I (Michael Giangreco) contacted Liz Castagnera and Rebecca Bond after hearing about some of their work from Dr. Doug Fisher (San Diego State University). Liz and Rebecca were kind enough to submit some written information to Project EVOLVE in response to our online request for examples of service delivery alternatives to overreliance on paraprofessionals at, http://www.uvm.edu/~cdci/evolve/alternativestrategies.html

The written information they submitted indicated that Santana High School where they work in the San Diego area serves 1,886 students, grades 9 through 12. About 14.5% of the come from a minority background (n=274) and about 13% (n=250) speak English as a second language.

From a special education perspective, approximately 13% of the students in the school have IEPs (n=248) who are served by a total of 13 special educators and 14 special education paraprofessionals. Two of the special educators (Liz and Rebecca) work with 16 students with moderate and severe disabilities, two other special educators work with students with moderate and severe disabilities who are 18-21 years old as part of a transition program, and the remaining nine special educators work with students with high incidence disabilities (e.g., learning disabilities). I was particularly intrigued by this example for two reasons. First, the written documentation submitted about this
school indicates the faculty consciously considered issues regarding the effective utilization of paraprofessionals from the outset of their inclusive education initiatives (dating back 12 years). They actively sought to avoid overreliance on paraprofessionals to avoid unnecessary dependence by students and also in an effort to avoid "burnout" by paraprofessionals. They did this with a three-pronged approach: (a) rotating their paraprofessionals by period so that the same student/paraprofessional pairing was not together all day; (b) they simultaneously established a peer support program (credit bearing elective course); and (c) modified the way they approached IEP development to minimize the use of 1:1 paraprofessional assignments and inform families about the pros and cons of paraprofessional support.

Second, this school was described by the special educators as an inclusive high school where a full range of students with disabilities are included in general education classes and the ratio of paraprofessionals to students on IEPs is nearly 1:18 (there is one paraprofessional for approximately every 18 students on IEPs). The reason that is particularly interesting is that across of 12 model demonstration sites in Vermont the ratio is approximately 1:3 to 1:4. These numbers are challenging to interpret without a more complete analysis of the special and regular education service delivery. Though we are still trying to understand the differences (and don't completely at this point), there seem to be a couple of key factors. Santana HS limits the assignment of paraprofessionals to students with moderate to severe disabilities. Within the larger service delivery model in this high school, Liz and Rebecca are identified as "inclusion support teachers" (both are dual certified in general and special education). The two of them, along with three paraprofessionals, work as a team to provide the primary special education supports for 16 students with moderate and severe disabilities that are placed in a variety of general education classes. Six of these students are included in the general education classes 100% of the time; the other 10 are in general education 66% of the time (8 of these students receive reading and/or math instruction in a special education class). Looking at this subset of students with more significant support needs, the ratio of paraprofessionals to students is just over 1:5 and if you add in the two special educators, the ratio of adults to students with severe disabilities is just over 1:3. Though these ratios are similar to those at our Vermont sites, the caseload size for the special educators differs, as does the caseload configuration. Vermont sites involved in
our project tend to rely much more heavily on 1:1 paraprofessionals and assign paraprofessional supports to a wider range of students with less severe disabilities.

Liz and Rebecca also explained that as special educators, they collaborate with the general education teachers to assign the paraprofessionals assigned to their program in an effort make sure they are available "as needed." In this process they take into account the skills and interests of the paraprofessional as well as the needs of the student. For example, they described the assignment of a particular paraprofessional to Biology because of her strength in this area. The special educators are always looking for opportunities to fade any unnecessary paraprofessional supports and they work with the general education teachers to establish their educational ownership for students with disabilities in their classroom. The peer support program at the school involves training of peers, in part, in effort to avoid some of the same problems that can exist with paraprofessionals (e.g., providing too much support).

These teachers utilize the IEP process as a mechanism for helping parents understand the pros and cons of paraprofessional support. Over time they have helped parents see the benefits of their model of rotating paraprofessionals (to avoid dependency) and involving peers in support. In the process of writing the IEP, if they think paraprofessional support may be needed, they note it on the page of the IEP entitled, "Instructional Accommodations and Modifications". Here the IEP team can check a box in the section next to paraprofessional or peer tutor in the "Aides and Services" section. Then they verbally indicate that anything checked on this page will be used as needed. In the past, paraprofessional supports may have been listed as a "related service"; this tended to reduce flexibility and result in the very problems of student/paraprofessional pairing they were attempting to avoid. By writing it differently on the IEP it facilitated a more proactive approach to service delivery and involved parents in the discussion about these issues from the outset. It is important to recognize that this school has implemented a package of interrelated approaches (e.g., rotating paraprofessionals, fading supports, utilizing peer supports, writing IEPs differently, sharing information with families) leading to their success.