

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
District of Columbia Public Schools (DCPS)**



Joint Public Hearing on  
**Bill 23-94, the “Organ, Eye, and Tissue Donation Education Amendment Act  
of 2019”**  
**Bill 23-150, the “Dyslexia and Other Reading Disabilities Screening and  
Prevention Pilot Program Act of 2019”**  
and  
**Bill 23-392, the “Students’ Right to Home or Hospital Instruction Act of 2019”**

Testimony of  
**Kerri Larkin**  
Senior Deputy Chief, Specialized Instruction

Before the  
Committee of the Whole  
The Honorable Phil Mendelson, Chairman  
and  
Committee on Education  
The Honorable David Grosso, Chairperson

Council of the District of Columbia  
Room 412  
John A. Wilson Building  
1350 Pennsylvania Avenue, NW  
Washington, DC 20004





## **Introduction**

Good morning Chairman Mendelson, Chairman Grosso, members of the Committees and staff. My name is Kerri Larkin and I am the Senior Deputy Chief of Specialized Instruction for the District of Columbia Public Schools (DCPS).

The Division of Specialized Instruction serves students with specialized needs as a part of the Office of Teaching and Learning at DCPS. Our goal is to provide a rigorous and responsive instructional model with evidence-based supports and services, and to dramatically improve outcomes for our students. We work to ensure that teachers have the curriculum, assessments, and other resources to serve students with disabilities. At DCPS, we believe that when educators have the right skill and mindset, children can make meaningful academic and social progress, and leave DCPS ready to positively influence society and to thrive in life.

I am pleased to share DCPS' position on Bill 23-94, the "Organ, Eye, and Tissue Donation Education Amendment Act of 2019," Bill 23-150, the "Dyslexia and Other Reading Disabilities Screening and Prevention Pilot Program Act of 2019," and B23-392, the "Students' Right to Home or Hospital Instruction Act of 2019."

## **Bill 23-94, the "Organ, Eye, and Tissue Donation Education Amendment Act of 2019"**

On behalf of DCPS, the Office of Teaching and Learning, and our Health and Physical Education team, I want to first take the opportunity to provide feedback on Bill 23-94, the "Organ, Eye, and Tissue Donation Education Amendment Act of 2019."

DCPS provides students with skills-based instruction to engage in a lifetime of wellness and physical activity through comprehensive and progressive studies in our Health and Physical Education programs. Using high-quality instruction rooted in research-based best practices, DCPS encourages students to develop health literacy, and build the capacity to obtain, interpret and understand health information and services.

We recognize and support the significance of donation in the lives of many D.C. residents. At the same time, we do not believe that content instruction requirements should be included in D.C. Code. Instead, and with appropriate stakeholder engagement, we would advocate that any change to health instruction come through the health standards as approved by the State Board of Education. Our skill-based health curriculum is based on the state health standards, which were reviewed and approved by diverse education stakeholders and health experts. DCPS recommends the same process for this important health proposal. The D.C. Council has already codified a way to update content instruction, grounded in state standards, through § 38-2652 of the D.C. Code. We welcome further conversation about this proposal for a change to state standards.

## **Bill 23-150, the "Dyslexia and Other Reading Disabilities Screening and Prevention Pilot Program Act of 2019"**

DCPS is intently focused on reducing the opportunity gap between students with Individualized Education Plans (IEPs) and their non-disabled peers; as well as increasing equity and excellence in schools through specific academic programming, related services, professional learning, and



---

★ ★ ★

school leadership development. I would like to share how DCPS implements many of the proposed requirements of Bill 23-150, the “Dyslexia and Other Reading Disabilities Screening and Prevention Pilot Program Act of 2019” in all of our schools:

1. First, with annual screenings, DCPS’ Elementary Response to Intervention (RtI) Process provides a support structure for students and begins with regular screenings to identify learning disabilities like dyslexia in Kindergarten. As an example, DCPS uses the Dynamic Indicators of Basic Early Literacy Skills, or DIBELS, assessment, which tests for phonological awareness and rapid letter naming and aligns with the International Dyslexia Association’s recommendations.
2. The RtI process also involves regular progress monitoring, which can involve informal assessments as well as periodic formal assessments through DIBELS. DCPS uses diagnostic assessments to identify need, develops instructional plans, and uses progress monitoring to align with ongoing instruction.
3. Additionally, intervention programs are an integral part of the RtI Process. For DCPS, interventions include research-based programs, such as Foundations Double Dose, Burst Reading, and Wilson Reading System.
4. Finally, DCPS is also dedicated to continuously improving our professional development as it relates to reading instruction and will continue to highlight the identification and supports around dyslexia and other specific learning disabilities. For example, in 2018, DCPS made a major investment establishing the DC Reading Clinic, which provides intensive reading professional development for teachers.

DCPS is proud of the efforts we have made to address the diverse learning needs of our students. At this time, we believe that putting resources towards this pilot would be duplicative with existing supports. Additionally, we have concerns that some of the criteria, such as annual screenings, would not be developmentally appropriate for our PreK students. Finally, we have significant concerns that this bill sends mixed messages to our schools. Our primary obligation to students when we suspect a disability is to refer the student for special education evaluation with parental consent. If a child is found eligible, we plan individually for that child’s needs. We are open to continuing the conversation about how to best meet the needs of DCPS students.

### **Bill 23-392, the “Students’ Right to Home or Hospital Instruction Act of 2019”**

Lastly, I appreciate the opportunity to share feedback on Bill 23-392, the “Students’ Right to Home or Hospital Instruction Act of 2019.” We believe that DCPS’ Home and Hospital Instruction program (HHIP) is essential to establishing a continuous, individualized learning curriculum, closely related to that of a student’s local school, for our students who are unable to attend school due to a medical illness. As drafted, DCPS does not support this bill as many parts would be duplicative or conflict with our existing work to support students and families with medical absences from school.

At DCPS, we are committed to a robust HHIP program that includes a transparent referral process for our families. The process begins with a conversation with a family member, a doctor, a hospital, or a HHIP designee. At that time, the school-based HHIP designee will initiate the formal referral process, which includes completion of the relevant forms available at school or on DCPS’ website. The HHIP designee is also available for questions from parents or guardians.



The HHIP team determines eligibility based on the recommendation and documentation of the treating physician. We recognize that each case is unique, and some require more time, consideration, and agency involvement. DCPS often makes decisions within five instructional days, and this can vary based on the students' needs.

For School Year 2018-19, DCPS received 110 complete referrals and approved over 80 percent of those. Referrals are only denied when the documentation is incomplete, we have removed a barrier to access, or the medical evaluation does not indicate home or hospital instruction.

DCPS supports robust home and hospital instruction policies that support our young people through medical emergencies, chronic illnesses, mental health crisis, or terminal diseases. At the same time, because of the variety of cases we see, DCPS has some concerns with this bill. DCPS needs to maintain an ability to set and address the wide variety of cases we see through our own policies with the HHIP program. Our HHIP team will continue to support DCPS students, but needs the flexibility to perform accurate assessments, in conjunction with treating physicians, and to establish a strong instruction program for all students. Additionally, we feel that it is inappropriate for a State Education Agency to serve as an appeal board for decisions that are based on a physician's medical diagnosis. By maintaining the authority to create policy and review individual cases at the LEA-level, DCPS would continue to meet the diverse needs of families with children who are not able to attend school because of an illness.

## **Conclusion**

Thank you for the opportunity to speak to you today and share DCPS' position on these three bills. At DCPS, we are committed to preparing our students for success in college, career, and life through enriching classroom and academic experiences, according to their need. We appreciate your advocacy and continued support to achieve this goal. I would be happy to answer any questions you may have at this time.

