

**NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
SPECIAL EDUCATION
PROGRAM APPROVAL VISITATION
CASE STUDY COMPLIANCE REVIEW**

**New Hampshire Hospital School Programs
SUMMARY REPORT**

**Anna Philbrook Center (APC)
Acute Psychiatric Services (APS)**

**Chester Batchelder, CEO
Deborah Robinson, Director of Rehabilitation and Nursing
Tricia A. Lynn-Moser, Director of Patient Education/Principal**

**Chairperson, Visiting Team:
Mary Anne Byrne,
Education Consultant**

**Site Visit Conducted on December 13 & 14, 2007
Report Date, February 20, 2008**

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I. TEAM MEMBERS

Visiting Team Members:

NAME	PROFESSIONAL ROLE
Chairperson: Mary Anne Byrne	Education Consultant
Donna Palley	Special Education Coordinator
Danielle Paranto	Principal
Nancy Pierce	Director

Building Level Team Members:

NAME	PROFESSIONAL ROLE	NAME	PROFESSIONAL ROLE
Tricia Lynn-Moser	Principal	Debbie Robinson	Rehabilitation Dept. Director
Donna Osborn	Rehab. Services Manager	Raymond Caouette	Teacher
Joseph Grady	Teacher	Nicole Jefferson	Teacher
Elizabeth Knowlton	Teacher	Stephen Sarausky	Teacher
William Lindgren	Teacher Assistant	Donna Dicey	Teacher Assistant
Susana Webber	Teacher Assistant	Markus Scandalis	Teacher Assistant

II. INTRODUCTION

The New Hampshire Hospital (NHH) School Programs are the Patient Education Department of the New Hampshire Hospital in Concord, New Hampshire. The New Hampshire Hospital is an acute care psychiatric hospital. There are two education programs on the hospital campus. The Anna Philbrook Center (APC) serves the educational needs of students in Grades 1-8, ages 6 through 15. The maximum capacity for APC is 24 boys and girls. The program for adolescents in Grades 9-12, ages 14 through 18, is located in a classroom in the main building of the New Hampshire Hospital. This program is called the Acute Psychiatric Services (APS). The capacity of the APS program is 22 males and/or females.

Students in both of these programs are admitted to New Hampshire Hospital through one of the following: an involuntary emergency admission, a voluntary admission or an admission which is court ordered. Not all the students admitted to the Hospital are identified as having an educational disability and on an IEP; of those who are, the majority of are identified as having a Learning Disability, an Emotional Disability, an Other Health Impairment and/or Multiple Disabilities. In any case, the students admitted to New Hampshire Hospital are students with significant emotional and /or behavioral challenges requiring intensive short, and sometimes long term interventions. The average length of stay is reportedly eight days; however students have been enrolled in the school program for extended stays of one to four or more marking periods. At times these extended stays are not consecutive due to discharges and readmissions, or due to program attendance interruptions required for emotional stabilization.

Considering the circumstances for enrollment, average length of stay and the challenges students present, New Hampshire Hospital's School Programs provide unique and valuable services to New Hampshire students, families and schools.

SCHOOL PROFILE

INSTRUCTIONS:

In this section of the application, the NHDOE is requesting that the private special education school gather information to provide a profile of the school. The data collected and recorded in this section will be used in the Case Study Compliance Review Report to provide a comprehensive description of the school. Please provide the following data.

SCHOOL DEMOGRAPHICS	2006-07	9/2007-12/1/07
Student Enrollment <u>as of December 1</u>	32	17
Do you accept out-of-state students? If so, list number from each state in 07-08	0	
Number and Names of Sending New Hampshire LEAs (as of October 1)	All SAU's and Private schools	
# of Identified Students Suspended One or More Times	N/A	N/A
Average Length of Stay for Students	8 days	8 days
<u>STAFF DEMOGRAPHICS</u>		
Student/Teacher Ratio (as of Oct. 1)	5/1	5/1
# of Certified Administrators	1	1
# of Certified Teachers	5	5
# of Teachers with Intern Licenses	0	0
# of Non-certified Teachers	0	0
# of Related Service Providers	5+	5+
# of Paraprofessionals	4	4
# of Professional Days Made Available to Staff	10 days per year	10 days per year

Please complete the table below, listing the number of students in each category.

SPECIAL EDUCATION PROGRAM DATA		
<u>Primary Disability Types:</u>	2006-07	9/2007-12/1/07
Autism	25	6
Deaf / Blindness	0	0
Deafness	0	0
Emotional Disturbance	83	52
Hearing Impairment	1	0
Mental Retardation	32	3
Multiple Disabilities	289	95
Orthopedic Impairment	2	0
Other Health Impairment	178	47
Specific Learning Disabilities	219	124
Speech or Language Impairment	87	23
Traumatic Brain Injury	1	0
Visual Impairment	14	0
Developmental Delay ages 3-9	129	8

III. PURPOSE AND DESIGN OF THE CASE STUDY COMPLIANCE REVIEW PROCESS

The New Hampshire Department of Education (NHDOE) conducted a Special Education Program Approval Visit to the New Hampshire Hospital School Programs for the purpose of reviewing the present status of programs and services made available to children and youth with educational disabilities. As part of the NHDOE Special Education Program Approval Visit, Case Study Compliance Reviews were conducted from both the Anna Philbrook Center (APC) and the Adult Psychiatric Services (APS).

The New Hampshire Department of Education, Bureau of Special Education conducts program approval visits using a Case Study Model that is a focused review. This focused review permits the NHDOE to leverage its impact for change and improvement within school districts and in private and state special education schools and programs statewide, by focusing the attention of all educators on the following three areas of critical importance in the provision of FAPE for students with disabilities.

- Access to the General Curriculum
- Transition
- Behavior Strategies and Discipline

As part of this compliance review, case studies were randomly selected by the NHDOE prior to the visit, and staff was asked to present these case studies to determine compliance with state and federal special education rules and regulations. Other activities related to this NHDOE Case Study Compliance Visit included the review of:

- ♦ All application materials submitted
- ♦ Status of corrective actions since the last NHDOE Special Education Program Approval Visit
- ♦ Personnel credentials for special education staff (verified by NHDOE)
- ♦ Program descriptions and NHSEIS verification reports
- ♦ All data collected during the visit

The New Hampshire Department of Education provided a visiting team of professional educators to work collaboratively with staff in each of the schools in conducting the Case Study Compliance Review and the varied data collection activities. Throughout the entire review process, the visiting team worked in collaboration with the teaching and administrative staff of Anna Philbrook Center (APC) and Adult Psychiatric Services (APS). Their professionalism, active involvement in the process and cooperation were greatly appreciated and well recognized.

Evidence of the work conducted and results related to student outcomes were gathered throughout the process, guided by the materials and templates provided by the NHDOE, Bureau of Special Education. Examples of evidence included student individual education plans (IEPs), samples of student work, extracurricular involvement, records, curriculum, etc. Input was gathered from key constituents, including interviews with professional staff and administrators. In addition, classroom observations were conducted. The collective data were summarized by the visiting and building level teams. The summary, included in the following pages, outline identified areas of strength and areas needing improvement for both the programs reviewed.

IV. STATUS OF PREVIOUS NHDOE SPECIAL EDUCATION PROGRAM APPROVAL REPORT AND CORRECTIVE ACTIONS

Based on review of the June 30, 2005 NHDOE Special Education Program Approval Report, the following patterns were identified as needing improvement:

Citation	Status as of May, 2006	Status as of January, 2007	Status as of December, 2007
Ed.1107.01 Evaluation and determination educational disabilities Citation: 2 of the 3 files for the James O' Decree contained no evaluation information. NHH needs to better attempt to secure this information when students are admitted to the hospital.	Met	Met	Met

<p>Ed 1107.04 Evaluation- (d) the evaluation process, including written summary report, shall be completed within 45 days.</p> <p>Citation: Of the 4 cases reviewed in the 2 school programs, two evaluations were not completed within the 45 days. NHH needs to attempt to get this information from the LEA as soon as the student is admitted.</p>	<p>Met</p>	<p>Met</p>	<p>Met.</p>
<p>Ed 1109.027300.343 (1)- When an IEP is in effect</p> <p>Citation: The IEP of one long term student in the APS program had expired in September 04. While it is the responsibility of the LEA to develop a new IEP, APS should remind the LEA that the student needs a new IEP.</p>	<p>Met.</p>	<p>Met</p>	<p>Met</p>
<p>Ed 1109.03 Team Composition-a representative of the local education agency and transition service participants</p> <p>Citation: NHH needs to assure that LEA's and transition support services are invited to participate in planning for students while at NHH. Notes documenting efforts should be included in student files.</p>	<p>In Process</p>	<p>Met</p>	<p>Met</p>

<p>Ed 1133.05 Program requirements-Qualifications of staff</p> <p>Citation: In order for students in the HS program to have full opportunities to earn a regular HS diploma and equal access to the general curriculum, the school needs to provide consultants to the staff in areas where they are not certified. This includes all requirements as listed in the “Minimum standards for Public School Approval, 1996”. NHH staff needs to document that they are meeting with and using the consultants on a regular basis.</p>	<p>In Process</p>	<p>In Process</p>	<p>In Process. Contact has been initiated by NH Hospital to Tobey School and YDSU to compile a list of all the teachers and their certifications in order to determine whether additional content area consultants need to be obtained.</p>
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V. December 13 & 14, 2007 CASE STUDY COMPLIANCE REVIEW RESULTS

Data collection is an important part of the NHDOE Special Education Case Study Compliance Review Process. In order to monitor whether or not special education programs are in compliance in the three focus areas, and determine any root causes of problems that may be identified through the case study process, it is essential that each case study team dig deeply into the data, and not just take a surface look. This process takes time, and the entire team working with the child being studied must be involved in collecting and analyzing the data, as well as presenting and summarizing the data with the visiting team. As such, the NHDOE works with educational communities to determine the number and type of case studies to be prepared and presented, to ensure that building teams are not inundated with much more data than they can possibly analyze, allowing them to reflect upon and generalize their newly found knowledge of their programs, practices, policies and procedures.

In preparation for the December, 2007 visit to the New Hampshire Hospital School Programs, the NHDOE worked with the staff and administration in the planning and presentation of 2 case studies of students, a 6 year old student with Other Health Impairment from the APC program and a 17 year old student with an Emotional Disability from the APS program. The case study students were selected at random from a list of currently enrolled students in the beginning of November, 2007. Although they were designated on the list as most likely to be enrolled at the time of the visit and were known to the staff from previous admissions, they had been discharged or were attending their home school when the visiting team reviewed the case studies. The Visiting Team observed lessons taught in APC and APS where the students had attended.

LEA SURVEY RESULTS

The New Hampshire Hospital School Programs provide necessary options to New Hampshire students with educational disabilities. Knowing that effective partnerships with LEAs are an important part of establishing and implementing successful special education programs that improve student outcomes, the New Hampshire Hospital School Programs sent surveys to 100 LEAs to gather their perceptions of the current programs and services. Eighteen percent (18%) of the surveys were returned. The results and analysis of these surveys follow:

SUMMARY REPORT OF SENDING LEAs

Name of Private School: NHH/Anna Philbrook Children's Center		
Total number of surveys sent: 100	Total # of completed surveys received: 18	Percent of response: %18
Number of students placed by: LEA: 0	Court: 0	Parent: 0

INSTRUCTIONS: PLEASE TYPE TOTAL NUMBER OF RESPONSES IN EACH BOX.

SCALE 4 STRONGLY AGREE 3 AGREE 2 DISAGREE 1 STRONGLY DISAGREE

	4	3	2	1	No Answer
1. The private school team has positive expectations for students.	5	9	2	0	2
2. I am satisfied with the educational program at the above school.	3	9	1	1	4
3. The school consistently follows special education rules and regulations.	3	9	1	1	4
4. The school has an effective behavioral program (if applicable).	5	7	0	0	6
5. I am satisfied with the related services provided by the school.	4	7	0	0	7
6. The school implements all parts of students' IEPs.	3	7	2	1	5
7. I feel the school provides the necessary skills to allow the student to make progress on the IEP goals.	3	8	1	0	6
8. The school program measures academic growth.	3	7	0	0	8
9. The school program measures behavioral growth (if applicable).	4	8	0	0	6
10. The school completes a minimum of 3 comprehensive reports per year on each child with a disability enrolled.	3	4	0	1	10
11. Progress reports describe the child's progress toward meeting the IEP goals, include a record of attendance, and are written in terminology understandable to the parent.	4	6	0	1	7
12. Progress reports are provided to the LEA and to the parent of the child.	5	6	0	2	5
13. I am satisfied with the way the school communicates students' progress.	3	6	3	3	3
14. The school communicates effectively with parents.	5	6	0	1	6
15. The school communicates effectively with the LEA.	5	7	3	3	0
16. The school involves parents in decision-making.	5	5	1	1	6
17. The school actively plans for future transition to a less restrictive placement.	3	7	4	3	1
18. If the school finds it necessary to change or terminate placement, they notify the LEA by convening the IEP team to: review the concerns, review/revise the IEP, discuss the placement and determine if the facility can fully implement the IEP and provide FAPE.	4	5	1	4	3
19. The school team sets meeting times that are convenient for both parents and LEA.	3	7	4	1	2
20. The school has met my expectations.	4	8	3	2	1
21. I have a good relationship with the school.	4	10	1	0	3
22. I would enroll other students at the school.	5	5	0	3	5

Analysis of Responses :

The survey as developed for the Program Approval process did not fully address the unique nature of the New Hampshire Hospital School Programs. In analyzing the relevant results, New Hampshire Hospital School Programs targeted two areas of need and proposed the following:

- To formulate an educational discharge summary to be sent to the LEA for all patients who attend a New Hampshire Hospital School Program for more than 10 school days. This would be in addition to the transcript already being sent to the LEA's. The comments made by the LEA's indicate that they would like more information upon discharge. As New Hampshire Hospital School Programs cannot disclose medical information without parental permission, only an Educational Summary of their time in the hospital will be provided.

- To develop a comprehensive IEP review process for all long term patients, i.e. more than 30 school days, with an

attached report outlining possible in-school accommodations to help the patients develop coping skills specific to their mental illness.

In addition to the survey reported above, evidence of effective working relationships with two sending schools was observed/reported during the visit, e.g. meetings, telephone contacts, classroom observation of home school classroom/setting by New Hampshire Hospital School Program staff.

The New Hampshire Hospital School Program reports that the degree of cooperation, understanding and communication with the LEAs are not always positive and varies across school districts.

PARENT PARTICIPATION

One of the defining features of effective schools is strong parent/community relations and open communication. Having parents as an active stakeholder in the NHDOE Special Education Program Approval Process ensures broader perspectives and brings forth new ideas. In addition, including the parent perspective enhances and strengthens the teams' case study presentations, and makes for stronger school/parent relationships. As such, parent input is a required part of the NHDOE Special Education Program Approval Process. In order to ensure parent participation and feedback, the NHDOE, Bureau of Special Education involves parents in a variety of aspects of the Special Education Program Approval Process. First, parents are encouraged to be active participants in the case study presentations; second, parents of the children presented in the case study process are formally interviewed; and third, the SAU/school is required to send all parents of students with disabilities a written survey with a request to respond. In spite of efforts to select students for review who were likely to be in attendance for the visit, allowing for parent participation in the case study and interview processes, neither of the case study students was attending APC or APS. In order to gather feedback from parents of current and recent students, the New Hampshire Hospital School Program sent 90 parent surveys and received four (4) responses; less than 5%.

The sparse response from parents did not warrant an in-depth analysis of the parent survey, but based on the fact that there was little or no parent involvement/response in the surveys, the New Hampshire Hospital School Programs has proposed the following activities:

- In the future, send a brochure out to each parent upon admission explaining the program their child will attend while in the hospital.
- While attending school, the teachers will collect each child's school work and send it home with them upon discharge.

Below is a summary of the results of the responses to the parent survey:

SUMMARY OF PARENT SURVEY DATA

Name of Private School: NHH/Anna Philbrook Children's Center		
Total number of surveys sent: 90	Total # of completed surveys received: 4	Percent of response: % 7

SCALE 3 = COMPLETELY 2 = PARTIALLY 1 = NOT AT ALL

ACCESS TO THE GENERAL CURRICULUM:	3	2	1	No Answer
I am satisfied with my child's program and the supports that he/she receives.	2	1	1	
My child has opportunities to interact with non-disabled peers on a regular basis.	1	1	2	
I am adequately informed about my child's progress.		2	2	

My child is informed about and encouraged to participate in school activities outside of the school day, and is offered necessary supports.	2	2		
My child feels safe and secure in school and welcomed by staff and students.	2	2		
A variety of information (observations, test scores, school work, parent input) was used in developing my child's IEP.	1	1		2
I am satisfied with the progress my child is making toward his/her IEP goals.	1		2	1
FOR PARENTS OF HIGH SCHOOL STUDENTS ONLY: My child earns credits toward a regular high school diploma in all of his/her classes.	1			3
TRANSITION:				
I am satisfied with the planning and support provided for the moves my child has made from grade to grade and school to school.	1		2	1
All of the people who are important to my child's transition were part of the planning.	2	1		1
FOR PARENTS OF STUDENTS AGE 16 OR OLDER ONLY: I am satisfied with the written secondary transition plan that is in my child's IEP.				4
BEHAVIOR STRATEGIES AND DISCIPLINE:				
My child's classroom behaviors affect his/her ability to learn. <i>If the answer is yes, please answer the next two questions. If no, skip to OTHER.</i>	YES		NO	
	3	2	1	No Answer
I have been involved in the development of behavior interventions, strategies and supports for my child.	2	2		
I am satisfied with the way the school is supporting my child's behavioral, social and developmental needs.	1	2	1	
OTHER:				
I fully participate in special education decisions regarding my child.	3			1
I have been provided with a copy of the procedural safeguards (parental rights) at least once a year	3			1

**SUMMARY OF FINDINGS FROM THE THREE FOCUS AREAS OF THE
CASE STUDY COMPLIANCE REVIEW**

Access To The General Curriculum

Implementation of IEPs

Provision of Non-Academic Services

Full Access to the District's Curriculum

Equal Education Opportunity

The transient nature and mental health needs of the student population in the New Hampshire Hospital School Programs are challenges to providing systematic curriculum delivery and progress monitoring. As described in the introduction, APS and APC students enter the hospital through voluntary or involuntary means as decided by parents, physicians or court officials. Entry into the school programs is dependent on the hospital teams' determination of the students' stability. Once a student is in one of the education programs, his/her status is assessed daily to determine current ability to attend on that day. Representatives from many disciplines serve on these teams that meet daily, and education representatives are involved in this decision making process. This can mean that students may not begin school attendance upon admission or that attendance is unpredictable and sporadic. New Hampshire Hospital School Programs document this school attendance for billing purposes and report hours of school attendance on transcripts for the sending schools.

The New Hampshire Hospital School Programs has instituted an efficient system to request IEPs and other relative documents when students are admitted. They use a checklist of required documents as a guide to monitor their receipt, and they continue to make follow-up calls to request what is missing/needed. If parents refuse to sign permission for release of school information (required by the hospital under HIPAA regulations), records cannot be obtained, which constrains the

school's ability to implement the IEP in a timely and accurate manner. In situations when students are admitted and stay at the hospital for a brief period, as many of the students do (e.g. average stay is reportedly 8 days), New Hampshire Hospital School Programs often does not receive school documents before the student is discharged.

Although no documentation was reviewed at the visit, staff and administrator report that contact is made with the sending school to determine schedules/courses of study and to request content material for instruction. At times, meetings with the home schools are held or are conducted via speaker phone. Upon admission and when appropriate, the Wide Range Achievement Test is administered to get a measure of reading and math levels for students.

Curriculum has been developed in some content areas, but not for all the areas required in the New Hampshire Minimum Standards. There was no evidence of reference to and systematic implementation of the curriculum that has been developed. The New Hampshire Hospital School Programs has not met the requirement that consultants in the required content areas where employed teachers are not certified be available to the teachers on a systematic basis.

For those students whose stay is longer or who are frequently admitted and whose documents are available, there has been no system or process developed to assure IEP implementation, monitoring and reporting of progress which is a requirement when providing services to students with disabilities. Reportedly IEPs received from the home schools vary widely in the quality of content (e.g. IEP goals are frequently not written in measurable terms), which presents unique challenges to the New Hampshire Hospital School Programs' education staff and administrator.

Transition

Transition Planning

Process: Provision of FAPE

Transition Services

Many of the challenges discussed above that affect provision of education services to students, also affect transition of students in and out of the school programs.

The visiting team reviewed one case study that evidenced the extent that staff and administrator go to assure a successful transition to the home school. New Hampshire Hospital School Programs staff visited the student's school and classroom and met with the student's team. Using an agreed upon behavior system, New Hampshire Hospital School Program staff are currently monitoring the students progress as he "visits" his home school for days and continues to live on the unit at the hospital. This is done in preparation for discharge from the New Hampshire Hospital School Programs.

Based on feedback from the LEA survey, in some instances students are discharged and return to their home school without notice. Frequently this is a result of insurance circumstances or a parent's decision and is outside of the school's purview.

Behavior Strategies and Discipline

Since the last visit, the New Hampshire Hospital School Programs has developed a behavior management system across settings in the APC Program. The *Learning to Live in the World* program has phases that articulate responsibilities and rewards/incentives/choices. Students establish individual goals targeted to increase coping skills in the various settings. Movement through the phases is documented and transferred to all settings during the day. This program is fully used at APC in both the unit and the school by all providers. The communication system among providers allows for consistent implementation and provides clear expectations for the children.

Special Education Policies

In an effort to formalize policy and practice in the New Hampshire Hospital School Programs, the current administrator developed a much needed Education Services and Standards Manual. In review of the Manual it was noted that some of the required responsibilities or joint responsibilities in the delivery of education services to students with disabilities are represented as the sole responsibility of the LEA. In other instances, there is misunderstanding of requirements; e.g. the NH Hospital School NHDOE Special Education Program Approval and Improvement Process Report, February 20.2008

Manual states that if New Hampshire Hospital School Programs refers a student to special education, the district must assess the student within 45 days; when in fact, the district is required to respond to the referral, holding a referral/disposition of referral meeting, within 15 days of receipt of a referral.

NEW PROGRAMS SEEKING APPROVAL FROM THE NHDOE, BUREAU OF SPECIAL EDUCATION

New Hampshire Hospital is requesting a change in age/grade range from ages 6-14/grades 1-8, to ages 5-15/grades K-8 in the APC program. For the APS program, a change from ages 14-18 to ages 13-21 is requested. The rationale submitted for these change requests is so that the full range of grades in public schools and the requirement that services be available for eligible students to the age of 21 are available to the students in the New Hampshire Hospital School Programs. Based on review of the supporting materials, Case Study reviews, program visits/observations and feedback from the visiting teams during this NHDOE Program Approval process, the New Hampshire Hospital School Programs have been determined to meet the requirements necessary to implement these requested changes

COMMENDATIONS

1. Classroom observations, interviews and professional dialogue with the visiting team revealed staff and administrators to be caring and concerned for the well-being of their students.
2. New Hampshire Hospital School Programs provide safe and secure environments for their students
3. Under the new Principal, the New Hampshire Hospital School Programs have been reorganized into grade spans and/or content areas (i.e. primary classroom, middle and high school by content area). This allows for more appropriate grouping of students and more concentrated attention by the teachers in the various content areas.
4. The system-wide behavior program instituted at APC provides continuity and clarification of expectations.
5. Staff has been encouraged to attend professional development activities outside of the hospital, in regular education settings, to broaden their understanding of current practices and the expectations of the schools their students have been attending.
6. The Principal has developed a much needed Education Services and Standards Manual to inform the school's practices and establish policies that align with the policies of New Hampshire Hospital.
7. Curriculum materials and library resources have been purchased to enhance the delivery of education services to students.

Please refer to the Building Level Case Study Data Summary below for additional program strengths.

ISSUES OF SIGNIFICANCE

Issues of significance are defined as systemic deficiencies that impact the effective delivery of services to all students, including those with educational disabilities. Examples of such may include system wide issues related to curriculum, instruction and assessment. Other examples might be concerns related to inadequate facilities, ineffective communication systems within the educational community, leadership, shared mission, vision and goals, deficiencies in policies and procedures, staff recruitment and retention, professional development or other important factors related to the learning organization.

No issues of significance related to systemic deficiencies were identified in the review of the application materials or during the Case Study visit to the New Hampshire Hospital School Programs.

CITATIONS OF NONCOMPLIANCE IDENTIFIED AS A RESULT OF THE DECEMBER 13 AND 14, 2007 CASE STUDY COMPLIANCE REVIEW

Citations of noncompliance are defined as deficiencies that have been identified through the Case Study Compliance Review Process, which are in violation of state and federal special education rules and regulations. Citations of non-compliance may result from review of policies and procedures and related application materials, case study presentations, review of student records or any other program approval activity related to the visit. **It is important to note that all citations of non-compliance that are included in this section of the report will need to be addressed in a corrective action plan.**

As a result of the Case Study Compliance Review, the following citations of non-compliance were identified. Each citation listed below must be addressed in a corrective action plan and resolved within one year of this report. A template and instructions for such planning will be provided.

1. ED 1133.04 (b) Administration

Policies and procedures in the Education Services and Standards Manual should be aligned with the requirements in The New Hampshire Rules for the Education of Students with Disabilities

2. ED 1133.05 (h) Program Requirements

a. Curriculum needs to be developed for all content areas required in the NH Minimum Standards.

b. In order for students to have equal access to the general curriculum, the school needs to provide consultants to the staff in areas where they are not certified. This includes all requirements as listed in the NH Minimum Standards. NHH staff needs to document that they are meeting with and using the consultants on a regular basis.

3. ED 1133.06 Measuring the Progress of a Child with a Disability

For the students in the programs with IEPs, procedures for monitoring and reporting progress specific to IEP goals should be established and enacted.

SUGGESTIONS FOR PROGRAM-WIDE IMPROVEMENT

Suggestions for improvement, simply stated, are recommendations provided by the visiting team that are intended to strengthen and enhance programs, services, instruction and professional development, and the NHDOE strongly encourages that serious consideration be given to the suggestions. However, discretion may be used in this area; suggestions for improvement are not considered to be required corrective actions and you may determine which suggestions most warrant follow up and address those in your corrective action plan. **System wide and program suggestions for improvement are listed below and in the Building Level Case Study Data Summary Reports, pp. 14-19.** It should be noted that in the Building Level Data Summary Report, any suggestion made by a visiting team member that is actually a citation of noncompliance, has an asterisk (*) before it, and it is also listed above with the citations of noncompliance.

1. Continue to make outside professional development opportunities available to the staff to increase their knowledge of best practices in the larger education community.
2. Once the content area consultants are established, arrange for them to provide embedded professional development for staff in the content areas.
3. Explore technology and electronic learning options to increase students' opportunities to access curriculum beyond the New Hampshire Hospital School Programs.
4. Increase the use of behavior data (e.g. plotting Personal Safety Emergencies) to understand behavior patterns, triggers, etc. to inform the school programs' behavior interventions and to communicate the information to the home school.
5. As a reinforcement of New Hampshire Hospital School Programs' proposal, it is suggested that Educational Discharge Summaries for all students who attend the school programs for more than 10 school days be sent to the LEAs, in addition to the transcript already being sent.
6. When procedures for monitoring and reporting progress specific to IEP goals are developed in response to the citation above, and as proposed by the New Hampshire Hospital School Programs, it is suggested that the proposed comprehensive IEP review process for all patients who are there long term, i.e. more than 30 school days, be developed. This process would include generating a report outlining possible school accommodations to help the students develop coping skills specific to their mental illness.
7. In order to increase parent involvement in the education programs of their children while attending one of the New Hampshire Hospital School Programs, the school proposes to send home school work completed during the student's stay and a brochure describing the school programs.
8. Explore the expressed need to consolidate the New Hampshire Hospital School Programs into one space in the future.

VI. BUILDING LEVEL SUMMARY REPORTS

USING COMPLIANCE DATA FOR CONTINUOUS IMPROVEMENT

BUILDING LEVEL CASE STUDY DATA SUMMARY

NEW HAMPSHIRE DEPARTMENT OF EDUCATION SPECIAL EDUCATION PROGRAM APPROVAL AND IMPROVEMENT PROCESS

School: New Hampshire Hospital School Programs	SAU: N/A	Date: December 14-15, 2007
Programs: Anna Philbrook Center (APC) & Adult Psychiatric Services		Number of Cases Reviewed: 2
Recorder/Summarizer: Nancy Pierce		

Name: Mary Anne Byrne	Building Level	or	<u>Visiting</u> (circle one)
Name: Danielle Paranto	Building Level	or	<u>Visiting</u> (circle one)
Name: Nancy Pierce	Building Level	or	<u>Visiting</u> (circle one)
Name: Donna Palley	Building Level	or	<u>Visiting</u> (circle one)
Name: Tricia Lynn-Moser	<u>Building Level</u>	or	Visiting (circle one)
Name: Donna Osborn	<u>Building Level</u>	or	Visiting (circle one)
Name: Joseph Grady	<u>Building Level</u>	or	Visiting (circle one)
Name: Elizabeth Knowlton	<u>Building Level</u>	or	Visiting (circle one)
Name: William Lindgren	<u>Building Level</u>	or	Visiting (circle one)
Name: Susana Webber	<u>Building Level</u>	or	Visiting (circle one)
Name: Debbie Robinson	<u>Building Level</u>	or	Visiting (circle one)
Name: Raymond Caouette	<u>Building Level</u>	or	Visiting (circle one)
Name: Nicole Jefferson	<u>Building Level</u>	or	Visiting (circle one)
Name: Stephen Sarausky	<u>Building Level</u>	or	Visiting (circle one)
Name: Donna Dicey	<u>Building Level</u>	or	Visiting (circle one)
Name: Markus Scandalis	<u>Building Level</u>	or	Visiting (circle one)

Based on data collected from the Data Collection Forms, Interview Forms, Classroom Observations, etc. the following summary is intended to provide a “snapshot” of the quality of services and programs in the school in the areas of: **Access to the General Curriculum, Transition and Behavior Strategies and Discipline.**

ACCESS TO THE GENERAL CURRICULUM STATEMENTS					Filled in with the combined <u>number</u> of times a statement is marked on all Data Collection Forms for this school or building		
<u>Ed. 1109.01 Elements of an IEP CFR 300.320 Content of IEP</u> <u>Ed. 1109.05, Implementation of IEP 20 U.S.C. 1414 (d)</u> <u>Ed. 1115.07, Ed 1119.01(f) Provision of Non-Academic Services/Settings</u> <u>CFR 300.320(a) CFR 300.34 Ed. 1119.03, Full Access to District's Curricula</u> <u>Ed. 1119.08, Diplomas</u> <u>Ed. 1107.04 (d) Qualified Examiner</u> <u>Ed. 1133.05 (c)(h)(k) CFR 300.320 Program Requirements, Content of IEP</u> <u>Ed. 1133.20 Protections Afforded to Children with Disabilities</u> <u>CFR 300.320(a)(1)(i)</u> "... general curriculum (i.e. ,the same curriculum as for nondisabled children)" <u>CFR 300.320(a)(4)(iii)</u> "To be educated and participate with other children with disabilities and non disabled children"					YES	NO	N/A
A1.) Team uses multiple measures to design, implement and monitor the student's program.					2		
A2.) All IEP goals are written in measurable terms.					1	1	
A3.) Student has made progress over the past three years in IEP goals. Goal 1							2
A4.) Student has made progress over the past three years in IEP goals. Goal 2							2
A5.) Student <u>has access to</u> the general curriculum (as outlined by the district, sending district or NH frameworks.)						2	
A6.) Student <u>participates in</u> the general curriculum <u>in a regular education setting with non-disabled peers</u> , as appropriate, with necessary supports.					2		
A7.) When <u>participating in a regular education setting with non-disabled peers</u> with necessary supports, student <u>has made progress in</u> the general curriculum.					2		
A8.) Student <u>participates</u> appropriately in state, district and school-wide assessments.					2		
A9.) Student <u>shows progress</u> in state, district and school-wide assessments.							2
A10.) Student <u>has opportunities</u> to participate in general extracurricular and other non-academic activities with necessary supports.					2		
A11.) Student <u>does participate</u> in general extracurricular and other non-academic activities with necessary supports.					2		
A12.) Was the student's most recent individual evaluation (initial or reevaluation), including a written summary report and meeting, held within 45 days of parental permission to test? If not, was it due to: (check all that apply)					1		1
a.) Extension in Place	b.) Lack of Qualified Personnel ___Psychologist ___Educator ___Related Services ___Other	c.) Evaluation Not Completed in Time	d.) Summary Report Not Written in Time	e.) Meeting Not Held in Time	f.) Other		
For High School Students:					YES	NO	
A13.) Student is earning credits toward a regular high school diploma.					1		
A14.) <i>IF YES:</i> within 4 years?						1	
A15.) Student will earn an IEP diploma or a certificate of competency.						1	
A16.) <i>IF YES:</i> within 4 years?						1	
A17.) Does this school or district have a clear policy for earning a high school diploma?						1	

Access Strengths	Access Suggestions for Improvement
<ul style="list-style-type: none"> ○ Clearly defined process in place to get information from schools ○ Lots of resources: nice spaces, good materials, etc. and ongoing improvements ○ Use IEP and information from a variety of sources to help students and to inform staff about learning styles ○ Staff do a lot of observation and build good relationships with students ○ Students establish safe attachments to teachers ○ Setting provides classrooms, learning lab, and library that look “normal” ○ Students have access to statewide library ○ Excellent resources for art and music therapy (musical instruments, art supplies, etc.) ○ Small classrooms and staff to student ratio ○ High quality of teaching ○ Differentiation of instruction to meet individual needs ○ Many support services are available to keep students functioning, including nurses, Occupational Therapists, mental health workers, social workers, etc. ○ Qualifications of on-site staff; especially teachers who have multiple certifications ○ Staff have been working to integrate technology into the curriculum in a number of disciplines 	<ol style="list-style-type: none"> 1. Laptops for students, with more technology support are suggested (technology limitations are due to being a part of the state system) 2. *Monitor and report progress on IEP goals and develop criteria for when this is feasible. (e.g. 10 school days). 3. Document and communicate in writing suggestions and any revisions to IEPs. 4. Connect clinical goals to existing IEP goals wherever possible to increase information for reporting progress. 5. *Develop a bank of consultants to supervise curriculum and offer suggestions for the delivery of instruction. 6. *Develop curriculum to align with the NH Frameworks/Grade Level and Grade Span Expectations. <p>* Refer to citations</p>

TRANSITION STATEMENTS

Ed .1102.53 Transition Services CFR 300.43
Ed. 1107.02 Process; Provision of FAPE CFR 300.124 Part C Transition
Ed. 1109.01, Elements of an IEP (Transition Services)
CFR 300.320(a)(7)(b) 20 U.S.C. 1402 (34)
20 U.S.C. 1414 (d)(1)(A) and (d)(6)
Ed. 1109.03, IEP Team CFR 300.320(b) Ed. 1133.05

This includes movement from (a) Early Supports and Services (ESS) to preschool, (b) preschool to elementary school, or (c) age 16 or older, as well as from grade to grade and school to school.

Filled in with the
combined number of
times a statement is
marked on all Data
Collection Forms for
this school or building

YES

NO

If the student is under age 16, answer the following 3 statements only: (If the student is 16 or over, skip to question 4.)

T1.) Transition planning from grade to grade takes place.

1

T2.) Transition planning from school to school takes place.

1

T3.) Collaboration has occurred between general and special education staff in IEP development and in transition planning.

1

If the student is age 16 or older during the course of the IEP answer all of the following statements (do not answer the 3 statements above):

T4.) Transition planning is designed as a results oriented process that promotes movement from school to the student's desired post-school goals.

1

T5.) IEP team includes parent as part of transition planning.

1

T6.) IEP team and process includes student as part of transition planning.

1

T7.) IEP includes current level of performance related to transition services.

1

T8.) There is documentation that the student has been invited to attend IEP meetings.

1

T9.) A statement of the transition service needs is included in the IEP.

1

T10.) The statement of transition focuses on the student's course of study (e.g. vocational programming, advanced placement).

1

T11.) Transition plan includes coordinated, measurable, annual IEP goals and includes transition services that will reasonably enable the student to meet the post-secondary goals.

1

T12.) Statement of needed transition services is presented as a coordinated set of activities.

1

T13.) The statement of transition focuses on the student's course of study (e.g. vocational programming, advanced placement).

1

T14.) The IEP includes a statement of needed transition services and considers instruction.

1

T15.) The IEP includes a statement of needed transition services and considers community experiences.

1

T16.) The IEP includes a statement of needed transition services and considers development of employment skills.

1

T17.) Student is informed prior to age 17 of his/her rights under IDEA.

1

Only the following 4 statements may be answered N/A if appropriate. All statements above must be answered Yes or No.

YES

NO

N/A

T18.) There is documentation that representatives of other agencies have been invited to IEP meetings.

1

T19.) The IEP includes a statement of needed transition services and considers related services.

1

T20.) The IEP includes a statement of needed transition services and considers development of daily living skills.

1

T21.) If the student is preparing to graduate this year, there is a summary of the student's **academic achievement and functional performance**, which includes recommendations on how to assist the student in meeting his or her post-secondary goals.

1

Transition Strengths	Transition Suggestions for Improvement
<ul style="list-style-type: none"> ○ A process is in place for assessing incoming students. ○ Skills learned here help students transition back to their own schools. ○ Community meetings are held which helps New Hampshire Hospital School Programs staff to share information with schools, parents and outside counselors. ○ Excellent communication among staff is evident i.e., morning meeting and connections to clinical experts. ○ Staff is flexible when student psychiatric needs are more critical. ○ Staff has the ability to change gears quickly and respond to emergencies. 	<ol style="list-style-type: none"> 1. The educational staff needs to provide more input about the students to the home schools and the home schools need to consider this information during transitions back to their settings.

<u>BEHAVIOR STRATEGIES AND DISCIPLINE</u>		Filled in with the combined <u>number</u> of times a statement is marked on all Data Collection Forms for this school or building		
<u>Ed. 1109.02 Program</u> <u>Ed. 1119.11 Disciplinary Procedures</u> <u>Ed. 1133.07 (a) (b) (c) (d) (e)</u> <u>20 U.S.C. 1415 (K)</u> <u>Child Management – Private Schools</u>	<u>CFR 300.324</u> <u>CFR 300.530-300.536</u> <u>CFR 300.530-300.536</u> <u>RSA 169-C Child Protection Act</u>	YES	NO	N/A
B1.) Data are used to determine impact of student behavior on his/her learning.		2		
B2.) Has this student ever been suspended from school?		1		1
B3.) If yes, for how many days?		2 days		
B4.) If appropriate, a functional behavior assessment has been conducted.		2		
B5.) IEP team has addressed behaviors that are impacting student learning.		2		
B6.) A behavior intervention plan has been written to address behaviors.		2		
B7.) All individuals working with the student have been involved in developing behavior intervention strategies.		2		
B8.) Specialized training for implementing interventions, strategies and supports has been provided to parents, providers and others as appropriate.		2		
B9.) Results of behavior intervention strategies are evaluated and monitored.		2		
B10.) A school-wide behavior intervention model exists.		2		
Behavior Strategy Strengths		Behavior Strategy Suggestions for Improvement		
<ul style="list-style-type: none"> ○ Staff provide information about students and serve in an advocacy role. This helps students with the systems they are in and the services they need. ○ Environment is safe and secure. ○ Access to child psychiatrists gives a lot of guidance and training to staff. ○ The program wide behavior program at APC ○ The staff provide beneficial therapeutic responses to students. 		<ol style="list-style-type: none"> 1. It would be helpful to have time out space in the high school program. 		

Summary of Building Level Strengths and Suggestions

Strengths	Suggestions for Improvement
<ul style="list-style-type: none"> ○ The re-organization of APC to replicate public schools (i.e. K-4 students stay in one room and older children change rooms) is positive. ○ Faculty and staff have an excellent understanding of students and the systems outside the hospital setting that affect them. ○ The focus on professional development of staff and opportunities to visit schools outside the hospital setting is valuable. ○ Improvements to the physical plant are impressive. ○ The connection to Concord High School is positive. ○ Maintenance of the facility is excellent. 	<ol style="list-style-type: none"> 1. Adolescents should be separated from the adult patient population for the hospital/residential part of their day. 2. More classroom space in the high school program would be beneficial.

I. ADDENDUM: JAMES O SUMMARIES

James O. File Review Summary

School: New Hampshire Hospital School Programs

Date: December 13 & 14, 2007

Reviewer: Mary Anne Byrne

Number of Files Reviewed: 0

During the December 13 & 14, 2007 visit, there were no James O. students in New Hampshire Hospital School Programs