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This Data Trends summarizes three articles reporting on the design, description, and school characteristics examined in the Special Education Elementary Longitudinal Study (SEELS) and the National Longitudinal Transition Study-2 (NLTS2). These nationally representative, comprehensive and longitudinal studies have “the potential to add significant information on the characteristics, experiences, and school characteristics of children and youth with [emotional disturbance] (ED)” (Wagner et al., 2005a, p.25). The first article outlines the design features of the study, and the second article provides a national picture of the children and youth in each study; the third article reports on school and service characteristics.

SEELS and NLTS2 are funded by the Office of Special Education Programs (OSEP) of the U.S. Department of Education, with the “overarching purpose of providing the field with a comprehensive picture of the characteristics, experiences, and outcomes of children and youth who receive special education services” (Wagner et al. 2005a, p. 28). The SEELS study focuses on elementary and middle school children (hereafter called elementary and middle school children), while the NLTS2 focuses on secondary school youth (hereafter called secondary school youth). From 2000-2004 SEELS collected data in three waves for elementary and middle school children who were 6 through 12 in 1999. From 2001 through 2009, NLTS2 will collect data for secondary school youth in five waves who were ages 13-16 in 2000. By the end of the studies (SEELS ends in 2006 and NLTS2 ends in 2010), the SEELS and the NLTS2 will provide nationally generalizable information about children and youth with ED ages 6-26.

Key design features of both the SEELS and NLTS2 include: (a) national representation, (b) a longitudinal design, (c) a comprehensive, substantive scope, (d) multi data collection methods, and (e) multifaceted dissemination strategy. “The SEELS and NLTS2 samples were drawn to generalize to all students with disabilities and to students in each special education disability category, including ED, who were in particular age ranges and receiving special education services when the studies began” (Wagner et al., 2005a, p. 14). School districts serving students with special education programs and state supported special schools that serve only students with disabilities were invited to participate in the studies. There were 11,512 students (all disabilities) selected to participate in SEELS, and 11, 272 (all disabilities) were selected to participate in NLTS2. Of these samples, SEELS recruited 1,081 elementary and middle school students with ED, and the NLTS2 recruited 1,077 secondary school youth with ED. Some data were weighted to ensure that “the weighted LEA samples closely resembled the LEA universe with respect to those variables” (Wagner et al., 2005a, p. 29).

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For both studies, parents are interviewed by telephone every two years. Parents, children, youth, school staff, teachers, and administrators are interviewed with a battery of instruments intended to collect the following data:

- Parent-reports about children and youth activities or mental health services, ratings of children's functional abilities and likelihood of graduating with a high school diploma, social skills, problem behaviors, and academic competence.
- Youth self-reports about employment and postsecondary education, and youth self-perception of their own strengths, limitations, and self-advocacy skills, along with their expectations for the future, their experiences with relationships, work, school, and other aspects of their lives. Youth self-reports of risky behaviors were also solicited (controlled substance use, carrying weapons, sexual activity and gang activity).
- School staff reported on students' overall progress and experience in class, along with support services, and programs for ED. Individual teachers for each student were also surveyed about their experience with teaching ED programs, along with the supports, if any, they had received for doing so.
- School Characteristics were also measured by a survey completed by a knowledgeable school staff person (usually the principal) who could report on the policies and characteristics of the school. Overall school programs were also reported by the person most knowledgeable (usually the special educators) about school programs for specific students.

Parents reported a wide range of disabilities, including anxiety, bipolar, depression, oppositional behavior, and psychosis, and "almost two-thirds were reported to have Attention Deficit Hyperactivity Disorder (ADHD), and one-fourth were reported to have a learning disability in addition to ED" (Wagner et al 2005b, p. 91). Across the school age range, over 75% of youth classified as having ED are boys, a significantly higher rate when compared to their peers with other types of disabilities. Compared to the general population, a significantly large number of African American students were categorized as having ED. However, Hispanic children and youth with ED were underrepresented when compared with the general population. Overall, children and youth with ED "tend to live in households in which there are multiple risk factors for poor life outcomes" (Wagner et al 2005b, p.90). One-third of responding families live below the poverty line for single parent households, while one-fifth live in households in which the head of household is unemployed and/or not a high school graduate. Most respondents (45%) live in households in which another person has a disability. "All of these differences between children and youth with ED and both those with other disabilities and those in the general population are statistically significant and large, indicating that the children and youth with ED are more likely to have [risk factors] that are strongly associated with poor life outcomes" (Wagner et al 2005b, pp. 90-91).

Data from the third article include 1212 students from both studies who attended general education classes (e.g., general education, magnet, charter schools). About 7 out of 10 youth classified as having ED attended general education schools in their communities. There were no significant differences across grade levels. Elementary and middle school youth were less likely to go to neighborhood schools than were their peers with other disabilities. "Generally, students with ED attend schools that are somewhat larger than the national average size, across schools levels" (Wagner et al., 2006 p. 24), even though although some studies have indicated that students with ED fare better in small schools.

According to the authors, "Perhaps the most striking characteristic of the schools that students with ED attend is their relatively high proportion of students with disabilities" (Wagner 2006, p 24). Recent federal data indicate that 8.82% of students enrolled in K-12 public schools have an individualized education program (IEP)

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for special education, “but fully 14% - 22% of the student body of students with ED were so identified” (Wagner et al., 2006 p. 24). High school students spend more time in general education classrooms than do elementary and middle school children. According to the authors, elementary and middle school children spend “more time in special education classes than do students with other disabilities” (Wagner et al., 2006 p. 24).

Teachers seem to be making accommodations for elementary, middle and high school children and youth with ED, providing extra time on tests, or having tests read to the student or otherwise modified. About 75% of students with ED receive modified assignments and slower-pace instruction. However, less than 40% of students with ED received help with learning strategies or study skills. A small percentage of students receive grades based on modified standards, but fewer than 40% of students with ED received instruction in learning strategies or study skills.

“Overall, the results regarding support services for students with ED show a disturbing trend toward schools’ providing fewer supports for students in high school” (Wagner et al., 2006 p. 25). Relatively low percentages of elementary, middle, and high school children and youth receive mental health services. According to the authors, this finding is discouraging since “very large majorities of students with ED went to schools that had diagnostic and counseling services” (Wagner et al., 2006 p. 25). However, fewer than half of middle and high school students with ED and only 38% of elementary school students received these services. These findings, report the authors, are similar to data collected 10 years ago, suggesting a “continuing unmet need” (Wagner et al., 2006 p. 25) among this population.

Supports for general education teachers also were limited. “These professionals are provided with very limited assistance, particularly at the high school level” (Wagner, 2006, p. 25). For example, 59% of high school teachers received information about teaching secondary students who have ED in the general classroom, while virtually all elementary and middle school general education teachers had received that information. At all school levels, few teachers reported receiving training in relation to the educational needs of students with ED. “Equally disturbing is that few teachers at any school level reported receiving professional development related to their students’ specific needs” (Wagner, 2006, p. 26).

Results indicate that children and youth with ED live in households where there are multiple risk factors for poor life outcomes. “As a group, these children and youth have serious and multiple impairments that include an array of emotional disabilities, poor communication skills, and low academic achievement.” (Wagner et al. 2005b, p. 79). Parents of children and youth with ED tend to work harder to procure services and are less satisfied with the services they receive when compared to parents of children with other disabilities. Further, these students attend “larger schools with higher proportions of students who receive special education than is true for U.S. schools as a whole” (Wagner et al., 2006, p. 12). These students are unlikely to have general education teachers who are trained to work with them, and they are unlikely to receive tutoring. However, teachers are attempting to make test taking easier for their students with ED.

In conclusion, the SEELS and the NLTS2 will provide comprehensive, longitudinal information about elementary, middle and high school youth with ED and will “[increase] our understanding of the characteristics of children with ED, their families, the range of educational and related interventions and services they receive, and the functioning of these youth as they transition out of school and into adulthood” (Wagner et al. 2005a, p. 38). A fourth article using these data and examining the longitudinal outcomes of these students is currently being prepared.