOM review)
Feb 10		Ft. Campbell, KY (MEDCOM only) Vicenza, Italy (combined RMC/MEDCOM review)
Mar 10		SHAPE, Belgium (combined RMC/MEDCOM review)
Apr 10		
May 10		
Jun 10		

The Army monitoring activities revealed no evidence of systemic non-compliance issues. However, The Army MEDCOM certified full compliance of only three of the four programs reviewed. One program did not meet two DoD standards and partially met another five standards. Table 2 provides a summary of the unmet and partially met standards. EDIS continues to struggle with recruitment of qualified staff, especially in more remote locations. Retention of qualified providers remains a significant problem Korea and other remote locations.

**Table 2
Summary of Findings from Compliance Monitoring**

DoD STANDARD	# OF SITES	DESCRIPTION	FINDING	CORRECTIVE ACTION	DATE COMPLETED
1 Not Met	1	Child Find	Child Find activities not coordinated with the schools and community	Ensure comprehensive community child find activities.	Immediate & Ongoing
2 Partially Met	1	Evaluations are complete and appropriate	Limited variety of evaluation materials. Incomplete forms and protocols.	Procure adequate variety of protocols and train providers to use them.	Response not received from program as of this report date.
3 Partially Met	1	Providers administering & interpreting evaluations are qualified	One provider was not trained, knowledgeable, or competent to administer and interpret evaluations of infants/toddlers.	Re-train or replace provider.	Aug 2010
6 Partially Met	1	IFSPs are developed IAW DoD regulations	IFSP forms not always completed appropriately, missing information and signatures.	Provide greater attention to details when completing forms. Fill every field.	Immediate & Ongoing
8 Partially Met	1	Children are served in the least restrictive environment	Evaluations and services not always in natural environments	Ensure all evaluations and services are conducted in the least restrictive setting.	Immediate & Ongoing.
18 Not Met	1	Components have established programs to ensure delivery of appropriate services	Army policies for EDIS not always followed. No systemic approach to performance improvement. No self assessment. Poor data management.	Implement a self assessment process using the EIS standards handbook. Conduct PI activities based on monitoring findings.	Response not received from program as of this report date.

2. Responses to corrective actions identified during DoD monitoring visits.

Department of Defense (DoD) monitoring took place at two Army EDIS programs during the 2009/10 reporting period. There were no major findings and no corrective actions were required.

3. Redacted copies of due process hearing requests: The Army had no requests for due process hearings during this reporting period.

4. Number of requests for mediation, and number of mediations conducted: The Army had no requests for mediation during this reporting period.

5. Number of requests for due process hearings, and number conducted. The Army had no requests for due process hearings during this reporting period.

6. Reports of Unavailable Medically Related Services (RUMRS) count by EDIS site (include service not provided, date when filed and date when resolved): The Army EDIS programs had no RUMRS during this reporting period.

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Section B.

Program Initiatives

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Army EDIS Program Initiatives

Army EDIS continued to build on system-wide initiatives from the past few years. HQ Army MEDCOM and the Regional EDIS staff collaborated to generate the initiatives, which fell into four distinct areas: Comprehensive System of Personnel Development (CSPD), outcome measurements, routines-based interventions, and Wounded Warrior outreach.

1. CSPD: Army EDIS continued to build the Comprehensive System of Personnel Development (CSPD) with the following activities added this past year:

- Continued to develop competency-based staff training modules that will lead to certification of competence for EDIS staff members. When complete, there will be a total of 10 modules. All current providers have completed training on the first three modules.
- Continued publication of monthly “Keeping in Touch” newsletter, aimed at improving quality of services and management of programs. *Keeping in Touch* is part of the overall system of personnel development and is shared with Air Force and Navy EDIS programs. Providers have an option of receiving continuing education units by reading the newsletter and taking a semi-annual written test on the content.
- The Army MEDCOM CSPD coordinator continued to deliver training activities that build on prior year training. These activities support the implementation of the overall CSPD and support implementation of best practices. The annual all-staff training conferences follow the core curriculum modules and are approved for graduate credits through the University of San Diego.
- Army EDIS has established a nation-wide reputation as a premier program. Our CSPD coordinator has been invited to conduct presentations at nation-wide professional conferences. The following lists the presentation training activities conducted by the Army EDIS CSPD Coordinator for the last four DoD reporting periods.

SY 2009 – 2010

Measuring Child Outcomes Refresher Course. EDIS training, multiple locations, October 2009 – August 2010.

Technical Assistance Packaging to Practice. National OSEP Leadership Mega Conference, Arlington, VA, July 2010.

Plenary: Integrating Outcomes Measurement with IFSP and IEP Processes. National OSEP Leadership Mega Conference, Arlington, VA, July 2010.

New Training Activities and Resources for Child Outcomes Summary Form (COSF) Users. National OSEP Leadership Mega Conference, Arlington, VA, July 2010.

Examining Outcome Data – Are We On Track? EDIS training, multiple locations, January – March 2010.

Re-examining the IFSP process – Ensuring Family Centered Practices. EDIS training in Korea, January 2010.

Partners, not Lone Rangers: What It Takes to Change Your Early Intervention Service Delivery. National Early Childhood Conference, Arlington, VA, December 2009.

Implementing the Army EDIS Individualized Family Service Plan Process Document (IFSP-PD). EDIS training, SHAPE Belgium, October 2009.

The Routines-Based Interview (RBI) Mini Course. EDIS training, Kaiserslautern, Germany, August 2009.

2. *Outcome Measures:* The Army EDIS programs continues to refine a system for measuring outcomes of early intervention services. Our data for this reporting period presents the initial outcomes for children who were discharged after receiving at least 6 months of Army early intervention services. The results are discussed in the data analysis section (Section D) of this report.
3. *Routines-based interventions and measurable outcomes:* The Army EDIS programs continue to implement and refine services embedded in family routines that are meaningful and have measurable outcomes.
4. *Outreach to Wounded Warriors:* Recognizing that families of Wounded Warriors have significant challenges that may preclude access to evaluations and services for their young children, some of the Army EDIS sites have begun special outreach programs to conduct developmental evaluations of their infants/toddlers.

SECTION C.

Operational Data

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Service Plan Count for EDIS

31 MAR 2010

SNPMIS
DoD-1(COM-10)a

ARMY EDIS

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SUMMARY

	IFSP Count	IEP Count	
ERMC EDIS SUPPORT AREA	205	372	577
18TH MEDCOM SUPPORT AREA	16	19	35
NARMC EDIS SUPPORT AREA	114		114
SERMC EDIS SUPPORT AREA	120		120
TOTAL	455	391	846

	IFSP Count	IEP Count	
CONUS	234		234
OCONUS	221	391	612
TOTAL	455	391	846

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**Service Plan Count for EDIS by EDIS
Site and Command
31 MAR 2010**

SNPMIS
DoD-1(COM10)b

ARMY EDIS

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ERMC EDIS SUPPORT AREA

	IFSP Count	IEP Count	Total
ANSBACH - EDIS	10	25	35
BAMBERG - EDIS	5	17	22
BAUMHOLDER EDIS	26	7	33
HEIDELBERG EDIS	22	45	67
LRMC EDIS	59	125	184
SCHWEINFURT - EDIS	9	3	12
SHAPE EDIS	4	20	24
STUTTGART EDIS	11	41	52
VICENZA EDIS	4	20	24
VILSECK - EDIS	41	41	82
WIESBADEN EDIS	14	28	42
	205	372	577

NARMC EDIS SUPPORT AREA

	IFSP Count	Total
FT. BRAGG EDIS	84	84
FT. KNOX EDIS	17	17
WEST POINT EDIS	13	13
	114	114

SERMC EDIS SUPPORT AREA

	IFSP Count	Total
FORT BUCHANAN EDIS	14	14
FT. BENNING EDIS	26	26
FT. CAMPBELL EDIS	51	51
FT. JACKSON EDIS	2	2
FT. RUCKER EDIS	14	14
FT. STEWART EDIS	13	13
	120	120

KOREA SUPPORT AREA

	IFSP Count	IEP Count	Total
EDIS KOREA	16	19	35
	16	19	35

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Staffing by Provider Type and Discipline by FTE
31 MAR 2010

	CIV	CON	LN	Sum
ADMIN STAFF	7.00		3.30	10.30
CHN	1.00			1.00
ECE	1.00	1.00		2.00
ECSE	9.00	14.80		23.80
FAMILY SERVICE COORDINATOR	2.00			2.00
MGMT STAFF	4.00			4.00
OT	17.00	6.50		23.50
OTHER		1.00		1.00
PEDIATRICIAN				
PSYCHOLOGIST	2.75			2.75
PT	4.00	4.05		8.05
SLP	10.00	12.00		22.00
SOCIAL WORKER	2.00	0.15		2.15
Sum	59.75	39.50	3.30	102.55

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Staffing by Provider Type and Discipline by FTE

SNPMIS
DoD-2(COM-10)b

31 MAR 2010

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ARMY EDIS

CONUS

	CIV	CON	Sum
ADMIN STAFF	4.00		4.00
CHN	1.00		1.00
ECE	1.00		1.00
ECSE	9.00	3.00	12.00
FAMILY SERVICE COORDINATOR	2.00		2.00
MGMT STAFF	3.00		3.00
OT	2.00	1.50	3.50
PEDIATRICIAN			
PT		1.25	1.25
SLP	8.00	2.00	10.00
Sum	30.00	7.75	37.75

OCONUS

	CIV	CON	LN	Sum
ADMIN STAFF	3.00		3.30	6.30
ECE		1.00		1.00
ECSE		11.80		11.80
MGMT STAFF	1.00			1.00
OT	15.00	5.00		20.00
OTHER		1.00		1.00
PSYCHOLOGIST	2.75			2.75
PT	4.00	2.80		6.80
SLP	2.00	10.00		12.00
SOCIAL WORKER	2.00	0.15		2.15
Sum	29.75	31.75	3.30	64.80

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**Total EDIS EIS Enrollment
by Ethnicity and Race
31 MAR 2010**

ARMY EDIS

		Percentage
AMERICAN INDIAN OR ALASKAN NATIVE	1	0.2 %
ASIAN	12	2.6 %
BLACK OR AFRICAN AMERICAN	57	12.5 %
HISPANIC OR LATINO	79	17.4 %
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	3	0.7 %
WHITE	266	58.5 %
MORE THAN 2 RACES	16	3.5 %
DECLINED TO STATE	21	4.6 %
Total	455	

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**EDIS EIS Enrollment by Ethnicity and Race by
Geographic Area
31 MAR 2010**

ARMY EDIS

CONUS

		Percentage
ASIAN	5	2.1 %
BLACK OR AFRICAN AMERICAN	28	12.0 %
HISPANIC OR LATINO	36	15.4 %
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	1	0.4 %
WHITE	142	60.7 %
MORE THAN 2 RACES	5	2.1 %
DECLINED TO STATE	17	7.3 %
Total	234	

OCONUS

		Percentage
AMERICAN INDIAN OR ALASKAN NATIVE	1	0.5 %
ASIAN	7	3.2 %
BLACK OR AFRICAN AMERICAN	29	13.1 %
HISPANIC OR LATINO	43	19.5 %
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	2	0.9 %
WHITE	124	56.1 %
MORE THAN 2 RACES	11	5.0 %
DECLINED TO STATE	4	1.8 %
Total	221	

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Number of Children Who are Receiving EIS from EDIS by DoDEA Enrollment Category

31 MAR 2010

ARMY EDIS

	ARMY CONUS	%	ARMY OCONUS	%	Total	% of Total Students Served
AIR FORCE - TUIT FREE SPACE RE	7	3.0 %	34	15.4 %	41	9.0 %
ARMY - TUIT FREE SPACE A	1	0.4 %			1	0.2 %
ARMY - TUIT FREE SPACE REQ	218	93.2 %	175	79.2 %	393	86.4 %
DOD CIV - TUIT FREE SPACE REQ			9	4.1 %	9	2.0 %
NAVY - TUIT FREE SPACE REQ	2	0.9 %	3	1.4 %	5	1.1 %
NON DOD CIV - US CUSTOMS (PR)	1	0.4 %			1	0.2 %
U.S.C.G. - TUIT FREE SPACE REQ	5	2.1 %			5	1.1 %
Total	234		221		455	

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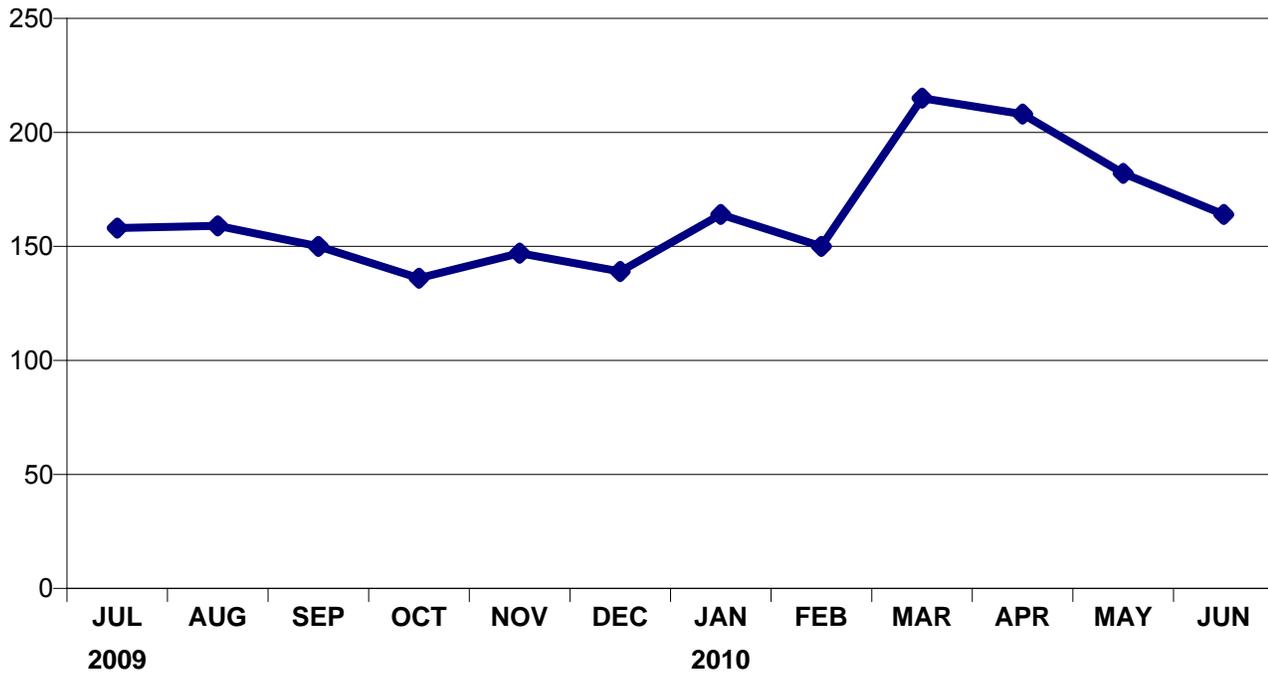
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Number of Children Referred to EDIS for EIS by Month

01 JUL 2009 -- 30 JUN 2010

ARMY EDIS

	JUL 2009	AUG 2009	SEP 2009	OCT 2009	NOV 2009	DEC 2009	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	JUN 2010	Total
EIS	158	159	150	136	147	139	164	150	215	208	182	164	1,972



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Number of Children Referred to EDIS by Month by Geographic Area

SNPMIS
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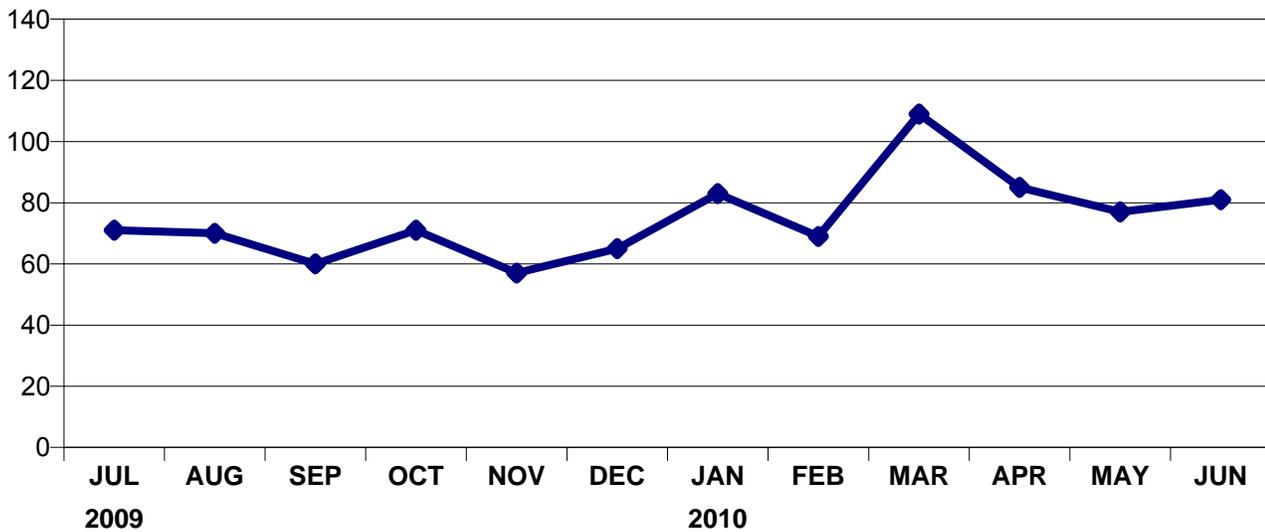
01 JUL 2009 -- 30 JUN 2010

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ARMY EDIS

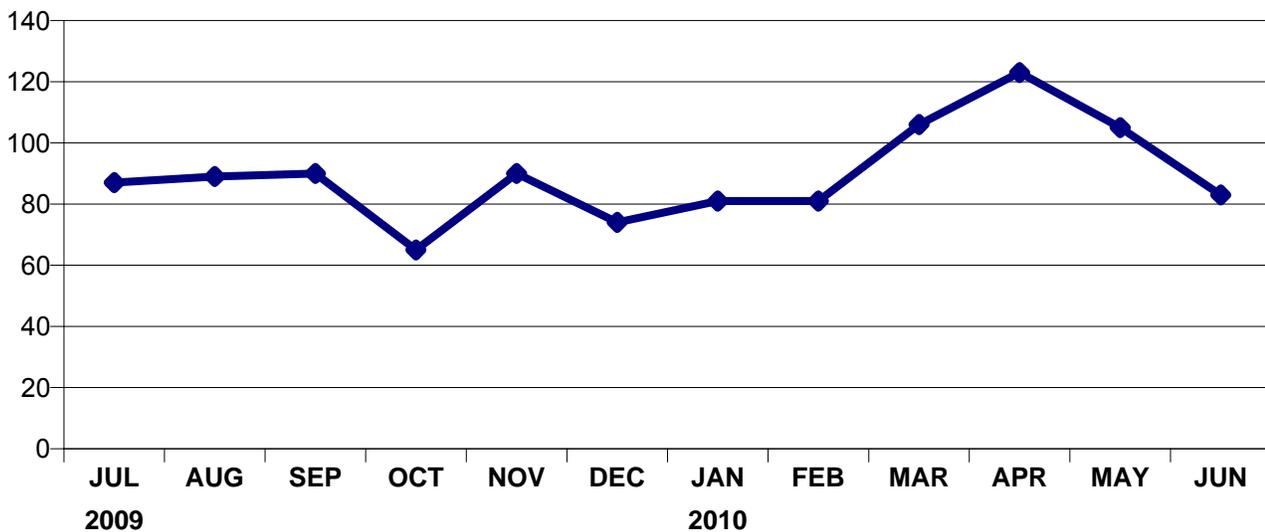
CONUS

	JUL 2009	AUG 2009	SEP 2009	OCT 2009	NOV 2009	DEC 2009	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	JUN 2010	Total
EIS	71	70	60	71	57	65	83	69	109	85	77	81	898



OCONUS

	JUL 2009	AUG 2009	SEP 2009	OCT 2009	NOV 2009	DEC 2009	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	JUN 2010	Total
EIS	87	89	90	65	90	74	81	81	106	123	105	83	1,074



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Number of Children Who Were Evaluated, Found Eligible, and Received Service Plans from 01 JUL 2009 to 30 JUN 2010 for Referrals Made during Period 01 JUL 2009 -- 15 MAY 2010

SNPMIS
DoD-6(COM10)a
ARMY EDIS

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	JUL 2009	AUG 2009	SEP 2009	OCT 2009	NOV 2009	DEC 2009	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	Total
EIS Referrals	158	164	150	139	151	143	169	152	221	210	95	1,752

	JUL 2009	AUG 2009	SEP 2009	OCT 2009	NOV 2009	DEC 2009	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	JUN 2010	Total
EIS Evaluations	46	85	81	71	71	72	86	80	96	95	66	15	864

	JUL 2009	AUG 2009	SEP 2009	OCT 2009	NOV 2009	DEC 2009	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	JUN 2010	Total	%
EIS Eligible	16	48	60	49	62	49	53	52	70	70	49	25	603	71 %
EIS Ineligible	3	17	24	14	14	25	20	22	30	32	26	16	243	29 %

	JUL 2009	AUG 2009	SEP 2009	OCT 2009	NOV 2009	DEC 2009	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	JUN 2010	Total
EIS IFSPs	6	38	54	51	43	43	51	47	68	56	54	45	556

Referral Total	1,752		
Eval Total	864	Percentage of Children referred to EDIS who were evaluated	49 %
IFSP Total	556	Percentage of Children referred to EDIS who received an IFSP	32 %

*** FOR OFFICIAL USE ONLY ***

Number of Children Who Were Evaluated, Found Eligible, and Received Service Plans from 01 JUL 2009 to 30 JUN 2010 for Referrals Made during Period 01 JUL 2009 -- 15 MAY 2010

SNPMIS
DoD-6(COM-10)b
ARMY EDIS

CONUS

	JUL 2009	AUG 2009	SEP 2009	OCT 2009	NOV 2009	DEC 2009	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	Total
EIS Referrals	71	70	60	71	57	66	85	69	113	86	37	785

	JUL 2009	AUG 2009	SEP 2009	OCT 2009	NOV 2009	DEC 2009	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	JUN 2010	Total
EIS Evaluations	23	41	36	34	33	33	54	36	63	51	28	9	441

	JUL 2009	AUG 2009	SEP 2009	OCT 2009	NOV 2009	DEC 2009	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	JUN 2010	Total	%
EIS Eligible	6	24	27	20	33	23	24	30	34	39	26	13	299	69 %
EIS Ineligible		10	10	6	8	10	14	12	21	22	13	6	132	31 %

	JUL 2009	AUG 2009	SEP 2009	OCT 2009	NOV 2009	DEC 2009	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	JUN 2010	Total
EIS IFSPs	3	19	30	11	25	18	26	26	31	33	31	24	277

Referral Total	785		
Eval Total	441	Percentage of Children referred to EDIS who were evaluated	56 %
IFSP Total	277	Percentage of Children referred to EDIS who received an IFSP	35 %

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Number of Children Who Were Evaluated, Found Eligible, and Received Service Plans from 01 JUL 2009 to 30 JUN 2010 for Referrals Made during Period 01 JUL 2009 -- 15 MAY 2010

SNPMIS
DoD-6(COM10)b
ARMY EDIS

OCONUS

	JUL 2009	AUG 2009	SEP 2009	OCT 2009	NOV 2009	DEC 2009	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	Total
EIS Referrals	87	94	90	68	94	77	84	83	108	124	58	967

	JUL 2009	AUG 2009	SEP 2009	OCT 2009	NOV 2009	DEC 2009	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	JUN 2010	Total
EIS Evaluations	23	44	45	37	38	39	32	44	33	44	38	6	423

	JUL 2009	AUG 2009	SEP 2009	OCT 2009	NOV 2009	DEC 2009	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	JUN 2010	Total	%
EIS Eligible	10	24	33	29	29	26	29	22	36	31	23	12	304	73 %
EIS Ineligible	3	7	14	8	6	15	6	10	9	10	13	10	111	27 %

	JUL 2009	AUG 2009	SEP 2009	OCT 2009	NOV 2009	DEC 2009	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	JUN 2010	Total
EIS IFSPs	3	19	24	40	18	25	25	21	37	23	23	21	279

Referral Total	967		
Eval Total	423	Percentage of Children referred to EDIS who were evaluated	44 %
IFSP Total	279	Percentage of Children referred to EDIS who received an IFSP	29 %

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Number of Children by Age at Time of Initial Referral

01 JUL 2009 -- 30 JUN 2010

ARMY EDIS

TOTAL EDIS

	2009				2010				Total	%		
	QTR 3		QTR 4		QTR 1		QTR 2					
Birth to 6 Months	60	13.4 %	56	14.1 %	63	13.2 %	65	14.1 %	116	13.7 %	244	13.7 %
6 - 12 Months	41	9.2 %	42	10.6 %	44	9.2 %	62	13.4 %	83	9.8 %	189	10.6 %
12 - 18 Months	69	15.4 %	62	15.6 %	81	16.9 %	77	16.7 %	131	15.5 %	289	16.2 %
18 - 24 Months	126	28.1 %	107	26.9 %	139	29.0 %	95	20.6 %	233	27.5 %	467	26.1 %
24 - 30 Months	89	19.9 %	92	23.1 %	104	21.7 %	103	22.3 %	181	21.4 %	388	21.7 %
30 - 36 Months	62	13.8 %	39	9.8 %	48	10.0 %	58	12.6 %	101	11.9 %	207	11.6 %
Over 36 Months	1	0.2 %					2	0.4 %	1	0.1 %	3	0.2 %
	448		398		479		462		846		1,787	

CONUS

	2009				2010				Total	%		
	QTR 3		QTR 4		QTR 1		QTR 2					
Birth to 6 Months	19	9.7 %	24	13.3 %	23	9.6 %	24	11.2 %	43	11.4 %	90	10.8 %
6 - 12 Months	18	9.2 %	15	8.3 %	23	9.6 %	30	14.0 %	33	8.8 %	86	10.4 %
12 - 18 Months	32	16.4 %	33	18.2 %	44	18.4 %	35	16.3 %	65	17.3 %	144	17.3 %
18 - 24 Months	53	27.2 %	47	26.0 %	70	29.3 %	45	20.9 %	100	26.6 %	215	25.9 %
24 - 30 Months	42	21.5 %	37	20.4 %	49	20.5 %	50	23.3 %	79	21.0 %	178	21.4 %
30 - 36 Months	30	15.4 %	25	13.8 %	30	12.6 %	30	14.0 %	55	14.6 %	115	13.9 %
Over 36 Months	1	0.5 %					1	0.5 %	1	0.3 %	2	0.2 %
	195		181		239		215		376		830	

OCONUS

	2009				2010				Total	%		
	QTR 3		QTR 4		QTR 1		QTR 2					
Birth to 6 Months	41	16.2 %	32	14.7 %	40	16.7 %	41	16.6 %	73	15.5 %	154	16.1 %
6 - 12 Months	23	9.1 %	27	12.4 %	21	8.8 %	32	13.0 %	50	10.6 %	103	10.8 %
12 - 18 Months	37	14.6 %	29	13.4 %	37	15.4 %	42	17.0 %	66	14.0 %	145	15.2 %
18 - 24 Months	73	28.9 %	60	27.6 %	69	28.7 %	50	20.2 %	133	28.3 %	252	26.3 %
24 - 30 Months	47	18.6 %	55	25.3 %	55	22.9 %	53	21.5 %	102	21.7 %	210	21.9 %
30 - 36 Months	32	12.6 %	14	6.5 %	18	7.5 %	28	11.3 %	46	9.8 %	92	9.6 %
Over 36 Months							1	0.4 %	1	0.2 %	1	0.1 %
	253		217		240		247		470		957	

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Percentage of Children Served in Early Intervention Birth to 12 Months

SNPMIS
DoD-8(COM-10)a

31 MAR 2010

Page: 1 of 1

ARMY EDIS

TOTAL EDIS

31 MAR 2010	
Population Projection - DoDEA Kindergarten	4747
Estimate of Children, Birth - 12 Months	4747
Actual Children Served in EIS, Birth - 12 Months	94
Percentage Served, Birth - 12 Months	2.0%

CONUS

31 MAR 2010	
Population Projection - DoDEA Kindergarten	2381
Estimate of Children, Birth - 12 Months	2381
Actual Children Served in EIS, Birth - 12 Months	67
Percentage Served, Birth - 12 Months	2.8%

OCONUS

31 MAR 2010	
Population Projection - DoDEA Kindergarten	2366
Estimate of Children, Birth - 12 Months	2366
Actual Children Served in EIS, Birth - 12 Months	27
Percentage Served, Birth - 12 Months	1.1%

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**Percentage of Children Served in Early
Intervention Birth to 36 Months
31 MAR 2010**

SNPMIS
DoD-9(COM-10)a
ARMY EDIS

Page: 1 of 1

TOTAL EDIS

31 MAR 2010	
Population Projection - DoDEA Kindergarten	4747
Estimate of Children, Birth - 36 Months	14241
Actual Children Served in EIS, Birth - 36 Months	453
Percentage Served, Birth - 36 Months	3.2%

CONUS

31 MAR 2010	
Population Projection - DoDEA Kindergarten	2381
Estimate of Children, Birth - 36 Months	7143
Actual Children Served in EIS, Birth - 36 Months	234
Percentage Served, Birth - 36 Months	3.3%

OCONUS

31 MAR 2010	
Population Projection - DoDEA Kindergarten	2366
Estimate of Children, Birth - 36 Months	7098
Actual Children Served in EIS, Birth - 36 Months	2198
Percentage Served, Birth - 36 Months	3.1%

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**Percentage of Children Who Were Referred to
EDIS and Had Their Initial IFSP Meeting
Conducted within 45 Days
01 JUL 2009 - 30 JUN 2010**

SNPMIS
DoD-10(COM-10)a

ARMY EDIS

TOTAL

	Child Count = 573	Equal or Under 45 Days = 529	Event Count = 575
Percent under 45 Days = 92%		Over 45 Days = 46	

CONUS

	Child Count = 289	Equal or Under 45 Days = 271	Event Count = 291
Percent under 45 Days = 93%		Over 45 Days = 20	

OCONUS

	Child Count = 284	Equal or Under 45 Days = 258	Event Count = 284
Percent under 45 Days = 91%		Over 45 Days = 26	

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**Total EIS Eligibility Counts
01 JUL 2009 - 30 JUN 2010**

ARMY EDIS

TOTAL

Basis for Eligibility	# Eligible
BIOLOGICAL RISK	68
Percentage of # Eligible:	9.6 %
Basis for Eligibility	# Eligible
DEVELOPMENTAL DELAY	637
Percentage of # Eligible:	90.4 %
Total:	705

CONUS

Basis for Eligibility	# Eligible
BIOLOGICAL RISK	47
Percentage of # Eligible:	13.1 %
Basis for Eligibility	# Eligible
DEVELOPMENTAL DELAY	313
Percentage of # Eligible:	86.9 %
Total:	360

OCONUS

Basis for Eligibility	# Eligible
BIOLOGICAL RISK	21
Percentage of # Eligible:	6.1 %
Basis for Eligibility	# Eligible
DEVELOPMENTAL DELAY	324
Percentage of # Eligible:	93.9 %
Total:	345

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Number and Percentage of Sessions by Environments Where EIS Were Provided

01 JUL 2009 - 30 JUN 2010

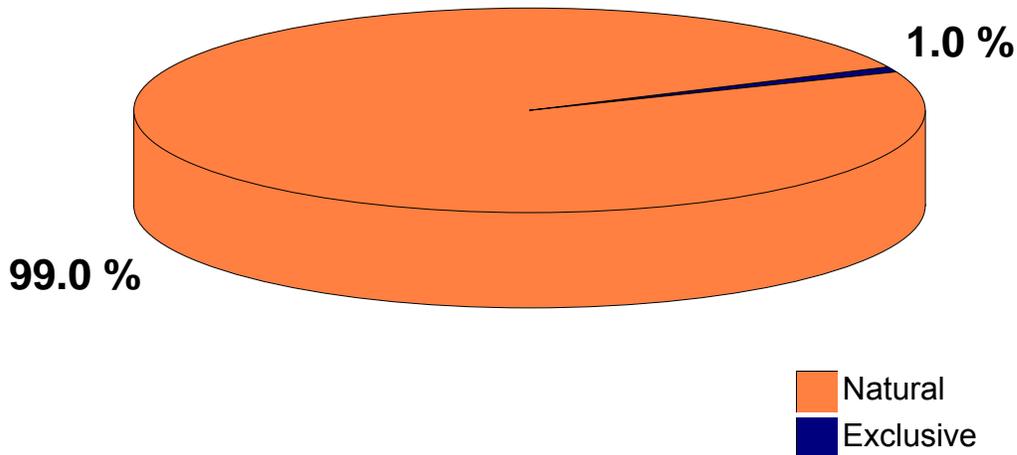
SNPMIS
DoD-12(COM-10a)
ARMY EDIS

Page: 1 of 3

TOTAL

Actual Environment	Kept Session	Percentage
CDC	1266	8.8 %
CHILD CARE HOME	166	1.2 %
COMMUNITY - NATURAL	151	1.1 %
COMMUNITY - RESTRICTIVE	71	0.5 %
EDIS - NATURAL	67	0.5 %
EDIS - RESTRICTIVE	67	0.5 %
HOME	12418	86.7 %
SCHOOL	123	0.9 %
Sum:	14329	

Environments Where EDIS Provided Early Intervention Services



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Number and Percentage of Sessions by Environments Where EIS Were Provided (CONUS-OCONUS)

SNPMIS
DoD-12(COM-10)b
ARMY EDIS

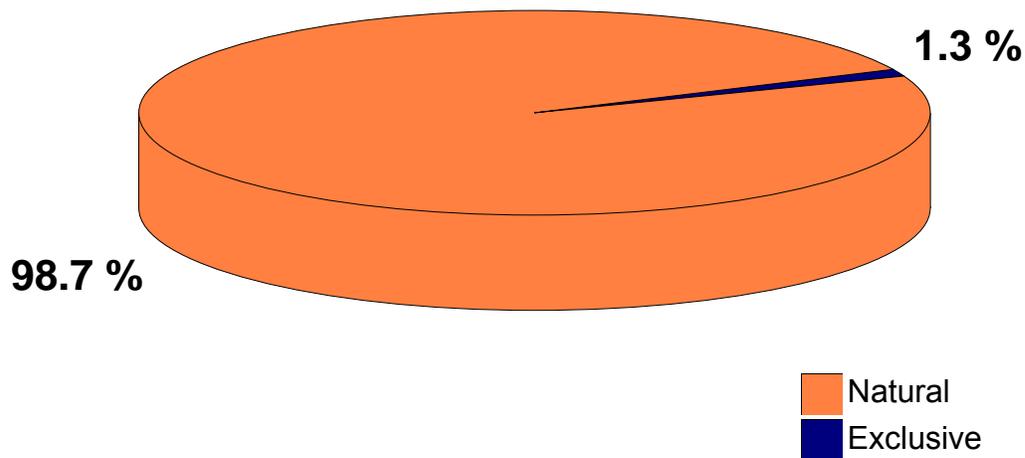
01 JUL 2009 - 30 JUN 2010

Page: 2 of 3

CONUS

Actual Environment	Kept Session	Percentage
CDC	589	7.6 %
CHILD CARE HOME	78	1.0 %
COMMUNITY - NATURAL	73	0.9 %
COMMUNITY - RESTRICTIVE	64	0.8 %
EDIS - NATURAL	43	0.6 %
EDIS - RESTRICTIVE	36	0.5 %
HOME	6820	87.6 %
SCHOOL	83	1.1 %
Sum:	7786	

Environments Where EDIS Provided Early Intervention Services



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Number and Percentage of Sessions by Environments Where EIS Were Provided (CONUS-OCONUS)

SNPMIS
DoD-12(COM-10)b
ARMY EDIS

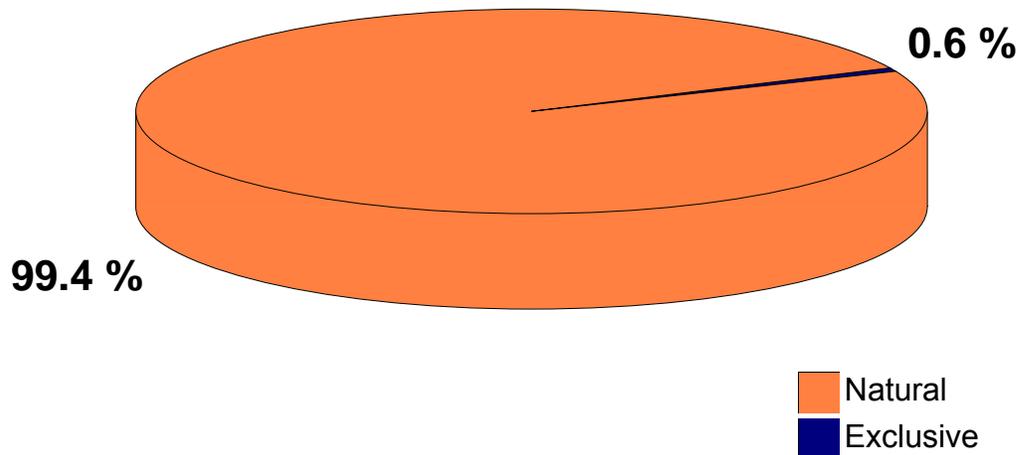
01 JUL 2009 - 30 JUN 2010

Page: 3 of 3

OCONUS

Actual Environment	Kept Session	Percentage
CDC	677	10.3 %
CHILD CARE HOME	88	1.3 %
COMMUNITY - NATURAL	78	1.2 %
COMMUNITY - RESTRICTIVE	7	0.1 %
EDIS - NATURAL	24	0.4 %
EDIS - RESTRICTIVE	31	0.5 %
HOME	5598	85.6 %
SCHOOL	40	0.6 %
Sum:	6543	

Environments Where EDIS Provided Early Intervention Services



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Length of Time that Children Received EIS from EDIS

SNPMIS
DoD-13(COM-10)a

Discharges Made During Period: 01 JUL 2009 -- 30 JUN 2010

Page: 1 of 2

ARMY EDIS

TOTAL EDIS

Discharges		Referral Age		Time in Program	
529	Average Months:	19.4	Average Months:	11.8	
	Median	20.2	Median	11.4	
	SD	8.7	SD	7.0	
	Minimum:	0.2	Minimum:	0.2	
	Maximum:	34.7	Maximum:	36.8	
			Number under 3 mths.	34	6.4 %
			Number under 6 mths.	121	22.9 %
			Number under 12 mths.	288	54.4 %
			Number over 1 yr:	241	45.6 %
			Number over 1.5 yrs:	81	15.3 %
			Number over 2 yrs:	29	5.5 %
			Number between 1 yr and 18 mths.	160	30.2 %

Note: The "Number over 1 yr"
includes "Number over 1.5 yrs"
and "Number over 2 yrs."

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Length of Time that Children Received EIS from EDIS (CONUS-OCONUS)

Discharges Made During Period: 01 JUL 2009 -- 30 JUN 2010

SNPMIS
DoD-13(COM-10)b
ARMY EDIS

Page: 2 of 2

CONUS

Discharges		Referral Age		Time in Program	
265	Average Months:	19.2	Average Months:	12.1	
	Median	20.7	Median	11.7	
	SD	8.9	SD	7.2	
	Minimum:	0.2	Minimum:	1.4	
	Maximum:	34.3	Maximum:	36.8	
			Number under 3 mths.	17	6.4 %
			Number under 6 mths.	62	23.4 %
			Number under 12 mths.	139	52.5 %
			Number over 1 yr:	126	47.5 %
			Number over 1.5 yrs:	47	17.7 %
			Number over 2 yrs:	17	6.4 %
			Number between 1 yr and 18 mths.	79	29.8 %

OCONUS

Discharges		Referral Age		Time in Program	
264	Average Months:	19.6	Average Months:	11.5	
	Median	19.8	Median	11.3	
	SD	8.6	SD	6.7	
	Minimum:	0.7	Minimum:	0.2	
	Maximum:	34.7	Maximum:	33.8	
			Number under 3 mths.	17	6.4 %
			Number under 6 mths.	59	22.3 %
			Number under 12 mths.	149	56.4 %
			Number over 1 yr:	115	43.6 %
			Number over 1.5 yrs:	34	12.9 %
			Number over 2 yrs:	12	4.5 %
			Number between 1 yr and 18 mths.	81	30.7 %

Note: The "Number over 1 yr"
includes "Number over 1.5 yrs"
and "Number over 2 yrs."

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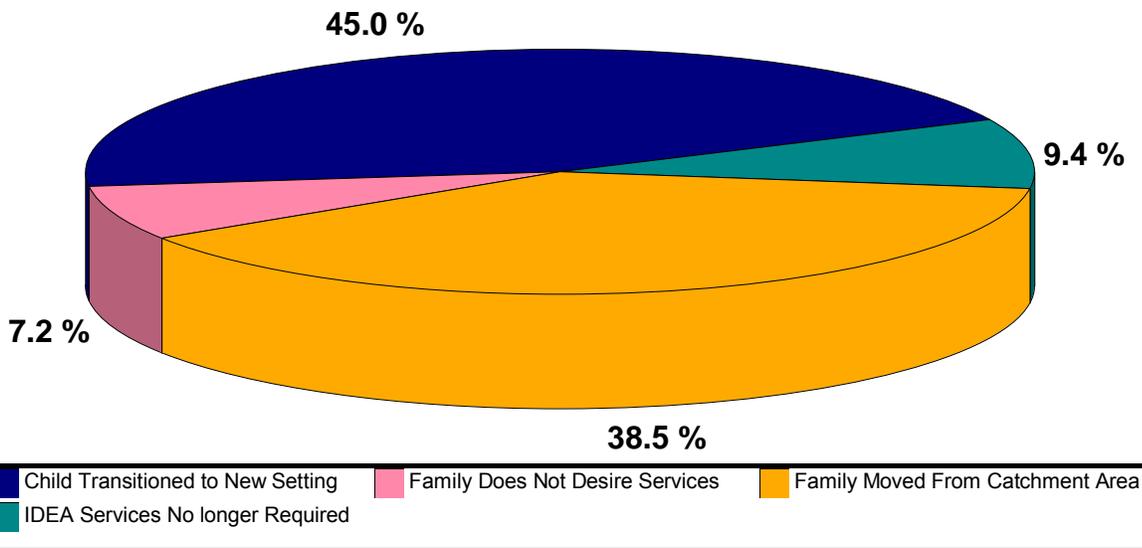
Discharge Reasons for Children Discharged from EDIS 01 JUL 2009 -- 30 JUN 2010

ARMY EDIS

TOTAL

All Discharge Reasons	Count	Adjusted Discharge Reasons	Count	%
CHILD HOSPITALIZED OR IN RTF	1	Child Transitioned to New Setting	250	45.0 %
CHILD NOT ELIGIBLE FOR IDEA SERVICES	28	Family Moved From Catchment Area	214	38.5 %
DECEASED	3	IDEA Services No longer Required	52	9.4 %
EARLY RETURN FOR MEDICAL REASONS	5	Family Does Not Desire Services	40	7.2 %
FAMILY DOES NOT DESIRE SERVICES	40	Total:	556	
FAMILY REQUESTED DELAY	1			
MOVED FROM CATCHMENT AREA	209			
SERVICES ADMIN WITHDRAWN - FAMILY UNAVAILABLE	16			
SERVICES NO LONGER REQUIRED	24			
SPONSOR NO LONGER ELIGIBLE	3			
TRANSITIONED TO OTHER SETTING	26			
TRANSITION TO DoDEA SPEC. EDUC.	224			
Total:	580			

Adjusted Discharge Reasons



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Discharge Reasons for Children Discharged from EDIS 01 JUL 2009 -- 30 JUN 2010

SNPMIS
DoD-14(COM-10)b

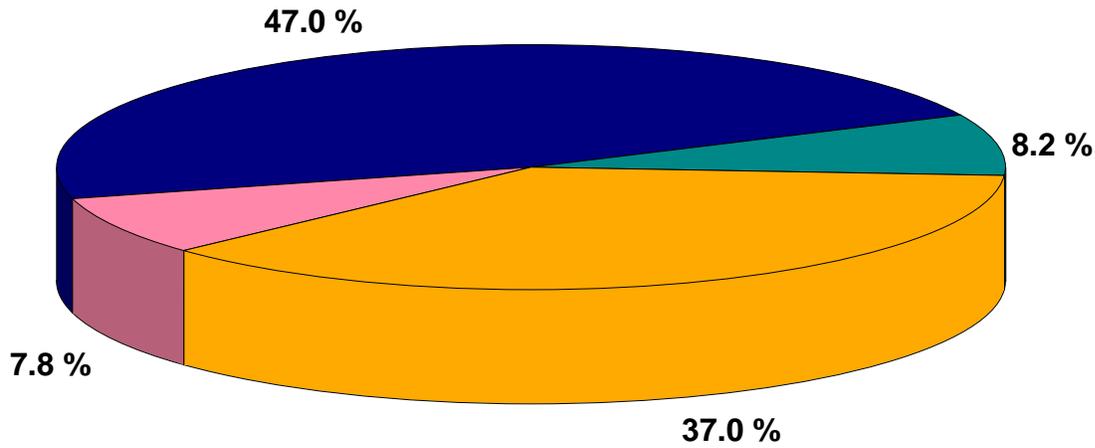
Page: 2 of 3

ARMY EDIS

CONUS

All Discharge Reasons	Count	Adjusted Discharge Reasons	Count	%
CHILD NOT ELIGIBLE FOR IDEA SERVICES	12	Child Transitioned to New Setting	132	47.0 %
DECEASED	2	Family Moved From Catchment Area	104	37.0 %
FAMILY DOES NOT DESIRE SERVICES	22	IDEA Services No longer Required	23	8.2 %
MOVED FROM CATCHMENT AREA	104	Family Does Not Desire Services	22	7.8 %
SERVICES ADMIN WITHDRAWN - FAMILY UNAVAILABLE	14	Total:	281	
SERVICES NO LONGER REQUIRED	11			
TRANSITIONED TO OTHER SETTING	9			
TRANSITION TO DoDEA SPEC. EDUC.	123			
Total:	297			

Adjusted Discharge Reasons



■ Child Transitioned to New Setting	■ Family Does Not Desire Services	■ Family Moved From Catchment Area
■ IDEA Services No longer Required		

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Discharge Reasons for Children Discharged from EDIS 01 JUL 2009 -- 30 JUN 2010

SNPMIS
DoD-14(COM-10)b

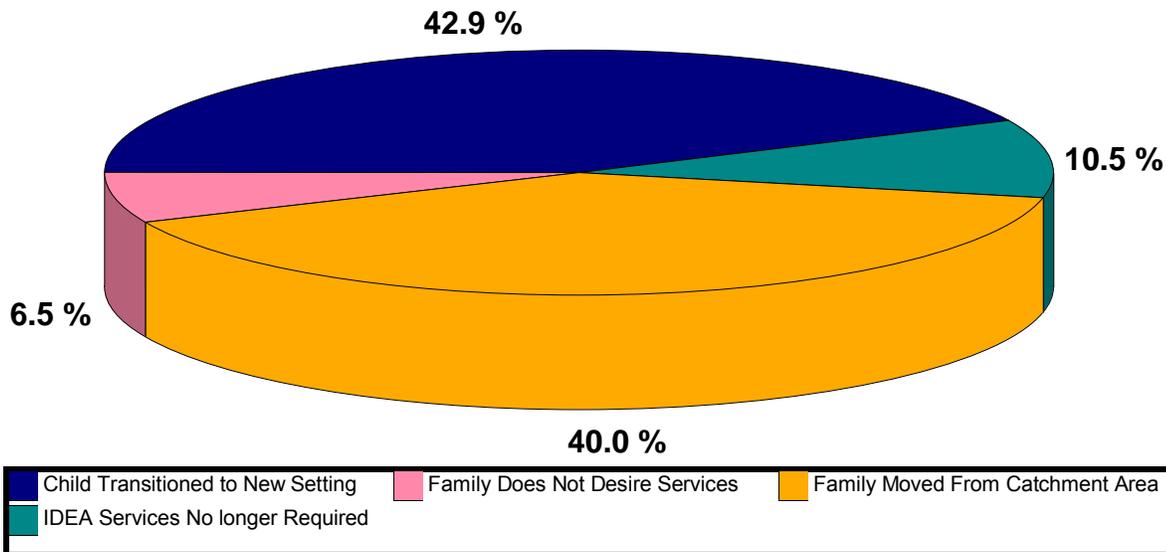
Page: 3 of 3

ARMY EDIS

OCONUS

All Discharge Reasons	Count	Adjusted Discharge Reasons	Count	%
CHILD HOSPITALIZED OR IN RTF	1	Child Transitioned to New Setting	118	42.9 %
CHILD NOT ELIGIBLE FOR IDEA SERVICES	16	Family Moved From Catchment Area	110	40.0 %
DECEASED	1	IDEA Services No longer Required	29	10.5 %
EARLY RETURN FOR MEDICAL REASONS	5	Family Does Not Desire Services	18	6.5 %
FAMILY DOES NOT DESIRE SERVICES	18	Total:	275	
FAMILY REQUESTED DELAY	1			
MOVED FROM CATCHMENT AREA	105			
SERVICES ADMIN WITHDRAWN - FAMILY UNAVAILABLE	2			
SERVICES NO LONGER REQUIRED	13			
SPONSOR NO LONGER ELIGIBLE	3			
TRANSITIONED TO OTHER SETTING	17			
TRANSITION TO DoDEA SPEC. EDUC.	101			
Total:	283			

Adjusted Discharge Reasons



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**OSEP Summary
of Child Outcomes
01 JUL 2009 - 30 JUN 2010**

Total EI Discharges >= 6 months from IFSP: 365

Outcome 1 - Social Emotional Skills

Category	%
a	4 %
b	29 %
c	28 %
d	19 %
e	19 %

n= 303

Outcome 2 - Acquiring and Using Knowledge and Skills

Category	%
a	2 %
b	32 %
c	35 %
d	21 %
e	10 %

n= 303

Outcome 3 - Taking Appropriate Action to Meet Needs

Category	%
a	1 %
b	26 %
c	32 %
d	30 %
e	10 %

n= 303

OSEP Categories:

- e = Children who maintained typical development
- d = Children who achieved typical development
- c = Children who made sufficient progress to move closer to typical development but did not achieve it
- b = Children who made progress but did not move closer to typical development
- a = Children who did not make progress

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WR-592a
Vsn Date: 4/28/2010

**OSEP Summary
of Child Outcomes
01 JUL 2009 - 30 JUN 2010**

CONUS

Total EI Discharges >= 6 months from IFSP: 196

Outcome 1 - Social Emotional Skills

Category	%
a	3 %
b	31 %
c	29 %
d	19 %
e	17 %

n= 149

Outcome 2 - Acquiring and Using Knowledge and Skills

Category	%
a	2 %
b	34 %
c	36 %
d	18 %
e	11 %

n= 149

Outcome 3 - Taking Appropriate Action to Meet Needs

Category	%
a	1 %
b	26 %
c	35 %
d	29 %
e	9 %

n= 149

OSEP Categories:

- e = Children who maintained typical development
- d = Children who achieved typical development
- c = Children who made sufficient progress to move closer to typical development but did not achieve it
- b = Children who made progress but did not move closer to typical development
- a = Children who did not make progress

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WR-592e
Vsn Date: 4/28/2010

**OSEP Summary
of Child Outcomes
01 JUL 2009 - 30 JUN 2010**

OCONUS

Total EI Discharges >= 6 months from IFSP: 169

Outcome 1 - Social Emotional Skills

Category	%
a	5 %
b	27 %
c	28 %
d	19 %
e	21 %

n= 154

Outcome 2 - Acquiring and Using Knowledge and Skills

Category	%
a	3 %
b	31 %
c	35 %
d	23 %
e	8 %

n= 154

Outcome 3 - Taking Appropriate Action to Meet Needs

Category	%
a	1 %
b	27 %
c	30 %
d	32 %
e	10 %

n= 154

OSEP Categories:

- e = Children who maintained typical development
- d = Children who achieved typical development
- c = Children who made sufficient progress to move closer to typical development but did not achieve it
- b = Children who made progress but did not move closer to typical development
- a = Children who did not make progress

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WR-592e
Vsn Date: 4/28/2010

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Number of Children who are Receiving Related Services from EDIS by DoDEA Enrollment Category and DoDEA Eligibility Criteria

SNPMIS

DoD-16(COM-10)a

ARMY EDIS

31 MAR 2010

Page: 1 of 1

	A-AU	A-BI	A-DB	A-HI	A-OH	A-OR	A-PD	A-VI	B-EI	C-AR	C-DY	C-LA	D-IN	D-LD	E-DD	I-II	Total	% Served
AIR FORCE - TUIT FREE SPACE RE	19				9	1	5	1	2		1	8	7	13	21		87	22.0 %
ARMY - TUIT FREE SPACE REQ	42	1		1	21	3	10		3	7	1	19	10	38	73	1	230	58.2 %
CON - TUIT PAY SPACE GUARANTD					1												1	0.3 %
DOD CIV - TUIT FREE SPACE A	2				1									1	1		5	1.3 %
DOD CIV - TUIT FREE SPACE REQ	7		1		16	4	3		2	3		2	3	13	2		56	14.2 %
MARINES - TUIT FREE SPACE REQ					2					1					1		4	1.0 %
NAFI (Full-Time)															1		1	0.3 %
NAFI - TUIT FREE SPACE REQ	1																1	0.3 %
NON DOD CIV-FT US GOVT EMP(PR)	1				1	1	1								3		7	1.8 %
NON DOD CIV - US CUSTOMS (PR)															1		1	0.3 %
U.S.C.G. - TUIT FREE SPACE REQ	1																1	0.3 %
US GOVT - TUIT PAY SPACE A															1		1	0.3 %
Percent:	73	1	1	1	51	9	19	1	7	7	2	29	21	55	115	3	395	
	18.5 %	0.3 %	0.3 %	0.3 %	12.9 %	2.3 %	4.8 %	0.3 %	1.8 %	1.8 %	0.5 %	7.3 %	5.3 %	13.9 %	29.1 %	0.8 %		

A-AU AUTISTIC; A-BI TRAUMATIC BRAIN INJURY; A-BL BLIND; A-DE DEAF-BLIND; A-DE DEAF; A-HI HEARING IMPAIRED; A-OH OTHER HEALTH IMPAIRED; A-OR ORTHOPEDICALLY IMPAIRED; A-PD PERVERSIVE DEVELOPMENTAL DISORDER; A-VI VISUALLY IMPAIRED - PARTIALLY SIGHTED; B-EI EMOTIONALLY IMPAIRED; C-AR COMMUNICATION IMPAIRED - ARTICULATION; C-DY COMMUNICATION IMPAIRED - DYSFLUENCY; C-LA COMMUNICATION IMPAIRED - LANGUAGE/PHONOLOGY; C-VO COMMUNICATION IMPAIRED - VOICE; D-IN LEARNING IMPAIRED - INTELLECTUAL DISABILITY; D-LD LEARNING IMPAIRED - LEARNING DISABILITY; E-DD DEVELOPMENTAL DELAY; II INTERIM INCOMING IEP (NOT FOR EVALUATION)

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Requests from DoDDS for Evaluations and Services

SNPMIS

DoD-17(COM-10)a

ARMY EDIS

01 JUL 2009 - 30 JUN 2010

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Evaluation Requests	Service Requests
463	514

Percentage of EDIS Evaluation Requests Completed on Time

SNPMIS

DoD-18(COM-10)a

ARMY EDIS

01 JUL 2009 -- 30 JUN 2010

Evaluations	Completed by Due Date	% Completed on Time
398	336	84.4 %

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Services Provided to Children on IEPs

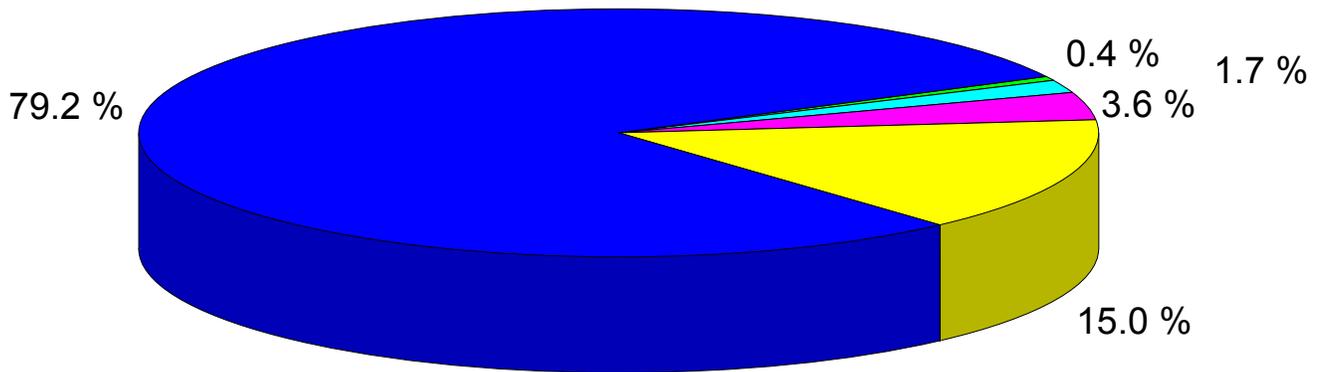
SNPMIS
DoD-19(COM-10)a

01 JUL 2009 - 30 JUN 2010

Page: 1 of 1

ARMY EDIS

SERVICE	Count	Percentage
FAMILY TRAINING, COUNSELING	3	0.4 %
OCCUPATIONAL THERAPY	543	79.2 %
PHYSICAL THERAPY	103	15.0 %
PSYCHOLOGY	25	3.6 %
SOCIAL WORK	12	1.7 %
TOTAL:	686	



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Services Provided to Students with IEPs by Location

SNPMIS
DoD-20(COM-10)a
ARMY EDIS

01 JUL 2009 - 30 JUN 2010

Page: 1 of 2

FAMILY TRAINING, COUNSELING

Location	Children Count	Percentage
COMMUNITY	1	25.0 %
HOME	3	75.0 %
Sum:	4	

OCCUPATIONAL THERAPY

Location	Children Count	Percentage
COMMUNITY	5	0.9 %
GEN ED CLASS	153	27.1 %
HOME	2	0.4 %
PRESCHOOL CLASS	108	19.1 %
RESOURCE ROOM	140	24.8 %
SELF-CONTAIN CLASS	43	7.6 %
THERAPY ROOM	113	20.0 %
Sum:	564	

PHYSICAL THERAPY

Location	Children Count	Percentage
COMMUNITY	3	3.0 %
GEN ED CLASS	22	22.2 %
HOME	2	2.0 %
PRESCHOOL CLASS	34	34.3 %
RESOURCE ROOM	8	8.1 %
SELF-CONTAIN CLASS	12	12.1 %
THERAPY ROOM	18	18.2 %
Sum:	99	

PSYCHOLOGY

Location	Children Count	Percentage
COMMUNITY	8	100.0 %
Sum:	8	

Does not include
consultation

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Services Provided to Students with IEPs by Location

SNPMIS

DoD-20(COM-10)a

01 JUL 2009 - 30 JUN 2010

ARMY EDIS

Page: 2 of 2

SOCIAL WORK

Location	Children Count	Percentage
COMMUNITY	1	10.0 %
HOME	1	10.0 %
RESOURCE ROOM	1	10.0 %
THERAPY ROOM	7	70.0 %
Sum:	10	

Does not include
consultation

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SECTION D.

Analysis of Operational Data

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Analysis of Army EDIS Operational Data

Reporting Period: 1 July 2009 – 30 June 2010

Point in Time Census Data: 31 Mar 2010

FOREWORD

The EDIS program has historically reflected the changes occurring within the rest of the Army, from the re-structuring to the military deployments. The data for the current reporting period indicate that the dramatic drop in the number of children seen during the past 6 years has slowed significantly as the transformation of the Army comes to a close, at least for the communities with Army EDIS programs. With the return of the troops from Iraq, many locations anticipate an increase in births, and consequently EDIS enrollments, towards the end of the next reporting period.

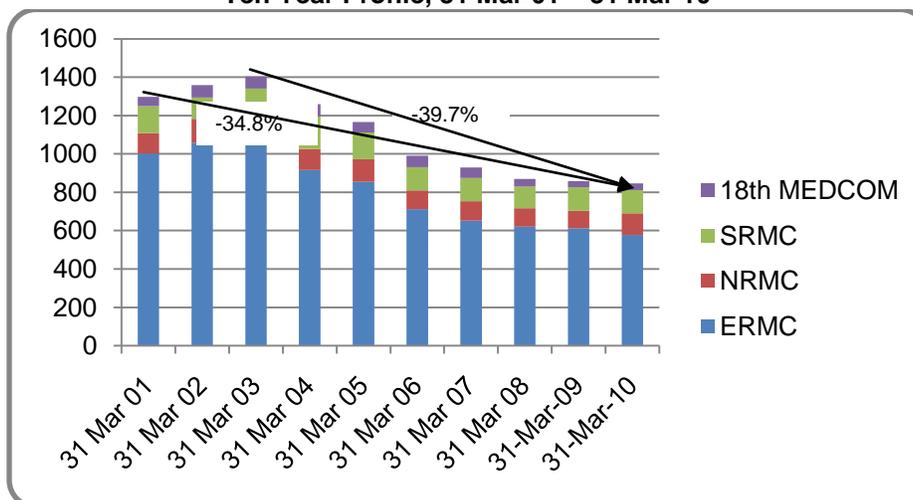
DESCRIPTION OF ARMY EDIS

PROGRAM LOCATIONS: The Army operates EDIS programs at 9 domestic installations (includes Puerto Rico), 9 communities in Europe, and throughout Korea. The domestic EDIS programs provide only early intervention services (EIS) for infants and toddlers, while the overseas programs also provide related services (RS) to special education students in the DoD Dependents Schools (DoDDS).

STAFFING: The programs deliver services through multidisciplinary teams made up of early childhood special educators, occupational therapists, speech pathologists, physical therapists, social workers, and psychologists.

POPULATION SERVED: On 31 Mar 2010, the Army EDIS teams served 846 children on active service plans: 455 infants and toddlers and 391 school-aged children. Total enrollments have decreased by nearly 35 percent over 10 years, and nearly 40 percent since the all-time high enrollment on 2003 (Chart 1).

Chart 1
Total EDIS Service Plan Count by Regional Command
Ten Year Profile, 31 Mar 01 – 31 Mar 10



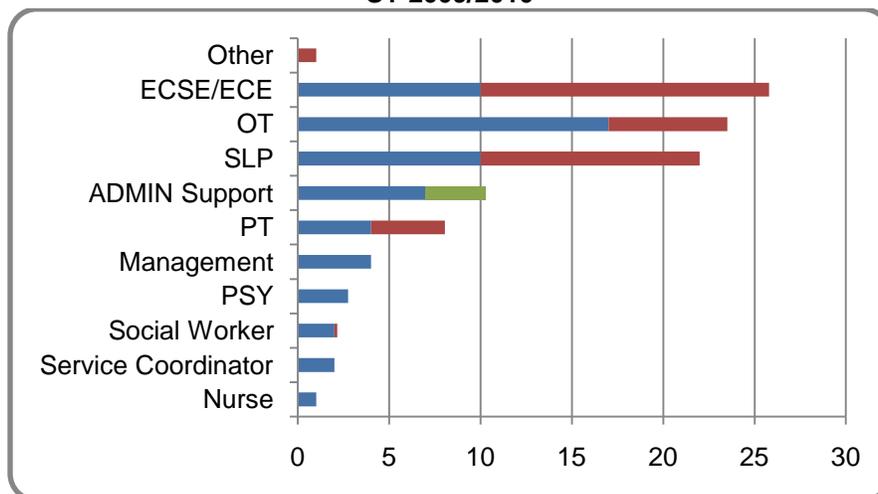
Understanding the reasons for fluctuations in the number of service plans is important for projecting resource requirements for EDIS. The Army transformation and associated drawdown in Europe have had the greatest impact on the declining enrollment. Several Army communities in Europe have closed down, and the total number of soldiers stationed in Europe has declined significantly. The drop in the number of infants/toddlers served in domestic locations can be associated with the war in the Middle East. These numbers are just beginning to increase again as soldiers have returned from deployments.

The greatest decrease in EDIS enrollments over the past 10 years occurred in Europe. Much of that was due to the Army restructuring, but the 10 years of military deployments have undoubtedly had an impact on the number of infants and toddlers we serve. After reaching an all-time high in 2003, domestic EDIS locations saw a sudden unexplained decrease in enrollments in 2004. Enrollment trends were similar in both domestic and overseas areas until this reporting period, when domestic programs increased by 9 percent, but overseas areas continued to decrease.

STAFFING: While the Navy and Air Force utilize active duty personnel for delivery of some services under IDEA, the Army’s EDIS staff consists of Civil Service employees and contractors.

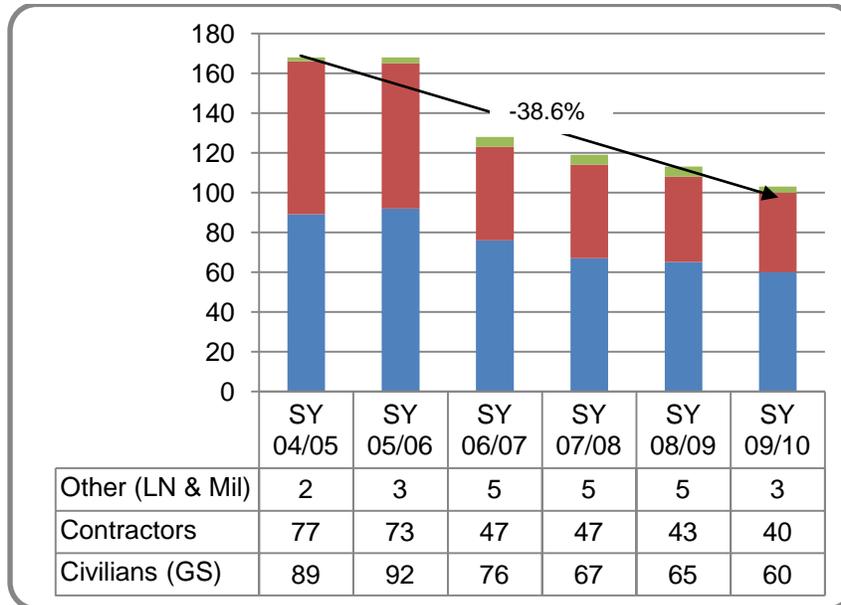
The core members of any EDIS team are the Early Childhood Special Educator (ECSE), Speech Language Pathologist (SLP), and Occupational Therapist (OT). The ECSE and SLP are exclusively employed for EIS, and OT services are the most frequently requested service for school-aged children in overseas areas. Other provider disciplines may include Physical Therapists (PT), Family Counselors/Service Coordinators (FSC), Social Workers (SW), Nurses, and Psychologists (Psy). Chart 2 shows the number of providers by discipline and type of employment. The top three disciplines make up the core of EIS teams.

Chart 2
Total Army EDIS staff by Discipline and Type of Employment
SY 2009/2010



Along with the declining enrollments, we have seen a similar decline in the number of EDIS staff members. Chart 3 shows the total number of personnel in Army EDIS over the past 6 years, by type of employment.

Chart 3
Total Army EDIS staff by Type of Employment
31 Mar 05 – 31 Mar 09



Out of a total a of 103 EDIS staff positions on 31 Mar 10, 89 percent were direct care providers and 4 percent were managerial and 7 percent administrative support. EDIS management personnel in small communities may serve dual roles as direct care providers and managers, but are counted under the provider’s discipline instead of as management staff.

Of all Army EDIS staff, 38.5 percent remain under a centralized contract. This is down from the 43 percent a year ago. Over the past 15 years. The Army has procured the majority of EDIS early intervention services providers through a centralized contract. We began using contracted staff because we lacked the manpower authorizations to hire Government employees, and continued because of Congressional pressure to contract for services in DoD. The final option year of this centralized contract expires on 30 Sep 2012. The Army will not re-compete this centralized contract, and all positions will convert to direct Government hire positions upon contract termination.

EARLY INTERVENTION SERVICES (0 – 3 year olds)

Number of Children Served in Early Intervention Services (EIS):

The total number of service plans is in constant flux. The census count (on 31 Mar) alone does not reflect the full EDIS workload. Although the census count for EIS on 31 Mar 10 was 455 Children, Army EDIS received nearly 1,972 new referrals for EIS. Of those, 1,752 infants and toddlers received evaluations and/or services from EDIS.

Analysis of EIS Compliance Data: This section presents management data used to measure compliance with specific requirements of IDEA legislation and DoD policy. These data reports, and numerous other reports, are readily available to EDIS management officials to ensure continued compliance with requirements and to identify areas for improvement.

Early and Effective Identification of Infants and Toddlers:

The public law emphasizes early identification of infants and toddlers with special needs. The premise of early intervention is tied to the construct that the earlier the intervention, the better the outcome. The child’s age at referral provides a good measure of the effectiveness of our EIS public awareness and child-find activities in reaching all potentially eligible sources of referrals.

Of all children who received EIS from Army EDIS programs during the reporting period, 24.3 percent entered services at less than 12 months of age. More than half of those were less than 6 months of age. This figure shows a slight increase from the 23 percent who entered the program last year at less than 12 months of age.

EDIS served 3.2 percent of the estimated infant/toddler population in the communities served. Medical literature reports that approximately 3% of all infants/toddlers require some sort of intervention to enhance development. This data indicates that the Army EDIS programs have effective child find activities.

Table 1 below shows the proportion of children by age of referral for those who entered the program during the past three reporting periods. The proportions appear to be relatively constant. The difference in the actual number of children is both substantively insignificant.

**Table 1
Age at Time of Referral for Early Intervention Services**

Age at Referral	SY 07/08	SY 08/09	SY 09/10
< 12 Mos	28%	23%	24.3%
12-24 Mos	41%	44%	42.3%
24-36 Mos	31%	33%	33.3%

National data shows that States are only serving 1 percent of all children under the age of 12 months. Children under 12 months of age who received services from Army EDIS on 31 Mar 09 represented 2.1 percent of the estimated age group in the EDIS catchment areas. This further confirms the success of the Army EDIS public awareness and child find activities across age categories.

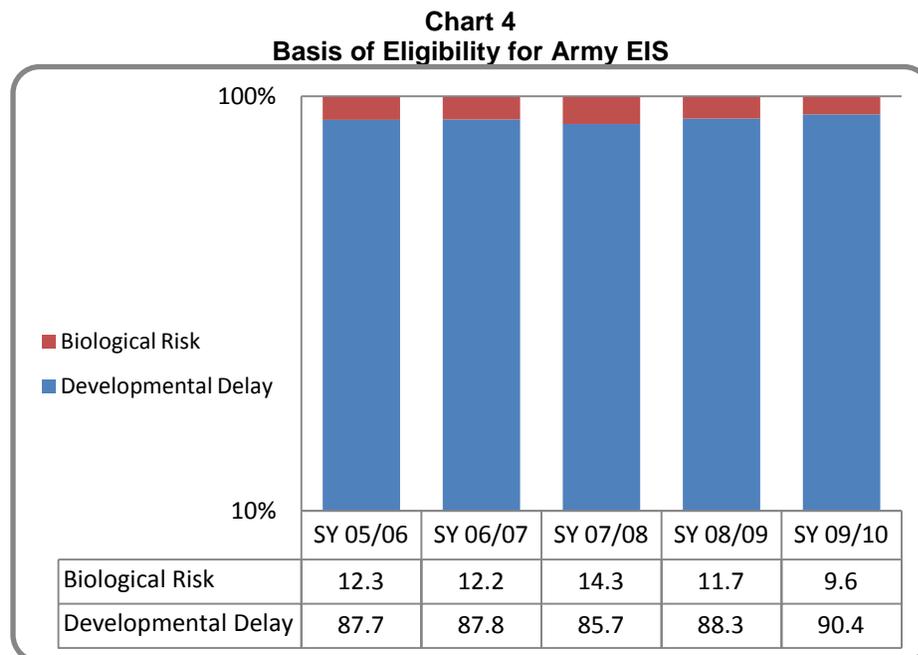
These are outstanding results that demonstrate effective child find processes. Health care providers are usually the first to identify developmental delays in children less than 12 months of age. The success in early identification can be

attributed to the aggressive outreach by EDIS to providers in the MTF to raise awareness of EDIS and the procedures for making referrals.

Basis for Eligibility:

In accordance with DoD policy, children may become eligible for EIS within two categories: a) developmental delay, and b) biological risk. Children may become eligible for EIS based on biological risk if they have received a diagnosis by a physician, indicating a medical or psychological condition with a high probability of resulting in developmental delays.

Of all children who became eligible for Army EIS during this reporting period, 90.4 percent were based on developmental delay and 9.6 percent were based on biological risk. This is consistent with figures throughout the nation, with a majority of the children referred for services being eligible based on developmental delay. Chart 4 shows these proportions over the past five years. The proportions have remained relatively constant.

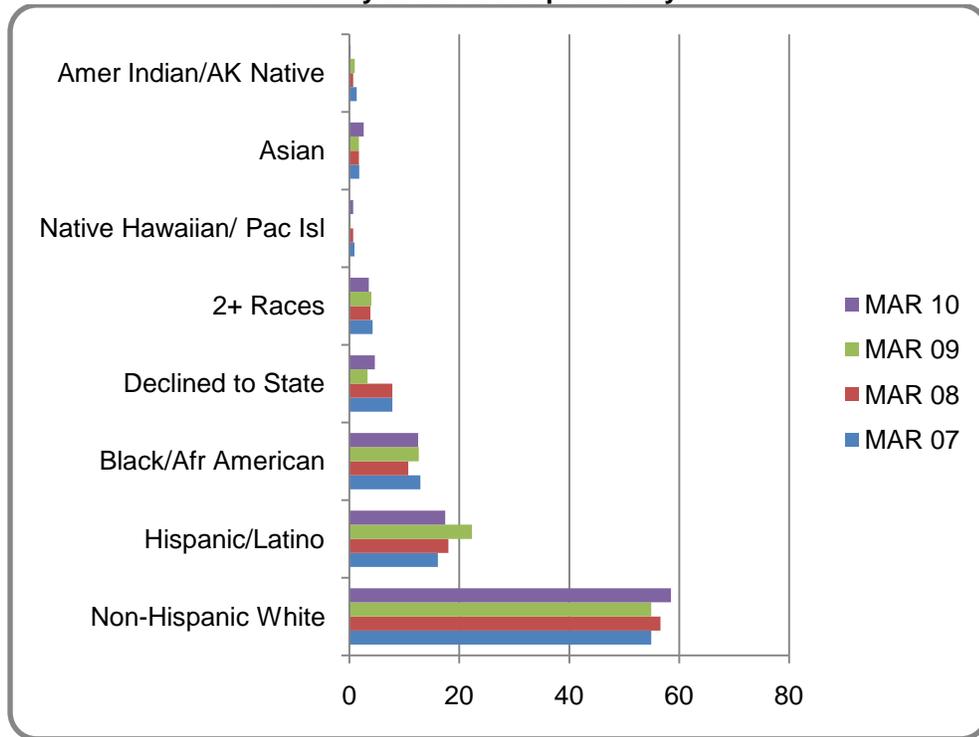


Racial/Ethnic Background:

All children, regardless of their race or ethnicity, have a right to early intervention services and a free appropriate public education. EDIS collects racial and ethnic data on all families served to ensure that no groups are over or under represented.

Chart 5 below shows the racial/ethnic mix of families on IFSPs on the census date of 31 Mar 10, and changes over the past 4 years that this data has been collected. The mix of race and ethnicity appears to be relatively consistent over time. The individual increases and decreases seen involve such few actual numbers that these are insignificant. The racial and ethnic mix in EDIS mirrors the DoD school population in those communities.

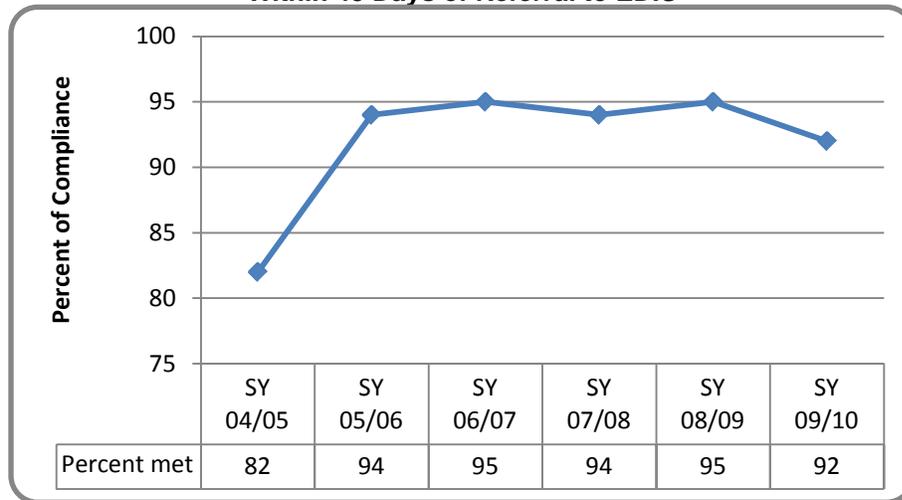
Chart 5
Race and Ethnicity of EDIS Enrolled Families
in Army Areas of Responsibility



Timeliness of Services:

The DoD policy requires that EDIS complete the evaluation process and meet to develop an IFSP within 45 days of a family being referred to EDIS. Beginning in SY 04/05, the Army EDIS began a system-wide process improvement activity to raise the compliance level to 90 percent or better. Chart 6 illustrates the improved and sustained performance.

Chart 6
Percent of Families Who Had Their IFSP Meeting
Within 45 Days of Referral to EDIS

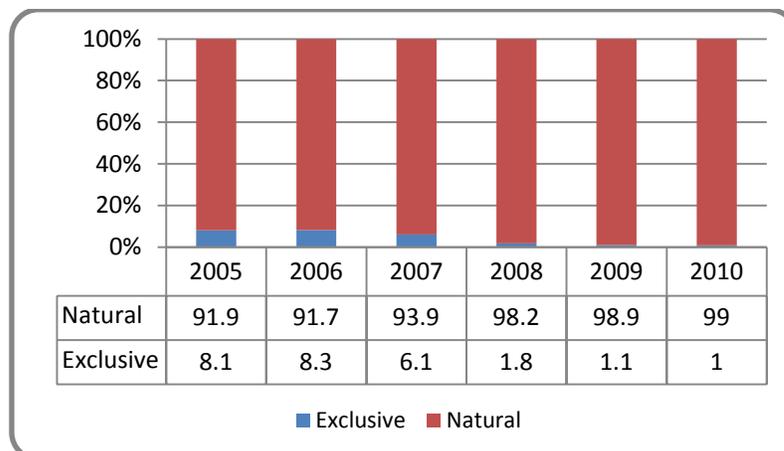


Natural Environments:

The Army EDIS programs have an outstanding record of providing services in natural environments. The Army EIS has remained on the cutting edge of best practices in the field of early childhood intervention and has implemented a program of services embedded in Family routines that support the needs of Families in their own natural environments.

Chart 7 shows the progress that Army EDIS has made over the last five years toward its goal of achieving a truly family-centered program of services. The Army provided 14,329 service sessions, with nearly 87 percent of sessions occurring in homes. Only 1 percent of the sessions took place in restrictive sessions, with the remainder in other natural environments such as day care centers and other community environments.

Chart 7
Location of Services Listed on IFSPs by Percentage of All Services



Measuring Outcomes in EIS:

Measuring the outcomes of early intervention services is a major initiative throughout the United States intended to understand *how* families benefit from these supports and services. The latest reauthorization of IDEA strengthens the language that requires measurable outcomes in early intervention programs. This language also clarifies that the measurable outcomes must be functional and meaningful to children and Families.

In response to the revised legislation, the Department of Education funded the Early Childhood Outcomes (ECO) Center to developed functional outcomes statements for children and Families that would reflect the intent of the IDEA legislation. The ECO Center proposed five Family outcomes and three child outcomes. These were then endorsed by a consortium of State level coordinators of early intervention programs. Table 3 lists the child and Family outcomes adopted by a majority of the State early intervention programs and by Army EDIS.

Table 3
Child and Family Outcomes Measures

CHILD OUTCOMES:	1. Children have positive social relationships.
	2. Children acquire and use knowledge and skills.
	3. Children take action to meet their needs.
FAMILY OUTCOMES:	1. Families understand their children's strengths, abilities and special needs.
	2. Families know their rights and effectively communicate their children's needs.
	3. Families help their children develop and learn.
	4. Families feel they have adequate social support.
	5. Families are able to access services and activities that are available to all Families in their communities.

Army EDIS began training all program staff on the implementation of these outcome measures during the SY 07/08 reporting period. Modifications to the SNPMIS accommodates the routine collection of outcome measures and the ability to aggregates these data across all Army EDIS. We began reporting baseline child data for SY 2008/2009, and we began collecting preliminary family outcome data during the SY 09/10 reporting period.

This year, we are able to report outcomes for children who have exited the program and had at least 6 months of early intervention services. Although this data is still very preliminary and should not be used as a reliable measure of the outcomes of services, it does provide a glimpse of what we may see in the future.

Child Outcomes: The Child Outcomes Summary Form (COSF) is used to rate children’s functioning relative to same age peers in the three outcome areas. The COSF is a 7 point scale ranging from significantly below same age peers (1) to functioning well at a level comparable to same age peers (7). See example of the COSF rating scale below.

Child Outcome Rating Summary Form Scale

Completely Age Appropriate		Somewhat Age Appropriate		Emerging Skill		Not Yet Emerging
7	6	5	4	3	2	1

Measurement Process:

- Each child being served by EDIS early intervention services on an IFSP receives a rating for each of the three outcome areas at entry (at the time the IFSP is being developed – but not longer than 30 days following IFSP development).
- Each child who exited the EDIS program, and had received services for at least 6 months, was rated in each of the same three outcome areas at exit from the program. The COSF 7-point rating scale works in partnership with the rating categories used by the U.S. Department of Education, Office of Special Education Programs (OSEP).
 - ✓ Ratings of “6” or “7” on any of the three outcome scales reflect age-expected development. Children who are rated at entry and at exit as “6” or “7” will be reported as having maintained functioning at a level comparable to same-age peers in those outcome areas (OSEP category “e”).
 - ✓ Children who are reported as having a score of “1” to “5” on any of the three outcome areas *at entry* to the EIP (i.e., functioning at a level *below same age peers*), and who move up on the scale to reach “6” or “7” *at exit* from the EIP will be reported as having improved functioning in those outcome areas to obtain a level *comparable to same aged peers* (OSEP category “d”).
 - ✓ Children who are reported as having a score of “1” to “5” on any of the three outcome areas *at entry* to the EIP (i.e., functioning at a level *below same age peers*), and who move up on the scale for any of the three outcome areas, but did not reach “6” or “7”, will be reported as having improved functioning in those outcome areas to obtain a level *nearer to same aged peers*, but not yet at age level (OSEP category “c”).
 - ✓ Children who are reported as having a score of “1” to “5” at entry to the EIP in any of the three outcome areas, who are reported as having the same or lower score on the scale at exit and who are also reported to have acquired new behaviors or skills related to the outcome area, will be

- reported as having improved functioning but not sufficient to move nearer to functioning comparable to same aged peers (OSEP category “b”).
- ✓ Children who are reported as having a score of “1” to “5” at entry to the EIP in any of the three outcome areas, who are reported as having *the same or lower score on the scale at exit and* who are also reported to have acquired *no* new behaviors or skills related to the outcome area, will be reported as not having improved functioning (OSEP category “a”).
- Table 4 illustrates the relationship between the OSEP reporting categories and the COST rating scale.

Table 4
Relationship Between the OSEP Reporting Categories and the COSF Rating Scale

OSEP Category	Category Description and Equivalent COSF Rating
Category “a.”	Children who did not improve functioning. (COSF rating of 1-5 at entry and had the same or lower score at exit)
Category “b.”	Children who improved functioning but not sufficient to move nearer to functioning comparable to same aged peers. (COSF rating of 1-5, with the same or lower score at exit, but acquired some new skills)
Category “c.”	Children who improved functioning to a level nearer to same aged peers but did not reach it. (COSF rating of 1-5 at entry, made improvements, but not enough to rate a 6 or 7 at exit)
Category “d.”	Children who improved functioning to reach a level comparable to same aged peers. (COSF rating of 1-5 at entry, but improved to a 6-7 at exit)
Category “e.”	Children who maintained functioning at a level comparable to same aged peers. (COSF rating of 6 and 7 at entry and exit – no change)

Child Outcome Baseline Progress Data:

Tables 5 and 6, and Chart 8, below illustrate the baseline progress data for children who exited the Army programs between 01 July 2009 and 30 June 2010, and had at least 6 months of services from EDIS. These children had both entry and exit outcome ratings.

Table 5
Percentage of Children in Each OSEP Progress Category (a-e) by Outcome (N=312)

OSEP Category	Outcome 1 Children have positive social relationships		Outcome 2 Children acquire and use knowledge and skills		Outcome 3 Children take action to meet their needs.	
a	13	4%	7	2%	4	1%
b	90	29%	98	31%	86	28%
c	89	29%	113	36%	101	32%
d	60	19%	64	21%	92	29%
e	60	19%	30	10%	29	9%
Total	312		312		312	

The above data implies that a significant number of the infants and toddlers we serve in the Army EDIS program have relatively mild delays. One out of 5 children had age-appropriate social skills (Outcome 1), and one out of 10 were functioning at age appropriate level in acquiring new skills (Outcome 2) and taking action to meet their needs (Outcome 3). Table 5 also indicates of the children who entered the program with developmental delays, nearly half (47.8%) improved to near typical developmental level on Outcome #1, 56.7 percent improved to near typical development on Outcome #2, and 61.9% improved to near typical development on outcome #3.

Chart 8
Percentage of Children in Each OSEP Progress Category by Outcome (n=312)

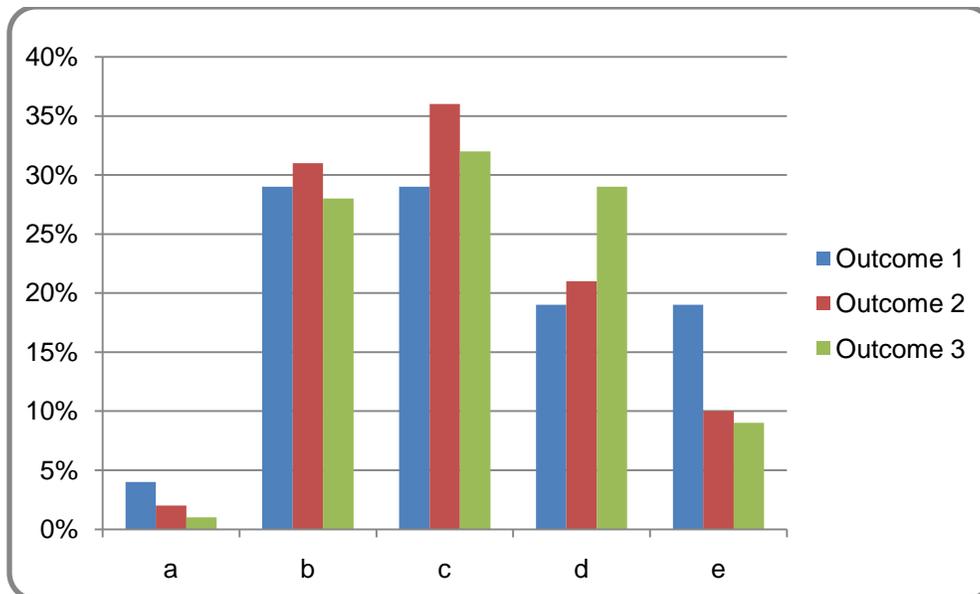


Table 6 summarizes the overall progress made by children who received early intervention services from the Army EDIS programs. This measures progress relative to age expected behaviors of same age peers, and is therefore corrected for progress that naturally occurs with maturation.

Table 6
All Army EDIS – Summary of Outcomes at Exit from EDIS

Summary Statements	Outcome 1	Outcome 2	Outcome 3
Of those children who entered or exited the program below age expectations in Outcome 1, 2 and 3 respectively, the percent of children who substantially improved their functioning by the time they turned three years of age or exited the program (c+d/a+b+c+d).	149/252 59%	177/282 63%	193/283 68%
The percent of children who were functioning within age expectations in Outcome 1, 2, and 3 respectively by the time they turned three years of age or exited the program (d+e/a+b+c+d+e).	120/312 38%	94/312 30%	121/312 39%

Family Outcomes: EDIS elected to use the Family Outcomes Survey, developed by Dr. Don Bailey and others affiliated with the Early Childhood Outcomes (ECO) Center.

The survey includes 15 items that measure five (5) different family outcomes and three (3) items that specifically measure how EDIS early intervention helped the family: 1) know their rights, 2) effectively communicate their child’s needs, and 3) help their child develop and learn. The survey is given to families at initial entry to EDIS and near the time of their departure from the program. The data are not representative of all families served; only those who received at least 6 months of services.

OSEP Reporting Categories

Category a. Percent = [(# of respondent families participating in early intervention who report high attainment (i.e., a rating of 5 or higher on the 7 point survey scale) that early intervention services have helped the *family know their rights*)] divided by the (# of respondent families participating in early intervention) times 100.

Category b. Percent = [(# of respondent families participating in early intervention who report high attainment (i.e., a rating of 5 or higher on the 7 point survey scale) that early intervention services have *helped the family effectively communicate their children’s needs*)] divided by the (# of respondent families participating in early intervention) times 100.

Category c. Percent = [(# of respondent families participating in early intervention who report high attainment (i.e., a rating of 5 or higher on the 7 point survey scale) that early intervention services have *helped the family help their children develop and learn*)] divided by the (# of respondent families participating in early intervention) times 100.

Results of Outcome Measures:

During this reporting period, 374 families received services for at least 6 months before exiting the program. However, only 144 fully completed and returned the Family Outcome Surveys. The return rate for completed surveys was 39%. Table 7 below illustrates the family outcome data available from families who exited the program during the reporting period and returned completed exit surveys.

**Table 7
Families Reporting High Attainment of Family Outcomes (n=144)**

Early Intervention Helped Families...	# of Families	Percentage
...1) know their rights	143	99.3%
...2) effectively communicate their child’s needs	142	98.6%
...3) help their child develop and learn	142	98.6%

RELATED SERVICES (RS) TO SPECIAL EDUCATION STUDENTS (age 3-21)

Army EDIS provides RS in support of the special education programs in the DoD schools only in overseas areas. The DoD schools in domestic locations employ their own RS providers and administer these services. The DoD assigns the geographic areas of responsibility to the respective military medical departments. Although DoDEA maintains the official data on RS as part of the special education program, EDIS also collects data for internal program management and process improvement purposes.

Number of Children Served:

The school enrollment in Army areas of responsibility has dropped significantly over the past 5 years, and so have the number of children served by EDIS. The number of special education students served by EDIS has decreased proportionately faster than the DoD school enrollment. This disparity does not have a clear explanation, although certain initiatives within EDIS and DoDDS would help explain some of the decline in the number of related services EDIS provides to students.

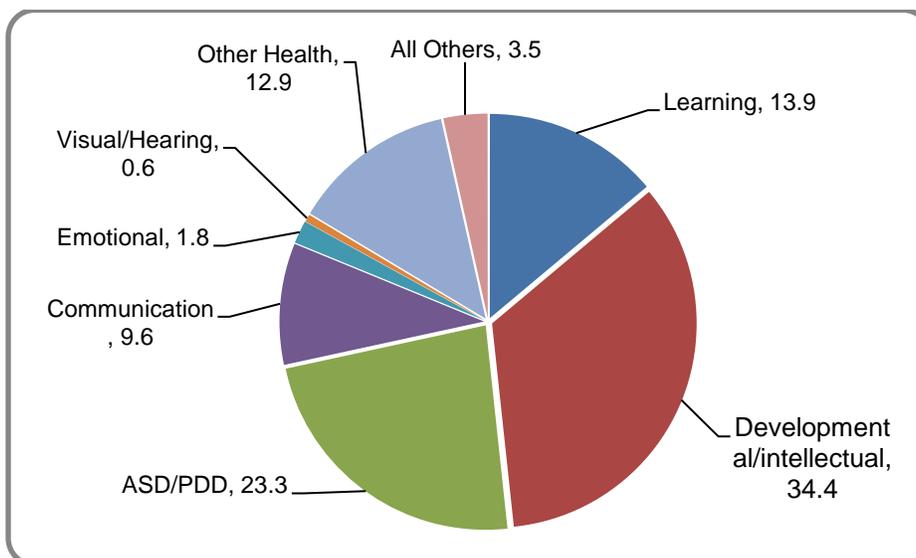
Although the screening and assignment coordination through the Exceptional Family Member Program might be reducing the number of special needs families cleared for travel to overseas areas, a more likely cause is the collaboration between EDIS and DoDDS to only provide those services that are legitimately educationally related. In addition, a collaborative effort between the DoD schools and EDIS to provide pre-referral consultation has resolved some parent/teacher concerns and resulted in fewer requests for related services.

Army EDIS received 463 evaluation requests from the DoD schools, and 514 requests for services. EDIS has 45 school days to complete evaluations and return them to the school. Army EDIS met this timeline only 84.4 percent of the time.

Types of Disabilities Served in the Schools:

As of the census date of 31 Mar 10, the DoD schools within the Army EDIS geographic areas of responsibility overseas had a total enrollment of 22,026 students. Of those, EDIS provided RS to a 395 students, or 1.79 percent of the total enrollment. Slightly more than 75 percent of the students served by EDIS fell into three diagnostic groups: Developmental/Intellectual disability, Autism Spectrum Disorder /Pervasive Developmental Delay (ASD/PDD), and Learning Disability. Developmental/Intellectual disabilities constitute the largest share of students receiving RS, while children with ASD/PDD made up the second largest group.

Chart 9
Percent of Students Receiving Related Services
by DoD Enrollment Category (N=395)



While a full 18.5 percent of the students receiving RS had a diagnosis of Autism (73 students), this is down slightly from the 20 percent in SY 2008/09 and significantly below the 26 percent served the year before. However, barely one third of 1 percent (0.33%) of the total school enrollment (in Army EDIS locations) during this reporting period had a diagnosis of ASD.

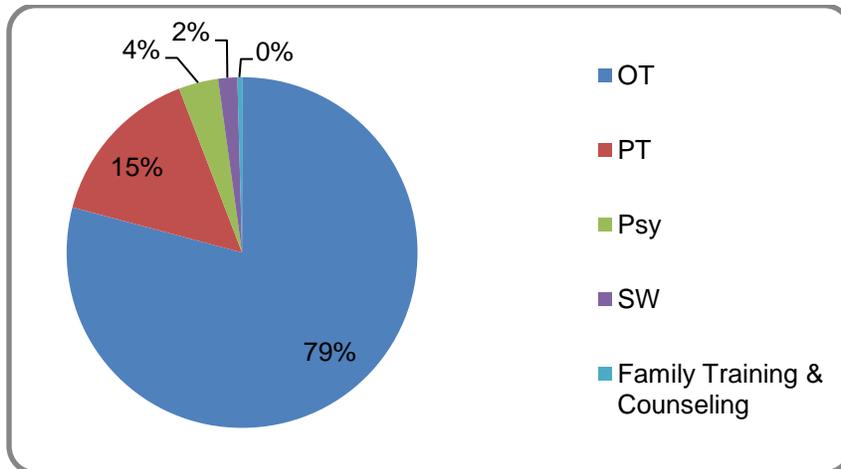
These data indicate that children attending DoD schools have relatively mild disabilities, compared with the US general population. The EFMP pre-assignment screening process would preclude Families with students who have chronic or acute medical from being sent to overseas assignments, thus limiting the number of severe disabilities among the DoD school population.

Types of Services Provided to the Schools:

Occupational therapy (OT) continues to be the primary service provided by EDIS to support the DoD school special education program. Nearly 80 percent of the students served by EDIS received OT services. This had not changed over the years, and reflects the proportion of services in typical civilian schools in the United States (US)

Physical therapists provided 15 percent of all school-based services, and behavioral evaluations and health services made up 5.4 percent of the EDIS workload – down from 8.1 percent last year. Psychology (Psy) and social work (SW) support to special education students has decreased significantly over the past 5 years, and is now reflective of the frequency of these services in US civilian schools. Chart 10 demonstrates the types and frequency of services provided by EDIS to special education students in the DoD schools in overseas locations.

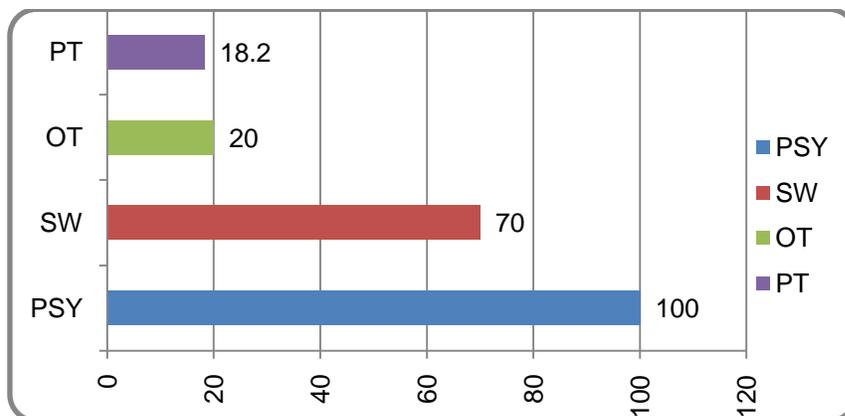
Chart 10
Services Provided to Special Education Students by EDIS



Related Service Settings:

The statutes require that special education and related services be provided in the least restrictive setting. This has been a challenge for EDIS providers in the military medical departments, since these are often viewed as medical services that should take place in clinic settings. Over the past several years, aggressive training of both the EDIS providers and the special education teachers has resulted in great improvement in the delivery of RS in classrooms or other natural settings for students. Chart 11 illustrates the types and frequency of services in restrictive settings.

Chart 11
Percent of Special Education Related Services Provided in Restrictive Settings



Only 20 percent of all OT services occur in restrictive setting (therapy room), and 18.2 percent of PT services take place in restrictive settings. Evaluations and other assessments primarily make up the OT and PT services provided in therapy rooms. The majority of ongoing OT and PT support and services occur in the classrooms.

Behavioral health support services tend to remain primarily in restrictive settings, with psychology occurring in a therapy room 100 percent of the time, and social work 70 percent of the time. Since EDIS does not provide clinical mental health therapy services as part of their special education program, these services are mostly evaluations or counseling services, and would benefit from being conducted in appropriate therapeutic settings.