
PARTNERS IN PROMISE

MILITARY CHILDREN IN SPECIAL EDUCATION: THE REAL, PERCEIVED, AND UNKNOWN BARRIERS TO ACCESSING A FREE AND APPROPRIATE PUBLIC EDUCATION (FAPE)

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EXECUTIVE SUMMARY

Navigating the world of disability and special education is an overwhelming process that requires parents to first understand their child’s diagnosis(es) and related needs, then research available services, and ultimately advocate for their educational and health needs within both the special education and medical systems. Military parents must also negotiate the military lifestyle that restarts a cycle of research and advocacy every two to three years. This dynamic cycle disrupts the stability of medical care and educational services that their children need to thrive. Families experience additional delays as new diagnoses are discovered, new state laws must be learned, and as parents reestablish specialty care and educational services after each military move. Although military-connected parents work to shorten these gaps in care and education, many are unsuccessful because the laws intended to protect special education students do not account for the high mobility of the military lifestyle. Military parents who have children with disabilities dually serve as both servicemembers and parental advocates who must navigate both the special education and military systems, devoting time and energy to mitigate the complications presented by the military lifestyle.

Partners in PROMISE’s 2020 Military Special Education Surveyⁱ revealed knowledge gaps, a connection with Exceptional Family Member Program (EFMP) enrollment and special education satisfaction, and highlighted gaps in special education services. In 2021, our organization examined the real, perceived, and unknown barriers faced by military-connected students that prevent them from accessing a Free and Appropriate Public Education (FAPE), an educational entitlement of all students identified with a disability, guaranteed by the Rehabilitation Act of 1973ⁱⁱ and the Individuals with Disabilities Education Act (IDEA)ⁱⁱⁱ. The 2021 survey data reveal insights in three key barriers faced by military special education families in receiving FAPE: 1) *Real* delays in special education timelines, with findings showing significant delays in accessing special education services; 2) the *Perceived* lack of recourse when a special education conflict occurs and 3) the *Unknown* - the relationship between access to information and positive special education outcomes.

On average military families reported waiting 23 months from initial identification of an issue to receiving special education services. The average age of identification was 3.18 years, with ages increasing based on the type of diagnosis cited, some receiving an identification at birth and some not receiving one until 15 years old. Although delays were prevalent, with 55% experiencing a significant delay, some of these delays also constituted procedural violations of the IDEA. Although these timelines can vary by state, the IDEA mandates that once an evaluation for special education eligibility has begun, it must be completed within 60 days. Military families reported waiting 171 days, on average. Delays are not only felt after an initial eligibility determination, but also after each military move, with 40% of families reporting going without services. The average delay experienced after a Permanent Change of Station (PCS) move was 5.75 months, nearly a quarter of a two-year tour of duty. Seventy-seven percent of those who went without services after a move waited longer than 60 days.

Delays were not the only barrier faced by military families; past experiences also played a significant role in determining military special education outcomes. Special education laws are “parent enforced.” When a parent does not believe the law is being followed, they may choose to register an unofficial

complaint with the school. If the conflict is not resolved at that level, parents may choose to file for due process to have a court official rule on the disagreement. Only 20% of respondents have filed any level of complaint. However, of those who did not file, 74% indicated that they wanted to file, with 22% citing that “I didn’t think that filing a claim would help.” Timeline delays are essentially expected; families who indicated that they were satisfied with their current public school still waited an average of 4.7 months to receive services. This is only marginally better than the average wait time for all respondents: 5.75 months.

The data show military special education parents know the needs of their children, but they are largely unaware of how either the special education or EFMP systems can help them meet the needs of their children. Unfortunately, familiarity with both systems has a relationship with positive student outcomes. Those who were unfamiliar with these systems were more likely to not receive special education services at all, more likely to pay out of pocket for supplementary services and less likely to have their students in the “Least Restrictive Environment” (LRE) alongside their general education peers.

Our data show that military special education parents still have hope that their children will grow to be independent and self-sufficient members of society. However, they are frustrated and believe that the systems tasked with helping make this hope a reality have failed them. Removing the *real, perceived, and unknown barriers* faced by military children with disabilities will help restore their hope in these systems. If left unaddressed, military special education parents will not be able to devote their energy to fight for their country. Instead, their readiness will be diminished as they spend their energy fighting to ensure their children receive the education afforded to them by law.

OUR SOLUTIONS

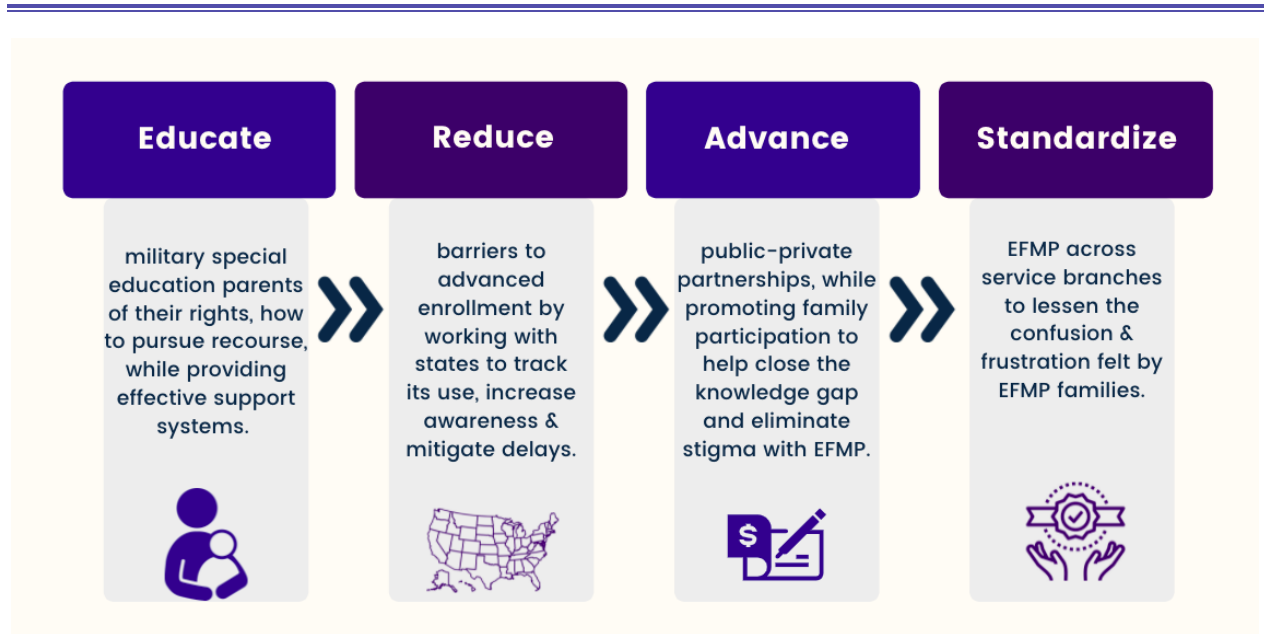


FIGURE 1 - PARTNERS IN PROMISE RECOMMENDATIONS

INTRODUCTION

The transient military lifestyle creates many challenges to provide consistency in education for servicemembers' children.^{iv} Children with developmental, physical or learning disabilities face additional obstacles, further complicating the military transition. Although umbrella protections are provided by federal and state laws, many military families report that school districts are not providing the minimum support and services mandated by law^v. What is unknown is how these struggles are related to aspects of the military lifestyle and/or to service disparities that can be attributed to the fact that military families move across state lines^{vi} at a higher rate than civilian families.

Educating children with diagnosed disabilities hinges upon a child's Individualized Education Program (IEP) or 504 Plan, created to allow access to a FAPE. IEPs provide specially designed instruction, related services, and supports to accommodate the unique needs of the student. 504 Plans focus on providing accommodations and changes to the general education classroom to help the student access the curriculum. IEPs and 504 Plans can vary drastically from one student to another and from one school district to the next. When a student moves to a new state, the receiving school district may accept or propose changes to the existing IEP or 504 Plan, with some schools rejecting them outright. The IDEA outlines the laws that states must follow when an IEP transfers across state lines. School districts may require their own evaluation, thus restarting the lengthy process to determine accommodations, services and support, and placement. State Education Agencies ("SEAs") typically encourage families to pursue dispute resolution, such as mediation, whenever disagreements arise between parents and the Local Education Agency ("LEA"). However, many parents are left without any option other than to consider filing a lengthy and costly due process complaint when an agreement cannot be reached.

Although the IDEA requires school districts to hold an initial IEP meeting within 30 days of receiving a new student with an IEP, it does not mandate that states adhere to a specific timeline to establish a *new* IEP. The IDEA mandates that states do this in a "reasonable period of time" but stops short of outlining what is considered "reasonable".^{vii} Thus, there are often delays establishing a new IEP each time a child changes schools. Delays in developing and implementing an IEP lead to delays in accommodations, modifications, and the delivery of services and supports that are critical to access a FAPE.

Delays in receiving services after moving to a new school, combined with the feeling that military families don't have "enough time" to resolve disputes due to their highly mobile lifestyle, results in the perfect storm for military special education families. These families report delays in services upon arrival and being "waited out" until departure, before starting over again at a new district. Although some may wish to pursue recourse, military parents report not having the time, financial resources, or emotional capacity to file for due process. Although states collect data on special education complaint filing, they do not collect data specific to military families. Therefore, it is unclear if military parents are more or less likely to file for due process, and what impact the military lifestyle has an impact on receiving a FAPE.

To mitigate the complications faced by military general and special education students, the 2015 Every Student Succeeds Act (ESSA)^{viii} mandated that military-connected student performance data be tracked alongside other "at-risk" student groups including homeless and low-income students, due to the highly mobile nature of the military lifestyle^{ix}. However, this data is not readily available for military families, and many states will only provide the data via a Freedom of Information Act (FOIA) request. This is an unfortunate example of that which is not measured does not count.

Military leadership is also aware of the impact that frequent moves can have on service members and their families. The Department of Defense (DOD) solution is the EFMP. As of 2018 there were roughly 132,500 military-connected children and adults enrolled in this mandatory program^{xii}. The primary role of EFMP is to coordinate the duty assignment process, thereby avoiding sending families to a military installation that does not have adequate medical service capacity or educational supports. However, EFMP does not currently have a mechanism to screen duty locations based on education delivery and has only recently recognized the need to build policies in support of military families in special education.^{xiii}

HOW IS SUCCESS MEASURED IN SPECIAL EDUCATION?

As a result of the individualized nature of special education, evaluations that attempt to study this population cover a variety of topics ranging from specific diagnoses to benchmark testing. Existing research examines outcomes based on countless individual disabilities; however, these findings do not have high external validity.^{xiv} When examining special education outcomes, researchers disagree on the unit of measurement. Many focus on standardized testing, graduation, and employment rates as benchmarks for evaluating student success^{xv} while others examine quality of life-centric measurements. Experts debate whether quality of life should be based on subjective satisfaction qualifiers or based on an individual's expressed level of satisfaction.^{xvi} Less data exist on how to measure success for military special education students.

Secondary data on special education due process filing is collected annually by the Department of Education (DOE) as a legal requirement of Section 618 of the IDEA (20 U.S.C. § 1418). This mandate requires states to submit annual reports^{xvii} covering due process complaints, broken down by age, standardized testing in math and reading, and other variables. However, due process filings tagged with military-connected status are absent.

The vehicle for collecting this data, the “military student identifier” (MSI), a datapoint established as part of the ESSA. MSI data relies upon military-connected families to self-report military status annually which often occurs during school registration. This change was adopted on the heels of a 2011 Government Accountability Office (GAO) recommendation to collect better data on military-connected students.^{xviii} Although the expressed purpose of the MSI is to “provide local educators with quality, actionable data concerning their military-connected students,”^{xix} many qualified schools^{xx} utilize this data to apply for impact aid. Impact aid grants are funds available to schools that serve military-connected students with higher dollar amounts going to those with special education needs. The number and location of military-connected students is being tracked,^{xxi} however, the data are not regularly reported. State “report cards” detailing military-connected student outcomes based on the MSI are reported at the state level, yet public availability varies drastically.^{xxii}

Studies of the military population at large are abundant. Military families, as compared to active-duty service members themselves, are studied in a few key areas by the DOD: military spouse employment, child care, suicide rates, and education^{xxiii}. DOD-level family research, as compared to military service branch level research, often reports how families impact active-duty service member readiness^{xxiv}. Additionally, the DOD Office of Special Needs (OSN) surveys EFMP families every three years,^{xxv} provides an annual report to Congress about EFMP and holds quarterly advisory panels with military families as

directed by ([10 US Code § 1781c](#)). However, because the program’s role has largely been focused on the availability of medical services^{xxvi}, evaluation questions that pertain to special education are largely nonexistent. Even the research that does exist “uses small, nonrepresentative, qualitative samples of families of children with special needs or of service providers. Such studies do not capture the extent or likely the full range of experiences that military families have with the EFMP.”^{xxvii}

The 2021 National Defense Authorization Act (NDAA) mandated several reports be completed with a focus on examining the EFMP. These reports included: a new DOD requirement to annually report, track and maintain information on special education disputes filed by members of the Armed Forces, to include the number of disputes filed and the outcome or disposition of the disputes. Additionally, the 2021 NDAA directed the Comptroller General of the United States (GAO) to study and report on special education for military families. The goal of the GAO study is to examine how local educational agencies (LEAs) that serve military-connected students use impact aid funds for children with severe disabilities. The study will also look at the effectiveness of special education attorneys and other legal support services for military families with special education disputes. The GAO will also “assess the effectiveness of the School Liaison Officer program of the Department of Defense Education Activity in achieving the goals of the program with an emphasis on goals relating to special education and family outreach.”^{xxviii} However, these reports have yet to be released at the time of publication.

Seeing a gap in the information collected on military special education students, Partners in PROMISE began collecting data on behalf of EFMP families through fielding its 2019 survey, which received modest family participation. In 2020 Partners in PROMISE’s annual Military Special Education Survey produced statistically significant data that has been cited in military literature, including the White House’s *Joining Forces Strengthening America’s Military Families: White House Report on Administration Commitments to Support the Families of Service Members and Veterans, their Caregivers and Survivors*^{xxix}, *Blue Star Families 2020 Military Family Lifestyle Survey Comprehensive Report*^{xxx}, and more. Key findings of the 2020 Survey included the relationship between PCS moves and delays in the receipt of special education services, the relationship between EFMP enrollment and positive special education experiences, and the lack of patterns connected to who chose to file formal and informal special education complaints.^{xxxi}

SPECIAL EDUCATION TIMELINES

Special education has three timeline milestones to support children with disabilities – identification and evaluation, eligibility determination, and receipt of services with the school district through an established IEP. Early identification of learning disabilities and other disabilities in children can have a significant impact on their path to success. For some families, the start of their special education journey begins with Child Find, a part of the IDEA. The Child Find requirement under IDEA stipulates that states must have policies and procedures in place to find and evaluate children who need special education services for all children up to age 21. Existing research indicates show the Child Find mandate is insufficient for relying on identifying children with disabilities early, leaving many without access to a FAPE^{xxxii}. More challenging for military families, Child Find is inconsistent across states and school districts.^{xxxiii} This inconsistency impacts timelines for identification and evaluation, eligibility determination, and receipt of services for military children with disabilities.

IDEA MANDATED TIMELINES

The initial evaluation for eligibility under the IDEA must be conducted within 60 days of the school receiving the parental consent/parent notification^{xxxiv}. States can require a different, sometimes more aggressive, timeline within these Federal guidelines to complete evaluations and determine eligibility status. Once a child is found eligible for special education services, an “IEP Team” meeting must be held within 30 days to develop the IEP. The IEP “Team” is comprised of the parent(s), general education teacher, special education teacher, public agency representative, someone who can interpret implications of evaluation results, related service providers, and optional attendees, including the child.^{xxxv} Once the IEP is developed, the IEP should be implemented “as soon as possible”. Delays in these timelines may hinder access to a FAPE and are a violation of the intent of the IDEA, if not a direct violation of the law. However, it is important to note that timeline violations are considered “procedural violations” as opposed to “substantive violations” which may constitute a denial of a FAPE. Procedural violations may also lead to denial of a FAPE when it has substantive impact, as defined by *Board of Educ. v. Rowley*, 458 U.S. 176 (1982).^{xxxvi} In recognizing the gap between achievement and potential, the Board of Education v. Rowley case defined a FAPE as “the opportunity to achieve full potential commensurate with the opportunity provided to other children”. Due to their highly mobile lifestyle, military families may feel the substantive impact of any delays in receiving services more than their more stable civilian counterparts.

TIMELINE VARIATION BY DIAGNOSIS

The National Center for Education Statistics (NCES) annually tracks the number of children by diagnosis receiving special education services in public schools. “In 2019–20, the number of students ages three to 21 who received special education services under the Individuals with Disabilities Education Act (IDEA) was 7.3 million, or 14% of all public-school students. Among students receiving special education services, the most common category of disability (33%) was specific learning disabilities.”^{xxxvii} The NCES data for the 2019-2020 school year show the distribution of disability type receiving special education services across the 13 disability categories covered under the IDEA. Specific learning disabilities (SLD) at 33%, speech or language impairment at 19%, other health impairment at 15%, and autism at 11% make up the top four disability categories served under the IDEA in public schools.

In the general population, “only 6.6% of students in special education with Specific Learning Disabilities (SLD) are identified at the age of six, by age 10 this percentage has increased to 40.8%.”^{xxxviii} SLDs are defined in IDEA as “a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in the child’s ability to listen, think, speak, read, write, spell, or do mathematical calculations.” ([Section 1401 \(3\)](#)) Even with this broad application and impact, coverage under IDEA focuses on Specific Learning Disabilities in reading, writing, and mathematics.

Another disability frequently cited in research is Attention Deficit Hyperactivity Disorder (ADHD), which falls under the IDEA category of “Other Health Impairment (OHI).” However, students with ADHD are not limited the OHI category; they can also be eligible for services under SLD or *emotional disturbance (ED)* categories.^{xxxix} The median age of identification for a severe ADHD diagnosis is four years.

Disability diagnosis research also investigates U.S. trends of diagnosis of disabilities which occur during a child's development. The National Center for Health Statistics (NCHS) is a large national survey of households conducted by the CDC. From 2009 to 2017, the survey's developmental disabilities questions examined the prevalence of developmental disabilities among children ages three to 17 years old. Older children, ages 12-17, were more likely to be diagnosed with a developmental disability like ADHD or an SLD.^{xi} The findings highlighted an increase in some diagnoses, specifically developmental, ADHD, Autism Spectrum Disorder (ASD), and intellectual disabilities, as well as a potential relationship with access to healthcare and age of diagnosis.

STATE SPECIAL EDUCATION VARIATION

The federal government tasks the U.S. Department of Education to develop regulations for states to implement federal laws, such as the IDEA. States and State Education Agencies then develop and implement their own state laws and regulations within the boundaries of federal law and regulations. This process gives states autonomy to determine how to implement the IDEA and deliver a FAPE in their public schools.

Because of this, eligibility criterion may differ state to state. States establish eligibility criterion and select tools to evaluate the educational impact of a student's needs and determine which eligibility category the educational needs or medical diagnoses will fall under. As an example, research indicates criterion disparities between states for the eligibility category of specific learning disability.^{xii} This inconsistent approach is more likely to be found in students categorized under SLDs and intellectual disabilities and stems from no clear operational definition of eligibility criteria. **Variation in eligibility criteria may result in a child being found eligible for special education services in one state and found not eligible in another.** This is exacerbated by the fact that the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has been updated more recently than the IDEA categories. The impact for military families who frequently move between states is a student may meet diagnostic eligibility criterion medically, but not educationally (or vice versa), in one state but not another.

States develop the guidelines LEAs use to deliver a FAPE, ranging from differences in classroom and school structure, educational programs, and interpretation or approach to the *least restrictive environment (LRE)*. Procedural safeguards detail timelines, processes, and procedures that schools and parents must follow to establish an IEP. In addition to varying delivery approaches by state, there are differences across school districts, such as how Child Find is implemented in identifying and evaluating children with disabilities.^{xiii} Procedural safeguards must follow the IDEA requirements. Some states provide more protections for parents and children, either through requiring school districts to complete evaluation and eligibility determination faster than the federally mandated 60 days or by extending eligibility age. Military special education parents must be aware of and understand the needs of their child, the services available, and variations in state law to ensure their child receives a FAPE.

RESEARCH QUESTIONS

1. What impact does the highly mobile military lifestyle have on the following?
 - a. Special education timelines:
 - i. Initial identification
 - ii. Receipt of a diagnosis
 - iii. Eligibility determination
 - iv. Receipt of services under initial IEP or 504 Plan
 - b. Receipt of services after a PCS move
 - c. Are certain diagnoses more prone to delays in identification than others?
2. How familiar are military families with special education concepts and EFMP/DOD programs/services?
 - a. Do knowledge gaps impact a family's ability to receive FAPE?
 - i. What impact does the familiarity of military services, parental rights through federal/state laws have on positive special educational experiences?
 - ii. Does their knowledge of special education have a relationship with paying out-of-pocket for special education/medical services?
3. What military lifestyle factors may prevent military families from filing a complaint?
 - a. Do states/areas with high military concentrations have differing special education outcomes than states with lower concentrations?

METHODOLOGY

To analyze these variables, numerous Chi-Square tests were conducted via SPSS with a special focus placed upon the relationship between the three primary dependent variables: complaint filing status, self-reported special education timelines, and how informed a respondent was about various special education topics/programs. Linear regression analysis was conducted to examine the demographic characteristics of families who were “informed” on topics ranging from special education to military EFMP services. Qualitative methods of discourse analysis were used for constructing the survey and analyzing results. Discourse analysis is particularly useful for examining how people conceptualize and respond to what they perceive to be social inequalities (Blommaert, 2005; Fairclough, 2001)^{xliii}. Families with children who require special education must navigate at least two discourses, that of the military and that of special education. Using discourse analysis, we identified 1) ways that families demonstrated familiarity with these discourses; 2) gaps between the two discourses; 3) gaps in families' awareness of

resources and recourses to injustice; and 4) areas requiring further research to better understand how and when families seek to redress problems to attain needed accommodations for their children.

DATA COLLECTION INSTRUMENT

Because the military population is diverse and located throughout the world, the most effective and common data collection instruments are online surveys. Due to the lack of existing secondary data on military children in special education, Partners in PROMISE drafted its own data collection instrument in collaboration with the Ohio State University (IRB: 2021B0171). The survey covered many topics, from EFMP wait times, Likert scale public vs. private school satisfaction questions, number of military moves, demographic data about rank, and out-of-pocket special education costs. Qualitative questions were interspersed throughout the survey to allow for families to share the details of their special education experiences. Units of analysis included the number of military families who filed complaints with a school district and familiarity with military and civilian special education services and concepts. There are approximately 130,000 individuals enrolled in EFMP. The survey instrument collected 1,156 family responses, more than twice the response collected from the 2020 Partners in PROMISE survey. The instrument consisted of 142 possible questions and took roughly 15-minutes to complete with a 60% completion rate. Because the distribution strategy focused on a combination of purposeful and snowball sampling^{xliv}, which is the military family nonprofit standard, it is difficult to measure the response rate. Partners in PROMISE sent the survey via direct email campaign to 545 recipients including partner organizations who previously agreed to distribute the instrument.

SURVEY RESPONDENT DEMOGRAPHICS

Respondents constituted a representative sampling of the overall military population across all service branches. The majority of respondents were enlisted personnel or the spouse/partner of an enlisted service member (58%), with the highest responses from E4-E6 (32%) and E7-E9 (26%). Mid-rank officers also responded in similar numbers with 31% of responses coming from O4-O6 and 8% from O1-O3 level officers. This phenomenon of lower than representative response rates from younger members of the military population has been studied by Miller et. al^{xlv} and is common within the military surveys. Respondents were aged 18-20 (0.1%), 21-25 (3%), 26-30 (11%), 31-35 (26%), 36 - 40 (31%), 41-45 (17%), 46-50 (8%), 51-55 (4%), 56-60 (0.7%) and 60+ (0.6%). This is in line with last year's findings^{xlvi} and aligns with the ages of parents with children in special education. Seventy-two percent of respondents identified as white or Caucasian, 6% black/African American and 12% Hispanic or Latino origin. Eighty-four percent of respondents identified as female, 13% male, .36% were non-binary and 2% preferred not to answer. Sixty-five percent of respondents identified as a military spouse (active-duty and veteran), with 24% indicating they were an active-duty servicemember themselves. The majority (86%) were located within the Continental United States (CONUS) while 14% reside Outside the Continental United States (OCONUS). Service branch representation of respondents was skewed from baseline proportions of the service branch size^{xlvii}. Air Force personnel responded at the highest rate, 43%, despite constituting only 24% of the total force, followed by 31% from Army, 16% from Navy, 8% from Marine Corps, 1% from Space Force and 1% from the Coast Guard. The Air Force response rate was higher than expected largely due to a strategic distribution of the survey by the Chief of Staff for the Air Force's spouse. This disproportionate number of Air Force responses was accounted for during analysis.

DEPENDENT VARIABLES

COMPLAINT FILING STATUS

Students enrolled in special education are afforded the right to a FAPE through the IDEA and Section 504 of the Rehabilitation Act of 1973. Within the IDEA, there are procedural rights and protections for students and families in the event there is a dispute about how the school delivers a FAPE, what the school offers, or how the school implements the student's Individualized Education Program (IEP). This recourse is obtained by filing various levels of complaints. Respondents were asked if they had ever filed a special education complaint asking for a yes or no (binomial) response.

SPECIAL EDUCATION TIMELINES

Timelines are very important to measure student progress and are an important part of the IDEA. Military students experience additional timeline delays when they move to a new state. Questions were designed to avoid availability bias, or the tendency to overestimate numbers based on personal experiences that are more available in our memory. Instead of asking one question aimed at determining general timelines or delays, families were asked specific questions to combat this tendency:

- 1) At what age did you first suspect your child had a learning/developmental difference? (Birth - 18+ years)
- 2) How many months passed after identifying an issue before beginning a special education EVALUATION for your child? (Birth - 5+ years)
- 3) How many months passed between the start of special education evaluations and the receipt of an ELIGIBILITY DETERMINATION for your child? (Birth - 5+ years)
- 4) How many months passed between receiving an ELIGIBILITY DETERMINATION and the receipt of IEP SERVICES or 504 ACCOMMODATIONS for your child? (In process - 5+ years)

These self-reported timelines were used to create a baseline for average wait times experienced by military families with additional analysis conducted based on disability type and other factors. Because many variables contribute to the initial recognition of a disability, research primarily focused on questions two through four. A regression analysis was conducted with question number two as the dependent variable to determine what may have contributed to delays in evaluation, which may be parent initiated.

To determine if military students in special education are experiencing longer than typical wait times, questions three and four were examined. Question three aligns with a timeline that is established in the IDEA which outlines the process to determine eligibility should not take longer than 60-days^{xlviii}. This timeline requirement also includes the evaluation process^{xlix}. Question four does not have an IDEA-mandated timeline and varies widely by state. The IDEA does require that once an IEP has been established that it be implemented "as soon as possible". Although there was no legally mandated timeline for question four, Partners in PROMISE believes that waiting more than 60-days for special education services violates the heart of the IDEA, which is intended to ensure all students have *timely*

access to a FAPE. Therefore, if a family reported waiting three months or longer to either question three or four, the family was flagged as having experienced a “timeline violation” (binomial variable). These dependent variables were compared to a variety of military lifestyle factors including, but not limited to location, military career level/rank, number of military moves, diagnosis, branch of service, and number of children.

It is important to note that we did not separate COVID-19 experiences from those of the surveyed population as our sample size was large enough to avoid this overly skewing the data. To confirm this assumption and to combat availability bias, we compared *initial* receipt of services after an eligibility determination to their aggregate experience of waiting for services *after a PCS move*. Families waited on average 5.69 months after their *initial* eligibility determination to the receipt of services (ranges spanned zero to over 60 months). For those who went without services *after a PCS move*, the average wait time was 5.75 months (ranges spanned .25 to 12 months).

“INFORMED” FAMILIES

Families were asked to rank their level of familiarity with eight different special education/EFMP-related services/concepts, including the difference between services and accommodations and the Military Interstate Children’s Compact Commission (MIC3). Families ranked their level of familiarity on a three-point Likert scale and chose between “not familiar”, “somewhat familiar” and “very familiar.” Based on their responses, respondents were given an overall score as being “informed” or “uninformed” with averaged scores ranging from 1.00 to 3.00; 0.00 to 1.49 being “uninformed”, 1.50 to 3.00 being “informed”.

FINDINGS

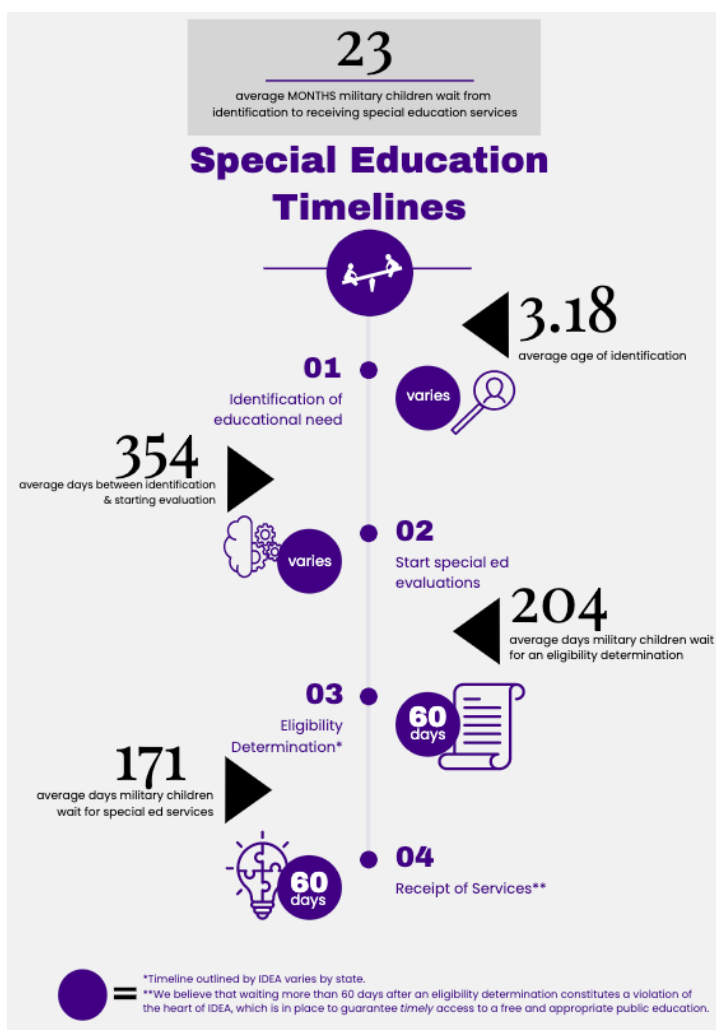


FIGURE 2 - SPECIAL EDUCATION TIMELINE FINDINGS*

that their children did not receive an eligibility determination within the 60-day IDEA timeframe from the start of special education evaluations. Of the respondents whose children ultimately received special education supports via an IEP/504 Plan, 42% report that it took more than 60 days from the receipt of eligibility determination to begin receiving special education supports/services. As outlined in the [IDEA Section 1414](#), after a child is found eligible for services, the school must hold a meeting within **30 days** to develop the IEP. Once the IEP is developed, schools are advised to then implement the IEP **as soon as possible**. Although there is no official timeline instructing LEAs to implement special education services after an eligibility determination, a delay of 60 days or more means a family could reasonably have spent over 120 days from first noticing a need until receiving services. This is in contradiction to the intent of the IDEA, which is in place to provide all students **timely** access to FAPE.

FINDING 1: REAL DELAYS - SYSTEMIC TIMELINE VIOLATIONS

The IDEA was instituted in 1975 to provide equal educational opportunities to students with disabilities. Unfortunately, this law is only Federally funded .30 - .40 cents to the dollar¹ and many schools cite this financial burden as a reason for the inconsistent application of the law. Military families may be more vulnerable due to their highly mobile lifestyle. The data confirm this.

Families were asked how long they waited between identifying an educational/developmental difference, how long they waited between identification of an issue and an eligibility determination and the time they waited from their eligibility to when their child received special education services. The IDEA outlines timelines guidance for many of these milestones. Public schools have 60 days from beginning an evaluation to come to an eligibility determination.

Using this 60-day eligibility window as a baseline, responses were flagged if they exceeded these timelines. This removes the emotion from the data, as many families experienced a timeline violation without knowing it was a violation at all. Some families experienced one timeline violation, while others experienced delays at multiple stages of the special education process, with some wait times far exceeding 60 days. Sixty-one percent of respondents reported

Note: The timelines featured in Figure 2 are those specified by the IDEA. State officials may develop state-specific timelines that shorten the process, but they cannot lengthen it. The only exception is the evaluation timeline; a state can have an evaluation timeline that is longer than 60 days, which some states base on calendar days and others on school days.

GENERAL DELAYS

Respondents were asked the age at which they first suspected their child had a learning or developmental difference. They were also asked a series of questions outlining the number of months that passed between this suspicion, evaluation, eligibility determination, and finally receipt of services for the first time. Using these responses, the age at which their child received services was calculated. A regression analysis was conducted with this age as the dependent variable and found the following:

The age at which a child begins receiving educational support services is significantly impacted by the role of that person in the child's life.

Children who have delays identified by a medical professional ($t(8) = -2.291, p = 0.02$) started services at an earlier age. The age of first receiving services was later if parents ($t(8) = 2.329, p = 0.02$) were the first to identify the need for intervention. If a teacher ($t(8) = 4.69, p = 0.00$) was the first to notice a need for intervention, the age that services were first received was even later. Those who were enrolled in EFMP ($t(8) = -2.690, p = 0.01$) received services at an earlier age. Those who experienced higher than average moves ($t(8) = -4.911, p = 0.00$) had the longest delays, waiting over a year and a half longer than those who experienced fewer than five moves. Those who were living OCONUS ($t(8) = -2.535, p = 0.01$) received services at an earlier age. It is important to note that those who live OCONUS receive mandatory EFMP screenings before being approved to live overseas, possibly flagging them for services. This finding requires additional study. Lastly, a parent or caregiver who was not working (not looking) did not significantly impact receiving services earlier or later than others despite their availability for full-time caregiving ($t(8) = -1.671, p = 0.09$). It is important to note that although these findings are significant, many other factors impact the age at which services are first received as these factors only explained 14% of the variance ($r^2 = .136, p = .00$).

Qualitative findings revealed that parents believe it is “nearly impossible to get continuous care for an EFMP child.” Some described plans to leave the military for this reason alone. Those who have elected to continue to serve in the military acknowledge that this will require their children to make sacrifices.

VARIABLES IN TIMELINE VIOLATIONS

AGE

Survey takers who were in their 40s or older were significantly more likely to have children in special education who have experienced a timeline violation ($\chi^2(1, N = 486) = 4.207, p = 0.04$). Because the question was aimed at a period in time (initial diagnosis), not multiple experiences, this finding could be significant. However, it may be less reliable due to availability bias or length-bias sampling. If the respondent was not responding to their first experience but rather their worst experience, it could be that they remember longer delays. Those who were older may have had more opportunities to experience these violations and therefore it cannot be determined if age has a significant relationship with timeline violations.

DIAGNOSES

Thirty-eight percent of parents reported that they were the first person to notice their child(ren) had a learning or developmental difference, citing that they had a “gut feeling.” After parents, medical professionals were the second most common group to identify a disability (15%). Twenty-eight percent waited over a year before receiving a diagnosis after an initial concern, with 5% indicating they waited over five years. For those with one child, 11% reported they waited just under a month. This rate increased for subsequent children with 25% of those with a second child received a diagnosis in the same time frame.

The most frequently cited diagnosis for respondents’ first child was Autism Spectrum Disorder (ASD) at 19%, followed by ADHD (19%) and speech or language impairment (14%). According to the Department of Education database, 11% of students under the IDEA in public schools are receiving services based on an autism diagnosis.^{li} The estimate of children, between the ages of two to 17, in the United States, diagnosed with ADHD is 9%.^{lii} Families were asked the age of *first suspicion* for their child’s developmental or learning disability with the following averages: Autism and ADHD: 2.6 years; Autism only: 2.0 years; ADHD only: 3.5 years; speech 1.7 years. The American Academy of Pediatrics recommends screening children for autism between the ages of 18 and 24 months. However, the average age for ASD diagnosis in the United States is just under four and a half years.^{liii} In the general population, “only 6.6% of students in special education with Specific Learning Disabilities (such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia) are identified at the age of six. By age 10, this percentage as increased to 40.8%”.^{liv} However, it is important to note that it cannot be determined if this early awareness of diagnoses was a result of early detection of ADHD or autism, but rather the detection of other comorbid diagnoses. The average times each diagnosis took to receive *initial special education services* was examined, with the following results: ADHD: 6.5 years; ADHD/Autism: 5.1 years; Autism: 3.5 years; Speech: 2.9 years.

FINDING 2: PERCEIVED LACK OF RECOURSE - COMPLAINT FILING

Partners in PROMISE’s Military Special Education Survey fielded in 2020 revealed that complaint filing did not have a significant relationship with any known military-related variables^{lv}. This suggests that if a family had the will and desire to file a complaint that they would do so regardless of rank or age^{lvi}. The 2021 research focused on what aspects of the military lifestyle may *prevent* families from filing. As noted earlier, complaint filing is the primary form of recourse available to special education families who do not agree with the services and supports offered by a LEA.

Of those who participated in the 2021 survey, 20% have filed a complaint. The majority (30%) of complaints were informal complaints filed with the school itself. Only 23% of those who filed a complaint notified a military point of contact (installation, School Liaison Officer, Military Interstate Children’s Compact Commission - MIC3, etc.). Only 14% filed a due process complaint with the State

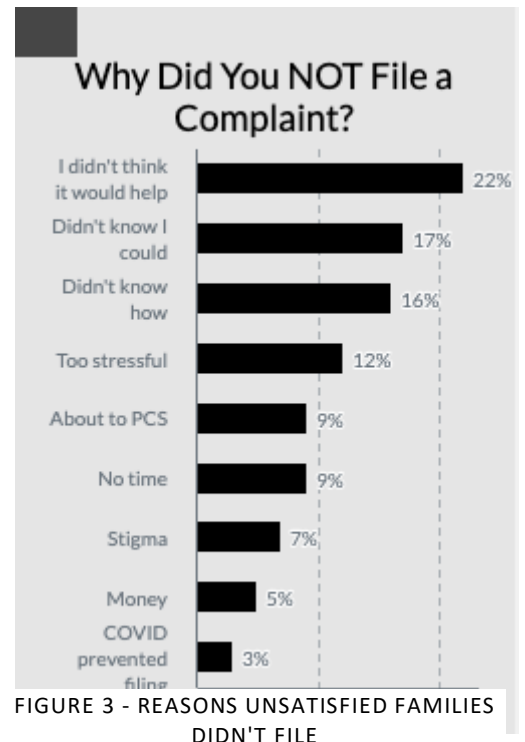


FIGURE 3 - REASONS UNSATISFIED FAMILIES DIDN'T FILE

Board of Education. For those who filed *and* whose filing has concluded, 40% cited there was no resolution, and 44% said their complaint was resolved.

If the participant did not file a complaint, they were asked why they chose *not* to file. Luckily, the most common reason was being happy with special education services (24%) and thus not needing to file a complaint. Two percent indicated that their initial special education determination was still pending. The secondary reason families cited for not filing was that “they didn’t think it would help” (17%), “didn’t know that I could file a complaint” (12%) and “didn’t know how to file a complaint” (12%). Therefore, of

the 470 people who indicated that they did not file, 74% did not file but believed they had cause to file.

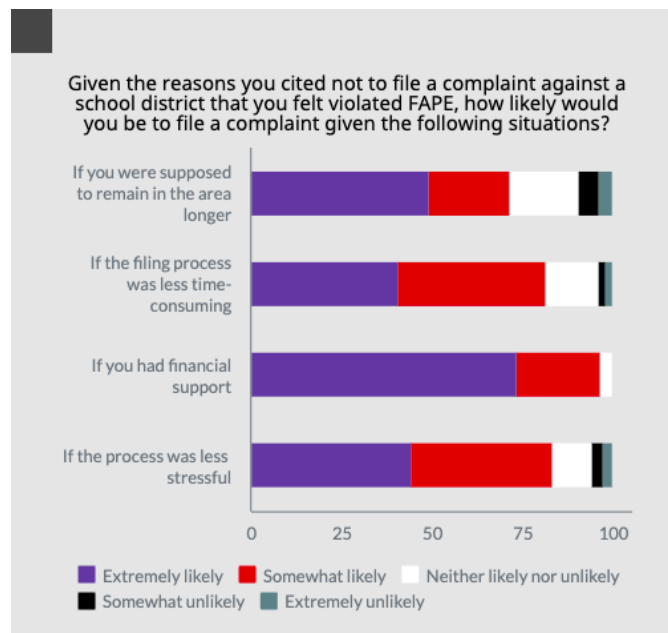


FIGURE 4 - PERCEIVED BARRIERS TO FILING A COMPLAINT

Based on the reasons respondents listed for not filing they were then asked: “Given the reasons you cited not to file a complaint against a school district that you felt violated FAPE, how likely would you be to file a complaint given the following situations?” Choices included four often cited reasons for not filing a complaint despite feeling as though they had cause to file: Not in the area long enough to file; filing is too time-consuming; filing is too stressful; and the costs associated with filing are prohibitive.

Figure 4 also highlights that a lack of financial support was a significant barrier for some families who wanted to file but didn’t with

73% saying that they would be “extremely likely” file a complaint if they had financial support.

SIGNIFICANT VARIABLES IMPACTING COMPLAINT FILING

- Family Dynamic: The more children in special education resulted in higher than anticipated levels of complaint filing ($X^2 (3, N = 633) = 12.897, p=0.005$).
- Timeline Violations: Those experiencing a timeline violation were more likely to file a complaint ($X^2 (1, N = 606) = 4.426, p=0.035$).
- Paying Out-of-Pocket: 31% of those who cited having paid out of pocket for special education services have filed a complaint compared to 13.5% of those who didn’t pay out of pocket for special education services also filed a complaint ($X^2 (1, N = 630) = 28.646, p=0.000$).
- Familiarity with military special ed/EFMP support: Of the families who filed complaints 41% were significantly more likely to know the status of special education attorneys at their installation than the 21% of families that never filed, ($X^2 (2, N = 569) = 19.379, p=0.000$).

- Primary EFMP resources: If families filed a complaint, they were most likely to rely upon Tricare (25%) for resources, followed by their receiving school district (22%). However, families who had not filed complaints significantly relied upon Facebook groups (19%) as their primary resource over any other source of information ($X^2(1, N = 580) = 11.229, p=0.001$).

While not statistically significant, it is interesting to note that only 27% of families who indicated they filed a complaint also experienced an above-average number of moves (over four for their first child in special education). The average number of moves indicated by all survey participants was 4.11. Therefore, any family who cited five or more moves for their first child in special education were coded as having moved more than average. Of those who have filed complaints, the majority (73.3%) have moved fewer than five times. ($X^2(1, N = 612) = 1.843, p=0.175$).

Most EFMP families are not even aware that they have experienced a violation of their child’s right to access a FAPE. While experiencing *delays* in receiving special education services and supports may not result in a negative special education experience overall, there was a significant relationship between those who have experienced delays and those who filed a complaint. Seventy-seven and a half percent of those who experienced a timeline violation have not filed a complaint ($X^2(1, N = 606) = 4.426, p=0.035$). As indicated in Figure 3, the primary reason families shared that they did not file was that they were happy with special education services (22%) followed by “I didn’t think that filing a claim would help” (17%). Those who indicated that they did not think filing a claim would help were asked why they thought it would not help. As indicated in Figure 5, their number one reason was the “impression given by school representatives” (42%). It is important to note that simply experiencing delays may not be an extreme enough motivation for a parent to choose to file an official complaint. Thirty-eight percent of parents whose children experienced a delay (more than 60 days) in receiving services after their most recent PCS also cited they were satisfied with their public-school experience despite these delays, as compared with those who had not experienced a delay (62% indicated they were satisfied with their public-school experience). This may be due to the way the delays are framed as being “*the way it is,*” with families who receive services being more likely to accept delays.

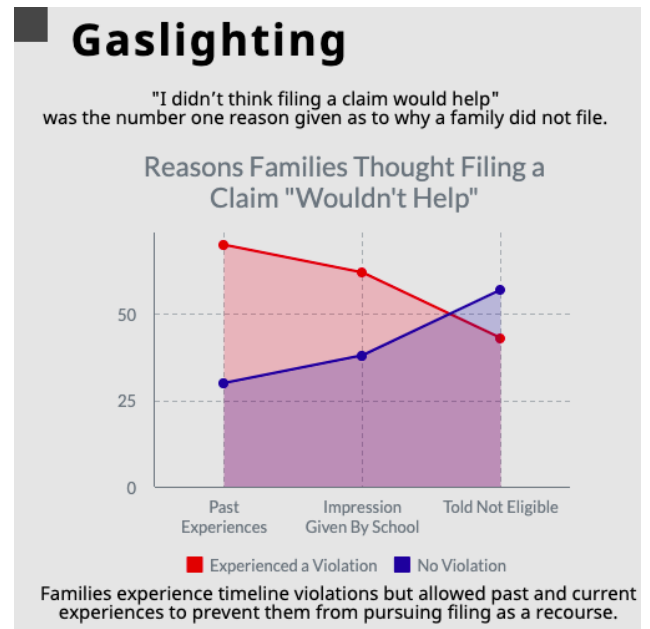


FIGURE 5 –SPECIAL EDUCATION DELAYS HAVE BECOME NORMALIZED

A LOSS OF CONFIDENCE - QUALITATIVE FINDINGS

Many of the parents who responded to the survey were angry. The perceived lack of services positions them as advocates *against* the systems of both EFMP and the schools, sometimes in the middle, trying to get them to coordinate. Many parents experience relationships with schools as a struggle. If the parents don’t advocate, their children will suffer. **One parent wrote, “He’ll continue to fall behind if I don’t keep fighting.”** Representing several parents enrolled in different branches of service, one parent wrote “We were kicked around a lot!” Some are frustrated by the lack of help when a parent’s chain of

command classified their attending IEP meetings as “dereliction of duty.” One parent wrote, “I can’t be the only one going through this!” Another wrote, “the emotional and financial stress of having two children with disabilities is indescribable. Parents are in a constant state of worry and angst as if waiting for the other shoe to drop. Nothing with schools is ever easy. We manage and do the best we can, but there’s always so much to do, people, providers to follow-up with, battles with the schools.” Qualitative responses show that many parents have lost confidence in both the military and civilian systems that are tasked with supporting the educational needs of their children.

FINDING 3: THE *UNKNOWN* - EFMP PARENTS DON’T KNOW THEIR RIGHTS

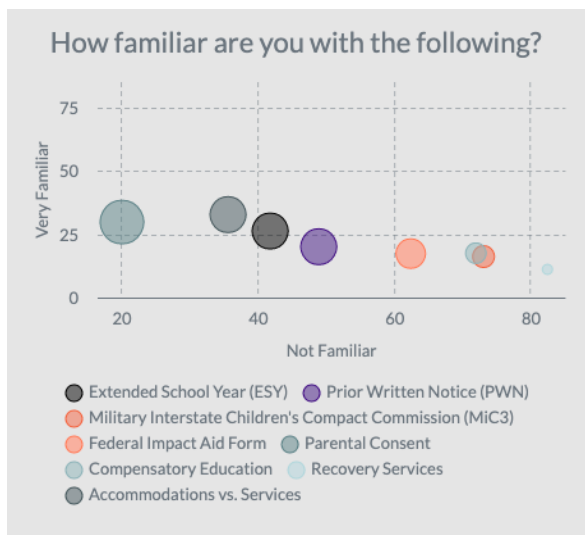


FIGURE 6 - HOW INFORMED ARE EFMP FAMILIES?

Families were asked to rank their level of familiarity with special education/EFMP-related services. They were given scores ranging from 1.0 - 3.0 with those with scores between 1.0 - 1.49 being considered “uninformed” and those who scored between 1.50 - 3.0 being “informed”. There was a significant relationship between how informed a respondent was and their decision to pay out of pocket to supplement their child’s education ($X^2 (1, N = 611) = 8.431, p=0.04$) with 69% of those who reported being informed about their resources saying they paid out-of-pocket. This is significant because they were not choosing to pay out of pocket because they did not know there was help available; rather they more likely paid out of pocket to fill in perceived gaps in those resources. These real and perceived barriers to accessing an education hinder our military students from becoming independent, productive members of society.

INFORMATION MAY IMPROVE OUTCOMES

Being informed also had a significant relationship with receiving services and the types of services. Families were asked if their child was currently receiving services under an IEP or 504 Plan or if they were not covered under either. IEPs are comprehensive education plans which provide specifically designed instruction, supports, and services with educational goals specific to a child’s needs. A 504 Plan provides accommodations to the educational environment and other supports necessary for the child to appropriately access the educational curriculum. Fifty-eight percent of those who indicated they did not receive services were significantly uninformed as compared to those covered under IEPs (33%) or 504 Plan (36.5%) ($X^2 (2, N = 610) = 27.685, p=0.000$). Overall, 67% of families indicated their child was placed in the “Least Restrictive Environment” (LRE). However, informed families were more likely to indicate that their child

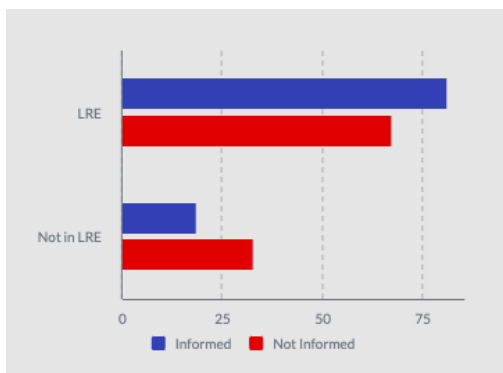


FIGURE 7 - INFORMED FAMILIES EXPERIENCE BETTER OUTCOMES

has been placed in the LRE based on their child's educational needs (i.e., taught alongside their general education peers) as compared to their uninformed peers ($X^2 (1, N = 502) = 12.321, p=0.000$).

It is important to note that being informed about special education did not prevent families from experiencing timeline violations ($X^2 (1, N = 867) = 0.192, p=0.66$). When examining the self-reported timelines, those who were "informed" about special education still experienced delays in eligibility determinations and receipt of services. Because this level of being "informed" may suffer a chicken or egg dilemma, delays experienced after the respondent's most recent move were also examined. **Ninety-one percent of those who were uninformed experienced a delay in excess of 60 days.** This is only slightly improved for those who were informed, of whom 83% experienced delays ($X^2 (1, N = 213) = 3.013, p=0.083$). Lastly, there was no significant association between enrollment in EFMP and understanding of the availability of special education supports and rights ($X^2 (1, N = 612) = .033, p=0.857$).

WHO IS UNINFORMED?

Respondents who previously served in the armed forces were significantly less informed (48%) than those who had never served on active duty (66%) ($X^2 (1, N = 612) = 16.264, p=0.000$). This is in line with literature that indicates that military spouses are often primary caregivers for children^{lvii}, which includes the oversight of their education. Additionally, those who identified as female were significantly more informed (64%) than those who did not identify as female (34%) ($X^2 (1, N = 613) = 15.713, p=0.000$). Race was not significantly associated with being informed about special education ($X^2 (1, N = 578) = 1.938, p=0.164$). However, as age increased, so did self-reported levels of familiarity with special education/EFMP resources ($X^2 (2, N = 606) = 23.602, p=0.00$). This may be due to increased interactions with special education over time.

PARENTS KNOW THEIR KIDS - QUALITATIVE FINDINGS

It is important to note that being "uninformed" about what the EFMP or special education systems offer parents does not mean these parents are uninformed. Rather, they are either simply not connected to the resources they need, or the available resources are not meeting their current needs. Parents are incredibly well-informed about their children's needs. However, parents are not necessarily aware that they have experienced a violation of their rights, or that there are services offered by EFMP. Many described the EFMP system as overwhelming from the beginning processes of filling out forms, to the complex processes of trying to remedy a lack of services. Many parents identified programs specifically recommended by medical and/or educational professionals (i.e., Applied Behavior Analysis services) that were not funded through the military systems available, especially TRICARE. For example, families report getting "no guidance regarding the EFM program."

Parents know what they *need*. Representing many comments made on the survey, one parent said "I don't want or need to take a class (regarding EFMP). I NEED an advocate to be present at meetings." Another parent said that it, "seems like every time an 'improvement' is made to EFMP, it's just on paper for show and no real action." Parents expressed enormous frustration in dealing with EFMP. They pointed out that EFMP-connected staff rarely, if ever coordinated with the school personnel and that some of the EFMP coordinators were not well informed. They recognize that EFMP services are uneven

and can't be provided equally to all installations, but they'd like to know what the services are before they move. Here are some of their comments:

"EFMP is a mess and cannot be 'reformed' and every family knows it. It is not possible because accountability within the program doesn't exist."

"Military EFMP is a fallacy and doesn't actually help the family or child at all besides emails and the occasional gingerbread house on Christmas. There needs to be an outreach program embedded into the school system that specifically aids military families."

Parents described what they perceive to be solutions. One parent said: *"I welcome any conversation that can positively impact the needs of EFMP families. I would love to serve as an advocate to help as many EFMP families as possible. I am extremely passionate about the need to educate schools on the unique needs of EFMP families."*

FINDING 4: MILITARY FAMILY SPECIAL EDUCATION & EFMP EXPERIENCES

SPECIAL EDUCATION EXPERIENCES

A total of 43% of military EFMP/special education families indicated they were either extremely satisfied (12%) or somewhat satisfied (31%) with their public-school experiences. However, 35% reported negative experiences. The reported negative experiences were more extreme than positive experiences with 18% indicating they were extremely dissatisfied and 17% were somewhat dissatisfied.

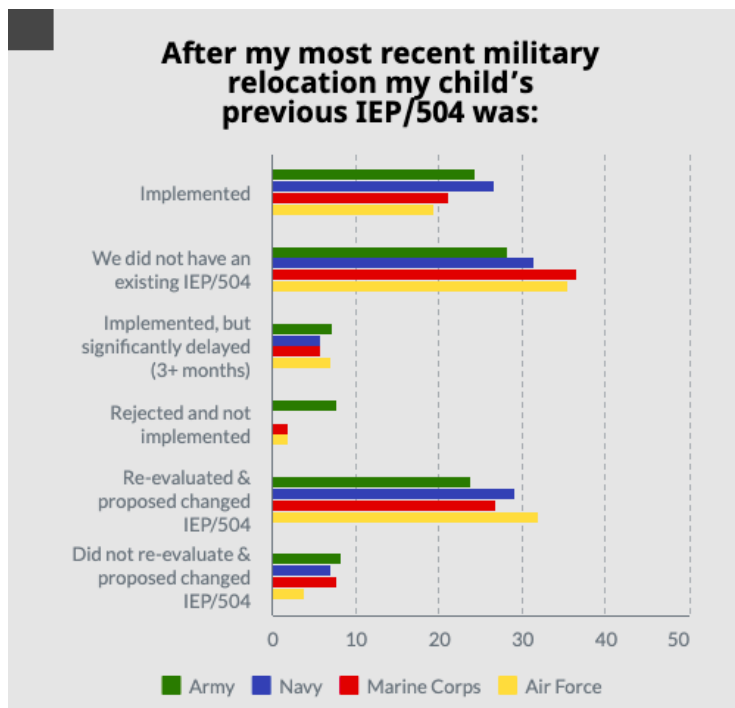


FIGURE 8 - STATUS OF IEP/504 PLANS POST-PCS MOVE

While 77% of respondents said that their current school recognizes their child's *diagnosis(es)*, only 63% indicated that their school recognizes the *educational impact* of their child's *diagnosis(es)*. What does this mean? Schools may tell military parents that while "yes, we understand your child has ADHD, we do not believe it impacts their ability to learn." However, qualitative responses show that some survey participants indicated their child's medical needs do not require special education accommodations or services.

In 2015, the American Academy of Pediatrics released a clinical report discussing the important role health care providers have in informing families of the need for early intervention or special education services based on a medical diagnosis. This requires a level of understanding on the part of providers when it comes to their local school system, the IDEA, and Section 504 to inform families of their rights and FAPE.^{lviii} Complicating matters, specific diagnoses covered

under the IDEA can vary from state to state. If a medical provider has not directed a family to request a special education evaluation from their school district, families may not know that educational eligibility is an option. A total of 64% of families reported that their child had an IEP, 12% had a 504 Plan and 24% indicated that they had neither. Of those who did not have either a 504 Plan or an IEP, the primary reasons cited were: their child did not/no longer needed IEP/504 Plan supports/services (20%) and that they had decided to homeschool (20%). The most common diagnosis for those who had a 504 Plan was ADHD.

Of the families who indicated their child had a 504 Plan, 41% indicated that they felt that their child's diagnosis(es) would be better served by an IEP, which requires teachers to monitor and report a student's progress on certain educational goals. Parents were also allowed to type in why they thought their child did not qualify for an IEP. Qualitative responses included:

"Schools look solely at academic present levels and don't appropriately consider the social-emotional-behavioral components of accessing FAPE."

"Her school said she was just disorganized and not disabled."

"The school advised because my child was passing his coursework he did not qualify for an IEP."

"He hasn't failed at a high enough level to be tested for IEP. Even with privately obtained neuropsych testing, he doesn't 'qualify'."

Some survey participants indicated their child had not yet received a diagnosis and therefore did not qualify for special education services. Those parents were asked what alerted them to their child possible developmental or learning differences: 23% cited their child had difficulty paying attention, while others cited behavioral issues (12%), or the child was not at grade level for reading (14%) or math (8%).

EFMP ENROLLMENT

Partners in PROMISE's 2020 Special Education Survey indicated that 69% of respondents were enrolled in EFMP with 22% choosing not to enroll and 8.7% who did not know if their child was eligible for the program^{lix}. The 2021 survey data highlight an increase in enrollment and awareness of the program, with 85% of respondents indicating that all eligible children were enrolled in EFMP, with 9.2% who *chose* not to enroll all children and only 3.2% who indicated that they were unsure if their child was eligible. However, just because these percentages have improved does not mean that the 2020 participants who were not enrolled have since enrolled, but rather that the new sample had higher rates of enrollment. Unlike the 2020 survey, the question was expanded to differentiate between those whose children fit enrollment qualifications but, for other reasons, were not eligible for the program: namely Coast Guard, veteran/retirees, and National Guard and Reserve Component families. These families represented 3.2% of total respondents, indicating that their child was not eligible for the program despite having a qualifying diagnosis(es). Of the approximately 9.2% who indicated they *chose* not to enroll the primary reason was "impact on service member career" (23%) followed by "didn't know how to apply to the program (20%), and "didn't know about EFMP" (16%).

EFMP SUPPORT AWARENESS

The Department of Defense has created many programs to support EFMP families, but many families may be unaware of these offerings. Seventy-six percent said they did not know if their current installation provided military legal assistance for special education concerns. Ten percent reported their installation provides this service and 14% reported that their current installation does not offer special education legal support.

All respondents were asked if they attempted to utilize this service. Seventy-one percent indicated that they did not attempt to utilize the service. Of those who didn't attempt to use the services, 41% said they did not need legal assistance, while the majority said they were unable to utilize it for other reasons. Top reasons included "didn't know it was offered" (25%) and 12% said they were "planning to reach out".

Only 16 respondents indicated they tried to use this service, and therefore the data collected does not constitute a representative sampling. It is possible that more survey participants attempted to use legal services but skipped the question. Of those who did use the service, the average response time was three to five business days. Only 31% of those who used their military legal assistance had their issue resolved. However, it is important to note that special education disputes are often unresolved, and this status cannot be attributed to the quality of military special education legal services. Of those who filed a complaint but did not specify using this service, 44% reported the issue as "resolved." This resolution status is also in line with the fact that 53% reported that they were satisfied with the military special education legal services they received compared to 27% who were dissatisfied.

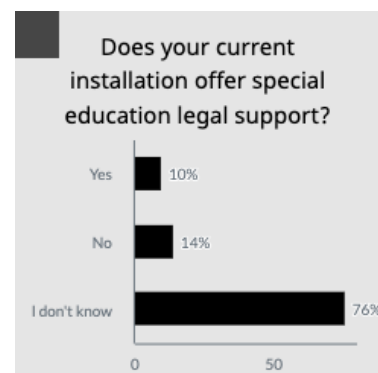


FIGURE 9 - FAMILIES ARE UNAWARE OF THEIR RESOURCES

PCSING

PAYING OUT OF POCKET

Military families report many hidden costs associated with moving with the military, ranging from paying new rental deposits to out-of-pocket hotel charges. It is unclear if these costs include supporting students with special education needs. Survey data from 2020 indicated that 90% of EFMP children have experienced at least one move^x. In 2021, 92% reported moving at least one time. Thirty-five percent said they paid out of pocket for special education supports "over the last year." The majority (24%) paid between \$500 - \$1,000 with 9% saying they paid over \$10,000.

Families who did not identify as white were significantly less likely to pay out of pocket ($X^2 (1, N = 638) = 4.341, p=0.037$). Enlisted families and junior military members (below E5 or below O5) were also significantly less likely to pay out of pocket than officer ($X^2 (1, N = 668) = 35.456, p=0.000$) or senior career military member families ($X^2 (1, N = 668) = 8.647, p=0.003$). And families who moved more than the average (over four times) were more likely to pay out of pocket ($X^2 (1, N = 623) = 5.916, p=0.015$) ($n=623; p=.015$). This could be due to having more diverse education experiences and a point of comparison as to the services that exist that may better support their children. This is a topic that requires additional study.

PCS SUPPORTS

Military EFMP families have diverse plans of action after they receive military orders. Before a PCS move, most survey takers reach out to TRICARE (20%) followed by Facebook groups at the receiving duty station (17%). Despite the availability of resources intended to mitigate complications for military students, including the Military Interstate Children’s Compact Commission (MIC3) and special education attorneys, many were not familiar with these benefits, with 73% saying they were not familiar with MIC3 and 76% did not know if their current installation offered special education legal support.

One of the protections highlighted in the MIC3 Compact is the ability for a military family to “advance enroll” in school, whereby they can register their children in a school district with written military orders. Despite 33 states offering advanced enrollment, only 16% of respondents have ever been able to advance enroll their student. Based on reported current locations, 78% of respondents who have never used advanced enrollment and who were told “it was not an option” currently live in one of the 33 states that extend this benefit to military families.

This necessary provision could greatly aid highly mobile military families, especially military children in special education, but it is unclear who is denying them advanced enrollment (or giving the impression of a denial). This is an area that requires additional study to connect military special education families with available benefits that could mitigate the delays outlined in [Finding 1](#).

Among survey respondents, 39% went without special education services at some point after a move. Within this group, 87% waited over a month for services, 19% waited more than 12 months, and 3% said they never received services after having had an established IEP/504 Plan at a previous location.

CAREGIVING

Anecdotally, many families report choosing to live geographically separated from their active-duty servicemember. However, the data show that of those who are currently married, only 5.9% chose to “geo bach.” The top three reasons cited for choosing to “geo bach” were: spouse was on unaccompanied orders (19%), separated by deployment/TDY (15%), access to and quality of medical care at receiving duty station (12%), and added stability for family/children (12%). The primary reason for the separation cited by enlisted personnel was that their spouse was on “unaccompanied orders” and officers’ top responses were “access to quality care at receiving duty station” and “added stability for our family/children.” Higher numbers of separation were anticipated than what was reported. This could be related to the high rates of unemployment among this population, that make geo-batching a “luxury” choice, as maintaining two separate households may be financially untenable.

Respondents were asked about their employment status. The majority of respondents said they were not working and not looking for work (30%). Twenty-four percent reported that they were working as a paid employee (vs. volunteer) and 21% reported being employed by the military (active-duty service). Those who said they were not working and not looking for work were also asked to indicate the reason they believed they

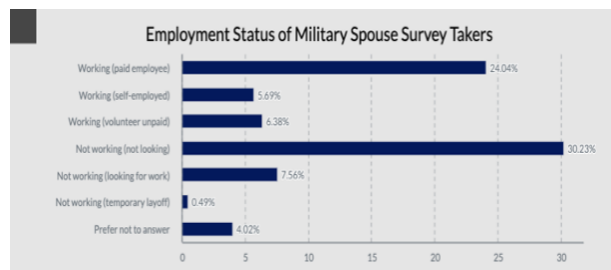


FIGURE 10 - EFMP FAMILY EMPLOYMENT STATUS

were not employed. They could select all that applied. The top choice was “caring for my child’s educational needs” (34%) followed by “caring for my child’s medical needs” (29%). Other choices included: no available jobs in my field, I move too frequently, not sure, and “other” with a space to write in their own response.

Of the 742 military spouse respondents (spouse status included active-duty, veteran, retiree, gold star and National Guard/Reserve components) 64% reported not working in a paid position.

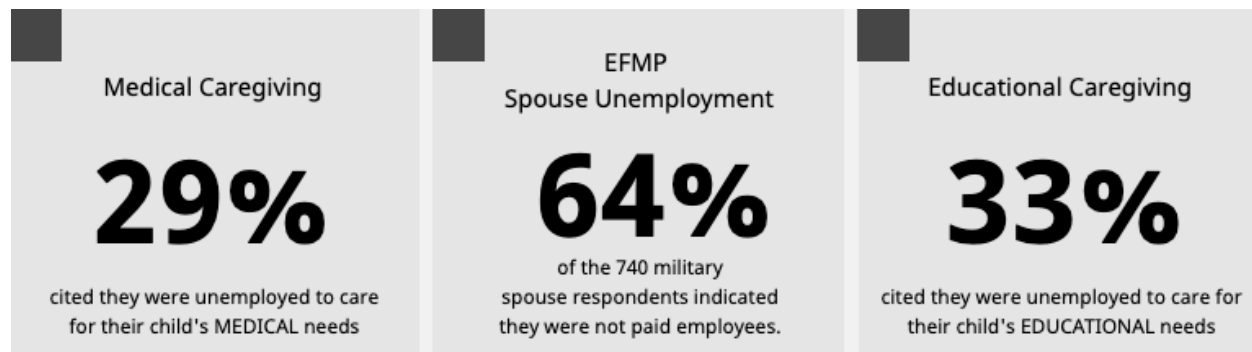


FIGURE 11 - MILITARY SPOUSE EFMP CAREGIVERS ARE UNEMPLOYED AT HIGHER RATES THAN NON-CAREGIVING SPOUSES

While a 64% military spouse unemployment rate is surely impacted by the COVID-19 pandemic, the number still higher than other surveys of military spouses which estimate post-COVID unemployment numbers for military spouses will reach roughly 35%^{xi}. Women were more likely to indicate that they were unemployed than non-women, but this finding is skewed by the fact that the overall response rate was disproportionate with respect to gender with 84% of respondents identified as female. Having more than one child in special education significantly increased levels of unemployment due to special education concerns ($X^2(3, N = 333) = 10.256, p=0.017$). The type of diagnosis, however, did not significantly increase unemployment due to medical ($X^2(6, N = 64) = 8.658, p=0.194$) or educational caregiving ($X^2(6, N = 64) = 5.498, p=0.482$). However, it is important to note that one child may have more than one diagnosis, making it difficult to determine what factors related to their diagnoses may have driven the decision to stay at home in a caregiving role.

LIMITATIONS

The primary challenges to validity were self-selection bias and survey design. The survey was designed to assess military special education family experiences. However, due to the snowball distribution method, the survey was sent to many who may not be very familiar with special education, but rather are only connected to the EFMP, which includes children and adults with medically disabilities, but not necessarily special education needs. Other validity limitations include the construct’s predictive ability. While some patterns emerged, it is hard to tell if the findings are reliable because they can only be compared to the 2020 Partners in PROMISE survey. Additionally, unlike other military family nonprofits that offer financial incentives to complete longer surveys, our survey was unable to offer any similar benefits as we had to balance the IRB requirement to compensate every participant and the financial constraints of being a nonprofit for less than a year. The lack of an incentive may have contributed to

nonresponse bias as well as voluntary response bias. Additionally, surveys that combine qualitative and quantitative data collection are open to the introduction of processing error during the data cleaning process as well as in the formation of the data collection instrument itself.

IMPLICATIONS & RECOMMENDATIONS

THE NARRATIVES WE WRITE

Military families often refer to “Murphy’s Law” as being closely linked to the military lifestyle, joking that if something bad can happen, it will. Based on the data collected and reasons military families cited for not filing special education complaints it appears that military special education families may have extended this “Gambler’s Fallacy”^{lxii} to subsequent experiences within the special education and EFMP environments. Gambler’s Fallacy is the concept that a handful of personal experiences have a predictive quality over future events. However, it is important to note that the concept of the Gambler’s Fallacy is not exclusive to negative outcomes, but rather can lead to suboptimal decision making^{lxiii} based on positive experiences as well. This can be seen in the contradictory survey data indicated in Figures 5 & 12. This is a dangerous decision-making paradigm for individual military families in special education, a system that relies heavily on parental participation in both the formation of an IEP as well as the enforcement of the laws surrounding the system itself (IDEA). Because military families often find themselves in an entirely new environment with new decision variables to consider every few years, they should not assume a positive or negative outcome for their child a priori. Our research indicates that military families in special education/EFMP may often fall victim to this fallacy, as well as a negativity bias^{lxiv}, or the concept that negative experiences hold more weight in our memory than positive. It is unclear the role these biases/stigmas play in guiding decisions related to special education. If unaddressed, these biases could result in a lack of parental participation in the system or foster an uncollaborative or even combative environment for active participants.

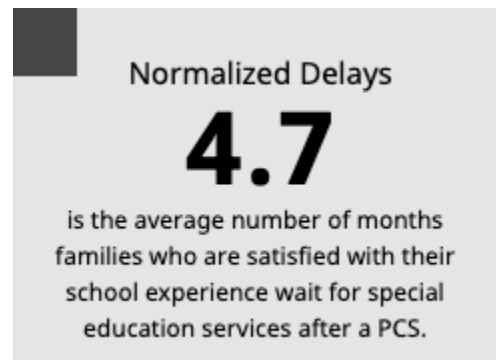


FIGURE 12 - DELAYS MAY GO UNNOTICED OR UNREPORTED

RECOMMENDATIONS

That, which is tolerated, if left unexamined, can begin to dominate. Special education timeline violations have become so normalized they have been left largely unexamined. Parents may not even raise an objection because “it’s just the way it is,” across all states. Just as NASA of the 20th century fostered a culture that normalized “acceptable risk” resulting in the Challenger and Columbia tragedies^{lxv}, special education has the IDEA timeline violations. And military children are suffering from their parent’s (perceived or real) inability to enforce this law. This is not an issue felt by military students alone, but rather one that is simply exacerbated by the highly mobile military lifestyle.



FIGURE 13 - MILITARY FAMILIES DO NOT FEEL THAT DUE PROCESS IS AVAILABLE TO THEM

Past military student mitigation strategies have largely focused on “educating the educator”. The data show this is not working for special education families. The special education system, unfortunately, places parents in the driver’s seat, asking them to navigate the intricacies of state and federal law. However, without proactively educating parents, especially military spouses, we are sending our children, the future of our all-volunteer military force, into battle unarmed. Therefore, we recommend the following:

- Develop an action plan across all service branches and for each installation to work with states and local school districts to **reduce barriers to advanced enrollment** and to track the use/denial of this benefit. This would mitigate delays in receiving essential services.
- **Educate military special education parents** on their rights, the procedures for rectifying violations, and provide effective support systems. While resources exist, they still vary across branches, and marketing/communication efforts lag. **Expediting public-private partnerships** with a DOD-wide awareness campaign would swiftly bring resources to families in a unified manner (i.e., nonprofit resources shared by ombudsmen and PAO offices).
- Continue to **standardize EFMP processes and resources across service branches** to lessen the burden placed on EFMP families by DOD-controlled systems and programs. For instance, the DOD should establish and disseminate guidance for how service branch-provided special education attorneys should handle special education issues experienced at DODEA schools.
- **Improved stakeholder participation in EFMP decision-making** is needed in order to share representative data and stories from military special education families with Congressional leaders and the Department of Education. Representation is vital to develop real solutions that fund and enforce the IDEA. Just because delays and a scarcity of resources have been normalized, does not excuse violating federal law.

Data show that military families are resigned. They are resigned to waiting for their children to access a FAPE. They are resigned to accept the education they are given by a new district because they believe their military status prevents them from pursuing recourse. And despite knowing the needs of their children, they are resigned to “go it alone” because they do not believe the systems that are in place to support their children in special education will make a difference. Whether this perception stems from jaded past experiences, or an ignorance of available resources does not change the result, a less ready military force and a military child who has experienced significant gaps in receiving a free and appropriate public education. Sadly, the data show that these experiences are not singular, but systemic, requiring system-level, not symptom-level change.

ACKNOWLEDGEMENTS & CONTACTS

View all our infographics: <https://thepromiseact.org/2021-survey-findings/>

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