

## Major Federal Early Learning Programs

### *Head Start & Early Head Start Programs*

<b>Department and Agency</b>	HHS Office of Head Start (OHS) in Administration for Children and Families (ACF)
<b>Purpose</b>	Promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to low-income children and families.
<b>Grant Mechanism</b>	Grants are awarded competitively to local agencies.
<b>Description</b>	<ul style="list-style-type: none"> <li>• Head Start supports comprehensive child development services to economically disadvantaged children and families with a focus on helping preschoolers develop the education and skills required to be successful in school.</li> <li>• Early Head Start enhances children's physical, social, emotional, and intellectual development; assists pregnant women to access comprehensive prenatal and postpartum care; and supports parents' efforts to fulfill their parental roles.</li> </ul>
<b># children served and/or # of projects</b>	Head Start (3-5 year olds) = 837,764 Early Head Start (0-3 year olds) = 66,389 (Data is from FY 2009 and excludes 61,000 additional children through ARRA – 13,000 in Head Start and 48,000 in Early Head Start)
<b>Population served</b>	Head Start serves low income children age three to five and their families. Early Head Start serves low-income infants and toddlers (0-3), pregnant women and their families.
<b>Funding</b>	FY '10 = \$7.2 billion ARRA = \$2.1 billion FY '11 request = \$8.2 billion
<b>Collaboration</b>	Head Start agencies are required in statute to collaborate with a range of entities, including for example Pre-K programs, child care programs, local educational agencies, the local school system, and other agencies that would improve the quality of services to Head Start children and families.
<b>Performance Measure Goals/Objectives</b>	<ul style="list-style-type: none"> <li>• Increase the percentage of Early Head Start children completing all medical screenings.</li> <li>• Increase the percentage of parents of children in their pre-kindergarten Head Start year who report reading to child three times per week or more, as measured in the spring of their pre-kindergarten Head Start year.</li> <li>• Increase the percentage of classrooms scoring above a target threshold on an observational measure of</li> </ul>

	<p>teacher-child interaction.</p> <ul style="list-style-type: none"> <li>• Increase the percentage of Head Start teachers with AA, BA, Advanced Degree, or a degree in a field related to early childhood education.</li> <li>• Reduce the number of grantees with repeat deficiencies through the provision of targeted technical assistance.</li> <li>• Decrease under-enrollment in Head Start programs, thereby increasing the number of children served per dollar.</li> </ul>
<p><b>Technical Assistance / Quality Improvement</b></p>	<ul style="list-style-type: none"> <li>• The Head Start Act requires that 2.5 percent of the total appropriation be reserved for T/TA.</li> <li>• TTA funds support five national T/TA centers, a State-based TTA system, and other national initiatives such as training on the Classroom Assessment Scoring System (CLASS).</li> <li>• If the appropriation provides sufficient funds to reach the Quality Improvement provision of the allocation formula in the Head Start Act, funds are made available for such activities as increased staff compensation, improving staff qualification and staff training.</li> </ul>
<p><b>Monitoring</b></p>	<ul style="list-style-type: none"> <li>• Grantees have an onsite federal monitoring review to assess their compliance with all requirements governing Head Start programs.</li> <li>• Reviews occur at least once every three years and after completion of a program’s first year of operation. Follow-up reviews occur if there were areas of deficiency or noncompliance.</li> <li>• Targeted reviews, including unannounced visits, occur as appropriate.</li> </ul>

*Home Visiting*

<b>Department and Agency</b>	HHS Health Resources and Services Administration, Maternal and Child Health Bureau (HRSA/MCHB) and Administration for Children and Families (ACF)
<b>Purpose</b>	To strengthen and improve maternal and child health programs carried out under Title V of the Social Security Act (Maternal and Child Health Services); improve service coordination for at-risk communities; and identify and provide comprehensive evidence-based home visiting services to families who reside in at-risk communities.
<b>Grant Mechanism</b>	In FY 2010, grants to States and Jurisdictions awarded by formula (expect to award some portion competitively in future years).  Tribal grants awarded competitively.
<b>Description</b>	<p>The Maternal, Infant, and Early Childhood Home Visiting Program will enable grantees to provide high-quality, evidence-based home visiting programs to deliver services that promote outcomes such as improvements in maternal and prenatal health, infant health, and child health and development; reduced child maltreatment; improved parenting practices related to child development outcomes; improved school readiness; improved family socio-economic status; improved coordination of referrals to community resources and supports; and reduced incidence of injuries, crime, and domestic violence.</p> <p>Under the home visiting program, grantees will deliver effective evidence-based early childhood home visiting programs to pregnant women, expectant fathers, and primary caregivers of young children birth to kindergarten entry in communities identified through statewide needs assessments as being at risk. HRSA and ACF intend that the home visiting program will result in a coordinated system of early childhood home visiting, which has the capacity to provide infrastructure and supports to assure high-quality, evidence-based practice, in every State. The program is also intended to assure effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to children and families. The program plays a crucial role in the national effort to build quality, comprehensive State- and community-wide early childhood systems for pregnant women, parents and caregivers, and young children and, ultimately, to improve health and development outcomes.</p> <p>The program will allow for experimentation with new models and evaluation of both new and existing approaches so that, over time, policy makers and practitioners will have better information about which</p>

	<p>approaches work best; how different approaches work for different kinds of target populations or targeted outcomes; and the relative costs and benefits of different models.</p>
<p><b># children served and/or # of projects</b></p>	<p>State Program grants awarded to all 50 States, DC, and 5 Territories (PR, GU, AS, USVI, and CNMI)</p> <p>Tribal Program grants awarded to 13 entities, including six Tribes, one Consortium of five Tribes, three Tribal Organizations, and three Urban Indian Organizations. An additional 5 grants will be awarded in early FY 2011.</p>
<p><b>Population served</b></p>	<p>Eligible families include pregnant women, expectant fathers, parents, and primary caregivers of children aged birth through kindergarten entry, including grandparents or other relatives of the child, foster parents who are serving as the child's primary caregiver, and non-custodial parents who have an ongoing relationship with, and at times provide physical care for, the child.</p>
<p><b>Funding</b></p>	<p>FY 2010 = \$100 million  FY 2011 = \$250 million  FY 2012 = \$350 million  FY 2013 = \$400 million  FY 2014 = \$400 million</p> <p>3 percent set aside for grants to Tribes, Tribal Organizations, and Urban Indian Organizations  3 percent set aside for research, evaluation, and technical assistance related to corrective action plans</p>
<p><b>Collaboration</b></p>	<p>The ACA legislation requires that HRSA and ACF collaborate on all aspects of implementation of this program. HRSA is the administering agency for the State program grants, and ACF is the administering agency for the Tribal program grants. Both agencies are involved in policy development and planning, technical assistance and monitoring, and research and evaluation activities.</p> <p>In conducting needs assessments to plan for implementation of a statewide home visiting program, States were required to coordinate with the Title V Maternal and Child Health Service Block Grant needs assessment, the local community assessments conducted by Head Start grantees under the Head Start Act, and the assessment of community needs, resources, and supports conducted under Title II of the Child Abuse Prevention and Treatment Act (CAPTA). As part of their initial applications and in submitting their needs assessments, States were required to submit letters of concurrence and demonstrate collaboration with several partners, including the Title V agency, the Head Start State Collaboration Office, the Single State Agency for Substance Abuse, the Family Violence Prevention Services agency, the child care agency, the agency administering Title II of CAPTA, the State Early Childhood Advisory Councils, the child welfare agency, the IDEA-administering</p>

	agencies, and others. HRSA and ACF have communicated the expectation that the relationships between the various collaborating partners shall be ongoing as the program is developed and implemented.
<b>Performance Measure Goals/Objectives</b>	Process and outcome measures are under development at this time.
<b>Technical Assistance / Quality Improvement</b>	The technical assistance plan is under development at this time.
<b>Monitoring</b>	The monitoring plan is under development at this time. States are required to meet improvement requirements in 4 of 6 legislatively mandated benchmark areas in Year 3 or develop a corrective action plan for meeting benchmark requirements in Year 5.

*Child Care and Development Fund (CCDF)*

<b>Department and Agency</b>	HHS Office of Child Care (OCC) in Administration for Children and Families (ACF)
<b>Purpose</b>	Provide child care assistance to low-income families so they can work or attend training & education, and improve the quality of child care in support of children’s learning and development.
<b>Grant Mechanism</b>	Formula block grants to States, Territories, and Tribes
<b>Description</b>	<ul style="list-style-type: none"> <li>• Subsidized child care services are available to eligible families through certificates (vouchers), or grants and contracts with providers.</li> <li>• Parents may select a child care provider that satisfies any applicable State and local requirements, including basic health and safety requirements.</li> <li>• A minimum of 7 percent of CCDF funds (statutory 4 percent minimum plus additional targeted funds in appropriations law) must be used to improve the quality of child care.</li> <li>• To improve the quality of available child care, CCDF Lead Agencies provide training, grants and loans to providers, improved monitoring, compensation projects, and other innovative programs. Many Lead</li> </ul>

	Agencies are making systemic investments, such as developing quality rating and improvement systems and professional development systems.
<b># children served and/or # of projects</b>	Birth to under age 13 (or under age 19 if incapable of self-care or under court supervision) = 1.6 million (average monthly in FY 2008). Of the children served: 30% are birth to under age 3; 25% are age 3 to under age 5; 10% are age 5; and 34% are age 6 to under age 13.
<b>Population served</b>	Subsidies are provided to low income families (under 85% of State Median Income or a lower threshold set by the State) who are working or attending job training or education, or children who are in need of protective services. To receive a subsidy, children must be under age 13 (or under age 19 if incapable of self-care or under court supervision). Quality improvement expenditures are for the general child care market and are not limited to children receiving subsidies.
<b>Funding</b>	FY '10 = \$5 billion ARRA = \$2 billion (FY2009) FY '11 request = \$6.6 billion
<b>Collaboration</b>	In developing the biennial CCDF Plan, the Lead Agency must consult with the appropriate representatives of local government, and coordinate the provision of services with other Federal, State, and local early childhood development programs, including such programs for the development of Indian children. The Lead Agency must coordinate with the agencies responsible for public health (including immunizations), employment services/workforce development, public education, and Temporary Assistance for Needy Families (TANF).
<b>Performance Measure Goals/Objectives</b>	<p>High Priority Performance Goals:</p> <ul style="list-style-type: none"> <li>• Increase the number of low-income children receiving Federal support for access to high quality early care and education settings, including through CCDF.</li> <li>• Strengthen the quality of early childhood programs by expanding the number of States with Quality Rating and Improvement Systems that meet high quality benchmarks for Child Care and other early childhood programs.</li> </ul> <p>GPRA Measures proposed for FY2012:</p> <ul style="list-style-type: none"> <li>• Maintain the proportion of children served through CCDF and other child care funding as compared to the number of children in families with income equal to or less than 85 percent of State Median Income.</li> <li>• Increase the number of States that implement professional development systems that meet benchmarks for providing a career path for early care and afterschool educators.</li> <li>• Increase the number of States that have implemented State early learning guidelines in literacy, language, pre-reading, and numeracy for children ages three to five that align with State K-12 standards and are linked to the education and training of caregivers, preschool teachers, and administrators.</li> <li>• Increase the number of States with the ability to track and report data on the quality of care received by children in the CCDF subsidy program.</li> </ul>

<b>Technical Assistance / Quality Improvement</b>	A quarter of 1 percent of funds are reserved for technical assistance to support States, Territories, and Tribes in administering the CCDF program in order to provide low-income families with child care assistance, to improve the quality of child care, and to promote coordination among early childhood development and afterschool programs.
<b>Monitoring</b>	<ul style="list-style-type: none"> <li>• <i>CCDF Plan</i> – Submission of the biennial CCDF Plan describes administration of the CCDF program, and includes reporting of Lead Agency actions to prevent, measure, reduce and collect improper payments.</li> <li>• <i>Error Rate Reporting</i> – Lead Agencies conduct case records reviews to detect and reduce errors associated with eligibility determination to ensure that families receiving subsidies are eligible.</li> <li>• <i>Audits</i> – Lead Agencies are required to have an audit conducted at the close of each program period in accordance with OMB Circular A-133.</li> <li>• <i>Financial and Administrative Reporting</i> – Lead Agencies must submit quarterly Financial Reports indicating the status of expenditures and uses of funds. Lead Agencies also submit administrative data reports on the number of children served and the characteristics of services and recipients.</li> </ul>

*Special Education Grants for Infants, Toddlers, and their Families (Part C of IDEA)*

<b>Department</b>	ED
<b>Agency</b>	Office of Special Education Programs (OSEP) in the Office of Special Education and Rehabilitative Services (OSERS)
<b>Purpose</b>	Enhance the development of infants and toddlers with disabilities and enhance the capacity of families to meet the special needs of their infant or toddler with a disability.
<b>Structure</b>	States have the flexibility to choose the lead agency that administers the IDEA, Part C program. In approximately 25 percent of the States, the lead agency is the State educational agency, approximately 50 percent is the Health State agency, and approximately 25 percent is other social services State agencies. Formula grants are distributed to the State Lead Agency, which ensures delivery of services, often through contractual arrangement with provider networks.
<b>Description</b>	<ul style="list-style-type: none"> <li>• Provides formula grants to assist States in maintaining and implementing statewide systems of coordinated, comprehensive, multidisciplinary, interagency programs of early intervention services for infants and toddlers with disabilities and their families.</li> <li>• States are responsible for making early intervention services available to eligible children and families.</li> </ul>

	<ul style="list-style-type: none"> <li>• States also may elect to provide services to infants and toddlers who are at risk of having substantial developmental delays if appropriate early intervention services are not provided.</li> <li>• The IDEA requires that States provide early intervention services in natural environments, which are most often home or community settings where children without disabilities participate.</li> <li>• Early intervention services most often include service coordination, family training and counseling, speech, occupational therapy, and physical therapy and are provided consistent with an individualized family service plan (IFSP).</li> </ul>
<b># children served and/or # of projects</b>	Birth to 3 year olds = 342,985 (December 2008)
<b>Population served</b>	Eligible children are infants and toddlers (1) experiencing developmental delay in 1 or more areas of development or (2) that have a diagnosed condition that has a high probability of resulting in developmental delay. States may also elect to provide services to infants and toddlers who are at risk of having developmental delays if early intervention services are not provided. New provision in IDEA '04 gives States the option to extend Part C services beyond age 3.
<b>Funding</b>	FY '10 = \$439.4 million ARRA = \$500 million FY '11 request = \$439.4 million
<b>Collaboration</b>	The purpose of Part C is to develop statewide systems for early intervention, several key components of program center on collaboration: <ul style="list-style-type: none"> <li>• multidisciplinary evaluations;</li> <li>• service coordination,</li> <li>• child find;</li> <li>• interagency agreements outlining financial responsibilities of different agencies;</li> <li>• a State interagency coordinating council that includes membership from parents, service providers, representatives from the state Medicaid agency, Head Start, Child Care, Foster Care, Mental Health, etc . . .</li> </ul>
<b>Performance Measure Goals/Objectives</b>	To enhance the development of infants and toddlers (birth to three) with disabilities and support families in meeting the special needs of their child. 1) The functional development of infants and toddlers with disabilities will be enhanced by early intervention services; and 2) All infants and toddlers with disabilities and their families will receive early intervention services in natural environments that meet their individual needs.

<p><b>Technical Assistance and/or Quality Improvement</b></p>	<ul style="list-style-type: none"> <li>• IDEA includes specific technical assistance authority funded under Part D section 663.</li> <li>• The State Performance Plan and Annual Performance Report, required under section 616 of the IDEA, require States to establish baseline, targets and improvement activities around specific indicators, such as child find, family capacity, early childhood outcomes and timely initial evaluations. States submit annual reports detailing their progress in meeting their targets.</li> </ul>
<p><b>Monitoring</b></p>	<p>The State must monitor the implementation of Part C, enforce Part C and annually report on performance under Part C. The primary focus of the State’s monitoring activities must be on:</p> <ul style="list-style-type: none"> <li>• Improving early intervention results and functional outcomes for all children with disabilities; and</li> <li>• Ensuring that public agencies meet the program requirements under Part C of the Act, with a particular emphasis on those requirements that are most closely related to improving early intervention results for children with disabilities.</li> </ul> <p>As a part of its responsibilities the State must measure program performance and report in the State Performance Plan and Annual Performance Report, using quantifiable indicators and qualitative indicators, as needed, to adequately measure performance in these priority areas:</p> <ul style="list-style-type: none"> <li>• Provision of early intervention services in natural environments.</li> <li>• State exercise of general supervision, including child find, effective monitoring, the use of resolution meetings, mediation, and a system of early childhood transition services.</li> </ul>

*Special Education Preschool Grants (Section 619 of IDEA)*

<b>Department</b>	ED
<b>Agency</b>	Office of Special Education Programs (OSEP) in the Office of Special Education and Rehabilitative Services (OSERS)
<b>Purpose</b>	Ensuring preschoolers with disabilities enter school ready to succeed.
<b>Structure</b>	Formula grants are distributed to the State Education Agencies (SEA). The SEA then distributes grants to LEAs based on a formula articulated in the statute.
<b>Description</b>	<ul style="list-style-type: none"> <li>• Provides formula grants to States to make available special education and related services for 3 through 5-year-old children with disabilities.</li> <li>• The Preschool Grants program supplements funds provided under the IDEA Grants to States program and supports early childhood programs that provide services needed to prepare young children with disabilities to enter and succeed in school.</li> </ul>
<b># children served or # of projects</b>	3 – 5 year olds = 709,004 (Dec 2008)
<b>Population served</b>	Children with disabilities (age 3 through 5) as defined under IDEA: a child in need of special education and related services---(1) with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbances, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; or (2) at the state’s discretion a child 3 through 5 experiencing developmental delays in or more areas of development (physical, cognitive, communication, social/emotional, or adaptive).
<b>Funding</b>	FY '10 = \$374.1 million ARRA = \$400 million FY '11 request \$374.1 million
<b>Collaboration</b>	<ul style="list-style-type: none"> <li>• Children with disabilities must receive special education and related services in the least restrictive environment and must have access to the general education curriculum.</li> <li>• In developing Individualized Education Plans (IEPs) for preschoolers served under IDEA, service providers need to work with typical early childhood programs and providers as appropriate.</li> <li>• Interagency collaboration most frequently occurs between IDEA preschool programs and Head Start, State Child Care and Development Fund programs, and State Maternal and Child Health.</li> <li>• To ensure that special education and related services are provided in the least restrictive environment, many preschool children with disabilities are served in private preschool programs since most States do not have mandated preschool for all children.</li> </ul>

<p><b>Performance Measure Goals/Objectives</b></p>	<p>To help preschool children with disabilities enter school ready to succeed by assisting states in providing special education and related services.            1) Preschool children with disabilities will receive special education and related services that result in increased skills that enable them to succeed in school.</p>
<p><b>Technical Assistance and/or Quality Improvement</b></p>	<ul style="list-style-type: none"> <li>• IDEA includes specific technical assistance authority funded under Part D section 663.</li> <li>• The State Performance Plan and Annual Performance Report, required under section 616 of the IDEA, require States to establish baseline, targets and improvement activities around specific indicators, such as child find, family capacity, early childhood outcomes and timely initial evaluations. States submit annual reports detailing their progress in meeting their targets.</li> </ul>
<p><b>Monitoring</b></p>	<p>The State must monitor the implementation of Part B, enforce Part B and annually report on performance under Part B. The primary focus of the State’s monitoring activities must be on:</p> <ul style="list-style-type: none"> <li>• Improving educational results and functional outcomes for all children with disabilities; and</li> <li>• Ensuring that public agencies meet the program requirements under Part B of the Act, with a particular emphasis on those requirements that are most closely related to improving educational results for children with disabilities.</li> </ul> <p>As a part of its responsibilities the State must measure LEA performance and report in the State Performance Plan and Annual Performance Report, using quantifiable indicators and qualitative indicators, as needed, to adequately measure performance in these priority areas:</p> <ul style="list-style-type: none"> <li>• Provision of a free appropriate public education (FAPE) in the least restrictive environment (LRE).</li> <li>• State exercise of general supervision, including child find, effective monitoring, the use of resolution meetings, mediation, and a system of early childhood and secondary transition services</li> <li>• Disproportionate representation of racial and ethnic groups in special education and related services, to the extent the representation is the result of inappropriate identification.</li> </ul>

*Special Education Grants to States (Part B of IDEA)*

<b>Department and Agency</b>	ED Office of Special Education Programs (OSEP) in the Office of Special Education and Rehabilitative Services (OSERS)
<b>Mission / Purpose</b>	Ensure all children with disabilities have available to them a free appropriate public education to help them meet challenging standards and prepare them for independent living and post-secondary education and/or competitive employment by assisting state and local education agencies and families.
<b>Structure</b>	Formula grants are distributed to the State Education Agencies (SEA). The SEA then distributes grants to LEAs based on a formula articulated in the statute.
<b>Description</b>	<ul style="list-style-type: none"> <li>• Provides formula grants to help meet the excess costs of providing special education and related services to children with disabilities age 3 through 21, including preschool children age 3 through 5.</li> <li>• Funds are predominantly used to support special education teachers and related service providers to ensure that children with disabilities received needed services to address their unique needs.</li> </ul>
<b># children served and/or # of projects</b>	3- 21 year olds = 6,598,854 3 -5 year olds = 709,004 6-11year olds = 2,685,428 (Dec 2008)
<b>Population served</b>	Children with disabilities as defined under IDEA: a child in need of special education and related services---(1) with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbances, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities or (2) at the state's discretion a child 3 through 9 experiencing developmental delays in or more areas of development (physical, cognitive, communication, social/emotional, or adaptive).
<b>Funding (in millions)</b>	FY 10 = \$11.5 Billion ARRA = \$11.3 Billion FY '11 request = \$11.76 Billion
<b>Collaboration</b>	<ul style="list-style-type: none"> <li>• Children with disabilities are served predominantly in regular schools and in general education classrooms. Therefore, there must be close collaboration between general and special education.</li> <li>• Children with disabilities must receive special education and related services in the least restrictive environment and must have access to the general education curriculum.</li> </ul>

	<ul style="list-style-type: none"> <li>• In developing Individualized Education Plans (IEPs) for children served under IDEA, service providers need to work with general educators.</li> <li>• Secondary transition requires collaboration between schools and post-school agencies such as community colleges, colleges, potential work sites, etc.</li> </ul>
<p><b>Performance Measure Goals/Objectives</b></p>	<p>Ensure all children with disabilities have available to them a free appropriate public education to help them meet challenging standards and prepare them for postsecondary education and/or competitive employment and independent living by assisting state and local educational agencies and families.</p> <ol style="list-style-type: none"> <li>1) All children with disabilities will meet challenging standards as determined by national and state assessments with accommodations as appropriate;</li> <li>2) Secondary school students will complete high school prepared for postsecondary education and/or competitive employment; and</li> <li>3) All children with disabilities will receive a free appropriate public education.</li> </ol>
<p><b>Technical Assistance and/or Quality Improvement</b></p>	<ul style="list-style-type: none"> <li>• IDEA includes specific technical assistance authority funded under Part D section 663.</li> <li>• The State Performance Plan and Annual Performance Report, required under section 616 of the IDEA, require States to establish baseline, targets and improvement activities around specific indicators, such as child find, family capacity, early childhood outcomes and timely initial evaluations. States submit annual reports detailing their progress in meeting their targets.</li> </ul>
<p><b>Monitoring</b></p>	<p>The State must monitor the implementation of Part B, enforce Part B and annually report on performance under Part B. The primary focus of the State’s monitoring activities must be on:</p> <ul style="list-style-type: none"> <li>• Improving educational results and functional outcomes for all children with disabilities; and</li> <li>• Ensuring that public agencies meet the program requirements under Part B of the Act, with a particular emphasis on those requirements that are most closely related to improving educational results for children with disabilities.</li> </ul> <p>As a part of its responsibilities the State must measure LEA performance and report in the State Performance Plan and Annual Performance Report, using quantifiable indicators and qualitative indicators, as needed, to adequately measure performance in these priority areas:</p> <ul style="list-style-type: none"> <li>• Provision of a free appropriate public education (FAPE) in the least restrictive environment (LRE).</li> <li>• State exercise of general supervision, including child find, effective monitoring, the use of resolution</li> </ul>

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	<p>meetings, mediation, and a system of early childhood and secondary transition services</p> <ul style="list-style-type: none"><li>• Disproportionate representation of racial and ethnic groups in special education and related services, to the extent the representation is the result of inappropriate identification.</li></ul>
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