



FORUM

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Students with Disabilities Over-Represented in Juvenile Justice System; Does Disability=Delinquency?

Over 44% of youth incarcerated in the Ohio Department of Youth Services (DYS) correctional system are designated as being in need of special education and related services, compared to a statewide school district average of approximately 14%. In FY 2003, there were 3,085 total youth incarcerated in DHS - with a daily average of 1,811 youth. Of the 3,085 incarcerated, 1,361 were special education students.

This means there were over 3 times as many special education students represented in DHS facilities than in the general school population.

These findings raise serious policy questions regarding the reasons why this substantial over-representation exists and what the state is doing to address the problem, including intervention and prevention programs.

Ohio statistics in regard to the significant over-representation of children with disabilities in youth correctional facilities are largely consistent with numerous national, state and local studies. But while there is general agreement about over-representation, estimates of its extent vary. Though there is strong consensus on the factors that contribute to this over-representation, evidence suggests that parents, teachers, school administrators, police officers, attorneys, judges, and others are typically uninformed

or unaware of the characteristics associated with youths' disabilities that can be predictors of delinquency, including poorly developed reasoning ability, inappropriate affect, lack of cooperation, and other inappropriate responses that result in lost opportunities for appropriate intervention services and an increase in the likelihood of referrals to DHS.

This report attempts to: 1) Profile Ohio's adjudicated youth with disabilities; 2) Discuss contributing factors to the over-representation of youth with disabilities in the correctional system; and 3) Identify barriers to preventing the over-representation as well as some intervention programs that may assist in overcoming those barriers.

National Context

The National Council on Disability (NCD) reports that few local, state, or federal jurisdictions maintain comprehensive databases documenting how many youth with disabilities are processed throughout the juvenile justice system, even though numerous studies indicate a wide range of over-representation. For example, data from the U.S. Department of Education, Office of Special Education Programs (OSEP) indicate that, as of December 1996, 15,930 students with disabilities were served in correctional facilities - approximately 32% of

the juvenile correctional population. Yet, the July 2000 Office of Juvenile Justice and Delinquency Prevention (OJJDP) Bulletin cites studies revealing as many as 70% of incarcerated youth suffer from disabling conditions. The Children's Defense Fund, in a Juvenile Justice Fact Sheet, reports that nationally 28 to 60% of the juvenile offender population have an educational disability compared to 7 to 12% of the general school-age population. Further, most incarcerated youths lag two or more years behind their peers in basic academic skills, and one-third at the median age of 15 read below the fourth-grade level. More than 35% of students with educational disabilities drop out of school – twice the rate of students without educational disabilities. Further, they are 3.5 times more likely than high school graduates to be arrested and 200% more likely to be arrested than nondisabled youths for comparable delinquent activities. Also, despite similar records of prior

offenses, once adjudicated, the terms of incarceration and/or probation average two to three years longer for those with disabilities as compared to other youth offenders.

Ohio

In Ohio, according to the Ohio Department of Youth Services, of the over 3,085 youth incarcerated in the system, 1,361 (over 44%) are designated as youth with disabilities. The incidence of these disabilities, by category, is listed in Table 1 below.

In comparison, the Ohio Department of Education reports that approximately 253,000 (14%) of the more than 1.8 million students enrolled in Ohio schools are identified as special needs students. These students are assigned, for funding purposes, to six different categories of disabilities as listed in Table 2 on the next page.

Table 1. Ohio Department of Youth Services – FY 2004 Data

Category	Number of students	% of special edu population
Cognitive Disability	303	(22.26%)
Deafness	1	(0.07%)
Emotional Disturbance	677	(49.74%)
Multiple Disabilities	9	(0.66%)
Orthopedic Impairment	1	(0.07%)
Other Health Impaired (Major)	14	(1.03%)
Other Health Impaired (Minor)	9	(0.66%)
Specific Learning Disability	331	(24.32%)
Speech/Language Impairment	3	(0.22%)
Traumatic Brain Injury	1	(0.07%)

The category with the largest representation of students in the regular school setting (66.59%) is category 2, which includes students that are specific learning disabled (SLD), developmentally handicapped (DH), and Other Health Impaired – Minor (OH-Minor). Not surprisingly, the largest category among the DYS population is the emotionally disturbed (49.74%), with Specific Learning Disabled (SLD) students next at 24.32%.

A review of the DYS population provides an emerging profile of the youth offender in Ohio. In addition to over-representation of special needs students, in 2003, 90% of DYS commitments were males. 49.8% were white and 44.6% were African-American youth, meaning that there was a major over-representation of minority youth. The average age at admission of a youth was 16.75 with significant "spikes" in commitment between the ages of 15 and 17.

Contributing factors

While there is ample proof of an overpopulation of students with disabilities in the juvenile justice system, there is little solid research to explain why this overpopulation exists. Theories and explanations are wide-ranging and cover the entire period from birth to incarceration. The National Council on Disabilities (NCD) finds that few studies systematically address the disability-delinquency link using data that could definitively assess whether or not disabilities cause delinquency. The National Council on Education Delinquency and Juvenile Justice (EDJJ) adds that what research does exist has been conducted by psychologists, education specialists and social workers. Criminologists have largely ignored the issue, evidenced by a review of criminology journals and criminal justice textbooks.

Table 2. Ohio Department of Education, July 2004
SF-3 Special Education ADM Data
(weighted funding categories)

Category	Number of students	% of special edu population
Category 1 – Speech Only	35,149	(15.55%)
Category 2 – SLD, DH, OH Minor	150,507	(66.59%)
Category 3 – ED, Hearing or Visual Impairment	21,240	(9.40%)
Category 4 – OH Major, Orthopedic Impairment	2,727	(1.21%)
Category 5 – Multiple Disabilities (Other than deaf-blind)	10,785	(4.76%)
Category 6 – Deaf Blind, Traumatic Brain Injury, Autism	5,656	(2.50%)

**There are also nearly 4,500 students in special education JVS only and more than 500 served by county boards of MR/DD.*

Further, NCD reports that none of the major studies examining IDEA has focused on the relationship of youth with disabilities and the potential for involvement with the juvenile justice system. It is known that strong relationships exist between troubled educational histories and subsequent arrests and incarceration, yet specific ways schools contribute to or prevent the flow of students into the criminal justice system remains largely unexamined.

Absent the research, there is strong consensus that students with disabilities are much more likely to do poorly in school and that there is a clear correlation between school failure and criminal behavior, especially for minority students from impoverished homes. It should be noted that The National Early Intervention Longitudinal Study made possible by Part C of IDEA found both an over-representation of minorities in special education and a possible under-representation of infants and toddlers from minority groups in early intervention efforts.

Moreover, NCD reports that there is a growing body of evidence suggesting that school policies (especially zero tolerance policies) and practices may be contributing to an unnecessary and inappropriate flow of youth with disabilities, especially minority youth, into the juvenile justice system. Large percentages of children in the delinquency system are severely under-educated, and their literacy skills are strikingly low. Indeed, the majority of children in the juvenile system may have education-related disabilities. Fueling this disproportionate representation is the failure of some school system personnel to find, evaluate, and serve children with disabilities. A typical pattern for such youth is that they are not identified for several years; they fall increasingly behind in academic achieve-

ment, repeat several grades and then became truant in middle school. Also typical in these instances is that even after being identified, the schools fail to provide required services and arrange appropriate placements. Acknowledging this pattern, the Harvard Civil Rights Project entitled its multi-year study of the situation "School to Prison Pipeline" and EDJJ at its June 2004 meeting included a session on "Breaking the School to Prison Pipeline."

We do know that researchers have concluded that a major reason for school failure for individuals with learning disabilities and reading disabilities in particular is that they have a different pattern of brain organization caused by the brain's interaction or lack of interaction with environmental factors. Behavior control is affected by whether or not the brain is functioning normally and different factors affect that functioning, so youth exhibiting deviant behavior may not be able to control themselves fully. Young people themselves are unaware that their disabilities may be connected to problematic behavior. A major reason that so many of these youth do poorly in school – e.g., their inability to read is caused by the fact that their brains do not function like the brains of good readers. A new study by a professor of pediatrics at the Yale School of Medicine finds that if these poor readers receive a particular kind of intensive reading-intervention, their brains can begin to function like the brains of good readers.

No one expects the schools to single handedly compensate for all the challenges these children face. It is, however, expected that schools will serve as an equalizer for youth with emotional and behavioral disorders (EBD) such as attention deficit disorder (ADD) and learning disabilities (LD). Schools should certainly not add to the likelihood that these youth be

significantly over-represented in the juvenile justice system.

Theories

Theories regarding a link between disabilities and delinquency include: a) the **susceptibility theory**, which holds that youth with disabilities are much more likely to engage in delinquency because of particular characteristics such as impulsivity; b) the **school failure theory**, which holds that frustration and failure in school lead to truancy, dropping out and delinquency; and c) the **differential processing theory**, which holds that youth with learning disabilities are no more likely than other youth to be delinquent, but that they are more likely to be arrested and receive punitive treatment – that people with official or legal authority make decisions that result in more punitive treatment of youth with disabilities, especially minority youth with disabilities.

Risk Factors

Researchers have identified risk factors, the presences of which predict delinquency for both youth with and without learning disabilities. Risk factors are multi-faceted, interrelated, and can be inherent to the individual, families, schools, and communities. They range broadly from poverty/low socioeconomic status; maternal undernourishment; poor prenatal care, pregnancy and delivery trauma and low birth weight to brain circuitry dysfunction, cognitive deficits, hyperactivity and a host of family and school related problems. No single risk factor leads a young child to delinquency, but some factors are mentioned more often than others such as early anti-social behavior and hyperactivity. The larger the number of risk factors a child is exposed to, the greater the likelihood that

that child will engage in deviant behavior. The development of such behavior is usually orderly and progressive, and once begun, snowballs. It has been estimated that more than half of students with mild disabilities in regular classrooms are at high risk for developing adjustment problems in adolescence.

Protective Factors and Resiliency

More than two-thirds of youth who are exposed to multiple risk factors do not resort to deviant behavior because they develop resiliency, the ability to maintain or recover strength and spirit under adversity, a characteristic that enables them to make appropriate behavioral choices while exposed to multiple risk factors because they have also been at least equally exposed to protective factors. Like risk factors, protective factors can be internal (individual) or external (family, school, community and peer relations) and include, among other things, good health, a sense of humor, good communication skills, language acquisition and the ability to read, social skills, creative releases such as writing or music, moral development, caring relationships, effective problem solving skills, and clear standards of behavior. Yet, in a comprehensive needs assessment of Ohio's juvenile justice system conducted at the direction of Governor Bob Taft, less than one-quarter of the youth were able to identify a positive influence in their lives. There is consensus that the most promising approaches focus on protective factors occurring in multiple domains simultaneously, such as school-wide interventions and community initiatives. Emerging data suggests that effective community-based and school-based interventions have been able to prevent anti-social behavior, reduce risk factors, and enhance protective factors for youth.

Prevention

Although much can be done to prevent child delinquency, only a few well-organized, integrated programs designed to do that exist in the United States today. What does appear to work is a reorientation of services offered by the various agencies and organizations that serve youth and are present in every community. Collaborative efforts that emphasize positive behaviors and focus on early identification and individualized services within a system of prevention, treatment, and care are necessary for these agencies to serve youth with disabilities effectively.

As with any problem, the best way to prevent it is to "nip it in the bud." As one expert points out, pro-social as well as disruptive behaviors are laid in the first five years of life. Behaviors that predict child delinquency may be present and discernable as early as the age of two and studies have documented that problem behavior in preschool can predict later delinquency. Also, research findings show that the onset of behavior problems usually predates the onset of serious delinquency by several years so there is ample time for intervention to occur. Instead, a U.S. Department of Justice study concluded that most juvenile justice, child welfare, and school resources currently focus on adolescent juvenile offenders whose serious delinquent behavior is already persistent. Currently, 94% of local, state and federal resources intended to combat violent offending are used after violent offenses have occurred rather than on preventive measures with younger children that would probably take the largest "bite" out of crime. Practitioners in Ohio's survey called for developing better methods of identifying at-risk youth at earlier ages, and implementing broad-based delinquency prevention

programs in communities. Juveniles in that survey identified three preventive factors that might have helped them avoid detention: more available structured recreation; specialized school curriculum; and disciplined home environments where support of school attendance was offered.

Children who begin life disadvantaged often continue to be disadvantaged in that they do not receive the necessary support such as adequate health care, a healthy diet, or the advantage of preschool. The title of a study by the Economic Policy Institute sums up the situation: "Inequality at the Starting Gate." While no single system – education, mental health, child welfare, or juvenile justice – can reduce child delinquency on its own, schools are fundamental in preventing delinquency, especially with children younger than 13. Approaches that have yielded positive results include classroom and school wide behavior management programs, conflict resolution and violence prevention curricula, bullying prevention efforts and classroom-based programs that improve students' cognitive, social and emotional competencies.

Barriers

Even though several local, state, and federal agencies are funded to support at-risk youth, too many of these youth are not well served. Despite the numerous organizations involved, researchers suggest that there is an astonishing lack of awareness on the part of professionals, policy makers or the general public of the severity of the problem or of the cost of incarceration compared to that of provision of appropriate services – including early intervention. The authors of a recent study reported that they could find almost no research evaluations of interventions with court-involved youth with learning, attention

and behavior disabilities. Many child-serving professionals have little understanding of how children's disabilities affect their behavior, and most juvenile justice practitioners have very little understanding of disability issues or disability law.

Schools have few incentives for retaining troubled students so many referrals to the juvenile system are for minor infractions. Yet, with many residential treatment centers filled to capacity, there is nowhere to send children with mental health problems. The Senate Committee on Governmental Affairs recently reported that 15,000 children with psychiatric disorders were improperly incarcerated last year because no mental health services were available. One expert said data showed that mental illness was being criminalized as juvenile detention centers have become de facto psychiatric hospitals for mentally ill youth, and a judge testified that 70 to 85% of the youngsters who appeared before his court had mental health or drug problems. Moreover, youths with educational disabilities are at an immediate disadvantage when they first come into contact with the justice system because they may not understand the rights read to them; confess and say what they think another person wants to hear; have difficulties communicating with lawyers and court personnel; and not be recognized as mentally retarded or educationally disabled.

Other barriers to successful intervention include:

1. A shortage of highly qualified special education professionals including school psychologists, as well as insufficient funding for special education and related services at all levels of government. Additionally, in Ohio, the state has yet to fully fund the new cost-based funding formula – funding it instead at 90% of full funding.
2. A lack of solid research about causes of and remedies for learning disabled youth becoming involved with the juvenile justice system and a lack of political will to support those practices that are known to be effective.
3. Public financing policies tend to be biased toward restrictive, residential placements for youths charged with criminal offenses. The U.S. Department of Education reports that between 1993 and 1997, there was a 28% increase of youth with disabilities in correctional facilities, even though it has been estimated that a typical criminal career spanning juvenile and adult years costs society between \$1.3 and \$2.3 million. In contrast, the Perry Pre-School Study showed that taxpayers can save \$7 for every \$1 spent on early intervention.
 - a. In Ohio, a report released in July 2004 by Fight Crime: Invest in Kids, cites examples of potential savings; finds that state funded programs serve less than one percent of all 3 and 4-year-olds in Ohio; and that 60,000 at-risk 3 and 4-year-olds are still left unserved by Head Start and state early education programs. Yet Ohio spends \$168.04 per day just to house a youthful offender.
4. Practices and policies are implemented that have little empirical support and attack symptoms of delinquency rather than root causes.
5. Educational systems are increasingly adopting more punitive measures such as zero tolerance policies resulting in more adjudicated youth, even though

there is no evidence that these policies reduce youthful deviant behavior or are effective with children with learning disabilities.

6. Professionals lack knowledge about recent brain research and a reluctance to adopt teaching methods proven to be more effective with children with learning disabilities if the methods are not compatible with their pedagogical beliefs.
7. Children with disabilities often have parents with similar disabilities who have never been diagnosed or received treatment and therefore are weak advocates.
8. Families are reluctant to ask public agencies for help because they fear losing their children.
9. There is a lack of interagency collaboration making it more difficult for those in need of services to access them.
10. Resource limitations force agencies to make arbitrary decisions about which youth with disabilities qualify for services.

Practitioners surveyed in Ohio noted that the level of needed services far exceeds the human resources available.

Model programs

Researchers have not systematically identified or assessed interventions or practices that focus exclusively on youth with disabilities who are at risk of delinquency or of being involved with the juvenile justice system, but one program that does target learning disabled youth is Achievement and Learning for All Students

(ALAS), a California program focusing on 7th through 9th graders diagnosed with LD or SED. Researchers have, however, identified components of successful programs that have been effective in dealing with reducing delinquency and subsequent incarceration in general, e.g., conflict resolution and social skill instruction, classroom management strategies, parent involvement, early warning and screening, school and district-wide data systems, and school-wide discipline and behavioral planning.

The Center for the Study and Prevention of Violence (CSPV) has identified 11 model prevention and intervention programs called Blueprints that have been effective in reducing adolescent violent crime, aggression, delinquency, and substance abuse. Examples of Blueprints with components that could be helpful with special needs youth include:

1. Multisystemic Therapy (MST). Can have significant positive effects on behavior problems (including conduct problems, anxiety-withdrawal, immaturity, and socialized aggression), family relations, and self-reported offenses immediately after treatment.

2. Prenatal and Infancy Home Visitation by Nurses. Has demonstrated effectiveness in both white and African American families in rural and urban settings. A 15-year follow-up of low-income, teenage mothers showed a 79% reduction in reports of child abuse and neglect, 31% drop in subsequent births, a 44% decline in maternal behavioral problems, a 9% decline in maternal arrests, a 56% decrease in running away by children, and reductions of 56% in arrests of children and alcohol consumption by children.

3. Intensive Protective Supervision Project. Boys, three years after the intervention, had significantly lower rates of delinquency, fighting, serious difficulties in school, and placement in special-education classes, and they were rated as significantly better adjusted in school than boys in the control group.

The Center for Effective Collaboration and Practice lists six programs that K-8 public school administrators have found to be effective in accelerating school performance, increasing readiness for learning, and reducing problem behaviors: Achieving Behaving Caring (ABC) Project; Behavior Prevention Program; Conflict Resolution/Peer Mediation Project; Improving the Lives of Children; Linkages to Learning Program; and Project Success.

Safeguarding Our Children: An Action Guide, produced in 2000 by the U.S. Departments of Education and Justice, American Institutes for Research, provides practical steps schools can take to develop school safety plans and reduce violence and emphasizes comprehensive approaches, teamwork and community involvement. Examples of programs and practices that stress the importance of prevention and early intervention include:

* **Promoting Alternative Thinking Strategies (PATHS)**, a classroom-based curriculum for kindergarten through fifth grade;

* **First Step to Success**, designed to address the needs of kindergarten children identified as having anti-social or aggressive behavioral problems;

* **Project ACHIEVE**, a preschool through middle school program designed to increase

student achievement and parent involvement.

In Ohio, early efforts focused primarily around diverting already adjudicated students from entering DYS facilities. Diversion was the primary focus of **RECLAIM Ohio**. **RECLAIM Ohio** was created on July 1, 1993, in House Bill 152, in response to a growing need for local alternatives for juvenile courts and overcrowding in DYS institutions. However, alternative school programs, often operated jointly by school districts, juvenile court systems, health and human service agencies, and educational service centers, have begun to focus more on intervention. **The Positive Education Program (PEP)**, a collaboration of Cuyahoga County's Mental Health Board and its Board of Education, has received national recognition as an effective intervention model. PEP serves 1,400 children from 31 school districts in six-day treatment centers with a range of programs from early intervention to school-to-work that provide intensive family-directed training and support to children and their families.

Columbus Public Schools has established federally funded 21st Century Community Learning Centers in partnership with Ohio State University, Columbus Children's Hospital, Grant Riverside, Big Brothers and Big Sisters and a local program called First Link to provide safe, drug-free, supervised and cost-effective after school recreation and expanded learning opportunities for children, youth and their families as well. The Ohio Department of Job and Family Services and the Child Care Resource & Referral Association launched First Steps, Ohio's Infant and Toddler Initiative in April 2004 to provide coaching, mentoring and training to caregiver specialists with initial results to be produced by the summer of 2005.

Conclusion

Clearly, there is an over representation of children with disabilities in the youth correctional system in Ohio and the nation. Within this population, there is an over-representation of specific learning disabled students and severe behaviorally handicapped students. Significant barriers to providing appropriate intervention and prevention services to help these youth in order to avoid incarceration also exist. The emerging profile of these students can, however, provide some guidance in designing and targeting appropriate intervention services.

Assuming limited resources, it may make sense from a cost/benefit perspective to prioritize future prevention efforts by focusing on over-represented offender groups. For example, if the profile of an over-represented juvenile offender includes a 15 to 17-year-old male with specific learning or severe behavioral disabilities from a major urban center, what services can be established to prevent this individual from entering the youth correctional facility? If there are significant spikes in commitment between the ages of 15 and 17, what can be done during the middle school years and before to ensure that proper screening and intervention takes place before delinquency acts are committed? But, perhaps more importantly, what is the earliest point that these youth can be identified and receive appropriate services? Also, what can be done to raise the level of awareness about this disturbing problem, the social and financial costs involved, the need for early identification and the crucial role the educational system plays? These and other policy related questions must be explored to curb the over-representation of special needs students among incarcerated youth, and gradually shift funding from

incarceration to early intervention and other prevention programs.

The Ohio Coalition for the Education of Children with Disabilities is committed to working with state officials and other stakeholders to address these and related questions and, in the process, to educate and inform policy makers and then to advocate for system changes that will reduce incarceration rates for children with disabilities.

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Christle, Christine A., Jolivet, Kristine, & Nelson, Michael C. (2002) Prevention of Antisocial and Violent Behavior in Youth: A Review of the Literature. College Park, MD: The National Center on Education, Disability and Juvenile Justice. Available online: www.edjj.org/prevention

Christle, Christine A., Jolivet, Kristine, & Nelson, Michael C. (2000) Youth Aggression and Violence: Risk, Resilience, and Prevention (ERIC Digest #E802). Arlington, VA: ERIC Clearinghouse on Disabilities and Gifted Education. Retrieved June 30, 2004 from www.ericfacility.net/ericdigests/ed449632.html

Dwyer, K. & Osher, D. (2000) Safeguarding our Children: An Action Guide. Washington, D.C.: U.S. Departments of Education and Justice, American Institutes for Research.

Leone, Peter, Quinn, Mary, & Osher, David (2002) Collaboration in the Juvenile Justice System and Youth Serving Agencies: Improving Prevention, Providing More Efficient Services, and Reducing Recidivism for Youth with Disabilities. Washington, DC: Center for Effective Collaboration and Practice, and College Park, MD: The National Center on Education, Disability and Juvenile Justice. Available online: www.air.org/cecp and www.edjj.org

Leone, Peter E., Christle, Christine A., Nelson, Michael C., Skiba, Russell, Frey, Andy, & Jolivet, Kristine. (2003 October 15). School Failure, Race, and Disability: Promoting Positive Outcomes, Decreasing Vulnerability for Involvement with the Juvenile Delinquency System. College Park, MD: The National Center on Education, Disability and Juvenile Justice. Retrieved June 17, 2004 from www.edjj.org/publications

Lyon, G. Reid, Fletcher, Jack M., Shaywitz, Sally E., Shaywitz, Bennett A., Torgesen, Joseph K., Wood, Frank B, Schulte, Ann & Olsen, Richard S. (2001). Rethinking Learning Disabilities. Rethinking Special Education for a New Century. Progressive Policy Institute & The Thomas B. Fordham Foundation, 259-287. Available online: www.edexcellence.net

National Council on Disability (2003). Addressing the Needs of Youth with Disabilities in the Juvenile Justice System: The Current Status of Evidence-Based Research. Retrieved July 2, 2004 from www.nod.gov/newsroom/publications/juvenile.html

Shaywitz, Bennett A., Shaywitz, Sally E., Smith, Carl R., Esposito, Joan, & Gregg, Soleil (2002) Advocating for Children with Disabilities in the Juvenile Justice System. Washington, D.C.: Center for Effective Collaboration and Practice, and College Park, MD: The National Center on Education, Disability and Juvenile Justice. Available online: www.air.org/cecp and www.edjj.org

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