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ABSTRACT The problem of misplacement of students in school classrooms is reviewed and some cases illustrating misplacement and/or misdiagnosis of handicapped children are outlined. (IM)

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KNOW WHAT YOU GOT

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Misplaced children may be found in almost any kind of class. Some of these children may be seriously misplaced.

The occurrence of misplacement or misdiagnosis is so bad that not infrequently at national conventions reports are made on programs which are not even serving the reported types of clients. These program participants have heard several presentations showing incredible gains with severely and profoundly retarded children. However, only a very casual look at characteristics of the subjects readily reveals them to be childhood schizophrenic and/or autistic children. The people who have evaluated and those working with these children apparently do not even know the difference.

The problem of inadequate evaluations may have serious effects on children. Below are a few real examples of inadequate evaluations.

Biographical Sketches of Inadequately Diagnosed Students

- #1 Fred - 21 year old white male - nonverbal - institutionalized since age 12 - Placed in severely retarded unit on basis of Binet - Reevaluated at 21 because showed more ability - Examiner used Leiter International Performance Scale - Examiner divided obtained MA by 252 months instead of 156 months (maximum divisor) - Fred actually scored high moderate on the test and an analysis of the test indicates that with a little experience he could have scored in the mild range - On the basis of this test Fred was kept with the severely retarded.
- #2 Ronnie - 7 year old Black male - nonverbal - poverty home - father disabled and 60+ years old - mother hypochondriac and borderline intelligence at best - Child diagnosed TMR on basis of WISC - Child referred to mental health by Father because he had heard of Developmental Disabilities Program at Mental Health Center - Child exhibited many ritualistic schizophrenic type behaviors - Child placed in program for diagnostic purposes - After 2 weeks in program, child became so verbal he had to have verbalizations controlled - (Parents had never heard child talk before.)
- #3 Andrew - 16 year old Black male - poverty background - had done very poorly in school - Evaluated with WAIS and placed in EMR program - Performance IQ on WAIS 85 - Verbal IQ below norms - No mention in examiner's report of hearing difficulty - School referred child to mental health because he appeared more alert - On Leiter child tested 101 IQ.

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- #4 Tim - 11 year old White male - 5th grade - Diagnosed EMR with WISC - Not placed EMR due to lack of space - Placed in slow section of 5th grade - Student made C's and D's - Routine psychological reevaluation revealed visual tracking problems consistent with petite mal seizures - EEG confirmed seizures - Medication prescribed - In 6 weeks child moved to next to top section - Made A's and B's - Next 6 weeks child made all A honor roll in that section.
- #5 Sam - 5 year old White male - Cerebral Palsied child with no language - upper middle class home - Child put through intensive evaluation at nationally known reputable diagnostic center - Diagnosed Mildly Mentally Retarded - Parents advised to seek EMR placement when school age - Parents sought early placement in Developmental Disabilities Program - In spite of child's spasticity, examiner chose to use Leiter International Performance Scale - Testing stopped when child reached 120 IQ level due to extreme amount of time required causing child frustration.
- #6 Julie - 5 year old Black female - Poverty home - Diagnosed severely retarded with Binet, but examiner recommended Special Education Kindergarten - Attempts at further diagnosis revealed frightened and sexually protective child - Examiner took child to Health Department to get hearing checked - Stopped at major intersection - Child looked both ways for cars, observed oncoming car, but after judging speed and distance looked at examiner as if to say "Well you fool, what are you waiting on."
- #7 Sue - 7 year old Black female - Poverty background - Placed TMR on basis of WISC - Child alert appearing and performed routine tasks at age norm when observing others - Child referred to Mental Health because could not follow instructions - Child tested 72 IQ on Leiter - Child both receptive and expressive aphasic.

Examiner incompetence plays a significant role in misdiagnoses. Some examiners make poor diagnoses because they are threatened when they don't know the answers and therefore won't admit that they don't know. Other examiners are deficient in training and/or experience. They may consider that mixed dominance is an automatic cause of reading problems, or that a poor Bender is conclusive proof of brain damage.

Other examiners may make such poor use of background data and/or behavioral observations that they have no basis for interpreting test results.

In school systems where examiners are paid by the head for evaluations, testing may be so rushed that only the examiners desire for money may be adequately evaluated. These participants are aware of licensed psychologists as well as university affiliated examiners completing up to eight so called comprehensive evaluations in four hours.

In spite of multidisciplinary screening some legitimate placement errors do occur. A child's real problem may be masked by other symptoms, or the placement may be the most adequate available.

A classroom teacher, no matter what she is teaching, is almost certain to eventually get some seriously misplaced children.

Once a child is in a teacher's classroom, she has the responsibility to deal with the child as best she can. Once she knows that an evaluation is inadequate, she should try to get an adequate evaluation. Not only that, but she must continually reevaluate using the two best test instruments - her eyes and ears. Also, she must understand that you cannot use a cook book approach to evaluation. A test profile is no better than the examiner and is almost useless without other information:

At the convention a workshop was held using actual cases of misplaced students. Summaries show where students were after six months in their programs. Their programs had been frequently updated and they were ready for a new IEP.

CASE SUMMARIES

NAME <u>Jane</u>	INITIAL DIAGNOSIS <u>Educable Mentally Retarded</u>
AGE <u>18 years</u>	INITIAL PLACEMENT <u>EMR-Pre Vocational</u>
I.Q. <u>58 Stanford-Binet M.A. 9-6 (Sept., 1976)</u>	

OBSERVATIONS BY TEACHER AND PREVIOUS TEST RESULTS THROUGH 6 MONTHS

1. Peabody Individual Achievement Test - Administered September, 1976.

Reading Recognition	G.E.	7.3	
Reading Comprehension	G.E.	2.8	(5.0 after she read the selections orally)
Spelling	G.E.	7.1	
Math	G.E.	3.7	
2. Bender Gestalt Test M.A. 6-6 1/2 Administered, September, 1976
3. Goodenough Draw-A-Person M.A. 5-9 Administered, September, 1976
4. Through a pre-test for the Mott Reading Program, she was placed in the 5th grade level reader. - Since starting the program, she has completed all the books, about 7th grade level.
5. The following tests were given on February 18, 1977:
 - A. Vineland Social Maturity Scale
 - a. Social Age Equivalent - 15.5
 - b. Social Quotient 83
 - B. Wide Range Achievement Test
 - a. Reading G.E. 6.2
 - b. Spelling G.E. 6.5
 - c. Math G.E. 6.3
6. She is working in the math program on the 6th grade level.
7. She is employed through the Governor's Program on Training. Her duties are the following:

- A. Taking the lunch reports and compiling for the days order.
- B. Filing in the office.
- C. Simple typing for teachers.
- D. Duplicating materials using the Ditto and copying machines.

8. Her job goal is to become a receptionist or secretary.

DO THE FOLLOWING

1. Write an Individual Educational Program for Jane, using the above information.

NAME <u>Paul*</u>	INITIAL DIAGNOSIS <u>Trainable Mentally Retarded</u>
AGE <u>11</u>	INITIAL PLACEMENT <u>TMR Classroom</u>
I.Q. <u>58 Stanford Binet M.A. 6.2 (Sept., 1976)</u>	

OBSERVATION BY TEACHER AND TEST RESULTS AFTER 6 MONTHS

1. Reads simple sight words such as: to, school, I, at, like, come.
2. Completely dresses and undresses self.
3. Accepts verbal discipline without sulking.
4. Writes the alphabet from memory correctly - upper and lower case manuscript.
5. Writes name from memory correctly.
6. Writes numbers from 1-10 correctly.
7. Follows complex commands and directions.
8. Works and plays well in group activities with some supervision required.
9. Is accepted by peers.
10. Works 15 piece puzzles.

DO THE FOLLOWING

1. Write an Individual Educational Program for Paul, using the above information.

*Initially the child had almost no social or academic skills.

NAME <u>Steve</u>	INITIAL DIAGNOSIS <u>Trainable Mentally Retarded</u>
AGE <u>15</u>	INITIAL PLACEMENT <u>TMR Class</u>
I.Q. <u>Psychologists have been unable to test this child.</u>	

OBSERVATIONS BY TEACHER AND TEST RESULTS AFTER 6 MONTHS

1. Follows simple commands.
2. Responds to his name - not verbally.
3. Works puzzles from 3 to 10 pieces.
- 4.. Strings beads.
5. Completes Ring Stack or Disk in order.
6. Can pull pants up and down.
7. Not toilet trained.
8. Takes coat and cap off.
9. Makes inappropriate noises, such as roaring sounds and high pitched sounds.
10. Inconsistent verbal responses.
11. Feeds self using a spoon.

DO THE FOLLOWING

1. Write an Individual Educational Program for Steve, using the above information.