New § 300.647(b)(7) requires States to report all risk ratio thresholds, minimum cell sizes, minimum n-sizes, standards for measuring reasonable progress, and the rationales for each, to the Department at a time and in a manner determined by the Secretary. Rationales for minimum cell sizes and minimum n-sizes must include a detailed explanation of why the numbers are reasonable and how they ensure appropriate analysis for significant disproportionality. (81 FR 243, pg. 92378)

### Disproportionality Stakeholder Workgroup Recommendation

<table>
<thead>
<tr>
<th>Area of Consideration</th>
<th>Old</th>
<th>New</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methodology</td>
<td>Risk ratio compared to national rates plus e-formula for placement/discipline</td>
<td>Risk ratio compared to district or alternate risk ratio compared to state</td>
<td>NA – regulation requirement - New §§ 300.646(b) and 300.647(a) and (b) provide the standard methodology that States must use to determine whether there is significant disproportionality based on race or ethnicity in the State and its LEAs. (81 FR 243, pg. 92377)</td>
</tr>
<tr>
<td>Years of data</td>
<td>2 consecutive</td>
<td>3 consecutive</td>
<td>The workgroup recommends this allowable flexibility since 3 years of data better establishes a clear trend than only 1 or 2 years of data. Risk ratios based on small numbers, such as those in RI, can be volatile and systemic change can take time.</td>
</tr>
<tr>
<td>Risk ratio threshold</td>
<td>2.5</td>
<td>No change recommended; 2.5</td>
<td>Maintaining a constant in the determination of disproportionality is important given the other changing variables that will result from the new regulations. The workgroup reviewed data across different areas of disproportionality in identification, placements, and discipline and determined that it was reasonable to keep a consistent risk ratio in all categories.</td>
</tr>
<tr>
<td>Minimum cell size</td>
<td>10</td>
<td>5</td>
<td>Applying the new risk ratio method with 3 years of data drastically reduces the occurrence of disproportionality in RI. Regulations specify that numbers and thresholds must not be set to avoid identifying disproportionality and that a minimum cell size range of 0-10 would be considered reasonable. The workgroup agreed that anything less than 5 is very small and does not establish a pattern of difficulty. Using a count as high as 10 would virtually eradicate disproportionality giving a free pass to multiple LEAs. A minimum cell size of 5 seems to be a reasonable balance upon examination of cell sizes for different races and categories of disproportionality across the LEAs in the state. Public reporting of disproportionality never reveals counts of children and only displays the type of disproportionality and progress.</td>
</tr>
<tr>
<td>(numerator)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum n size</td>
<td>None/1 because an n size of 0 was never calculated since division by 0 is not possible.</td>
<td>No change recommended; 1</td>
<td>Adding a new minimum n size &gt;1 would further reduce cases of disproportionality that will already be significantly fewer due to using the new methodology and 3 years of data. Therefore, no new minimum n size is recommended and the smallest n would continue to be 1. In examining race enrollments for each LEA in the district, the “all other” comparison group is rarely as small as 1. The workgroup agreed that it would be reasonable to continue calculations without setting a new and increased n size.</td>
</tr>
<tr>
<td>(denominator and comparison group)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standards for measuring reasonable progress</td>
<td>NA</td>
<td>NA</td>
<td>Workgroups of special education administration and RISEAC will be reconvened in the future when actual, real-time, implementation data is available for studying progress using new Comprehensive Coordinate Early Intervening Services dollars.</td>
</tr>
</tbody>
</table>

Disproporitionality Stakeholder Workgroup Recommendation
Stakeholder Workgroup Participants

Allyn Grantham, Special Education Director, Newport Public Schools
Teresa Eagan, Special Education Director, South Kingstown School District
Patti Hien, RISEAC representative
Michele Walden-Doppke, Systems of Support Technical Assistance Provider, NRIC
Sue Donovan, Rhode Island Parent Information Network
Brian Quigg, former interim director Providence Public Schools, Superintendent Designee
Dr. Carrie McWilliams, Elementary Instructional Dean, Times2 Academy
Keri Rossi-D’entremont, Director, Disability Services Center, RIC
Lorén Spears, Executive Director, Tomaquag Museum
Channavy Chhay, Executive Director, Center for Southeast Asians
Rebeca Filomeno-Nason, Dean of Students, Nowell Leadership Academy, representing RI Coalition of Educators of Color
Dr. Ying Hui-Michael, Urban Multicultural Special Education Program, RIC
Lindsay Correia, RI Coalition of Educators of Color

Additional invitees included representatives from the RI Association of School Committees, College Crusade, RI Kids Count, and Providence Cultural Equity Initiative (PCEI)

Workgroup Meeting Dates

April 2, 2017
May 25, 2017
June 7, 2017

+ Email information preceding, during, and after
+ Google Form and telephone opportunities to contribute.
Disproportionality Glossary of Terms

*Alternate Risk Ratio* means a calculation performed by dividing the risk of a particular outcome for children in one racial or ethnic group within an LEA by the risk of that outcome for children in all other racial or ethnic groups in the State. (§300.647(a)).

*Cell Size* means the number of children experiencing a particular outcome, to be used as the numerator when calculating either the risk for a particular racial or ethnic group or the risk for children in all other racial or ethnic groups.

*Comparison Group* consists of the children in all other racial or ethnic groups within an LEA or within the State, when reviewing a particular racial or ethnic group within an LEA for significant disproportionality.

*N-Size* means the number of children enrolled in an LEA with respect to identification, and the number of children with disabilities enrolled in an LEA with respect to placement and discipline, to be used as the denominator when calculating either the risk for a particular racial or ethnic group or the risk for children in all other racial or ethnic groups.

*Population Requirement* means the minimum number of children required before a racial or ethnic group within an LEA will be reviewed for significant disproportionality, such as a minimum cell size or minimum n-size.

*Risk* means the likelihood of a particular outcome (identification, placement, or disciplinary removal) for a specified racial or ethnic group (or groups), calculated by dividing the number of children from a specified racial or ethnic group (or groups) experiencing that outcome by the total number of children from that racial or ethnic group (or groups) enrolled in the LEA. (§ 300.647(a)).

*Risk Ratio* means a calculation performed by dividing the risk of a particular outcome for children in one racial or ethnic group within an LEA by the risk for children in all other racial and ethnic groups within the LEA. (§ 300.647(a)).

*Risk Ratio Threshold* means a threshold, determined by the State, over which disproportionality based on race or ethnicity is significant under § 300.646(a) and (b). (§ 300.647(a)).

*Weighted Risk Ratio* means a variation on the risk ratio in which the risk to each racial and ethnic group within the comparison group is multiplied by a weight that reflects that group’s proportionate representation within the State.
300.8 Child with a disability. (c) Definitions of disability terms.

**ASD - Autism Spectrum Disorder.**
(i) *Autism Spectrum Disorder* means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3 that adversely affects a child’s educational performance. Included in the spectrum are: Autism, Pervasive Developmental Disorder Not Otherwise Specified, Rett’s Disorder, Asperger’s Disorder and Childhood Disintegrative Disorder. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child’s educational performance is adversely affected primarily because the child has an emotional disturbance as defined herein.
(ii) A child who manifests the characteristics of autism spectrum disorder after age 3 could be diagnosed as having autism spectrum disorder if the criteria of this section are satisfied.

**ED - Emotional disturbance** means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance:
(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
(C) Inappropriate types of behavior or feelings under normal circumstances.
(D) A general pervasive mood of unhappiness or depression.
(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

- Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section.

**ID - Intellectual Disability (formerly Mental retardation)** means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child’s educational performance.

**OHI - Other health impairment** means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that —
(i) Is due to chronic or acute, health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia, and Tourette syndrome; and
(ii) Adversely affects a child’s educational performance.
**LD - Specific learning disability**

(i) *General.* Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

(ii) *Disorders not included.* Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

**S&L - Speech or language impairment** means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance.