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ABSTRACT

Data from questionnaires completed by 44 Child Service Demonstration Centers were analyzed, providing information on the number of children served, the definition of LD (learning disabilities) used, the kinds of assessment data collected and the purpose for which they were used, the specific assessment devices used to collect data and the purpose for which they were used, the typical composition of the placement team, and the major sequential steps in the assessment/decision making process. Results suggested that assessment and decision making in the field of learning disabilities are characterized by variability and inconsistency. (Author)

University of Minnesota

Research Report No. 11

CURRENT ASSESSMENT AND DECISION-MAKING PRACTICES IN MODEL PROGRAMS FOR THE LEARNING DISABLED

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Institute for Research on Learning Disabilities

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I. Adequacy of Norm-Referenced Data for Prediction of Success

II. Computer Simulation Research on the Assessment/Decision-making/Intervention Process

III. Comparative Research on Children Labeled LD and Children Failing Academically but not Labeled LD

IV. Surveys on In-the-Field Assessment, Decision Making; and Intervention

V. Ethological Research on Placement Team Decision Making

VI. Bias Following Assessment

VII. Reliability and Validity of Formative Evaluation Procedures

VIII. Data-Utilization Systems in Instructional Programming

Additional information on these research areas may be obtained by writing to the Editor at the Institute.

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Abstract

Data from questionnaires completed by 44 Child Service Demonstration Centers were analyzed, providing information on the number of children served, the definition of LD used, the kinds of assessment data collected and the purpose for which they were used, the specific assessment devices used to collect data and the purpose for which they were used, the typical composition of the placement team, and the major sequential steps in the assessment/decision-making process. Results suggested that assessment and decision making in the field of learning disabilities are characterized by variability and inconsistency. The implications of the findings for current assessment practices are summarized.

Current Assessment and Decision-Making Practices in Model Programs for the Learning Disabled

With the enactment of the Education for All Handicapped Children Act (P.L. 94-142), educators have been challenged to identify all handicapped children and ensure that they are appropriately served through programs that meet their needs. A major aspect of meeting this challenge involves the appropriate assessment of children so that those requiring services can be identified.

Assessment, broadly defined, is the process of collecting data for the purpose of making educational decisions. Educators routinely use assessment data for the purpose of making screening/identification, classification/placement, instructional planning, pupil evaluation, and program evaluation decisions (Salvia & Ysseldyke, 1978). Assessment is a pervasive activity in educational settings today. Yet, there are few guidelines as to what constitutes appropriate educational assessment. Ysseldyke (1977), Ysseldyke and Algozzine (in press), and Ysseldyke and Thurlow (1978) have discussed several specific issues that have evolved at each level of data collection and decision making. As Ysseldyke and Algozzine (in press) state, "the issues are especially pronounced when educators make decisions about children thought to have learning disabilities" (p. 1). To date, it has been extremely difficult to characterize the ways in which decisions are made for or about children said to be learning disabled, and even more difficult to characterize the extent to which the data collected in the assessment process are useful (or even used) in decision making.

Mercer, Forgnone, and Wolking (1976) addressed one major concern relevant to the assessment of learning disabled children: the fact that different states have established different criteria for characterization of children as learning disabled. Adelman (Note 1) conducted a survey of those who had labeled children learning disabled, attempting to ascertain those factors considered important in the labeling/identification process. Although few labelers were willing to specify their reasons for identifying children as learning disabled, the limited data collected indicated that the labeling process was dependent on findings of poor performance on achievement tests and/or unsystematic direct and reported behavioral observations.

Despite the fact that there has been no operational definition of learning disabilities, and the fact that criteria used in identifying children as learning disabled have been both highly variant and nebulous, educators have for some time been making decisions about children. One major group of educators involved in the assessment and decision-making process as it relates to learning disabled youngsters is the Child Service Demonstration Centers. These centers have been funded by the U.S. Office of Education, Bureau of Education for the Handicapped, through Title VI-G of the Elementary and Secondary Education Act to initiate and maintain quality service programs for learning disabled children (Gillespie-Silver, Note 2). Essentially, their purpose is to develop and refine exemplary instructional programs capable of serving as models of services for learning disabled youngsters.

There are currently 52 Child Service Demonstration Centers (CSDCs) in 26 states. Funded agencies include local education agencies, state

education agencies, colleges and universities, and a variety of other educational enterprises. Each CSDC is charged with the task of providing services within a specific focus, including, for example, programming for bilingual learning disabled children, individualized planning and programming, interdisciplinary assessment, and compensatory education. While surveys have been made of the characteristics of the population served and remedial programs (Kirk & Elkins, 1975), there are little data on the assessment process in serving learning disabled children.

One study that attempted to investigate screening and identification procedures with learning disabled youngsters (McGrady & Anderson, Note 3) reported some relevant findings: (a) there was little consistency in the ways children were operationally defined as learning disabled, and (b) teacher referrals were the major avenue for identification of learning disabled children. The authors of the report, however, chose not to focus on specific assessment devices employed, nor did they attempt to answer their own questions regarding the person(s) responsible for decision making and the stages of the decision making process.

The task of assessing children is basic to identification, placement, and instructional planning for LD children, as well as to pupil evaluation and program evaluation. This research investigated the currently used assessment and decision-making practices reported by a sample of the 52 CSDCs.

Method

Subjects

Subjects were 44 Child Service Demonstration Centers located in 26 U.S. states. These subjects were obtained from a pool of the 52 CSDCs funded during 1978-79 by the Bureau of Education for the Handicapped, U.S. Office of Education. The 44 subjects were those centers returning the questionnaire sent to all CSDCs; this number reflected a response rate of 84.6 percent.

Five of the responding centers indicated that they were not involved in assessment and instruction. One center indicated that its function was to train professionals who in turn assess learning disabled children. Another center reported that it was collecting data from schools for use in the development of computer assisted instruction. Three centers indicated that their role was an administrative one in which they worked with other CSDCs. Thus, data for analysis were provided by a sample of 39 CSDCs representing 26 U.S. states.

Materials

A questionnaire was developed to investigate issues related to (a) the definition of "learning disabilities" used in the identification of children to be served, (b) the kinds of data and the specific instruments used for the purposes of screening, placement, instructional programming, pupil evaluation, and program evaluation, (c) the typical composition of the team making placement decisions about children, and (d) the usual sequence of steps in the assessment/decision-making process. In addition, data were obtained on the date each center began, and the age range and number of children served

by each center. The questionnaire is included in Appendix A.

Procedure

The questionnaire was sent by mail to all 52 funded CSDCs, with stamped enveloped enclosed for their return. A follow-up letter and second copy of the questionnaire were mailed six weeks later to those centers not responding to the first mailing.

To facilitate analysis of the item asking CSDCs to describe the sequence of major steps in the assessment/decission-making process, a "model" of the major steps was developed. This model, which included 13 steps, was derived from a brief review of the literature dealing with the team decision-making and Individualized Educational Planning (IEP) processes (cf. Gillespie, 1978; Hoff, Fenton, Yoshida, & Kaufman, 1978; Walker, H., 1978; Walker, J., 1976) as well as from a review of a sample of the responses to this item by CSDCs and Special Education Directors (cf. Ysseldyke & Poland, in press). A description of each step and typical examples of responses falling within each step are given in Appendix B.

Results

Center Information

Of the 38 centers responding with information about the date the center began, 31 (81.6%) indicated that the center had been funded in either 1976, 1977, or 1978. Five (13.1%) centers began in 1974, and two centers (5.3%) indicated that the center began prior to 1972 (1971 and 1964).

The 36 centers which provided information on the number of children

they served reported a total of 4,218 children served during 1978-79. Variability was great, with one center indicating no children had been served and another indicating 360 children had been served ($\bar{X}$ = 117.2, SD = 96.4). Several other centers indicated that data were not available.

The age ranges of children served were also quite variable for the 39 centers providing this information. Ten of these centers (25.6%) provided service to the entire school-age range (6 years to 18 years), with four of these five extending above and/or below that range. Most centers served a more restricted age population: 16 (41.0%) focused on elementary-age children, and nine (23.1%) focused on adolescent children. Seven centers (17.9%) included preschool-age children in the population served.

Definitions of Learning Disability

Thirty-eight CSDCs reported the definition of "learning disabilities" currently used by the Center in the identification of children to be served. Respondents were given four options: (a) the definition proposed by the National Advisory Council on Handicapped Children in 1968, (b) the definition from the proposed Federal Regulations of November 29, 1976, (c) the definition in the Federal Regulations of December 29, 1977, and (d) other (to be specified). Overall, nine centers (23.7%) reported use of the National Advisory Council definition, two centers (5.3%) reported use of the 1976 proposed Federal Regulations definition, 26 centers (68.4%) reported use of the 1977 Federal Regulations definition, and three centers (7.9%) reported use of another definition. Included in the "other" criteria were state guidelines, CSDC definition, and "no definition" in compliance with State

law forbidding labeling of children. Three centers indicated that two of the options were used as an operational definition. The combinations included (a) the National Advisory Council definition and the 1976 proposed Federal Regulations definition, (b) the 1976 proposed Federal Regulations definition and the 1977 Federal Regulations definition, and (c) the 1977 Federal Regulations definition and a state guidelines definition.

Assessment Data

Table 1 presents the responses of 39 CSDCs concerning the kinds of data collected about students and the purposes for which those data were used. As indicated in the table, nearly all centers used all kinds of data. All centers used norm-referenced tests and all but two centers used criterion-referenced tests. The kind of data least frequently used was medical data, yet these data were still used by more than 70 percent of the centers. The purposes for which the different kinds of data were used was relatively invariant: nearly all kinds of data were used for all types of decisions ranging from screening to program evaluation. The least variability was evidenced in the screening (range = 48.6% to 77.1%) and placement (range = 45.7% to 82.8%) areas. The greatest variability was noted in the area of program evaluation (range = 3.6% to 76.9%), with medical data and medical and social histories being used least frequently, and norm-referenced tests being used most frequently. Norm-referenced tests were used most frequently in all areas, except for the purpose of instructional programming where criterion-referenced tests and informal devices were used more often.

Insert Table 1 about here

Assessment Devices

Thirty-nine CSDCs provided information on the specific devices used in assessing children and the purposes for which each was used. The number of devices listed by the responding centers varied greatly, ranging from three to 39 ($\bar{X}$ = 11.5, SD = 6.3). One center noted that it used over 50 assessment devices, but listed only those seven used most frequently. Pearson product-moment correlations were calculated between (a) the number of children served by each CSDC and the number of devices selected and between (b) the number of years each center had been in existence and the number of devices selected. These correlations were computed to obtain some measure of the relationships between the size of the CSDC and the number of devices selected and between the experience history of the CSDC and the number of devices selected. The correlations were -.182 and .320, respectively; neither was significant.

The specific devices used by three or more centers and the purposes for which they were used are summarized in Table 2. Thirty-one different commercial devices and a variety of informal/center-developed instruments were used by three or more centers; an additional 16 different devices were used by only two centers and an additional 105 different devices were used by only one center. It is notable that no one device was used by all centers. Only five assessment devices were used by more than half of the responding centers--Key Math (59.0%), PIAT (53.8%),

WISC/WISC-R (64.1%), WRAT (59.0%), and informal/center-developed instruments (59.0%). Of the 23 centers reporting the use of informal/center-developed assessment devices, 17 used more than one such device; the number of such devices used by each center ranged from one to seven ($\bar{X}$ = 2.86; SD = 1.72).

Insert Table 2 about here

The data on the purposes for which each assessment device was used reveal that nearly all devices were used for almost all purposes. Assessment devices do not seem to have been selected to serve any one function. The purpose for which tests were used least frequently was program evaluation. Six of the devices listed in Table 2 were not used for this purpose.

Thirty CSDCs provided information on the extent to which each device was used for each purpose using a 6-point scale (1 = never, 2 = rarely, 3 = occasionally, 4 = frequently, 5 = almost always, 6 = always). Means and standard deviations of these data are presented in Table 3 for the five assessment devices used by more than half of the centers. As is evident from the standard deviations, there was a great deal of variability in the ratings given to each device for each purpose. In every case, at least one CSDC gave a rating of 1 (never used) and at least one other CSDC gave a rating of 6 (always used). In terms of mean ratings, four of the devices were used more than "frequently" for at least one purpose: PIAT for placement and pupil evaluation, WISC/WISC-R for placement, WRAT for program evaluation, and informal/center-developed

devices for instructional programming. Overall, the PIAT and the informal/center-developed devices had the highest usage ratings.

Insert Table 3 about here

Data on the commercial tests used for assessment by three or more centers (those listed in Table 2) were judged in terms of their technical adequacy. Technical adequacy was evaluated on three dimensions: norms, reliability, and validity. Tests considered to be technically inadequate were those which did not include information on a dimension and those which did not meet the criteria specified by Salvia and Ysseldyke (1978), Ysseldyke (1978a), and the APA (1972) Standards. The tests used by the CSDCs are evaluated in Table 4. The evaluation indicated that of the 30 specific instruments used by three or more centers, only eight (26.7%) had technically adequate norms. Of the 30 devices, 10 (33.3%) had reliability adequate for use in decision making, while nine (30.0%) had technically adequate validity. Of the four devices used by more than half of the centers (Key Math, PIAT, WISC-R, and WRAT), two (50.0%) had technically adequate norms, three (75.0%) had adequate reliability, and two (50.0%) had adequate validity.

Insert Table 4 about here

Placement Team Composition

Thirty-eight centers provided information on the typical composition of the group of individuals making placement decisions about children served by the center. The number of individuals typically involved

in placement decisions ranged from three to 16 different persons ($\bar{X}$ = 8.2, SD = 2.7). Table 5 presents a list of the specific personnel included on the CSDC placement teams as well as the percentage of CSDCs including each type of member. As indicated in the table, regular classroom teachers were most frequently included as members of the CSDC placement teams. Parents and LD specialists were also mentioned by more than 75 percent of the CSDCs.

Insert Table 5 about here

Steps in the Assessment Process

The CSDCs were asked to list the major steps in their center's assessment/decision-making process. Thirty-five centers responded, with four of these providing a printed flow chart rather than listing steps on the questionnaire. The number of steps designated on the questionnaire by the 31 centers ranged from four to 13, with the mean number of steps being 8.97 (SD = 2.62).

Responses of the 35 centers were analyzed by investigating the extent to which 13 basic aspects of assessment and decision making were included by the centers. Table 6 presents the 13 aspects and the percentage of centers mentioning each aspect (regardless of the position within the sequence). Two steps were mentioned most frequently: the referral or "finding" of a child (94.3%) and assessment (97.1%); these were the only steps mentioned by at least 50 percent of the 35 CSDCs.

Insert Table 6 about here

The assessment step was often specified in considerably more detail than the other steps. Seventeen of the 34 centers listing this step included a description of either the content of the assessment (N = 16) and/or the professionals involved in the assessment (N = 4). Table 7 presents the assessment content areas and professionals most frequently mentioned by the CSDCs. Psychological assessments and observation procedures were the most frequently specified content areas. The psychologist and regular class teacher were the professionals most frequently mentioned.

Insert Table 7 about here

Notably, the appointment of an assessment team (11.4%), the eligibility determination (14.3%), parental permission for placement (11.4%), and the development of strategies to implement an IEP (14.3%) were mentioned by less than 15 percent of the GSDCs. Also of interest is the finding that only 42.8 percent of the centers mentioned the development of an Individualized Education Plan (IEP) as a specific step. It should be noted, however, that the low percentages cannot be taken as evidence that these steps do not occur; instead, they may simply suggest that the steps are not considered to be major steps in the assessment/decision-making sequence.

In terms of sequencing, nearly all CSDCs conformed to the sequence presented in Table 6. Even when several steps were omitted from a list, the order of the remaining steps conformed to that in the table. All of the CSDCs except five listed referral or child find as the

first major step; two centers preceded the referral step with a step involving the existence of an in-school problem and one preceded it with the appointment of the assessment team. Two of the centers did not mention a referral step; both indicated that the assessment was the first major step. Of interest was the finding that 51.4 percent of the CSDCs specifically noted that the referral came from the teacher (25.7% also included parent referrals).

When a different order from that presented in Table 6 was given, the major difference occurred in the position of placement decision. Most commonly (20.0% of the CSDCs) the placement decision preceded the development of the IEP. Almost 10 percent (8.6%) of the centers also indicated that the placement decision was made before parents were contacted about the assessment results. One center indicated that the placement decision was made prior to the assessment.

Over half of the CSDCs (54.3%) noted that a final major step in their assessment/decision-making process was the follow-up or review of the placement or IEP.

Discussion

Child Service Demonstration Centers for Learning Disabilities were established for the purpose of serving as models of what "ought to be" for learning disabled children. During the 1978-79 academic year, 39 of the 52 CSDCs made decisions about a large number of children, providing services to over 4,000 youngsters ranging from 3 to 21 years of age. The majority of these centers were funded after the enactment of P.L. 94-142. For the most part, the CSDCs have contributed to current

educational practice and have attempted to document their success (cf. Gillespie-Silver, Note 2). However, the results of the present survey, with respect to the assessment and decision-making practices, are both enlightening and disturbing.

The assessment and decision making process can be described as multidisciplinary. A range of individuals comprise the placement team. Teachers, however, appear to have major responsibility in the entire assessment and decision-making process. They are the most frequently cited source of referrals for psychoeducational assessment, a finding which is in accord with the conclusion of McGrady and Anderson (Note 2) that teacher referrals are the major avenue for the identification of learning disabled children. Regular classroom teachers also are the most frequently included member of the placement team. These findings serve to highlight the often expressed need for teacher-training in assessment-related areas (Walsh, Serafica, & Bibace, 1976) especially in view of the reported dissatisfaction of regular classroom teachers with the team decision-making process (Yoshida, Fenton, Maxwell, & Kaufman, 1978).

While the assessment and decision-making process may be characterized in a positive light by its multidisciplinary nature, it also is characterized by both variability and inconsistency. Using the information from CSDCs as a sample of what is happening in the field of learning disabilities, it appears that different groups define their populations differently and collect different kinds of data. There is no apparent relationship between the massive number of tests administered and the information needed to place children and plan programs

for them. In fact, few of the assessment devices used most often are even technically adequate. As noted by others (Salvia & Ysseldyke, 1978; Ysseldyke, 1973, 1978a, 1978b, 1979; Ysseldyke & Algozzine, in press; Ysseldyke, Algozzine, Regan, & Potter, 1979; Ysseldyke & Salvia, 1974), the technical inadequacy of standardized tests is one of the most critical issues in making psychoeducational decisions for and about learning disabled students.

Rothkopf (1973) raised some major questions regarding the role of research in educational settings. The analogy he used may be relevant to the current state of the art in assessment and decision making related to learning disabled students:

> Ethologists have observed captive starlings going through the highly stereotyped aerial acrobatics of their insect-hunting maneuvers without another living thing within the empty air of their cages besides themselves (Lorenz, 1937). The male of a small fresh water fish, the stickleback performs a complex zigzag dance in an early part of its mating ritual.... In the stickleback the zigzag dance of the male ordinarily does not take place without the presence of the pregnant female serving as releaser. Ethologists have however sometimes observed the elaborate zigzag dance without any female or without any other fish in the vicinity (Tinbergen, 1951, p. 62).
>
> Lorenz has called the performance of these complex, highly coordinated reactions without the presence of a suitable releaser, Leerlaufreaktion. This literally

means an empty run reaction but it is usually rendered in the English literature as vacuum reaction or sometimes as overflow reaction. According to Lorenz certain basic well integrated responses occur in certain species when two conditions are met. These are: 1) that internal hormonal secretions and the tension system associated with them exceeds a certain minimum level, and 2) that a suitable and highly specific releasing stimulus occurs. When no such specific releaser appears in the immediate environment of the animal, the tension system continues to increase until it finally gets so high that the reactions will take place in essentially complete form even in the absence of a suitable releaser. Such Leerlauf reactions do not benefit the species. They are highly elaborated acts for which no suitable occasion exists and which serve no purpose. (Rothkopf, 1973, p. 10)

We would like to suggest that many of our current efforts in assessing LD youngsters resemble leerlauf reactions. We very often engage in a highly complex set of behaviors (assessment) in the absence of a suitable releaser. Those who assess children too often do so without a clear understanding of "why" they engage in assessment.

Clearly, considerable thought needs to be given to current assessment practices. Not only must devices and techniques be varied in light of the kinds of decisions to be made, but those who assess children must make greater efforts to select technically adequate instru-

ments. These data should help shed light on the critical importance and magnitude of the task facing us all.

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Table 1

Percentages of Child Service Demonstration Centers Collecting Different Kinds of Data for Different Purposes

Kind of Data	CSDCs using[a]	Purpose for Which Used[b]				
		Screening	Placement	Instructional Programming	Pupil Evaluation	Program Evaluation
Adaptive behavior/social data	84.6	57.6	66.7	48.5	54.5	30.3
Criterion-referenced tests	94.8	48.6	59.4	89.2	73.0	51.4
Informal devices	89.7	60.0	45.7	88.6	71.4	28.6
Interviewing	87.2	58.8	61.8	41.2	41.2	26.5
Medical & social histories	82.0	50.0	65.6	21.9	25.0	9.4
Medical data	71.8	50.0	71.4	32.1	25.0	3.6
Norm-referenced tests	100.0	61.5	71.8	61.5	66.7	76.9
Observation	89.7	77.1	82.8	74.3	74.3	37.1
Past records	84.6	69.7	72.7	36.4	36.4	15.2

[a] Percentages reflect numbers of CSDCs indicating each kind of data was collected for one or more of five purposes.

[b] Percentages reflect numbers of CSDCs using data for each purpose based only on those using each kind of data.

Table 2

Percentages of Child Service Demonstration Centers Using Different Assessment Devices for Different Purposes[a]

Device	CSDCs using[b]	Purpose for Which Used[c]				
		Screening	Placement	Instructional Programming	Pupil Evaluation	Program Evaluation
Beery	25.6	50.0	60.0	40.0	40.0	10.0
Bender	12.8	40.0	80.0	80.0	60.0	20.0
Brigance	20.5	37.5	75.0	100.0	62.5	0.0
Carrow	12.8	60.0	80.0	100.0	100.0	20.0
CTBS	7.7	100.0	66.7	66.7	33.3	33.3
Detroit	20.5	37.5	75.0	75.0	62.5	25.0
Frostig-McGraw	7.7	66.7	66.7	66.7	66.7	33.3
Gilmore	10.2	50.0	25.0	25.0	25.0	75.0
Gold-Fristoe	10.2	50.0	100.0	50.0	100.0	75.0
ITPA	20.5	25.0	87.5	75.0	75.0	12.5
Key Math	39.0	30.8	56.5	78.3	69.6	34.8
McCarthy	7.7	33.3	66.7	66.7	100.0	33.3
MFVT	10.2	75.0	75.0	100.0	75.0	0.0
PIAT	53.8	52.4	71.4	35.9	76.2	47.6
Piers-Harris	20.5	25.0	50.0	50.0	37.5	37.5
PPVT	33.3	76.9	38.5	38.5	46.2	7.8
Rubec	7.7	66.7	66.7	66.7	0.0	33.3
Slosson	15.4	50.0	66.7	50.0	50.0	50.0
Spache	12.8	60.0	80.0	80.0	80.0	20.0
Stanford Ach	7.7	33.3	0.0	0.0	100.0	66.7
Stanford-Binet	17.9	42.9	80.0	80.0	60.0	1.0
SRA Ach	7.7	33.3	66.7	66.7	100.0	66.7
Test of Aud Comp	7.7	66.7	33.3	66.7	100.0	66.7
Utah	7.7	66.7	100.0	33.3	33.3	33.3
WAIS	15.4	50.0	66.7	33.3	66.7	0.0
Wepman	23.1	55.6	88.9	66.7	77.8	11.1
WISC/WISC-R	64.1	44.0	90.0	48.0	56.0	8.0
Woodcock-Johnson	7.7	0.0	66.7	66.7	100.0	0.0
Woodcock Reading	38.5	40.0	80.0	66.7	60.0	40.0
WRAT	59.0	47.8	60.9	39.1	56.5	38.5
Informal/Center-developed	59.0	60.9	65.2	91.3	87.0	56.5

[a]Table includes only those devices mentioned by three or more centers. An additional 16 devices were reported by only two centers and an additional 105 were reported by only one center.

[b]Percentages reflect numbers of CSDCs listing each device.

[c]Percentages reflect numbers of CSDCs using device for each purpose based only on those listing the device.

Table 3

Extent to Which Five Most Used Assessment Devices Are Used For Different Purposes[a]

Device	Number CSDCs Rating	Purpose for Which Used				
		Screening	Placement	Instructional Programming	Pupil Evaluation	Program Evaluation
Key Math	12					
$\bar{X}$		2.33	2.75	3.42	3.25	2.17
SD		2.06	2.30	2.06	2.14	1.99
PIAT	14					
$\bar{X}$		3.14	4.00	2.93	4.43	3.21
SD		2.07	2.08	1.94	1.70	2.33
WISC/WISC-R	17					
$\bar{X}$		2.53	4.65	2.29	2.82	1.47
SD		2.21	1.93	1.79	2.07	1.37
WRAT	18					
$\bar{X}$		3.17	3.61	2.06	3.39	4.22
SD		2.31	2.28	1.80	2.29	2.26
Informal/ Center-Developed	21[b]					
$\bar{X}$		3.08	3.07	4.10	3.74	2.93
SD		2.17	2.07	1.78	2.06	2.09

[a] The extent to which each device was used for each purpose was rated on a 6-point scale, where 1=never, 2=rarely, 3=occasionally, 4=frequently, 5=almost always, 6=always.

[b] 21 CSDCs provided ratings for 59 informal/center-developed devices. The ratings for 21 devices were used in obtaining the means and standard deviations for each purpose.

Table 4

Technical Adequacy of Devices Used by Three or More Child Service Demonstration Centers[a]

Test	Norms	Reliability	Validity
Beery Developmental Test of Visual-Motor Integration	-	-	-
Bender Visual-Motor Gestalt	-	-	-
Brigance Inventory of Basic Skills	-	-	-
California Test of Basic Skills	*[b]	*	*
Carrow Elicited Language Inventory	-	-	-
Detroit Tests of Learning Aptitude	-	-	-
Gates-McKillop Reading Diagnostic Tests	-	-	-
Gilmore Oral Reading Test	-	-	-
Goldman-Fristoe Test of Articulation	CR[c]	+	+
Illinois Test of Psycholinguistic Abilities	-	-	-
Key Math Diagnostic Arithmetic Test[d]	-	-	-
McCarthy Scales of Children's Abilities	+	+	+
Motor-Free Visual Perception	-	-	-
Peabody Individual Achievement Tests[d]	+	+	+
Peabody Picture Vocabulary Test	-	+	+
Piers-Harris Self-Concept Scale	-	-	-
Ruben	*	*	*
Slossen	-	-	-
SRA Achievement	+	-	-
Spache Diagnostic Reading Scales	-	-	-
Stanford Achievement Test	+	+	+
Stanford-Binet	+	-	-
Test for Auditory Comprehension	-	-	-
Utah Test of Language Development	-	-	-
Wepman Auditory Discrimination Test	-	-	-
WAIS	+	+	+
WISC-R[d]	+	+	+
Wide Range Achievement Test[d]	-	+	-
Woodcock-Johnson Psycho-Educational Battery	+	+	+
Woodcock Reading Mastery	+	+	+

[a] + = technically adequate
- = technically inadequate

[b] Manual not available

[c] Test is criterion-referenced

[d] Devices used by more than half of all responding centers (N=30)

Table 5

Composition of Child Service Demonstration Center Placement Teams: Percentages of Centers Noting Each Team Member[a]

Regular classroom teacher	81.6%
Parent	78.9%
LD specialist	76.3%
School administrator	71.0%
Special education teacher	71.0%
School psychologist	63.2%
Educational diagnostician	55.3%
Speech/language/audiology specialist	55.3%
Psychologist	52.6%
School counselor	36.8%
CSDC administrator	34.2%
Child	28.9%
Child psychologist	21.0%
Social worker	21.0%
Physician	18.4%
Paraprofessional aide	10.5%
Juvenile/court officer	7.9%
Neurologist/neuropsychologist	7.9%
Psychiatrist	7.9%
Early childhood specialist	5.3%
Nurse	5.3%

[a]Table includes only those members mentioned by more than one center. An additional nine team members were identified by one center only.

Table 6

Percentages of Child Service Demonstration Centers Mentioning 13 Aspects of the Assessment/Decision-Making Process[a]

Aspect	Percentage
Child found or referred	94.3
Review of referral	40.0
Appoint assessment team	11.4
Obtain parental permission to assess	40.0
Assessment	97.1
Review of assessment results	45.7
Eligibility determination	14.3
Contact parent after assessment	22.8
Develop IEP	42.8
Placement decision	37.1
Parental permission for placement	11.4
Develop strategies to implement IEP	14.3
Implement program	48.6

[a] The 13 aspects were derived from a brief survey of the literature dealing with the team decision-making and Individualized Educational Planning (IEP) processes (cf. Gillespie, 1978; Hoff, Fenton, Yoshida, & Kaufman, 1878; Walker, H., 1978; Walker, J., 1976), as well as from a review of a sample of the responses to this item by CSDCs and Special Education Directors (cf. Ysseldyke & Poland, in press).

Table 7

Percentages of Child Service Demonstration Centers Specifying Assessment Content Areas and Professionals[a]

Content Areas		Professionals	
Psychological	29.4	Psychologist	8.8
Observation	26.5	Regular class teacher	8.8
Educational	20.6	Speech/language/ audiology specialist	5.9
Parent information	17.6		
Interviews	14.7		
Medical	11.8		
Speech/language	5.9		
Vision/hearing	5.9		
Diagnostic	5.9		
Standardized	5.9		
Screening	5.9		

[a]Table includes components listed by at least two centers. Percentages are based on all 34 centers specifying an assessment step.

Appendix A

CSDC Assessment and Decision-Making Questionnaire

ID # _____

CSDC Assessment and Decision Making

1. Center Information

   a. Date center began (month and year) _____

   b. Age range of students served _____

   c. Number of students served since beginning of project _____

   d. Number of students served during 1978-79 school year _____

   e. Check definition of "learning disabilities" currently used by center in identification of children to be served:

   - ☐ National Advisory Council on Handicapped Children (1968)
   - ☐ Proposed Federal Regulations (November 29, 1976)
   - ☐ Federal Regulations (December 29, 1977)
   - ☐ Other (please enclose a copy of the definition)

2. In the left-hand column below, please check the kinds of data that your center collects about students. For each kind of data checked, please indicate on the grid whether it is used for the purpose of screening, placement, instructional programming, pupil evaluation, and/or program evaluation.

	Purpose				
	Screening	Placement	Instruc. Programming	Pupil Evaluation	Program Evaluation
☐ Adaptive behavior/social data					
☐ Criterion-referenced tests					
☐ Informal devices					
☐ Interviewing					
☐ Medical and social histories					
☐ Medical data					
☐ Norm-referenced tests					
☐ Observation					
☐ Past records					

3. Please name each device that your center uses in assessing students (e.g., ITPA, center-developed reading inventory, etc.). Then, indicate the frequency with which each is used for the purpose of screening, placement, instructional programming, pupil evaluation, and/or program evaluation. Use the following numbers:

   1 - never 2 - rarely 3 - occasionally 4 - frequently 5 - almost always 6 - always

   Note: A device, although administered, need not be used for any of the listed purposes. No rating should be recorded if this is the case.

Assessment Device	Purpose				
	Screening	Placement	Instruc. Programming	Pupil Evaluation	Program Evaluation
_____					
_____					
_____					
_____					
_____					
_____					
_____					

Assessment Device	Screening	Placement	Instruc. Programming	Pupil Evaluation	Program Evaluation

4. What is the typical composition of the group of individuals who make placement decisions about children in your center? (Please check all that typically are involved.)

- ☐ Child
- ☐ Child psychologist
- ☐ CSDC administrator
- ☐ Educational diagnostician
- ☐ LD specialist
- ☐ Neurologist/neuropsychologist
- ☐ Paraprofessional aide
- ☐ Parent(s)
- ☐ Physician
- ☐ Psychiatrist
- ☐ Psychologist
- ☐ Regular classroom teacher
- ☐ School administrator
- ☐ School counselor
- ☐ School psychologist
- ☐ Social worker
- ☐ Special education teacher
- ☐ Speech/language/audiology specialist
- ☐ Other (please list)

_____

_____

_____

5. Please list and describe in the customary order of occurrence the major steps in the assessment/decision-making process used in your center: Be as specific as possible. An example of such a sequence might be: (1) Referral by a teacher or parent, ... (4) Psychological assessment, ... etc.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Appendix B

Descriptions and Examples of the Thirteen Steps in a Model of the Assessment/ Decision-Making Process

Step	Description	Examples
Child found or referred	The child's teacher, parent, etc., initiates a request that the child be evaluated to determine the need for a modification in current educational programming. This includes cases which originate as a result of the routine screening of students in a district.	Referral Referral by teacher or parent Screening and referral
Review of referral	The referral is directed to one or a group of persons who act as "gate keepers." Decisions are made as to how appropriate the referral is, whether the problem can be dealt with in the classroom, and whether the referral requires further action.	Screening of referral
Appoint assessment team	An assessment team is appointed, with each team member assigned specific responsibilities for collecting information on the child.	Assignment of responsibility for assessment
Obtain parental permission to assess	Parents are informed of their rights and of the proposed action to be taken in assessing their child. Efforts may be made to involve parents in the assessment process.	Permission to evaluate obtained Parent signs to test
Assessment	The process of collecting data on a child for the purpose of making educational decisions (eligibility/instructional planning). Often this step is broken down into a number of sequences such as psychological tests, nurse, physical, etc.	Comprehensive evaluation by team Psychoeducational testing
Review of assessment results	Members of the assessment team meet to discuss their results and decide whether further assessment is necessary. Often this step is combined in the same meeting in which eligibility is determined and the IEP developed.	Meeting to assemble assessment results Team report of results
Eligibility determination	The group of persons involved in conducting the assessment meets to decide whether, on the basis of their findings, the student meets the eligibility criteria for receiving special education services.	Classification decision Recommendation of eligibility committee
Contact parent after assessment	Parents are notified of the results of the assessment process carried out on their child. If the child has been classified as eligible to receive services, then the parents are informed of the date of the meeting at which the IEP will be developed.	Parents notified of IEP meeting Review results with parents
Develop IEP	A group of persons meets to develop the IEP. This group includes the parent or an authorized representative, and at least one representative of the team that determined the child to be eligible. Eligibility may be determined at the same meeting in which the IEP is developed.	IEP written. Development of IEP Teacher writes IEP
Placement decision	A decision is made as to what program of services to provide the child. Ideally, there is a range of options from which the final choice is made.	Recommendation for placement Placement team meeting
Parental permission for placement	Parents are given the opportunity to respond to the proposed plan of services.	Parents approve placement
Develop strategies to implement IEP	Those persons specifically responsible for carrying out the education plan described in the IEP develop instructional strategies to accomplish these goals.	Objectives written Individual programming
Implement program	The instructional plan and program placement outlined in the IEP are initiated.	Placement made IEP implemented

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*As part of its continuation proposal, the Institute was required to prepare these monographs. Because they are part of the proposal, they are not available for general distribution.

**This research report is not being distributed by the Institute. Requests for it should be directed to: The NETWORK, 290 S. Main Street, Andover, Massachusetts 01810.

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