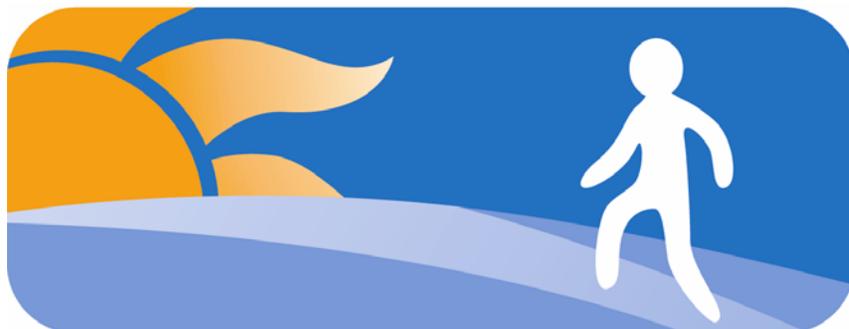


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## NATIONAL LONGITUDINAL TRANSITION STUDY 2

### THE INDIVIDUAL AND HOUSEHOLD CHARACTERISTICS OF YOUTH WITH DISABILITIES

#### A Report from the National Longitudinal Transition Study-2 (NLTS2)

#### Executive Summary

Prepared for:

Office of Special Education Programs  
U.S. Department of Education

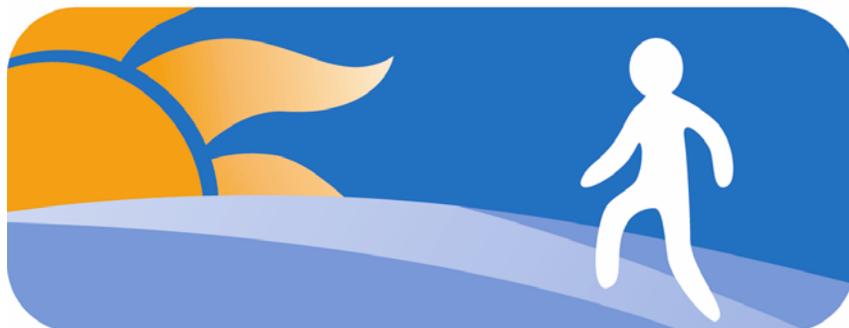
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**SRI International**  
333 Ravenswood Avenue Menlo Park, CA 94025



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## A Report from the National Longitudinal Transition Study-2 (NLTS2)

### Executive Summary

Prepared for:

Office of Special Education Programs  
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Prepared by:

Mary Wagner, Camille Marder, Phyllis Levine, Renée Cameto, Tom W. Cadwallader,  
and Jose Blackorby, with Denise Cardoso and Lynn Newman

### SRI Project P11182

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## EXECUTIVE SUMMARY

Understanding the individual characteristics of youth with disabilities is a crucial foundation for serving them well. Youth approach their educational experiences from a complex history and background that is shaped by demographic characteristics, such as age, gender, and ethnicity; by family background and circumstances, such as parents' education, expectations, and household economic status; and, importantly, by the nature of their disabilities and how well they function in a variety of domains. All of these factors help structure the involvement of youth at home, at school, and in the community. Thus, they are essential elements of the context for many major life experiences of youth.

This report examines the individual characteristics of youth with disabilities and the households in which they are being raised; it addresses the following questions:

- What are the demographic characteristics of youth (Chapter 2)?
- What are the characteristics of their households (Chapter 3)?
- What are their identified disabilities and treatment histories (Chapter 4)?
- What are their functional abilities in the physical, sensory, and communication domains (Chapter 5)?
- What daily living and social skills do they exhibit (Chapter 6)?

Answers to these questions are drawn from information collected as part of the National Longitudinal Transition Study-2 (NLTS2), funded by the Office of Special Education Programs of the U. S. Department of Education. NLTS2 includes more than 11,000 youth who represent all students who were ages 13 through 16 on December 1, 2000, were receiving special education, and were in at least seventh grade. Information from NLTS2 represents youth with disabilities in the NLTS2 age range nationally, and youth in each of 12 federal special education disability categories. Findings in this report reflect information gathered from parents and guardians<sup>1</sup> of NLTS2 youth through telephone interviews and a mail survey conducted in 2001. They are presented for youth with disabilities as a whole and for those who differ in their primary disability category, age, gender, household income, and race/ethnicity.

### ***Demographic Characteristics of Youth with Disabilities***

**Primary disability.** In the 2000-2001 school year, students who received special education constituted 13% of all 13- to 16-year-olds who were enrolled in school. Almost two-thirds of them were classified as having a learning disability (62%). Youth with mental retardation and emotional disturbances each were about 1 in 10 students with disabilities. Another 5% of youth were classified as having other health impairments, and 4% were identified as having speech impairments. The seven remaining disability categories together comprised about 5% of youth

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<sup>1</sup> For simplicity, parents and guardians are referred to as parents.

with disabilities. Thus, when findings are presented for youth with disabilities in this age group as a whole, they are heavily influenced by the experiences of those with learning disabilities.

**Age.** NLTS2 represents youth who were 13 through 17 years old when data were collected; however, most youth for whom data were collected were in the 14- to 16-year-old age range, with the exception that youth with speech/language impairments had a larger proportion of younger students than other categories.

**Gender.** Whereas about half of youth in the general population are boys, two-thirds of youth who are receiving special education services are boys. Boys make up approximately 55% of youth with hearing impairments, mental retardation, or visual impairments. In contrast, they are about three-fourths of youth with emotional disturbances and 85% of youth with autism.

**Race/ethnicity.** African Americans are somewhat overrepresented among youth with disabilities relative to the general population. However, this overrepresentation is disproportionately concentrated in a few disability categories; African Americans make up a particularly large proportion of youth with mental retardation relative to their proportion in the general population. In contrast, the percentage of Hispanic students is particularly small among students with other health impairments, autism, or mental retardation.

## ***Characteristics of Youth's Households***

Many youth with disabilities have additional factors in their lives that may compound the challenges they face:

- They are more likely than youth in the general population to live in a one-parent household and to have parents with relatively low levels of education.
- Approximately twice as many youth with disabilities as youth in the general population live in households whose head is not employed.
- Approximately one-quarter of youth with disabilities live in poverty, significantly more than the 20% of youth in the general population whose households are below the federal poverty line.
- Almost 1 in 10 youth with disabilities do not have health insurance coverage.

These factors are particularly prominent among youth with mental retardation or emotional disturbances and are least common among youth with disabilities with autism or other health impairments.

## ***Disability Profiles***

**Additional disabilities.** According to parents, within each primary disability classification, there are youth who also had one or more of virtually every other kind of disability. For example, parents of approximately 30% of youth whose primary disability classification is emotional disturbance, other health impairment, traumatic brain injury, or multiple disabilities, and more than half of those with mental retardation report that their adolescent children have learning disabilities.

**ADD/ADHD.** Parents of more than one-third of youth report that their children have attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD). Approximately three-fourths of youth whose primary disability classification is other health impairment—the category

within which ADD/ADHD typically is subsumed—are reported by parents to have the disorder, but ADD/ADHD also is reported for between 12% and 63% of youth in other disability categories.

**Age at identification of and first service for disability.** Almost one-third of youth and their families have been dealing with their disability and its impacts since before the youth reached school age. More than half of 13- to 17-year-olds whose disabilities were identified before age 3 are reported to have received early intervention services; fewer of those whose disabilities were identified before age 6 participated in preschool special education programs. The majority of youth with disabilities first were served when they reached school, even when their disabilities had been identified earlier. This gap between identification and services was apparent even for such disabilities as autism and hearing impairments

### ***Youth's Functioning***

Health, physical functioning, vision, hearing, and communication all influence youth's abilities to learn, interact with others, and participate successfully in the educational process. Some youth in all disability categories experience limitations in one or more of these domains.

- Although youth with disabilities as a whole are about as healthy as their peers in the general population, those with mental retardation, orthopedic impairments, multiple disabilities, or deaf-blindness are less likely than youth in other categories to be in excellent or very good health.
- One in four youth with disabilities take medication for conditions related to their disabilities. Most of the medications prescribed are to affect behavior, mood, or emotions. Although the rate of using such medications is highest among youth with emotional disturbances, other health impairments, or autism, some youth in all disability categories take them.
- Approximately one-tenth of youth with disabilities do not have full use of all limbs and/or have a hearing loss, and more than 10% do not have normal vision even with corrective lenses.
- Communication limitations are more widespread; almost one-third are reported by parents to have problems in one or more of the areas related to conversing, speaking, or understanding others. Substantial percentages of youth with hearing, visual, or orthopedic impairments; autism; multiple disabilities; or deaf-blindness experience moderate to severe problems in two or more of these domains.

This is an executive summary of Wagner, M., Marder, C., Levine, P., Cameto, R., Cadwallader, T. W., & Blackorby, J. (with Newman, L., & Cardoso, D.). (2003). *The individual and household characteristics of youth with disabilities. A report from the National Longitudinal Transition Study-2 (NLTS2)*. Menlo Park, CA: SRI International. Available at [www.nlts2.org](http://www.nlts2.org).

## **Daily Living and Social Skills**

Youth with disabilities are a heterogeneous group with a range of competencies and limitations.

**Daily living skills.** The vast majority of youth with disabilities are able to perform the tasks that are fundamental to self-care. Functional cognitive skills present significantly greater challenges; only about half of youth have mastered fully the basic functional cognitive skills of telling time, reading common signs, counting change, and looking up telephone numbers and using the phone. Approximately 65% usually or always do the household chores NLTS2 investigated.

**Social skills.** Although most parents of youth with disabilities perceive their children to be fairly socially skilled, compared with youth in the general population, youth with disabilities are more likely to receive low ratings on some aspects of social skills. Almost one in five youth are reported by parents to have poor social skills, and one in six are described as not sensitive to others' feelings. Youth receive the highest scores for assertion and cooperation; fewer youth with disabilities are rated high regarding their self-control abilities.

## **Emerging Themes**

Several insights have emerged regarding distinguishing features of youth across the domains addressed in this report.

**Disabilities: more than a label.** An overall look at the characteristics of youth who receive special education services masks the dramatic differences between youth with different kinds of disabilities. Youth with different primary disability classifications differ at least as much from each other as from the general population of youth. Further, on every factor considered here, greater differences are noted between youth with different disability categories than between youth who differ in age, gender, or other characteristics. For example, although virtually no youth with learning disabilities, speech impairments, or emotional disturbances have difficulties with fundamental self-care activities, about one in five youth with orthopedic or multiple impairments do. Limitations in functional cognitive skills affect about one-third of youth with emotional disturbances but at least 80% of youth with mental retardation or multiple disabilities, including deaf-blindness. Poor social skills are reported rarely for youth with visual impairments but parents of one-fourth of youth with emotional disturbances and 30% of youth with autism say their adolescent children are not socially adept.

Parents' reports about youth clearly demonstrate that there are dimensions of their disabilities that are not captured by their primary classification for special education. For example, by definition, all youth who are classified as having speech impairments share some limitation in the communication domain. However, their range of functioning is quite broad; 52% are reported to speak normally, whereas 7% have significant speech limitations or do not speak at all. And for some, speaking ability is not their only limitation. Parents report that 41% of youth in the speech impairment category also have learning disabilities and that 19% have ADD/ADHD. Three percent are reported to have a hearing loss, a similar percentage are reported to have a visual impairment, 6% do not have normal use of all limbs, and 5% have fair or poor health. The range of additional disabilities and functional limitations illustrated by youth with speech impairments is

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characteristic of every other disability category. Clearly, youth with this broad range of functional limitations face more than the challenges suggested by their primary disability alone.

**Age and gender differences in functioning and behavior.** Most of the skills and abilities addressed in this report, including physical, sensory, communication, and social skills, do not vary significantly by age for 13- to 17-year-olds. However, there are a few age-related differences regarding youth's behaviors. Specifically, older youth with disabilities are less likely than the youngest youth represented in NLTS2 here to take psychotropic medications, particularly stimulants—a common treatment for ADD/ADHD. Older youth also are more likely to take on household responsibilities.

Although adolescence is a time in which most youth develop a strong gender identity, boys and girls with disabilities do not differ in many aspects of their functioning—their physical, hearing, communications, and social abilities are reported by parents to be very similar. However their disability profiles differ in important ways. Despite being about half of the general population of students enrolled in schools, boys make up significantly more than half of youth in every disability category. Boys are particularly large percentages of youth with emotional disturbances, other health impairments, or autism and are much more likely than girls to be reported as having ADD/ADHD. Because of the prominence of these disabilities among boys, they are much more likely than girls to take psychotropic medications (especially stimulants). Boys also are more likely than girls to have mastered basic functional cognitive skills, such as telling time and counting change.

Differences also are noted in areas in which social, cultural, and familial values, norms, and expectations can shape activities and preferences. For example, boys are reported to excel in athletic and mechanical abilities, whereas girls are much more likely to be reported as having aptitude for the performing arts, strong organizational skills, and to do a specified set of household chores frequently.

**Money matters.** Youth with disabilities are much more likely than youth in the general population to be poor. Therefore, some of the common correlates of poverty are quite prevalent among youth with disabilities. They are more likely than youth in the general population to live with one parent and to have a head of household who is poorly educated and not employed. Youth with disabilities in low-income households are more likely than others to be in poor health and to be without health insurance. Factors such as these and the poverty they signify have been shown to relate powerfully to poor child development.

Differences in economic status contribute to differences in experiences and achievements, including the fact that poor youth with disabilities are less likely than their wealthier peers to have had those disabilities identified at early ages or to have received services for them that might have ameliorated some of their negative consequences. In addition, parents of lower-income youth are less likely to have been the first to recognize their children's disabilities or to have requested services for them in school; school staff and other professionals were most often the sources of disability identification and requests for service. However, income limitations do not appear to pose barriers to accessing early intervention or preschool special education services; there are no differences between income groups in the rate at which children received those services.

The negative developmental impacts of poverty and, perhaps, of late disability identification and treatment are clear among low-income youth with disabilities in some functional domains. Poorer youth with disabilities are significantly more likely than others to have limitations in communication and in social skills, and to have limitations in vision even when they use glasses or contacts. Poorer youth also are less likely than others to have mastered basic functional cognitive skills, such as reading common signs and counting change, and are less likely to be reported by parents as having strong computer skills. In contrast, upper-income youth are more likely than their lower-income peers to be identified as having ADD/ADHD.

**The complexity of racial/ethnic differences.** African Americans make up a somewhat larger proportion of youth with disabilities than of youth in the general population. Much of the differential representation of African Americans among youth with disabilities may relate to the fact that they are more likely to be poor than their white counterparts. Within a given family income level, the proportions of white, African American, and Hispanic youth are very similar among youth with disabilities and the general population of youth.

The parental and household characteristics that accompany poverty, such as single-parent households and parents with less education, are more prevalent among African American and Hispanic youth with disabilities than among white youth. Poor health also is more prevalent among students of color. African American students with disabilities also are more likely to be unable to speak clearly, and to have poor assertion skills. Mirroring income differences, white youth are much more likely than youth of color to be reported as having ADD/ADHD, to have had their disabilities recognized and addressed earlier, and for their parents to have been the first to identify their disabilities and request services for them. But not all income-related differences translate into differences between white youth and their African American and Hispanic peers. For example, uncorrected vision problems among poor youth with disabilities are not more common for African American or Hispanic youth than for white youth.

**Diversity on many dimensions.** The initial look at the characteristics and functioning of youth with disabilities reveals a tremendous diversity in challenges and strengths. The multiple dimensions of their aptitudes and functional limitations and the complex variations among youth who differ in disability classification, age, gender, income, and race/ethnicity calls for a broad vision of what may constitute effective instruction and services and of the nature of the results youth will achieve. Given the great range in the functioning of youth, educational programs and transition practices will need to be diverse, flexible, and carefully tailored if they are to meet the diversity of needs youth present. Indeed, NLTS2 findings affirm the original cornerstones of IDEA and special education values and practice generally: youth are entitled to specially designed instruction and transition services that meet their individual needs.