Chronic absenteeism is gaining attention as states begin implementation of new statewide accountability systems under the Every Student Succeeds Act (ESSA), the latest version of the Elementary and Secondary Education Act. ESSA requires states to include one or more measures of “school quality or student success” in their accountability system used to annually differentiate public school performance (20 U.S.C. §§6311[c][4][B][v]). To meet this new requirement, designed to expand beyond test-based accountability systems, many states have chosen to measure student chronic absenteeism (Jordan & Miller, 2017). This enhanced focus on absenteeism holds both promise and potential challenges, particularly as it relates to some students with disabilities.
The purpose of this Brief is to provide information about chronic absenteeism and possible implications for students with disabilities when a state selects it as a measure of school quality or student success. It highlights both the benefits and potential risks in light of requirements in the Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973 (Section 504), and the Americans with Disabilities Act (ADA).

The Brief also suggests actions that states might consider taking to address chronic absences among students with disabilities at the state and local levels as they work to include this new measure in accountability systems. For purposes of this Brief, students with disabilities are those eligible for special education and related services under IDEA.

What is Chronic Absenteeism?

Chronic absenteeism is a measure of how many students miss a defined number of school days for any reason—excused, unexcused, suspension. Many states define chronic absenteeism as the number and percentage of students missing 10 percent or more of their school days in a year. For a typical school year of 180 days, this means missing 18 or more days or an average of 2 days per month. However, the definition, and the number of days varies from state to state. Generally, students who are chronically absent include students absent for any reason (e.g., illness, suspension, the need to care for a family member), regardless of whether the absences are excused or unexcused.

What Do We Know about Chronic Absenteeism?

There is a clear relationship between attendance and achievement. In 2016, the U.S. Department of Education reported that:

- Children who are chronically absent in preschool, kindergarten, and first grade are much less likely to read on grade level by the third grade.
- Students who cannot read at grade level by the third grade are four times more likely to drop out of high school.
- By high school, regular attendance is a better dropout indicator than test scores.
- A student who is chronically absent in any year between the eighth and twelfth grade is seven times more likely to drop out.

The most recent national data available (CRDC, 2013-14), showed that about 14% of students missed 15 or more school days. Nearly 10,000 schools reported 30% or more of students as chronically absent. Elementary schools generally had lower average rates of chronic absences (11%) than high schools (19%). Schools with higher percentages of economically disadvantaged students had...
In addition to chronic absenteeism, other measures frequently used by states to measure attendance include:

- Average daily attendance (ADA), which measures the average number of students who show up on any given day, but masks students who are at risk of academic failure due to chronic absences.
- Truancy rates, which include only unexcused absences. Truant students generally face punitive consequences such as suspensions, academic sanctions, and with repeat offenses, referral to juvenile or family courts.

more chronic absenteeism than other schools. American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, Black, multiracial, and Latino students had higher rates of chronic absenteeism than other students at both the elementary and high school levels.

All of these reported 2013-14 rates may have been underreported because it was the first time schools were required to report on absenteeism; some schools may have not understood how to appropriately report these data at that time. Further, it is possible that the chronic absenteeism rate has increased since 2013-14; we do not have national data to help us understand whether these rates are increasing or decreasing.

What Do We Know about Chronic Absenteeism Among Students with Disabilities?

The 2013-14 national data showed that elementary school students with disabilities served by IDEA were 1.5 times as likely to be chronically absent as elementary school students without disabilities. High school students with disabilities served by IDEA were 1.4 times as likely to be chronically absent as high school students without disabilities. Across subgroups, only Native students (American Indian or Alaska Native and Native Hawaiian or other Pacific Islander) exceeded the rates of chronic absenteeism for students with disabilities.

This disparity is echoed in more recent data collected by states. For example, Connecticut’s (2017) data for the 2015-2016 school year showed that students with disabilities served by IDEA continued to exhibit substantially higher chronic absenteeism rates than their general education peers despite statewide prevention and intervention efforts. Eighteen percent of Connecticut’s students with disabilities were chronically absent compared to 9.6 percent overall.

ESSA requires states to disaggregate all measures used in statewide accountability systems by student subgroups (major racial and ethnic groups, economically disadvantaged, students with disabilities, and English learners). Thus, new (more recent) data on chronic absenteeism will provide extensive information about disparities across student groups.

Many factors may contribute to higher rates of absences among students with disabilities. Among these are chronic health conditions, fatigue and other side effects from medication, anxiety caused by bullying and harassment, inappropriate or inadequate special education and related services, trauma, food, and housing insecurity. Many students with disabilities also receive developmental and supportive services and health related services from private therapists.

To date there is little research to explain the significant gap in chronic absenteeism between students with disabilities and those without disabilities. Some students with disabilities are fragile medically, or may have emotional or behavioral disabilities that might affect attendance, but there currently is little data available about chronic absenteeism and these populations. A national data collection on the characteristics and experiences of youth in special education (Liscomb, Haimson, Liu, Burghardt, Johnson, & Thurlow, 2017) found a much higher occurrence of health conditions among special education students. Specifically, it reported that chronic health conditions were nearly three times more common among youth with an Individualized Education Program (IEP) than among those without an IEP. Twenty-eight percent of youth with an IEP had a chronic physical or mental health condition that required regular treatment or medical care according to parents, compared with 10% of their peers. The report also included that youth with an IEP were more likely than their peers to have poorer health, chronic conditions, and behavioral issues that need to be controlled medically.

One recent study looked at the variation in elementary school students with disabilities across five IDEA disability categories (Gottfried, Stiefel, Schwartz, & Hopkins, 2017). The study found students with emotional disturbance were more than 13 percentage points more likely to be chronically absent than general education students in the same classrooms. Students with a learning disability were 7.6 percentage points more likely to be chronically absent than their peers without disabilities, while students with other health impairments or low incidence classifications (e.g., deaf/hard of hearing) were 5.6 and 6.5 percentage points more likely, respectively, than their peers without

According to the 2013-14 CDRC:

- 16% of students who missed 15 or more school days were students with Individualized Education Programs (IEPs).
- 18.5% of students with disabilities (1.1 million) missed 15 or more school days.

These data indicate that students with disabilities missed a minimum of 17 million days of instruction.
disabilities. Only students with speech or language impairments were less likely than their peers without disabilities in the same classrooms (0.7 percentage points) to be chronically absent.

Gottfried et al. (2017) also analyzed chronic absenteeism rates between students with disabilities served in classrooms that had mostly general education students versus classrooms that had mostly special education students. Students with disabilities served in classrooms with mostly special education students were 16.7 percentage points more likely to be chronically absent than general education students in those same classrooms, while those served in classrooms with mostly general education students were only 4.9 percentage points more likely to be chronically absent than their general education peers in those same classrooms. This analysis also found that among students with disabilities, those with emotional disturbance served in settings that were composed mostly of special education students were the most likely to be chronically absent—approximately 24 percentage points more likely than general education students.

Potential Benefits of Increased Attention to Chronic Absenteeism for Students with Disabilities

The increased focus on chronic absenteeism brought about by its inclusion in many state accountability plans holds several potential benefits. States, districts, and schools may want to consider ways to ensure that these benefits are realized.

Fairer Attendance Policies. Attendance policies are likely to be created, or reviewed and possibly revised in conjunction with states’ chronic absenteeism measure in ESSA. These policies should include information specific to students with disabilities, including how to handle absences arising from a student’s disability that are included in the student’s IEP as well as absences related to receipt of private services and therapies. These policies might identify school and district legal responsibilities under federal and state laws to protect personally identifiable information in a student’s education and health records that may be relevant to their chronic absenteeism. They also might include plans for governing provision of supplemental make up instruction.

Improved Academic Achievement. ESSA requires all states to establish long-term goals for improved academic achievement, as measured by proficiency on annual state assessments in reading/language arts and mathematics, for each student subgroup, including students with disabilities. These goals are to result in significant progress in closing proficiency gaps. Students with disabilities are consistently one of the lowest performing groups of students on state assessments, and their significant gaps have been slow to close (Thurlow, Albus, & Lazarus, 2017). Achieving the ambitious proficiency levels proposed by states will require attention to all aspects of serving students with disabilities, including addressing chronic absenteeism which has the potential to support improved learning and achievement.

Increased Graduation Rates. ESSA also requires all states to establish long-term goals for improving the 4-year graduation rate for all student subgroups. DePaoli, Balfanz, Bridgeland, Atwell, and Ingram (2017) found that the nation’s 4-year graduation rate gap in 2014–15 (the most recent data available nationally) for students with disabilities stood at 21.1 percentage points. In 29 states, students in the general education population graduated at rates that were at least 20 percentage points higher than the rates of their special education peers. In another 18 states, the gap between students with disabilities and those without disabilities was between 10 and 20 percentage points. In only three states was the graduation rate gap less than 10 percentage points. The relationship between attendance and graduation is well established (U.S. Department of Education, 2016), so closing these gaps will require significant improvement in chronic absences among students with disabilities.

Reduced Use of Suspension. Because days missed due to suspensions are counted in the calculation of chronic absenteeism, the disproportionate use of out-of-school suspension of students with disabilities reflected in CRDC 2013-14 must be addressed. The 2013-2014 data indicated that students with disabilities were more than twice as likely (12%) to receive one or more out-of-school suspensions as students without disabilities (5%).

A report from the Civil Rights Project (2015) found that 5% of elementary school students with disabilities and 18% of secondary school students with disabilities were suspended at least once during the 2011-2012 school year. These rates were substantially higher for minority students with disabilities.

Reduced Dropout Rate. Students with disabilities experience much higher rates of dropout than their peers without disabilities. The dropout rate of 16- to 24-year-olds with disabilities in 2013 (14.9 percent) was about twice as large as the rate for their peers without disabilities that year (National Center for Education Statistics, 2016). When students are better monitored with respect to excessive absences and truancy, schools can identify more easily those students at risk.

Potential Risks of Increased Attention to Chronic Absenteeism for Students with Disabilities

Increased focus on chronic absenteeism also holds several potential risks for students with disabilities. Schools, districts, and states should consider these risks as they implement policies and practices, taking particular care to avoid harm to students.

Personalizing chronic absenteeism to focus on individual children rather than the system. For many students who experience chronic absenteeism the line between excused and unexcused absences is blurred. These include foster

1This dropout rate is a “status” rate. It reflects the percentage of all youth ages 16–24 who were not enrolled in school and who had not earned a high school diploma during the year.
children, those who are homeless, transient, mobile, and students with disabilities associated with chronic illness or physical, emotional, and mental health related manifestations. To the degree districts and schools make chronic absenteeism an accountability metric that does not address the system, but instead blames students, it may have the effect of further isolating and adversely affecting students who are among the most vulnerable. An example of blaming the student would be excluding the student from the general classroom in an attempt to improve the chronic absenteeism rate.

Through schoolwide initiatives designed to improve chronic absenteeism, it is likely that members of the school community will become more knowledgeable about the relationship between attendance and achievement (Che et al., 2015; Gottfried, 2010; U.S. Department of Education, 2016b). They might group children based on attendance to mitigate the adverse impact of chronically absent students on the education and achievement of their regularly attending classmates (i.e., repeating instruction, slowing down progress of others) (Gottfried 2011; Gottfried 2014).

Setting unrealistic goals that encourage push-outs and de-enrollment of certain students. The manner in which the chronic absenteeism indicator is implemented is critical. A “one size fits all” definition, with implicit bias that targets children based on race, ethnicity, poverty, language status, and disability should be avoided. Similarly, subjective decisions by school personnel that relate to school discipline and disparately affect certain students or that challenge the value of parental judgments about the need to miss school should be questioned.

Instituting punitive responses to truancy. Most states have laws that authorize, and in some cases require, school districts to refer to juvenile or family courts those students who are of compulsory school age and are not attending school (Education Commission of the States, 2011). States’ compulsory attendance laws that establish the ages between which children and youth are required to attend school vary, as do the types of sanctions that are authorized when students fail to attend school. Similarly, the number of unexcused absences a student can accrue before being considered “truant” or a “habitual truant” and subject to sanctions varies across states (Education Commission of the States, 2011).

Status offenses are offenses that are not crimes for adults, but are for children based on their status as children. They include truancy and running away, for example. The list of status offenses varies by state, and depending on state law may result in a child being adjudicated and punished in a manner similar to a delinquent and often exposed to the juvenile justice system. Sometimes status offense cases are treated as dependency cases (with parents or guardians held responsible), while other states treat them as delinquency cases (Curtis, 2014). These approaches continue despite the strong research indicating that isolating and referring children to the juvenile justice system for skipping school is ineffective, and harsh punitive programs do not reduce truancy rates (Texas Appleseed, 2015).

Challenging or diminishing the value of parental judgment. To the extent schools and districts perceive “chronic absenteeism” as a high-stakes measure that results in applying a “one size fits all” standard, parents may well find their judgment being second-guessed or worse (such as referrals to departments of children and families, family court, juvenile court) and perceive their judgment as not valued. Parental judgment, though not beyond reproach, is entitled to respect based on personal knowledge, experience, and understanding of their child and how that child is functioning in school. On a daily basis, parents and guardians of students with disabilities, in particular those whose disabilities may be chronic or episodic (e.g., in response to medication) or accompanied by physical or emotional manifestations, make judgments about what they believe is best for their child.

Recommended Actions

There are several actions that states should consider taking if they are using chronic absenteeism as a measure in their accountability systems. These actions also will be beneficial to states that have not opted to use chronic absenteeism as their measure of school quality or student success. These actions include:

Develop a clear definition of “chronic absenteeism.” Ensure that the definition is shared with districts and schools. Further, require districts and schools to provide the definition in multiple places available to parents and students.

Consider the “stakes” of the metric for “chronic absenteeism” for schools or students. Develop state policy and procedures that encourage effective interventions for assisting individual students who are vulnerable to chronic absences and, as necessary, schools and districts with high rates of chronic absenteeism. Consider policies and procedures that limit privileges (e.g., open campus, flexible start time) instead of using sanctions that interfere with instruction (e.g., disenrolling students or isolating students vulnerable to chronic absences in alternative schools or classes segregated from the general curriculum) or may encourage unintended consequences (e.g., increased push-outs, dropouts, or involvement with the juvenile justice system).

Make communication with parents a priority. States should consider developing policies and procedures that encourage schools to initiate early and frequent communication with the student’s parents about absences. For example, a state may want to consider developing a policy that requires schools to have a conversation with a parent when any child reaches a specific number of consecutive or total absences or has exhibited a pattern of absences prior to triggering consequences. Also, use the most convenient method of communication for the parent.
The latest data from the Speak Up Research Project provides insights on school-to-home communications. For communications about individual children, parents favored email, with text messages second. The preference for texting did not change based on demographics like community type, poverty level, or education level. In fact, 95 percent of the parents surveyed said they had some kind of smartphone.

Encourage districts and schools to discover the root cause of absenteeism. Provide professional development to districts and schools on ways to determine whether absences are related to the child’s disability or other factors that may need to be accommodated (e.g., lack of winter clothing, transportation, permanent housing). Develop state policies that encourage collaboration among schools, parents, appropriate community organizations, and homeless liaisons when relevant, to address students’ comprehensive needs. Work with districts and schools to formulate specific procedures to be followed when a child’s absenteeism is related to the child’s disability. If other factors are interfering with attendance, encourage districts and schools to consider referring the student to a school counselor who might be able to connect with the broader community network for support.

Examine data at deep levels. Given the heterogeneity of students with disabilities as well as the variance in the way these students are served across our nation’s schools, the findings of the Gottfried et al. (2017) study emphasize the importance of examining data on student absences at the disability category level as well as by the setting in which students with disabilities are being served. Such data analyses can assist districts and schools in addressing chronic absenteeism among students with disabilities.

Recommend that schools consider the need for an IEP meeting when absences are clearly connected to the student’s disability. Provide information for schools that encourages them to act quickly to address the issue with parents and to convene an IEP meeting to amend the IEP to add or revise attendance information.

Chronic health conditions that interfere with school attendance should be well documented in the student’s IEP. Documentation should include how the student will be provided with services during periods of extended absence. Care should be taken to ensure that services are provided by qualified personnel and to the extent necessary to keep pace with IEP goals. Failure to act in a timely manner could make the district vulnerable to a dispute. IDEA’s federal regulations require that a district revise a student’s IEP to address any lack of expected progress toward the annual goals described in the IEP and in the general education curriculum, if appropriate (34 C.F.R. §300.320(a)(3)). When absences are interfering with progress, districts should take steps to address the lack of progress. To do otherwise may result in a determination of denial of a free appropriate public education.

States may also want to indicate that schools propose a re-evaluation of a student to help uncover causes of absences. Remind schools that if parents are unavailable for a timely face-to-face meeting, they should consider meeting via phone or video conference. Absences directly related to a student’s disability, such as anxiety or depression that lead to school refusal, should trigger a quick response. Students may need a behavior intervention plan or attendance incentives to overcome issues that interfere with attendance. Especially at the high school level where rates of absenteeism increase, involve students in developing solutions and strategies for reducing absences and improving the climate at the school so that they want to be there.

Provide a clear message to districts and schools that they should provide services to compensate for lost instructional time. Schools and districts should quickly arrange to provide services that will compensate for the instructional time being lost due to excessive absences. A policy that automatically triggers a review of changes in service provision may help avoid potential disputes and orders for corrective action. Providing homebound services for a period of time will likely require a change of placement documented in the student’s IEP.

Monitor schools and districts’ heightened use of in-school suspensions as an alternative to out-of-school suspensions as a way to reduce the rate of chronic absenteeism. This shift will require monitoring because the implementation of in-school suspensions varies widely within and across states and school districts. While some districts educate children serving in-school suspensions, others do not. Therefore, in-school suspension may still remove the student from instruction.

Identify for consideration and adoption proven dropout prevention programs that benefit students with disabilities. Studies indicate that improved truancy reporting significantly reduces school dropout by 5 percentage points (De Witte & Csillag, 2014). Several evidence-based dropout prevention programs also have been recognized by the What Works Clearinghouse (Dynarski, Clarke, Cobb, Finn, Rumberger, & Smink, 2008; Rumberger et al., 2017).

Implement enhanced attention to chronic absenteeism carefully, ethically, and professionally to improve student attendance and learning opportunities, to increase academic performance, to reduce the likelihood of dropping out of school, and to increase the likelihood of earning a high school diploma. States should take care in setting goals that are ambitious but not so unattainable that they can only be accomplished by districts and schools deciding to push out and de-enroll the most vulnerable students by tracking “unexcused absences” and diverting them into the state’s family court or juvenile court system for violating compulsory education requirements (Schanzenbach et al., 2016).
Provide guidance, oversight, and professional development opportunities to ensure that district and school personnel are aware of the requirements limiting non-consensual access and disclosure of personally identifiable information, including physical and mental health related information, and sensitive information about family status and services, contained in a student’s education and medical records. Clarify that schools may not seek blanket releases from parents seeking information about children’s absences from doctors, therapists or other service providers under the federal privacy statutes governing education records and medical records, namely the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) and relevant state laws.

Require that schools document all efforts to address absenteeism. Schools should be required to maintain documentation of all attempts to convene IEP meetings, undertake re-evaluations, and provide effective interventions to mitigate loss of learning opportunities. A well-maintained record of a school’s attempts to intervene early and often can be helpful should disputes arise.

Additional Resources on Chronic Absenteeism


Chronic absenteeism and students with disabilities: Frequently asked questions by C. Cortiella, & K. B. Boundy, Esq. Available at https://ncee.umn.edu/docs/OnlinePubs/ChronicAbsenteeismFAQ.pdf

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