

CHILD STUDY AS A PREREFERRAL MECHANISM  
AT THE ELEMENTARY LEVEL IN A  
SOUTHWESTERN VIRGINIA LOCAL EDUCATION AGENCY

By

Horace Alan Seibert

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Diane Newkirk Gillespie, Chair

Jean B. Crockett

Christina M. Dawson

Barbara S. Smith

Wayne M. Worner

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Blacksburg, Virginia

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Horace Alan Seibert

Committee Chair: Diane Newkirk Gillespie  
Educational Leadership and Policy Studies

ABSTRACT

The purpose of this study was to investigate the child study process in a local education agency (LEA) with four elementary schools. These data determine the extent that prereferral interventions are being implemented and whether these strategies influence the outcome of the Child Study Committee (CSC) decision.

All referrals to the CSC for the 1998-1999 school year (n=108) at the elementary level were examined to describe the students who are referred according to four primary independent variables of gender, grade level, ethnicity, and socioeconomic status (SES). Free or reduced lunch was used as the measure for SES. Students referred were members of the total elementary population of 1884 students in the LEA. The total population was described according to gender, grade level, ethnicity, and SES. Using cross tabulation techniques, the percentages of CSC referrals in each category are compared to the population. Chi-square analysis was used to determine the significance ( $p < .05$ ) of any differences in the observed distribution of this mutually exclusive categorical data.

Records of CSC meetings were reviewed to identify the presence of prereferral interventions. Prereferral interventions are recommendations given by the CSC to help remedy a student's problem before referral for evaluation for special education is made. Two independent raters examined the reason for referral and the recommendations made by the CSC. The reasons and recommendations were categorized according to academic problems, behavioral problems, or one of three possible combinations of both. Inter-rater reliability was measured using percent agreement across all categories and Cohen's kappa was calculated to provide additional rater validation. Rater results were used to check for

congruence between the problems leading to the referral and the interventions recommended. Records of students who were referred for evaluation for special education were studied to determine the percentages found eligible and ineligible, and were examined according to gender, grade level, ethnicity, and SES.

Compared to the population, the group of students referred to the CSC during the 1998-1999 school year was over-representative of males and of students with low SES. Most referrals to the CSC were for academic reasons. In cases where the CSC did not recommend a full evaluation for consideration of special education services, the committee recommended prereferral interventions. The recommendations of the committee typically were congruent with the reason for referral, but often did not specifically state who was responsible for implementing the interventions recommended.

## DEDICATION

To my wife Michele and my son Chad.

The immense amount of time necessary to complete my program of study and this dissertation was time not spent with you. That time is now gone, and cannot be retrieved. May you forgive me for my inattention, rejoice in my graduation, and share in the promise that is our family's future. I love you.

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## CHAPTER 1: THE STUDY IN PERSPECTIVE

Prereferral interventions are implemented in the general education classroom in an attempt to ameliorate or remediate a problem before a student is referred for a special education evaluation (Yell, 1998). Students with academic or behavioral problems are at risk for failure and are a challenge for schools. Addressing their needs promptly and appropriately benefits the individual student and the school community as a whole. A study of the process schools use to implement prereferral interventions is significant to educational leaders for three primary reasons. First, an informed and proactive administrator can ensure compliance with state and federal law and local policy. Second, an educational leader must be a good steward of fiscal and human resources. Third, and perhaps most important, instructional leaders must advocate for and provide for appropriate educational opportunity for all students.

School administrators must have the knowledge necessary to be proactively involved in the school's special education program if they are to prevent or resolve disputes in a manner that maintains a positive school climate and good public relations. An insufficient understanding of the law can result in poor decisions. Poor decisions can result in disputes, and poorly handled disputes can result in litigation. Without a firm grasp of legal issues and current research regarding best practices, a person in a position of educational leadership may be inclined to avoid matters involving special education. A lack of information may lead to uncertainty or hesitation in making decisions that have profound impact on the lives of students and their families. Trepidation or avoidance of difficult issues surrounding special education evaluation by educational leaders is unacceptable. Strong and informed leadership in a process of prereferral intervention reduces the risk of litigation, which could result in bad publicity and has the potential to place a significant fiscal burden on a local educational agency (LEA).

The second source of significance for this study is cost. A sound process of prereferral intervention can help the LEA achieve a difficult balance where students who need special education evaluation receive it in a timely manner, while students in need of support, but not suspected of having a disability, receive other appropriate interventions. A

principal who facilitates an effective process of prereferral intervention is a good steward of LEA resources, making wise use of the funds required to pay for, and the staff time required to complete and interpret, the evaluation components. An efficient process does more than save money, however. There is also a human cost to the evaluation process. Students who do not need a full evaluation are spared the experience of extensive assessment, and their families are not led down the wrong path to addressing their concerns. Those students in need of a full evaluation also benefit because the evaluation process is not bogged down with inappropriate referrals.

Though grounded firmly in special education law, research, and fiscal prudence, the greatest significance of this study is provision of an appropriate education for all students in our charge. A forthright, just, and intentional effort should be expected in providing appropriate educational opportunity for all students. Educational leaders must possess the knowledge, skills, and values necessary to meet this student-centered purpose. For this reason, the review of literature in Chapter 2 is a contribution to the field of educational leadership, synthesizing the historical, legal, and experimental contexts of prereferral interventions.

In the end, every student is different and every recommendation is a matter of professional judgment. Sound professional judgment is central to making appropriate recommendations for students and to determining if a process for making appropriate recommendations, such as the child study process, is serving as a prereferral mechanism. Both recommendations regarding individual students and evaluation of the process are judgments that are the responsibility of educational leaders.

## Background

The Individuals with Disabilities Education Act Amendments of 1997 (IDEA) emphasizes the need for helping students even before they are referred for special education. In section 601 of the act, a statement of Congressional findings asserts that:

"Over 20 years of research and experience has demonstrated that the education of children with disabilities can be made more effective by...providing

incentives for whole-school approaches and pre-referral intervention to reduce the need to label children as disabled in order to address their learning needs" Sec 601 Part A (c)(5).

### Context

Special education referral can be a complex, litigious, and expensive process for local educational agencies. Most important, however, are the profound implications such referrals have for students and their families. Unlike students with severe and profound disabilities that are usually identified in early childhood, many students with mild disabilities are usually not identified until they are in elementary school (Yell, 1998). A child's lack of success in elementary school can cause considerable frustration and disappointment for parents and the student. Referral for special education evaluation can be fraught with emotion for the student. The decision to have one's child evaluated and the subsequent eligibility determination can be a difficult experience for families. The experience can be justified, however, if the recommendation for evaluation is an appropriate and well-informed outcome of the child study process.

If found eligible for special education, students and their families embark upon a procedure intensive experience. For most, the experience is positive as trained and committed special educators ensure that students receive more individualized attention, enjoy academic success, and learn strategies for coping with, and compensating for, their disability. For these families, the procedures governing special education may seem complicated, but they provide comfort and assurance that their child is going to receive a free and appropriate public education. For others, the potential for frustration and disappointment can lead to excuse making and finger pointing. In such instances, the procedural safeguards may be overwhelming, or may provide a means for the family to assume an adversarial relationship with school professionals through complaint investigation, due process hearing, or litigation.

The increased potential for conflict with parents and the fear that missing one part of a given procedure could lead to a public relations problem or litigation can cause some educational leaders to be reluctant participants in special education. Changes in special



education law and research regarding best practice are ongoing. The dynamic state of special education may cause even the most competent educator to feel uneasy when facing complex situations involving students with special needs. These factors are at work, especially among regular educators, even while more and more students with disabilities are being served in the regular education classroom (Yell, 1998).

School administrators must be good stewards of the financial resources entrusted to their management. During evaluation, disabled students and their parents are entitled to considerable protection under the IDEA. These protections, while necessary for guaranteeing disabled students access to free appropriate public education, do provide the basis for litigation against LEAs by disabled families on behalf of their children when conflict arises. Whether resolved by due process hearings or litigated in court, schools may incur considerable legal expense. These costs do not include the value of time lost by teachers and administrators preparing for and participating in such proceedings. If the LEA is not the prevailing party, attorney fees and other associated costs are typically the responsibility of the LEA (IDEA Section 615 (i)(3)(B)). Litigation and the associated publicity also present public relations challenges for local educational agencies.

The potential for future complications increases the importance of appropriately supporting students who demonstrate academic or behavioral problems. Under the IDEA, students who have been previously evaluated for special education, or have been considered for evaluation, may be entitled to protection in disciplinary actions contemplated by school personnel as a suspect class of students (IDEA Regulations, 34 C.F.R. § 300.527). Disciplinary actions subject to this safeguard may occur years after the student's problem was reviewed, increasing the importance that referrals are addressed appropriately.

Even when litigation is not an issue, delivery of special education services is an expensive endeavor. Over-referral for evaluation, and the potential for over-representation of students by gender, ethnicity, or socioeconomic status that results, serves only to increase the expense. Over-representation is the disproportionately high representation of students in a program, such as special education. Local educational agencies should not focus too heavily on the expense of educating a special education student, however. Any implied policy or misguided practice of simply limiting the number of students served in special education to

save money would increase the chances of litigation or public relations problems and would be a gross injustice to disabled students.

In addition to the complexity, the potential for litigation, and the expense of special education, the importance and challenge of doing what is best for each and every individual student justifies this study. For those students not found eligible for special education, the need remains for appropriate interventions to assist with the problem that resulted in referral. Providing individualized support for students with special needs is essential for students to succeed and benefit from education. Under-referral can exclude students entitled to services, and over-referral can detract from the support special education teachers can provide to disabled students by filling their classrooms with otherwise inappropriately identified students. Oversight of this process at each school is the responsibility of the school principal.

In spite of the best efforts of educational leaders, eligibility for special education services still involves potential stigma for the students and their families (Reschly, 1996). Clearly, educators must be very careful to prevent under-referral to identify those students for whom special education is intended while simultaneously establishing and maintaining criteria to prevent over-referral – a difficult task, one with profound implications for either type of error.

The key to meeting this challenge involves prereferral intervention. Prereferral interventions are efforts to remedy a student's academic or behavioral problems before an evaluation for special education is considered (Yell, 1998). The goal of prereferral intervention is to ameliorate the difficulty a student is experiencing quickly and effectively, potentially reducing the need for special education evaluation. In this manner, students for whom successive prereferral interventions do not succeed are indeed likely to be suspected of having a disability. The law requires that students who are suspected of having a disability be referred for a special education evaluation (IDEA Sec 612 (a)(3)). In addition, the outcomes of the prereferral interventions provide valuable information to the multidisciplinary team conducting the evaluation, and to the committee making the determination of eligibility for special education services.

## The Problem

Providing appropriate prereferral interventions for students experiencing academic or behavior problems is an ongoing challenge for public K-12 educators. Researchers agree that prereferral intervention is not sufficiently implemented in many local educational agencies (Del'Homme, Kasari, & Forness, 1996; Eidle, Truscott, & Myers, 1998; MacMillan, Gresham, & Lopez, 1996; Safran & Safran, 1996).

In schools where the first step for collecting information about these students is the same process used to initiate an evaluation to determine eligibility for special education, evaluations may be initiated prematurely and without the benefit of additional information derived from appropriate prereferral interventions. Premature and possibly under-informed referrals for evaluation are inappropriate and may lead to an over-representation of students by grade level, gender, ethnicity, or socioeconomic status in the evaluation process (MacMillan, Gresham, & Lopez, 1996). Students are entitled to have other interventions considered, implemented, and reviewed before being evaluated for special education. In some schools, programs have been designed to help meet this challenge (Safran & Safran, 1996).

Student Support Teams, Educational Assistance Teams, Instructional Support Teams, and Prereferral Assistance Teams are some of the names used to describe a multidisciplinary approach that some schools are using to recommend prereferral interventions. Though different in name, these processes suggest interventions within the scope of general education, before referral for special education evaluation is made (Safran & Safran, 1996). In an elementary school where the staff is small, however, design and implementation of a new process may burden the staff, rendering the new program ineffective. An alternative in Virginia is to use the school's existing Child Study Committee as a forum for brainstorming prereferral interventions and following up on their effectiveness.

In Virginia, the Child Study Committee (CSC) exists to review information about children, brainstorm solutions, make recommendations, and follow up on the results of the recommendations (Virginia Department of Education, 1993). This description is compatible with the purpose of a prereferral process as described by Yell (1998), MacMillan, Gresham,

and Lopez (1996) and Safran & Safran, (1996). In the absence of another prereferral mechanism, the CSC committee should be expected to serve as a source of prereferral interventions, not just a means to initiating a special education evaluation for a student, unless such an evaluation is considered appropriate.

Questions regarding whether an LEA's elementary level Child Study Committees are serving as a prereferral intervention mechanism and whether the prereferral interventions recommended by the committees are congruent with the reasons for referral are investigated in this study. This study examines the reports of CSC meetings in an LEA with four elementary schools to determine the extent the CSC is serving as a prereferral intervention mechanism. Descriptive statistics regarding the student population at each school are presented. Students referred to the CSC constitute the sample studied, and their gender, grade level, ethnicity, and socioeconomic status is tabulated. Evidence of possible over-representation by gender, grade level, ethnicity, or socioeconomic status is examined by testing for significant ( $p < .05$ ) differences in the distribution of each variable between the population and the sample using the chi-square technique. The number of referrals to CSC and the percentage of those referrals that immediately result in a special education evaluation are determined and discussed. Congruence between the prereferral interventions recommended by the Child Study Team and the reason for recommendation are also evaluated.

### Purpose of the Study and Research Questions

The purpose of this study is to investigate the Child Study process in a local educational agency (LEA) with four elementary schools. These data determine the extent that prereferral interventions are being implemented and whether these strategies influence the outcome of the Child Study decision.

### Primary Research Question

Is the Child Study process serving as a prereferral mechanism? Figure 1, Theoretical Framework, illustrates the study components and is the source of the supporting research questions. Table 1 provides the definitions used in the study.

### Supporting Research Questions

1. Who are the students referred to the Child Study Committee?
2. Is the distribution of students referred to the CSC by grade level, gender, ethnicity and socioeconomic status (SES) representative of the elementary population?
3. Does the Child Study Committee make prereferral recommendations?
4. If special education evaluations are initiated without making prereferral recommendations, who are the students found eligible?
5. Does the CSC make recommendations that are congruent with the reason for referral to the committee?
6. If special education evaluation still results after the prereferral process, who are the students found eligible?
7. Who are the students who are not recommended for special education evaluation as a result of the Child Study process?
8. Who participates in the CSC meeting? Who is designated to follow up on the interventions?

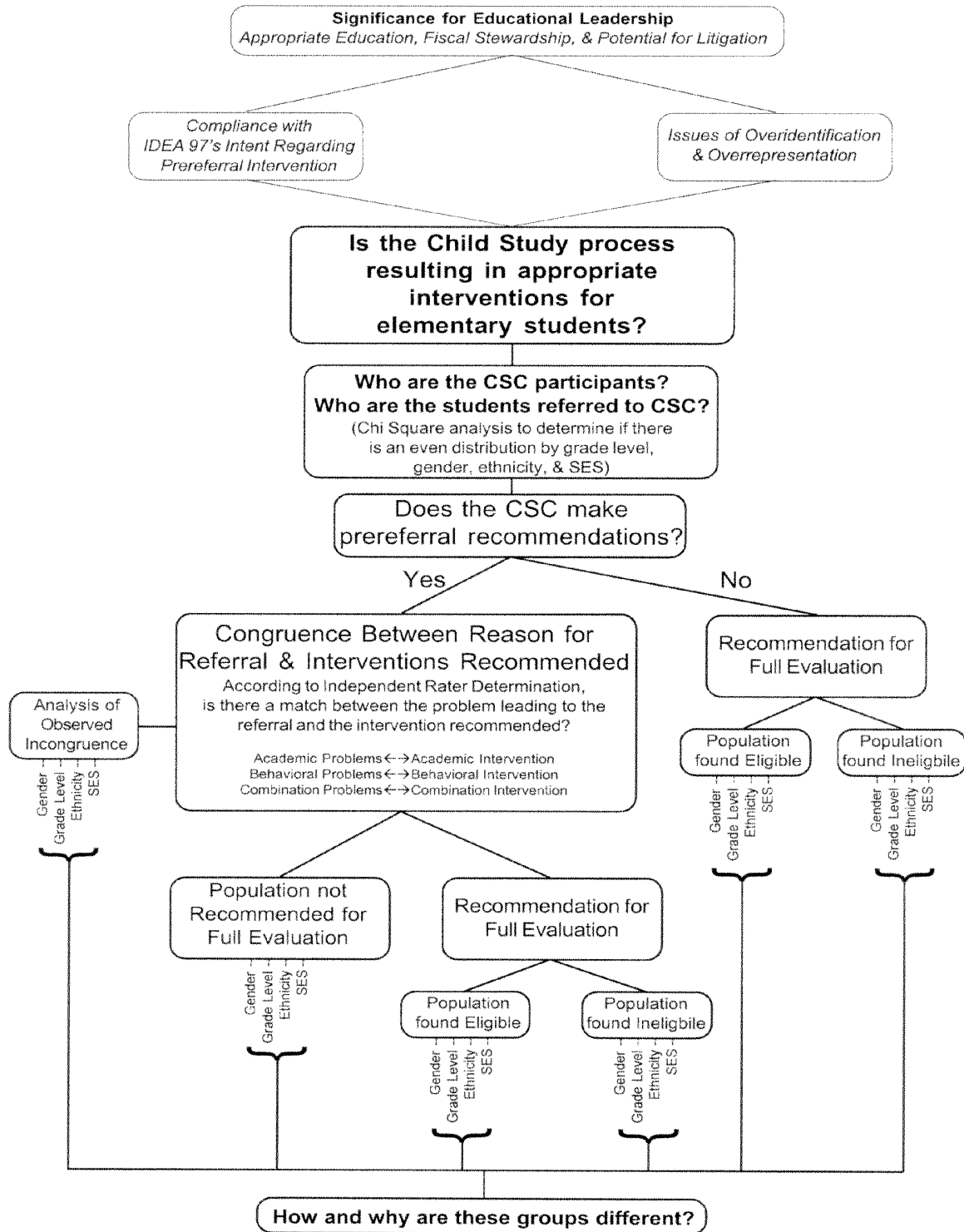


Figure 1. Theoretical Framework

Table 1. Definitions

Child Study Committee (CSC)	A multidisciplinary team that facilitates a process that results in recommendations for interventions and/or consideration of services that will help a child be successful in school. Required in Virginia by State Board of Education Regulation (Virginia Department of Education (1993).
Child Study Referral	Request for a schools Child Study Committee to review and make recommendations regarding a student with an Academic or Behavioral Problem.
Prereferral Intervention	Interventions implemented in the general education classroom in an attempt to ameliorate or remediate a problem before referral to special education (Yell, 1998).
Special Education Referral	Request to initiate a full evaluation in accordance with IDEA Regulations, 34 C.F.R. § 300.532 for determination of eligibility for special education.
Evaluation	Process for determination of eligibility for special education in accordance with Section 614 of the IDEA.
Assessment	A process of collecting information for the purpose of making decisions about students (Salvia & Ysseldyke, 1995).
Eligibility	The determination of whether a student is a child with a disability as defined in Section 602(3) of the IDEA.
Primary Variable	One of the four independent variables of grade level, gender, ethnicity, and socioeconomic status measured for both the population and the sample for comparison.
Gender	Mutually exclusive demographic category of male or female for the population studied.
Grade Level	Mutually exclusive demographic category of K, 1, 2, 3, 4, or 5 established for the population by the LEA studied for the 1998-1999 school year.
Ethnicity	Mutually exclusive demographic category of Asian, Black, Hispanic, or White established for the population by the LEA studied.
Socioeconomic Status (SES)	Mutually exclusive demographic category of Low or Not Low assigned to each student. Not Low SES is the default category, unless the student was listed on school records as receiving free or reduced lunch.
Over-representation	Disproportionately high representation of students in a sample as compared to the population by gender, grade level, ethnicity, or SES.

Under-representation	Disproportionately low representation of students in a sample as compared to the population by gender, grade level, ethnicity, or SES.
Academic Problem	Category describing a condition that interferes with a student's learning in the regular classroom.
Behavioral Problem	Category describing a condition that interferes with a student's attention or conduct in the regular classroom.
Academic Concern	Category describing a condition secondary to a Behavioral Problem that interferes with a student's learning in the regular classroom.
Behavioral Concern	Category describing a condition secondary to an Academic Problem that interferes with a student's attention or conduct in the regular classroom.



## Limitations

In an effort to examine the Child Study process in action, this study involves document analysis of the records of CSC meetings. Any errors or omissions contained in the records would be reflected in the study. The study is restricted to the 1998-1999 school year. This study is limited to the elementary level of the LEA selected. The resulting analysis is internal; not a comparison of the process in other LEAs, as local procedures may vary. The methodologies, however, could be replicated for another population.

## Overview of the Dissertation

Chapter 1 consists of the problem studied, its context, and the research questions to be answered. Chapter 2 reviews the law and the research related to prereferral interventions and methodologies for studying processes similar to Child Study that are used to address the research questions. Chapter 3 describes the study's methodology for addressing the research questions. Chapter 4 reports the results and subsequent analysis of the data and Chapter 5 is a discussion of the results within the context of the study.

## CHAPTER 2: REVIEW OF RELATED LEGISLATION AND LITERATURE

The role and responsibilities of a school administrator are notoriously wide-ranging and variable. Food services, co-curricular activities, and transportation are significant components of K-12 public school and can lead to a “beans, balls, and buses” approach to administration that may be efficient but is largely unrelated to teaching and learning. A school administrator who endeavors to be an educational leader must be well versed in educational research, methods, and the law. These elements provide the knowledge necessary for the task. When accompanied by the skills of leadership and diplomacy, knowledge makes meaningful educational reform possible. Prereferral interventions encompass issues of both general and special education, and provide an arena for testing the knowledge and skills of an instructional leader.

### Introduction

Good decisions require good information. It is the purpose of this chapter to examine how prereferral intervention is framed in the law and in research. Prereferral intervention is a newer concept in the field of study, but has its roots in appropriate evaluation and assessment. Discussion of appropriate evaluation in the field of special education is included only as it relates to the mild disabilities of learning disabled, emotionally disturbed, and educable mentally handicapped. Appropriate evaluation provides the basis for decisions regarding identification, programming, and placement for special education (Küpper, 1997; Phye & Reschly, 1979; Salvia & Ysseldyke, 1988; Yell, 1998; Zigmund, Vallecorsa, & Silverman, 1983).

At present, American education is experiencing change as state and local education agencies continue working to incorporate the changes required by the 1997 reauthorization of the IDEA. In this discussion, selected case law is reviewed and its impact on educational practice and research is noted. Research regarding prereferral intervention and issues of over-representation are reviewed within the historical and legal contexts that are origins of prereferral interventions. The IDEA 97, its regulations, relevant case law and significant

letters from executive agencies provide the legal context. These legal dicta have directed current practice and research, which is reviewed subsequently. The law influences methods and research in education (IDEA Section 601 (c)(4)), but research will, in turn, influence the law (IDEA Section 601 (c)(5)(A-G)).

The relationship between special education's methods and research with the law is cyclical in nature. Consequently, research in the area of prereferral could begin with one and inevitably involve the other. The relationship between the law and research is further demonstrated through a review of the major historical developments in the law and changes in practice that are reviewed. Finally, research specific to the research questions is reviewed and used to form the foundations of the study methodology in Chapter 3.

### Historical Context

The history of evaluation and assessment in special education is found both in the law and in early research. Current case law and current research frequently cite earlier rulings and studies. Examination of the current state of prereferral begins with a summary of its origins within evaluation and assessment in special education.

### Historical Aspects of the Law

In the Individuals with Disabilities Education Act Amendments of 1997, Congress credited the 1975 Education for All Handicapped Children Act (EAHCA), also referred to as Public Law 94-142, with improving education for students with disabilities. Congressional findings in IDEA Section 601 (c)(2)(A-D), stated that prior to the enactment of EAHCA: 1) special education needs of children were not being fully met; 2) more than one-half of the children in the United states did not receive appropriate educational services; and 3) many children participating in regular school programs were unsuccessful because their disabilities were undetected. These three Congressional findings serve as a reminder that prior to EAHCA students with disabilities were experiencing significant educational injustice. This historical reference provided Congress with the foundation for 1997 amendments, stating

that, “the implementation of this Act has been impeded by low expectations, and an insufficient focus on applying replicable research on proven methods of teaching and learning for children with disabilities” (IDEA Section 601(c)(4)). This statement suggests that Congress recognizes that the law not only influences educational methods and research, but that educational research also influences the law.

It is encouraging to note that in Section 601(c)(5) the IDEA credits educational research and experience with demonstrating that: 1) special education can be a service for students where they are rather than where they are sent; and 2) that prereferral intervention can reduce the need for labeling children as disabled. Appropriate evaluation is essential to guaranteeing that students with disabilities are identified and educated in accordance with the IDEA (Küpper, 1997; Yell, 1998). Illustrating that evaluations were not always appropriate, Yell (1998) points out that before EAHCA:

Schools frequently placed students in special education based on a single test, administered and placed students using tests that were not reliable or valid, or used tests that were discriminatory. To remedy these problems, the IDEA includes protection in evaluation procedures (PEP). A fair and accurate evaluation is extremely important to ensure proper placement and, therefore, an appropriate education (p. 78).

### Historical Aspects of the Research

Special education assessment evolved from a medical model (Hobbs, 1976; Reschly, 1996). The medical profession was studying and classifying injuries and dysfunctions that involved the brain. Early researchers investigating children with cognitive deficits and learning problems necessarily began their work with what the medical profession had revealed. Unfortunately, this led to what Reschly (1996) described as the “inherently attractive idea that disorders in underlying cognitive styles, abilities, or neuropsychological characteristics were both the causes of disorders and the key to effective intervention or remediation efforts” (p. 115). Reschly’s (1996) notion that assessment’s primary role is to select a set of instructional methods for intervention is paralleled by the purpose of

assessment for classification described by Hobbs. “When a satisfactory comprehensive developmental screening system has been selected...it is useful only if it feeds into practical intervention programs” (Hobbs, 1976b, p. 531). In The Futures of Children, Hobbs (1976c) points out rather bluntly that categorization of children serves several purposes:

Diagnostic categories provide a rationale for ordering knowledge, making decisions about individual children, organizing school systems and government bureaus, planning budgets, and assessing the outcomes of educational and treatment programs. The adequacy of diagnostic categories is therefore an issue of great importance (p. 42).

Reschly (1996) contends that the traditional model of assessment is based on the “the correlational discipline of scientific psychology” or “aptitude-by-treatment interaction methodology” (p. 115) of L. J. Cronbach. Aptitude-by-treatment interactions (ATI) methodology is based on the idea that: 1) there are variations among individuals; 2) that these variations can be measured; and 3) that performance can be improved by categorizing individuals into groups based on the results of these assessments by matching the best program or method to the group (Reschly, 1996).

The notion that grouping students by ability or by similar learning problems and then providing them with the instruction that is best suited for the group is a scientific and logical approach. Reschly (1996) refers to this as “the traditional paradigm of special education” (p. 115) and points out that by 1975, even Cronbach had abandoned ATI as a methodology because it simply does not provide the expected results—yet it remains the prevalent approach in special education today. Reschly (1996) argues that:

Empirical evidence does not support the traditional model of providing special education services to students with mild disabilities through differential placement in self-contained classes, or matching aptitudes (e.g., learning styles, modality strengths, or neuropsychologically intact functions) to treatments (teaching methodology)” (p. 117).

Educational gains of children who are assessed, categorized, grouped, and then taught, show only marginal improvement or none at all (Reschly, 1996). Reschly & Ysseldyke (1995) discovered that matching instructional methodology to aptitudes has no

identifiable positive effects, and that outcomes associated with mild mental retardation (MMR) and specific learning disabilities (SLD) using ATI methodologies are disappointing and require that we reform methodologies for serving special education students.

Reschly (1996) argues that the ATI methodology has resulted in widespread categorization of students and the use of very general methods in their education, stating that:

Substantial evidence indicates that the same treatment goals and teaching strategies are adopted regardless of the [student's label]...the top IEP goals typically are reading, then math, then written expression, regardless of whether the disability is MMR, SLD, or behavior disorder (BD), and the same teaching strategies are used regardless of disability category (p. 117).

If the methods are essentially the same regardless of category, one could argue that the use of potentially stigmatizing labels is without merit. This would not, however, be a new argument. Hobbs (1976a) observed that:

Because psychologists, educators, and clinicians have neither examined the assumptions underlying traditional practices nor adequately monitored the social implications of institutionalizing procedures based on these assumptions, the standardized testing movement is now being challenged. Those who have been labeled as deviant because of their low-test scores are rejecting the labels and attacking the labelers (p. 131).

The current push for system reform with regard to assessment is a result of the largely disappointing results associated with matching intervention methods with traditional diagnoses such as MMR and SLD (Reschly & Ysseldyke, 1995).

Research by Reschly (1996) and Reschly and Ysseldyke (1995) does not suggest that assessment of students is a practice that should be abandoned. Instead, the assessments themselves must first be evaluated to determine their functionality in helping educators provide truly individualized instruction to students (Reschly, 1996; Reschly, Tilly, & Grimes, 1998; Reschly & Ysseldyke, 1995).

The new paradigm of assessment has implications for school administrators in the area of school finance. Reschly (1996) points out that other programs for low-achieving students such as the federally funded Title I program use methods very similar to special

education programs and serve students with very similar needs, but that the programs receive dramatically different levels of funding. It is reasonable to question whether this disparate use of financial resources is equitable when, in actuality, a few points on a specific test may be all that determines whether a student receives special education services, ends up in the regular program with little support, or with comparatively poorly funded programs like Title I (Reschly, 1996). Since Title I could be considered a type of prereferral intervention, the question of funding for prereferral interventions is intriguing.

### Appropriate Evaluation

Section 614 of the IDEA outlines appropriate evaluation and its relation to eligibility and placement decisions. According to Section 614 (a)(1)(B), procedures for initial evaluations serve two purposes: first to determine whether a child has a disability as defined by the law, and second to determine the educational needs of the child. Informed parental consent must be obtained before conducting an evaluation (IDEA Section 614 (a)(1)(C)(i)). In the event the parent refuses to grant consent, the educational agency may pursue evaluation using mediation and due process procedures outlined in Section 615 of the IDEA unless prohibited by state laws regarding parental consent (IDEA Section 614 (a)(1)(C)(ii)).

If a student has a disability under Section 504 of the Rehabilitation Act of 1973 that is not considered a disability under IDEA, an assessment must be conducted prior to developing an individualized accommodation plan. Yell (1998) states that, “Under both laws, the evaluation is the key to determining whether a disability exists and what educational services or accommodations are required to meet the unique needs of the student” (p. 224).

The terms *assessment* and *evaluation* are often used interchangeably. The Individuals with Disabilities Education Act (1997) states that:

In conducting the *evaluation* [emphasis added], the local educational agency shall - (A) use a variety of assessment tools and strategies to gather relevant functional and developmental information, including information provided by the parent, that may assist in determining whether the child is a child with a

disability and the content of the child's individualized education program (Section 614 (b)(2)(A)).

From this excerpt of the law one can infer that *evaluation* is the process governed by the law's procedures, and it includes a variety of *assessments*. According to Salvia and Ysseldyke (1995), *assessment* is a process of collecting information for the purpose of making decisions about students. For the purposes of this study, *evaluation* will be used to refer to the process outlined by law in Section 614 of the IDEA and *assessment* will refer to the components of the evaluation that include standardized tests, samples of student work, and the results of observations, interviews and screenings. Clearly, appropriate evaluation requires appropriate assessment.

Salvia and Ysseldyke (1995) describe assessment in special education as involving decisions in a number of areas, including prereferral classroom decisions, entitlement decisions, post-entitlement decisions, and accountability/outcome decisions. According to Yell (1998), prereferral decisions are those made by a regular classroom teacher before referring the student for special education evaluation. Assessment tools used by classroom teachers include tests, classroom observations, conversations, examples of student work, and the results of the teacher's prereferral interventions to assist the student.

### Evaluation Procedures

Reevaluations for students found eligible for special education services are required if a child's parent or teacher requests them, but must occur at least once every three years (IDEA Section 614 (a)(2)). The regulations for the IDEA establish procedures for evaluation and determination of eligibility. Relevant case law and significant letters from the Office of Special Education Programs (OSEP) also outline and explain procedures. Like the regulations for the IDEA, Section 504 requires an evaluation when a disability is suspected. According to Section 504, evaluations and reevaluations that are in compliance with the IDEA are also in compliance with Section 504 (Section 504 Regulations, 34 C.F.R. § 104.35 (d)). The IDEA does not, however, authorize use of a Section 504 evaluation for special education.



## Prereferral Evaluations

Cited previously, the 1997 Amendments to the IDEA begin with a reflective enumeration of the injustices once committed against students with disabilities. The emphasis the law places on protecting the rights of disabled students is evident in all sections, but receives special emphasis in those regarding evaluations (Küpper, 1997). Prereferral assessments, however, are those that occur prior to referral for special education services, and therefore are not specifically outlined in the law (Yell, 1998). Although procedures regarding prereferral interventions are not outlined in the law, the importance of increasing the use of such interventions is expressly stated (IDEA Section 601 (c)(5)(F)).

Salvia and Ysseldyke (1995) noted that prereferral evaluations were becoming a more important component of the referral process. Formal evaluations as outlined in the law must involve “a variety of assessment tools” (IDEA Regulations, 34 C.F.R. § 300.532 (b)). More assessments cost more money. Unwarranted referrals for full evaluation when prereferral interventions have not been sufficiently utilized is expensive, time and labor intensive, and potentially stigmatizes students when their learning needs may be able to be met without a label. These assertions regarding prereferral interventions are supported by Congressional finding. IDEA Section 601 (c)(5)(F) states that the education of children with disabilities can be made more effective by providing incentives for “prereferral intervention to reduce the need to label children as disabled in order to address their learning needs.” With regard to prereferral evaluations, Yell (1998) states:

Prereferral interventions are conducted in the general education classroom to attempt to ameliorate or remediate the problem prior to referral to special education. These interventions are typically based on informal prereferral evaluations such as classroom tests, daily observations, and interviews.

Because of the informal nature of prereferral assessments and interventions, they are not subject to the strictures of the IDEA (pp. 225-226).

Students suspected of having a disability are required to be referred for a special education evaluation (IDEA Section 612 (a)(3)(A)). Although not yet identified as eligible for special education, the student does receive the protection of the law in two significant

ways. First, according to IDEA Regulations 34 C.F.R. § 300.533, the team that meets to consider the referral must meet the requirements of an IEP team and “other qualified professionals as appropriate” as outlined in § 300.344. Second, students have the right to appeal if they disagree with the outcome of the meeting and they must be provided with notification of their rights (IDEA Section 615 (b)(3)). The review begins with the existing data, including information provided by the parent, and the results of prereferral interventions such as current classroom-based assessments and observations. Decisions regarding the need for additional assessment components are made in accordance with IDEA Regulations, 34 C.F.R. § 300.533.

Yell (1998) reports that referrals from teachers or parents typically lead to evaluation to determine eligibility. In a 1993 Office of Special Education Programs (OSEP) letter to Michele Williams of Advocates for Children’s Education in Miami, Florida, OSEP maintained that following consideration of a referral, a local education agency (LEA) may choose not to conduct an evaluation if there is no reason to suspect a disability. Küpper (1997) reflects this opinion when she states:

It’s important to realize that if parents request that their child be evaluated and school personnel do not feel that the child has a disability, they may refuse to evaluate the child. However, they must inform the parents in writing as to their reasons for refusing to do so. If parents feel strongly that their child does have a disability that requires special education, they may request mediation or a due process hearing, where they will have the opportunity to explain why they feel their child should be evaluated (p. 6-5).

### Initial Evaluations

IDEA Regulations, 34 C.F.R. § 300.532 outline the procedures for initial evaluations, including substantial protection for the student. Protection of the rights of the student and parent are one of the first topics addressed in Section 614: Evaluations, Eligibility Determinations, Individualized Education Programs, and Educational Placements of the IDEA. Parental consent is outlined in Section 614 (a)(C)(i-ii):

(i) IN GENERAL- The agency proposing to conduct an initial evaluation to determine if the child qualifies as a child with a disability as defined in section 602(3)(A) or 602(3)(B) shall obtain an informed consent from the parent of such child before the evaluation is conducted. Parental consent for evaluation shall not be construed as consent for placement or receipt of special education and related services.

(ii) REFUSAL- If the parents of such child refuse consent for the evaluation, the agency may continue to pursue an evaluation by utilizing the mediation and due process procedures under section 615, except to the extent inconsistent with State law relating to parental consent.

In a 1995 letter to Zirkel, the Office of Civil Rights (OCR) made an important distinction between Section 504 and the IDEA with regard to parental consent, clarifying that Section 504 does not require a due process hearing to override a lack of parental consent.

In addition to the parental consent requirements specified in the law (IDEA Section 614 (a)(C)), minimum requirements of IDEA Regulations, 34 C.F.R. § 300.532 mandate that the LEA ensure that: "tests and other evaluation materials used to assess a child...are selected so as to not be discriminatory on a racial or cultural basis; and are administered in the child's native language or other mode of communication." The concern regarding racial or cultural bias in an evaluation is rooted in case law and research which also serve as the basis for including ethnicity and socioeconomic status as variables in a study of prereferral interventions.

The IDEA regulatory requirement that the evaluation must not discriminate was the central issue in two landmark cases, *Larry P. v. Riles* (1979) and *Parents in Action on Special Education (PASE) v Hannon* (1980). These cases both involved disproportionate placement of minorities in special education programs and placed IQ tests under scrutiny. Evidence indicating that standard intelligence tests are culturally biased against African-American children was introduced. In the *Larry P.* case, the judge found that the disproportionately high number of African-American children in the educable mentally retarded (EMR) programs was a result of the culturally biased IQ tests that were used to make placement decisions. The decision to place children in EMR classes was ruled a "crucial" decision

because of a substantial change in academic emphasis that greatly limited the chance these children would be able to reenter the regular classroom.

Expert testimony convinced the court that IQ tests were placing a disproportionately high number of African-American students in EMR classes. As a result, the court ordered that California stop using standardized IQ tests for placement of African-Americans and that it reevaluate all current EMR African-American students to eliminate the disproportionate placement. By 1986, California had eliminated the EMR category. In 1986, this order was expanded to ban the use of IQ tests for all special education evaluations involving African-American children. In 1988, the 1986 expansion was reversed, but the original decision was left standing (Rothstein, 1995).

The PASE case involved Chicago schools and their use of the IQ test. It was made clear, however, that the IQ test was not the first level of identification nor the sole criteria. Because the IQ tests were only one factor, and low IQ scores frequently did not result in placement in EMH classes, the burden of showing an absence of racial bias did not rest with the defendants. Further, erroneous placements that were investigated did not indicate a racial bias either. Because the district used other criteria, the placement did not discriminate against African-American children.

Larry P. and PASE are similar cases with very different outcomes. Careful review of the cases reveals two primary differences between Larry P. and PASE. The first is the use of multiple criteria. In PASE the use of multiple criteria and considerable protection of the due process rights of parents and students during the evaluation process was deemed more significant than a scant few questions that were deemed to be culturally biased. The second difference was the judge hearing the case. The judge in the Larry P. case focused on the over-representation of African-American children in the EMR program and required that IQ tests no longer be used. The judge in the PASE case carefully examined the degree of bias present in the tests and focused on the procedure used to evaluate and place children, not merely the ratio of minority children placed. From these cases and the research that preceded and followed them, the idea that over-representation by ethnicity or other demographic variable can be determined using proportionality and ratios was established.

In the same year, researchers were wrestling with the issue of racial and cultural bias

in IQ tests. Phye and Reschly (1979) noted that:

Nonbiased assessment is obviously an extremely complex issue. Concerns with the meaning and usefulness of IQ test results have dominated much of the discussion of nonbiased assessment. The issues surrounding the meaning of IQ have been debated for at least 60 years and are not likely to be resolved in the near future (pp. 245-246).

Phye and Reschly (1979) stated that there was “a need to implement the idea of multifaceted assessment” (p.246). This need has not only been recognized, but has become required by law (IDEA Section 614 (b)(2)(A)) further illustrating the relationship between law and research.

In addition to being free of cultural or racial bias, a test used for special education assessment must be valid. A valid test is one that measures what it purports to measure (Phye & Reschly, 1979; Salvia & Ysseldyke, 1988, 1995; Ysseldyke & Algozzine, 1982). An important factor in test validity is whether or not the person giving the test is qualified (Phye & Reschly, 1979; Salvia & Ysseldyke 1988, 1995; Ysseldyke & Algozzine, 1982). Assessments related to prereferral interventions are frequently teacher designed and classroom based. A teacher's level of training in the giving and interpreting of assessments would not be comparable to that of a school psychologist. This serves as a reminder that prereferral assessment validity cannot be assumed, as it often is, with the assessments used for special education evaluation.

According to IDEA Regulations 34 C.F.R. § 300.533, the evaluation team includes individuals required by § 300.344 and other qualified professionals, as appropriate, to: 1) review existing evaluation data on the child, including information provided by the parents of the child and classroom-based assessments and observations by teachers and related services providers; and 2) on the basis of that review identify what additional data, if any, are needed to determine if the child has a particular category of disability, as described in § 300.7. In the case of a reevaluation of a child, the review determines whether the child continues to have such a disability. The team must review the present levels of performance and educational needs of the child and determine whether the child needs special education and related services.

During a reevaluation, decisions regarding continued need for special education and related services are made, and determination is made regarding whether any additions or modifications to the services are needed to enable the child to meet the measurable annual goals set out in the IEP and for the child to participate, as appropriate, in the general curriculum. Finally, parents must be notified of the results of the determination and the reasons for it and of their rights as a parent of a student in the evaluation process (IDEA Section 614 (c)(4)(B)).

A common sense assumption would be that students found ineligible after having been served for three or more years in special education would likely still have some need for additional assistance. Many of the same interventions used prior to referral would likely be beneficial to students exited from special education. Sound interventions, whether implemented before referral or after being exited, would certainly help the general education environment become more responsive to students.

#### Interpretation of Evaluation Data

IDEA Regulations 34 C.F.R. § 300.535 outline procedures for determining eligibility and placement, which necessitate the interpretation of evaluation data. In interpreting evaluation data for the purpose of determining if a child is disabled under § 300.7, and determining the educational needs of the child, the LEA must:

Draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, parent input, physical condition, social or cultural background, and adaptive behavior and ensure that information obtained from all of these sources is documented and carefully considered IDEA Regulations § 300.535 (a) (1-2).

Both the IDEA and Section 504 require that the decision of an eligibility committee be in written format (IDEA Regulations, 34 C.F.R. § 300.543; Section 504 Regulations, 34 C.F.R. § 104.35 (c)(2)). The written report requirements for a child suspected of having a specific learning disability (SLD) are specifically outlined in 34 C.F.R. 300.543 of the regulations for the IDEA. For an SLD student, the report must include a statement of: 1)

whether the child has a specific learning disability, 2) the basis for making the determination; 3) the relevant behavior noted during the observation of the child, 4) the relationship of that behavior to the child's academic functioning, 5) the educationally relevant medical findings, if any, 6) whether there is a severe discrepancy between achievement and ability that is not correctable without special education and related services, and 7) the determination of the team concerning the effects of environmental, cultural, or economic disadvantage. The section further requires that each team member must indicate on the report if the findings reflect his or her own conclusions. If they do not, the team members must submit a separate statement presenting their conclusions (IDEA Regulations, 34 C.F.R. § 300.543 (b)). Again in this section, the regulations address the Congressional concern regarding socioeconomic and cultural issues in special education reinforcing the importance of including SES and ethnicity as variables in a study of prereferral interventions.

#### Prereferral Interventions: Major Research Findings

The 1997 reauthorization of the IDEA necessitates that states and local educational agencies change some of the practices and procedures related to special education. Examination of the law and the regulations reveal significant changes regarding what assessments are required as part of a triennial reevaluation. These are in fact left to the discretion of the IEP team (IDEA Regulations, 34 C.F.R. § 300.533 (a)(2)). Research by Phye & Reschly (1979), Reschly (1996), Salvia & Ysseldyke (1988), Yell (1998), and Zigmund, Vallecorsa, & Silverman, (1983), clearly indicate that meaningful improvements in quality of educational programs provided to special education students must begin with improvements in evaluation. The improvements must involve which assessments we use and how we use them, as evidenced by Reschly (1996) when he states:

A change in the current delivery system in education is much needed in order to improve special education and related services for children and youth with mild disabilities. Changes in assessment are fundamental to the delivery system change; indeed, it is impossible to implement changes in one without changes in the other. The delivery system changes involve a paradigm shift, from emphasis

on internal child attributes and deficits to a method of short-run empiricism in which there is a close relationship between assessment and instruction or intervention (p. 115).

### Functional Assessment

Reschly (1996) defines functional assessment as, “procedures that are directly related to defining problems in natural settings, monitoring progress, and evaluating outcomes” (p. 121). He incorporates functional assessment into a larger scheme of system reform including: 1) adoption of an outcomes criterion to determine the effectiveness of services; 2) use of functional assessment procedures; 3) systematic problem solving; 4) direct measures of academic and social-behavioral performance in natural settings; 5) frequent progress monitoring with changes in interventions when progress toward goals fails to meet expectations; and 6) systematic implementation of principles of instructional design and behavior change (Reschly, 1996).

According to Reschly (1996), functional assessment is an essential element of system reform. It serves as a means of identifying the need for services, selecting the methods that are appropriate for the individual student, and measuring the success of the methods selected. This translates into an assessment practice that occurs on a daily basis with individual students in the classroom. This represents a significant shift from the notion that assessment occurs on a triennial basis and in a controlled setting with the school psychologist. In addition to the instruments used, the natural setting is very important (Reschly; 1996). This is not a new idea, however. Hobbs (1976c) observed that, “Judgments of behavior are dependent upon both the behavior observed and the social and cultural settings in which it occurs” (p. 44). Reschly and Ysseldyke (1995) contend that the current push for assessment system reform is attributable to the disappointing results that occur when methods are matched to disability labels without being grounded in practice. The tenets of functional assessment described here are relevant to prereferral interventions and assessments that also occur in the student's natural environment.



Stating that special education methods yield largely disappointing outcomes would be an insult to the many special education teachers who are highly committed, naturally talented, and well educated. Perhaps the problem is not entirely instructional. Reschly (1996) suggests that in addition to inadequate intervention methods, poor evaluation of individual student progress may account for the undocumented benefits of special education today. Hobbs (1976c) stated that, “The best way we have discovered to get the information needed for good program planning is to construct a profile of assets and liabilities of the child in a particular setting and at a particular time” (pp. 104-105). It seems reasonable that if assessment occurs every three years using instruments that are not well suited for measuring outcomes, the results would indeed be disappointing.

Having asserted that meaningful assessment must be an ongoing and integral part of the instructional process, and that it should occur in the classroom, it is clear that the teacher is the primary assessor. Time in the classroom is finite, however. As important as assessment is as a tool for planning and measuring outcomes, it is teaching that ultimately gets the job done. The role of the teacher as assessor, planner, and deliverer of instruction is a considerable responsibility (Zigmond, Vallecorsa, & Silverman, 1983).

### Prereferral Intervention

In section 601(c)(5)(F) of the IDEA, Congress credits educational research with demonstrating that prereferral intervention can reduce the need for labeling children as disabled. Research by Del’Homme, Kasari, & Forness (1996), Dwyer & Bernstein (1998), Eidle, Truscott, & Myers (1998), MacMillan, Gresham, & Lopez (1996), Mercer, Jordan, & Allsopp (1996), Safran & Safran (1996), and Serna, Forness, & Nielsen (1998) indicate that prereferral intervention offers great promise to prevent or mitigate a variety of learning and behavior problems. Research in the area of prereferral interventions frequently involves research regarding the process of prereferral intervention or investigation of issues involving over-representation of students by ethnicity.

### Methodologies Used in Prereferral Intervention Research

Methodologies for investigating factors related to prereferral interventions should be expected to vary depending on the purpose of the study. The purpose of the study, however, may vary according to the researcher's opinion regarding the purpose of prereferral interventions. It is fair to ask when reviewing the literature, if the implied purpose of prereferral interventions in the article is to comply with the IDEA, to do what is best for students, or to simply reduce the number of students in special education. If the purpose of prereferral interventions is to reduce the number of students in special education, a systematic method for denying students with disabilities their right to a free and appropriate public education could be created.

The purpose of multidisciplinary teams with regard to prereferral intervention, was the subject of research by Dwyer & Bernstein (1998) who asserted that effective school-based mental health programs should be preventative in nature, and should include collaboration with parents, other agencies, and community members. In an effort to accomplish this, the authors suggest the development of Prereferral Assistance Teams that emphasize indirect service delivery, such as consultation, and have been found to reduce referrals to special education. According to Dwyer & Bernstein (1998) these teams serve two primary purposes: 1) at the individual level, the student is placed in the least restrictive environment, and 2) at a system level, teachers can generalize skills gained through consultation about one student to all their students. According to the authors, this type of intervention would likely prevent future problems and permit itinerant staff to spend more time on prevention and less time in formal assessment.

The Dwyer & Bernstein (1998) model serves as an example of questionable, or at least not entirely clear, intent. The apparent emphasis on saving time for itinerant staff could be perceived as over emphasizing fiscal issues, rather than student concerns. The assertion that the purpose of Prereferral Assistance Teams includes placing students in the least restrictive environment is troublesome. Least restrictive environment is indeed a significant issue when making placement decisions, but placement decisions are made for students found eligible for special education, not for students who have not even been referred. Even

if the authors did not intend to convey that Prereferral Assistance Teams are a means to limiting access to special education, the mixing of special education terms and practices in with prereferral interventions is probably unwise. References to “placement” are especially risky, since at the prereferral stage, informed consent and other procedural safeguards have probably not been implemented.

### Document Analysis

Littleton (1998) asserts that accountability is lacking in education because too little is done to verify that interventions are effectively implemented. Survey methodologies are prevalent, but in most cases they do not purport to assess effectiveness by anything other than indirect means. Littleton believes that the multidisciplinary team can function as a method of evaluating implementation effectiveness, not in the manner achieved by focus groups, but by having a knowledgeable group make informed decisions. The foundation of all effectiveness, however, is having *congruence*. Congruence between philosophy and practice, in the context of special education according to Littleton, involves guaranteeing that educational practice was compatible with the intent of the law. Congruence between IEP goals and planned instructional activities involves verifying that the activity supports the goal. A possible corollary for congruence with prereferral intervention would be the match between the reason for a child’s referral and the interventions recommended, as was done by Del’Homme, Kasari, & Forness (1996), which is reviewed as it relates to the research questions regarding over-representation.

Document analysis is facilitated by the presence of clear concise forms with relevant information contained within. An instrument for documenting prereferral intervention strategies has been developed, and its effectiveness was the subject of research by Welch (1997). The Materials, Activities, Teacher Behaviors, Student Grouping (MATS) form is a one-page instrument that allows teachers, specialists, and even students to explore how materials, activities, teacher behaviors, and student grouping can be adapted to match the student’s needs. Field tests indicate that the form can be completed in approximately 20 minutes, and serves to help teachers be more thoughtful and deliberate in their planning and

implementation of prereferral interventions. The instrument also serves as documentation of prereferral interventions. Welch (1997) suggests keeping a file of completed forms as a resource for future reference when students with similar needs arise.

### Other Techniques

Mortenson & Witt (1998) investigated the extent to which prereferral interventions are implemented in their study of treatment integrity with regard to prereferral interventions. They define treatment integrity as the extent to which a treatment is implemented as intended. The study involved teachers with experience levels ranging from 4 to 20 years, teaching grades 2-5, who had initiated a Child Study referral. Individual student cases were examined. Specifically, a follow-up was conducted to determine if recommended interventions were being implemented and to what extent. The study concluded that teachers who are asked to implement an intervention plan benefit from supervision in the form of feedback, because three of four teachers in the study who were not receiving consultation followed through less and less with the recommended interventions over time. Only one teacher maintained acceptable implementation, thus calling into question the extent to which prereferral interventions are actually used.

Bryan & Sullivan-Burstein (1998) investigated interventions in the context of improving homework completion. The sample included students with and without disabilities. The study considered three possible interventions for students with problems completing homework. Teachers who were subjects in the study also participated in researching, developing, and evaluating the interventions. Although all three interventions demonstrated improvement in homework completion among students who had demonstrated a homework completion problem, the authors concede that the results are not generalizable because of the high level of teacher involvement in the study.

The Bryan & Sullivan-Burstein (1998) study of intervention effectiveness confounds variables of teacher participation in the research, development, and evaluation of interventions and the actual type of intervention implemented. This methodology would be better applied to a study of teacher involvement in the development of interventions. Such a

study would require a control group. Selection of a similar school where the teachers were simply trained in the intervention techniques and then asked to implement them may provide results for comparison with the study by Bryan & Sullivan-Burstein (1998) where teacher participation may have accounted for the significant level of intervention effectiveness.

If the study had been described at its onset as an action research methodology, it could be reviewed in that context, but it is not. Although flawed methodologically, the study suggests that involving teachers in the research and follow up of interventions will increase intervention effectiveness. This has implications for Child Study Committees. Action research with a CSC would be an interesting type of case study. One idea would be to measure the committee's effectiveness, or the nature of the group dynamics present, and then implement a program of committee training that engaged them in research regarding prereferral interventions followed by a subsequent assessment of committee effectiveness. Results could be analyzed using a pre-test/post-test methodology.

Giangreco, Edelman, Luiselli, & Evans (1996) studied the process of consensus-based decision making in a multidisciplinary team environment, and did so using a pre-test/post-test methodology. Eleven students with multiple handicaps were selected in four states. Members of the multidisciplinary teams serving them were given a questionnaire to assess use of a specific process. In the study, a four-part process called VISTA was used. VISTA involves: 1) formation and training of the multidisciplinary team, 2) meeting preparation, 3) convening a meeting where support services are recommended, and 4) evaluation and refinement of the recommendations.

Following the pre-test, the multidisciplinary teams received technical assistance from the researchers in using the VISTA process. The four-member research team conducted site visits to verify that the teams were using the process, to make observations, and to provide additional technical assistance. The post-tests showed a significantly higher level of confidence among team members in the process following the treatment. The VISTA process was then evaluated by examining IEP's from the previous year and comparing the number and type of support services used with the year following VISTA training. The results showed a significant tendency for the teams to reduce the number of services in favor of more closely evaluating the most appropriate services. This eliminates service overlap, a

result with fiscal implications and supports further research regarding training for teams that make recommendations for students.

### Process Research

In Virginia, the Child Study Committee (CSC) operates using a consensus model and by design participants represent a variety of disciplines (Virginia Department of Education, 1993). By virtue of involving a number of people, a variety of personalities are likely to be present. Gutkin and Nemeth (1997) studied factors related to the majority and minority opinions within group decisions, and issues related to the establishment of shared norms. Group dynamics of a Child Study Committee and consensus based groups in general are areas of potential research. The idea of an established set of shared norms is of particular interest. It seems reasonable that Child Study Committees that include members who have been working together for a long time would function differently from a committee with less shared experience. The experience level and personality of the committee chair could be another interesting factor.

Research by Johnsen (1997) examined the process of prereferral in the context of gifted and talented assessment. The role of the classroom teacher in the prereferral process for gifted and talented students was discussed and teacher activities were suggested. According to Johnsen (1997), the teacher and other specialists would observe the implementation of strategies and make recommendations for other strategies. In this manner, the prereferral process would facilitate observation of abilities in a multi-factored environment like the classroom, rather than traditional gifted and talented screening.

Kovaleski, Tucker, & Stephens (1996) researched the statewide prereferral process in Pennsylvania. They introduced their study of prereferral interventions by Instructional Support Teams (ISTs) in Pennsylvania with two successful examples of prereferral interventions:

“In November, when Dana transferred into a 4th grade class at Parkview Elementary, she was reading two years below grade level and had difficulty getting along with other students. Parkview’s Instructional Support Team

designed a plan that allowed Dana to set a weekly socialization goal and to chart her reading performance using curriculum-based assessment techniques.

Eventually, Dana also made a videotape of herself explaining the graphs of her reading performance progress to share with her teacher and parents. By May, Dana was reading on grade level and had made many friends at school.

At Jefferson Elementary, Mark was sent to the office for throwing sand into another student's eyes. Because the principal had already seen Mark four times that fall for discipline problems, she recommended that the Instructional Support Team address the problem. Team members designed an intervention plan to help Mark at school. They modeled clear, direct communication techniques for Mark's teachers. And they helped Mark learn to stop and reflect on his course of action and its consequences, to generate alternative actions, and to make reasoned choices. Mark had no discipline referrals during the month long intervention period and maintained appropriate behavior afterward" (p. 44).

According to Kovaleski, Tucker, & Stephens (1996), ISTs in Pennsylvania have been working since 1990 in an effort to change the focus of special education to a non-categorical approach to providing better instruction. The IST program is designed to: 1) assure that regular education services are used effectively for all students prior to referral for multidisciplinary evaluation; 2) provide peer support and problem solving assistance for teachers through a team-based structure and in-class support; 3) provide initial screening for students who may require multidisciplinary evaluation; and 4) assist teachers who have special needs students in their classrooms. The Instructional Support Team approach is based on the premise that many teachers need help in teaching students with special needs, and it helps schools create a seamless system of support for students and teachers (Kovaleski, Tucker, & Stephens, 1996).

The Pennsylvania process reported by Kovaleski, Tucker, & Stephens (1996) places considerable emphasis on staff development. Training consultants work on-site to help schools implement training for professional staff, parents, and community members. The five

training components are: 1) collaboration and team building; 2) instructional assessment; 3) instructional adaptation; 4) student discipline; and 5) student assistance strategies.

### Methodologies Examining Representation By Gender, Grade Level, and Ethnicity

According to Del’Homme, Kasari, & Forness (1996) the use of prereferral interventions in the general education classroom can reduce referral to special education by up to 50%. Researchers suggest, however, that prereferral intervention is not sufficiently implemented in many local educational agencies (Del’Homme, Kasari, & Forness, 1996; Eidle, Truscott, & Myers, 1998; MacMillan, Gresham, & Lopez, 1996; Safran & Safran, 1996).

Inadequate prereferral intervention with regard to emotionally disturbed (ED) students is alleged by Del’Homme, Kasari, & Forness (1996) when they state that, “school personnel seem to respond to students at the point of formal identification and referral for special education, rather than at the first sign of trouble” (p. 272). Del’Homme, Kasari, & Forness (1996) further suggest that the current exclusion of students with social maladjustment from the eligibility category of ED may lead many school professionals to view students with early signs of emotional disorders as discipline referrals, and not as young people with potential mental health problems. This view could delay intervention, but Del’Homme and her colleagues concede that students with emotional or behavioral disorders present more of a challenge to prereferral teams than do students with other learning problems.

Studying prereferral interventions in six elementary schools located in a culturally and ethnically diverse LEA, Del’Homme, Kasari, & Forness (1996) found that with regard to referrals to Child Study Teams: 1) boys were more often referred than girls; 2) boys were more often referred for behavior problems than girls; 3) the majority of referred students had a history of problems in previous years; and 4) students referred for behavior problems more often experienced some sort of family discord compared to students referred only for academic problems.



Del’Homme, et al. (1996) were also concerned with over-representation of minority students. They studied an urban school district with a substantial minority population, yet they found that the percentage of students referred from minority backgrounds was within expected limits for the school population. The schools studied demonstrated congruence between referring problem and intervention. Students referred for academic problems received academic interventions. Behavior problems received behavioral interventions, and mixed behavioral and academic problems received mixed intervention strategies.

The study methodology by Del’Homme, Kasari, & Forness (1996) involved analysis of the referring problem and the recommended intervention by classifying them into mutually exclusive categories. Strictly academic and behavioral problems and interventions were simply coded "A" and "B" respectively. Mixed problems and interventions were coded in three different ways depending on the degree of each present. Academic problems with some behavioral concerns were coded "A/b." Behavioral problems with some academic concerns were coded "B/a." A relatively even mix of academic and behavioral problems received "A+B" as a code.

The coding was based on document analysis by two independent raters. Inter-rater reliability for the five referral categories was high, with a range between 83% to 100% with a mean of 93%. Chi-square analysis techniques were used because the data were organized into mutually exclusive categories. The chi-square statistic was used to determine if the distribution by gender, ethnicity, and grade differed from the population. Analysis by gender revealed a significant difference as boys were referred at a significantly higher rate than girls ( $X^2(1)=25.41, p<.001$ ), but significant differences by grade level and ethnicity were not found. Overall, the percentage of students referred to Child Study in the schools for behavior problems was much smaller than those referred for academic problems. Del’Homme, Kasari, & Forness (1996) attribute these findings to the idea that students with behavior problems are under-represented both in initial referrals to Child Study and in subsequent referrals to special education. The Del’Homme, Kasari, & Forness (1996) study provides a very well designed methodology including data collection and analysis techniques suitable for replication in the Southwestern Virginia LEA selected. Noticeably absent from their study, however, was an analysis of SES as a factor.

Melissa Del'Homme, the primary author of the study, was contacted and was both helpful and excited that aspects of the 1996 study she worked on would be included in a proposal for replication in Virginia. Appendix A includes a copy of the data collection instrument used in the Del'Homme, Kasari, & Forness (1996) study and a letter granting permission to use the instrument in developing a methodology suitable for use in the LEA selected.

Eidle, Truscott, & Myers (1998) conducted a descriptive, qualitative case study of Child Study Teams (CSTs) in a small suburban school system in the Capitol District of New York. They discovered a widespread perception among the faculty and team members that the CSTs were part of the special education referral process, rather than a type of intervention. Two primary reasons for making referrals to the CSTs were identified: 1) academic difficulties, and 2) social-emotional behaviors. The study revealed that, with respect to social-emotional referrals, family issues represented a common reason for referral at both the elementary and secondary levels.

Analysis of demographic data by Eidle, Truscott, & Myers (1998) revealed that more referrals were made for students in transition grades (grades 3, 6, and 9) and that the 2:1 ratio of males to females referred in grades K-8 reversed in grades 9-12. Most of the interventions involved treating a specific disorder that was deemed beyond the point of prevention or early intervention, and external to the classroom. Less frequently, early interventions aimed at keeping a developing problem from becoming worse were employed. Most interventions were oriented toward remediation rather than prevention. Eidle, Truscott, & Myers (1998) noted that the CSTs occasionally considered classroom-based modifications. However, implementation of these interventions was often achieved by providing a handout to the teacher. Although the Del'Homme, Kasari, & Forness (1996) study did not determine that grade level was a significant variable, the Eidle, Truscott, & Myers (1998) study did, illustrating that for another population, grade level may be significant and should be included in prereferral intervention research. SES as a factor was also missing from this study, but the authors conceded that not including it was a limitation and that SES would be a basis for further study.

The relationship between prereferral interventions and ethnicity and gender were the subject of study by MacMillan, Gresham, and Lopez (1996). They studied 150 children from five southern California school districts enrolled in grades 2-4 who had been referred by their regular classroom teachers to Child Study. They found that white students referred scored significantly higher in reading ability assessments than did both African-American and Hispanic students, but that the teacher rating scales failed to reveal ethnic differences. Findings suggest that those African-American and Hispanic students who were referred were significantly lower in verbal IQ and reading than their white counterparts indicating that as teachers consider the academic ability of children they also consider the child's ethnicity.

According to MacMillan, Gresham, and Lopez (1996), one possible interpretation of this observation is that teachers are reluctant to refer minority students unless they have clear deficiencies, while white students are referred whose level of academic performance is more marginal. The researchers explain that in recent years, teachers in California have been sensitized to multicultural issues and to litigation involving the over-representation of minorities, which could explain teacher reluctance to refer minority children whose level of achievement is not clearly deficient. Gender differences in students referred to the Child Study also emerged in research by MacMillan, Gresham, and Lopez (1996). The gender breakdown reflected an over-representation of males in categories of at risk and mild disabilities. SES was included in this study, but only as it related to the demographics of the LEAs studied. Considering that the baseline for each school district was established prior to the study, the researchers may have missed an opportunity to make additional discoveries.

Over-representation of minority students was also the subject of research by Serna, Forness, & Nielsen (1998). They report that the extent of the problem of over or under-representation in special education may not be entirely clear, and that both ethnicity and the categories of special education are not precise variables. They suggest that the notion that general education teachers refer children in genuine need of assistance, regardless of color, is certainly as plausible as the assertion that teachers may engage in intentional over or under-referral. According to the researchers, the problem with investigating which is the case involves the lack of a systematic prereferral process and a failure to fully utilize prereferral

strategies. They conclude by suggesting the need to reexamine assumptions about over or under-representation, especially now that prereferral interventions are becoming more widely used.

### Methodologies Examining Over-representation by Socioeconomic Status (SES)

The impact of socioeconomic status on schools was a theme in an article by George Barker in 1996. Writing in defense of public educators in the United States, Barker (1996), contends that negative political and public sentiment toward educators results from politicians that have relied on bashing public education to get elected at all levels of government. In doing so, they point to studies indicating that American students are outperformed by students in other industrialized nations. Barker (1996) argues that the same studies used by politicians in their attacks can be used in our defense because international comparisons usually include information regarding poverty level. According to Barker, the number of American children living in poverty has increased to 20% in recent years, a percentage twice that of other industrialized nations. Furthermore, he illustrates the correlation between poverty and ethnicity, indicating that closer to forty percent of African-American and Latino children live in poverty.

Research examining prereferral interventions with regard to gender, grade level, and ethnicity are more common than studies that include socioeconomic status (SES) as a variable, an observation supported by Serna, Forness, and Nielsen (1998). SES, however, is not a factor confined to the field of special education as a discipline for research. The medical profession is also concerned with SES, especially as it relates to health.

Hurd & McGarry (1995) included SES as a factor in a predictive regression equation for calculating life expectancy. The study concluded that socioeconomic status is a factor in life expectancy, but taken alone it loses significance. The interaction between SES and other variables related to lifestyle is significant and provided a profile of how people live.

The relationship between ethnicity, socioeconomic status, and heart disease was the focus of a study by Lewis Kuller in 1995. He concluded that conventional wisdom that African-Americans are at a higher risk for heart disease is not accurate. Kuller (1995)

contends that socioeconomic status is the risk factor, and that previous studies did not control for SES. The correlation between minorities and lower socioeconomic status in the samples studied by other heart disease researchers was high and would have confounded their results. A high correlation between two independent variables in a study is a threat to internal reliability, especially if the researcher has only identified one of them. Failure to identify or control for another independent variable such as SES would render the researcher uncertain of which independent variable is impacting the dependent or possibly in the position of drawing false conclusions.

These findings from other disciplines are worthy of note for educational researchers investigating issues of over-representation by ethnicity. If there is a high correlation between ethnicity and SES that was not controlled for in a study, a researcher could incorrectly report that over-representation by ethnicity was occurring when, in reality, over-representation by socioeconomic status was the correct finding.

Sternberg (1997) examined student learning styles with regard to ethnic, and socioeconomic composition of 199 high school students from around the country and abroad participating in a summer psychology program at Yale. Participants were nominated by their LEA, and selected by the program. Analytical learning styles were highly correlated with white students of higher socioeconomic status. Creative learning styles were more evenly distributed according to ethnicity and SES. The fact that Sternberg (1997) combined the variables of ethnicity and SES in his study further illustrates the connection between the two variables.

Goldman (1996) suggests that another factor exists in the relationship between ethnicity, SES, and student achievement. According to his research, students from lower socioeconomic backgrounds are less likely to defer gratification, which he maintains is an essential element in student achievement. The ability to defer gratification is higher in students from middle class backgrounds, and they are as a group more inclined toward participating in public education. Goldman's conclusions further support the idea that socioeconomic status is a significant variable when researching problems in education.

Economic inequality and risk factors for children entering kindergarten were the focus of research by Zill and Collins (1996). Their survey identified five risk factors, and all

five were related to socioeconomic status. The five factors were: 1) educational level of the mother, 2) family income below poverty level, 3) primary language of the mother other than English, 4) unmarried mother at the time of birth, and 5) single parent home.

Although these studies do not all relate directly to prereferral interventions or issues involving over-representation, they do make clear the relationship between socioeconomic status and problems in education. The preponderance of information suggests that SES should be included in most research regarding problems in education, including investigations of prereferral interventions and over-representation.

### Other Potential Areas of Inquiry

Historical and legal contexts of appropriate evaluation and assessment, and research regarding prereferral interventions have been the focus of this chapter. Additional reviews of the literature in the area of Functional Behavioral Assessment (FBA) and the resulting plans to improve or modify student behavior could be conducted. From the review of that field of literature, research on a variety of topics could be initiated. A study of treatment integrity with regard to FBA, as Mortenson & Witt (1998) did with prereferral interventions, could be conducted to evaluate teacher follow-through.

Minimum-competency tests represent another area of assessment that has profound implications for students with disabilities. “The purpose of minimum-competency tests (MCTs), or school exit exams, is to ensure that students attain minimum proficiency in tested academic areas before they graduate from high school” (Yell, 1998, p. 237). MCTs include three significant elements: 1) expected results; 2) actual results; and 3) consequences (Elliot, Ysseldyke, Thurlow, & Erickson, 1998; Erickson, Ysseldyke, Thurlow, & Elliot, 1998).

The Virginia Standards of Learning (SOL) tests satisfy these three criteria and would be considered MCTs. The standards outline the expected results, the Virginia State Assessment Program (which includes the SOL tests) measures the actual results, and Virginia’s Standards of Accreditation detail the consequences. For schools, the consequences will eventually include whether or not a school is accredited. For students, consequences will include whether or not they receive a diploma. Such “high stakes”

consequences based on assessment represent a whole other area of inquiry and research with considerable merit that was not within the scope of this literature review.

In the area of prereferral interventions, further research opportunities are abundant. Research regarding Child Study referrals by Del’Homme, Kasari, & Forness (1996) and Eidle, Truscott, & Myers (1998) are very informative and provide information in a context that is both meaningful and relevant to schools involved in the study. These studies also served as tests of prevalent theories regarding over-representation by gender or ethnicity. Although suggested by Eidle, Truscott, & Myers (1998), research regarding possible over-representation by socioeconomic status was not conducted. Replication of studies by Del’Homme, Kasari, & Forness (1996) and Eidle, Truscott, & Myers (1998) to include socioeconomic status as a variable would expand upon previous research, and offer inferences regarding the validity of their studies for the other variables. Such is the nature of the study proposed in Chapter 3.

### Conclusion

Special education in many schools today is operating using methodologies adapted from the medical profession, specifically the ATI approach presented by Cronbach in 1957, which he later dismissed in favor of more individualized methodologies (Reschly, 1996). If methods utilized by a school’s special education program are based on out-dated research, and the present outcomes are not satisfactory, it is incumbent upon school administrators to affect change within the framework of federal, state, and local regulations. As a partner with students, parents, and other professionals, the challenge for school administrators is providing the leadership for helping do what is best for students while also being certain they are doing what law requires. The administrator’s leadership also needs to be informed by current research because of the cyclical relationship between the law and the research.

Research by Hser (1995) of referrals for drug problems and matching treatments concluded that effective treatments begin with an appropriate match between the referring problem and the intervention selected, supporting the assertion that intervention effectiveness requires congruence. Research regarding congruence between reason for referral and

recommendations made by Child Study Committees in the study is justified, as this congruence would be the basis for effectiveness of the recommendations. If the recommendations offered did not match the reason for referral, they would stand little chance of ameliorating the problem. Research regarding representation of students by gender, grade level, and ethnicity are available, but the results regarding grade level are mixed and other research suggests that socioeconomic status may be an intervening factor in conclusions regarding ethnicity. A study that examines all four factors and the interaction between them in a sample of students for whom prereferral intervention is requested would provide a new perspective on these issues while still providing an opportunity to compare some of the results with other studies in the field.



## CHAPTER 3: METHODOLOGY

Chapter 3 is organized around the supporting research questions outlined in Chapter 1 and uses the methodologies discussed in Chapter 2 best suited for the purpose of answering the primary research question. The methodology for this study involved document analysis for data collection. The documents involved were two forms required for use in the local educational agency (LEA) studied: 1) the Referral to the Child Study Committee, and 2) the Report of the Child Study Committee. These two forms were analyzed for every elementary student referred to the Child Study Committee (CSC) during the 1998-1999 school year. An example of each form is available in Appendix B.

### Introduction

Descriptive statistics for the population of all elementary level students during the 1998-1999 school year were acquired from the local education agency's data processing department. These data were provided in a delimited text format and were imported first into a spreadsheet application and later into a statistical application for analysis. The resulting Population Spreadsheet included all students in the elementary level, the school attended, the date of birth, grade level, gender, and ethnicity for each student. A measure of socioeconomic status (SES) was not available centrally from the data processing department, but was available at each school site.

Each school secretary maintains a list of students qualifying for free or reduced lunch. These lists were used to manually enter free or reduced lunch information into the Population Spreadsheet. A formula was entered into the spreadsheet to subtract each student's date of birth from September 1, 1998 to standardize the age of each student to the start of the school year studied. Once all data were entered into the Population Spreadsheet, all identifying information was deleted to maintain confidentiality. Table 2, Excerpt from the Population Spreadsheet, provides an example of the Population Spreadsheet (n=1884) after all data were collected and identifying information deleted. Crosstabulation of the population by grade level, gender, ethnicity, and SES data in Chapter 4 provides a baseline for comparison of the sample with the population.

Table 2. Excerpt from the Population Spreadsheet

n	School	Grade	Gender	Ethnicity	Lunch	SES	DOB	Age
1	C	1	F	W	R	Low	6/17/91	7.2
2	C	1	M	W	N	Not Low	11/17/90	7.8
3	C	1	M	W	N	Not Low	7/14/91	7.1
4	C	1	F	W	R	Low	8/18/91	7.0
5	C	1	F	W	R	Low	5/31/92	6.3
6	C	1	M	W	R	Low	8/23/92	6.0
1879	W	K	F	W	N	Not Low	4/5/93	5.4
1880	W	K	M	W	R	Low	12/27/92	5.7
1881	W	K	F	W	N	Not Low	6/21/93	5.2
1882	W	K	F	W	F	Low	5/19/93	5.3
1883	W	K	F	W	N	Not Low	1/10/93	5.6
1884	W	K	M	W	N	Not Low	11/23/92	5.8

Note. This table is an excerpt that includes the first and last six rows from the Population Spreadsheet. The broken line indicates that the table is not continuous. Lunch = free (F), reduced (R), or not identified (N); SES = socioeconomic status; DOB = date of birth; Age = the student's age as of 9/1/98 rounded to the nearest tenth of a year.

## Confidentiality

Documents analyzed in this study are part of a student's record of those elementary students who were referred to the CSC. The data collected include potentially sensitive information about students who have not reached the age of majority and are entitled to considerable privacy protection under law and LEA policy. Of paramount concern throughout the study was that the privacy of the students be safeguarded and that the data gathered for the study not be directly traceable to any particular student. The first step in guaranteeing the privacy of the students was the assignment of pseudonyms to the LEA and the elementary schools studied. For the purposes of this study, the LEA selected was referred to as Tifforp City Schools. The pseudonyms of the four elementary schools studied were Campbell, Eagle, Shreve and Wise.

To provide a sample that included all students referred to the CSC during the 1998-1999 school year, data were collected at each of the four elementary schools. Initially, a list of those students referred to the CSC was obtained from the guidance counselor at each school. Each of these potential students was assigned a record number for the purpose of data collection using an electronic database. In general, the lists provided by the guidance counselors did not exclusively list the students referred for child study. With the exception of Campbell Elementary, the lists included students involved in a variety of meetings such as eligibility and transfer of eligibility meetings, and triennial evaluation IEP meetings. The counselor at Campbell Elementary maintained a copy of the memo used to notify staff of CSC meetings. For the other schools it was necessary to review the student's file to look for records of CSC meetings from the 1998-1999 school year. Potential students who had been assigned a record number but were not referred to the CSC during the 1998-1999 school year were removed. Consequently, the record numbers for the students in the study are not continuous because the record number assigned to potential students was retained in an effort to maintain data integrity throughout the study.

Prior to deleting all identifying information from the database, a list correlating the record number used in the study with the student's name and identification number was submitted to the Director of Student Services for Tifforp City Schools. The director was

asked to retain the list in a manner commensurate with school policy for the duration of the study, but not more than one calendar year from the data collection date. In instances where it was necessary to return to the actual student file for additional information, the Director of Student Services was able to correlate the record number to the student's name. The Director of Student Services was also able to verify that the number of initial full evaluations initiated by CSC meetings found in the study was valid. The total number of CSC meetings could not be verified, however, because students referred to child study who are not subsequently referred for full evaluation are not routinely reported to the Director's office.

In an effort to minimize the inconvenience of the data collection phase of the study on the schools, collection occurred during school hours and required less than one full day at each school site. This was accomplished by making a photocopy of the necessary forms for later use in the more time consuming process of reconstructing the forms in the database. All Tifforp City Schools use the same forms for their respective Child Study Committees. A common form facilitated the creation of an opaque template that, when placed over the form from the student's file and photocopied, blocked most identifying information (including names of committee members present) and provided a standard space for recording the record number, gender, grade level, ethnicity, and socioeconomic status. In most cases, however, the student's name, name of a relative, name of a staff member, or other identifying information was referenced in the body of the document. A permanent black marker was used to obscure any identifying information that remained. When retyping the information into the database identifying information was replaced with a generic term typed within brackets. For example, if a referral form reported that, "John Doe was referred by Mrs. Smith for academic difficulty." The sentence appeared in the database as, "[The student] was referred by [a teacher] for academic difficulty." The copies were then presented to the Director of Student Services to verify that the data collected did not include identifying information. To further protect the confidentiality of the students, data are presented in aggregate form, and data from individual student records are not reported. The use of division and building level pseudonyms, the absence of any identifying information on the data collected, and choosing not to report any information specific to an individual student, safeguards the confidentiality of the students in the study.

### Characteristics of the LEA

The LEA is described in Chapter 4 in general terms so the benefit of using a pseudonym will not be nullified. Selected 1990 Federal Census data are presented to profile the median household income, educational level, and ethnicity of the LEA at the time of the census.

### Population and Sample Studied

The population for the study included all elementary students in kindergarten through fifth grade (K-5) in Tifforp City Schools during the 1998-1999 school year (n=1884). The sample included all students from the population referred to the CSC at each of the four elementary schools (n=108).

### Instrument

Collected data were entered into a database application designed specifically for the study. Appendix C lists the data fields included in the database and the description of each. The data entry forms were designed using the actual form copies made during data collection. Appendix D depicts the instruments used for data collection. It was necessary to use two data entry forms to provide enough room for all of the data collected, even though the on-screen method provided a larger area than a paper system would have permitted. This assertion is evidenced by the considerable size reduction necessary to include the on-screen forms on one page each in Appendix D. The data entry forms replicated the relative location of required information on the actual forms that were copied to facilitate data entry. The elements included on the forms were adapted from the instrument used by Del'Homme, Kasari, & Forness (1996) in their analysis of Child Study documents in California. A copy of their instrument, and a letter from Melissa Del'Homme authorizing use of their instrument for the purpose of this study is included in Appendix A.

## Restatement of Primary Research Question

Is the Child Study process serving as a prereferral mechanism?

Descriptive Statistics for the population and the sample are presented in Chapter 4 using crosstabulation. Crosstabulation reports observed frequencies for categorical data. The chi-square statistic is well suited for analyzing mutually exclusive, categorical data such as grade level, gender, ethnicity, and SES collected for both the population and the sample. The chi-square statistic compares the distribution of a sample to an expected distribution and tests for the significance of any observed differences. Typically, the chi-square statistic is used to test a null hypothesis where the distribution across the categories is expected to be even. In this study, the null hypothesis was that the distribution of students in the sample for the primary variables would be the same as the distribution observed in the population. This required that the expected distribution be either manually entered in the statistical application, or for the application to be configured to use a crosstabulation to derive the expected distribution automatically. Results from both methods were used for mutual validation.

### Research Question 1:

Who are the students referred to the Child Study Committee?

Descriptive statistics for the sample were compiled using the same crosstabulation techniques, primary variables, and reporting methods used for the population to facilitate analysis.

### Research Question 2:

Is the distribution of the students referred to the CSC by grade level, gender, ethnicity and socioeconomic status (SES) representative of the elementary population?

The chi-square technique was used to analyze the distribution of the sample versus the expected distribution observed in the population for the independent variables of grade level, gender, ethnicity, and SES to determine the extent of over-representation or under-representation of students in the sample.

Research Question 3:

Does the Child Study Committee make prereferral recommendations?

The percentage of students being immediately referred for special education evaluation at the student's first CSC meeting was calculated, tabulated, and described according to the independent variables of grade level, gender, ethnicity and SES.

Research Question 4:

If special education evaluations are initiated without making prereferral recommendations, who are the students found eligible?

The percentage of students referred for special education evaluation by the CSC at the student's first meeting were reported according to those who were found eligible for special education services and those who were found ineligible. The resulting two groups were descriptively compared and contrasted using the four primary variables.

Research Question 5:

Does the CSC make prereferral recommendations that are congruent with the reason for referral to the committee?

Congruence between the reason a student is referred to the CSC and the recommendations made by the CSC required that both the reason for referral to the CSC and the recommendations made by the CSC be coded for comparison. Coding was based on the definitions established by the study for differentiating between Academic Problems, Behavioral Problems, Academic Concerns, and Behavioral Concerns as defined for the study in Table 1.

Coding the reason for referral. Two independent raters (Rater 1 and Rater 2) reviewed the "Specific Reason for Referral" as listed on the Referral to the Child Study Committee form and the "Summary" information on the Report of Child Study Committee form to code a reason for a student's referral in one of the five mutually exclusive reporting categories used by Del'Homme, Kasari, & Forness (1996). The process was repeated by

reading the “Recommendations and Specific Responsibilities Assigned” portion of the Report of Child Study Committee form to code the recommendations of the CSC.

Using this information, strictly academic and behavioral problems and interventions were coded "A" and "B" respectively. Mixed problems and interventions were coded in one of three different ways depending on the degree of each problem or concern present in the record, for a total of five possible codes. Academic problems with some behavioral concerns were coded "A/b." Behavioral problems with some academic concerns were coded "B/a." A relatively even mix of academic and behavioral problems were coded "A+B." Rater agreement was measured using the primary problem, represented by the capital letter in the code. Secondary concerns, represented by the lowercase letter, were not part of the percent agreement calculation. However, discrepancies between the raters for secondary concerns as denoted by the lowercase letters were resolved during the consensus discussion with both raters to ensure mutually exclusive category codes for each record.

Coding of the recommendation. Rater 1 and Rater 2 also coded the recommendation of the Child Study committee using the same procedure and codes used for coding the reason for referral. Table 3, Code Explanations, lists the codes used by the raters when coding the reason for a student’s referral to CSC and the recommendations made by the CSC.



Table 3. Code Explanations

A	A strictly Academic Problem/Intervention described in the context of academic issues in which the record, as it is written, lists no behavioral concerns/interventions.
B	A strictly Behavioral Problem/Intervention described in the context of academic issues in which the record, as it is written, lists no academic concerns/interventions.
A/b	Academic Problems/Interventions with some behavioral concerns/interventions.
B/a	Behavioral Problems/Interventions with some academic concerns/interventions.
A+B	A relatively even mix of Academic Problems/Interventions and Behavioral Problems/Interventions

Discrepancy resolution. The two raters resolved discrepancies by reaching a consensus with the study author serving as arbitrator. This method guaranteed that all students in the study were categorized into mutually exclusive categories for statistical analysis. If there had been any discrepancy that could not be resolved through consensus the data in question would be coded "NC," (meaning, "not coded") and would not be included in the analysis, but reported separately. Gallagher (1997) used the "NC" method of resolving coding discrepancies in his study when he and another rater coded field notes.

The independent raters. Rater 1 was a doctoral student in Special Education Administration with six years of experience as a school psychologist in Virginia and West Virginia and five years of classroom teaching experience. Rater 2 was also a doctoral student in Special Education Administration who has experience as a teacher of students with emotional and learning disabilities in New York. Both have experience serving on committees charged with making recommendations regarding students similar to the CSC process in Virginia. Prior to coding the data, the methodology was reviewed with both raters. Coding trials were completed to validate the methodology and the two raters by measuring the percent agreement between the raters.

Coding trials to validate the procedure and the raters. A coding trial was conducted using middle school data from the same LEA for the same school year. Although not part of the formal study, data from the middle school provided real problems recorded on the same forms used by the elementary schools studied. Inter-rater reliability was calculated as percent agreement between the rater codes for the reason for referral and the recommendations made by the CSC. A dependent variable "agree?" was coded as "TRUE" when Rater 1 and Rater 2 identified the same problem as denoted by the capital letter in the code. Percent agreement was calculated by dividing the number records where "Agree?" = "TRUE" by the total number of records in the trial, and multiplying by 100.

The first coding trial (n=17) resulted in a 68.8% rater agreement in coding the reason for referral to the CSC (Table 4) and a 64.7% rater agreement in the recommendations made by the CSC (Table 5). Both agreement levels were less than the desired 80% agreement threshold, necessitating review of the definitions and completion of a second coding trial.

Table 4. First Coding Trial Results: Reason for Referral to CSC

Record	Rater 1	Rater 2	Agree?
1	B	A+B	FALSE
2	A+B	A+B	TRUE
3	Ba	B	TRUE
4	Ab	A+B	FALSE
5	Ab	A+B	FALSE
6	A	Ab	TRUE
7	A	Ab	TRUE
8	A	A	TRUE
9	B	A+B	FALSE
10	A	A	TRUE
11	A+B	A+B	TRUE
12	A	A	TRUE
13	A	A+B	FALSE
14	Ba	Ba	TRUE
15	A+B	A+B	TRUE
16	A+B	A+B	TRUE
17	A+B	A	FALSE
% = TRUE			68.8%

Table 5. First Coding Trial Results: CSC Recommendation

Record	Rater 1	Rater 2	Agree?
1	B	A+B	FALSE
2	A+B	A+B	TRUE
3	B	B	TRUE
4	A	A+B	FALSE
5	Ab	A+B	FALSE
6	A	A	TRUE
7	A	Ab	TRUE
8	A	A	TRUE
9	B	A+B	FALSE
10	A	A	TRUE
11	B	A+B	FALSE
12	A	A	TRUE
13	Ba	A+B	FALSE
14	Ba	Ba	TRUE
15	A	A	TRUE
16	B	B	TRUE
17	B	B	TRUE
% = TRUE			64.7%

Prior to conducting a second coding trial, the raters discussed the first coding trial and identified possible reasons for their coding discrepancies. First, the discussion focused on what issues described in the records should be considered as academic issues and which should be considered as behavioral issues. Students with difficulty paying attention were a common source of discrepancy in the first trial. The discussion involved cases where a student's difficulty paying attention resulted in poor achievement. In the first coding trial, the discrepancy between the raters often involved whether the poor achievement in such a case was an Academic Problem and/or if the difficulty paying attention was a Behavioral Problem, or if the students should have been coded as having had a mix of both. Addressing this discrepancy involved the development of the operational definitions for delineating what issues found in the records were academic issues and which were behavioral issues. The operational definitions listed in Table 6 were developed during the discussion and consensus was achieved.

Another source of discrepancy identified by the raters was their tendency to use their professional experiences to make inferences, especially when reading the reason for a student's referral. During the follow-up meeting, the raters frequently pointed out that as they read the cases, they would think of students they had known with similar problems. By reinforcing that the five possible codes were mutually exclusive, it was decided that a flow chart should be developed to help standardize the decision process followed by both raters. Figure 2, Reason for Referral Coding Flowchart, and Figure 3, CSC Recommendation Coding Flowchart, were developed and used by the raters for the second coding trial.

Table 6. Operational Definitions

<p>Academic Issues Include:</p>	<p>Achievement / Cognitive problems such as poor achievement and those described in the records as, "can't do," "tries hard," "good effort but failing," and "lack of success," except when attributed to behavioral causes.</p>
<p>Behavioral Issues Include:</p>	<p>Conduct / Emotional problems such as poor attendance, attention issues (ADD/ADHD), environmental factors, somatic complaints, depression, and those described in the records as, "poor organization," "poor decisions," "poor attitude," and "poor behavior."</p>

## Reason Code

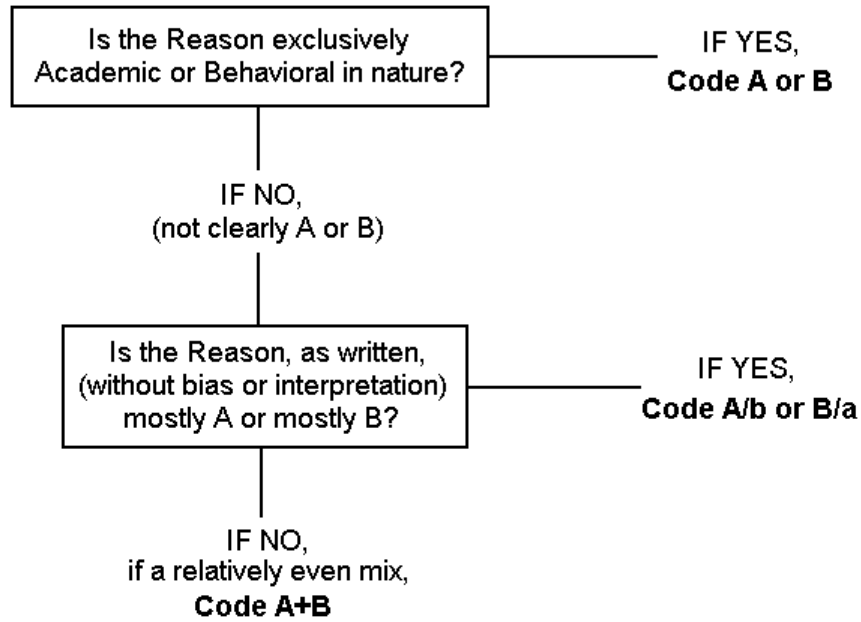


Figure 2. Reason for Referral Coding Flowchart

## Recommendation Code

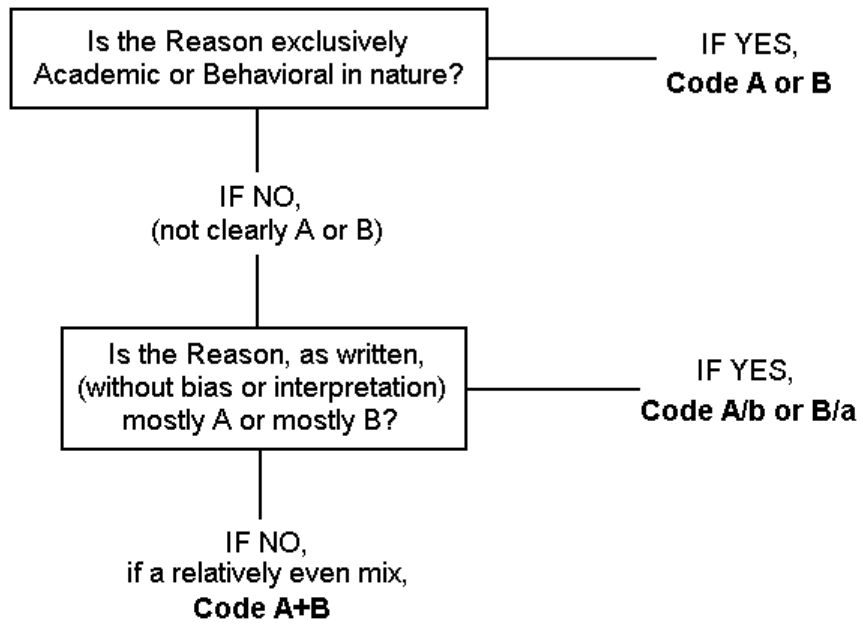


Figure 3. CSC Recommendation Coding Flowchart



The second coding trial also used data from the Tifforp City middle school. Raters were provided with the study definitions, code descriptions, operational definitions, and flowcharts for use while independently coding the records. The second coding trial (n=27) resulted in an 81.5% rater agreement in coding the reason for referral to the CSC (Table 7) and an 85.2% rater agreement in the recommendations made by the CSC (Table 8). Both agreement levels exceeded the 80% agreement threshold, validating the raters for coding the data for the actual study.

Table 7. Second Coding Trial Results: Reason for Referral to CSC

Record	Rater 1	Rater 2	Agree?
1	B	B	TRUE
2	A+B	A+B	TRUE
3	B	B/a	TRUE
4	A/b	A+B	FALSE
5	A/b	A/b	TRUE
6	A	A	TRUE
7	A/b	A	TRUE
8	A	A	TRUE
9	B	B/a	TRUE
10	B	A/b	FALSE
11	A	A	TRUE
12	A/b	A/b	TRUE
13	B	Ba	TRUE
14	A+B	A+B	TRUE
15	B/a	A/b	FALSE
16	A/b	A/b	TRUE
17	A+B	A+B	TRUE
18	A	A	TRUE
19	B	B	TRUE
20	B	B/a	TRUE
21	A+B	A+B	TRUE
22	B	A+B	FALSE
23	A	A	TRUE
24	B	A/b	FALSE
25	A+B	A+B	TRUE
26	B	B	TRUE
27	A	A	TRUE
% = TRUE			81.5%

Table 8. Second Coding Trial Results: CSC Recommendation

Record	Rater 1	Rater 2	Agree?
1	B	B	TRUE
2	A+B	A+B	TRUE
3	B	A+B	FALSE
4	A/b	A+B	FALSE
5	A/b	A/b	TRUE
6	A	A	TRUE
7	A/b	A	TRUE
8	A	A	TRUE
9	B	B/a	TRUE
10	B	B	TRUE
11	A	A	TRUE
12	A/b	A/b	TRUE
13	B	B	TRUE
14	A+B	A+B	TRUE
15	B	B	TRUE
16	B	B	TRUE
17	A+B	A+B	TRUE
18	A	A	TRUE
19	B	B	TRUE
20	B	B	TRUE
21	A+B	A+B	TRUE
22	B	A+B	FALSE
23	A	A	TRUE
24	B	A	FALSE
25	A+B	A+B	TRUE
26	B	B/a	TRUE
27	A	A	TRUE
% = TRUE			85.2%

Coding the actual data. After all data had been collected and entered into the database, another meeting was held with the raters before coding the actual data. Raters were provided the study definitions, code descriptions, operational definitions, and flowcharts for their use as they had been in the second coding trial. Unlike the coding trials, however, the raters coded the final data directly into the database. An on-screen form was designed for each rater so that both could view the necessary text, but not view the other rater's codes. The Rater Data Entry Form is included with the other on-screen database entry forms in Appendix D, and depicts a sample Rater Data Entry Form in the database. The data field was limited to the five codes available for use, but for each code the rater could enter a comment for their later reference when resolving discrepancies. This improvement in the methodology conserved considerable amounts of paper, saved time, and eliminated the possibility of data transcription errors.

The final meeting of the raters was to resolve discrepancies in the actual data set. This process was also facilitated by use of an on-screen form in the database (Appendix D, Discrepancy Resolution Form). A video projector and screen were used to project this form permitting the raters to view their code, any comments they had made, and their counterpart's code. When consensus was achieved, the final code was entered, and the next discrepancy was reviewed.

Consensus was achieved on discrepancies, but "NC" was coded for the recommendation made for one record (#77). This record involved a CSC meeting that had been initiated by a parent. According to the meeting summary, the parent did not attend and the CSC decided to defer recommendations until the parent was present. Records indicate that another CSC meeting was not held so no recommendations were ever made.

Analysis of congruence. For each record, the recommendation code was compared to the reason for referral code for a match. When the codes matched, a value of "Yes" was entered for the dependent variable "Congruent?" The number of records with a value of "Yes" for the dependent variable was divided by the total number of records and multiplied by 100 to provide a percentage. For students who had more than one child study meeting, the process was repeated.

Reason codes vs. gender, grade level, ethnicity, and SES. A larger sample would have permitted the use of the chi-square statistic to examine the distribution of the students across the five reason for referral codes. Such a crosstabulation would have divided the 108 cases across a matrix with five rows for reason code and a maximum of six columns for grade level. Calculations from the resulting 5 x 6 table would have 20 degrees of freedom and 30 possible cells for only 108 students. For this reason, a frequency table was prepared to report the distribution and permit comparison.

Research Question 6:

If special education evaluation still results after the prereferral process, who are the students found eligible?

The percentage of students referred for special education evaluation by the CSC after prereferral interventions have been implemented are reported for those who are found eligible for special education services and those found ineligible. The resulting two groups were too small for statistical analysis but are descriptively compared and contrasted.

Research Question 7:

Who are the students who are not recommended for special education evaluation as a result of the Child Study process?

Those students who are referred to the CSC, but are not referred for special education evaluation by the committee are reported in a frequency table and descriptively compared and contrasted.

Research Question 8:

Who participates in the CSC meeting? Who is designated to follow up on the interventions?

A frequency table reporting the meeting participants by title and another table reporting the title of the person designated to monitor implementation of interventions (or lack of such a person) is presented and discussed.

### Other observations derived from the data

The data collected exceeded that which was necessary to answer the research questions in an effort to benefit the LEA by providing a more complete compilation and to facilitate review of those data for making other observations. For those students found eligible for special education, the eligibility category and the frequency of occurrence are reported. Review of the documents suggested inconsistency with regard to whether or not meetings were continued until later or closed by the CSC. The frequency with which this part of the "Report of the Child Study Committee" form was used is also presented.

### Summary

Although mutually exclusive, categorical data are well suited for analysis using the chi-square statistic, certain research questions involved subsets of the sample that were too small to apply the technique. In these situations, frequency tables are used to compare, contrast, and report results. The relatively small sample size was duly recognized as a limitation to the study in Chapter 1, but the use of frequency tables when the number of cases becomes small provides the information necessary to answer the research questions. The frequency tables also provide a template that the LEA could use to assemble and analyze data over several school years.

## CHAPTER 4: RESULTS AND ANALYSIS

### Introduction

A detailed description of Tifforp City and the LEA would reduce or eliminate the benefit the pseudonym “Tifforp” provides in maintaining confidentiality for the study students. A general description, however, is necessary to understand the social context in which the study takes place. Tifforp City is located in Southwest Virginia. Table 9, Selected 1990 United States Census Data for Tifforp City, provides useful, albeit dated, information regarding the city served by the LEA.

Although subject to researcher bias and less quantifiable, anecdotal observations of the city that supports the LEA may be more meaningful to the reader than federal census data. Rather than eliminate these observations because of potential researcher bias, the bias is acknowledged and a few brief observations are included in an effort to describe some attributes of Tifforp City.

According to local observers, most residents of Tifforp are a proud people who place a high value on their young people. Parks and recreation programs, churches, and other community organizations are abundant and active. Residents are proud to point out that their schools are well funded, an assertion supported by the claim that the Tifforp City Council has never failed to fully fund the budget proposed by the school board, and has actually provided more than requested during some fiscal years. School administrators appreciate the generosity of city council, and endeavor to be good stewards of the resources with which they are entrusted. A central tenet of this study is that school administrators must be good financial stewards, and that a sound process of prereferral intervention supports this endeavor.

Table 9. Selected 1990 United States Census Data for Tifforp City

# of Total Persons	30534
% of Total Persons: Ethnicity = white	95.0%
% of Total Persons: Ethnicity = black	3.8%
% of Total Persons: Ethnicity = other	1.1%
% of Total Persons without a High School Diploma	16.9%
% of Total Persons with at least a High School Diploma but no College Degree	35.2%
% of Total Persons with at least a College Degree	16.5%
% of Total Persons with Household Income less than \$5000	1.2%
% of Total Persons with Household Income \$5000-\$24,999	13.7%
% of Total Persons with Household Income \$25,000-\$49,999	14.5%
% of Total Persons with Household Income \$50,000-\$149,000	8.1%
% of Total Persons with Household Income greater than \$150,000	0.4%
Median Household Income	\$30,984
# of Persons less than 18 yrs of Age	6,036
# of Persons less than 18 yrs of Age and Above Poverty	5656
% of Persons less than 18 yrs of Age and Above Poverty	93.7%
# of Persons less than 18 yrs of Age and Below Poverty	380
% of Persons less than 18 yrs of Age and Below Poverty	6.3%

Source: United States 1990 Census.

Note. This table is a summary of selected census information. The percentages listed were calculated by dividing the number of people in a category by the total population and multiplying by 100. These percentages, however, do not total 100%, suggesting that some data were not reported and usefulness is limited to relative comparison within the category.



## The Population

The population for this study is all elementary students in kindergarten through 5<sup>th</sup> grade (K-5) in Tifforp City Schools during the 1998-1999 school year (n=1884). Several research questions required the use of chi-square statistical analysis to compare distributions of the sample to the population for significant differences. This method requires that the distribution of the population be tallied for the four primary independent variables of grade level, gender, ethnicity, and SES to establish the expected distribution for the sample. Table 10, School vs. Grade Level Crosstabulation for the Population, shows the distribution of elementary students across the grade levels. During the 1998-1999 school year, Grade 3 was the largest with 338 students (17.9%) and kindergarten was the smallest with 294 students (15.6%).

Table 11, School vs. Gender Crosstabulation for the Population, illustrates that the 958 (50.8%) male students in the LEA outnumber the 926 (49.2%) female students. This observation for the LEA is true in three of the schools, referred to as Campbell, Shreve, and Wise. Eagle Elementary was the only school where female students outnumbered the male students 233 to 211.

Table 12, School vs. Ethnicity Crosstabulation for the Population, reveals that Tifforp City elementary schools are not ethnically diverse. The 1715 white students (91.0%) comprise most of the student body, with 134 (7.1%) African American students being the larger of the three minority groups. Twenty-eight (1.5%) Asian students and 7 (0.4%) Hispanic students comprise the balance of the population. The low number of minority students may compromise the validity of conclusions regarding the child study process with regard to ethnicity for Tifforp City schools but is beneficial for a study examining socioeconomic status. Studies by Goldman (1996), Kuller (1995), and Sternberg (1997) have suggested that a high correlation between minority groups and low socioeconomic status may be responsible for supplementing the observed over-representation of minorities in their studies. In Tifforp City, the small percentage of minority students is partly responsible for the very low positive correlation (.122) between ethnicity and SES.

SES was determined using lists of students approved for free or reduced lunch. It should be noted that students and their parents must apply for free or reduced lunch, and it is therefore possible that more students would qualify, but do not apply. Also, this measure does not provide an estimate of how many students may come from wealthy homes, so the students are simply grouped as “Low” or “Not Low” based on their free or reduced lunch status. For the population, 104 (5.5%) of the students are authorized to receive reduced price lunches, and 218 (11.6%) are authorized to receive free lunches. By combining these student groups, 322 (17.1%) of the students are designated to be of “Low” SES for the purposes of the study. The remaining 1562 students (82.9%) are designated “Not Low.” The percentage of Low SES students in three schools (Eagle, Shreve, and Wise) is small. Wise has the lowest with only 12.7% of its students in the Low group, Eagle is second with 15.5%, and Shreve is third with 15.7%. Campbell Elementary has the largest percentage of its students (24.0%) in the Low group. Table 13, School vs. SES Crosstabulation for the Population, reports these data.

Table 10. School vs. Grade Level Crosstabulation for the Population

SCHOOL		GRADE					Total	
		K	1	2	3	4		5
Campbell	Count	86	81	80	98	83	73	501
	% within SCHOOL	17.2	16.2	16.0	19.6	16.6	14.6	100.0
	% within GRADE	29.3	24.5	25.4	29.0	25.5	26.1	26.6
	% of Total	4.6	4.3	4.2	5.2	4.4	3.9	26.6
Eagle	Count	68	86	67	76	79	68	444
	% within SCHOOL	15.3	19.4	15.1	17.1	17.8	15.3	100.0
	% within GRADE	23.1	26.0	21.3	22.5	24.2	24.3	23.6
	% of Total	3.6	4.6	3.6	4.0	4.2	3.6	23.6
Shreve	Count	71	80	78	79	89	63	460
	% within SCHOOL	15.4	17.4	17.0	17.2	19.3	13.7	100.0
	% within GRADE	24.1	24.2	24.8	23.4	27.3	22.5	24.4
	% of Total	3.8	4.2	4.1	4.2	4.7	3.3	24.4
Wise	Count	69	84	90	85	75	76	479
	% within SCHOOL	14.4	17.5	18.8	17.7	15.7	15.9	100.0
	% within GRADE	23.5	25.4	28.6	25.1	23.0	27.1	25.4
	% of Total	3.7	4.5	4.8	4.5	4.0	4.0	25.4
Total	Count	294	331	315	338	326	280	1884
	% within SCHOOL	15.6	17.6	16.7	17.9	17.3	14.9	100.0
	% within GRADE	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	% of Total	15.6	17.6	16.7	17.9	17.3	14.9	100.0

Table 11. School vs. Gender Crosstabulation for the Population

SCHOOL		GENDER		Total
		F	M	
Campbell	Count	240.0	261.0	501.0
	% within SCHOOL	47.9	52.1	100.0
	% within GENDER	25.9	27.2	26.6
	% of Total	12.7	13.9	26.6
Eagle	Count	233.0	211.0	444.0
	% within SCHOOL	52.5	47.5	100.0
	% within GENDER	25.2	22.0	23.6
	% of Total	12.4	11.2	23.6
Shreve	Count	216.0	244.0	460.0
	% within SCHOOL	47.0	53.0	100.0
	% within GENDER	23.3	25.5	24.4
	% of Total	11.5	13.0	24.4
Wise	Count	237.0	242.0	479.0
	% within SCHOOL	49.5	50.5	100.0
	% within GENDER	25.6	25.3	25.4
	% of Total	12.6	12.8	25.4
Total	Count	926.0	958.0	1884.0
	% within SCHOOL	49.2	50.8	100.0
	% within GENDER	100.0	100.0	100.0
	% of Total	49.2	50.8	100.0

Table 12. School vs. Ethnicity Crosstabulation for the Population

SCHOOL		ETHNICITY				Total
		Asian	Black	Hispanic	White	
Campbell	Count	10	77	2	412	501
	% within SCHOOL	2.0	15.4	0.4	82.2	100.0
	% within ETH	35.7	57.5	28.6	24.0	26.6
	% of Total	0.5	4.1	0.1	21.9	26.6
Eagle	Count	6	37	4	397	444
	% within SCHOOL	1.4	8.3	0.9	89.4	100.0
	% within ETH	21.4	27.6	57.1	23.1	23.6
	% of Total	0.3	2.0	0.2	21.1	23.6
Shreve	Count	5	8	1	446	460
	% within SCHOOL	1.1	1.7	0.2	97.0	100.0
	% within ETH	17.9	6.0	14.3	26.0	24.4
	% of Total	0.3	0.4	0.1	23.7	24.4
Wise	Count	7	12		460	479
	% within SCHOOL	1.5	2.5		96.0	100.0
	% within ETH	25.0	9.0		26.8	25.4
	% of Total	0.4	0.6		24.4	25.4
Total	Count	28	134	7	1715	1884
	% within SCHOOL	1.5	7.1	0.4	91.0	100.0
	% within ETH	100.0	100.0	100.0	100.0	100.0
	% of Total	1.5	7.1	0.4	91.0	100.0

Table 13. School vs. SES Crosstabulation for the Population

SCHOOL		SES		Total
		Low	Not Low	
Campbell	Count	120	381	501
	% within SCHOOL	24.0	76.0	100.0
	% within SES	37.3	24.4	26.6
	% of Total	6.4	20.2	26.6
Eagle	Count	69	375	444
	% within SCHOOL	15.5	84.5	100.0
	% within SES	21.4	24.0	23.6
	% of Total	3.7	19.9	23.6
Shreve	Count	72	388	460
	% within SCHOOL	15.7	84.3	100.0
	% within SES	22.4	24.8	24.4
	% of Total	3.8	20.6	24.4
Wise	Count	61	418	479
	% within SCHOOL	12.7	87.3	100.0
	% within SES	18.9	26.8	25.4
	% of Total	3.2	22.2	25.4
Total	Count	322	1562	1884
	% within SCHOOL	17.1	82.9	100.0
	% within SES	100.0	100.0	100.0
	% of Total	17.1	82.9	100.0

### Research Question 1:

Who are the students referred to the Child Study Committee?

The sample (n=108) is composed of all students from the population referred to the Child Study Committee at each of the four elementary schools during the 1998-1999 school year. A student must be referred before becoming the subject of a CSC meeting. For 80 (74.1%) of the students, this referral was made by a teacher; parent referrals (n=26, 24.1%) account for most of the other students. Of the two remaining students, one (n=1, 0.9%) was referred by an administrator, and the other (n=1, 0.9%) was referred by the school psychologist.

Table 14, School vs. Grade Level Crosstabulation for the Sample, shows the distribution of students in the sample for each grade level. Grade 2 (n=26, 24.1%), Grade 3 (n=22, 20.4%) and Grade 4 (n=18, 16.7%) represented half (50%) of the six elementary grade levels, but contributed 61.2% of the sample. Although not statistically significant, this comparison is interesting because in subsequent years this distribution could be evaluated for possible trends in referrals by grade level. These data were intended to provide the reader with a profile of the students in the sample; Research Question 2 examines the significance of the observed distributions as compared to the population.

A majority of the students in the sample (68.0%) were male. At all four elementary schools, more males than females were referred to the CSC. The percentage of male students referred for CSC in each school ranged from a low of 56.5% at Shreve Elementary to a high of 69.7% at Campbell Elementary. Table 15, School vs. Gender Crosstabulation for the Sample, reports the distribution for each school.

As previously noted, Tifforp City elementary schools are not ethnically diverse. This fact is reflected in the sample. Of 108 students referred, 95 (89.8%) are white, and only 11 (10.2%) are African-American. No Asian or Hispanic students were referred to CSC for the 1998-1999 school year. Table 16, School vs. Ethnicity for the Sample, reports the distribution by school.

Table 17, School vs. SES Crosstabulation for the Sample, reports the distribution of students in the two SES groups of Low and Not Low for each school. Of the 108 students,

33 (30.6%) students were in the Low group based upon their inclusion on the school free and reduced lunch lists.

Although informative, considered separately, crosstabulation of the population and the sample for each of the four primary variables was necessary to provide the expected values necessary for chi-square analysis in Research Question 2. Table 18, Population vs. Sample Frequencies, reports the findings in a format that facilitates comparison of the population with the sample. The table also validates the data entry by verifying that the percentages total 100% and that the sum for each category equals the number of cases (n).



Table 14. School vs. Grade Level Crosstabulation for the Sample

SCHOOL	GRADE						Total	
	K	1	2	3	4	5		
Campbell	Count	1	3	8	6	10	5	33
	% within SCHOOL	3.0	9.1	24.2	18.2	30.3	15.2	100.0
	% within GRADE	7.7	20.0	30.8	27.3	55.6	35.7	30.6
	% of Total	0.9	2.8	7.4	5.6	9.3	4.6	30.6
Eagle	Count	6	4	4	2	4	3	23
	% within SCHOOL	26.1	17.4	17.4	8.7	17.4	13.0	100.0
	% within GRADE	46.2	26.7	15.4	9.1	22.2	21.4	21.3
	% of Total	5.6	3.7	3.7	1.9	3.7	2.8	21.3
Shreve	Count	2	1	6	8	3	3	23
	% within SCHOOL	8.7	4.3	26.1	34.8	13.0	13.0	100.0
	% within GRADE	15.4	6.7	23.1	36.4	16.7	21.4	21.3
	% of Total	1.9	0.9	5.6	7.4	2.8	2.8	21.3
Wise	Count	4	7	8	6	1	3	29
	% within SCHOOL	13.8	24.1	27.6	20.7	3.4	10.3	100.0
	% within GRADE	30.8	46.7	30.8	27.3	5.6	21.4	26.9
	% of Total	3.7	6.5	7.4	5.6	0.9	2.8	26.9
Total	Count	13	15	26	22	18	14	108
	% within SCHOOL	12.0	13.9	24.1	20.4	16.7	13.0	100.0
	% within GRADE	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	% of Total	12.0	13.9	24.1	20.4	16.7	13.0	100.0

Table 15. School vs. Gender Crosstabulation for the Sample

SCHOOL		GENDER		Total
		F	M	
Campbell	Count	10.0	23.0	33.0
	% within SCHOOL	30.3	69.7	100.0
	% within GENDER	25.0	33.8	30.6
	% of Total	9.3	21.3	30.6
Eagle	Count	9.0	14.0	23.0
	% within SCHOOL	39.1	60.9	100.0
	% within GENDER	22.5	20.6	21.3
	% of Total	8.3	13.0	21.3
Shreve	Count	10.0	13.0	23.0
	% within SCHOOL	43.5	56.5	100.0
	% within GENDER	25.0	19.1	21.3
	% of Total	9.3	12.0	21.3
Wise	Count	11.0	18.0	29.0
	% within SCHOOL	37.9	62.1	100.0
	% within GENDER	27.5	26.5	26.9
	% of Total	10.2	16.7	26.9
Total	Count	40.0	68.0	108.0
	% within SCHOOL	37.0	63.0	100.0
	% within GENDER	100.0	100.0	100.0
	% of Total	37.0	63.0	100.0

Table 16. School vs. Ethnicity Crosstabulation for the Sample

SCHOOL		ETHNICITY		Total
		B	W	
Campbell	Count	6	27	33
	% within SCHOOL	18.2	81.8	100.0
	% within ETH	54.5	27.8	30.6
	% of Total	5.6	25.0	30.6
Eagle	Count	4	19	23
	% within SCHOOL	17.4	82.6	100.0
	% within ETH	36.4	19.6	21.3
	% of Total	3.7	17.6	21.3
Shreve	Count		23	23
	% within SCHOOL		100.0	100.0
	% within ETH		23.7	21.3
	% of Total		21.3	21.3
Wise	Count	1	28	29
	% within SCHOOL	3.4	96.6	100.0
	% within ETH	9.1	28.9	26.9
	% of Total	0.9	25.9	26.9
Total	Count	11	97	108
	% within SCHOOL	10.2	89.8	100.0
	% within ETH	100.0	100.0	100.0
	% of Total	10.2	89.8	100.0

Table 17. School vs. SES Crosstabulation for the Sample

SCHOOL		SES		Total
		Low	Not Low	
Campbell	Count	10	23	33
	% within SCHOOL	30.3	69.7	100.0
	% within SES	30.3	30.7	30.6
	% of Total	9.3	21.3	30.6
Eagle	Count	5	18	23
	% within SCHOOL	21.7	78.3	100.0
	% within SES	15.2	24.0	21.3
	% of Total	4.6	16.7	21.3
Shreve	Count	9	14	23
	% within SCHOOL	39.1	60.9	100.0
	% within SES	27.3	18.7	21.3
	% of Total	8.3	13.0	21.3
Wise	Count	9	20	29
	% within SCHOOL	31.0	69.0	100.0
	% within SES	27.3	26.7	26.9
	% of Total	8.3	18.5	26.9
Total	Count	33	75	108
	% within SCHOOL	30.6	69.4	100.0
	% within SES	100.0	100.0	100.0
	% of Total	30.6	69.4	100.0

Table 18. Population vs. Sample Frequencies

Grade Level	Population		Sample	
	n	%	n	%
K	294	15.6%	13	12.0%
1	331	17.6%	15	13.9%
2	315	16.7%	26	24.1%
3	338	17.9%	22	20.4%
4	326	17.3%	18	16.7%
5	280	14.9%	14	13.0%
Total	1884	100.0%	108	100.0%
<b>Gender</b>				
Female	926	49.2%	40	37.0%
Male	958	50.8%	68	63.0%
Total	1884	100.0%	108	100.0%
<b>Ethnicity</b>				
A	28	1.5%	0	0.0%
B	134	7.1%	11	10.2%
H	7	0.4%	0	0.0%
W	1715	91.0%	97	89.8%
Total	1884	100.0%	108	100.0%
<b>SES</b>				
Low	322	17.1%	33	30.6%
Not Low	1562	82.9%	75	69.4%
Total	1884	100.0%	108	100.0%

## Research Question 2:

Is the distribution of the students referred to the CSC by grade level, gender, ethnicity and socioeconomic status (SES) representative of the elementary population?

Using the expected distribution of students within grade level, gender, ethnicity, and SES as calculated in the population crosstabulations, the chi-square statistical technique was applied to determine the extent of over-representation or under-representation of students in the sample for the four primary variables.

The first chi-square analysis involved examination of the 108 students in the sample by manually entering the expected distribution of students observed in the population based on the percentage of the population represented. For each variable, the percentage used to define the expected distribution was entered to one decimal place, for a maximum of three significant digits. A second chi-square was performed for the sample within the population by crosstabulating each variable for each member of the population versus whether or not that member of the population had been referred to the CSC during the 1998-1999 school year. Table 19, Crosstabulation of Grade Level vs. CSC Referral, provides an example of the crosstabulation technique used for the second method of calculating chi-square. Although the numbers in the table are rounded to the nearest hundredths place, the computer application used to perform the chi-square analysis calculated expected frequency counts to 10 significant digits.

Although both techniques provided the same conclusions regarding the significance of observed distributions, the two methods provided slightly different chi-square statistics and significance values. This difference is attributed to the number of significant digits available to the application during the analysis. The manually entered expected values used only one decimal place and provided a maximum of three significant digits. The expected values generated by the application provided 10 significant digits. Table 20, Comparison of Manual vs. Automatic Entry of Expected Distribution for Chi-square ( $X^2$ ) Analysis, reports the different results obtained using the two methods. The different calculations actually served to validate one another, but the results obtained using the automatic technique are

reported in the rest of the study, as it represents a more accurate calculation because it utilized more significant digits.

The chi-square analysis for both techniques reveals significant differences from the expected distribution of students in the sample for two of the variables analyzed. Results from the automatic calculation for the variables of Gender ( $X^2(1)=6.727$ ,  $p<.05$ ) and SES ( $X^2(1)=14.657$ ,  $p<.001$ ) indicate that both males and students with low SES are over-represented in the sample. Significant differences in the distributions for grade level and ethnicity were not observed. Table 21, Observed and Expected Frequencies for Gender, and Table 22, Observed and Expected Frequencies for SES, report the residual differences for each variable where a significant difference was discovered.

Table 19. Crosstabulation of Grade Level vs. CSC Referral

Referred for CSC?		GRADE						Total
		K	1	2	3	4	5	
NO	Count	281	316	289	316	308	266	1776
	Expected Count	277.15	312.03	296.94	318.62	307.31	263.95	1776.00
	% within CSC?	15.82	17.79	16.27	17.79	17.34	14.98	100.00
	% within GRADE	95.58	95.47	91.75	93.49	94.48	95.00	94.27
	% of Total	14.92	16.77	15.34	16.77	16.35	14.12	94.27
YES	Count	13	15	26	22	18	14	108
	Expected Count	16.85	18.97	18.06	19.38	18.69	16.05	108.00
	% within CSC?	12.04	13.89	24.07	20.37	16.67	12.96	100.00
	% within GRADE	4.42	4.53	8.25	6.51	5.52	5.00	5.73
	% of Total	0.69	0.80	1.38	1.17	0.96	0.74	5.73
Total	Count	294	331	315	338	326	280	1884
	Expected Count	294.00	331.00	315.00	338.00	326.00	280.00	1884.00
	% within CSC?	15.61	17.57	16.72	17.94	17.30	14.86	100.00
	% within GRADE	100.00	100.00	100.00	100.00	100.00	100.00	100.00
	% of Total	15.61	17.57	16.72	17.94	17.30	14.86	100.00



Table 20. Comparison of Manual vs. Automatic Entry of Expected Distribution for Chi-square ( $X^2$ ) Analysis

Variable	Manual			Automatic w/in Population		
	df	$X^2$	p	df	$X^2$	p
Grade Level	5	5.906	0.315	5	6.206	0.287
Gender	1	6.393	0.011	1	6.727	0.009
Ethnicity	1	1.398	0.237	3	3.668	0.300
SES	1	13.794	0.000	1	14.657	0.000

Table 21. Observed and Expected Frequencies for Gender

	Observed N	Expected N	Residual
Female	40	53.1	-13.1
Male	68	54.9	13.1
Total	108		

Table 22. Observed and Expected Frequencies for SES

	Observed N	Expected N	Residual
Low	33	18.5	14.5
Not Low	75	89.5	-14.5
Total	108		

### Research Question 3:

Does the Child Study Committee make prereferral recommendations?

In the sample of 108 students who were involved in child study during the 1998-1999 school year, 71 (65.7%) were referred for a full evaluation for determination of eligibility for special education services at their first child study committee meeting (CSC-1). For these students, the child study process did not serve as a prereferral mechanism. This does not suggest that the referrals for full evaluations made by the CSC were inappropriate, only that prereferral recommendations were not made by the committee. When a CSC encounters a student where a disability is suspected, a full evaluation is required by the IDEA (Section 612 (a)(3)(A)), so prereferral interventions are not always appropriate recommendations. Neither does stating that the CSC did not make prereferral recommendations for the student imply that the school did not attempt interventions prior to referral to the CSC, only that the committee itself did not make any recommendations prior to referral for a full evaluation. Table 23, Frequency and Percentage of Full Evaluation Recommendations at CSC-1, reports for the primary variables, the frequency with which students were referred for a full evaluation at CSC-1.

Research Question 2 examined issues of significant over-representation of male students and over-representation of students in the Low SES group. Over-representation by grade level and ethnicity was not observed. When the chi-square statistic was calculated for each variable versus whether or not the student was or was not referred for a full evaluation at CSC-1, a significant departure from the expected distribution with regard to ethnicity was discovered ( $X^2(1)=6.382, p<.05$ ). The small number (11) of African-American students in the child study process would have contributed to the significance level observed. Even if the small number impacted the significance, it is interesting that out of 11 African-American students referred to the CSC, all 11 (100%) were referred for a full evaluation at CSC-1, compared to 61.9% of the white students who were referred.

Table 23. Frequency and Percentage of Full Evaluation Recommendations at CSC-1

Grade Level	K	1	2	3	4	5	Total
# CS1Full? = NO	5	7	7	10	6	2	37
# CS1Full? = YES	8	8	19	12	12	12	71
Total within Grade	13	15	26	22	18	14	108
% within Grade = NO	38.5%	46.7%	26.9%	45.5%	33.3%	14.3%	34.3%
% within Grade = YES	61.5%	53.3%	73.1%	54.5%	66.7%	85.7%	65.7%
Total % within Grade	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Gender	Female	Male	Total				
# CS1Full? = NO	13	24	37				
# CS1Full? = YES	27	44	71				
Total within Gender	40	68	108				
% within Gender = NO	32.5%	35.3%	34.3%				
% within Gender = YES	67.5%	64.7%	65.7%				
Total % within Gender	100.0%	100.0%	100.0%				
Ethnicity	A	B	H	W	Total		
# CS1Full? = NO	0	0	0	37	37		
# CS1Full? = YES	0	11	0	60	71		
Total within Ethnicity	0	11	0	97	108		
% within Ethnicity = NO	0.0%	0.0%	0.0%	38.1%	34.3%		
% within Ethnicity = YES	0.0%	100.0%	0.0%	61.9%	65.7%		
Total % within Ethnicity	0.0%	100.0%	0.0%	100.0%	100.0%		
SES	Low	Not Low	Total				
# CS1Full? = NO	12	21	33				
# CS1Full? = YES	25	50	75				
Total within SES	37	71	108				
% within SES = NO	32.4%	29.6%	30.6%				
% within SES = YES	67.6%	70.4%	69.4%				
Total % within SES	100.0%	100.0%	100.0%				

#### Research Question 4:

If special education evaluations are initiated without making prereferral recommendations, who are the students found eligible?

Research Question 3 reports that out of 108 students referred to the CSC, 71 (65.7%) were referred for a full evaluation for determination of eligibility for special education services at CSC-1. Of the 71 referred, the evaluation was never completed for four students, because the students had moved to another LEA, or because their parents stopped the process before the evaluation was complete. Therefore, 67 eligibility meetings were held as a result of full evaluations initiated at CSC-1. Eligibility determinations for this subset of the sample were examined. Of these 67 students, 44 (65.7%) were found eligible for special education services; the remaining 23 (34.3%) were found ineligible for services.

Table 24, Frequency and Percentage of Eligibility vs. Ineligibility from CSC-1 Recommendations for Full Evaluation, reports the frequency with which the students referred for a full evaluation at CSC-1 occur within the primary variables. Of the distributions provided, only the distribution by gender varied significantly from the expected frequency ( $X^2(5)=12.747, p<.05$ ). The significance was observed using a chi-square, because out of 25 females, only 11 (44.0%) were found eligible, while the remaining 14 (56.0%) were found ineligible. This finding compared to the 42 males evaluated from which 33 (78.6%) were found eligible and nine (21.4%) were found ineligible. Subtracting the percentage of females found eligible (44.0%) from the percentage of males found eligible (78.6%) yields a difference of 34.6%. When placed in the context of the entire sample, the difference narrows slightly. Of the 40 females referred to the CSC, 12 (30.0%) were eventually found eligible. Of the 68 males referred to the CSC, 35 (51.5%) were eventually found eligible, a difference of 21.5%

Table 24. Frequency and Percentage of Eligibility vs. Ineligibility from CSC-1  
Recommendations for Full Evaluation

Grade Level	K	1	2	3	4	5	Total
# CS1Full = Elig	6	5	15	7	5	6	44
# CS1Full = Inelig	2	3	4	5	4	5	23
Total within Grade	8	8	19	12	9	11	67
% within Grade = Elig	75.0%	62.5%	78.9%	58.3%	55.6%	54.5%	65.7%
% within Grade = Inelig	25.0%	37.5%	21.1%	41.7%	44.4%	45.5%	34.3%
Total % within Grade	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Gender	Female	Male	Total				
# CS1Full = Elig	11	33	44				
# CS1Full = Inelig	14	9	23				
Total within Gender	25	42	67				
% within Grade = Elig	44.0%	78.6%	65.7%				
% within Grade = Inelig	56.0%	21.4%	34.3%				
Total % within Gender	100.0%	100.0%	100.0%				
Ethnicity	A	B	H	W	Total		
# CS1Full = Elig	0	9	0	35	44		
# CS1Full = Inelig	0	1	0	22	23		
Total within Ethnicity	0	10	0	57	67		
% within Grade = Elig	0.0%	90.0%	0.0%	61.4%	65.7%		
% within Grade = Inelig	0.0%	10.0%	0.0%	38.6%	34.3%		
Total % within Ethnicity	0.0%	100.0%	0.0%	100.0%	100.0%		
SES	Low	Not Low	Total				
# CS1Full = Elig	14	30	44				
# CS1Full = Inelig	6	17	23				
Total within SES	20	47	67				
% within Grade = Elig	70.0%	63.8%	65.7%				
% within Grade = Inelig	30.0%	36.2%	34.3%				
Total % within SES	100.0%	100.0%	100.0%				

### Research Question 5:

Does the CSC make prereferral recommendations that are congruent with the reason for referral to the committee?

Congruence between the reason for referral to the CSC and the recommendations made by the CSC was determined by the presence of a match between the Reason for Referral to CSC Code and the Recommendation Code. Rater 1 and Rater 2 were provided the same reference materials used in the second coding trial for rater validation. Rater agreement was 84.3% for coding of the reason for referral and 79.6% for coding the recommendations made by CSC-1. Recommendation coding agreement was 100% for subsequent child study meetings (CSC-2, CSC-3, and CSC-4). As further validation of rater agreement, Cohen's Kappa was calculated. The Kappa statistic is a more rigorous standard of agreement that controls for chance agreement. The Kappa value was .732 for reason for referral codes, and was .657 for recommendation codes. Although all cases were coded, this research question is most concerned with the 37 students for whom the CSC made prereferral recommendations. Final reason and recommendation codes were determined by a consensus decision by Rater 1 and Rater 2.

Consensus was achieved with regard to discrepancies between the raters, but one recommendation was not coded. The not coded (NC) option was established in the methodology in the event that a consensus decision could not be achieved between Rater 1 and Rater 2. Instead, the code was used for one case that involved a referral to the CSC made by a parent. Records of the meeting document that the parent did not attend the CSC meeting that the parent requested. The CSC decided to defer the meeting until the parent could attend, so no recommendations were made and a second meeting was never held. With no recommendations to code, NC was the only logical entry into the database.

For this reason, out of the 37 students who did receive prereferral recommendations at CSC-1, only 36 were coded for the purpose of determining congruence between reason and recommendation. Out of the 36 CSC meetings coded, 33 (91.7%) of the recommendations were congruent with the reason for referral. Table 25, Congruence between Reason Code and Recommendation Code for CSC-1, reports congruence measurements for the first CSC



meeting for all students. A second measure of congruence was made for all 108 students. A correlation between Reason Code and Recommendation Code resulted in a correlation of (.934,  $p < .001$ ) which indicates that the recommendations made by the CSC are congruent with the reasons a child is referred to the CSC. Congruence for recommendations made for students who were the subject of second, third, and even fourth CSC meetings were congruent with the reason for referral in all cases.

Table 25. Congruence between Reason Code and Recommendation Code for CSC-1

CS1Full? Code		Congruent?			
		YES	%	NO	%
	n				
YES	71	70	98.6%	1	1.4%
NO	36	33	91.7%	3	8.3%
NC	1				
TOTAL	108				

Reason Codes vs. gender, grade level, ethnicity, and SES. Another benefit of coding the reason for referral is to analyze the reason with the primary variables. Table 26, Frequency of Reason for Referral Codes, provides general information. Chi-square analysis of the distributions was not an appropriate statistical test, due to the very small numbers that caused many cells to have a frequency less than the degrees of freedom. When the student's behavior is the primary reason (B or B/a) for referral to the CSC, males outnumber females 14 to 3.

Although the numbers are too small for use of a chi-square, this purely quantitative observation parallels the findings of Del'Homme, Kasari, & Forness (1996) in a larger sample where males were more likely to be referred for behavioral problems than females. Academic problems outnumber behavioral ones. Frequency and percentages of referring problems in ranked order are as follows: A (38, 35.2%); A+B (31, 28.7%); A/b (20, 18.5%); B/a (13, 12.0%); and B (6, 5.6%).

Table 26. Frequency of Reason for Referral to CSC Codes

Grade Level	Reason Code = A		Reason Code = A+B		Reason Code = A/b		Reason Code = B		Reason Code = B/a	
	n	%	n	%	n	%	n	%	n	%
K	4	10.5%	6	19.4%		0.0%	2	33.3%	1	7.7%
1	3	7.9%	5	16.1%	3	15.0%	3	50.0%	1	7.7%
2	12	31.6%	5	16.1%	8	40.0%		0.0%	1	7.7%
3	7	18.4%	6	19.4%	5	25.0%		0.0%	4	30.8%
4	8	21.1%	5	16.1%	3	15.0%		0.0%	2	15.4%
5	4	10.5%	4	12.9%	1	5.0%	1	16.7%	4	30.8%
Total	38	100.0%	31	100.0%	20	100.0%	6	100.0%	13	100.0%
Gender										
Female	16	42.1%	10	32.3%	9	45.0%		0.0%	3	23.1%
Male	22	57.9%	21	67.7%	11	55.0%	4	100.0%	10	76.9%
Total	38	100.0%	31	100.0%	20	100.0%	4	100.0%	13	100.0%
Ethnicity										
A		0.0%		0.0%		0.0%		0.0%		0.0%
B	7	18.4%		0.0%	2	10.0%		0.0%	1	7.7%
H		0.0%		0.0%		0.0%		0.0%		0.0%
W	31	81.6%	31	100.0%	18	90.0%	5	100.0%	12	92.3%
Total	38	100.0%	31	100.0%	20	100.0%	5	100.0%	13	100.0%
SES										
Low	16	42.1%	9	29.0%	5	25.0%		0.0%	3	23.1%
Not Low	22	57.9%	22	71.0%	15	75.0%	6	100.0%	10	76.9%
Total	38	100.0%	31	100.0%	20	100.0%	6	100.0%	13	100.0%

Research Question 6:

If special education evaluation still results after the prereferral process, who are the students found eligible?

Of the 37 students who were not immediately referred for a full evaluation at CSC-1, four students moved and only four of the remaining 33 were eventually referred for a full evaluation. Of these, 2 (50.0%) were found eligible for special education services, and two (50.0%) were found ineligible. The two found eligible were in Grade 2, and were white males in the Low SES group. The two found ineligible were in Grade 1, and were white females in the Not Low SES group.

Research Question 7:

Who are the students who are not recommended for special education evaluation as a result of the Child Study process?

Table 27, Frequency and Percentage of Students Never Referred for Full Evaluation, reports the distribution of students who were subjects of CSC meetings but were never referred for a full evaluation for consideration of eligibility for special education services. It seems remarkable that all 29 students were white, but this is expected since it has already been noted that all 11 African-American students were referred for a full evaluation at CSC-1. Since these categories are mutually exclusive, the phenomenon simply reappears in this tabulation. Again, the significance of this observation is tempered by the fact that the population has a small minority population.

Table 27. Frequency and Percentage of Students Never Referred for Full Evaluation

Grade Level	Never Referred	
	n	%
K	5	17.2%
1	5	17.2%
2	4	13.8%
3	9	31.0%
4	4	13.8%
5	2	6.9%
Total	29	100.0%
Gender		
Female	9	31.0%
Male	20	69.0%
Total	29	100.0%
Ethnicity		
A		0.0%
B		0.0%
H		0.0%
W	29	100.0%
Total	29	100.0%
SES		
Low	9	31.0%
Not Low	20	69.0%
Total	29	100.0%

Research Question 8:

Who participates in CSC meetings? Who is designated to follow up on the interventions?

Teachers are the most consistently present participants at CSC-1. Regular education teachers were present at 95.4% of the meetings and special education teachers were present at 94.4% of the meetings. Table 28, Frequency of Attendance of Meeting Participants, reports the attendance of other CSC participants. The student was not identified as a participant in any of the 108 CSC-1 meetings.

In addition to the titles of participants that were examined for attendance at CSC meetings, the frequency with which other persons participated was also tabulated. Table 29, Other CSC-1 Meeting Participants, provides a ranked order of the titles of other persons present at the meetings. Speech and Language Pathologists were the most common other participant. Next in the ranked order of other participants were the titles of other instructional staff members, presumably supplementary reading teachers; however, the titles used were not consistent among the schools. Because the photocopy template blocked the names of the participants, there were no means of determining whether the different titles that referred to reading teachers were all references to the same professional position.

The form, "Report of the Child Study Committee" (see Appendix B) includes a report heading "Recommendations and Specific Responsibilities Assigned." Review of the documents was conducted to tabulate the frequency with which responsibilities were specifically assigned and to whom they were assigned for the 108 CSC-1 reports. Responsibilities were assigned to specific meeting participants in only 32 (29.6%) of the cases. One can infer that a recommendation for a full evaluation involves the assignment of responsibility to selected CSC members to complete evaluation components within the prescribed timeline; however, only those cases that specifically named an individual or title of a person, such as "classroom teacher," were included. In 76 (70.4%) of the cases, no specific responsibilities were assigned.

In those cases (32) where responsibilities were specifically assigned, the title of the person assigned was tabulated. In some cases, more than one meeting participant was

assigned a responsibility, so the sum of the frequencies in Table 30, Specific Responsibilities Assigned, exceeds the number of cases.



Table 28. Frequency of Attendance of Meeting Participants

Participant	Participant = NO		Participant = YES	
	n	%	n	%
Parent	20	18.5%	88	81.5%
Administrator	15	13.9%	93	86.1%
Guidance Counselor	21	19.4%	87	80.6%
Regular Education Teacher	5	4.6%	103	95.4%
Special Education Teacher	6	5.6%	102	94.4%
School Nurse	17	15.7%	91	84.3%
Visiting Teacher/School Social Worker	51	47.2%	57	52.8%
School Psychologist	28	25.9%	80	74.1%
Other	57	52.8%	51	47.2%

Table 29. Other CSC-1 Meeting Participants

	Frequency
Speech & Language Pathologist	32
Reading Specialist	9
Title I Teacher	9
Reading Recovery Teacher	7
Student Intern	2
Kindergarten Aide	1
Reading Teacher	1
TOTAL	61

Table 30. Specific Responsibilities Assigned

Title	Frequency
Parent	20
Teacher	10
Guidance Counselor	7
Administrator	1
IEP Committee	1
Nurse	1
School Psychologist	1
Speech & Language Pathologist	1
Visiting Teacher/School Social Worker	1
TOTAL	43

### Other Observations Derived from the Data

The documents used for data entry contained considerably more data than required for the research questions. This information was included in the database for the benefit of the LEA and to provide supporting information, if needed, for the study. Review and analysis of the additional data provides for additional findings relevant to the study and hopefully of use to the LEA.

Tabulation of those students found eligible for special education reveals that of the 108 CSC referrals and the full evaluations that were initiated by the process, 39 (36.1%) of the students were found eligible for special education services as LD, but only 1 (0.9%) student was found eligible for ED. One student referred to the CSC was already eligible for special education. Table 31, Frequency of Eligibility Categories, lists the other categories in rank order.

The form that is used to report the recommendations of the CSC includes a space for indicating whether the meeting is closed, or continued. Records of the 108 students who were the subject of CSC-1, show that 60 (55.6%) meetings were closed, 25 (23.1%) were continued, and for 23 (21.3%) of the meetings no entry was made to indicate whether the meeting was continued or closed. Of the 25 students for whom meetings were continued, 17 (68%) of them were subjects of at least one more CSC meeting. Of the 23 students for whom no entry was made, three (13%) of them were the subject of at least one more CSC meeting.

The total number of CSC meetings held for each of the 108 students referred to the CSC was tabulated. Those frequencies are as follows: 96 (88.9%) of the students were the subject of one child study meeting; 10 (9.3%) were the subject of two meetings; 1 (0.9%) was the subject of three meetings; and one (0.9%) was the subject of four child study meetings. Many students in the sample (38, 35.2%) had been the subject of child study meetings in previous years. Thirty-four students (31.5%) had been previously retained.

Table 31. Frequency of Eligibility Categories

Eligibility Category	Frequency	Percent
Students not Referred or Found Ineligible	60	55.6
LD	39	36.1
OHI	4	3.7
SPCH	3	2.8
ED	1	0.9
Already LD	1	0.9
Total	108	100.0

## CHAPTER 5: DISCUSSION

The results of the study must be discussed in the context of the three reasons the study purports to be significant to the field of educational leadership. First, an informed and proactive administrator must possess an understanding of legal and policy issues and research regarding best practice to resolve disputes, avoid litigation, and maintain positive public relations. Second, an educational leader must be a good steward of fiscal and human resources. Third, and most important, an instructional leader must ensure an appropriate educational opportunity for all students. Each of these reasons requires the use of sound professional judgment, therefore this discussion of the study concludes with professional judgments based on the data. Suggestions for enhancing the child study process are a natural outgrowth of a thorough analysis. Also suggested are recommendations for further study in the area of prereferral intervention.

### Issues of Representation

Issues regarding over-or under-representation of certain groups of students receiving special education are of current and justifiable concern. Allegations of over-representation of African-American students are not limited to the cases *Larry P. v. Riles* (1979) in California and *Parents in Action on Special Education (PASE) v Hannon* (1980) in Illinois. An urban LEA located in southwestern Virginia was the subject of media attention regarding alleged over-representation of African-American students in special education while this study was under way. An informed school administrator knows the circumstances surrounding landmark cases like *Larry P.* and *PASE* is also aware of current regional issues. With an LEA in the region being subjected to scrutiny, proactive school administrators must evaluate the potential for such scrutiny to eventually include the LEA they serve.

During the 1998-1999 school year, teachers made most (74.1%) of the referrals to the CSC. Parents initiated 24.1% of the CSC meetings. More students in grades 2, 3, and 4 were involved in the process than were students in the other three grade levels and males referred outnumbered females. Like the population, the students referred to the CSC are primarily white, but the percentage of African-American students referred was nearly 50% higher

(7.1% to 10.2%) higher than their representation in the population. No Asian or Hispanic students were referred to the CSC from the population during the 1998-1999 school year. The percentage of low SES students in the sample was nearly two times (17.1% to 30.6%) more than their representation in the population.

The sample was examined for the presence of over-representation of students according to the four primary variables. Significant over-representation ( $p < .05$ ) in one category corresponds with under-representation in another category because the categories are mutually exclusive. These data indicate that the sample is representative of the population with regard to grade level and ethnicity. Even if significant over-representation by grade level existed, concern would likely be limited unless it was determined to be a factor over time, and even then there could be a legitimate reason.

#### Representation in The Child Study Process

Over-representation by ethnicity, however, would be an area of considerable concern. The fact that there is not a significant level of over-representation for minorities is affirming and beneficial for the LEA. The affirmation is that the process appears to treat students of different ethnic backgrounds equitably. The LEA benefits because now it has data readily available in the event questions are raised regarding over-representation of minorities. The data do reveal, however, that males and low SES students were over-represented in the CSC process during the 1998-1999 school year. This information is limited to the school year studied, but the significance values suggest that over-representation of low SES students should be monitored in subsequent years.

#### Representation in Special Education

Considering the regional attention focused on over-representation of minorities in special education programs, a follow-up chi-square analysis was conducted for those students in the sample found eligible for special education to see if the distribution of eligible students varied significantly from the population. Calculations for all four primary variables revealed significant ( $p < .05$ ) differences from the expected distribution. In the grade level calculation

more second grade students ( $X^2(5)=13.877$ ,  $p<.05$ ) were found eligible than expected from their representation in the population. Males were over-represented in the gender calculation ( $X^2(1)=10.759$ ,  $p<.05$ ), African-American students were over-represented in the ethnicity calculation ( $X^2(3)=13.877$ ,  $p<.05$ ), and students in the low SES group were over-represented in the SES calculation ( $X^2(1)=7.475$ ,  $p<.05$ ).

These data, considered alone, could be misused to argue that Tifforp City Schools is guilty of possessing a bias against the African-American students, male students, students of low SES, or even against 2<sup>nd</sup> grade students. This study suggests that this is not the case, because 2<sup>nd</sup> grade students and African-American students are not over-represented in the referrals to the CSC, so their apparent over-representation among those students found eligible for special education could be attributed to coincidence, but further investigation would be necessary. The potential for the following school year to yield different results, and other factors, such as cultural bias of assessments, would need to be considered. This example provides a compelling argument as to why CSC referrals should be proactively examined using the methods implemented in this study. By doing so, evidence is available to respond to claims that could be made by activists groups regarding over-representation.

Males and Low SES students, are over-represented, both in referrals to the CSC and in the subset found eligible for special education. Although statistically significant, this finding is still constrained by the limitations acknowledged in Chapter 1, in that they only reflect one school year. Data from the following school year may be quite different. Identification of meaningful trends would require that the CSC process be part of an ongoing review by the LEA.

These findings parallel the results of studies examined in Chapter 2, especially with regard to over-representation of males. Del'Homme, Kasari, & Forness (1996) and Eidle, Truscott, & Myers (1998) found that males were over-represented. In the Eidle, Truscott, & Myers (1998) study, however, the 2:1 ratio of boys to girls observed in elementary school reversed in high school and became a 2:1 ratio of girls to boys referred. Certainly the factors at work with regard to gender and students with academic or behavioral problems are a potential area of additional research.



## Appropriateness of Referrals for Full Evaluation

The CSC made prereferral recommendations in 34.3% of the 108 cases studied from the 1998-1999 school year. Of the 71 (65.7%) that were referred for a full evaluation, 67 students were still enrolled at the time of an eligibility meeting and 44 (65.7%) of those students were found eligible for special education services. Considered from a different perspective, this percentage can be used to measure the accuracy of the CSC when a disability is suspected. Consider the following statement: during the 1998-1999 school year, the elementary child study committees were correct 65.7% of the time when suspecting that a student had a disability.

When placed in the context of the three main reasons this study is significant for school administrators, we can begin to ask if this percentage is appropriate. What percentage would be considered appropriate for a process charged with deciding which students are suspected of having a disability? The literature is remarkably silent on this subject. This silence is surprising, considering that the appropriateness of the process in suspecting a disability provides insight into whether the process is well informed, cost effective and serving students appropriately.

First, school administrators must be concerned with doing what is right for each student. This noble goal requires that those students with disabilities receive services, without unnecessarily subjecting too many other students and their families to the social and emotional stress that a full evaluation can cause. This is a consideration of the human cost associated with recommendations for full evaluation. Second, school administrators must be good stewards of fiscal and staff resources. Unnecessary evaluations threaten to waste staff time and LEA funds. Third, the school administrator must be cognizant of the potential for litigation that could arise from mishandling this delicate balance. Too few full evaluations could result in students with disabilities not being served. Too many full evaluations could result in allegations of LEA bias especially if over-representation of specific student groups were observed.

When considered within the context of informed, proactive administration, fiscal and human cost, and provision of appropriate educational opportunity for all students, is 65.7%

an appropriate level in suspecting a disability? After all, this percentage implies that the balance (34.3%) of the students and their families endured the full evaluation process without being found eligible. It also implies that 34.3% of the time invested by staff and that 34.3% of the funds expended by the LEA to complete the components of the evaluation were spent on students who did not have disabilities.

In an effort to determine if this percentage is satisfactory, consider what an extremely high percentage may suggest. Hypothetically, a CSC with a 95% accuracy rate probably does not refer many students, and those students who are referred very clearly have difficulties that suggest a disability. The problem with a high percentage is that there may be many students with more mild disabilities who are never evaluated, and therefore never receive an appropriate education. In contrast, a second hypothetical CSC with a 35% accuracy rate probably refers almost every student with a problem in school for a full evaluation. In this scenario, 65% of the time and money invested by the LEA and 65% of the tough decisions and heartfelt concerns invested by the students and their families have been wasted.

When considered in the light of these two hypothetical situations, many school administrators would likely say that 65.7% rate in Tifforp City Schools is satisfactory, although a slightly higher percentage would be preferable. In an ideal prereferral process, this preference for a higher percentage would likely be realized, as only those students for whom the interventions were not successful would need to be evaluated, and the suspicion that they have a disability would be supported by the results of the interventions implemented.

In a study laden with statistics and significance levels, this answer is a matter of judgment. Sound professional judgment, however, is an essential element for school leaders charged with administration of a child study process that balances what is best for students, what is fiscally responsible, and what is legally sound. The 65.7% rate with which students referred for full evaluation are found eligible in Tifforp City Schools is comparable to the 74% rate discussed by Hocutt (1996).

## The Role of the Educational Leader

If the CSC is to be charged with making high stakes decisions regarding whether or not a student should be evaluated for consideration of special education services, or receive other appropriate prereferral interventions, educational leaders responsible for the process should be held accountable for its performance. These decisions have profound impact on the students who are referred to the child study and because these students, as a group, demonstrate academic or behavioral problems the entire school community stands to be affected by the child study process. For these reasons, it is essential that the CSC function effectively, and that the recommendations made by the committee be congruent with the reasons a child is referred. Further, the recommendations need to be carried out in the manner intended by the committee. Although this study did not purport to determine the effectiveness of the interventions recommended, or the commitment with which prereferral recommendations are implemented, it is a reasonable assumption that a recommendation is more likely to be completed if everyone knows who is responsible for its implementation. According to Hocutt (1996), frequent monitoring of student progress is an essential component of effective interventions.

Analysis of the data suggest that the recommendations made by the CSC are congruent with the reason for referral 91.7% of the time for students who are not referred for a full evaluation. However, specific responsibilities are assigned in only 29.6% of all cases to designate the person or persons who will be responsible for following through on the recommendations. If the responsibility is to be shared collectively by the CSC, then the documents should indicate that a meeting was continued, and the student's record should reveal that a second meeting was held. During the 1998-1999 school year 23.1% of the CSC referrals were designated as "continued" but only 68.0% of those students were the subject of a follow-up CSC meeting. What became of the eight students (32%) who had their meetings continued but for whom no follow-up meeting was ever held? How many of the 23 students (21.3%) whose CSC report did not indicate whether the meeting was closed or continued should have had follow-up meetings? Of the 34.3% of students who were evaluated but

found ineligible, how many were offered other means of support following their eligibility meeting?

These are tough questions that impact the lives of students who are already having difficulty in school evidenced by being referred to the CSC. Unless some other process meets their needs, the child study process must account for these students. The data collected included the titles of the regular CSC participants. It seems reasonable that the chair of the CSC committee should be expected to lead the committee's discussion to a point where responsibilities are assigned and documented in the report, and that every meeting report indicate whether the meeting was closed or continued. Finally, the CSC chair should be responsible for guaranteeing that those students for whom meetings are continued have follow-up meetings scheduled.

These findings and concerns parallel concerns regarding accountability in the literature. Eidle, Truscott, & Myers (1998) found that many CSC members do not perceive themselves as members of a prereferral intervention process, but as a group charged with initiating full evaluations. Mortenson & Witt (1998) assert that the accountability should be measured in terms of treatment integrity, meaning that the recommendations made are actually implemented as intended by the CSC. Littleton (1998) suggested that the multidisciplinary team could serve as its own evaluator by reviewing the progress of students in the process. Bryan & Sullivan-Burstein (1998) recommend that teachers be involved in the follow up, as this involvement may increase intervention effectiveness. These suggestions, however, require that follow up meetings be consistently held for students in the child study process.

### Suggestions for Enhancing the Process

Since this study was not an evaluation of the child study process in Tifforp City elementary schools, a statement of whether the process is satisfactory or unsatisfactory, good or bad would be inappropriate. The data collected point to relative strengths and weaknesses within the process. What was not found in the study can be as interesting as what was. Of the 108 students referred to the CSC, and the subsequent full evaluations that were initiated,

none were found to have profound vision or hearing loss, and none were found to have profound mental disabilities. This suggests that the system of preschool identification that the LEA has in place is functioning as the Child Find provisions of the IDEA intend. In other words, children with moderate to severe disabilities were having their needs recognized early. In the course of the study, a list of student names and meeting dates provided by one elementary school counselor pointed to a student file that could not be easily located. The file was found at a different school and did not include a referral to the CSC. The referral had been withdrawn in favor of delaying the student's entry into kindergarten by one year. In the interim, the child was identified as Developmentally Delayed and enrolled in a preschool program housed at another elementary school in the LEA. The transfer of the student's record to the other school was what made it difficult to find. The fact that the student was never the subject of a CSC meeting excluded it from the sample, but in tracking down the file an isolated qualitative observation was made indicating that the LEA is attending to the needs of preschool age children with disabilities.

The first suggestion for enhancing the process involves data availability. Free and reduced lunch were not part of the student information system, so lists of students receiving free or reduced lunch are maintained at each school site, usually by the school secretary. Including this information in the student information system would facilitate the use of SES as an independent variable.

Further, the process can be enhanced by the implementation of a systematic method for monitoring the child study process. Since the database developed for this study is based on the forms used by the LEA to record CSC referrals and meetings, minimal modification would permit its use over a wide area network to track the child study process throughout the LEA. At the time of the study, only those CSC meetings that resulted in recommendations for full evaluation were reported to the Director of Student Services, and meetings that did not result in full evaluations were not systematically tracked at the individual schools. The only tracking of CSC meetings that did not result in full evaluation was found to exist in the personal records of the elementary guidance counselors.

Use of a database over a wide area network to track the child study process across the LEA would not only facilitate analysis of the process, but would increase accountability, and

provide suggestions for staff development as well. By noting that records of CSC meetings are not consistently marked as “closed” or “continued” and that meetings that are continued are not consistently reviewed by the CSC committee may suggest that committee chairs need to be refreshed on how to use the forms.

By noting that recommendations generally do not include the assignment of specific responsibilities may reinforce the need for CSC chair training, or even suggest that the primary CSC members would benefit from some group training. The frequency tables of the titles of CSC participants would provide an easy reference regarding which LEA staff should be invited to participate in training. Research by Giangreco, Edelman, Luiselli, & Evans (1996) and Kovaleski, Tucker, & Stephens (1996) stress the importance of process training the members of multidisciplinary teams charged with making referral and prereferral decisions. Welch (1997) recommends that forms used in the process be preserved and organized for use as references in future years when similar cases arise. This provides a tool for training and an argument for systematic tracking of the child study process by the LEA.

Several opportunities for qualitative follow up analysis exist. Are the prereferral interventions of the CSC faithfully implemented? Why are referrals to the CSC concentrated in the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> grade? Is this concentration related to the state mandated SOL testing in the 3<sup>rd</sup> and 5<sup>th</sup> grades? Dialogue related to other issues of representation could be initiated. Why are males and students of low SES over-represented in the CSC process? Are teachers usually not the product of low SES homes, and does this economic reality impact their ability to relate to low SES students? Are male students actually over-represented, or are female students under-represented? These are questions that could be addressed using committees of teachers and other LEA staff to probe further the reasons behind the data. Action research regarding the effectiveness of multidisciplinary teams and research regarding the group dynamics and group processes that exist between members of the CSC are other potential areas of inquiry supported by the research (Bryan & Sullivan-Burstein, 1998; Gutkin & Nemeth, 1997).

## Recommendations for Future Research

This study was limited to one year, in one LEA, in one part of the country. The results do provide limited validation of many observations made in studies by Del'Homme, Kasari, & Forness (1996), Eidle, Truscott, & Myers (1998), Littleton (1998), and MacMillan, Gresham, & Lopez (1996), but many more studies in larger LEAs from other regions with different populations would be necessary to form conclusions that can be generalized to other populations. Of particular use to school administrators, however, would be research regarding what level of accurately suspecting disabilities in children is indicative of a strong CSC process.

In larger LEAs, a similar study could provide sufficient data to use other statistical techniques, such as regression to determine the extent to which different independent variables suggested that a student would or would not become the subject of a child study. A regression equation could then be used to formulate risk factors for use in screening students and providing interventions to groups of students perhaps before referral to the CSC ever becomes necessary.

Bahr (1994) used surveys in his assessment of prereferral practices as reported by directors of special education in the state of Michigan. Responses from 49 directors indicated that most districts require or recommend prereferral interventions, that students with mild disabilities most commonly receive prereferral interventions, and that academic and behavioral interventions are equally prevalent. This survey research, however, is contradicted by the findings of this study, and by Del'Homme, Kasari, & Forness (1996) where behavioral problems are referred considerably less than academic referrals, and the number of students found eligible as emotionally disturbed (ED) in elementary school is much less than the numbers found to be learning disabled. The study of Tifforp City supports the latter assertion, because during the 1998-1999 school year in Tifforp, only one elementary aged student was found eligible as ED.

The higher percentage of referrals observed in the second grade is not statistically significant, but it is interesting to note that the increase occurs the year before students in Virginia face their first round of Standards of Learning (SOL) tests in the third grade. If the

percentage of students referred in the second grade exceeded the percentage in other grade levels for several years, it would be interesting to investigate if there was a relationship between those students referred and the prospect of SOL testing the following year. This investigation would address whether or not teachers of second grade students are more inclined to refer a student who is struggling because the student will be a participant in the SOL assessment the following year. It is equally reasonable to assume that other factors, such as emergent reading problems, would be more readily observed in Grade 2, which would suggest that the increased number of referrals in that grade would be expected.

### Conclusion

A process for making prereferral interventions on behalf of students, like many issues related to special education can be complex, litigious, and expensive. Knowledge of current research in the field equips the school administrator to effectively guide system reform and supervise programs such as the child study process. A thorough understanding of the law and its implications for a prereferral process empowers the school administrator to make sound decisions that support the rights of children and make the best use of LEA resources. Simultaneously, litigation can be avoided, saving the time and money wasted in legal expenses and sparing the school bad publicity.

At its essence, educational leadership is about doing what is best for young people and educational leaders should be student-centered. Students with academic or behavioral problems impact the learning of other students and, in some cases, the educational climate of an entire school. By leading an appropriate and effective process of prereferral intervention, educational leaders have the opportunity to help students who need it most and by doing so, to benefit every student and every staff member. In a profession that requires its leaders to choose carefully how their time will be spent, and which programs will receive their emphasis, the opportunity to benefit everyone by leading a process of prereferral intervention is more than just an attractive opportunity, it is a necessary endeavor.



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## APPENDIX A



July 9, 1999

DEPARTMENT OF PSYCHIATRY  
AND BIOBEHAVIORAL SCIENCES  
UCLA SCHOOL OF MEDICINE  
300 UCLA MEDICAL PLAZA, SUITE 1534  
BOX 957057  
LOS ANGELES, CALIFORNIA 90095-7057

H. Alan Seibert  
Assistant Principal for Curriculum and Instruction  
Andrew Lewis Middle School  
616 South College Avenue  
Salem, VA 24153

To Whom It May Concern:

H. Alan Seibert has my written permission to utilize the Student Study Team Form "SST Form" created by me for use in my research on prereferral interventions and referred to in the publication:

Del'Homme, M., Kasari, C., Forness, S. R., & Bagley, R. (1997). Prereferral interventions for children at risk for emotional and behavioral disorders. *Education and Treatment of Children*, 19(3), 272-285.

Further, Mr. Seibert may make any necessary modifications to this form as appropriate for his research with the understanding that the modification to the form is noted in any form of publication developed from this research.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Del'Homme", with a long horizontal flourish extending to the right.

Melissa Del'Homme, Ph.D.  
Associate Director  
ADHD Clinic  
UCLA Department of Psychiatry  
(310) 206-5590

SST Date \_\_\_\_\_ SST RECORD SEARCH Date referred \_\_\_\_\_

ID# _____	DOB _____	Sex M F _____	Ethnicity _____	Home Lang _____
Grade _____		School _____		
Teacher _____				
Referring person Teacher Parent Other				

REASON: Acad _____	Beh'l _____	A/b _____	B/a _____	A+B _____	LD _____
Math _____	Reading _____	Writing _____	Language issues/Compreh _____	Incomplete work _____	Perception _____
Retention _____	Aud Mem _____	Vls Mem _____	Disorganized _____	Absent _____	Fine Motor _____
Gross Motor _____	Familial- Disf(x) _____	Familial - Const'l _____	Health problems _____	GATE _____	
Attention control _____	Aggressive behaviors _____	Disruptive _____	Frustrated _____	Impulsivity _____	Hyperactivity _____
Antisocial/Stealing _____	Compliance _____	Angry/Emotional _____	Disrespectful _____	Withdrawn/Shy _____	Immature _____
Self-Esteem _____	Separation _____	Peer Realties _____	Anxious/Fearful _____	Austistic Behaviors _____	

SUSPICION OF LEARNING DISABILITY	Yes	No
PREVIOUS PROBLEMS NOTED	_____	
RETENTION?	_____	

INTERVENTIONS: person responsible:	Teacher	Aide	Volunteer	Expert
PEER TUTORING _____	PRAISE/POSITIVES _____			
1:1 INSTRUCTION _____	CH 1 _____			
SEAT CHANGE _____	EL NIDO _____			
ASSIGNMENT ADJUSTMENT _____	EXPERT - ACAD _____			
BEH'L CONTRACTS _____	EXPERT - SOC/BEH _____			
ACAD CONTRACTS _____	HOME-NOTE PROG _____			
SMALL GROUP INSTRUCTION _____	SOCIAL SKILLS INTVN _____			
PARENT CONSULTATION _____				
BEHAVIOR MODIFICATION _____				

REFER SPED _____	FOLLOW-UP/ MONITOR _____	REFER S&L _____
REFER ADHD _____	REFER CH 1 _____	REC INTVN _____
REFER COUNSELING _____	REFER HEALTH/MED _____	

## APPENDIX B



**Referral to the Child Study Committee**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
 Referred by \_\_\_\_\_ Title \_\_\_\_\_  
 Specific Reason(s) for Referral: \_\_\_\_\_

**Check All Alternatives Used to Remediate This Problem(s):**

- |  |  |
|--|--|
| <input type="checkbox"/> Parent Conferences                              | <input type="checkbox"/> Chapter 1   |
| <input type="checkbox"/> Reading Recovery                                | <input type="checkbox"/> Reading Specialist  |
| <input type="checkbox"/> Behavioral Contracts                            | <input type="checkbox"/> Modified Assignments (If yes, how?) _____   |
| <input type="checkbox"/> Team/Grade Level Conference(s)                  | <input type="checkbox"/> Modified Testing Procedures (If yes, how?) _____  |
| <input type="checkbox"/> Special Education (If yes, what program?) _____ | <input type="checkbox"/> Provided Student With Compensatory Classroom Aids - Study Guides, Copy of Notes, Vocabulary Lists (If yes, what?) _____ |
| <input type="checkbox"/> Individual/Small Group Instruction              |  |
| <input type="checkbox"/> School Counselor                                |  |
| <input type="checkbox"/> Other _____                                     |  |

Standardized Test Results					
Name of Test	Gr.	Date	Reading Comp. %tile	Lang. Arts Comp. %tile	Arithmetic Comp. %tile

Current Grades	Previous Year's Grades
Reading	
English	
Spelling	
Math	
Soc. Studies	
Science	

Grade(s) Retained: \_\_\_\_\_ Attendance: Days Present \_\_\_\_\_ Days Absent \_\_\_\_\_ Days Tardy \_\_\_\_\_

**Other Information**

- Yes  No Previous referral to Child Study Committee? If yes, give date and recommendations: \_\_\_\_\_
- Yes  No Does child have any medical problems? If yes, explain: \_\_\_\_\_
- Yes  No Is child taking medication? If yes, what type? \_\_\_\_\_
- Yes  No Has this child had testing, counseling and/or psychiatric services? If yes, explain: \_\_\_\_\_
- Yes  No (Attach reports. If not available, have they been requested?)
- Yes  No Has the parent or guardian of this student been contacted and informed of the reason for this referral? If no, please explain \_\_\_\_\_

Timeline Compliance	
Date	Signature of CSC Chairperson

White Copy (Student Services); Yellow Copy (School File)

[REDACTED]

**Report of the Child Study Committee**

Student \_\_\_\_\_ School \_\_\_\_\_  
Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

**Summary**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendations and Specific Responsibilities Assigned**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Recommendation**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check One

Closed       Continued \_\_\_\_\_

<b>Verification of Prior Notice, Consent and Procedural Safeguards</b>
I received prior notice of this meeting. I have also received a copy of my Procedural Safeguards and understand what the [REDACTED] Schools propose and and my rights as a parent or guardian.
Signature of Parent/Guardian _____ Date _____

Record of Contacts

**Signatures of Committee Members**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Title**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

White Copy (Student Services); Yellow Copy (School File); Pink Copy (Parent)

## APPENDIX C

Variable	Description
Record	Record Number
Sch	School Name
Gr	Grade
Gen	Gender
Eth	Ethnicity: (W=White, B=African-American, A = Asian, H=Hispanic)
FR	Free/Reduced Lunch: (F=Free, R= Reduced, N=Neither)
SES	Socioeconomic Status: (Low=Free or Reduced Lunch, Not Low=Neither)
DOB	Date of Birth
Age	Age as of September 1, 1998(9/1/98)
CSQty99	Number of CSC Meetings held for the same student in 98-99
CS1Date	First 98-99 CSC Meeting Date
CS2Date	Second 98-99 CSC Meeting Date
CS3Date	Third 98-99 CSC Meeting Date
CS4Date	Fourth 98-99 CSC Meeting Date
Full 98/99?	Was Full Evaluation Recommended during 98-99?
Elig98-99?	If yes, was the Student Found Eligible during 98-99?
Elig98-99 cat	If eligible, what category
%Atten	%Attendance = (Days Present/Days Possible) x 100
NumSch	Number of schools attended
Comment	Comment from data collection table
REFBY	Referred by: (T=Teacher, P=Parent, C=School Counselor, A=Administrator, I=Itinerant Staff)
REAS	Reason for Referral Text Field
R1ReasCd	Rater 1 Reason Code
R2ReasCd	Rater 2 Reason Code
ReasAgree?	Do Reason Codes Agree
R1ReasCom	Rater 1 Reason Comment
R2ReasCom	Rater 2 Reason Code
FReasCd	Final Reason Code
AltPC	Alternatives: Parent Conference
AltIRR	Alternatives: Reading Recovery
AltBC	Alternatives: Behavioral Conduct
AltTC	Alternatives: Team/Grade Level Conference

AltSE	Alternative: Special Education
AltSEtext	Alternatives: Special Education: If yes, what program
AltSGI	Alternative: Individual/Small Group Instruction
AltSC	Alternative: School Counselor
AltO	Alternative: Others
AltOtext	Other Alternative(s): Description
AltCH1	Alternatives: Chapter 1
AltRS	Alternative: Reading Specialist
AltMA	Alternative: Modified Assignments
Alt Matext	Modified Assignments Description
AltMT	Alternative: Modified Testing
AltMTtext	Modified Testing Description
AltCA	Alternative: Compensatory Aides
AltCAtext	Compensatory Aides Description
TotalAlt	Total Number of Alternative checked on the form
RH	Retention History(Years Retained)
PrevCSC	Previous CSC Referrals prior to 98-99
PCSCtext	Previous SCS Meeting Dates prior to 98-99
PCSCnum	Number of previous SCS Referrals prior to 98-99
MedPro	Does the student have any Medical Problems
Mptext	Medical Problem text
Meds	Is Child Taking Medication
MEDStext	Medication Taken
ADHD	Is the Medication frequently Prescribed for ADHD
PPS	Has the child had previous testing, psychological services, etc?
PPStext	Description of Previous Services
ParCon	Has the parent be contacted and reason for referral explained
ParConText	If not why?
CS1Sum	First 98-99 CSC Meeting Summary
CS1Rec	First 98-99 CSC Meeting Recommendation
CS1RecReas	First 98-99 CSC Meeting Reason For Recommendation
CS1Disp	First 98-99 CSC Meeting Disposition (Continued or Closed)
R1CS1RecCd	First 98-99 CSC Meeting Rater 1 Recommendation Code
R2CS1RecCd	First 98-99 CSC Meeting Rate 2 Recommendation Code
CS1RecCom	Do first 98-99 CSC Meeting Recommendation Codes Agree
R2CS1RedCom	First 98-99 CSC Meeting Rater 2 Recommendation Comment

FCS1RecCd	Final 98-99 CSC Meeting 1 Recommendation Code
CS1Full?	First 98-99 CSC Meeting Was Full Evaluation Recommended?
CS1MPP	Meeting Participant; Power
CS1MPA	Meeting Participant; Administrator
CS1MPC	Meeting Participant, School Counselor
CS1MPRE	Meeting Participant, Regular Ed Teacher
CS1MPSE	Meeting Participant, Special Ed Teacher
CS1MPN	Meeting Participant; School Nurse
CS1MPVT	Meeting Participant; Visiting Teacher/SSW
CS1MPSP	Meeting Participant; School Psychologist
CS1MPO	Meeting Participant; Others(s)
CS1MPOtext	Other Participants
CS2Sum	Second 98-99 CSC Meeting Summary
CS2Rec	Second 98-99 CSC Meeting Recommendations
CS2RReas	Second 98-99 CSC Meeting Reason for Recommendations
CS2Disp	Second 98-99 CSC Meeting Disposition (Continued or Closed)
R1CS2RecCd	Second 98-99 CSC Meeting Rater 1 Recommendation Code
R2CS2RecCd	Second 98-99 CSC Meeting Rater 2 Recommendation Code
CS2RecAgree	Do Second 98-99 CSC Meeting Recommendation Codes Agree?
R1CS2RecCom	Second 98-99 CSC Meeting Rater 1 Recommendation Comment
R2CS2RecCom	Second 98-99 CSC Meeting rater 2 Recommendation Comment
FCS2RecCd	Final 98-99 CSC Meeting 2 Recommendation Code
CS2Full?	Second 98-99 CSC Meeting Was Full Eval Recommended
CS2Mpp	Second 98-99 CSC Meeting Participant; Parent
CS2MPA	Second 98-99 CSC Meeting Participant; Administrator
CS2MPC	Second 98-99 CSC Meeting Participant; School Counselor
CS2MPRE	Second 98-99 CSC Meeting Participant; Regular Ed Teacher(s)
CS2MPSE	Second 98-99 CSC Meeting Participant; Special Ed Teacher(s)
CS2MPN	Second 98-99 CSC Meeting Participant, School Nurse
CS2MPVT	Second 98-99 CSC Meeting Participant; Visiting Teacher/SSW
CS2MPSP	Second 98-99 CSC Meeting Participant; School Psychologist
CS2MPO	Second 98-99 CSC Meeting Participant; Others(s)
CS2MPOtext	Second 98-99 CSC Meeting Other Participants
CS3Sum	Third 98-99 CSC Meeting Summary
CS3Rec	Third 98-99 CSC Meeting Recommendations
CS3RReas	Third 98-99 CSC Meeting Reason for Recommendations

CS3Disp	Third 98-99 CSC Meeting Disposition (Continued or Closed)
R1CS32RecCd	Third 98-99 CSC Meeting Rater 1 Recommendation Code
R2CS3RecCd	Third 98-99 CSC Meeting Rater 2 Recommendation Code
CS3RecAgree	Do Third 98-99 CSC Meeting Recommendation Codes Agree?
R1CS3RecCom	Third 98-99 CSC Meeting Rater 1 Recommendation Comment
R2CS3RecCom	Third 98-99 CSC Meeting rater 2 Recommendation Comment
FCS3RecCd	Final 98-99 CSC Meeting 3 Recommendation Code
CS3Full?	Third 98-99 CSC Meeting Was Full Evaluation Recommended
CS3MPP	Third 98-99 CSC Meeting Participant; Parent
CS3MPA	Third 98-99 CSC Meeting Participant; Administrator
CS3MPC	Third 98-99 CSC Meeting Participant; School Counselor
CS3MPRE	Third 98-99 CSC Meeting Participant; Regular Ed Teacher(s)
CS3MPSE	Third 98-99 CSC Meeting Participant; Special Ed Teacher(s)
CS3MPN	Third 98-99 CSC Meeting Participant, School Nurse
CS3MPVT	Third 98-99 CSC Meeting Participant; Visiting Teacher/SSW
CS3MPSP	Third 98-99 CSC Meeting Participant; School Psychologist
CS3MPO	Third 98-99 CSC Meeting Participant; Others(s)
CS3MPOtext	Third 98-99 CSC Meeting Other Participants
Congr	Is the recommendation code congruent with the reason
CMPLT?	Record Complete?
RespAssg	Were any responsibilities assigned with the recommendations?
Assigtxt	If Yes, who was assigned responsibilities

## APPENDIX D



### Referral to Child Study Form

Record #	<input type="text" value="15"/>	# of Other Schools	<input type="text" value="1"/>	Number of CSC Meetings 98-99:	<input type="text" value="3"/>
School	<input type="text" value="S"/>	DOB	<input type="text" value="10/10/90"/>	Was full eval recommended during 98-99?	<input type="text" value="N"/>
Gr	<input type="text" value="2"/>	Age	<input type="text" value="7.9"/>	If yes, what student found eligible?	<input type="text"/>
Gend	<input type="text" value="M"/>			If yes, primary condition:	<input type="text"/>
Eth	<input type="text" value="W"/>				
F/R	<input type="text" value="N"/>				
SES	<input type="text" value="Not Low"/>				

**Specific Reason(s) for Referral:** Referred by:

Consistent problems in all school areas with attention, retention of material, following directions.

**Check All Alternatives Used to Remediate This Problem(s):**

<input checked="" type="checkbox"/> Parent Conferences <input checked="" type="checkbox"/> Reading Recovery <input checked="" type="checkbox"/> Behavioral Contracts <input type="checkbox"/> Team/Grade Level Conferences <input type="checkbox"/> Special Education If yes, what program? <input type="text"/> <input checked="" type="checkbox"/> Individual/Small Group Instruction <input type="checkbox"/> School Counselor <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Chapter 1 <input checked="" type="checkbox"/> Reading Specialist <input type="checkbox"/> Modified Assignments If yes, How? <input type="text"/> <input type="checkbox"/> Modified Testing If yes, how? <input type="text"/> <input checked="" type="checkbox"/> Compensatory Classroom Aides If yes, What? <input type="text" value="seating at front; study buddy; close monitoring"/>	Total # of Alternatives Checked <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; text-align: center; font-weight: bold;">6</div>
---	---	--

# of times Retained <input type="text"/>	% Attendance <input type="text" value="96.7"/>
<input type="checkbox"/> Previous Referrals to CSC? If Yes, date(s) and recommendations:	# of Previous CS Referrals: <input type="text"/>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<input type="checkbox"/> Medical Problems? If yes, explain: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<input type="checkbox"/> Medications? If yes, what type?: <input type="text"/>	
<input checked="" type="checkbox"/> Previous Psych Services: Has this child had testing, counseling, and/or psychiatric services? Through family doctor and neurologist <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<input checked="" type="checkbox"/> Parent Contacted and informed of reason for referral? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

### Report of Child Study Meeting ONE

**Summary:** CS1 Meeting Date:

[Student] is experiencing consistent problems with the second grade curriculum following directions, attending and focusing on task. The mother reported that [student] is receiving weekly tutoring and has undergone testing (psychological) through [doctor].

**Recommendations, Responsibilities Assigned:**

To continue to make classroom modifications, provide additional reading resource services in addition to continual tutorial support. Share testing updates with the pediatrician.

<p><b>Reason for Recommendation:</b></p> <div style="border: 1px solid black; padding: 2px;">To obtain additional information in order to further assess [student] academic qualities.</div> <p><b>CS1 Disposition (Continued or Closed):</b>  <input type="text" value="Continued"/></p> <p><input type="checkbox"/> Full Eval Recommended at this Meeting?</p>	<p><b>Meeting Participants:</b></p> <input checked="" type="checkbox"/> Parent(s) <input checked="" type="checkbox"/> Administrator <input checked="" type="checkbox"/> School Counselor <input checked="" type="checkbox"/> Regular Education Teacher(s) <input checked="" type="checkbox"/> Special Education Teacher(s) <input type="checkbox"/> School Nurse <input type="checkbox"/> Visiting Teacher / SSW <input checked="" type="checkbox"/> School Psychologist <input checked="" type="checkbox"/> Other Participants <input type="text" value="Reading Recovery Teacher"/>
--	--

Report of the Child Study Committee (Meetings 2,3)

Report of Child Study Meeting TWO

Record #

CS2 Meeting Date:

Summary:

Reconvened to discuss progress of interventions recommended at our last meeting in November and to discuss other intervention that may help to accelerate [student] academic progress and compare attentional qualities. Continue to see inattention in small and large group. Mother met with [doctor] who recommended medication

Recommendations Responsibilities Assigned:

Continue with current accommodations. [Student] will begin taking medication to address weak attentional qualities on 1-25-99. This committee will reconvene in four weeks (Feb 26) to see if his attention qualities have improved.

Reason for Recommendation:

To obtain additional information in order to further assess [student] attentional and academic qualities.

Meeting Participants:

- Parent(s)
- Administrator
- School Counselor
- Regular Education Teacher(s)
- Special Education Teacher(s)
- School Nurse
- Visiting Teacher / SSW
- School Psychologist
- Other Participants

CS2 Disposition (Continued or Closed):

Full Eval Recommended at this Meeting?

Report of Child Study Meeting THREE

Record #

CS1 Meeting Date:

Summary:

Returned to child study as recommended. This meeting was re-scheduled due to snow day. Mother shared progress of accommodations. The mother reported that the pediatrician prescribed 10 mg. Addenel. One time/day. The mother and teacher reported observing notable changes in attention and focus. Made E on last unit reading test. [Someone] will also do some testing this summer.

Recommendations Responsibilities Assigned:

Continue to work with tutor this summer to practice SOL objectives and continue to monitor ADHD accommodations.

Reason for Recommendation:

Meeting Participants:

- Parent(s)
- Administrator
- School Counselor
- Regular Education Teacher(s)
- Special Education Teacher(s)
- School Nurse
- Visiting Teacher / SSW
- School Psychologist
- Other Participants

CS3 Disposition (Continued or Closed):

Full Eval Recommended at this Meeting?

Record:

## RATER 1

### Reason for Referral to Child Study:

Consistent problems in all school areas with attention, retention of material, following directions.

### Meeting 1 Report Summary:

[Student] is experiencing consistent problems with the second grade curriculum following directions, attending and focusing on task. The mother reported that [student] is receiving weekly tutoring and has undergone testing (psychological) through [doctor].

Rater 1 Reason Code:

Rater 1 Reason Comment (optional):

---

### Meeting 1 Recommendations:

To continue to make classroom modifications, provide additional reading resource services in addition to continual tutorial support. Share testing updates with the pediatrician.

Rater 1 Meeting 1 Rec. Code:

Rater 1 Comment for Meeting 1 Recommendations (optional):

---

### Meeting 2 Recommendations:

Continue with current accommodations. [Student] will begin taking medication to address weak attentional qualities on 1-25-99. This committee will reconvene in four weeks (Feb 26) to see if his attention qualities have improved.

Rater 1 Meeting 2 Rec. Code:

Rater 1 Comment for Meeting 2 Recommendations (optional):

---

### Meeting 3 Recommendations:

Continue to work with tutor this summer to practice SOL objectives and continue to monitor ADHD accommodations.

Rater 1 Meeting 3 Rec. Code:

Rater 1 Comment for Meeting 3 Recommendations (optional):

Record:

## RATER 2

### Reason for Referral to Child Study:

Consistent problems in all school areas with attention, retention of material, following directions.

### Meeting 1 Report Summary:

[Student] is experiencing consistent problems with the second grade curriculum following directions, attending and focusing on task. The mother reported that [student] is receiving weekly tutoring and has undergone testing (psychological) through [doctor].

Rater 2 Reason Code:

Rater 2 Reason Comment (optional):

---

### Meeting 1 Recommendations:

To continue to make classroom modifications, provide additional reading resource services in addition to continual tutorial support. Share testing updates with the pediatrician.

Rater 2 Meeting 1 Rec. Code:

Rater 2 Comment for Meeting 1 Recommendations (optional):

---

### Meeting 2 Recommendations:

Continue with current accommodations. [Student] will begin taking medication to address weak attentional qualities on 1-25-99. This committee will reconvene in four weeks (Feb 26) to see if his attention qualities have improved.

Rater 2 Meeting 2 Rec. Code:

Rater 2 Comment for Meeting 2 Recommendations (optional):

---

### Meeting 3 Recommendations:

Continue to work with tutor this summer to practice SOL objectives and continue to monitor ADHD accommodations.

Rater 2 Meeting 3 Rec. Code:

Rater 2 Comment for Meeting 3 Recommendations (optional):

**RATER Review and Reconciliation**

Record:

**Reason for Referral to Child Study:**

Consistent problems in all school areas with attention, retention of material, following directions.

**Meeting 1 Report Summary:**

[Student] is experiencing consistent problems with the second grade curriculum following directions, attending and focusing on task. The mother reported that [student] is receiving weekly tutoring and has undergone testing (psychological) through [doctor].

Rater 1 Reason Code:

Rater 2 Reason Code:

Rater 1 Reason Comment (optional):

Rater 2 Reason Comment (optional):

Final Reason Code:

**Meeting 1 Recommendations:**

To continue to make classroom modifications, provide additional reading resource services in addition to continual tutorial support. Share testing updates with the pediatrician.

Rater 1 Meeting 1 Rec. Code:

Rater 2 Meeting 1 Rec. Code:

Rater 1 Comment:

Rater 2 Comment:

Final Rec. Code:

**Meeting 2 Recommendations:**

Continue with current accommodations. [Student] will begin taking medication to address weak attentional qualities on 1-25-99. This committee will reconvene in four weeks (Feb 26) to see if his attention qualities have improved.

Rater 1 Meeting 2 Rec. Code:

Rater 2 Meeting 2 Rec. Code:

Rater 1 Comment for Meeting 2:

Rater 2 Comment for Meeting 2:

Final Rec. Code:

**Meeting 3 Recommendations:**

Continue to work with tutor this summer to practice SOL objectives and continue to monitor ADHD accommodations.

Rater 1 Meeting 3 Rec. Code:

Rater 2 Meeting 3 Rec. Code:

Rater 1 Comment for Meeting 3:

Rater 2 Comment for Meeting 3:

Final Rec. Code:

**Responsibilities Assigned?**

Record:

**Recommendations \_Responsibilities Assigned:**

To continue to make classroom modifications, provide additional reading resource services in addition to continual tutorial support. Share testing updates with the pediatrician.

Where any SPECIFIC Responsibilities Assigned?

If Yes, who was assigned?

## VITA

### Horace Alan Seibert

Horace “Alan” Seibert was born on March 10, 1968 to Horace and Harriet Seibert who still reside in his hometown of Woodstown, New Jersey. A 1986 graduate of Woodstown High School, Mr. Seibert was a good student, but scouting was his passion. Attaining the rank of Eagle while still 13 years old, he was afforded many opportunities to teach and lead other scouts. Summers were spent living and teaching at Roosevelt Scout Reservation, where in 1986, while serving in his first year as Director of Health and Safety, Mr. Seibert was named Outstanding Staffman for 1986. In the fall of that same year, he entered Virginia Tech as an undergraduate.

In 1990, Mr. Seibert served as a student intern at Christiansburg High School in Christiansburg, Virginia and then as a student teacher at Salem High School in Salem, Virginia. In 1991 he graduated from Virginia Tech with a B.S. in Secondary Science Education and was invited to return to Salem High School as an Earth Science teacher. During his first year of teaching at Salem High School, Mr. Seibert was the Salem City Schools nominee for the Sally Mae Outstanding New Teacher Award. Also during his first year, Mr. Seibert served on the newly formed Freshman Transition Committee. The committee’s recommendations resulted in The Freshman Transition Program that has proven very successful in helping students make the transition to an academically rigorous high school environment. Mr. Seibert and his colleagues have provided staff development and helped to establish similar programs in schools in several southern states.

On June 20, 1992, Mr. Seibert married Michele Renee Goodman, also a graduate of Virginia Tech. In the fall of that year, by transfer of their respective letters of membership Mr. and Mrs. Seibert united with Big Spring Baptist Church in Elliston, Virginia, where they have since served as Youth Directors and Sunday School teachers. Mr. Seibert is an ordained deacon.

Interest and enthusiasm for instructional technology combined with an entrepreneurial spirit prompted the Seiberts to found INM Innovations, an educational consulting company that specializes in staff development and instructional technology.

During that time, Mr. Seibert also began graduate work. In August of 1996, he graduated from Radford University with a M.S. in Educational Leadership. The faculty of the College of Education at Radford University recognized Mr. Seibert as the college's most outstanding graduate student by presenting him with the Ruth Wood Memorial Award for Outstanding Scholarship and Character on May 3, 1997. Later that month, on May 14, 1997, his son Chandler Alan Seibert was born.

From August 1996 to March 2000, Mr. Seibert served as Assistant Principal for Curriculum and Instruction at Andrew Lewis Middle School in Salem, Virginia. During his tenure at the middle school level, Mr. Seibert served as chair of the School Renewal Planning Team and collaborated with the faculty to establish many programs. Two examples are the Student Support Team, a process that involves stakeholders to brainstorm interventions for students that are academically or behaviorally unsuccessful, and Success School, an after school alternative education program for middle school students. On March 17, 2000 he returned to Salem High School to serve as Assistant Principal for Instruction.

Mr. Seibert is a member of several professional organizations including the National Association of Secondary School Principals (NASSP), its state affiliate (VASSP), and is a member of the American Association of School Administrators (AASA). In February 1999, he was one of six nationally selected recipients of a scholarship from AASA, the S. D. Shankland Scholarship.

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H. Alan Seibert