

Treatment Outcomes at the End of 9th grade

Enrollment Status

The primary goal of the ALAS program was to keep students enrolled in school in order to graduate from high school. Thus, we monitored each student's enrollment status throughout the project. Although, in general, it would appear straightforward to know whether a student is enrolled in school or not, it is, in fact, quite complicated. There are a variety of definitions and procedures for determining whether a student is enrolled in school, a school dropout, or some other status. States and districts throughout the country differ in how they determine a student's status.¹ In California, the official definition of a dropout is a person who meets the following criteria:

- was formerly enrolled in a school or program leading to a high school diploma or its equivalent;
- has not re-enrolled in the school or program;
- has left school for 45 consecutive school days and has not enrolled in another public or private institution or school program;
- has not received a high school diploma or its equivalent;
- was under twenty-one years of age.²

The federal government collects a variety of data on dropouts from different sources and using different definitions.³ One definition, used in the National Longitudinal Education Longitudinal Survey of 1988 (NELS:88), was:

- an individual who, ...according to the school (if a sample member could not be located), or according to the school and home, has not been in school for four consecutive weeks or more and is not absent due to accident or illness; or
- a student who has been in school less than two weeks after a period in which he or she missed school for four or more consecutive weeks not due to accident or illness.⁴

Like the California definition, NELS:88 only counted students enrolled in programs or schools that would lead to a high school diploma or its equivalent. It excluded students in alternative programs who may receive training, but not a high school diploma or its equivalent. But unlike the California definition, NELS:88 required confirmation of a person's dropout status not only from school records, but also from the family or former student directly. So some persons who the school indicated were dropouts were excluded from the NELS:88 population estimates of cohort dropout rates. Also unlike California, NELS:88 used a period of 20 days absent from school rather than California's 45 days.

In this project we decided to employ the NELS:88 definition in order to make our results comparable with national estimates of cohort dropout rates, although we did not require confirmation of a student's dropout status by the former student or his or her family. That is, a student was marked as a dropout if he or she was not enrolled during the last 20 days of each semester and no request for the student's records had been received by their school during that period. As with NELS:88 and the California Education Code, we counted any student as enrolled if the school or program lead to regular high school diploma or a GED. Although the vast majority of students in all groups are enrolled in traditional high schools, the educational programs ranged from independent study, community

dropout programs, nonpublic special education schools, private schools, continuation high school, juvenile detention centers, occupational centers and traditional public high school. We classified students in juvenile detention centers separately from other non-educational settings as a means of tracking juvenile delinquency.

Altogether, we categorized each student's status at the end of each semester beginning in the fall of 7th grade as one of the following:

Enrolled

<i>Enrolled in district</i>	Enrolled in district school no later than 20 days before the end of the semester
<i>Transfer out of district</i>	Transferred out of district as confirmed by a request for student records from receiving district
<i>Transfer out of state</i>	Transferred out of state as confirmed by a request for student records from receiving district
<i>Institutionalized</i>	Institutionalized in government or private mental health facility

Not Enrolled

<i>Dropout</i>	Not enrolled in school during the last 20 days of the semester and no request for student records from another district during that 20 day period
<i>Out to Mexico</i>	Dropout who reported that they were going to Mexico
<i>Juvenile Hall</i>	Incarcerated as confirmed by a request for student records from Youth Authority

Not Applicable

<i>Unknown</i>	Status unknown--students who in previous year had transferred
<i>Deceased</i>	

Special Education Students. The enrollment status for the two Special Education Treatment groups is shown in Table 7. As can be seen in the table, dropout rates for both Special Education Treatment groups were much lower than the control group, although only the rates for the second cohort were statistically significant. By the end of 9th grade, 85 percent of the two Special Education Treatment groups were still enrolled in school compared to 69 percent for the control group.

Table 7 Enrollment Status for Special Education Cohorts: End of 9th Grade						
	Special Education Treatment Cohort 1 (SE1)		Special Education Treatment Cohort 2 (SE2)		Special Education Control (SEC)	
	n	%	n	%	n	%
ENROLLED	28^a	87.5	38^b	95.0	38^{a,b}	76.0
Enrolled in district	28	87.5	37	92.5	37	74.0
Transfer out of district	0		0		0	
Transfer out of state	0		1	2.5	1	2.0
Institutionalized	0		0		0	
NOT ENROLLED	4^a	12.5	2^b	5.0	12^{a,b}	24.0
Drop-out	4	12.5	2	5.0	8	16.0
Out to Mexico	0		0		2	4.0
Juvenile Hall	0		0		2	4.0
NOT APPLICABLE	1	NA	4	NA	5	NA
Unknown	1	NA	3	NA	5	NA
Deceased	0		0		0	
Status pending	0		1	2.3	0	
TOTAL	33	100.0	44	100.0	55	100.0

^a Difference between enrolled and not enrolled for SE1 and SEC groups, Pearson Chi-Square = 1.64311, df=1, p< .19990.

^b Difference between enrolled and not enrolled for SE2 and SEC groups Pearson Chi-Square = 6.10714, df=1, p< .01346.

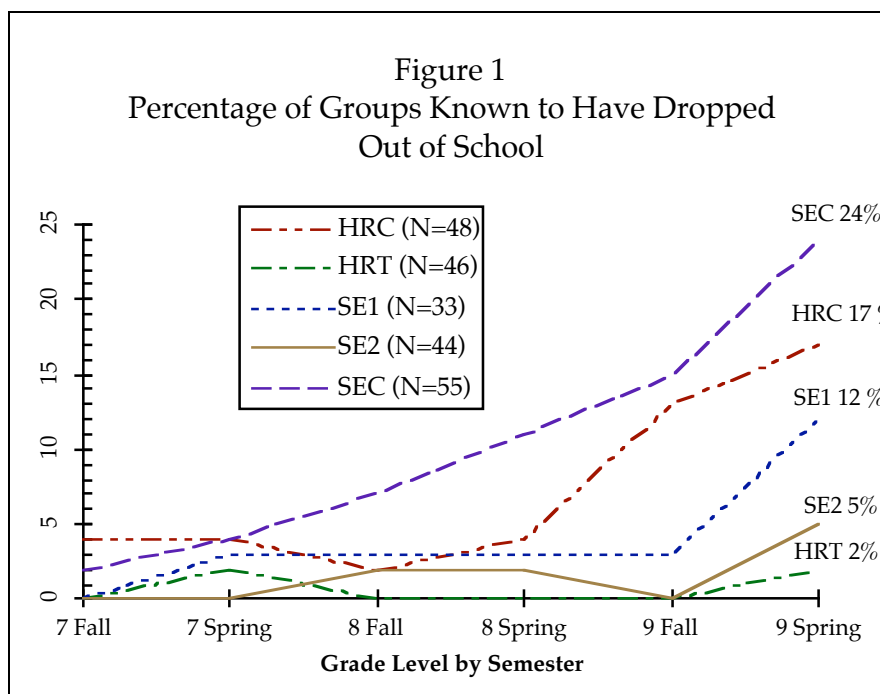
High Risk Students. The enrollment status for high risk students is shown in Table 8. The dropout rate for High Risk Treatment student was only 2 percent, compared to 17 percent for high risk control students. This difference was statistically significant. In fact, the dropout rate for the High Risk Treatment group was actually a bit better than the dropout rate for the low risk control group (2 percent versus 5 percent), although this difference was probably not statistically significant.

Table 8
Enrollment Status for High and Low Risk Cohorts:
End of 9th Grade

	High Risk Treatment (HRT)		High Risk Control (HRC)		Low Risk Control (LRC)	
	n	%	n	%	n	%
ENROLLED	45^a	97.8	40^a	83.3	56	94.9
Enrolled in district	43	93.5	38	79.2	55	93.2
Transfer out of district	0		1	2.1	1	1.7
Transfer out of state	1	2.2	1	2.1	0	
Institutionalized	1	2.2	0		0	
NOT ENROLLED	1^a	2.2	8^a	16.7	3	5.1
Drop-out	0		7	14.6	2	3.3
Out to Mexico	0		1	2.1	1	1.8
Juvenile Hall	1	2.2	0		0	
NOT APPLICABLE	0		0		1	NA
Unknown	0		0		0	
Deceased	0		0		0	
Status pending	0		0		0	
TOTAL	46	100.0	48	100.0	60	100.0

^a Difference between enrolled and not enrolled for HRT and HRC, Fisher's Exact Test, two-tailed, p<.0371.

Overall, the ALAS program had a powerful and significant impact on students in two of the three treatment groups—special education students in cohort 2 and high risk students. The overall dropout rates over the three years of the intervention are shown in Figure 1



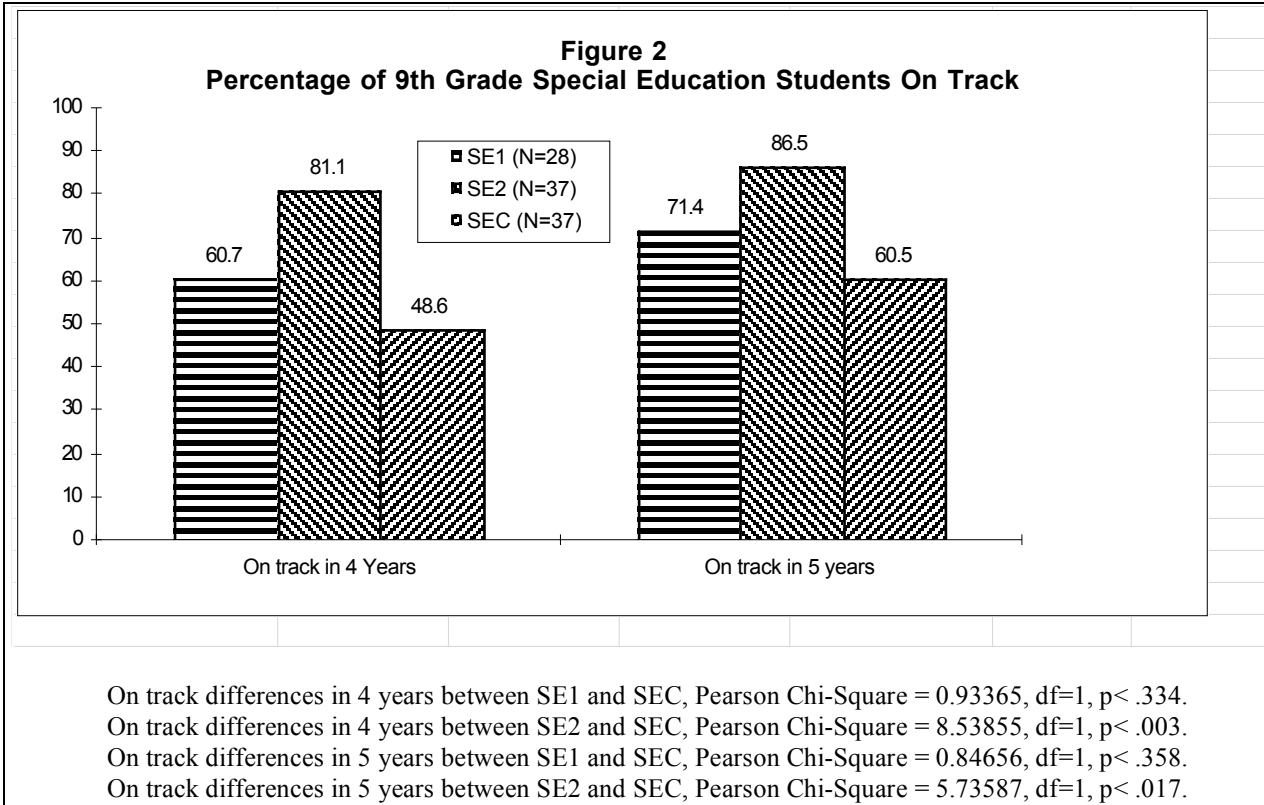
High School Credits

Keeping students enrolled in school is only the first step in getting students to graduate. Students must also earn enough credits to progress toward graduation. In the school district where the ALAS program was implemented, students must earn a total of 220 credits to graduate from high school (which is equivalent of 22 Carnegie units.) Therefore, by the end of 9th grade, students must earn a minimum of 55 credits or one-quarter of their credits to be “on track” to graduate in four years. Or they must earn a minimum of 45 credits or one-fifth of their credits to be “on track” to graduate in five years. We examined the total number of credits that ALAS students earned by end of the 9th grade, including summer school after 9th grade, because part of the ALAS intervention was to encourage students to attend summer school.

Special Education Students. The credits earned by special education students is shown in Table 9. As the data show, a much higher portion of Special Education Treatment groups earned all of their credits (60 credits, or more if they attended summer school. Fifty-four percent of the first Special Education Treatment group and 70 percent of the second treatment group earned all of their credits, compared to only 30 percent of the control group.

Table 9 Credits Earned by Special Education Cohorts: End of 9th Grade						
Number of credits	Special Education Treatment Cohort 1 (SE1)		Special Education Treatment Cohort 2 (SE2)		Special Education Control (SEC)	
	n	%	n	%	n	%
60 or more	15	53.6	26	70.3	11	29.7
55	5	17.9	4	10.8	7	18.9
50	3	10.7	1	2.7	4	10.8
45	0	0.0	1	2.7	1	2.7
40 or less	5	17.9	5	13.5	14	37.5
TOTAL	28	100.0	37	100.0	37	100.0
Note: Credits are shown only for students who were enrolled in a district school.						

The proportion of students who were “on track” to graduate is shown in Figure 2. As the figures show, after one year of high school only half of the special education control students were on track to graduate in four years and only 61 percent were on track to graduate in 5 years. These figures confirm earlier findings that special education students have a high risk of dropping out of high school.⁵ A somewhat higher proportion of special education students in the first treatment group were on track to graduate in four years (61 percent) and in five years (71 percent), but these differences were not significantly different than the control students. But a much larger proportion of students in the second treatment group were on track to graduate in four years (81 percent) and in five years (87 percent). These differences were statistically significant.



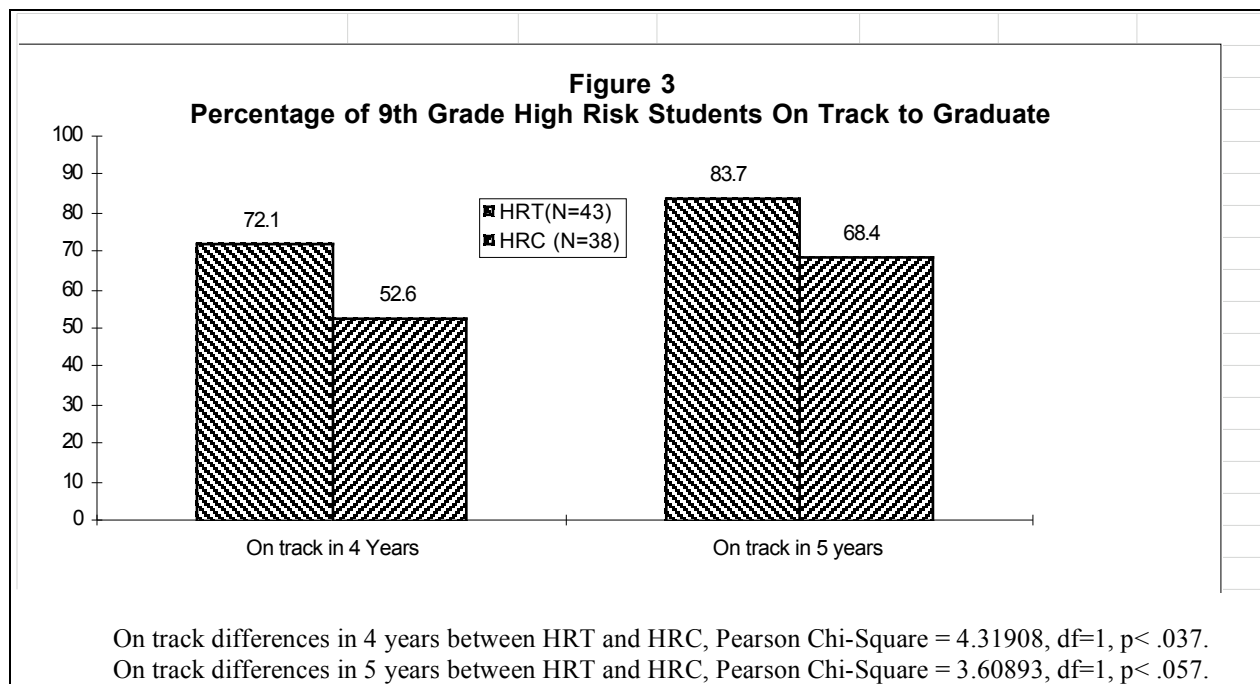
High and Low Risk Students. The credits earned by high and low risk students by the end of 9th grade are shown in Table 10. Of the students still enrolled in district schools, 56 percent of the treatment students earned all of their 9th grade credits, compared with 45 percent of the high risk students. In contrast, more than 70 percent of the low risk students earned all of their 9th grade credits.

Table 10
Credits Earned by High and Low Risk Cohorts:
End of 9th Grade

Number of credits	High Risk Treatment (HRT)		High Risk Control (HRC)		Low Risk Control (LRC)	
	n	%	n	%	n	%
60 or more	24	55.8	17	44.7	39	70.9
55	7	16.3	3	7.9	12	21.8
50	4	9.3	4	10.5	2	3.6
45	1	2.3	2	5.3	0	0.0
40 or less	7	16.3	12	31.6	2	3.6
TOTAL	43	100.0	38	100.0	55	100.0

Note: Credits are shown only for students who were enrolled in a district school.

There were large and significant differences in the proportion of High Risk Treatment and Control students who were on track to graduate in four years. Seventy-two per cent of High Risk Treatment students were on track to graduate in 4 years, compared to 53 percent of high risk control students. The fact that almost half of all high risk control students were already behind in the progress toward graduation after only one year of high school is a strong testament to their need for assistance. Even assuming that students take five years to graduate, only two-thirds of high risk control students earned enough credits in 9th grade to meet that deadline, compared to 84 percent for High Risk Treatment students.



In summary, the ALAS project had a meaningful and significant impact on improving students' progress toward graduation for two of the three treatment groups--the second Special Education Treatment group and the High Risk Treatment group. For both groups, not only did the ALAS project keep a larger proportion of students enrolled in school, but a higher proportion of those who were enrolled had earned enough credits by the end of 9th grade to graduate in four years.

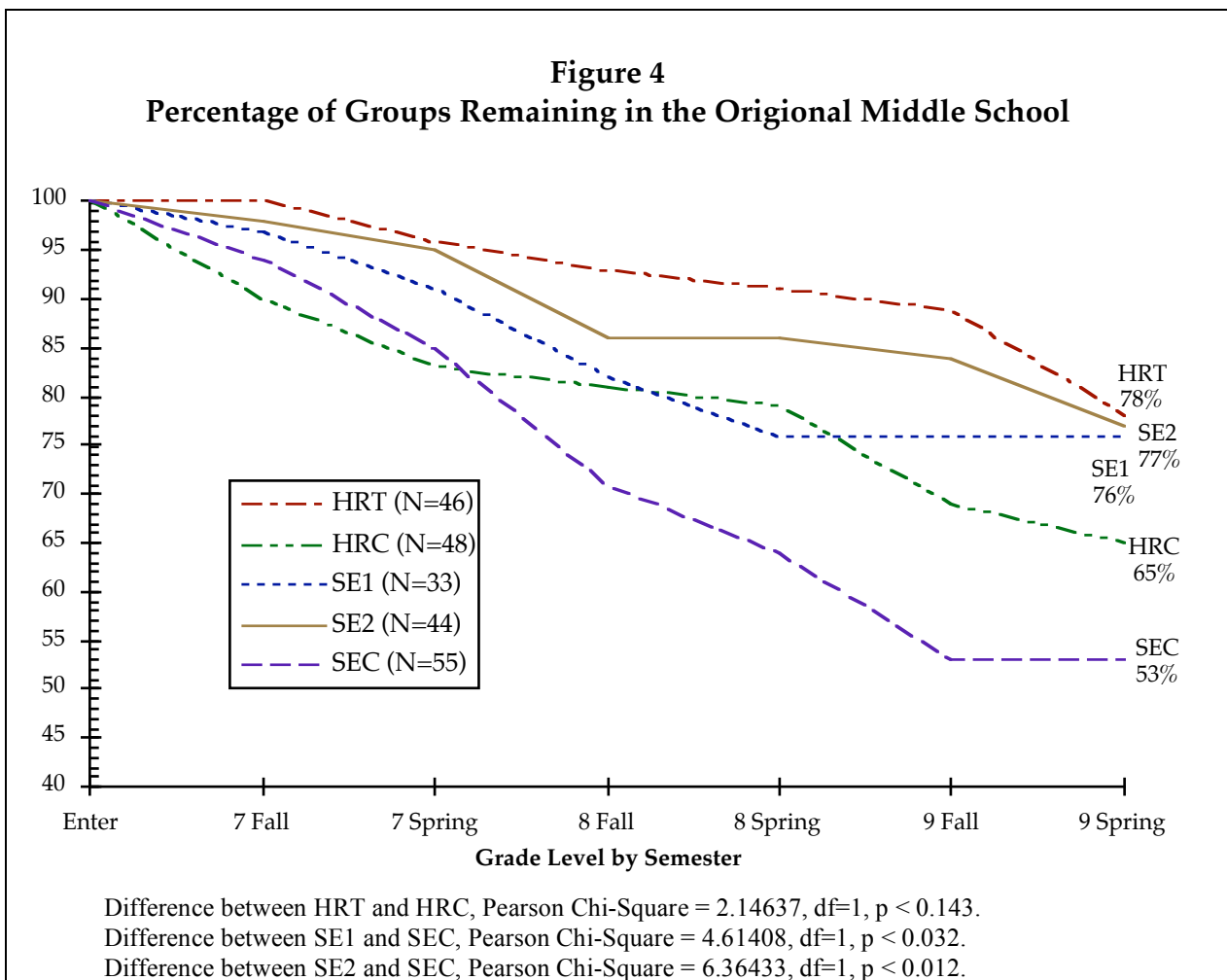
Attrition from the ALAS Program

The "holding power" of a school or program is important because stability in school experiences dramatically increases achievement and, at the secondary level, is correlated with high school graduation. Rumberger found that changing schools at the secondary level increases a student's chances of dropping out by 40 percent.⁶

The holding power of the ALAS program was measured by tracking student attrition from the middle school from initial entry in seventh grade through ninth grade graduation. The ALAS program was found to have

strong holding power as reflected in reduced student attrition (see Figure 4). Attrition was positively and significantly reduced for both high risk and special education students. This difference in attrition suggests that, despite difficult life circumstances which may exacerbate mobility, participation in the ALAS program reduced school mobility and increased educational stability. This finding is somewhat unexpected given that the school has a high transience rate with only 60 percent of the 746 seventh grade students entering the school in 1990 remaining enrolled through 9th grade.⁷

More ALAS students stayed enrolled in the original junior high school from the beginning of 7th grade through the completion of 9th grade than comparison students. This difference in attrition is especially marked for the special education students. By the end of 9th grade, 24 percent of Special Education Cohort 1 had left the school and 23 percent of Special Education Cohort 2 had left the school. This is far less attrition than the Special Education Control students who appear to leave the school at nearly twice the rate (47 percent) of the ALAS Special Education students. This difference was statistically significant. By the end of 9th grade, 22 percent of the high risk intervention students and 35 percent of the high risk control students had left the school by transferring to another school. This difference was not statistically significant although there was a 38 percent improvement.



Recovery of Students

Another measure of an educational program's holding power is the "recapture" of students who leave the program or school. Most secondary students leave a school or program for reasons other than geographic relocation. Many studies have shown that rates of student *school* mobility are significantly greater than *geographic* relocation rates.⁸ A national study of secondary student transfers out of school found that 40 percent of the moves were not caused by geographic relocation.⁹ In fact, 32 percent of the students who changed schools stated that school issues and school difficulties or desire for a different school were the reason they changed schools.

Do students who leave a secondary school ever come back? There are few data to answer this question. However, our analysis of student mobility in the middle school where ALAS students attended shows that few students return after leaving. Only 15 percent of students in the 1990 cohort (668 students) who left the ALAS middle school ever returned.¹⁰

Recovery of students who leave is very important because some of the students who leave a school do not enroll in other educational programs and are simply out of school. Obviously, in these cases recovering students is imperative. Recovery rates are additionally important because they not only reflect the attractiveness or holding power of an educational program but also the program's ability to enhance or develop the "client's" (i.e., student and parent) educational consumerism which is a measure of engagement in the educational process. That is, when a student returns to a school or program they (and most probably their parent) have likely engaged in some comparison shopping - actively thinking about and comparing the educational attributes of the new educational program with the old one they left. A return to the old program is a reflection of its pulling or holding power. Enhancing educational consumerism is worthy outcome because informed consumers will help drive the improvement of American education. It is not only positive for students and parents but also for educators who will have more involved learners and parents to work with.

**Table 11
A Comparison of Recovery Rates of Students Who Left the School**

	Special Education Treatment Cohort 1 (SE1)		Special Education Treatment Cohort 2 (SE2)		Special Education Control (SEC)		High Risk Treatment (HRT)		High Risk Control (HRC)		Low Risk Control (LRC)	
	n	%	n	%	n	%	n	%	n	%	n	%
LEFT THE SCHOOL	13	100	15	100	27	100	17	100	21	100	14	100
Never Returned	8	53	10	67	26	96	10	59	17	81	11	79
Returned	5	47	5	33	1	4	7	41	4	19	3	21

Note: Tests of statistical significance not performed due to the small sample sizes.

The ALAS program had a very high recovery rate for all three treatment groups (see Table 11). Between one-third and one-half of all treatment students who at one time left the target school and thus the ALAS program eventually returned. In contrast, hardly any control students who left the school returned. Although the number of students who left makes it difficult to test for statistical significance, the large differences are suggest they are.

Educational Stability

No one would argue that educational stability is desirable and research clearly shows a strong relationship to stability and educational achievement.¹¹ Educational stability is measured in two ways. The number of different educational placements a student experiences in a given time reflects a student's educational *transience*. The number of enrollment transitions in and out of school or back and forth between different settings reflects a student's educational *discontinuity*. Special education and high risk students are known to have high rates of transience and discontinuity.¹²

The ALAS program had a marked effect on reducing transience, essentially cutting in half the number of educational placements a student experienced during the 7th through 9th grades (see Table 12). Partly as a result of actively seeking to place students in temporary alternative programs (e.g., drug rehab, juvenile hall, psychiatric hospital) ALAS had less effect on reducing educational discontinuity.

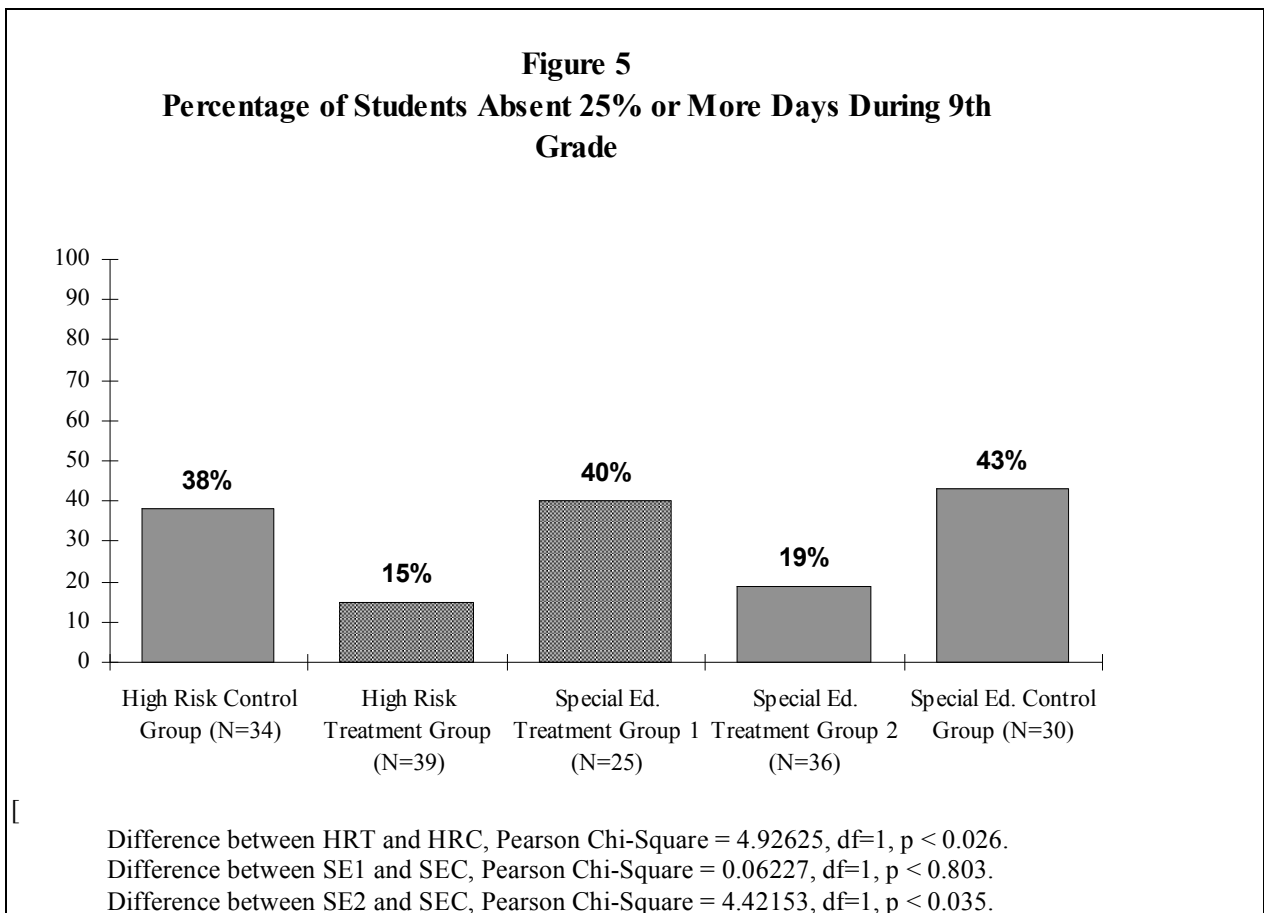
Number of Transitions	Special Education Treatment Cohort 1 (SE1)	Special Education Treatment Cohort 2 (SE2)	Special Education Control (SEC)	High Risk Treatment (HRT)	High Risk Control (HRC)
1	76	68	58	72	58
2	9	11	25	9	15
3	3	11	4	13	6
4	0	7	9	0	6
5	6	2	4	4	6
6	3	0	0	2	2
7	0	0	0	0	4
8	0	0	0	0	0
9	3	0	0	0	2

- Entry into middle school counted as one transition.
- Transitions defined as changes between settings including juvenile corrections, all types of educational placements, and non-enrollment in school for a month or more.
- Changes from one grade level to another did not count as a transition if the student continued in the same educational setting.
- The group "SE C" reflects transitions during 7th and 8th grades only.

Attendance

A recent study of middle school dropouts shows that excessive absenteeism--more than 25%--greatly increases the odds of students dropping out.¹³ The ALAS intervention reduced excessive absenteeism in two of the three treatment groups. More than 40 percent of the Special Education Control students were absent more than 25 percent of the time in 9th grade (see Figure 5). The rate was not reduced for the Special Education Treatment Cohort 1, but it was cut in half for Special Education Treatment Cohort 2. This difference was statistically significant.

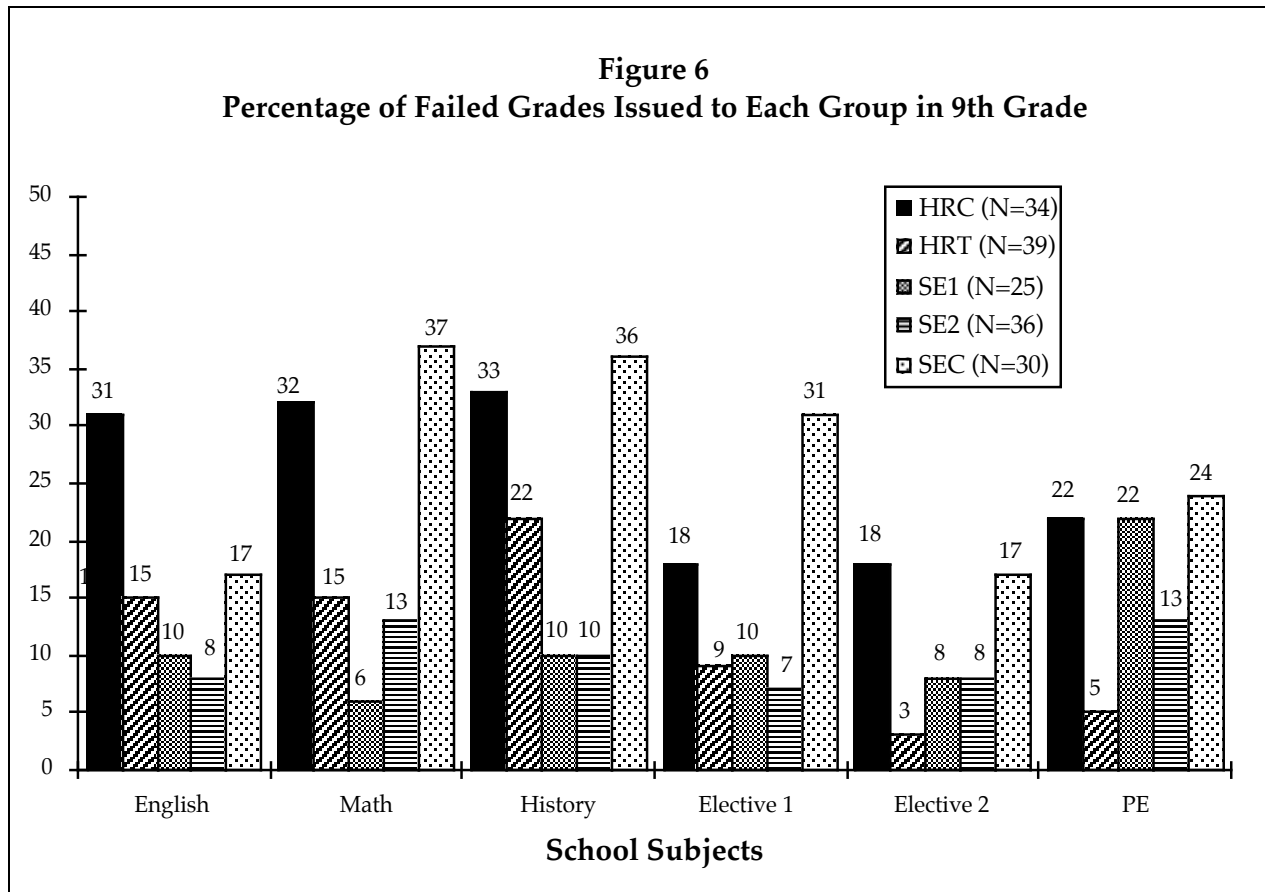
Thirty-eight percent of the High Risk Control students were absent more than 25 percent of the time in 9th grade. This rate was only 15 percent for the High Risk Treatment students and was statistically significant.



Report Card Grades

Data indicate that the ALAS intervention dramatically improved school grades for 9th grade classes, especially reducing the number of failed classes. Figure 6 shows the percentage of students from each treatment and control group who failed each of their six 9th grade subjects. As the data indicate, the Special Education Control group and the High Risk Control group failed all subjects except Physical Education at a much higher rate than any of the three ALAS treatment groups. In general, the two control groups received about twice as many fails as ALAS students during the ninth grade. Special Education ALAS students received the fewest fails. A comparisons of the number of failed grades across six classes showed a significantly better achievement of ALAS students at the .05 level.

Reducing the number of failed classes is an important finding given that the National Transition Study of Special Education students found that learning disabled and seriously emotionally disturbed students fail the most classes of any students.¹⁴



Long-term Outcomes

The ALAS project was designed to test the notion that an intensive middle school intervention for disabled and high risk students could improve the chances for these students to graduate from high school. Thus, the ultimate test of the efficacy of this project is to see whether there were any long-term, sustained effects of this project once the ALAS students had entered high school.

The first cohort of students from the ALAS project should have entered the 12th grade in the 1995-96 school year. It is therefore too early to tell if ALAS students finish high school at a higher rate than other, non-treated students. But below we present data on the first cohort of students--the High Risk Treatment and Control groups and the Special Education Treatment Cohort 1--to see how well they were progressing toward graduation after three years of high school at the end of the 1994-95 school year. We also compare these groups to the progress of Low Risk Control students.

Enrollment Status

The enrollment status of the four cohort 1 groups (1990-91 7th graders) at the end of 11th grade is shown in Table 13. As the figures show, only about two thirds of the two control groups are still enrolled after three years of high school. In contrast, three-quarters of the High Risk Treatment group is still enrolled in school, although this difference is not statistically significant compared to the High Risk Control group. And almost 9 in 10 Low Risk Control students are still enrolled.

	Special Education Treatment Cohort 1 (SE1)		High Risk Treatment (HRT)		High Risk Control (HRC)		Low Risk Control (LRC)	
	n	%	n	%	n	%	n	%
ENROLLED	20	69.0	33^a	75.0	30^a	66.7	52	88.1
Enrolled in district	19	65.5	33	75.0	27	60.0	51	86.4
Transfer out of district	1	4.0	0		2	4.4	0	
Transfer out of state	0		0		1	2.3	1	1.7
Institutionalized	0		0		0		0	
NOT ENROLLED	9	31.0	11^a	25.0	15^a	33.3	7	11.9
Drop-out	8	27.6	8	18.2	8	17.8	6	10.2
Out to Mexico	0		2	4.5	3	6.7	1	1.7
Juvenile Hall	1	4.6	1	2.3	4	8.9	0	
NOT APPLICABLE	4	NA	2	NA	3	NA	1	NA
Unknown	3	NA	2	NA	3	NA	1	NA
Deceased	0		0		0		0	
Status pending	1	NA	0		0		0	
Total	33	100.0	46	100.0	48	100.0	60	100.0

^a Difference between enrolled and not enrolled for HRT and HRC groups, Pearson Chi-Square = 0.74710, df=1, p<.387.

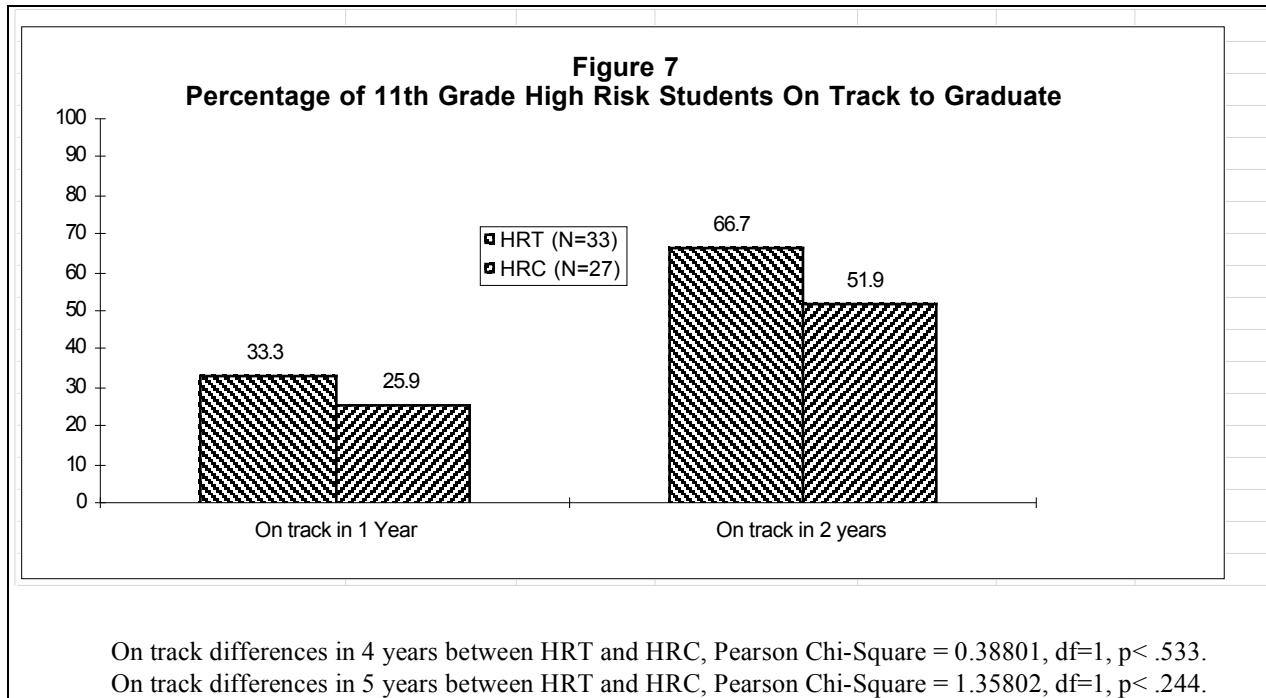
High School Credits

Finally, we examined the high school credits of students who were still enrolled in district schools (for whom we had reliable data on credits earned). The credits for the four cohort 1 groups is shown in Table 14. We grouped the credits in such a way as to show the proportion of students who had earned all their credits by the end of 11th grade (180 credits or more), the proportion who had earned enough to finish in one year (3/4 of the 220 credits needed for high school graduation, or 165 or more), the proportion who had earned enough credits to finish in two years (3/5 of the 220 credits needed for high school graduation, or 132 or more) and the proportion of students who were more than 2 years away from graduating from high school. These figures do not include any credits that the students may have earned during summer school after 11th grade.

As the data reveal, very few students in any of the groups had passed all of their high school courses by the end of the 11th grade. Even among Low Risk Control students, only 29 percent had passed all of their classes in the first three years of high school. At the other end of the spectrum, almost half of the High Risk Control students who were still enrolled in high school at the end of 11th grade were more than two years away from completing high school! A high proportion of Special Education and High Risk Treatment group students were also more than two years away from completing high school.

Table 14 High School Credits for Cohort 1 Students: End of 11th Grade								
Number of credits	Special Education Treatment Cohort 1 (SE1)		High Risk Treatment (HRT)		High Risk Control (HRC)		Low Risk Control (LRC)	
	n	%	n	%	n	%	n	%
180 or more	2	10.5	4	12.1	2	7.4	15	29.4
165 thru 179.5	3	15.8	7	21.2	5	18.5	18	35.3
150 thru 164.5	3	15.8	3	9.1	7	25.9	2	3.9
132 thru 149.5	3	15.8	8	24.2	0		7	13.7
131.5 or less	8	42.1	11	33.3	13	48.1	9	17.6
Total	19	100.0	33	100.0	48	100.0	51	100.0
Note: Credits are shown only for students who were enrolled in a district school.								

If we examine the proportion of students who were on track to graduate in one or two years, we see some differences the High Risk Treatment and Control groups. Of the students still enrolled in district schools, 33 percent of the High Risk Treatment students are one track to graduate in one year, compared to 26 percent for the High Risk Control group. But fully two-thirds of the High Risk Treatment students are on track to graduate in two more years, compared to 52 percent for the High Risk Control students. Neither of these differences are statistically significant.



Other Outcomes

We are continuing to monitor a variety of other outcomes associated with student achievement and social adjustment. For example, we are monitoring requests for student records that come from juvenile hall. We are using this information as an indicator of juvenile delinquency, although it would tend to fail to identify students who were convicted and put on probation. Through the end of 11th grade, six of the High Risk Control students have been incarcerated as evidenced by this indicator, compared to three of the High Risk Treatment students. Although this difference is large, the numbers are too small to be statistically significant. Nonetheless, we believe that the ALAS program may have had a positive, sustained impact on the social behavior of its students that leads to reduced rates of criminal activity.

Parent Responses

ALAS did not carry out any formal, quantitative evaluation of the impact of the program on parents. But we did receive a large number of letters from parents stating how they were impact by the project.

Some Examples of Parent Letters
(English Translation from Spanish)

"Because of the group of efficient counselors that help the students succeed, I Raquel P. thank that the program ALAS helped me a lot and above all it helped my daughter. I am very grateful with all of you and I give you my most sincere thanks. May God bless you."

"I am Mrs. Z. I would like to thank the program ALAS because I am convinced that it is a very good program. It helped my son a lot. It helped me to understand and recognize things that I never knew. For example, I did not know that there were credits in report cards. Now thanks to ALAS not just do I know this but I also understand it. Thank you again."

"I Edgar M. by means of this letter give you thanks for having helped my daughter Nora to succeed a lot. I hope that your program ALAS will help other children in the same way you helped my daughter. I am very happy because this program helped my daughter get better grades. Thank you very much."

"I Rafaela and my husband Felix R. are writing this lines to give you thanks for the program ALAS and especially to thank our son's counselor Madalena Neil who always has been so attentive with us. I want to thank the whole group of this program which I support to go ahead because without this program my son would not have graduated. Thank you very much to everyone in this program."

"Teresa R. heard of this program from the mother of Adriana T. She told me that this program had helped her daughter very much and because of that I am pleading with you to help my daughter Mayra R. by putting her in the program ALAS."

"I am writing these lines to congratulate and thank you for the program ALAS. We are the parents of Luis R. and we are very grateful for the effort that you have put forth to help us help him succeed. With your cooperation we have accomplished his success. Thank you for having programs like this that can help young people like Luis. Thank you for allowing them to be in your school. If only this program could enter other schools and continue to help. Forgive my writing, I hope you can understand me, but the important thing is the gratitude that we feel. Once again thank you."

"Thank you for the help that you have given my daughter Gabriela S. At the beginning Gabriela did not want to come to this program because she thought that this was a program for dummies. Later she realized that she was improving and that this program was good for her. By participating in this program she was able to see things clearly. This year she experienced a great change. She stopped being truant and started to pay more attention to her studies. Her grades have improved. Now she does not want to be absent to school. I think that programs like this should also be in all schools. What I like that most about this program is that it helps students increase their self-esteem."

"In the name of Juan and Altagracia L., we want to thank you, the program ALAS, whom has benefited many parents who have children like our son. Also for helping our son Jesus keep on going. Thank you very much for having the ALAS program, and for helping my son Jesus."

Teacher Responses

ALAS did conduct a formal evaluation of the teacher responses to the project. During the second year of the project we surveyed all the teachers who had ALAS students in their classes and with whom the ALAS staff worked. We asked questions about how the teachers viewed the impact of the program on students and the impact of the program on teachers.

As the data indicate, most teachers felt that the ALAS program had at least a fair impact on the behavior, attendance, and school work of ALAS students. And the majority felt it had a good or excellent impact.

Impact of ALAS Program on Students

Question	Excellent	Good	Fair	Poor	Total
ALAS interventions helped target students improve behavior.	4	12	7	4	27
ALAS interventions helped targeted students improve school work.	6	10	7	3	26
ALAS interventions helped targeted students improve attendance.	8	10	7	1	26

Most teachers also felt that the demands made by the ALAS staff on them were acceptable. And most thought that communication with the ALAS staff was good or excellent.

Impact of ALAS Program on Teachers

Question	Yes	No
The number of interruptions to my classroom was acceptable.	26	5

Question	Far Too Much	Doable	Worth While
Requests and time asked of me by ALAS were:	2	15	12

Question	Excellent	Good	Fair	Poor
Communications between ALAS staff and myself was:	8	15	8	1

ALAS: SECTION III

Endnotes

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SECTION IV

What Does It Mean?

In this section we discuss the findings of the project. We then speculate about what we know or think that we know from our experience in conducting this project and what we'd like to know, but don't. Finally, we make some recommendation.

Discussion of Project Findings

The ALAS project was designed to improve the educational achievement of the most at-risk students in poor, urban, and predominantly minority schools—identified special education students and unidentified, high risk students with similar types of learning and behavior problems. We recognized that such students are at risk, in part, because of the high risk settings of families, schools, and communities in which they reside. The project did not or could not alter those settings to any real extent. Rather, the project focused on trying to change long-standing school-related behavioral patterns in both students and parents through such activities as counseling, skills training, and advocating. Because such patterns develop over a long period of time, it was assumed from the onset that it would take the full three years of the intervention before any significant changes in such patterns could be observed and positive changes in school performance occur. Thus our project evaluation focused on documenting changes in a number of different performance and achievement indicators at the end of 9th grade, when the treatment ended.

At the same time, we were interested in whether any changes we observed at the end of treatment would be sustained after the treatment ended. The middle school in which this project took place included grades 7 through 9, with 9th grade the first year of high school. But after leaving the program and the target school, all students were then required to enroll in a senior high school to complete their last three years of their high school education. This transition is difficult for many students, but probably more so for the types of low achieving, high risk students that were in the ALAS program. Thus we were interested in how the ALAS treatment students performed in high school relative to the control groups. Ultimately, we would like to know whether ALAS students, who have three years of intensive intervention during grades 7, 8, and 9, graduate from high school at a higher rate than comparable, non-treated students.

Because the first cohort of ALAS students would not be expected to finish high school until June of 1996, it is too early to evaluate the long-term impact of the ALAS intervention. But we did examine some outcomes at the end of 11th grade for the treatment and control High Risk groups. The long-term evaluation of the Special Education Treatment groups will take longer to complete because the Special Education Control group, who entered the target school as 7th graders in the Fall of 1992, had only completed the 9th grade as of June 1995. So it will be three years, at least, before it will be possible to evaluate the ultimate impact of the ALAS program on the two Special Education Treatment groups.

Below we discuss briefly the treatment outcomes of the ALAS program, at the end of 9th grade, and some preliminary longer-term outcomes for the first cohort of students at the end of 11th grade.

Treatment Outcomes

The evaluation of the ALAS program focused on a number of different outcomes: (1) progress toward graduation, (2) school persistence, and (3) school performance. We also examined a number of other non-school outcomes such as psycho-social adjustment, family relations, and social behavior, but these are not reported here.

Progress Toward Graduation

The most important treatment outcome in which we were interested was progress toward graduation. We measured progress with two indicators: (1) enrollment status in school, and (2) high school credits earned. Both outcomes are important if students are to graduate. First, students need to stay enrolled if they hope to graduate. Second, they have to earn enough high school credits to be eligible to graduate. In the district where ALAS took place, students need 220 credits to graduate. Thus we determined how many students had earned at least 55 or one-quarter of their high school credits at the end of 9th grade, which means they were “on track” to graduate in the normal four years if they continued to earn credits at the same rate for the subsequent three years of high school. We also determined how many students had earned at least 45 credits or one-fifth of the high school credits at the end of 9th grade, which means they were “on track” to graduate in five years if they continued to earn credits at the same rate for the subsequent three years of high school.

At the end of 9th grade, ALAS students in all three treatment groups had much higher enrollment rates and much lower dropout rates than students in the control groups. By the end of 9th grade, almost one-quarter of all Special Education Control students had dropped out of school, had left school and gone to Mexico, or were in juvenile hall. Dropout and non-enrollment rates for the two Special Education Treatment groups were one-half to one-quarter of these rates, with the Group 2 comparison being statistically significant. By the end of 9th grade, 17 percent of the High Risk Control group was not enrolled in school, compared to only 2 percent for the High Risk Treatment group. This difference was statistically significant.

Not only were ALAS students more likely to be enrolled at the end of 9th grade, a higher percentage of enrolled ALAS students were “on track” to graduate in four or five years than enrolled control students. By the end of 9th grade, only 50 percent of Special Education Control students had earned enough credits to graduate in four years, compared to 61 percent for Special Education Treatment group 1 and 81 percent for Special Education Treatment group 2. The group 2 comparison was statistically significant. By the end of 9th grade, almost three-quarters of High Risk Treatment students who were enrolled in school had earned enough credits to graduate in four years, compared to only half of High Risk Control students who were enrolled. This difference was statistically significant. This impact is even more remarkable considering that a higher percentage of Special Education and High Risk control students had already left school, which means the “better” students were more likely to remain in the two comparison groups.

Educational Stability

In order to achieve the goal of improving progress toward graduation, ALAS staff worked with students and families to improve a variety of factors that influence school success. One of those was to improve educational stability. Our project observed and research has confirmed that there is a high incidence of mobility among low-achieving, high risk students. Moreover, mobility is often preventable--that is, its not simply related to families and students changing residences or choosing to attend another school. The ALAS staff made a conscious effort to keep treatment students in the ALAS program and the target school for the full three years of the intervention in order to maximize the benefits of the treatment and to reduce the negative consequences of changing schools.

We documented the movements of all ALAS and control students over the entire three years of middle school, even after they left the program and target school. These data confirmed the findings of other studies that special education and high risk students, in the absence of any intervention, are, indeed, highly mobile. Over the three year period of the ALAS program, almost half of the students in the Special Education and High Risk Control groups left the target school and most never returned. Some of these students had five, six, and even nine changes in educational placements over this period. In contrast, fewer ALAS students left the target school over the three year period and, of those who did leave, a much higher percentage returned to the target school and the ALAS program. At the end of 9th grade, a significantly higher proportion of students from the two Special Education Treatment groups remained in the treatment school compared to students in the Special Education Control group. A higher proportion of students from the High Risk Treatment group also remained at the school compared to students in the High Risk Control group, although this difference was not statistically significant.

School Performance

In order to improve progress toward graduation, the ALAS program also worked to improve the school performance of ALAS students. School performance includes participation in school, academic achievement, and social behavior.

Theory suggests and empirical studies confirm that chronic absenteeism increases the likelihood that students dropout because it indicates that students are not engaged in learning and do not feel a sense of membership in the school. ALAS staff worked to improve students affiliation with the school and particularly with the ALAS program. Results indicated that the program significantly reduced chronic absenteeism by more than 50 percent for students in Special Education Treatment Group 2 and the High Risk Treatment Group.

The ALAS program also reduced the percentage of fails in 9th grade academic courses. One-third of the Special Education Control and High Risk Control groups failed two or three of their academic courses during 9th grade. In contrast, the failure rate for ALAS students was one-half to one-third of that rate. These differences were statistically significant.

Summary of Treatment Outcomes

Overall, the ALAS program had a powerful impact on a number of educational outcomes by the end of the treatment in 9th grade. The strongest and most consistent impacts were on two of the three treatment groups--the Special Education Treatment Group 2 and the High Risk Treatment Group. In virtually all areas--school enrollment, high school credits, school mobility, absenteeism, and grades--students in these two treatment groups performed

significantly better than students in the comparable control groups. Students in Special Education Treatment Group I also performed better in most areas, but, in part, because the size of the treatment group was small (N=33), it was not possible to demonstrate a statistically significant difference with the Special Education Control Group.

Long-term Outcomes

Although the ALAS program ended when students were in the 9th grade and still attending middle school, we have continued to monitor their educational progress in senior high school. This monitoring has included tracking students educational placements, their enrollment status, and their grades and credits. In this report we have only provided information on the educational progress of the first cohort of students who, by the end of the 1994-95 school year, should have completed three of their four years of high school. Thus we examined what proportion of students were still enrolled as this point in time and what proportion were “on track” to graduate in one more year of high school, which means they had completed three-quarters of their high school credits (165/220), and what proportion were on track to graduate in two more years, which means they had completed three-fifths of their high school credits (132/220).

By their end of the 11th grade, 12 percent of the Low Risk Control students whose status was known were no longer enrolled in school. But one-third (15/45) of the High Risk Control students whose status was still known were no longer enrolled in high school. Eight had dropped out, three others had dropped out and gone to Mexico, and four were in juvenile hall. This difference was large and statistically significant. Clearly, there are important differences between students in the high and low risk groups, confirming the value of the 6th teacher ratings as a way of identifying students at greater risk of failure in secondary school than generally used demographic indicators.

When we examine the high school credits, an even bleaker picture emerges of the High Risk control students. Among the 60 percent of the High Risk Control students still enrolled in the district at the end of 11th grade, for whom we have reliable credit information, only 25 percent were still on track to graduate on time--that is, in one more year. This represents only 7 students, or 15 percent of the original cohort of 48 students! This is a sad commentary on the educational and future outlook of high risk students. If high risk students represent roughly 25 percent of the students enrolled in US public schools, as our analysis and that of others suggests,¹ then a substantial number of disadvantaged students, many of who are poor, minority, and attend urban schools, face a bleak future.

Among students in the High Risk Treatment group whose status was known, one-quarter were no longer enrolled in school by the end of 11th grade, a proportion not much lower than one-third rate for the High Risk control students. There are similar differences among High Risk Treatment and Control students in the proportion of students likely to graduate on time--33 percent for the High Risk Treatment students versus 25 percent for the High Risk Control students. The proportion of students capable of graduating in two years rather than the normal one roughly doubles for both groups.

It appears, therefore, that the ALAS program, at least among the High Risk group, did not lead to any long-term or sustained effects beyond the treatment period. On the one hand, this could be expected. Studies of other interventions that target high risk youth, such as Head Start and other pre-school interventions, have found that few of these programs have sustained effects two or three years beyond the end of treatment.² Since we argued earlier

that the kinds of students in the ALAS program were at risk, in large part, because of the high risk settings in which they lived--families, schools, and communities--and that the program did not and could not alter these settings in any fundamental way, then the inability to sustain treatment effects after the treatment and the supports it provided were removed should be expected. On the other hand, until we fully evaluate the long-term effects of the ALAS program on the Special Education Treatment students, it is premature to reach a definitive conclusion about the long-term impacts of the ALAS program. Because the Special Education Control students by the end of 9th grade were already doing so poorly, the ALAS program might show significant impacts on the two Special Education Treatment groups. Thus we will have to wait to pass final judgment on the long-term impact of the ALAS program.

Reflections of Project Directors

Apart from the formal evaluation of the ALAS program, we learned a lot over the course of this project. We gained considerable insights and some surprises about schools, about parents and families, and what kind of intervention seems to work best with special education and other high risk youth, and about the personal, bittersweet experiences of working with these kids. We reflect on a few of these below. We summarize these insights and surprises into a list of things that we know and a few things that we'd like to know.

Insights and Surprises

About Schools

Mobility. Shortly after beginning work in the school, it became clear that many seventh grade students did not stay in same middle school through ninth grade graduation, but rather transferred to another middle school. We were surprised by the sheer number of educational placements that some students attended during the middle school years--24 percent of the non-identified special education students attended between 6 and 13 placements in five years and 22 percent of special education students attending between 4 and 9 placements between 7th and 11th grades. In light of other research showing that frequency of school transfers predicts dropout, we realized that to be effective, dropout interventions have to include active methods for reducing the number of students who transfer schools. This primarily included students who were given administrative transfers by school staff as well as students who simply wanted to try another school.

Another surprise was the readiness of school administrators to administratively transfer students to another school for behaviors associated with school disengagement and dropout - high absenteeism, disruptive non-conforming behavior, or poor academic work. Case studies in other schools have documented how often and in what ways school administrators actively "get rid of troublemakers."³

Provision of special education services. Special education law and due process were frequently ignored by either blatant noncompliance or by conforming to the letter of the law but not the intent or spirit of the law. Primarily children were under-served either because they were not being identified or were given fewer services than their IEP required. There was deep resistance by the school to provide more than 45 minutes of resource help despite the youth's failing multiple classes.

Most often it was "regular" education personnel who were responsible for making suspension and disciplinary referrals about special education youth. In general, these personnel were more exclusionary and alienating in their approach than inclusionary and engaging. Frequently, the "letter of the special education law" framed actions as opposed to the "spirit" of the IEP process.

Independent study. Frequently, when a youth was having difficulty in school, especially in terms of behavior problems, the school would place the student on home or independent study. This was viewed by school personnel as a legitimate alternative placement, indeed, it was viewed as providing choice to students and families. Unfortunately, we found that almost every single youth placed on independent study, where they came to a center to receive and turn in assignments completed at home, did not produce enough school work to earn any credits toward graduation. Success in an independent study placement requires that a youth be self disciplined, self-directed, goal oriented, independently capable of completing work assigned and highly motivated to perform well in school. These are not characteristics that describe low achieving and highest risk youth. Essentially, we concluded that, for high risk youth, independent study was little better than being out of school entirely.

Schools and change. The school staff was extremely resistant to change and to being challenged by change. School problems were perceived to be caused by deficiencies on the part of students and parents. The need for fundamental change was believed to reside within students and parents. School staff were reluctantly willing to engage in structural and organizational change but were not willing to focus on changing attitudes and beliefs about students and parents.

The problem of bringing about fundamental change in the way schools work has been well-documented in the research literature. A recent review of the \$50 million New Futures project that attempted to bring about systemic changes in five middle-sized school districts throughout the United States through the use of collaboratives involving schools and community service agencies notes:

Frequently collaborative board members became exasperated with what they say as log opportunities to make changes. Collaboratives viewed the schools' seeming inaction in the context of what seemed to be substantial new resources. Staff from the collaboratives were also frustrated by their 'outside' status in the schools. They felt their help should be more enthusiastically received. On the other hand, the schools threw up their hands at what they way as unrealistic expectations and criticism that was interpreted as a lack of respect from people who seemed not to understand how schools worked. Moreover, what the collaboratives saw as substantial new resources were from a school system perspective seen as only marginal additions to multi-million dollar budgets.⁴

About Parents and Families

Parental involvement. There were deep chasms in the relationship and communication between school and home. School personnel had many negative misconceptions about the motivations and values of parents. There was widespread belief that parents did not sufficiently value education and that they were unwilling to give sufficient time to rearing their children and participating in school activities. On the other hand, we found most parents to be fearful and alienated from school authorities while at the same time assigning expertise and responsibility to school personnel for educating their children.

However, when parents were approached with a genuine desire to serve them and their family, we found that almost all parents were exceedingly open to suggestion and to becoming more involved in directing their adolescent and monitoring school performance. Parents, far more than school or community personnel, were willing to implement suggestions from project researchers.

To establish rapport and a teamwork relationship with parents required three things: (1) that the economic restraints, cultural mores and literacy level of the parent be accommodated. (2) that the educator communicate a genuine desire to be of service to the parents as opposed to just believing that it is only the parent who needs to change and that the parent needs to do certain things the educator wants, and (3) that the educator take the initiative to actually do what was promised and to check back within a week to determine if the parent is doing what was agreed upon and if there are any remaining issues not addressed or newly emerged. This service orientation on the part of educators implies that parent's must be asked what they need and desire and what their concerns are, that family members other than the target child be offered help and that the parent's ideas and concerns be taken seriously and acted upon.

About Interventions

Degree of intervention. To successfully impact high risk middle school youth a tremendous amount of effort is required. Interventions must be intensive, comprehensive, coordinated and sustained. Anything less is naive and will show only marginal results. There is no "cure all" or "fix the kid" phenomenon. These youth function in high risk contexts and therefore require sustained intervention throughout their secondary experience. When special intervention is stopped before high school graduation one can expect high risk youth who have become successful to once again be at risk for school failure and dropout.

Multiple contexts. Youth are influenced by their family, school and community contexts. High risk youth are most often required to function in contexts that are dysfunctional or antithetical to the nurturing and support children require. Consequently, if an intervention is expected to succeed it will have to address all three contexts in such a way as to enhance the effectiveness of the contexts and to increase the coordination and communication between contexts.

Effective intervention. Effective middle school interventions must accomplish 6 functions. (1) Frequent (in some cases hourly but generally daily or weekly) and on-going (sustained throughout the school year) monitoring of the youth's school performance. This includes keeping track of attendance, truancy, behavior, homework and class assignments. High risk youth are literally hanging on by their finger tips and are not generally capable of making up a long backlog of missed assignments. They cannot afford to get behind. (2) Close teamwork with parents including parent training in terms of being an effective educational consumer and issues with raising a teenager. (3) A case manager is essential to coordinating services provided and linking school, home and community together into a cohesive structure for the youth. The case manager must serve as the youth's monitor, counselor, guide, advocate and coordinator of various services. It is up to the case manager to see that each context provides the best possible "service" to the youth. The case manager needs to be school based because of the amount of time each youth spends in the school context and because successful schooling has a spillover effect on the

youth's community behavior. Yet, the case manager needs to also be independent from the school and school district so as not to become co-opted by the norms and policies of the school. (4) The intervention must respond to the individual needs of youth and must be sufficiently flexible to personalize the educational experience. (5) A social cognitive problem solving approach that teaches the youth and parents how to effectively handle short and long term challenges is highly effective in making high risk youth less impulsive, more independent and more goal oriented. (6) The intervention must actively attempt to change the youth's expectations and vision of the future from one of probable failure and hopelessness to one of hopefulness and possibility. This is accomplished by providing the youth with actual success, on-going documentation of progress and goals achieved, experience with young adults of similar background who are successful, and a continuing expression of valuing and belief in the youth.

A Bittersweet Experience

Fragile successes and random failures. Working with highest risk middle school youth can be a bittersweet experience. On the one hand this project truly turned lives around and made permanent and profound impacts on kids. On the other hand, two of our "successes" died before reaching 12th grade - one from suicide and one from a drive by shooting. In a project like this, where the intervention proceeds despite economic disadvantage and deteriorated conditions in social institutions, the children are continually vulnerable to both predictable and random threats from the contexts in which they live and function.

What We Think We Know**IN GENERAL**

- In the long run, to make substantial improvements in the entire population of disadvantaged kids will require improvements in the contexts---families, schools, and communities—and coordination among them.
- In the short run, however, comprehensive, intensive, and sustained support can be provided and make significant improvements in the lives of kids prior to systemic changes in these contexts.
- Middle school is not too late to make a positive and significant impact on high risk youth.
- The lives of high risk youth will not improve until those who provide services to them stop viewing the problem as within the youth.

ABOUT SCHOOLS

- Schools and school personnel are resistant to significant change and are inflexible in how they go about their business.
- Student preferences are viewed by school staff as non-essentials, which contributes to student alienation.
- Schools are not utilizing resources that are available within the community.
- Schools define and respond to kids as troublemakers when kids don't conform to existing policies or don't benefit from existing programs.
- Many highest risk youth in middle school have a long history of problems and failure that were never addressed in elementary school.
- Adjudicated youth often earn more graduation credits during incarceration than during enrolled in public schools.
- Many high risk children and their parents are blamed and not treated with respect by educators.

ABOUT FAMILIES

- Highest risk students and their parents are very responsive to genuine and meaningful offers of help despite cultural, language, and economic barriers.

ABOUT COMMUNITIES

- Community services, both public and private, are traditionally unaware of how children are functioning in school.
- Communities need to expand their search and serve function and outreach efforts.

ABOUT TREATMENT

- Case managers bring coherence to high risk children's lives by integrating family, school, and community contexts.
- An effective intervention in middle school can have a lasting, positive impact on high school performance.
- To successfully work with high risk, efforts must be compassionate and nurturing.

Things We' Like to Know

- Do parents generalize skills and experiences with the dropout prevention project to their other children?
- Do youth that became successful have a positive influence on younger siblings?
- How many students from each group will eventually receive a high school diploma?
- How does the system reach adolescents who have overwhelming needs for support?

Recommendations for Administrators

Based on our experiences in working on this project, we offer these recommendations about how schools could better meet the needs of high risk students. Similar recommendations have been made by others who have studied school reform and the problems of educating disadvantaged students.⁵ Taken together, there appears to be a general consensus about the policies and practices that are likely to improve the educational outcomes and opportunities for such students.

1. Schools should be held accountable and should hold themselves accountable for growth and progress of all students.

There has been considerable interest among policymakers to deregulate public schools by giving them more local authority to make decisions and then holding them accountable for achieving measurable results.⁶

However, for this policy to work, schools need to be accountable for the progress of all students, including special education as well as non-special education students. They also need to be held accountable for students who leave and not just the students who stay.

2. School procedures, practices, and policies must be individualized and personalized for high risk youth.

Many schools expect students to conform to the policies and practices of the school instead of having the policies and practices conform to the kids. The former approach may be adequate for most kids, but not for high-risk, disadvantaged students. As Paul Hill, a noted educational researcher points out:

To beat the odds in dealing with disadvantaged student, schools must never let up. Teachers must keep trying, to the point of working individually with students who are not learning from regular classroom instruction. Parent support must be enlisted to ensure that students attend school every day and complete all their assignments. Students must be pressed to keep working, assured that they, their parents, and teacher can together overcome any obstacles to learning.⁷

3. Effective middle school interventions for high risk youth must address simultaneously the three contexts of family, school, and community through an independent, school-based, case management approach.

Because disadvantaged students are often at risk due to high risk settings of family, school, and community in which they live, to be successful with these students requires a multifaceted intervention that addresses all of these contexts if they. One person must coordinate the intervention and that person should be located in the school, but also must be independent from it in order to work for the welfare of the child and not the school. Such a person may best be labeled a case manager, although the person would actually perform several roles on behalf of the child, including that of counselor, advocate, and service coordinator.

4. System reforms of schools must not only change organization structures and practices, but more importantly, must change adult attitudes and behaviors to be more compassionate and nurturing toward high risk youth.

As with other recommendations, this observation has been echoed by others. In their study of successful schools dealing with students at risk of dropping out, Wehlage and his associates observed that teachers must have a series of:

...beliefs and/or values, accompanied by corresponding sets of behaviors, that together constitute a positive teacher culture facilitating membership and engagement for students. These beliefs are: teachers accept personal *accountability* for student success; they believe in practicing an *extended teacher role*; they accept the need to be *persistent* with students who are not ideal pupils; they *express a sense of optimism* that all student can learn if one builds upon their strengths rather than their weaknesses.⁸

They go on to argue that schools should be structured to help achieve this positive teacher culture. Yet creating such “enabling school structures” through fundamental, systemic changes in schools is a long and difficult process. In their formative evaluation of the New Futures project, which was unable to achieve such changes, Wehlage and his associates observe:

Organizational changes alone are not likely to lead to substantive changes in the content of schooling. We will argue that unless restructuring is directed at the school’s core cultural beliefs and values affecting the quality of students’ experiences and teachers’ worklives, the modification of mere organizational structures will have little payoff in terms of better outcomes for students. Restructuring must address not only organizational forms, but also the myths, customs, and traditions of schooling that now shape day-to-day experiences of students and faculty. However, if the culture of the school must be changed to obtain different results for students, we are faced with the difficult question of how this can be done.⁹

Yet, however difficult they may be, these are the changes that are needed if schools and society at large are truly going to improve the lives and educational success of disadvantaged students.

ALAS: SECTION IV**Endnotes**

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