January 2009

Facts from SEELS

Perspectives on Students' Disability Classifications

Classification of students according to their primary disability has been a part of special education practice since the passage of the Education for All Handicapped Children Act in 1975. Primary disability is usually understood to be a student's major or overriding disability condition. When a student has more than one impairment or condition, the one that is most disabling typically is identified as "primary." The Individuals with Disabilities Education Act of 2004 (IDEA 2004) enumerates 12 such primary disability classifications. In order of their prevalence in 2004, these categories are specific learning disabilities, speech or language impairments, mental retardation, emotional disturbance, other health impairments, multiple disabilities,[1] autism, hearing impairments (including deafness), orthopedic impairments, visual impairments (including blindness), traumatic brain injury, and deaf-blindness (U.S. Department of Education, 2005). States may include a 13th category, developmental delay, for children ages 3 through 9.

Because primary disability classification focuses on one or more key characteristics shared by students within a given category, application of the resultant classifications can be very useful for some purposes. For example, they provide a first cut for districts and schools to plan for educational and professional service needs, and they provide standard groupings for monitoring and research (e.g., for the IDEA Child Count). However, classification of students by their primary disability has been controversial, with critics arguing that it minimizes the heterogeneity of students within each category, that it fosters incoherence in services for students, and that it can lead to self-fulfilling prophecies by causing teachers to focus on only particular aspects of students' performance or behavior while ignoring others.

Data from the Special Education Elementary Longitudinal Study (SEELS) can provide important perspectives for examining the use of primary disability classifications, as the SEELS data include responses from both school personnel and parents to questions about students' disabilities. Conducted by SRI International for the Office of Special Education Programs of the U.S. Department of Education, SEELS studied a nationally representative sample of more than 11,000 youth who on December 1, 1999, were ages 6 through 12 and receiving special education services. SEELS collected three waves of data from the parents of SEELS sample members, as well as from their language arts

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Office of Special Education Programs

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[1] The category "multiple disabilities" is used to classify students with "concomitant impairments (such as mental retardation-blindness, mental retardation-orthopedic impairments, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness" [34 Code of Federal Regulations §300.7(c)(7)] .

teachers and other school staff.[2] SEELS data are weighted to represent students with disabilities nationally as a group, as well as students in each of 12 federal special education disability classifications.[3] See http://www.seels.net for more information about SEELS.

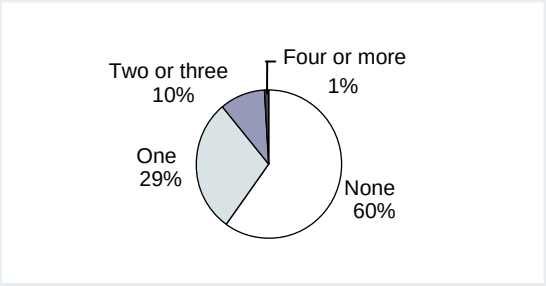
This fact sheet provides perspectives on students' primary disability classifications by examining (1) their secondary disabilities, (2) the extent of agreement between schools and parents regarding students' primary disabilities, and (3) the extent of change in students' primary disability classifications over time.

How Often Is a Primary Disability the Only Disability Identified?

Many educators and parents know from their own experiences that it is not uncommon for students who have a disability to have more than one; however, *the proportion* of students with disabilities receiving special education services who have more than one disability is not widely known. To investigate this issue, contact persons at the respective school or schools of each student in the SEELS sample were mailed a checklist of disabilities as part of a questionnaire that was to be completed by either a teacher or another school staff member who knew the student well. Using the list, respondents were asked to indicate the student's primary disability, as well as all the student's other disabilities.[4] In this fact sheet, responses to these questions are used for reporting students' primary disability classifications and their *additional* or *secondary* disabilities. (The instructions did not specify what information respondents were to use in answering the questions. Thus, some respondents may have consulted students' IEPs, whereas others may have used their own subjective judgment. In addition, for some students with more than one disability, identification of which disability was primary may not have been clear cut; however, SEELS did not request information about how respondents resolved such cases.)

According to teachers or other school staff, a substantial minority of students with disabilities have more than one disability (Exhibit 1).[5]

Exhibit 1. Percentages of Students with Additional (Nonprimary) Disabilities, as Reported by School Staff



Source: Data collected through SEELS Wave 1 Student's School Program Questionnaire.

[2] SEELS also conducted direct assessments of students using standardized tests; however, data from such assessments are not used in this fact sheet.

[3] SEELS did not include "developmental delay" as a category because of its age restriction and because it was not used by all states. SEELS reclassified students who were classified by their district as having "developmental delay" into one of the other 12 disability categories, on the basis of information obtained during the SEELS Wave 1 parent interview.

[4] For this item, the Student's School Program Questionnaire instructions were, "Please mark ***all*** of this student's disabilities," and then, "Please mark the student's ***primary*** disability."

[5] Only Wave 1 results are reported in this section. Responses regarding secondary disabilities in Waves 2 and 3 of SEELS varied little relative to Wave 1.

- Forty percent of elementary and middle school students with disabilities receiving special education services were reported to have at least one additional (nonprimary) disability. Among those students, the majority were reported to have only one additional disability; about one-fourth (10% of all students with disabilities) were reported to have two or three additional disabilities, and relatively few were reported to have four or more additional disabilities.[6]

The severity of these additional disabilities and the extent to which they would qualify a student for special education services in the absence of his or her primary disability cannot be deduced from available data.

Reports of additional disabilities were found within each primary disability classification shown in the exhibit below; however, the proportions of students having the various numbers of additional disabilities varied strikingly across those categories (Exhibit 2).[7] For example:

- Where the primary disability was reported as specific learning disabilities, speech or language impairments, other health impairments, or visual impairments, more than half of those students were reported to have no additional disabilities. For students reported to have each of the remaining primary disabilities shown in the exhibit, only about a third or fewer of students were reported to have no additional disabilities.

Extent of Agreement Between School and Parent Reports of Students' Disabilities

As indicated earlier, in SEELS, parents as well as school staff were asked to indicate their children's disabilities.[8] In this section, these parent reports are compared with school staff reports in the Wave 1 questionnaires described earlier.[9] In interpreting the results of these comparisons, it is important to bear in mind that parents and school staff are likely to have different foci in reporting a child's disabilities. Parents may be likely to follow a medical model, reporting all of a child's medically diagnosed disabilities—even those that do not necessarily affect the child's education—and disregarding those that have not been diagnosed by a physician. In contrast, teachers and other school staff members may be more likely to focus on and report disabilities that affect a student's education. They may even be unaware of certain medical disabilities. For example, a heart condition that is being followed medically, but that is not

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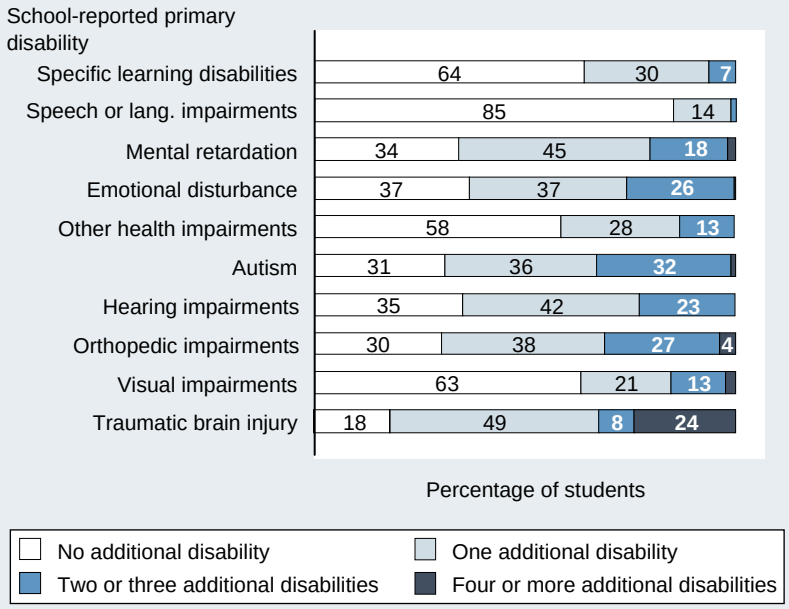
[6] Sample sizes for this exhibit and all other exhibits in this fact sheet are presented on the final page of this report.

[7] Although students with multiple disabilities or deaf-blindness were included in the SEELS sample, data for those categories are not presented in this fact sheet where analyses disaggregate students by disability classification. "Multiple disabilities" was omitted because the category was not included in Wave 1 or 2 of the SEELS Student's School Program Survey Questionnaire. "Deaf-blindness" was omitted because the relatively small number of SEELS students in the category did not permit reliable representation of their results in isolation.

[8] Parents were asked during interviews to enumerate all their children's disabilities and then were asked to indicate which one was the main disability.

[9] Results using Wave 2 and Wave 3 data are substantially the same as the results reported here.

Exhibit 2. Number of Additional (Nonprimary) Disabilities as Reported by School Staff



Note: Graphic does not display results of <1%. Total of entries for a display category may not sum to 100% due to rounding. Percentage numbers are not shown when <3%.

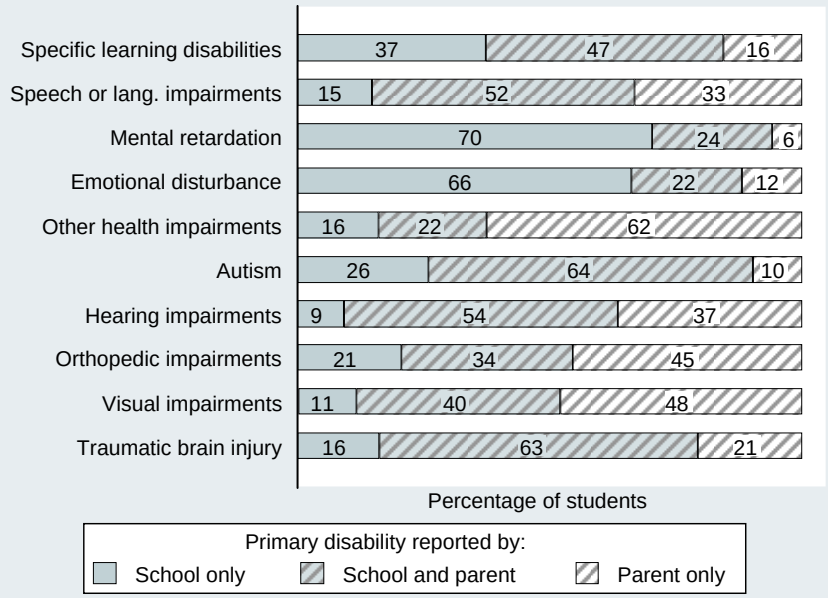
Source: Data collected through SEELS Wave 1 Student's School Program Questionnaire.

currently affecting a child's performance in the education setting, may be more likely to be reported by a parent than by school staff.

The extent of congruence between school and parent reports of students' primary disability is presented in Exhibits 3 and 4. Both exhibits include only students for whom some report of primary disability was obtained from both the parent and the school. In Exhibit 3, each bar includes all students for whom the named disability was reported by either of those sources. For example, the first bar includes students whose primary disability was reported as specific learning disabilities by the parent and/or the school (and for whom primary disability data were available from both sources). Specific learning disabilities were reported as the primary disability by both the parent *and* the school *(congruence)* for 47% of this group of students, by the school only for 37%, and by the parent only for 16%.

The extent of congruence between school and parent reports varied considerably depending on the disability, ranging from 22% for students whose primary disability was reported by both sources either as emotional disturbance or as other health impairments to 64% for students whose primary disability was reported by both sources as autism (Exhibit 3). Contrary to what one might expect, there was not a particularly high degree of congruence between parent and school reports regarding primary disabilities that are often considered to be assigned by using objective measures—for example, hearing impairments, orthopedic impairments, or visual impairments. In general, school staff were more likely to report disabilities with a cognitive, behavioral, or strictly

Exhibit 3. School and Parent Reports of Students' Primary Disabilities



Note: Each bar in the graphic represents only students reported by either the school or the parent to have the specified disability as primary.

Source: Data collected through SEELS Wave 1 Student's School Program Questionnaire and Wave 1 parent interviews.

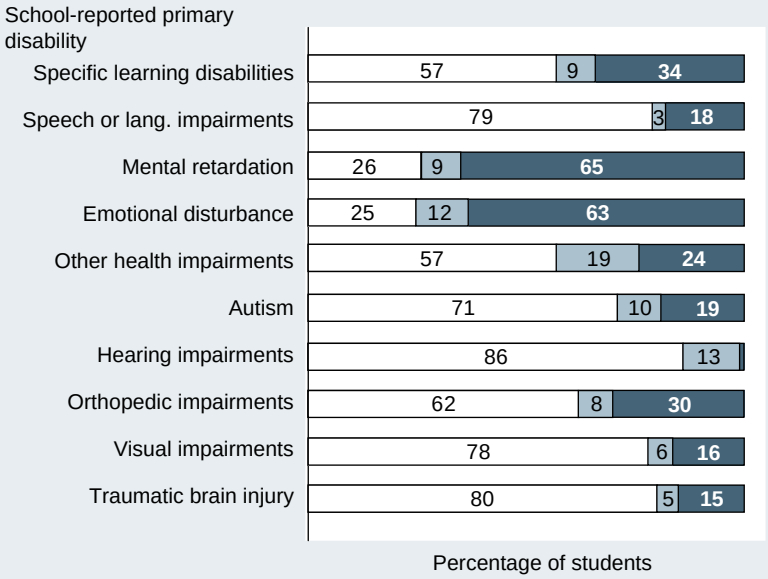
educational component, whereas parents were more likely to report disabilities relating to the senses or physical health.

- School staff were more likely than parents to report specific learning disabilities, mental retardation, emotional disturbance, and autism.
- Parents were more likely than schools to report their children as having the following disabilities: speech or language impairments, other health impairments, hearing impairments, orthopedic impairments, and visual impairments.

When parents reported a student's primary disability to be speech or language impairments, other health impairments, hearing impairments, orthopedic impairments, or visual impairments, but schools did not concur (33% to 62% of the cases for each of these disabilities), the primary disability classifications most commonly reported by schools were specific learning disabilities and, to a lesser extent, mental retardation. Emotional disturbance and other health impairments were fairly commonly reported by schools as the primary disability classifications for students whose parent-reported primary disability was other health impairments or orthopedic impairments, respectively.

Given the extent of disagreement between schools and parents in the data just reported, SEELS also investigated congruence in another way: by examining how many parents indicated that their child had the school-reported primary disability at all (as a primary or secondary disability). With the exception of students with hearing impairments, nontrivial percentages of students in each

Exhibit 4. Agreement of Parent Report with School Report with School Report of Student's Primary Disability



Note: Percentage numbers are not shown when <3%

Source: Data collected through SEELS Wave 1 Student's School Program Questionnaire and Wave 1 parent interviews.

school-reported primary disability category were reported by their parents as not having the respective disability at all (Exhibit 4).

- The greatest discrepancies between respective parent and school reports of students' primary disability classifications concerned specific learning disabilities, orthopedic impairments, mental retardation, and emotional disturbance. Approximately one-third of students classified by the school source as having either specific learning disabilities or orthopedic impairments, and about two-thirds of students whose school reported them to have either mental retardation or emotional disturbance, were reported by parents not to have the school-reported disability at all.

As stated earlier, some of the school-parent discrepancies may have resulted from differences in schools' and parents' foci. Other discrepancies may reflect parents' perceptions of the social acceptability or unacceptability of particular labels; for example, some parents may consider ADHD (which is included in the "other health impairments" disability category) to be more socially acceptable than emotional disturbance. Still other discrepancies may reflect different understandings of the specific disabilities encompassed by classifications such as speech or language impairments, orthopedic impairments, and other health impairments. For example, respondents may differ with respect to whether an

auditory processing problem would be classified as speech or language impairment or as a learning disability, either of which would represent a potential consequence of the auditory processing problem. Finally, some discrepancies may have resulted from misdiagnoses and consequent incorrect classification of students' problems or issues. An example of such misdiagnosis is schools' identification of dyslexia in four times as many boys as girls, despite the fact that tests of reading show equal prevalence in both genders (Shaywitz & Shaywitz, 2001).

Change over Time in Schools' Reports of Students' Disabilities

In this final section, we examine the stability in school reports of students' disabilities between 2001 and 2004.[10] Three main factors may have contributed to changes in reported disability over this period. First, there may have been actual changes in a student's disability. For example, a student's speech or language impairment may have been resolved, or a traumatic brain injury may have occurred. Second, a student may have had several disabilities, and the one that was primary may have changed. Third, as noted earlier, findings in this fact sheet are from questionnaire responses of teachers or other informed school staff whose report of the student's disability may have represented a studied opinion rather than the student's official classification. If the respondent for a given student changed over time (e.g., as a student moved from elementary school to middle school), the two respondents' perspectives may have differed. In such a case, a change in a student's reported disabilities could occur without any concomitant change taking place in the student.

Sixty-one percent of all students with disabilities were reported by schools to have the same primary disability in 2004 as in 2001, whereas 39% were reported to have a different primary disability or no disability at all in the later school year (Exhibit 5).

- Schools' 2004 reports differed from 2001 reports for at least 20% of students in each 2001-reported primary disability category except autism, reaching 50% or more for students initially reported to have speech or language impairments, other health impairments, and orthopedic impairments.

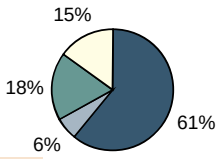
For this report, the differences in students' disability profiles between 2001 and 2004 are characterized as one of the following: (1) the 2001-reported primary disability was identified as a secondary disability in 2004; (2) the 2001-reported primary disability was no longer reported as the student's primary or secondary disability in 2004, but the student had some (other) disability; and (3) the student was no longer reported to have any disability in 2004.

- On the whole, relatively few students (6%) fell into the first category. Students whose 2001-reported primary disability classification was visual impairments were the greatest exception to this pattern; 26% were reported in 2004 still to have visual impairments, but as a secondary, rather than a primary, disability.

[10] Mail surveys were sent to and received from most schools in the spring of each reporting year.

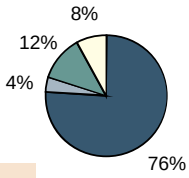
Exhibit 5. Change over Time in Schools' Reports of Students' Disabilities

All Disabilities



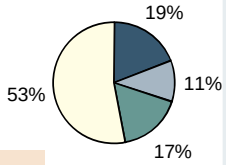
SLD 9%
MR 4%
OHI 4%

Specific Learning Disabilities



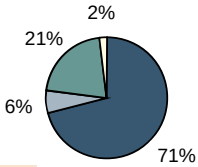
MR 5%
OHI 5%

Spch. or Lang. Impairments



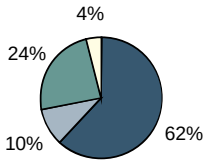
SLD 20%
MR 4%

Mental Retardation



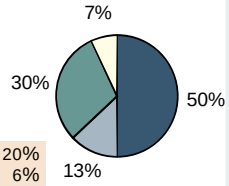
SLD 13%
OHI 3%
MD 3%

Emotional Disturbance



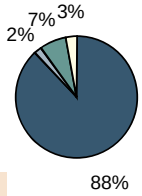
SLD 18%
OHI 10%

Other Health Impairments



SLD 20%
ED 6%
MR 4%
OI 3%
TBI 3%

Autism



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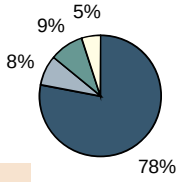
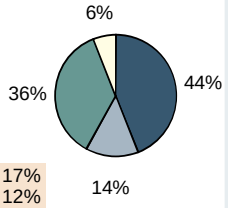
Hearing Impairments



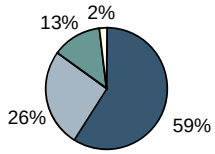
SLD 10%
OHI 3%

Orthopedic Impairments



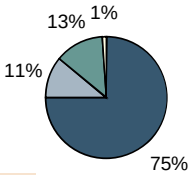
OHI 17%
MD 12%
SLD 11%
SP 5%

Visual Impairments



SLD 18%
MR 7%
TBI 5%
OHI 4%

Traumatic Brain Injury



SLD 12%
MR 6%
VI 3%

Key

Percentage of students whose school reported in 2004 that:

- Student had same primary disability as in 2001
- 2001-reported primary disability was student's secondary disability
- Student had a disability but not 2001-reported primary disability
- Student had no disability

Most common newly reported primary disabilities and percentage of students

* No single new primary disability was reported for more than 2% of these students.

Note: Abbreviations in table are as follows: ED=emotional disturbance, MD=multiple disabilities, MR=mental retardation, OHI=other health impairments, OI=orthopedic impairments, SLD=specific learning disabilities, S/LI=speech or language impairments,TBI=traumatic brain injury, VI=visual impairments.

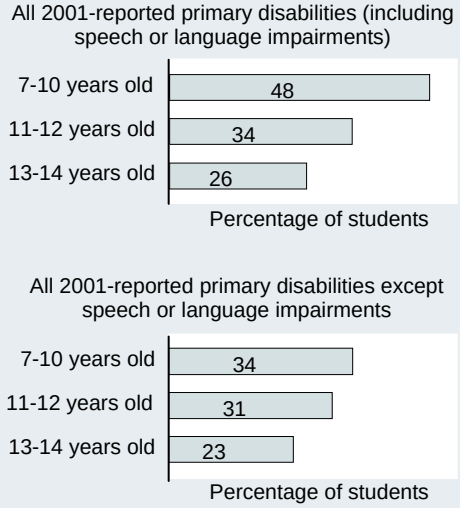
Source: Data collected through SEELS Wave 1 and Wave 3 Student's School Program Questionnaires.

- Somewhat more students were reported in 2004 no longer to have the 2001-reported primary disability at all, but to have some other disability. This pattern was most evident for students whose 2001-reported disability was other health impairments or orthopedic impairments. The most common newly reported primary disability classification for most students reclassified subsequent to their 2001-reported classifications was specific learning disabilities, followed by other health impairments and mental retardation.
- For most 2001-reported primary disability classifications, relatively few students were reported to have no disability in 2004. A notable exception was students with speech or language impairments, approximately half of whom were reported to have no disability in 2004. The correction or lessening of speech or language impairments as students mature has been well noted in the literature (e.g., Law et al., 2000).

Schools' reports reflected that, between 2001 and 2004, fewer changes in primary disability classification were found for the older students than for the younger students in the SEELS sample. A considerable part of that difference in pattern is due to the high proportion of younger students who in 2001 were reported to have speech or language impairments (Exhibit 6). For example:

- In 2004, schools reported a new primary disability classification or no disability at all for 48% of students who were 7 through 10 years old in 2001, but for only 26% of students who were 13 or 14 years old in 2001.
- Excluding students whose 2001-reported primary disability classification was speech or language impairments reveals that students with that classification contribute greatly to the dramatic impact of age upon change in students' disability classification evidenced in the upper chart of Exhibit 6. The chart in the lower part of Exhibit 6 shows that when students in the 2001-reported disability classification of speech or language impairments are eliminated, the percentages of students whose disability classification over time differed considerably less between the group of younger students and the two older groups.

Exhibit 6. Students for Whom School-Reported Primary Disability Classification Changed Between 2001 and 2004, by Student's Age in 2001



Sources: Data collected through SEELS Wave 1 and Wave 3 Student's School Program Questionnaires.

Summary

A substantial minority of students with disabilities—and more than half of students with mental retardation, emotional disturbance, hearing impairments, orthopedic impairments, autism, or traumatic brain injury—were reported by schools to have at least one disability in addition to their primary disability. In addition, there was substantial inconsistency between parents' and school staffs'

respective reports of the students' primary disabilities. Some discrepancies almost certainly reflect the different vantage points of the two reporting sources, with schools focusing more on disabilities that affect education and parents focusing more on medically diagnosed disabilities. Parents of approximately one in three students whose primary disability was reported by school staff as specific learning disabilities or orthopedic impairments, and parents of almost two in three students whose primary disability was reported by school staff as mental retardation or emotional disturbance, did not report the students as having the respective school-reported disabilities at all (primary or otherwise). This result suggests at least two possibilities: (1) that there is room for improvement in the information exchange between school staff and parents regarding these students' disabilities, and (2) that parents and/or school staff may be reluctant to accept one another's reports when those reports conflict with their own observations or beliefs.

In addition, there was considerable change in schools' reports of students' primary disabilities over time. Two in five students who were reported to have disabilities in 2001 were reported not to have the same primary disability in 2004, and two in 13 were reported at the later time to have no disabilities at all. Whereas some of these changes may have resulted from school staff's perceptions, others almost certainly resulted from changes in or resolutions of students' actual disabilities. Further research will be needed to explore the extent to which such ameliorations are the result of successful interventions.

For more than 30 years, primary disability classifications have been a key aspect of data reporting for students receiving special education and related services. These disability classifications have been drawn upon to group students for purposes of planning, monitoring, research, and advocacy. However, this fact sheet has shown that students classified in any given disability category are by no means homogeneous and that the classification for any given student should not be considered permanent. Thus, primary disability classifications may be useful for setting expectations and planning for students' instruction and related services, but only in conjunction with more information about individual students' disabilities and abilities.

References

Law, J., Boyle, J., Harris, F., Harkness, A., & Nye, C. (2000). Prevalence and natural history of primary speech and language delay: Findings from a systematic review of the literature. *International Journal of Language and Communication Disorders, 35*(2), 165–188.

Shaywitz, S. E., & Shaywitz, B. A. (2001). The neurobiology of reading and dyslexia. *Focus on Basics, 5*(A), 11–15.

U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs (2005). *26th Annual (2004) Report to Congress on the implementation of the Individuals with Disabilities Education Act* (vol. 1), Washington, DC: Author.

Sample Sizes for Exhibits in Text

Exhibit Number	N of students
Exhibit 1	5,190
Exhibit 2	
Specific learning disabilities	926
Speech or language impairments	317
Mental retardation	685
Emotional disturbance	379
Other health impairments	572
Autism	632
Hearing impairments	601
Orthopedic impairments	324
Visual impairments	366
Traumatic brain injury	171
Exhibit 3	
Specific learning disabilities	931
Speech or language impairments	391
Mental retardation	559
Emotional disturbance	296
Other health impairments	986
Autism	635
Hearing impairments	486
Orthopedic impairments	411
Visual impairments	347
Traumatic brain injury	136

Exhibit Number	N of students
Exhibit 4	
Specific learning disabilities	692
Speech or language impairments	221
Mental retardation	543
Emotional disturbance	274
Other health impairments	476
Autism	290
Hearing impairments	274
Orthopedic impairments	508
Visual impairments	611
Traumatic brain injury	133
Exhibit 5	
All primary disabilities	3,005
Specific learning disabilities	517
Speech or language impairments	172
Mental retardation	371
Emotional disturbance	192
Other health impairments	345
Autism	415
Hearing impairments	368
Orthopedic impairments	194
Visual impairments	214
Traumatic brain injury	98
Exhibit 6	
Students with all primary disabilities	
7 to 10 year olds	1,521
11-12 year olds	994
13+ year olds	547
Students with all primary disabilities except speech or language impairments	
7 to 10 year olds	1,391
11-12 year olds	959
13+ year olds	540