

ber of juveniles receiving special education services is 7,750, or 23 percent of the number of juveniles in corrections. Thus, according to state administrators' estimates, approximately 80 percent of juvenile offenders with disabilities are being served.

In addition to the data collected concerning offenders with disabilities in juvenile corrections, data were also collected relative to services for inmates with disabilities in state adult correctional facilities. An estimated 117,000 of those in adult corrections are under the age of 22 (Gerry, 1985) and thus potentially eligible for special education services under IDEA.

Of the 399,636 adults in state corrections programs, approximately 118,158 or 30 percent are receiving correctional education services. Based on data reported by 31 states, the estimated number of offenders with disabilities in adult corrections is 41,590 or 10 percent, 4,313 of whom, or less than 1 percent, are receiving special education services.

Currently a need exists for correctional special education services in juvenile and adult correctional institutions, raising the question of what constitutes an effective correctional special education program. Some researchers (e.g., Gerry, 1985; Smith & Hockenberry, 1980; Smith, Ramirez, & Rutherford, 1983) have delineated essential compliance issues with regard to implementation of IDEA in correctional education programs. There are six factors that are important to the implementation of meaningful correctional special education programs. These are (1) procedures for conducting functional assessments of the skills and learning needs of handicapped offenders; (2) the existence of a curriculum that teaches functional academic and daily living skills; (3) the inclusion of vocational special education in the curriculum; (4) the existence of transitional programs and procedures between correctional programs and the public schools or the world of work; (5) the presence of a comprehensive system for providing institutional and community services to handicapped offenders; and (6) the provision of in-service and preservice training for correctional educators in special education.

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CORRECTIONAL EDUCATION JUVENILE DELINQUENCY

COSTA RICA, SPECIAL EDUCATION IN

Costa Rica has the strongest public education system in Central America. The 1869 constitution mandated a free, obligatory, and state-supported educational system—making Costa Rica one of the first countries in the world to pass such legislation (Biesanz, Biesanz, & Biesanz, 1982; Creedman, 1991). Approximately 25 percent of the national budget is dedicated to education (United Nations Educational and Scientific Organization [UNESCO], 1997) and elementary schools can be found even in the most isolated regions of the country. As a result, Costa Rica's literacy rate of 93 percent is one of highest in all of Latin America (Economic Commission for Latin America and the Caribbean [ECLAC], 1996; UNESCO, 1997).

Costa Rica is equally progressive in the area of special education. Special education services were formally established in 1939 when the Fernando Centeno Güell School for children with mental retardation was created near the capital city of San José (Asesoría General de Educación Especial, 1992). Public special education services were first ensured through the Fundamental Law of Education of 1957, which declared that students had the right to a special education, if so needed, and the right to special didactic techniques and materials; and that parents had the right to information on

how to care for their child. Costa Rica has continued to pass progressive legislation for individuals with disabilities. The recently enacted Equal Opportunity Law for Persons with Disabilities (1996) includes antidiscriminatory clauses and guarantees equal rights for individuals with disabilities across all sectors of public life. Special education has been redefined in this law as "the combination of assistance and services at the disposal of students with special educational needs, whether they be temporary or permanent" (Sección VI, Artículo 27). The Equal Opportunity Law also strongly suggests that students with disabilities should be integrated into regular education classrooms that are "preferentially in the educational center closest to their home" (Capítulo I, Artículo 18).

Special education services in Costa Rica have rapidly expanded in the last 35 years. Until the early 1970s, students with disabilities received instruction at one of 20 segregated special education campuses (Bulgarelli, 1971). However, in 1978, the Ministry of Education began to place special education classrooms on regular education campuses through a national integration program (Castillo & Stough, 1988). By 1984, 11 special education schools, 103 self-contained classrooms, and 15 resource rooms were in existence, most located in the heavily populated Central Valley (Castillo & Stough, 1988). In the late 1980's, the Ministry of Education was able to rapidly expand the number of resource rooms in the country by hiring teachers to instruct *recargo*, or an extra shift, each day (Stough & Aguirre-Roy, 1997). By 1988, the *recargo* model had become the predominate special education delivery model in elementary schools. There are now over 600 classrooms that are taught by *recargo* teachers (A. R. Aguirre-Roy, pers. comm., February, 1998).

Approximately 20,000 students with disabilities receive services through the public education system in Costa Rica (Asesoría General de Educación Especial, 1993). The Department of Special Education uses the diagnostic categories of learning disabilities, mental retardation, emotional disturbance, speech impaired, auditory impaired, visually impaired, physically disabled, psychosocially disordered, and multiply handicapped. Eligibility for services is determined through a psychological and educational assessment conducted by a diagnostic team consisting of a psychologist, social worker, educator, and psychiatrist (Mainieri Hidalgo & Méndez Barrantes, 1992). Children with disabilities are eligible to receive educational services beginning at birth and these services continue through age 18, when most Costa Ricans finish high school.

Early stimulation classes for children five and under are located in elementary schools in most large towns and in the Central Valley region surrounding San José. In rural areas, parents often take their children to the nearest town on a weekly or biweekly basis to attend class. At the elementary level, students with learning disabilities or mild mental retardation receive services in resource rooms. These are typically "pull-out" programs in which

students receive instruction in small groups from a *recargo* teacher. These teachers usually deliver 20 hours of instruction a week, using one hour each day for planning and consulting with general education teachers (González Trejos, 1992). Students who are labeled as emotionally disturbed, who have sensory impairments, or who have moderate to severe disabilities are placed in self-contained classrooms or on separate school campuses. In rural areas, such as the Guanacaste region, several itinerant teachers have been hired to travel intermittently to schools that have small numbers of students with special needs. At the high-school level, students with mild disabilities usually attend a vocational, rather than academic, high school. There are also several special education high schools that serve students with more severe disabilities and focus on the development of vocational skills. The number of special education programs drops drastically at the high school level, however, and the great majority of students with disabilities, particularly moderate to severe disabilities, do not graduate from high school.

While the Ministry of Education promotes programs which are "integrated into the community, always using the least restrictive methods" (Asesoría General de Educación Especial, 1993), the reality is that the delivery of special education services usually segregates students with disabilities from their same-age peers. The Ministry is piloting a co-teaching model in which special educators teach in collaboration with general educators (Nieto, pers. comm., June 2, 1997); however, it is too early to speculate on how this new model might change the current special education practices.

Special education in Costa Rica suffers from the same obstacles that have been described in other developing countries: limited material resources, geographic isolation of large segments of the population, and insufficient training programs (see González-Vega & Céspedes, 1993; Marfo, Walker, & Charles, 1986). The greatest national need is for trained professionals. Few special education teacher training programs exist outside of the capital city and teachers in rural areas usually have had no formal training with students with disabilities (Stough, 1989; Villarreal, 1989). Physical therapists, speech therapists, and psychologists are also scarce and often have limited experience in the area of disabilities.

Recent educational initiatives have exponentially increased the number of students receiving special education in Costa Rica and the Ministry of Education is making a focused effort to coordinate these services. Undeniably progressive legislation now supports the rights of individuals with disabilities to work, receive public health services, and to be educated. While special education continues to expand in Costa Rica, untrained personnel limit the effectiveness of this instruction. The current challenge for Costa Rica is to ensure the quality of these special services, as well as the accessibility to them.

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COUNCIL FOR CHILDREN WITH BEHAVIORAL DISORDERS

The Council for Children with Behavioral Disorders (CCBD) is the division of the Council for Exceptional Children (CEC) that is dedicated "to supporting the professional development and enhancing the expertise of those who work on behalf of children with challenging behavior and their families. CCBD is committed to students who are identified as having emotional and behavioral disorders and those whose behavior puts them at risk for failure in school, home, and/or community. CCBD supports prevention of problem behavior and enhancement of social, emotional, and educational well-being of all children and youth." The division works to promote educational services, advocate for children and youth with emotional and behavioral disorders, and disseminate research, practice, and policy information through journals, professional conferences, publications, and its web site.

CCBD is open to all members of CEC. The division provides the research journal, *Behavioral Disorders*, practitioner-oriented publication *Beyond Behavior*, and the *CCBD Newsletter* to all members. In addition, members can access position papers, policy recommendations, and online articles from the CCBD web site. CCBD sponsors an international conference and has strands and networking opportunities at the CEC Convention & Expo each year. For additional information on the programs and services that CCBD offers to its members, go to the division's web site at <http://www.ccbd.net/or> <http://www.cec.sped.org>.

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COUNCIL FOR EDUCATIONAL DIAGNOSTIC SERVICES

The Council for Educational Diagnostic Services (CEDS) is the division of the Council for Exceptional Children (CEC) that focuses on the promotion of "the most appropriate education of children and youth through appraisal, diagnosis, educational intervention, implementation, and continuous evaluation of a prescribed educational program." The association seeks to integrate diagnostic and prescriptive