perience is that school education terms are generally diligent in applying disability labels to children, and that these decisions are carefully supported by appropriate assessment procedures and documentation.

ND does not appear to have a preponderance of children with autism, medical or physical disabilities, or other significant impairments that would be out of line for our state. This is not to say that a small rural school district (or even large districts for that matter) is not significantly impacted by children with multiple disabilities and significant support needs. Rather, the data suggest that these instances are the exception rather than the rule.

These results raise a number of questions including; What specific tests and criteria are school personnel using to categorize children with high incidence disabilities? What is the general constellation of services for these children with high incidence disabilities, and how do those service needs impact schools? What types of conditions are prevalent in the category of children labeled other health impaired? Why has there been such a significant decrease in the numbers of children with mental retardation or hearing impairment? While these questions are outside the current scope of these present studies, ND may want to examine them in the future as a means to plan for continued effective special education services.

References

Askvig, B.A., & Fifield, M.B. (2004). *Technical report #2: North Dakota regional and unit trends in special education student enrollment*. Minot, ND: ND Center for Persons with Disabilities.

Gorn, S. (1997). *The answer book on special education law, 2nd ed.* Horsham, PA: LRP Publications.

McCommons, J. (2004). Autism on the rise. *Better Homes and Gardens*, November, pp. 276-280.

ND Department of Public Instruction. (2004). *North Dakota public school enrollment projections*. Bismarck, ND: author. Obtained on December 27, 2004 at http://www.dpi.state.nd.us/finance/resources/index.shtm.

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Technical Report #4

North Dakota Special Education: Student Enrollment by Disability Categories

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North Dakota Student Population Study

A review of data on the trends in special education student enrollment in North Dakota

North Dakota's special education student enrollment has risen approximately 34% from 1982 through 2002. Presently, about 12.5% of the ND school population is comprised of children receiving special education. This figure is nearly identical to the national average of 12.3%. In our second technical report (Askvig & Fifield, 2004), we analyzed the special education enrollment trends on the basis of the state's special education units and the variations in rural versus more populous regions. While the overall school enrollment numbers were decreasing, special education enrollment was increasing. School enrollment was not an adequate predictor of possible special education increases. Some special education units that had significant (greater than 50%) losses in school enrollment had similar losses in special education enrollment. However, we found several rural special education units that decreased in overall school enrollment, and still had increases in special education enrollment.

One area of interest in the analysis of special education student enrollment trends is the impact of various disability categories. Some popular press stories have suggested that the nation has alarming rates of increase in certain disability categories, especially autism (McCommons, 2004). Prior to this point, however, we do not have a clear state picture of theses trends. This report examines the trends for ND across all reported disability categories for the 20 year period from 1982 through 2002.

Data Sources for this Report

Each year, the ND Department of Public Instruction, Office of Special Education compiles data on special education student enrollment for ND school districts and special education units. Reports from 1982 – 2002 were used as the basis of our analysis. In addition, the ND Department of Public Instruction published ND school enrollments and projected enrollment numbers (http://www.dpi.state.nd.us/finance/resources/index.shtm). Finally, national special education enrollment figures were obtained from various IDEA data reports, and from the IDEA data web site (http://www.ideadata.org/index.html).

Categories of Disability

The Individuals with Disabilities Education Act (IDEA), the national special education law, uses a specified set of labels to categorize children with disabilities (see Table 1). These labels are somewhat useful for ordering or quantifying the nature of disabilities of the children in our school. Throughout the years there have been slight changes in the categories (Gorn, 1997). For example, in 1990, IDEA added autism and traumatic brain injury to the list. The categories of deaf and hard of hearing were combined into hearing impaired, and the term serious emotional disturbance was short-

ened to emotional disturbance . Since 1990 the list has remained stable. ND has used most of these categorical labels over the past 20 years, although the term multiple disabilities has not been used in ND.

Table 1. IDEA Disability Categories

Mental Retardation	**Deafblind**
Traumatic Brain Injury	**Autism**
Other Health Impairment	**Specific Learning Disability**
Orthopedic Impairment	**Multiple Disabilities**
Speech or Language Impairment	**Emotional Disturbance**
Hearing Impairment (including deafness)	**Developmental Delay**
Vision Impairment (including blindness)	

Results and Trends

From 1982 – 2002 there was an increase of over 3,500 special education students in ND. Over 90% of this increase came from students within the disability categories of speech language, emotional disturbance, other health impaired, and learning disabilities. Autism accounted for only about 5.5% of the total increase of ND special education students. Table 2 shows the numbers and percentages of gain or loss from 1982-2002 in ND.

Table 2. Enrollment Numbers and Percent Gain/Loss of ND Special Education Students

Disability Category	1982	2002	Number +/-	Percent +/-
Mental Retardation	1,724	1,169	-555	-32.3%
Hearing Impairment	176	106	-70	-39.8%
Speech Language	3,556	4,262	706	19.9%
Vision Impairment	46	61	15	32.6%
Emotional Disturbance	294	1,123	829	282.0%
Orthopedic Impairment	72	158	86	119.4%
Other Health Impairment	78	960	882	1,130.8%
Learning Disabilities	4,339	5,247	908	20.9%
Autism *	16 *	197	181	1,131.3%
Traumatic Brain Injury *	9 *	35	26	288.9%
Deafblind	1	2	1	100.0%

** Note: Figures reflect 1992 data points, the first year data were collected in these categories.*

During the period from 1990 to 2002, the U.S. data show that about 88% of the gain in special education students nationally came from five disability categories; learning disabilities, other health impairment, speech language impairment, autism, and emotional disturbance. Nationally, autism accounted for about 9.3% of the gain in total population.

Figure 1 shows the ND enrollment trends from 1982 through 2002 for the top four disability categories; speech language impairment (SL), emotional disturbance (ED), other health impaired (OHI), and learning disabilities (LD). Figure 2 shows the trend data for the U.S. for these same four disability categories from 1992 – 2002. (Note: We used the 1992-2002 national data as those data were most readily available and were in a format consistent with ND's data system.) The U.S. and ND data trends are nearly identical for these four major disability categories.

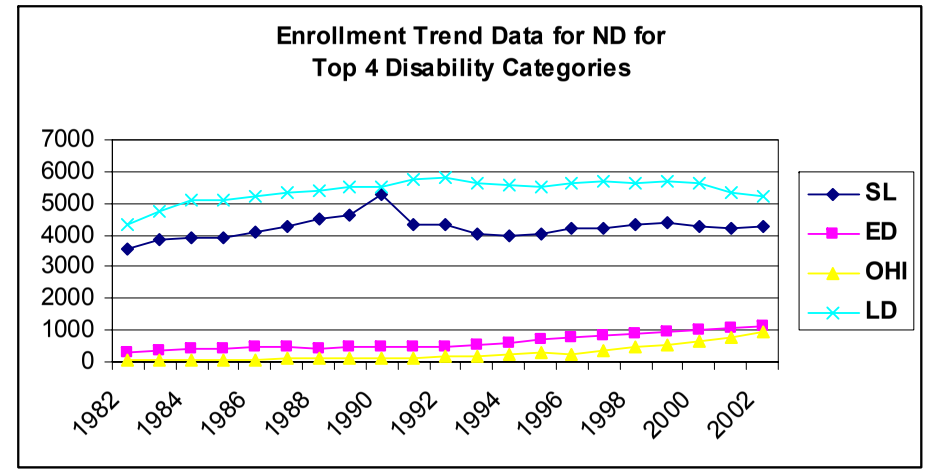

Figure 1. ND Enrollment Trend Data from 1982 – 2002.

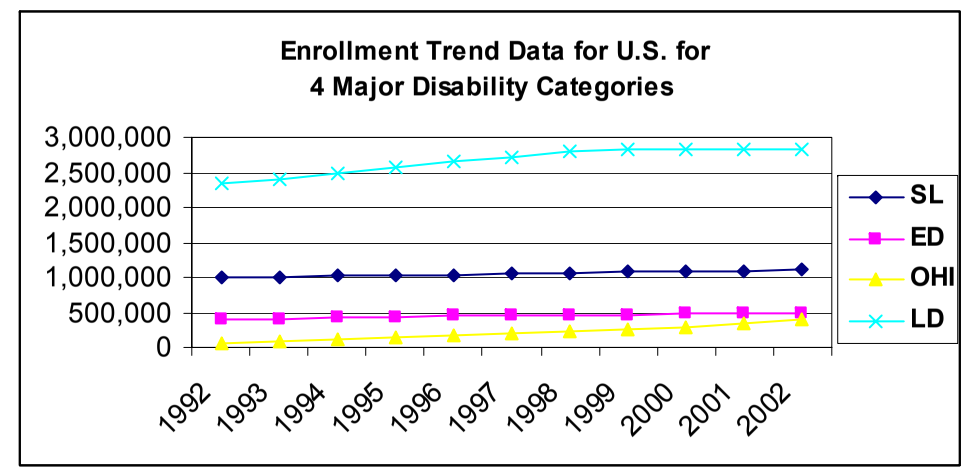

Figure 2. U.S. Enrollment Trend Data from 1992 – 2002.

Conclusion

ND's data suggest that most of the increase in special education enrollment in the past 20 years has come from children in one of four disability categories, namely learning disabilities, speech language impairment, other health impaired, and emotional disturbance. These disability categories are often referred to as "high incidence" categories, that is, disability with a high occurrence. Those children with "low incidence" disabilities (e.g., vision impairment, multiple disabilities, hearing impairment, or autism) account for very little of the overall increase. ND had losses of approximately one third in the categories of mental retardation and hearing impairment.

It is important to note that children with high incidence disabilities are often categorized by more subjective criteria. While educational and behavioral tests are administered, there are few definitive diagnostic causes for the disability such as one might see in a vision impairment like blindness or in an orthopedic impairment like cerebral palsy. We are not suggesting that ND educators are in any way misusing educational testing or disability labeling for children with disabilities. In fact, our ex-