

3. PARTICIPATION BY YOUTH WITH DISABILITIES IN SCHOOL PROGRAMS OTHER THAN SPECIAL EDUCATION

Many students receiving special education services come to school with barriers to learning that are not directly related to their disabilities but that, in combination with other risk factors, may jeopardize their chances for success. Examples of such barriers are limited English proficiency and poverty. In addition, some secondary school students, both with and without disabilities, may need supports that address behaviors and habits exhibited during adolescence and the early adult years that can place youth at risk for school failure, personal harm, or grim futures, such as substance abuse or gang activity. Some youth with disabilities are particularly vulnerable to these risk factors, in part because of emotional, social, or cognitive impairments associated with some disabilities. These types of impairments can interfere with youth's ability to make sound judgments or maintain the level of self-control necessary to avoid alcohol or substance abuse, impulsive responses, violence, or unhealthy sexual behaviors.

This chapter describes information provided by school staff¹ about students' participation in programs aimed at compensating for the effects of poverty or language barriers, as well as low academic achievement due to factors other than disability. It also examines students' participation in and reported unmet needs for programs that target risk behaviors associated with adolescence. Information is reported for students with disabilities as a whole and for those who differ in their primary disability category and selected demographic characteristics, where significant.

Participation by Youth with Disabilities in Schoolwide Programs

Participation by youth with disabilities in three schoolwide programs is considered here. The National School Lunch Program is a federal program that serves students from low-income families. A second program provides bilingual education or other supplemental instruction for English language learner (ELL) students, whereas the third program, summer school, does not target any particular demographic group but rather serves any student with academic challenges or interests who wants or needs to pursue additional instruction beyond the standard school year.

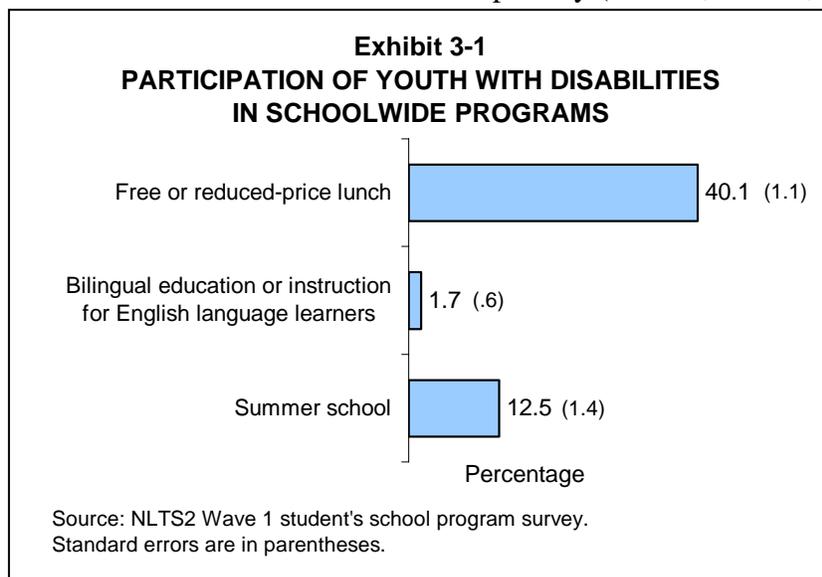
Free or reduced-price lunch program. The National School Lunch Program was established in 1946 to ameliorate health problems among the nation's youth that are associated with poor diet (Food Research and Action Center, 2002). Since then, considerable research has linked poor nutrition with low academic achievement (e.g., Alaimo, Olson, & Frongillo, 2001; Center on Hunger, Poverty, and Nutrition Policy, 1995; Glewwe, Jacoby, & King, 1999; Murphy & Kleinman, 2000). Thus, from an educator's perspective, subsidized meals in school are important because they improve children's readiness to learn, as well as their physical health.

Students from households with incomes below 185% of the federal poverty level are eligible for reduced-price lunches, and students from households with incomes below 130% of poverty are eligible for free lunches. In the 2000-01 school year, 57% of students in the general

¹ The source for the bulk of the information in this chapter is the NLTS2 Wave 1 student's school program survey. This survey is completed for each student in the study by the school staff member who is most knowledgeable about the student's overall program of study and related services and supports, including data contained in student records.

population received free or reduced-price lunches on a typical school day, primarily at the elementary school level (Food Research and Action Center, 2002; Hoffman, 2002). NLTS2 data indicate that 11% of secondary school students with disabilities are in schools in which more than three-fourths of students participate in the program, whereas 45% attend schools in which one-fourth or fewer of students participate (Wagner & Levine, 2003).

According to school staff, 40% of secondary school students with disabilities are eligible to receive free or reduced-priced lunches at school (Exhibit 3-1). This implies that 4 out of 10 students with disabilities in middle and high school live in households with incomes below 185% of the federal poverty level, a finding consistent with parent reports that one-fourth of students with disabilities live in households in poverty (Marder, Levine, Wagner, & Cardoso, 2003).



Programs for English language learners. In a recent summary of the No Child Left Behind Act of 2001 (NCLB), the federal legislation that guides elementary and secondary education in this country, it was estimated that approximately 5 million people in the United States are English language learners (U.S. Department of Education, 2003). One of the goals of NCLB focuses on schools' role in closing the achievement gap between

students who are not proficient in English and their classmates who are. IDEA '97 also stipulates that the IEP team shall "in the case of a child with limited English proficiency, consider the language needs of the child as those needs relate to the child's IEP" [IDEA '97 Final Regulations, Section 300.346(2)(ii)].

According to parents, 7% of secondary school students with disabilities use a spoken language other than English at home most of the time² (Marder, Levine, & Wagner, 2003). However, school staff report that 2% of students with disabilities in secondary schools participate in bilingual education or instruction specifically for English language learners, suggesting that the majority of youth with disabilities who use a spoken language other than English at home may have mastered English well enough not to require the services of an ELL program.

Summer school. The past decade has seen a renewed interest in the benefits of summer school, especially for children and youth who are not meeting academic promotion standards or who have excessive absentee rates (Harrington-Lueker, 2000; Mathews, 2000). Summer

² Data on use of languages other than English should be interpreted with caution. Because English and Spanish are the only languages in which the NLTS2 parent interview and family survey are conducted, youth who speak languages other than English in the home are almost certainly underrepresented in the study.

programs also can provide enrichment opportunities in such areas as the arts, athletics, and technology. Overall, research suggests that summer school programs have positive effects on students, especially programs that provide small classroom environments and individualized instruction, focus on alleviating learning deficiencies, and include some form of parent involvement (Cooper, Charlton, Valentine, & Muhlenbruck, 2000; National Center for Education Statistics, 1999). Its benefits are potentially important enough for students with disabilities that Section 300.309 of the IDEA '97 Final Regulations requires that extended school year services be provided if the IEP team determines that such services are necessary in the provision of a free appropriate public education to a student with a disability.

NLTS2 school staff report that 12% of secondary-school-age youth with disabilities spent a portion of the previous summer in a summer school program. This percentage is similar to the approximately 10% of the total school-age population who attended summer programs in recent years (Cooper, 2001).

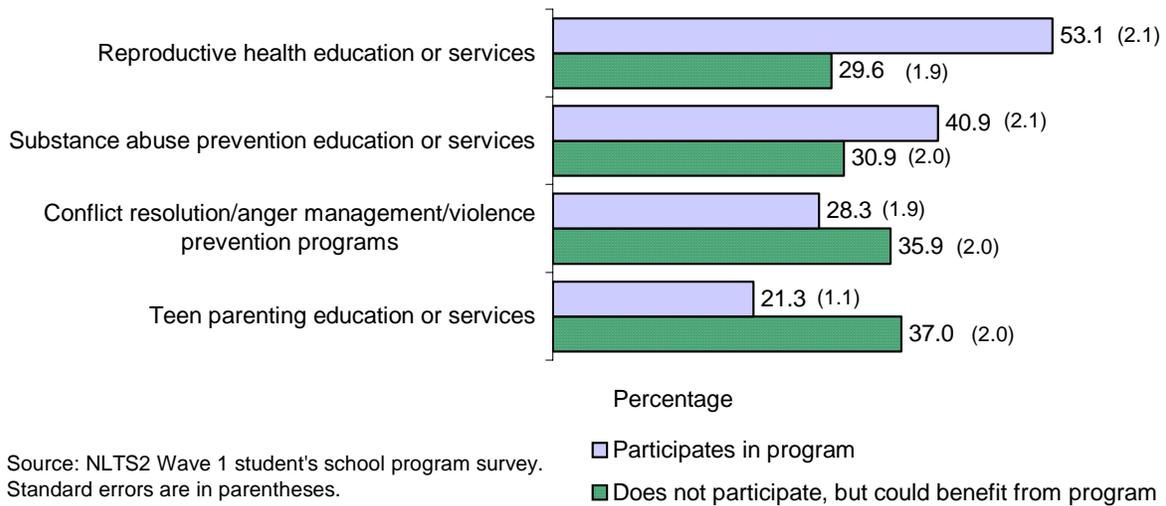
Participation in and Unmet Need for School-Based Programs Targeting Risk Behaviors

Youth with disabilities may participate in an array of programs that focus on preventing specific risk behaviors through education or that serve youth who already engage in those behaviors. Programs to educate students about the abuse of alcohol, drugs, and other harmful substances can help youth make informed choices and behave responsibly, whereas treatment programs support youth in freeing themselves of substance abuse. Helping youth make informed choices also provides the framework for reproductive health education. Preventing teenage parenting through reproductive health education and services is optimal; however, structured parenting education programs can be important for teenage parents and also may help youth who may plan to become parents as adults. Other programs teach students how to manage conflict and anger, develop healthy relationships, and take on the responsibilities and privileges of adulthood. Developing a mature recognition of the connections among risk behaviors, personal choice and responsibility, and the subsequent short- and long-term consequences are at the crux of these programs.

School staff were asked “whether this student will have received each of the following from or through the school system during this school year. These activities could be part of a class.” The activities in question are: “reproductive health education or services,” “substance abuse prevention education or [substance abuse] services,” “conflict resolution, anger management, violence prevention [programs],” and “teen parenting education/services.” Staff then were asked to indicate for each of these four activities that the student does not take part in, whether they “believe he or she could benefit from it.”

Sizable percentages of youth with disabilities participate in each of the programs that target risk behaviors investigated in NLTS2 (Exhibit 3-2), yet many additional youth are reported by school staff as being able to benefit from them.

**Exhibit 3-2
PARTICIPATION OF YOUTH WITH DISABILITIES IN SCHOOL-BASED PROGRAMS
TARGETING RISK BEHAVIORS**



Approximately half of all students with disabilities participate in programs that provide reproductive health education or services; however, only approximately one in five participate in teen parenting programs. Interestingly, there are no differences in the rates of receipt of these services by students who attend schools that are reported to have a reproductive health education or teen parenting program and by those attending schools that do not, suggesting that this subject matter may be addressed in courses (e.g., reproductive health education included in a biology class), rather than through programs that are separate from classes.

Approximately two in five students with disabilities participate in programs that provide substance abuse prevention education or services. Unlike the services noted above, receipt of these services is much more common among students who attend schools that report specific programs that address these issues than among students who do not (47% vs. 28%, $p < .001$). Twenty-eight percent of students are reported to participate in conflict resolution or anger management programs.

School staff perceive considerable unmet need for these programs. According to their reports, approximately 30% of youth with disabilities do not receive reproductive health education or services but could benefit from them; a similar level of unmet need is reported for substance abuse education or services. Approximately 36% of students do not take part in conflict resolution/anger management programs or receive teen parenting education or services but reportedly could benefit from them.

Disability Differences in Students' Participation in School-Based Programs Other than Special Education

Schoolwide Programs

There is considerable variation across disability categories in the percentages of students who participate in the various schoolwide programs investigated in NLTS2 (Exhibit 3-3). Approximately one-third of students in most disability categories are eligible to receive free or reduced-priced lunches. Notable exceptions are youth with mental retardation, multiple disabilities, or deaf-blindness, the categories with among the highest rates of household poverty³; 67%, 50%, and 45% of these youth, respectively, are eligible to participate in the program. At the other end of the spectrum are youth with other health impairments, 22% of whom are eligible for free or reduced-price lunches; these youth have among the lowest poverty rates of any category.

Exhibit 3-3
PARTICIPATION OF YOUTH WITH DISABILITIES IN SCHOOLWIDE PROGRAMS, BY DISABILITY CATEGORY

	Learning Disability	Speech/Language Impairment	Mental Retardation	Emotional Disturbance	Hearing Impairment	Visual Impairment	Orthopedic Impairment	Other Health Impairment	Autism	Traumatic Brain Injury	Multiple Disabilities	Deaf-Blindness
Percentage reported to participate in:												
Free or reduced-price lunch	35.7 (3.6)	31.2 (3.6)	67.4 (3.4)	39.1 (4.6)	37.1 (4.4)	35.1 (5.3)	32.1 (3.7)	21.8 (3.0)	34.8 (3.4)	32.5 (6.7)	49.9 (4.1)	45.1 (7.4)
Bilingual education/instruction for English language learners	1.7 (.8)	3.5 (1.3)	2.1 (1.0)	.4 (.5)	6.9 (2.1)	3.9 (2.0)	1.5 (.9)	.4 (.4)	.8 (.6)	.0	1.8 (1.1)	14.0 (4.7)
Summer school during the previous summer	10.2 (2.0)	9.6 (2.1)	19.2 (2.7)	13.4 (2.8)	12.6 (2.8)	18.2 (3.9)	20.8 (2.9)	7.0 (1.7)	43.1 (3.4)	16.5 (4.6)	38.0 (3.8)	29.3 (6.0)

Source: NLTS2 Wave 1 student's school program survey.
Standard errors are in parentheses.

School staff report that bilingual education or special programs for English language learners are attended by no more than 2% of students with most types of disabilities, but by 4% of students with speech/language or visual impairments, 7% of students with hearing impairments, and 14% of students with deaf-blindness. The higher participation rates for these latter two groups suggest that school staff may be reporting participation in language programs that focus on broad communication issues rather than on the challenges specifically related to learning a new spoken language.

Despite the fact that summer school offers an opportunity for students who are falling behind academically or missing particular credits to catch up with their age peers and secure promotion to the next grade level for the new school year, only 10% of students with learning disabilities are reported to attend summer school. In contrast, between about 20% and 43% of youth with mental retardation, orthopedic impairments, autism, multiple disabilities, or deaf-

³ Appendix B presents information on the household incomes of youth in each disability category.

blindness participate in summer school. The higher rate of summer school enrollment by students in these categories may reflect implementation of the extended school year provision of IDEA '97.

Programs Targeting Risk Behaviors

Participation. Some students in every disability category participate in programs that focus on helping youth learn concepts or strategies, gain skills, and/or receive services to prevent or ameliorate risk behaviors (Exhibit 3-4). Yet there is not a consistent pattern of higher participation across programs for youth in particular categories. For example, youth with speech impairments have one of the higher rates of receipt of substance abuse education or services but among the lowest rates of participation in anger management or conflict resolution programs. Similarly, youth with learning disabilities are among the most likely to participate in reproductive-health-related and teen parenting programs but are no more likely than others to

**Exhibit 3-4
PARTICIPATION OF YOUTH IN SCHOOL-BASED PROGRAMS TARGETING
RISK BEHAVIORS, BY DISABILITY CATEGORY**

	Learning Disability	Speech/Language Impairment	Mental Retardation	Emotional Disturbance	Hearing Impairment	Visual Impairment	Orthopedic Impairment	Other Health Impairment	Autism	Traumatic Brain Injury	Multiple Disabilities	Deaf-Blindness
Percentage participating or who could benefit from:												
Reproductive health education/services												
Participating	54.0 (3.1)	47.1 (3.3)	43.2 (3.2)	51.0 (4.0)	54.0 (3.9)	43.9 (4.7)	39.9 (3.3)	49.9 (3.1)	28.0 (3.0)	51.5 (5.8)	32.1 (3.5)	39.4 (6.2)
Not participating, could benefit from program	28.1 (2.9)	32.4 (3.2)	33.7 (3.1)	34.1 (3.9)	25.1 (3.4)	24.0 (4.1)	30.4 (3.2)	28.2 (2.8)	30.9 (3.1)	24.8 (5.2)	24.4 (3.2)	25.2 (5.7)
Teen parenting education/services												
Participating	21.6 (2.6)	19.5 (2.6)	17.3 (2.5)	17.0 (3.0)	19.5 (3.1)	21.9 (3.9)	12.5 (2.3)	18.1 (2.4)	7.1 (1.7)	22.0 (4.9)	12.3 (2.4)	14.8 (4.5)
Not participating, could benefit from program	36.9 (3.2)	32.2 (3.2)	39.3 (3.2)	44.0 (4.1)	34.8 (3.9)	25.2 (4.3)	27.8 (3.2)	32.9 (3.0)	18.6 (2.7)	31.1 (5.5)	19.4 (3.0)	25.2 (5.8)
Substance abuse education/services												
Participating	41.5 (3.2)	45.0 (3.4)	34.7 (3.2)	47.1 (4.1)	44.2 (4.0)	36.4 (4.7)	32.5 (3.3)	38.5 (3.1)	25.3 (3.0)	44.7 (6.1)	31.4 (3.5)	41.0 (6.5)
Not participating, could benefit from program	31.6 (3.0)	24.0 (2.9)	30.3 (3.1)	35.5 (3.9)	25.8 (3.5)	22.4 (4.1)	23.4 (3.0)	31.3 (2.9)	14.4 (2.4)	25.7 (5.3)	14.6 (2.7)	18.0 (5.1)
Conflict resolution/anger management												
Participating	23.1 (2.7)	23.8 (2.8)	29.1 (3.0)	43.4 (4.0)	30.3 (3.6)	24.3 (4.1)	20.1 (2.7)	27.5 (2.8)	33.8 (3.1)	31.5 (5.4)	30.7 (3.4)	36.3 (6.1)
Not participating, could benefit from program	36.1 (3.1)	30.9 (3.2)	33.9 (3.1)	44.2 (4.0)	34.0 (3.8)	26.7 (4.3)	29.8 (3.2)	35.4 (3.1)	19.1 (2.7)	31.9 (5.5)	19.0 (2.9)	23.6 (5.6)

Source: NLTS2 Wave 1 student's school program survey.
Standard errors are in parentheses.

take part in conflict resolution or anger management programs. Students with emotional disturbances are significantly more likely than youth in most other categories to participate in anger management or conflict resolution programs, reflecting the social and behavioral issues challenging many youth in that category, but they have among the lowest rates of participation in teen parenting programs.

The one exception to the absence of a consistent pattern of participation across programs for students in different disability categories concerns youth with autism. They are the least likely to participate in reproductive health (28%), teen parenting (7%), or substance abuse programs (25%, $p < .001$ for all comparisons with students with learning disabilities).

Unmet needs. According to school staff, between about one-fourth and one-third of students in most disability categories do not participate in each type of program but could benefit from participating. The shares of students who teachers feel could benefit from each program are highest for youth with emotional disturbances, with teachers reporting that 34% of these youth have unmet needs for reproductive health education or services, 44% for teen parenting education or services, 36% for substance abuse prevention or services, and 44% for conflict resolution or anger management programs. Youth with learning disabilities or mental retardation also are at the high end of the continuum of unmet needs for teen parenting programs (37% and 39%, respectively). They are joined by youth with other health impairments in having relatively high levels of unmet needs for substance abuse education or services (32%, 30%, and 31% for students with learning disabilities, mental retardation, and other health impairments, respectively). However, youth with mental retardation are among the most likely to have unmet needs for reproductive health education or services (34%), whereas youth with learning disabilities are among the most likely to have unmet needs for conflict resolution/anger management/violence prevention programs (36%). Youth with multiple disabilities are among the least likely to have unmet needs for each type of program, according to school staff, and, together with youth with autism, they are the least likely to have unmet needs for teen parenting and programs that relate to substance abuse or conflict resolution/anger management.

Demographic Differences in Students' Participation in School-Based Programs Other than Special Education

Differences other than disability are found to differentiate the participation of students with disabilities in the school-based programs examined in this report, including their grade level, gender, household income, and racial/ethnic background.

Grade Level

Participation in the National School Lunch Program declines steadily over the grade levels, such that 54% of 7th and 8th graders with disabilities participate, but only 32% of 11th and 12th graders do so ($p < .01$; Exhibit 3-5). This decrease is consistent with findings for the general population of students (National Center for Education Statistics, 1995; U.S. Census Bureau, 2001). There are no significant differences across the grade levels in participation in programs for English language learners or in summer school.

Participation in three of the four programs targeting risk behaviors does not differ significantly across the grade levels; however, the share of youth with disabilities receiving teen parenting education or services doubles, from 13% in the 7th and 8th grades to 26% in the

**Exhibit 3-5
PARTICIPATION OF YOUTH WITH DISABILITIES
IN SCHOOL-BASED PROGRAMS OTHER THAN
SPECIAL EDUCATION, BY GRADE LEVEL**

	Grade Level			
	7th and 8th	9th	10th	11th and 12th
Percentage of students who participate in free or reduced-price lunch program	53.8 (6.2)	44.6 (5.5)	38.7 (4.6)	32.2 (3.7)
Percentage participating in or who could benefit from:				
Reproductive health education/services				
Participating	59.2 (5.6)	49.1 (4.5)	56.9 (4.1)	53.0 (3.5)
Not participating, could benefit from program	32.0 (5.3)	40.2 (4.5)	26.0 (3.7)	24.1 (3.0)
Teen parenting education/services				
Participating	13.3 (4.0)	21.2 (3.8)	21.1 (3.4)	25.5 (3.1)
Not participating, could benefit from program	39.1 (5.7)	41.9 (4.6)	36.0 (4.0)	33.3 (3.4)
Conflict resolution, anger management, or violence prevention				
Participating	34.7 (5.5)	27.5 (4.1)	25.3 (3.6)	28.2 (3.2)
Not participating, could benefit from program	40.9 (5.6)	42.0 (4.5)	36.1 (4.0)	30.9 (3.3)

Source: NLTS2 Wave 1 student's school program survey.
Standard errors are in parentheses.

11th and 12th grades ($p < .05$). In contrast, the percentage of youth with unmet needs for such programs stays fairly constant over the grade levels. Reported unmet needs for reproductive health education and services and conflict resolution, anger management, or violence prevention programs decrease after the ninth grade. Approximately 40% of 9th graders with disabilities are reported to have unmet needs for each program, whereas approximately 24% of high school juniors and seniors are reported to have unmet needs for reproductive health education or services, and 31% are reported to have unmet needs for conflict resolution, anger management, or violence prevention programs ($p < .05$).

Gender

The few differences between girls and boys with disabilities in program participation involve the greater propensity of girls to be eligible for free or reduced-price lunches (47% vs. 37%, $p < .05$) and to receive teen parenting education or services (27% vs. 18%, $p < .05$).

Household Income

As expected, students' participation in programs that focus on compensating for educational gaps caused by poverty differs significantly by household income (Exhibit 3-6). Differences are most dramatic for participation in the National School Lunch Program, with 75% of students with disabilities whose family incomes are \$25,000 or less participating, compared with 38% of students whose family incomes are between \$25,000 and \$50,000 and 11% of students whose family incomes exceed \$50,000 ($p < .001$). Although differences are much smaller, students from the lowest-income families also are more likely than students from higher-income families to be in programs for English language learners (3% vs. less than 1%, $p < .05$).

Although participation in most programs that target risk behaviors does not vary for students from households with different income levels, the proportions of students with reported unmet needs for several programs do. Coming from a low-income household is associated with greater unmet need for reproductive health education or services, teen parenting programs, and substance

Exhibit 3-6
PARTICIPATION OF YOUTH WITH DISABILITIES
IN SCHOOL-BASED PROGRAMS OTHER THAN
SPECIAL EDUCATION, BY HOUSEHOLD INCOME

	\$25,000 or Less	\$25,001 to \$50,000	More than \$50,000
Percentage of students who participate in:			
Free or reduced-price lunch program	75.3 (3.7)	37.8 (4.9)	10.9 (2.8)
Bilingual or ELL instruction	3.3 (1.4)	.6 (.7)	.4 (.5)
Percentage who do not participate in program but could benefit from:			
Reproductive health education/services	37.3 (3.7)	29.4 (3.8)	24.6 (3.5)
Teen parenting education/services	48.7 (3.9)	36.3 (4.1)	28.3 (3.8)
Substance abuse education/services	36.5 (3.7)	30.2 (3.8)	26.0 (3.6)

Source: NLTS2 Wave 1 student's school program survey.
Standard errors are in parentheses.

abuse education or services. Whereas school staff perceive approximately one-fourth of students whose household incomes exceed \$50,000 to have unmet needs for each program, they report 37% of students whose household incomes are \$25,000 or less and who are not receiving services to be able to benefit from reproductive health education or services, a similar percentage to be able to benefit from substance abuse education or services, and almost half to have unmet needs for teen parenting programs ($p < .05$ for all comparisons).

Some of the unmet need for services that is associated with individual student poverty, as determined by students' household income, may reflect the more limited resources often available in schools attended by large proportions of low-income students. Students with

disabilities who attend schools where fewer than one-fourth of the student body are eligible for free or reduced-price lunches are significantly less likely to be reported to have an unmet need for each of the programs that targets risk behaviors than are students with disabilities who attend

Exhibit 3-7
REPORTED UNMET NEEDS OF YOUTH WITH
DISABILITIES FOR SCHOOL-BASED PROGRAMS
OTHER THAN SPECIAL EDUCATION,
BY SCHOOL POVERTY INDICATOR

	Proportion of Student Body Eligible for Free or Reduced-Price Lunches		
	Less than 25%	26% to 50%	More than 50%
Percentage who do not participate in program but who could benefit from:			
Reproductive health education/services	23.7 (2.9)	33.7 (3.7)	37.9 (4.3)
Teen parenting education/services	27.4 (3.1)	40.4 (3.9)	51.8 (4.5)
Conflict resolution/anger management/violence prevention	38.7 (3.1)	41.2 (3.8)	42.0 4.4
Substance abuse education/services	23.1 (2.9)	36.9 (3.8)	36.2 4.3

Source: NLTS2 Wave 1 school characteristics and student's school program surveys.
Standard errors are in parentheses.

schools where half or more of the student population are eligible for this program (Exhibit 3-7). For example, 24% of students in schools with the smallest concentration of students in poverty have a reported unmet need for reproductive health education or services, compared with 38% of youth in schools where more than half of students are eligible for free or reduced-price lunches ($p < .05$). The greatest difference in unmet needs among students who go to schools with different concentrations of low-income students concerns teen parenting programs; they are reported to be needed by 27% of students in schools with the fewest low-income students but by more than half of students attending schools with the highest levels of student poverty ($p < .001$).

These differences are in contrast to findings reported in Chapter 2, which indicate that there is no relationship between the concentration of low-income students in the overall population in schools attended by students with disabilities and the effort parents of students with disabilities report needing to expend to obtain services for their children or in barriers encountered in that process.

Students' Racial/Ethnic Backgrounds

The association between household income and race/ethnicity is apparent in the differential program participation rates of youth of the three racial/ethnic groups (Exhibit 3-8). Both African-American and Hispanic students with disabilities participate in the free or reduced-price lunch program at far greater rates than their white peers (70% and 57% compared with 27%,

	White	African American	Hispanic
Percentage of students who participate in:			
Free or reduced-price lunch program	26.8 (2.6)	69.7 (4.8)	56.9 (7.0)
Bilingual or ELL instruction	.1 (.2)	.8 (.9)	8.1 (3.5)
Percentage who do not participate in program but could benefit from:			
Reproductive health education/services	26.3 (2.3)	33.8 (4.4)	41.0 (6.1)
Teen parenting education/services	32.6 (2.5)	43.6 (4.6)	52.1 (6.3)
Substance abuse education/services	27.5 (2.3)	38.9 (4.6)	36.3 (6.1)

Source: NLTS2 Wave 1 student's school program survey.
Standard errors are in parentheses.

p<.001). Not surprisingly, Hispanic youth are more likely than white or African-American students to participate in programs for English language learners (8% vs. less than 1%, p<.05).

Although rates of participation in school programs that target risk behaviors do not vary across racial/ethnic groups, perceived unmet needs for programs are greater for African-American and Hispanic youth than for white youth. Compared with white youth, both groups are reported to have greater unmet needs for teen parenting education or services (44% and 52%, respectively, vs. 33%, p<.05). In addition, Hispanic youth are reported to have greater unmet needs than white youth for reproductive health education or services (41% vs. 26%, p<.05), and

African-American youth with disabilities are perceived to have greater unmet needs than white youth for substance abuse education or programs (39% vs. 28%, p<.05).

In sum, the school-based programs examined in this chapter, regardless of their specific focus, serve many secondary school students with disabilities. However, there are reported unmet needs for some programs, and both participation and the prevalence of unmet needs differ for youth with different primary disability classifications and demographic characteristics.