



September 23, 1991

Re: RECOGNITION OF FOOD SERVICES  
DIVISION STATE AWARD

The Board and superintendent recognized Joanne Styer and her staff on receipt of a first-ever special certificate of recognition from the Maryland State Department of Education for "sustained exemplary performance in the operation of child nutrition programs."

Re: PUBLIC COMMENTS

The following individuals appeared before the Board of Education:

1. Karen Dellinger
2. Joseph Terek
3. Mike Calsetta, Knights of Columbus

RESOLUTION NO. 819-91      Re: PROCUREMENT CONTRACTS MORE THAN  
\$25,000

On recommendation of the superintendent and on motion of Mrs. Fanconi seconded by Dr. Cheung, the following resolution was adopted unanimously#:

WHEREAS, Funds have been budgeted for the purchase of equipment, supplies, and contractual services; now therefore be it

Resolved, That having been duly advertised, the following contracts be awarded to the low bidders meeting specifications as shown for the bids as follows:

202-91	Vehicle Maintenance and Service <u>Awardee</u> Fleetpro, Inc.	\$150,000
212-91	Boiler Supplies and Associated Materials <u>Awardees</u>	
	Apex Plumbing Supply, Inc.	\$ 2,112
	The Boiler Store	1,944
	Frederick Trading Company	55,226*
	Industrial Controls Distributors	2,644
	R. E. Michel Company, Inc.	408
	Noland Company	92,583
	Professional Boiler Works Company	3,167
	Dan Rainville and Associates, Inc.	1,681
	Southern Utilities Company, Inc.	13,974
	Superior Speciality Company	38,678
	H. M. Sweeny	<u>16,203</u>
	Total	\$228,620

7-92	Vehicles, Utility and Rollback Truck <u>Awardees</u> Criswell Chevrolet, Inc. Lanham Ford, Inc. Total	\$ 64,676* <u>27,120</u> \$ 91,796
13-92	Propane <u>Awardee</u> Suburban Propane Gas Corporation	\$ 39,690
92-03	Primary Inpatient and Outpatient Chemical Dependency Treatment Program <u>Awardees</u> Circle Treatment Center Maryland Treatment Centers, Inc. Montgomery General Hospital, Inc. Seneca Melwood Treatment Centers Total	\$ 45,000
	MORE THAN \$25,000	\$555,106

\*Denotes MFD vendors

RESOLUTION NO. 820-91      Re:    BID NO. 17-92, LEASE/PURCHASE AND  
FINANCING OF COPY MACHINES

On recommendation of the superintendent and on motion of Mrs. Fanconi seconded by Dr. Cheung, the following resolution was adopted unanimously#:

WHEREAS, The Board of Education of Montgomery County received Bid No. 17-92, Lease/Purchase and Financing of Copy Machines to be used at Colonel Zadok Magruder High School; and

WHEREAS, The Board of Education has determined in accordance with Section 5-110 of Maryland's Public School Law that Equipco Corporation is the lowest responsible bidder conforming to specifications to supply three copiers; and

WHEREAS, The Board of Education has determined that it is in the public interest to obtain copies through a lease/purchase arrangement with Equipco Corporation subject to cancellation in the event of nonappropriation; and

WHEREAS, Equipco Corporation has agreed to provide the copier equipment in accordance with the lease/purchase terms and nonappropriation conditions set forth in the bid specifications; now therefore be it

Resolved, That the Board of Education of Montgomery County award Bid No. 17-92 for the lease/purchase and financing of three copy

machines to Equipco Corporation, totalling \$11,268 (average annual cost of \$3,756) in accordance with the terms and conditions of the specifications; and be it further

Resolved, That the Board of Education president and the superintendent of schools be authorized to execute the documents necessary for this transaction.

Re: SCHOOL INSPECTIONS

The following school inspections were set:

1. Judith A. Resnik Elementary School - Friday, September 27, 8 a.m. (Mrs. Hobbs will attend)
2. Sherwood High School - Wednesday, October 2, 9 a.m. (Mrs. Brenneman and Mrs. Hobbs will attend)
3. Briggs Chaney Middle School - Friday, October 4, 8:30 a.m. (Mrs. Brenneman will attend)

RESOLUTION NO. 821-91      Re: UTILIZATION OF FY 1992 FUTURE  
SUPPORT PROJECT FUNDS FOR PROJECT  
INDEPENDENCE - ESOL

On recommendation of the superintendent and on motion of Mrs. Fanconi seconded by Ms. Gutierrez, the following resolution was adopted unanimously#:

Resolved, That the superintendent of schools be authorized, subject to County Council approval, to receive and expend within the FY 1992 Provision for Future Supported Projects, a grant award of \$32,229 from Montgomery College, Montgomery Employment & Training (MET), administrative entity for the Montgomery County Private Industry Council (PIC), under the Family Support Act of 1988, P. L. 100-485, for Project Independence - ESOL, in the following categories:

<u>Category</u>	<u>Amount</u>
2 Instructional Salaries	\$28,082
3 Other Instructional Cost	1,900
10 Fixed Charges	<u>2,247</u>
Total	<u>\$32,229</u>

and be it further

Resolved, That a copy of this resolution be sent to the county executive and the County Council.

## Re: BOARD MEMBER COMMENTS

1. Mrs. DiFonzo reported that on Saturday the CESC parking lot had been blocked by a display of fire department equipment at the same time MCCPTA was holding a meeting in the building. The Board of Education was being blamed by MCCPTA for having allowed this; however, Board members and staff knew nothing about it. She asked that a letter of apology be sent to MCCPTA. Dr. Vance indicated that he had encountered the same situation when he had come in to meet with MCCPTA. He had made some inquiries and found it was an honest mistake. The Fire Department should have been in the Montgomery College parking lot. He had received a letter of apology from the fire chief. Mr. Ewing asked that Mr. Fess prepare a letter for his signature to MCCPTA.

2. Mrs. Brenneman had attended the opening of the new Montgomery County recycling center. She asked the superintendent to provide the Board with an item of information on what the school system was doing in recycling.

3. Mrs. Hobbs stated that she and Mrs. Fanconi had acted as hosts for Mrs. Barbara Bush's visit to the Walter Johnson Learning Center. She complimented the following staff members for coordinating that visit: Brian Porter, Hiawatha Fountain, David Litsey, Kevin McGuire, Deborah Cohen, and Rusty McCrady. Mr. McCrady was the teacher who invited Mrs. Bush to visit. Mrs. Bush had an opportunity to talk with students, see students in a classroom setting, and had an opportunity to ask questions. Staff had delivered an exceptional presentation to Mrs. Bush.

4. Ms. Gutierrez reported that she was fortunate to attend the first joint NSBA caucus meeting of Hispanics and Asian-Americans in California. It was a very productive three-day session. California seemed to be ahead in resolving problems, and she had learned about successful strategies to use with the low socioeconomic level student and the at-risk child. She was impressed with the California programs even though they were 43rd in per pupil expenditures. There were lessons they could learn from a school system after it lost public funding. One session described a project undertaken by the Hispanic Caucus to help students stay in school. They hoped to have a video on this program to share with school districts having large numbers of these students. She would bring some information. They had looked at special education, and several systems had developed instruments for the non-English speaking students.

5. Dr. Cheung stated that last Friday a number of Board members attended a seminar sponsored by the educational advisory committee of the City of Rockville. They had another meeting planned in February.

6. Mr. Ewing reported that he and Dr. Vance would be speaking tomorrow evening at the MCCPTA Delegate Assembly. The purpose of the meeting was to raise questions and concerns. It was a public meeting, and the public was invited to attend.

7. Mr. Ewing said that Mrs. DiFonzo had suggested shifting the Facilities Alternatives meeting from November 7 to November 6 because of a conflict with the state PTA meeting. There was agreement to shift the meeting, and he asked that this change be publicized.

Re: ANNUAL REPORT OF THE MEDICAL  
ADVISORY COMMITTEE

Board members welcomed Dr. Steven Tuck, chair, Dr. Eugene Sussman, Ms. Carol Mathews, and Dr. Nasreen Ahmed to the table.

Dr. Tuck said that they would encourage the Board to negotiate with the appropriate unions for a tobacco-free environment for students. The Health Department had recognized voluntary tobacco-free schools with a certificate and recognition. In regard to measles vaccinations, the state was coming up with some guidelines. In August of 1990, a measles alert was published by the Department of Health and Mental Hygiene in the State of Maryland. They recommended immunization of all children at 15 months of age and a second dose at 12 years of age or upon middle school entry. This year there had been three free county clinics offering vaccinations to children, but the turnout had been extremely small. The state had given them enough vaccine to handle every seventh grader in Montgomery County. Many colleges and universities were requiring a second vaccination for freshman entry. The committee was recommending that the Board require proof of second vaccination for all seventh grade and older students at the latest by January 1992. The state was now considering regulations to require a second dose for students entering kindergarten and the sixth grade by the fall of 1992.

Dr. Tuck commented that their next issue was total integration in MCPS of children with special needs. The Board had endorsed this as required by P. L. 94-142 which stated that all children should be in the least restrictive environment. The committee was concerned about implementation of a total integration program without appropriate medical and health department consultation. These children were in special schools with some mainstreaming in regular schools. These children were orthopedically handicapped, including children with osteogenesis imperfecta or brittle-bone disease, children with myelo-meningocele, those with cerebral palsy, and others with handicapping medical diagnoses. In addition, there were children with tracheostomies, feeding tubes, gastrostomies, diabetes, immune deficiencies such as AIDS, and poorly controlled seizure disorders. Because of the health resources needed to support these children, the number of schools

able to receive these children might be limited. If these children were mainstreamed, there would have to be a significant increase in the number of school health-room technicians, school nurses, and other specialists. These children had difficulty with most activities of daily living, particularly with transportation. He asked about the necessity of teaching bus drivers, secretaries, and aides how to deal with suctioning tracheas, keeping ostomies clean, how to protect children from injuring themselves during a seizure, how to protect children from air and blood-borne diseases, how to move children with brittle-bone diagnoses, and how to help these children with toileting needs. Not only were these difficult problems with respect to the medical needs of the child, but the Board's liability for the employee might be significantly increased as well. The committee felt that it would be necessary for buses carrying such children to have two-way communication in case of an emergency.

Dr. Tuck stated that guidelines should be developed for the educational and medical needs of these children. The nurses would have to determine what care could be delegated to paraprofessionals. The public law did not require that all children be admitted to the public school system just because they had disabilities. The child must be available for learning, and this determination should be performed by health professional rather than by parents.

The committee recommended that they be kept abreast of policy decisions with respect to the mainstreaming of children with disabilities and would recommend that the Board continue with its current policy of individual educational and health assessment prior to mainstreaming any of these children. The public law did require the least restrictive environment possible, but this did not necessarily mean mainstreaming to all local schools in all cases. Schools in geographic areas or clusters might need to be identified and staffed appropriately with health and education personnel in order to utilize available resources efficiently.

In regard to Attention Deficit Disorder (ADD), Dr. Tuck said the committee had been concerned with the educational management of children with ADD. When they wrote this report, this condition was not considered a handicapping condition and the educational needs of these children were not being met. The number of children on medications was increasing significantly, and these drugs were psychostimulant medications. The number of children with this diagnosis was increasing all the time because of the heightened awareness of the diagnosis and predisposing conditions which cause ADD. These conditions included inheritance, children who were learning disabled, neonatal survivors of severe prematurity, children born to mothers who used alcohol or drugs, and children born to mothers with poor maternal nutrition.

The committee recommended that the Board study this program jointly with private physicians and the Health Department and examine its responsibility under Section 504 of the Rehabilitation Act of 1973. The U. S. Department of Education had recently specified that children with ADD were now classified as eligible for services under the "other health and care" category in instances where the ADD was chronic and resulted in limited alertness which adversely affected educational performance. The committee recommended that they differentiate children with ADD from those with emotional problems, learning disabilities, conduct disorders, or family disorders. Once identified, they needed to make educational accommodations for children with ADD. These measures would include smaller class size and structured environments. Classroom management would be aimed at clearly defined expectations and limitations. With appropriate help, these children could function without hyperactivity and develop confidence and a feeling of success. He shared copies of a brochure with Board members on this issue. Dr. Tuck said these children needed full evaluation by public and/or private sectors including pediatricians, psychiatrists, or psychologists, nurses, and resource teachers. Liaison between the private and public sectors was necessary for these children to succeed. These children had to be managed by a professional team approach. School system staffing needed to be increased immediately; however, the committee understood the budget constraints. Presently the school psychologist to student ratio was 1 to 2,400, which did not permit adequate testing and/or identification of these children. They felt that education of students, parents, and teachers about the diagnosis of ADD and its management would also be an appropriate role for the school system. The committee felt that some of these recommendations needed to be implemented as directed by the U. S. Department of Education.

Dr. Tuck said their next topic was teen parenting. The interagency teen parenting support teams as well as school teen parenting support teams had been started at Gaithersburg, Blair, and Richard Montgomery high schools. These programs had demonstrated their ability to help keep teen parents in school, to complete their high school education, to maintain their health and the health of their children, and to become more effective parents. The committee supported the concept of this comprehensive interagency school-based program for pregnant teens and teen parents. A team included the nurse as case manager, the home economics and vocational teachers, social worker, counselor, the Department of Family Resources, and the administration. They recommended the addition of a volunteer physician appointee to the team through the Medical Society. They supported the Board in this project and would ask that this project be expanded, particularly to those schools with a high incidence of teen pregnancy.



Dr. Tuck reported that they commended the Board on its current SED project which had been particularly successful, and they encouraged its dissemination throughout the school system. He indicated that the Wellness for Youth Task Force had published its report on January 15, 1991. The Health Department was now monitoring this report, and the Board's committee had had direct input into the recommendations of the task force. Many of the recommendations directly impacted the public school system, and the Board's advisory committee endorsed the concept of the report and had provided copies of the report for the Board. They recommended not only a dialogue about which the recommendations were realistic and what could be approached within the current fiscal crisis, but also an analysis of the report as to what could be implemented quickly. They also recommended a yearly review as to which other goals could be implemented as the fiscal crisis disappeared.

Dr. Tuck said the committee looked forward to the new school year. One of the main areas the committee intended to focus on was the adolescent health crisis. For the first time in the history of the county, young people were less healthy and less prepared to take their places in society than were their parents. Unhealthy teenagers were unlikely to attain the high level of education and achievement required for success in the 21st century. They knew that there were a significant number of young people with serious social and emotional problems, with consequences from suicide to depression and alienation. This resulted in antisocial behavior, poor school performance, and dropouts. Adolescents were using dangerous substances for relief of stress and for entertainment. Violence pervaded the lives of young people. Every day around the country, 135,000 young people brought guns to school. Sexual activities were occurring at younger ages resulting in pregnancy and an epidemic of sexually transmitted diseases some of which such as AIDS had no cure. Many of these problems had their roots in behaviors rather than physical causes. The committee would be studying these issues and bringing recommendations to the Board. They believed that the schools could only accomplish their educational mission if they attended to the students' emotional, social, and physical needs.

Mr. Ewing commented that this was an excellent report with a number of significant recommendations. With regard to the comments on total integration of children with special needs, he said the Board supported the ideas of the committee and agreed that the committee should be kept abreast of what was going on there. He felt that the Board should be kept abreast by the advisory committee of their views and their guidance and suggestions. The Board intended to consult with the committee and many others in the community including parents and public and private providers as they moved through this very complex area. The Board did not intend to rush into this.

In regard to the measles vaccination, Mrs. Brenneman asked what was done to advertise the clinics and alert the public. Ms. Mathews replied that last spring they had had articles in the newspapers and announcements on radio stations. Mrs. Brenneman was surprised that the turnout was so small because with the recession, some parents did not have health insurance. She also wondered how MCPS was dealing with this because these children did not have health care. Ms. Mathews explained that the turnout was small throughout the state even in counties where they went into the schools to give the immunizations. She did not think they would see a turnout until this was mandated. She agreed that they were seeing more children in health rooms who did not have basic health care, and these children were using the health room as their source of medical care. These children were being referred so that their needs could be met.

Mrs. Fanconi thanked the committee because advisory committees assisted the Board in raising all the issues it needed to consider as it looked at educational issues. As a nurse by training, she was very concerned about the health of their children. She had raised a pre-Board question about what needed to be done to be sure that they required a second measles vaccination for middle school. The response was that they would have to wait until the state mandated it. She asked whether this would happen for September, 1992 or whether the Board should adopt a policy. Ms. Mathews said they were now examining all seventh grade records, and when they did not have a second measles certificate on file, a letter would be sent home to parents advising them to contact their physician or to visit the Rocking Horse Center. They would plan to have clinics to get everyone immunized by the fall. Mrs. Fanconi supported this and asked whether the school nurse would enforce this. Ms. Mathews explained that according to state law, the principal had the right to exclude students if they were not immunized. Dr. Tuck explained that in the absence of a recommendation from the state, there was a problem with risks because measles vaccines were not risk-free. If the state required this, the Board would be protected.

Mrs. Fanconi stated her support for having more school nurses and health technicians. She knew that the county had slowed down on its plan to have school nurses in every school. They realized that some students could not be served in their home schools because there was no health professional available. She pointed out that the new ADD law assured that all adults would be provided accommodations in the work place, and she felt that MCPS must do the same in the schools. They were also concerned about their ability to mainstream medically fragile children or children with medical problems that required a health professional.

In regard to teen pregnancy, Mrs. Fanconi asked Dr. Vance if staffing cutbacks had affected the teen parenting models and if the coordinator positions had been funded and the programs were able to go forward.

Dr. Cheung complimented the committee for a very fine report. He also appreciated their inclusion of the Wellness For Youth Task Force report. He asked the committee to look at the area of preventive care because the public had not been educated in this area on an integrated basis. Another area was the use of over-the-counter drugs because by the year 2000 50 percent of the current prescription drugs would be sold over the counter. He thought that somewhere in the educational system there had to be information on the use of those drugs. He suggested that the committee might want to look at the MCPS curriculum in this regard.

Mrs. DiFonzo asked about the phrase "children who were susceptible" to measles. Dr. Sussman replied that through the teenage epidemics they had learned that 5 percent of children inoculated could have a vaccine failure from a single dose vaccine. For that reason they recommended a re-inoculation with a triple vaccine. The federal government looked at needs of the poor and those on Indian reservations and chose the five-year-old group for the second dose. The Academy of Pediatrics recommended age 12 because they were concerned about an adult outbreak. If they had an epidemic in a classroom or an isolated case, the children would receive an immediate booster. Part of the concern was the 5 percent of the children whose vaccine did not take. They also had a small population that had never been inoculated, but because it was mandatory for five-year-olds entering school they were vaccinated.

Mrs. DiFonzo recalled that eight or nine years ago there was a case involving employees and students having reactions to bee stings. It seemed to her that there was an agreement with employees, and she would be interested in seeing the details of that agreement. She would also be interested in the superintendent's reaction vis-a-vis that agreement as they mainstreamed these youngsters with regard to health care. Dr. Vance said that staff would provide information on the agreement. On the second part of her question, Dr. Vance explained that it would preempt the work of a task force that been set up. The group would review and explore all the issues associated with full inclusion. He would have recommendations to the Board after the task force reported publicly.

With regard to communication on the buses, Mrs. DiFonzo asked whether they were thinking about the school system radio system or a cellular phone. Dr. Tuck replied that a two-way radio with a central dispatcher would be fine. He preferred that there be a central place so that person could call for assistance.

Mrs. DiFonzo called attention to the recommendation that they differentiate children with ADD from those with emotional problems, learning disabilities, etc. She wondered how they would do that. Dr. Sussman replied that it was difficult. It was a lack of funds in the private as well as the public sector or health insurance. The pediatrician had a problem distinguishing among these. For example, the doctor did not know if there were conflicts at home, and doctors no longer did house calls. Therefore, they needed a complete psychological evaluation which was expensive. However, the teacher could identify the child, and the EMT meetings were very helpful in giving information to the pediatrician. He thought that now with the federally mandated guidelines there would be more acceptance of ADD as a real disorder. He suggested that having a better definition and federal guidelines would help in this area.

Mrs. DiFonzo thanked the committee for sharing the USDE document with the Board. They had stated they would not include ADD as a separate disability category under 94-142. She asked whether the committee agreed with this. Dr. Tuck pointed out that on the third page of that document the statement was made that a child with ADD would be eligible for services under the "other health impaired category." Dr. Sussman thought ADD was not a separate category because it might be a funding issue. Under 94-142 they were obligated to provide services, but under the "other" category it was a recommendation. Mrs. DiFonzo asked whether the committee endorsed the U.S.D.E.'s position. Dr. Tuck replied that the committee endorsed the position that ADD was a definite diagnosis on its own and should be listed separately.

Dr. Ahmed said she would agree with Dr. Tuck as long as this was a coded handicapping condition and students could get the services they needed. They did see a number of children with ADD who could not be coded and did not get the services. In some cases children needed more structured and smaller classes.

It seemed to Mrs. DiFonzo that U.S.D.E. was saying this was a recognized problem but not a separate coding under P.L. 94-142. The youngsters with ADD could have their needs addressed under the existing guidelines without being labelled. Dr. Tuck thought these students would now be counted as handicapped persons which they were not prior to this point. He said that ADD was now a handicapping condition under the "other" category, and they were now required to provide services for that student as if they were a different category. He indicated that these students could be included with all the orthopedically handicapped and students with similar disabilities.

Mrs. DiFonzo asked about the recommendation on "unhealthy teenagers." Dr. Tuck explained that these children had much higher stress levels than their parents. There were specific recommendations in the Wellness committee report. They were also

concerned about nutrition and making children available for learning when they had breakfast. They were recommending that students watch less television and be more physically active. One way was for the school system to build bigger gyms and requiring physical education on a regular basis.

Mr. Ewing noted that as with all advisory committee reports, the superintendent would be preparing a written response to the recommendations of the committee. There might be items that the Board would want to raise as new business items during future Board meetings.

Mrs. Hobbs stated that she was impressed by the number of issues that the committee was able to address in such a short period of time and how thorough their presentation was. For several years the committee had brought to the Board the issue of a tobacco-free environment. She knew they had dealt with the issue as it related to students, but unfortunately they had not been able to take a position on the employee situation. She wanted the committee to know that there were Board members supporting this. Ms. Gutierrez reported that at the MABE conference there was a resolution to have a state mandate that they have smoke-free schools. If this was done at the state level, all LEAs must conform through their negotiated agreements. She hoped they would start moving in a more aggressive direction at the state level. Dr. Tuck pointed out that there was a difference between smoke-free and tobacco-free. This was chewing tobacco which was a major problem in the upper county.

Mrs. Hobbs recalled that one PTA newsletter had an immunization alert. She asked whether there was an increase in outbreaks of rubella, whooping cough, etc. Ms. Mathews explained that they had asked that this alert be put in all PTA newsletters this fall. They were targeting all students, but specifically those children under the age of two. In Montgomery County most of the outbreaks had been in the under-two category. In the last three to four years, they had had only three or four suspected outbreaks in the system with only one or two confirmed.

Mrs. Hobbs asked whether they were seeing any significant health issues associated with the increasing number immigrants coming into the county. Ms. Mathews replied that tuberculosis was one of the problems in the county. It appeared that 85 percent of the active cases involved the refugee/immigrant population. There was also an increase in Hepatitis B.

Mrs. Hobbs asked if the committee had reviewed the policy and regulation on AIDS. Ms. Mathews replied that while the committee had not, the Health Department had. Recommendations had been made to MCPS last spring. Dr. Ahmed explained that the recommendation was that they did not need a policy anymore. They did not need to differentiate for HIV infections because this was

like a number of other communicable diseases. Ms. Mathews added that any child with any special health needs would be looked at individually by the Health Department, and a care plan would be established for that child. Children with AIDS or children who were HIV-positive would be treated no differently.

Ms. Gutierrez thanked the committee for an excellent report. She asked that the report be sent to the county and state officials. Because so many of their recommendations had a budgetary impact, she asked that the committee join the Board of Education in budget testimony. Mr. Ewing thanked the committee for an excellent report.

Re: REPORT OF THE TASK FORCE ON THE  
ARTS

Dr. Vance invited Dr. Renée Brimfield, Dr. Michael Richman, and Mr. Richard Pioli to come to the table.

Dr. Brimfield thanked the Board for having established the committee and for its continuing support of the arts. She personally thanked the Board for the opportunity to work with a creative and dedicated group of people. She showed the Board a video tape to set the stage for the discussion. She reported that the credit for the tape went to Paula Rehr, MCPS cable television staff member.

Dr. Brimfield reported that they had met twice monthly over the last 13 months. Among the members of the group were teachers, administrators, parents, students, and artists. The committee felt that all students must have the opportunity to be affected by the arts. Over the course of the year the committee heard from arts teachers, curriculum coordinators, area supervisors, principals, students, community groups, coordinators from Eastern and Blair, the state department, Dr. Shoenberg, Dr. Starnes, Mrs. Gemberling, and Dr. Towers. They read about and discussed multiple intelligences, assessment techniques, and change theory. They did research on successful programs elsewhere and discussed possibilities of what might be for MCPS. At all times, they kept in mind the priority of success for all students.

Dr. Brimfield stated that their recommendations acknowledged the conflicting needs of their students and the conflicting pulls on their resources. The most precious one was time. They wanted every minute of the 12,000 hours that students spent in MCPS to be meaningful minutes. Their two basic premises were (1) arts education was an important academic discipline in and of itself and (2) the arts played a key role in the total educational program of all students and in the development of the total person. She reported that MCPS was in the forefront of arts education. Their arts curricula anticipated the national switch to discipline based arts education where performance and

production were just one aspect of the educational program. The Interrelated Arts program had been a model throughout the country of how to use the arts as a way to enhance and extend learning in other content areas. The communication programs at Eastern and Blair were exciting examples of how the arts could be integrated in the total program. Many other schools and many other teachers were doing wonderful jobs both in specific arts instruction and in interdisciplinary instruction; however, the committee wanted that to become the norm. They wanted all students to benefit from the hands-on, minds-on, hearts-on orientation to learning. They believed their recommendations would move them closer to that goal.

Dr. Brimfield stated that the Maryland School Performance Program had created a common focus for all schools. Although the arts were not directly assessed in this program, they could have a powerful impact on the instructional program which would serve the goals of MCPS and MSPP. These included problem definition, problem solving, collaborative learning, inclusion of multiple perspectives, and synthesis and evaluation. Performance assessment was the hallmark of arts education. They had arts teachers in MCPS who could serve as resources as they addressed the challenges of MSPP. They should face the possibility of creating a radically different education in MCPS which would engage students who traditionally felt ignored or unserved. These students could not demonstrate their talents using the predominant logical mathematical orientation to learning.

Dr. Brimfield explained that they were very sensitive to the constraints imposed by the economic situation. Therefore, many of their recommendations could be implemented immediately with no cost. They focused on the key issues they felt had to be addressed in order to move them closer to their goals. However, they could not ignore the opportunity to plant the seeds for future harvesting. The last task force had been established 16 years ago, and if the next one were that far in the future, they felt it was imperative to plant now so that when the resources became available in the intervening years, the suggested programs could flourish and grow.

Dr. Richman said that they had 21 recommendations as follows:

**Premise A - Arts education is an important discipline in and of itself.**

1. Reaffirm the Board of Education's support for the Goals of Education adopted in 1973 with particular attention to the role of the arts as one of the six academic areas.
2. Review existing arts courses for honors level designation.

3. Eliminate the Fundamentals of Art course at the senior high level as a prerequisite for students with documented experience in the visual arts.
4. Assure equal access to arts instruction for special education students.
5. Maintain the Division of Aesthetic Education as a separate entity within the Office of Instruction and Program Development.
6. Establish a Superintendent's Advisory Committee on the Arts.

#### **Long-term Recommendations**

1. Ensure that instruction in all arts courses supporting the MSDE Fine Arts Bylaw includes all four instructional components: aesthetics, criticism, history, and performance/production.
  - a) Establish a fine arts resource position for every high school
  - b) Provide helping teachers at the elementary level
  - c) Require training for all arts teachers to support the MSDE Fine Arts Bylaw
2. Developing curriculum-based assessments of the existing arts curricula for all students.
3. Providing training for arts teachers in the use and inclusion of technology in their instruction.
4. Make grading practices in the arts consistent with other academic subjects starting in Grade 3.
5. Review spending allocations for the arts to ensure equity and foresight.
6. Provide dance and drama instruction at the elementary and mid levels.
7. Include TAPESTRY in summer school offerings and/or in stipended after-school activities.

#### **Premise B - The arts play a key role in the total educational program and in the development of the total person.**

1. Review and revise all curricula to incorporate artistic modes of perception.
2. Include arts objectives in all Individual Educational Programs (IEP) for special education students.



3. Enable all students to demonstrate attainment of the academic objectives using portfolios, demonstrations, visual representations, etc.
4. Provide for flexibility in scheduling to maximize student opportunities in the arts and in other elective subjects, and to engage in interdisciplinary learning.

#### **Long-term Recommendations**

1. Use current successful MCPS programs as models for establishing interdisciplinary classroom instruction at all grade levels.
2. Provide more training for teachers in how to develop and implement interdisciplinary instruction that incorporates the arts.
3. Provide planning time for arts teachers to enable them to meet regularly with all instructional staff to develop collaborative activities and to discuss individual student needs.
4. Develop a program to bring artists from the community into schools to serve as mentors.

Dr. Richman stated that they had a "wish list" of several recommendations:

1. Establish a Montgomery County High School for the Arts
2. Structure an elementary school like the Key School in Indiana that organizes instruction and assessment around the multiple intelligences
3. Create an elementary school where the core curriculum is centered around the arts
4. Teach the objectives of a traditional world history course through art history
5. Designate arts "rooms" as resource centers, similar to media centers
6. Have an artist-in-residence program in each school

Dr. Richman reported that they had also provided a suggested implementation time line. He extended thanks to Mrs. Kay Jones, the first president of CCAPS, and to Mr. Pioli who had encouraged him to become involved.

Mr. Ewing complimented the task force for an excellent and very exciting report. He thought it was both pragmatic and creative and offered a vision for the future. He requested additional information about the Key School in Indiana and any literature on any of the other ideas.

Mrs. Fanconi asked what was now going on with planning time for the arts teachers and what needed to be changed. Dr. Brimfield replied that arts teachers taught while other teachers planned together. The committee felt very strongly that the arts teachers needed to be part of that planning especially if they wanted to focus on interdisciplinary instruction. Dr. Richman added that elementary teachers had their planning time when their class had art, music, or physical education. It was essential that the arts teachers receive the same type of planning time. Mrs. Fanconi asked if they knew of schools that had experimented with different ways of doing that and the problems they had run into.

In regard to the recommendation of providing flexibility in scheduling to maximize student opportunities in the arts, Mrs. Fanconi said there was a high school in Oregon that had filled in the early hours with the arts when their bus schedules were changed. Dr. Richman explained that they were suggesting that the high school education not be limited to 7:30 a.m. to 2:15 p.m. If students could not find time during the day to take an arts class, they could take it in the evening. For example, at Blair they had the eight-period day which gave them some added flexibility. Mrs. Fanconi requested information in writing on how they worked out the eight-period day at Blair and how many students took advantage of the eighth period.

Mrs. Fanconi asked whether they had looked at the new graduation requirements. She had a daughter who was now a senior in college in the arts, and she would not have been able to take journalism and drama with the new requirements for math, science, and social studies. Dr. Brimfield replied that they were very concerned that everything else would be crowded out of the curriculum. They had tried to make a very strong argument about the role of the arts and how the arts enhanced the other subjects. She thought they would lose a lot of students if they did not give them that opportunity to express themselves in different ways. Dr. Richman said that while he believed in strong requirements for math and science, he would suggest that rather than mandate four years of math or four years of science, they might mandate that students complete mathematics through geometry or through algebra.

Ms. Marion Griffin commented that the committee had discussed having a vision and really looking at the school day. If they thought of a school day not being from 7 a.m. to 3 p.m., they could look at evening hours not just for students but for

teachers. Many people functioned better in the evening. For example, teachers could teach from 3 p.m. to 8 p.m. Working students could take their arts courses in the evening. In elementary schools where parents could not pick their children up until 4 p.m., they could have arts courses in the afternoon. If the building was going to be open anyway, they should take advantage of this. It was not just an eight-period day. They should look at weekends, especially if they were going to be bringing artists in.

Mrs. DiFonzo said she would like to sit down with committee members in an informal session to discuss their recommendations. She had one overarching question she would like the task force to respond to. In the past there seemed to be an abiding interest in getting students to dance, sing, draw, and paint. Many of their activities were focusing on experiencing the arts. She asked what was there to help a youngster enjoy a performance at the Kennedy Center Opera House. She asked for the recommendations for the student as a consumer as opposed to the student as an artist. Dr. Brimfield pointed to the recommendation on the fine arts bylaw that included aesthetics and criticism which were required components in courses counting for the fine arts requirement. She felt that the arts should be so commonplace in the lives of students that going to the Kennedy Center was not seen as something foreign to them. While the bylaw helped them, this still needed to be a part of the MCPS curriculum. Dr. Richman said he would add the National Gallery of Art to Mrs. DiFonzo's list. He had taken groups of students from Blair High School to galleries, and he had been overwhelmed by the level of sophistication exhibited by these students. Their understanding exceeded that exhibited by college students that he had taken to exhibits.

Mrs. DiFonzo asked for additional information on their recommendation on TAPESTRY in light of what had happened in the past few months. Dr. Brimfield explained that they had hedged by using "TAPESTRY-like" experiences. They realized that now there was no vehicle to do this, but they should look at some kind of creative use of time and space. Dr. Richman pointed out that that year the minority percentage of students in TAPESTRY had been 49 percent. The program recognized that students had talents as well as being gifted. Mrs. DiFonzo hoped that when the superintendent responded to these recommendations that he would include the implication of the contractual agreements as well as cost implications.

Dr. Cheung complimented the committee for their outstanding report. He was particularly interested in the recommendation to provide training for arts teachers in the use and inclusion of technology in their instruction. There was interest in computerized graphics and imagery in the sciences. They would train career technicians in these areas. He thought that they

needed to pursue this in terms of integration of science and arts. He asked whether they had any innovations or pilots along these lines. Dr. Brimfield replied that Watkins Mill was doing wonderful things with computerized graphics, and Sherwood had a music program using computers. Mr. Pioli replied that Rockville had a similar music program, and they had the programs at Eastern and Blair. He thought there were about five or six schools that were advancing the use of technology in the arts. Dr. Cheung thought they should look at the area of computerized design as a means of integrating science and the arts.

Ms. Gutierrez thanked the committee for a very exciting report. She thought their presentation and recommendations were wonderful. She thought there were several recommendations they could move forth with because no cost was involved. She agreed with the recommendation that a permanent advisory committee be formed. She also liked the idea of providing more training to teachers. A lot of their focus was on staff development, and she thought they were looking at building the capabilities of teachers. She thought this was a natural place to focus on multicultural efforts. She would strongly recommend that staff looking at multiculturalism include a heavy infusion of art and music.

Dr. Vance recalled that he had been struck with the commitment made by Mr. Pioli and his staff to enhancing a multicultural perspective. Mr. Pioli stated that he was enthusiastic about the dedication MCPS staff had for arts education, multicultural education, and technology education. In music the staff had held extensive training programs for teachers to understand the various components of the ethnic populations in Montgomery County and how these related to cultural and artistic elements of the cultures. They had brought consultants in to have demonstrations for teachers. In art they had developed extensive instructional guides, and this past summer one had been developed in music to connect the curricular components to multicultural components. This was one of Mrs. Gemberling's objectives when she was head of OIPD. They, too, felt that the arts was a very easy place to make this connection. In instrumental and choral music, they had extensive curriculum documents to allow the teacher to make these connections. He invited Board members to look at these documents because they were very well prepared. The Interrelated Arts Program had produced an extensive library of multicultural materials that could be used at the elementary and mid levels. This was a result of the dedication of teachers in gathering these materials.

Mr. Ewing wanted to underscore the point that was made about scheduling. The recommendation was to provide flexibility in scheduling, and the report read, "scheduling needs to be transformed into a mechanism that serves the instructional program rather than one that prescribes what can or cannot be

done. Administrators should receive training in ways to develop schedules that move them closer to their visions for their schools." He thought this was very important. Math, science, English, and social studies competed for time, for space, for student attention, and for resources with the arts, vocational education, and other programs. The only way to break out of that was not to sacrifice one on the altar of the other, but to find ways to meet all those needs. The report gave them a stimulus in that direction together with the current consideration of additional requirements for graduation by the state and some actions that were before the Board as well. He pointed out that the school day for the high school had not changed in 80 or 90 years. There were places such as the essential schools experiment where people had arranged things differently and had organized a school day to move closer to the vision that they had for the schools. The Board was working on a vision now, and he did not think that vision should be limited by the school day.

Mr. Ewing said he would also note the suggestion that they needed to bring artists into the schools to serve as mentors. He would take the term "mentor" to be broader than simply an artist working with some students or teachers. He cited a recent experience he had had in attending a conference of business people with a poet as a guest speaker. He thought that the remarks by the poet had brought the group together, and if this could happen with a group of accountants, it could be even more successful with students. He agreed that they needed to think broadly about what the arts could do to people when the artists were there.

Dr. Vance noted that all three advisory committee reports this evening had a common theme. This was the necessity for planning for the 21st century by dramatically altering the culture of MCPS. He thought that the "dreams" of the task force were close to reality, and a lot of what happened depended on the people sitting around the Board table. Dr. Richman believed that there was that commitment in Montgomery County because Washington was a wonderful center for the arts. He said that there were really six disciplines in the academic subjects: math, history, social studies, science, English, foreign languages, and the arts.

Dr. Cheung asked about the dissemination of these reports beyond MCPS to other school systems or to leaders in the state and county. Dr. Vance replied that this would be the Board's decision because it was the Board's task force. Mr. Ewing said the superintendent would be providing his views on the recommendations, and at that point it would be up to the Board to decide whether to disseminate it widely or disseminate it for purposes of public information.

Mr. Ewing thanked the task force for an excellent report.

Re: ANNUAL REPORT OF THE MENTAL HEALTH  
ADVISORY COMMITTEE

Dr. Vance introduced Dr. Philip Bashook, committee chairperson. He said that it had been his pleasure to meet with Dr. Bashook and members of his committee.

Dr. Bashook reported that Mr. Arthur Nimetz, director of pupil services, was the staff liaison to the committee. As an introduction to the report, he explained that a lot of the comments were very critical of MCPS efforts. Not in the report were the numbers of activities that had been occurring successfully. He would be very pleased if the Board would accept from them a follow-up that would include some of that information. The report had been prepared by a steering committee, and the committee had had a quick chance to review the report. Therefore, there were a lot of rough edges to the report.

Dr. Bashook said there were five recommendations. The first one was to "provide strong support for the efforts undertaken by the newly appointed coordinator of seriously emotionally disturbed programs. The coordinator's position provides an important central focus for all programs and efforts on the part of children with SED." The committee felt very strongly that they needed public support of this individual and this effort.

The second recommendation was to "direct the superintendent to develop a data system that can track identified SED children and potential 'at risk' children and assess the success of special education programs offered or contracted by MCPS." Dr. Bashook said this had been a long standing problem. The staff had had a very difficult time in collecting data because the existing data system did not provide the information needed. It did not even contain information on the numbers of students coded SED as a secondary code. He hoped to explore this in discussions with the superintendent.

The third recommendation was to "direct the Mental Health Advisory Committee to bring to the Board for consideration a proposed policy on identification of 'at risk' children and children who might benefit from being classified as SED, Levels 1, 2, and 3." Dr. Bashook explained that they did not have a coherent plan to deal with the at risk children at this moment. They estimated there were around 50 students classified as Levels 1, 2, and 3 SED out of the 900 that were coded. This was rather strange because with most handicapping conditions, the pyramid went the other way.

The fourth recommendation was to "direct the Office of Special and Alternative Education to prepare a report to the Board on actions taken to implement recommendations from the 1989

Superintendent's Task Force Report on SED." Dr. Bashook recalled that a lot of effort had been put into this report, and they had very clear, constructive, and useful recommendations. There was also another report on community/school relations that had some of the very same concerns. The issue here was what specific programs and activities had been implemented and how many students had been served.

The fifth recommendation was to "reduce the number of committee members to approximately ten." They would like to rescind this recommendation and have the committee itself look for solutions here.

Dr. Bashook reported that the committee had been a subcommittee of the Medical Advisory Committee and had become a separate committee in 1988. The primary concerns of the committee were mental health concerns and issues in MCPS and to give advice on implementing the MCPS pupil services program. They also had been asked to monitor the implementation of the SED task force report. The pupil services program was a new program, and the committee planned to look at this at the beginning of next year. The director of pupil services was staff to the committee and had been of major benefit to the committee in providing materials and information.

Dr. Bashook said the committee recognized that MCPS' mission was to foster education for all children, not just SED children. To this end, each child's emotional health was important for success. The committee recognized that MCPS had a history of providing mental health services to children and youth, but it was not, and should not be, the primary provider of mental health services. With budget issues, this was a concern of all of them.

He said that the report addressed the scope of mental health services for students in MCPS, major challenges in providing effective services, and the recommendations for the Board. In regard to the scope of services, Dr. Bashook said it was important to keep in mind that MCPS did not view itself as a provider of mental health services, yet, by federal and state statute, must provide some mental health services for students coded SED. This was usually done through contract arrangements. They had to worry about the SED children who were coded and the at risk children. The difficult part was defining the at risk children. He said that the problem was they had to label students as SED in order to give them the services that they knew would be very helpful to them. At Levels 1, 2, and 3, there was a tendency not to label children and to help them in other ways or not at all. The tendency seemed to be they were not able to help these students.

Dr. Bashook reported that the entitlement was the IEP. The IEP had to define strengths, needs, and services for the child. In

some instances this was a coordinated effort with the county service agencies. While the coordination had improved between the agencies and MCPS, there appeared to be continuing problems. He believed they had major work to do here. One of the outcomes of the reports was the development of the cluster system for Level 4 children. He reported that the behavioral support teachers had been hired and were now functioning in that system. Dr. Bashook stated that a large portion of the children classified as SED were placed in the highest service level and most expensive school programs involving separate special schools (Level 5) and out-of-state residential schools (Level 6). RICA was a Level 5 interagency program, which meant they did not have a Level 6 residential program in the county that was run by MCPS. In June, 1991, there were 900 children classified as SED out of 104,000 students in MCPS. This was less than 1 percent of the student body, and nearly 85 percent of these students were in Levels 4, 5, and 6. National statistics suggested that between 7 and 11 percent of children were in this category, and if they took 7 percent of 104,000, the figure should be 7,000 children. MCPS was serving 900 students. However, they did not know about numbers of students with SED as a secondary code; and their guess was that it would not come up to 7,000. He understood there was data from other jurisdictions that might shed light on some of the comparisons.

Dr. Bashook said they had had extensive discussions about identifying SED early and appropriately and whether they had effective programs for these children. Whatever they looked at and however they approached it, it was very clear it was expensive and time consuming. Legal procedures and disputes continued between MCPS and the families trying to get services for these children. It was getting more expensive rather than less expensive.

In regard to at risk children, Dr. Bashook said the definition stated that these were "children, especially teenagers, who develop emotional problems of an immediate crisis nature that place them 'at risk' for out-of-school placement or result in serious disturbances demonstrating a need for psychological help." He explained that this definition would be just past the SED population; therefore, they were dealing beyond the coded group to those they knew would have trouble if services were not provided. He pointed out that there were students who were perfect in school and a disaster at home. Eventually these students dropped out of school, and these children were also a problem. These students were able to keep together for six hours at a young age, but when they got to be teenagers, the situation changed. They needed early intervention and group or individual counseling, and this occurred at the initiative of parents or staff. There were a number of programs, but they were scattered. There was no coherent activity in that direction although there were outstanding activities by individuals, principals,



counselors, and psychologists to address needs in one school. For example, if a family moved from one part of the county to another, it was luck if they ended up with the opportunities that were available in the prior setting.

Dr. Bashook pointed out that there were 501 students placed on home instruction in the last school year. While these students were classified as emotionally disturbed, they were talking about students who were at risk emotionally. Of those, 77 were administratively placed because they were awaiting some sort of process. Parents had told the committee that many of these students languished for many months and did not get back into school. The worst case they had heard of was two years on home instruction. There was no data on these students as to what happened to them after they left home instruction. They did not know how many had been coded SED versus just being at risk, and they did not know the initial classifications for these students.

In regard to major challenges, Dr. Bashook said they had systemwide program and planning. They had some outstanding individuals in the school system who were taking the initiative to do what they thought was necessary. However, MCPS did not have a systematic plan. They were worried because there were pre-school children, and their numbers were exploding. They needed a plan to deal with these children. There was no plan to deal with at risk children in general, and this was a responsibility that the children could take on for the Board.

The second major challenge consisted of barriers. The first was a crisis approach to helping children. They had to ask why they had 85 percent of the children at Levels 4, 5, and 6 and why a good number of these students were high school children. It was because they did not deal with the problem early on. They waited until there was a crisis. Parents were frustrated because the school system was not responsive, and teachers were frustrated because they saw the bureaucratic structure they had to go through to code the student in order to provide the services. They ended up with a crisis situation, and this environment was not conducive to effective problem solving. It fostered failures on the part of children and teachers and anger and resentment on the part of everyone.

Dr. Bashook said the second barrier was cost and the bureaucratic process. MCPS had a four-step process which was very costly and time consuming. It presented an image to parents that the school system staff did not care about the needs of the child. They had to think about cutting through the process while still meeting the legal requirements. Frequently these children languished in an inappropriate placement or were placed on home instruction while the bureaucratic wheels slowly turned. Given the complex and bureaucratic system, it was no surprise that the atmosphere surrounding special education placement was litigious and

frustrating for all concerned. The federal monitoring of Maryland looked at six counties to evaluate the state's monitoring of the local school system. MCPS was violating a number of critical issues in terms of meeting the needs of these students. MCPS tended to determine placement before and IEP was completed. Often this did not meet the needs of the children. Dr. Bashook stated that this led to the next point which was limited MCPS placement options for children with SED. Without many options, they had poor choices.

Dr. Bashook said that another barrier was that they had no therapeutic support in MCPS programs for children with SED. By definition, if someone was seriously emotionally disturbed, he or she needed therapeutic help of some kind to function effectively. Nothing was done in this area in MCPS on a formal basis. Individual staff took the initiative and did some things, and this was a long term question that needed to be addressed. Many school districts did provide therapeutic support which was part of 94-142. The state of Maryland did not support that position, but this did not necessarily make it right.

Dr. Bashook said their next point was that they had no data on the number of children or their success or failure rates. This pertained to the reverse pyramid he mentioned earlier. He had been on a school board, and the most frustrating thing for him was not having good data to make good policy decisions. It was also very frustrating for his superintendent. He hoped this could be a high priority so that they could make decisions that would be effective. Another issue was lack of programs for prevention and early identification. They had some things going on, but again they had to come back to the fact that these students were in the higher levels of needs for services. They were not catching these students early.

Dr. Bashook hoped that the Board would respond to the report and their recommendations.

Mr. Ewing commented that in the past when they had received committee reports and had asked superintendents for their comments, the superintendents had replied previously, "the problem is very complex and very difficult to solve and no one has all the answers; our programs are excellent; we are already doing that; we can't do that because it is too expensive; and there isn't enough support out there to permit us to do it." While some of those responses were appropriate sometimes, he would hope that they could move beyond that to saying what it was they were going to do. This was an issue which had been before the Board repeatedly for years. They still did not have data, programs, and a plan, and his patience was worn out. He wished they could just adopt the recommendations of the committee and get going on them. He realized there were considerations of cost, time, and staff. He believed it was important for them to

pick now what they were going to do and lay out a plan and do it. Mr. Ewing was angry about their continuing inability to address this problem in an effective way.

Mrs. Fanconi reported that she had received half an inch of material in response to her pre-Board questions. She would like the superintendent to include those responses and an expansion of them in his response to the report. She was particularly concerned about the waiting time for Level 4 and 5 services. The response seemed to indicate that they did not have a waiting list, yet she continued to hear from parents that there was a long delay which they called a waiting list. Mrs. Marge Samels replied that some parents were on waiting lists for three months and then suddenly they were on no waiting list at all and not informed of that. Others had their children on home instruction for as long as a year before they were given a placement. The problem was complex because there were no set rules or regulations. It was difficult to figure out what was a waiting list. One parent had told her she was first on the waiting list, but when next seen the parent told her that the child had not been in school for six months because there was no "waiting list". They did not really know what the waiting lists were.

Dr. Bashook added that there was no formal list as far as they knew, but there was a lot of waiting. The most common problems were waiting to get a CARD meeting which had been an ongoing complaint of parents. This was distressing when a child was in a psychiatric hospital, and parents wanted to take advantage of this therapy to get them back into a classroom situation. However, they would have to wait weeks and months for a CARD meeting because paperwork needed to be done. There was no coordination going on. The second waiting period was for a placement. There was a real paucity of placements available to match these students. Therefore, students were sometimes placed in a Level 4 while waiting for a Level 5 or they were left on home instruction looking for the right placement. This was the message that came back repeatedly and in large numbers. If they waited three months for a child, they had lost half a term. If the three months was after a hospitalization, they may have lost the child.

It seemed to Mrs. Fanconi that in regular education if they ended up with more kindergarten students, they added a kindergarten teacher. This was called "same services." She agreed that they needed a data tracking system to see what the trends were. If over a period of time they knew they were having more and more need for a certain kind of service, she asked why this wasn't planned into same services. She had a lot of difficulty understanding the differences between special education and regular education when it came to a need for services.

Mrs. Fanconi said that another issue was federal compliance. She had received information about this, and clearly they had to comply. However, it was disturbing to see MCPS make a placement before the IEP was completed. She hoped that the staff response would include some information on how MCPS was addressing those compliance issues. She would like to have some discussion on the possibility of doing some pilots right away. If they could come up with a case management pilot for the students in Levels 4 and 5, it might speed up the process. Another place for a pilot would be for children coming out of psychiatric hospitals. They might also look at staff development to have regular education teachers work with special education teachers on more early intervention services. She suggested that these were areas for small pilots. For example, a Level 4 service for a child cost \$37,000, and it seemed to her that \$37,000 times the number of Level 4 students was a lot of money to put into intervention services. She felt that there ought to be a tremendous incentive in the system to try to keep more of the children in Levels 2 and 3. She had pulled out a chart showing the SED pyramid being upside down from the pyramids for all of the other handicapping conditions.

Mrs. Hobbs pointed out that they had referred to therapeutic support that some SED children received at Mark Twain and RICA. She asked for more specifics on this support. Dr. Bashook replied that the program itself had a structure where all the teachers and the principal were involved when the student started to develop a crisis situation. These people responded immediately. The second part was their therapeutic group sessions as well as individual therapy. He understood there was no formalized process for this at the satellites and at Bridge.

Mrs. Hobbs noted that the report talked about 501 children placed on home instruction who were classified as SED and at risk for the 1990-91 school year. When she had asked that question, the response was 420 students which probably did not include the at risk students. In her pre-Board answer, she did not receive a complete answer. No one had told her how many of those students were still on home instruction this September. She wanted a clearer answer to her pre-Board question.

Mrs. Fanconi said she was confused by the fact that 48 students were on home instruction for 60 days, but the average length of time for all students was 59 days. Dr. Bashook explained that it was a high figure because many students were on home instruction for more than a year.

Mrs. Hobbs pointed out that the second recommendation directed the superintendent to develop a data system. She remembered that the Board had asked for a data system for the SED student population to be developed when Dr. Cronin had been on the Board.

She thought that the Board might have taken a vote on this. She asked staff to do some research on this, and Dr. Vance agreed. He indicated that this would not be a difficult task if a high school principal could create a SIMS program for 1,500 to 1,600 youngsters and there were only 900 SED students. He had already talked with Mrs. Gemberling and other staff members about this. He intended to move rather directly with these recommendations. For example, in the first recommendation there was no question they would support Tony Paul in his capacity as the new coordinator of SED. The Board would have to address a couple of these recommendations because they involved matters of policy.

Mrs. Hobbs asked whether the advisory committee would be taking up the issue of pupil services, and Dr. Bashook replied that this was part of their charge.

Ms. Gutierrez congratulated the committee for being so accurate and open in the kind of evaluation they had done of the program. A meeting ago, the Board had received an overview of the ARD process, but the analysis the committee had done was not even part of that presentation. She thought the committee had said it when they talked about getting to the bottom line of what were the results. It has been her frustration that the Board was not able to get the data that was necessary for making intelligent decisions. It was also essential that any program had the ability to evaluate itself. She thought it was imperative that the Board take the actions that were recommended in the report. She thanked the committee for their work and recommendations.

Mrs. Fanconi asked whether Dr. Paul's SED report could include the specifics of the SED task force. Mr. Ewing explained that he would be reporting on the survey. Mrs. Fanconi asked that consideration be given to including an update on the SED task force. In regard to therapeutic services, she said the state was not in support of this. It seemed to her that if a child had a vision problem, they did not get glasses for the child but rather referred the child to someone else. Dr. Bashook replied that it was a little more complicated. The federal law used the word, "counseling." Counseling meant psycho-therapeutic services, and in five states this had gone to the supreme court or its equivalent to require schools to provide these services. Once this was included on an IEP, the system had to pay for it. However, a school system could put a student in a therapeutic setting and get an interagency agreement which is similar to what MCPS was doing. The school systems paying for this actually saved money by keeping the students at a lower level of service because they could be put in Levels 1, 2, and 3 and not spend \$37,000 for a Level 4, \$60,000 plus for a Level 5, or \$100,000 for a Level 6 placement. Mrs. Fanconi asked Dr. Bashook to provide any data he had on this. Dr. Bashook agreed to provide the information and reported that the court decisions had occurred in Massachusetts, Pennsylvania, Florida, Kentucky, and

Illinois. Mrs. Fanconi said she would also appreciate receiving information on coordinated services where they had interagency agreements.

Dr. Bashook reported that he had met on several occasions with Dr. Vance to explore these issues. He thanked Dr. Vance for his candor, thoughtfulness, and his willingness to consider the issues. He hoped that the mental health advisory committee could work together with Dr. Vance to make this happen.

Mr. Ewing thanked the committee for an excellent report. The Board would be receiving a staff response from the superintendent. He commented that there was some urgency to get the response in order to have data for budget purposes. Ms. Gutierrez asked whether the Board had to state that it wanted a response within a particular timeframe. Mr. Ewing replied that the Board could do that and ask the superintendent about when a response would be forthcoming. Dr. Vance explained that he was unprepared to respond to that question this evening given the immediacy of the report. He had met with staff and had reviewed the report. He had indicated his preferences on Recommendations 1, 2, and 4. Mr. Ewing suggested that Board members might want to propose a new business item for discussion and action of the superintendent's response to the report.

Re: ADULT EDUCATION AND ESOL PROGRAMS

Dr. Vance invited the following staff to the table: Dr. Hiawatha Fountain, associate superintendent; Mrs. Marion Bell, director of the Department of Adult Education and Summer School; Carman Nakassis, and Martha Clemmer. He indicated that the Board had a paper which was prepared for discussion as a result of a Board resolution adopted on January 22, 1991.

Mrs. Bell stated that the Division of Adult Education was responsible for planning, developing, and administering countywide programs for adults and school-aged youth. Their offerings included a broad range of vocational and avocational offerings. They provided summer school, evening high school, Saturday school, a program at the Detention Center, the extended year employment program, and driver education. This evening's presentation would focus primarily on ESOL and GED.

Mrs. Bell said that their program was exemplary and was the largest in the state. Most citizens had no idea of the magnitude of the program which began in 1937 with 419 students when the MCPS school population was 10,730. In FY 1991, there were 104,000 regular students, and they provided services for 93,000 students. She had been told that many of their adult students prepared to return to school in the fall in the same manner in which regular students prepared to return. The ages of their teachers ranged from 23 to 91. Their oldest teacher taught

gemstones. There were more than 700 teachers working in a part-time, temporary capacity at 74 different locations teaching over 600 courses. She invited Board members to visit their program.

Mrs. Nakassis reported that as the ESOL coordinator she had served in this capacity for a year and a half. Before that, she had been an ESOL teacher for six years. This was the 41st year that adult education had been offering ESOL classes for the foreign born. The first class had originated as part of an Americanization course, and eventually language instruction separated from the naturalization program. In the last 10 or 11 years, interest in ESOL had grown due to the large influx of the foreign born into the county. In 1980, they had offered 60 classes; in 1986, they offered 100 classes; and last year they had offered 164. In 1980, 5,000 adults were enrolled in the program; in 1986, it was 9,000 adults; and last year it was 16,490. Over the last 11 years, this represented a growth of 230 percent.

Mrs. Nakassis indicated that they had seven levels starting from "basic" which was for people with very few literacy and conversational skills all the way up to "high advanced" for people who wanted more refined language learning skills. The first five levels were free for all foreign born people who were residents of the county. There was a fee for the top two levels and also for their enrichment classes which were special courses on specific skills such as pronunciation, conversation, and practice for the Test of English as a Foreign Language. This test was required of those foreign born seeking admission to American universities. They found that 90 percent of adults were taking the free classes. They were placed according to their oral and written skills before they were registered. At the end of 14 weeks, students were given post-tests for evaluation of their progress. They found that 61 percent of the students tested out at the lower levels, and in those classes they focused on reading, writing, speaking, and listening. They also put emphasis on life coping skills because people needed those to function in the everyday world.

Mrs. Nakassis said that the average class size for a free class was 27, and the average class size for a fee class was 21 students. More than half of their classes took place in the evenings from 7:30 to 9:30 p.m. They also offered Saturday morning classes from 9 to 12 as well as weekday classes. In addition, they offered the language lab in the Connecticut Park Center for those who wanted extra practice. Three times a year they offered workshops to prepare people to get drivers' licenses and citizenship. They offered an intensive ABE-GED class for those high school aged students who were too old to take the regular daytime program because they could not fulfill the required credits in the allotted time frame. This class was held at B-CC five mornings a week, with two hours for ESOL and two

hours for the preparation of the GED. In addition, they had an ESOL police program where a community relations officer went to the centers to speak to the students on the role of the police.

In the free classes, 56.5 percent were Hispanic, 26 percent were Asian, 12 percent white, and 5 percent black. In the fee classes, Asians were 37 percent, whites being 32 percent, Hispanics 27 percent, and blacks being 4 percent. More women than men took their courses, about 62 percent versus 37. Most people were between 25 and 44.

Mrs. Nakassis reported that they held their classes where there was a large concentration of foreign born. They had them in secondary schools, some elementary schools, government centers, and public libraries. Their largest centers were Blair, B-CC, Richard Montgomery, Einstein, and Gaithersburg. In the last couple of years they had opened centers near the big schools. Last year they opened a center at Kennedy, Saturday morning classes at Blair, South Lake, and Broad Acres. Three years ago they had opened a Saturday center at St. Martin's which had a large Hispanic congregation. They also opened a center at Gaithersburg Intermediate which drew a large Asian population. This year they would open centers at the Silver Spring library and the B-CC government center.

Mrs. Nakassis said that in seven years she had seen this program grow. As a teacher, she had found great rewards in working with this group because they were motivated and eager to learn. For these people, the ESOL classes meant survival in the United States, keeping up with their children, and finding employment.

Ms. Clemmer reported that she was the GED coordinator and had held this position for the last two years. Before that, she had been an instructor in the ABE-GED classes. ABE stood for Adult Basic Education, and GED stood for General Educational Development. When students came to them, the state department required MCPS to administer a placement test for reading and math skills. After they had been tested, they were placed in a two-hour class for reading, writing, and English and another two-hour class for math. Students were put in levels according to their placement tests.

Ms. Clemmer explained that an ABE student was one who was functioning at a non-reading to about a fourth grade level. One such student wanted to learn enough to fill out an application. After months of effort, this 50-year old man was able to fill out a form at K-Mart. Students in the pre-GED level were reading about the fifth to eighth grade level. These students were still learning life skills and life competencies. The third level was the GED level, and these students generally functioned at about a ninth grade reading level or above. They taught to the GED test which was a comprehensive exam taken in one day for about seven



and a half hours. The exam was supposed to test skills that United States and Canadian students were required to know. The test consisted of writing skills, a 200-word essay, literature and the arts, science, social studies, and mathematics. They had about 70 different classes of ABE/GED in 24 different centers. A lot of these centers also had ESOL students. They operated centers in churches, one hospital, libraries, Centers for the Handicapped, the pre-release center, and Inwood House. The students were about 34 percent black, 32 percent white, 22 percent Hispanic, and 11 percent Asians.

Ms. Clemmer said they offered other special classes as well. They had classes for MCPS support services personnel to provide basic reading skills. They had served 75 students in over 25 different job categories from building service workers to cafeteria workers to bus drivers. She cited the problem of one student receiving a letter from her daughter's school. The daughter was functioning below grade level, and the principal was requesting permission to place the child in another reading program. The employee asked for the help because she did not want her daughter to end up as she had in a basic reading skills class. Ms. Clemmer said they had discovered they were promoting family literacy as well as individual literacy. They had found that 61 percent of these adults had children in MCPS.

Ms. Clemmer reported that they had the largest ABE/GED/ESOL program in the state. Last year over 53,000 students in the state took these programs, and Montgomery County served 21,800 or about 43 percent. She invited Board members to visit their classes.

Mrs. DiFonzo asked why there was a large Hispanic population at St. Martin's and a large Asian population at Gaithersburg Intermediate. Mrs. Nakassis explained that the church itself had a large Hispanic congregation. She pointed out that they also had a large Hispanic program at Gaithersburg Intermediate. Mrs. DiFonzo asked if students had to show a green card or citizenship papers in order to take these courses. Dr. Fountain replied that they did not ask the question.

Mrs. Hobbs asked how they publicized the availability of these programs, the locations, and the procedures for registering. Dr. Fountain said that a lot of this was word-of-mouth, and they had flyers placed around the county. Mrs. Bell added that the brochures went to every household in the county as well as flyers. This morning at 6:30 people were lining up to register at Connecticut Park, and this evening there were lines at all the centers. Ms. Clemmer reported that she worked closely with the Literacy Council.

It seemed to Mrs. Fanconi looking at the class composition between free and pay classes that there were fewer Hispanics and

blacks in the pay classes. She asked if they had done a survey to see whether the fee was a barrier. Mrs. Nakassis said they had not. It had more to do with the fact that the fee classes were advanced and most of these classes were offered during the day. Mrs. Fanconi reported that in the demographics for the county Hispanics and blacks tended to be disadvantaged. She thought it might be appropriate to find out whether the fee was standing in the way of these students.

Ms. Gutierrez stated that a reporter had asked her why the Board was reviewing this program. She had introduced the resolution to schedule this as an agenda item. This was an extremely important service provided by MCPS, and not too many people knew about this. She wondered whether the Board had ever had a presentation from these people before. As an active member of the Hispanic community, she was very sensitive as to how much of a need they filled. English was essential for the survival of these people, and for many families, English was a condition of their getting their permits. In Montgomery County, only the school system provided these services. In Prince George's County, their community college did provide some of these services. Baltimore City also provided these services through its community college.

Ms. Gutierrez said she had two concerns. They had just verified that the demand was enormous. She had heard that about 400 people had been turned away at the centers, and she did not know whether it was still happening. She asked whether they were keeping track of the demand and whether they had waiting lists. They had to know the demand so that they could project their needs. She thought that they were experiencing a reactive rather than a projected growth. She asked whether this week they could get some feeling for what was happening to these people. Mrs. Bell replied that they were tracking this at two centers. They had not had the human and financial services to do this before, but they would try to do some tracking. She already knew that 100 people were turned away at two schools. By the end of the week, they should know whether those people got into another center or not. However, it would be difficult to track these people. For the first time they were going to ask people to fill out a form at these two centers.

Ms. Gutierrez said that another reason why she was interested in this subject was because of the new enterprise fund. She was very concerned about what was happening to the services and how they were doing in terms of numbers of students and in terms of finances. Unfortunately, there were no figures in the report. She requested a follow up or a direct meeting with staff to review these cost issues. She knew that they had federal and state funds to cover part of the program, and she would like to get a much better feel as to how they were doing this. This would guide the Board as to what they did with the program as an enterprise fund. She was particularly interested in the GED

because it was a last chance for many dropouts. She also wanted to see how MCPS was serving these students. Again, unfortunately the information the Board had received was descriptive. She wanted some feeling as to how successful they were with the GED candidates. How many graduated? She suggested bringing this service into school counseling centers so that there was a link there. Mrs. Bell replied that for the first time they would have the data because in prior years they had not been able to determine how many of their students actually passed the exam. She had requested the state to provide this information.

Ms. Gutierrez had had a conversation with a Board member from Wisconsin whose program was run through their community college. The Board member thought this was the more proper environment because students did better in an adult environment.

Ms. Gutierrez stated that it was a shame that staff had not contacted her before preparing the report. She was looking at the program in terms of a program management issue. She was particularly interested in funding issues and plans and projections for the program. It seemed to be a program that was running itself, and she would like to see them do more planning as to where they were going. This would help them get funds from the state and the federal governments because there were funds available in this area, particularly for immigrants. She would also like to know more about the teachers, how were they hired, what were their qualifications, and how were they evaluated. She would like to know about the materials and tests used. She asked whether the forms were user-friendly. She suggested that she meet with staff and congratulated staff for doing such a great job.

Mrs. DiFonzo recalled that the Board had discussed this about a year and a half or two years ago. She had raised the subject of people being turned away at centers. She had been told that people were turned away for a variety of reasons. These people might not have been through the testing program. They might have showed up at a center which did not offer the level of service they needed. The third reason was that the programs might have been full. When she had asked about adding more programs and classes, she had been told about the difficulty in finding qualified instructors. She suggested that a big part of that tracking had to be why these students were being turned away. Mrs. Bell stated that it was really overcrowding. The classes were at the maximum in terms of their resources. They had opened as many classes as they could. Their teachers were well qualified, and everyone in these two programs had a degree. They also had a problem with finding space for these classes.

Mrs. Fanconi pointed out that on several occasions this evening there were questions about plans and projections. About 10 years ago, she had read through some annual reports that contained

plans, projections, and missions. She asked whether MCPS still did this. Mr. Ewing replied that MCPS had not done those for a number of years; however, some of this information was in the operating budget.

Ms. Gutierrez asked whether the program was paying for itself, and Mrs. Bell replied that it was.

Dr. Fountain explained that one of the issues was filling out forms. It was a problem when people did not speak English. Ms. Gutierrez asked why these forms were not done in foreign languages. Dr. Fountain thought they might be able to do that with computerization. Dr. Cheung pointed out that throughout this evening's Board discussion they had talked about data bases. They needed more data so that they would know how to fix the problems. In this case they needed a simple program to track students, and they should take advantage of the technology they had in Montgomery County. He encouraged the Board to have an individual student profile on computer so that they could aggregate the information into teacher and school profiles.

Mrs. Fanconi suggested that this was an ideal population to refer to the parent resource centers. She asked whether Adult Education personnel were providing this information to people. One of their goals was to involve more minority parents in the education of their children. She thanked staff for a wonderful report.

Mr. Ewing expressed the Board's appreciation for the information.

\*Mrs. DiFonzo temporarily left the meeting at this point.

RESOLUTION NO. 822-91 Re: EXECUTIVE SESSION - OCTOBER 8, 1991

On recommendation of the superintendent and on motion of Dr. Cheung seconded by Mrs. Brenneman, the following resolution was adopted unanimously:

WHEREAS, The Board of Education of Montgomery County is authorized by Section 10-508, State Government Article of the ANNOTATED CODE OF MARYLAND to conduct certain of its meetings in executive closed session; now therefore be it

Resolved, That the Board of Education of Montgomery County hereby conduct its meeting in executive closed session beginning on October 8, 1991, at 9 a.m. to discuss, consider, deliberate, and/or otherwise decide the employment, assignment, appointment, promotion, demotion, compensation, discipline, removal, or resignation of employees, appointees, or officials over whom it has jurisdiction, or any other personnel matter affecting one or more particular individuals and to comply with a specific constitutional, statutory or judicially imposed requirement that

prevents public disclosures about a particular proceeding or matter as permitted under the State Government Article, Section 10-508; and that such meeting shall continue in executive closed session until the completion of business; and be it further

Resolved, That such meeting continue in executive closed session at noon to discuss the matters listed above as permitted under Article 76A, Section 11(a) and that such meeting shall continue in executive closed session until the completion of business.

RESOLUTION NO. 823-91 Re: MINUTES OF JULY 9, 1991

On recommendation of the superintendent and on motion of Mrs. Brenneman seconded by Mrs. Fanconi, the following resolution was adopted unanimously:

Resolved, That the minutes of July 9, 1991, be approved.

Mrs. Hobbs assumed the chair.

RESOLUTION NO. 824-91 Re: MINUTES OF SEPTEMBER 5, 1991

On recommendation of the superintendent and on motion of Mr. Ewing seconded by Mrs. Brenneman, the following resolution was adopted unanimously:

Resolved, That the minutes of September 5, 1991, be approved.

RESOLUTION NO. 825-91 Re: COUNCIL BILL 42-91, WEAPONS - SAFEGUARDING FIREARMS FROM MINORS

On recommendation of the superintendent and on motion of Ms. Gutierrez seconded by Mrs. Hobbs, the following resolution was adopted unanimously:

Resolved, That the Montgomery County Board of Education go on record as endorsing and fully supporting the intent of Council Bill 42-91, Weapons - Safeguarding Firearms from Minors.

\*Mrs. DiFonzo rejoined the meeting at this point and asked that the record reflect that she would have voted to support Council Bill 42-91 had she been present.

RESOLUTION NO. 826-91 Re: BOE APPEAL NO. 1991-25

On motion of Mrs. Hobbs seconded by Mrs. Fanconi, the following resolution was adopted unanimously:

Resolved, That the Board of Education adopt its Decision and Order in BOE Appeal No. 1991-25 (a transfer matter).

RESOLUTION NO. 827-91 Re: BOE APPEAL NO. 1991-30

On motion of Mrs. Hobbs seconded by Mrs. DiFonzo, the following resolution was adopted unanimously:

Resolved, That the Board of Education adopt its Decision and Order in BOE Appeal No. 1991-30 (a transfer matter).

RESOLUTION NO. 828-91 Re: BOE APPEAL NO. 1991-99

On motion of Mrs. Hobbs seconded by Mrs. DiFonzo, the following resolution was adopted unanimously:

Resolved, That the Board of Education adopt its Decision and Order in BOE Appeal No. 1991-99 (a transfer matter).

Re: NEW BUSINESS

1. Mrs. DiFonzo moved and Mrs. Brenneman seconded that the Board of Education schedule a time to discuss the Goals of Education with the intention of reaffirming their commitment to those goals.

2. Mrs. Fanconi moved and Ms. Gutierrez seconded that the Board of Education schedule a meeting for discussion and action on the superintendent's response to the recommendations contained in the Annual Report of the Mental Health Advisory Committee.

Re: ITEMS OF INFORMATION

Board members received the following items of information:

1. Parent Involvement Regulations
2. Pine Crest Evaluation Study

Re: ADJOURNMENT

The president adjourned the meeting at 11:40 p.m.

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PRESIDENT

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SECRETARY

PLV:mlw