

# LEGAL COUNCIL FOR HEALTH JUSTICE

Legal Council for Health Justice  
Mayor-elect Lightfoot Education Transition Committee Survey Responses  
May 1<sup>st</sup> 2019

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## **Education Survey**<sup>1</sup>

How would you describe the greatest strength of public education in Chicago?

- **Full-day kindergarten** for all children is a tremendous strength.
- Many of the **teachers** with whom our agency, Legal Council for Health Justice, works demonstrate remarkable dedication, creativity, and curiosity toward the children we—and they—serve.

How would you describe the greatest opportunity to improve public education in Chicago?

The Legal Council for Health Justice (LCHJ) works with pediatric medical providers (including children’s hospitals and FQHCs) to identify and support low-income families in obtaining necessary public benefits and supports. Access to special education services for children with disabilities (chronic, behavioral and special healthcare needs) is one of our primary areas of focus. We are on the ground and in public schools helping to develop IEPs, troubleshoot implementation issues, and identify obstacles to effective education for our students. As part of a coalition of advocacy organizations, parent groups, and independent special education attorneys, we persuaded ISBE to initiate an investigation last year into CPS’ special education practices. As a result, the district has been mandated to implement several components of a corrective action plan. We believe that the greatest opportunity to improve public education in Chicago will be the intentional prioritization of collaborating closely with advocates such as ourselves and with parents to understand the challenges and opportunities as they are lived by the families invested in our schools. We have worked collaboratively with CPS on a variety of policy initiatives in the past through workgroups such as the Early Childhood Special Education workgroup, which should be re-established. Those opportunities for collaboration need to be identified, elevated and prioritized by the Lightfoot administration.

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<sup>1</sup> Due to 300 character survey response limit, LCHJ is separately submitting this complete response to the Transition Committee survey.

Additionally, the city should move away from Charters, and invest in CPS. Fully fund special education services, including related services of Social Work, School Psychology, Speech/Occupational/Physical Therapies. Provide mandatory training to school administration and IEP teams on mental health needs, how to identify them in students, and appropriate special education planning. Provide a School Nurse in every school, all day, every day; monitor nurse absences, substitutions, and training of non-nurse staff for emergencies. Train all staff on de-escalation methods and the impact of trauma on development and behavior, and remove all police/resource officers from all CPS campuses. Monitor calls to SASS, and once a SASS call is made, initiate evaluation for special education services. Establish an early childhood special education procedural manual and provide guidance on timelines for referrals, evaluations, and determinations of eligibility.

### **Initiatives to Continue**

Please describe the most important initiative to **CONTINUE** doing in order to improve public education in Chicago for each of the following:

Early Childhood:

- Ensure preservation of a **birth-to-five mixed delivery** system. Parents, the most knowledgeable advocates for their children, should be able to choose if they want their child in a school or community-based program with access to comparable services and supports in both.
- The Administration should reconvene the **CPS Early Childhood Special Education workgroup** that helped to troubleshoot and address child find and access issues for young children with disabilities. This workgroup originally formed in the aftermath of a state complaint filed by LCHJ and CPS recognition that children were not successfully transitioning from Early Intervention services and Head Start services to receive early childhood special education services.
- Continue investment in **early childhood workforce** pathways that are affordable, accessible, flexible and clear so that all candidates, including “non-traditional” students, are assured entry. Specifically within the prenatal to age three domain, the city should maintain its long-standing leadership in improving quality services for infant-toddler center-based programs.
- Continue to invest in and expand CPS and citywide **Child Find** efforts to ensure that by age 3 children with disabilities and/or developmental delay are identified and offered early childhood special education services and supports.

#### K-12:

- Regular McKinney-Vento Training: this is one of the few initiatives that seems to work more often than not. Use it as a model for other methods of training.
- As a result of **ISBE's inquiry into CPS'** special education policies for SY 2016-17 and 2017-18, the district has revised its policy manual and electronic IEP system to conform with federal law (the Individuals with Disabilities Education Act). These revisions were mandated by ISBE's "Corrective Action," issued in May 2018. CPS should continue to follow through on the expectations of the Corrective Action and improve in the areas of communication and collaboration with families and advocacy groups.
- Increasing the number of positions allocated to social work and teachers of diverse learners this year has been a positive development. However, many of those positions remain unfilled due to a shortage of qualified applicants. In addition to increasing the pool of graduates in these fields, identify the causes of burnout/lack of interest in pursuing a career in CPS.
- **Stock epipens** in schools: Ensure that all CPS schools, including charter schools, continue to have epipens on hand and available for students who need them in response to severe allergic reactions. Epipen availability provides a sense of safety and security for students, parents, and school staff and can save lives.

#### Apprenticeships and job training opportunities:

- Continue and expand the **CTE programs** with an emphasis on programs that are not pre-professional. Nurture more relationships with business and organizations that can provide mentors and internship opportunities.
- CPS has a number of **transition programs** throughout the city that provide opportunities for older students with disabilities to get real world experience that will help prepare them for life after high school. Strengthen and expand these programs to ensure access to students with a range of disabilities throughout Chicago. Transition planning for children with disabilities needs to begin at age 14.5 (see below).

## Initiatives to Start

Please describe the most important initiative to **START** doing in order to improve public education in Chicago for each of the following:

### Early Childhood:

- Re-energize and reconvene the **CPS Early Childhood Special Education workgroup** that helped to collaboratively troubleshoot and address child find and access issues for young children with disabilities. This workgroup originally formed in the aftermath of a state complaint filed by LCHJ and CPS recognition that children were not successfully transitioning from Early Intervention and Head Start to receive evaluations for early childhood special education services.
- Re-energize and convene the **Mayor's Early Learning Executive Council (ELEC)** and expand membership to representatives of organizations working with young children with disabilities. These meetings all the city to engage in collaborative planning and to receive feedback from stakeholders.
- Improve **data-sharing** between City of Chicago early learning systems and State of Illinois birth to age three Early Intervention: Per the [ADA 25 Literacy Task Force Report](#), the state is designing a database that merges individual records for children across publicly funded childhood and preschool programs. Such a system would allow for evaluation of the long-term results of early intervention and special education services and supports and can be used to improve services for children with disabilities in Chicago.
- **Full-day preschool** programs for 4 year olds: As this program rolls out, consideration must be given to the learning and development needs of children with disabilities along with ensuring that those children have equal access to full-day pre-k programs.
- Develop joint **school- and community-based networks** in neighborhoods in order to improve connections and transitions for children and families, reduce historical tensions between schools and community-based organizations (CBOs) in communities, and ensure more effective use of existing capacity. A diverse early learning ecosystem that meets families where they are is led and informed by local providers (both community and school-based), convened by a neutral entity that oversees collaborative, and supported by advocates who bring a systems-building lens. This approach lays the groundwork for a neighborhood-led community building initiative. Additionally, efforts should be informed by and aligned with priorities set in a community plan that was informed by and engaged the voices of its residents, particularly families who have first-

hand experience with the education system, and local agencies and institutions. Models should be prioritized in community areas where there are heightened opportunity gaps and decreased rates of school readiness, exacerbated by systemic racism and most often present in our communities of color and on the south and west sides of Chicago. Additionally, community areas that have been designated 2019-2020 UPK rollout should be prioritized.

- Provide **transportation** for all students in Early Childhood Special Education from their home to their assigned ECSE Pre-K to the location of their community-based child care. Families should not decline access to special education services due to transportation issues.
- Ensure oversight of timely **transition** from IDEA Part C Early Intervention to CPS special education and provide itinerant special education services to students with IEPs in **community-based organizations** (e.g. Head Starts). Allowing children to receive services in their community-based placements is best practice and the least restrictive environment for young children who otherwise must experience needless program disruption and often extensive travel time to receive school-based special education supports.
- In preschool programs utilize evidence-based **language development programs** that serve and support parents to create language and literacy rich environments for their children to increase early literacy skills.
- Establish an **early childhood special education (ECSE) procedural manual** and provide guidance on timelines for referrals, evaluations, and determinations of eligibility. *Note: ECSE is not included in the CPS Special Education Procedural Manual and there is little to no information available on the evaluation processes for students under the age of 5. We are seeing recurring issues with the timeliness of ECSE evaluations, with many children having to wait several months before an evaluation is scheduled.*

#### K-12:

- Provide **incentives** for teachers and paraprofessionals to accept positions in less desirable schools, most of which are on the South and West sides of the city. Many of these schools have open positions that have remained vacant much of the school year.
- Special Education teacher **waivers** should be reviewed and allow for candidates who live outside of city boundaries to teach within CPS. CPS retired teachers must be able to substitute for more than the current 100 days. CPS Paraprofessionals who leave a full time position must be able to enter the sub pool prior to the current 90 days.

- Train all special education teachers and all K-3 teachers in the use of **multisensory instruction** in reading (e.g., Wilson Reading, which is already utilized by some CPS schools). An alarming number of our students are reading far below grade level, because they have learning disabilities that require intensive intervention. One of the reasons they are not receiving appropriate interventions is that teachers are simply unaware of research-based techniques to improve reading outcomes.
- Trigger an **automatic evaluation** for an Individualized Education Plan (IEP) for students who are retained in third grade. These students usually repeat the same curriculum using the same teaching strategies that were not successful the previous year. Identify the supports that will actually help them to learn.
- Establish a task force with the aim of developing recommendations for educational interventions, best practices, and increased collaboration across disciplines and resources serving **children affected by lead**. Lead is a neurotoxin with well documented and lasting adverse health effects. Chicago has a significant childhood lead poisoning burden. Lead-exposed children can face long term impairments, which often don't manifest until school-age, but have the potential to decrease their educational attainment, IQ and cause lasting behavioral problems. Though testing for lead in schools is a key step to addressing and preventing physical presence of lead, it is imperative that schools also provide appropriate in-school interventions for children with current or past elevated blood lead levels. Indeed, the [Center for Disease Control and Prevention](#) strongly recommends that local education agencies support lead-exposed children through identification, assessment, and the provision of appropriate educational supports.
- Monitor calls to **SASS**, and once a SASS call is made, initiate evaluation for special education services. Too many CPS children are denied referrals for special education evaluations even where the school has concerns about the child's behavioral and mental health such that a call to SASS is necessitated.
- Train all staff on de-escalation methods and the impact of trauma on development and behavior, and remove all police/resource officers from all CPS campuses. In light of the amendments to the **McKinney-Vento** Act, that removes children "awaiting foster care placement" from the definition of "homeless children and youths" for purposes of the Education for Homeless Children and Youths (EHCY) program, the administration should develop and make publicly available guidelines and procedures to ensure educational stability for children in foster care.
- **Fully fund** special education services, including related services of Social Work, School Psychology, Speech/Occupational/Physical Therapies. Provide a School Nurse in every

school, all day, every day; monitor nurse absences, substitutions, and training of non-nurse staff for emergencies.

- Mandate **Safety Care training** for all special education teachers and paraprofessionals. Each school must have a trained crisis team. Mandatory trainings on FBA (functional behavioral assessments) and BIP (Behavioral Intervention Plans) implementation.
- Expand access to **transition programs** for students with a broad range of disabilities, with a specific focus on developing partnerships with community colleges. Partnerships with community colleges will allow 18-22 year-olds with disabilities to develop the skills they need to be prepared for postsecondary education while still receiving special education services from CPS.
- Develop research-based and comprehensive **transition services** for students who are 14.5 and older who are still in their traditional four years of high school. Currently, CPS offers minimal transition supports to these students. CPS is required by federal and state law to develop transition plans for students 14.5 and older, but transition planning is often an afterthought.
- Encourage all **LSCs** to establish a committee to support diverse learners with parent trainings and opportunities to discuss programming and support needs.
- Pilot some intensive **trainings** for paraprofessionals assigned to students with particular disabilities. In particular, pilot a program for ongoing monthly or bi-monthly professional development of paraprofessionals working with autistic students. Too often paraprofessionals are assigned to support students whom they are not trained to support and understand their disability, and then, unsurprisingly, they are not able to help the students to be well-regulated and productive members of the classroom community.
- [Stock albuterol:](#)
  - All schools should have **stock albuterol** available for students experiencing respiratory distress related to an asthma exacerbation. A statewide Stock albuterol bill was unanimously passed and signed into law in 2018. It provides that, like epinephrine (epipens), inhalers can be stocked by schools. CPS should form a workgroup, as they did with stock epipens to develop a plan for implementation in all schools (including charter schools) beginning fall 2019. Stock albuterol can be used for children who have forgotten their inhaler at home as well as those who suffer an asthma attack for the first time at school. Having stock albuterol present in schools ensures that children experience minimal classroom disruptions and avoid emergency room admissions. Access to stock albuterol at school can save lives.

- Charter school health and safety:
  - **Charter schools** should be subject to the same health and safety regulations and recommendations as all CPS public schools. While [PA 099-0325](#), established that charter schools must follow all health and safety requirements that all other public schools must follow, it doesn't require them to follow optional policies that school districts choose to adopt. The Illinois School Code now allows districts to include such requirements in the charter school contracts for those schools that the district authorizes. For example, CPS stocks epipens at schools but because stocking epipens is optional under state law, charter schools can't be required to stock them, unless CPS puts it in the contract. The Mayor's office should require all charter school contracts to include CPS specific health and safety policies in order to protect and ensure student well-being at all CPS public schools.
- Free care rule advocacy:
  - The Mayor's office should work with IL HFS and advocates to support submission of a State Plan Amendment (SPA) in order to take advantage of the federal **free care rule** reversal to capture additional medicaid funding for schools. The free care rule reversal can result in CPS and other district's increased ability to ensure that students access the care they need in schools, as well as providing a mechanism for schools to pay for those services. Improving access to care, such as access to school nurses, will in turn improve attendance and academic outcomes by giving students a better chance to thrive at school.

### **Initiatives to Stop**

Please describe the most important initiative to **STOP** doing in order to improve public education in Chicago for each of the following:

Early Childhood:

- Students with IEPs who reach age five before September 1 should not be required to enter kindergarten if, in the judgment of the IEP team, they are not developmentally ready.



K-12:

- Stop having police in schools and on school campuses. Stop closing schools in Black and Brown neighborhoods. Stop expanding Charter schools. Stop resisting efforts for an Elected School Board.
  - Students with IEPs should not be encouraged to graduate after four years when they do not have the maturity or skills to transition successfully into employment or further education.
  - Stop the practice of therapeutic day schools denying students a legally mandated free lunch.
  - Stop offering parents of children with disabilities “choice” in cluster high school programs by requiring them to waive their right to special education transportation services.
-