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ABSTRACT

This is an evaluation report of a Title I clinical and guidance service program for New York City non-public school students in grades K-12 in 1979-1980. The program provided students in reading and mathematics improvement programs with individual and group sessions with guidance counselors, social workers and/or psychologists. Section one of the report describes the program. Data analysis methods and reading and mathematics test scores are described in the second section. The third section presents a summary of clinical and guidance staff interviews regarding program operations. In the fourth section interviews with the program coordinator and the field supervisor, covering program, staff and student considerations, are summarized. Recommendations by staff and administrators are provided in the final section. (APM)

[redacted]

Office of Educational Evaluation
New York City Public Schools
110 Livingston Street
Brooklyn, New York 11201

FINAL EVALUATION REPORT

ESEA TITLE I

Project Identification Number: 5001-64-01626

ESEA TITLE I

NONPUBLIC SCHOOL PROGRAMS

CLINICAL AND GUIDANCE SERVICES

1979-1980

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I. PROGRAM DESCRIPTION

The Title I Clinical and Guidance Services Program, hereafter called the Clinical and Guidance Program, served 8,662* nonpublic school students in grades K-12 at 178 sites. These students received Title I instructional services and were judged to be in need of clinical and/or guidance services. The basic assumption underlying this program, as stated by the Title I Nonpublic School Director, was that

> ... a large number of pupils who participated in our program suffer educational deprivation for a variety of causes encompassing physical, intellectual, emotional and social development. The remediation process cannot attempt to deal only with one causative factor in isolation, and ignore the other determinants that may be interfering with the child's academic progress. Thus, we provide remediation through a multiple thrust of instructional and supportive programs, which provide of equal importance in compensation, for the multiple causes of the child's educational deprivation.

The major components of the program were individual and group sessions with guidance counselors, social workers and/or psychologists.

Students entered the Clinical and Guidance Program through referrals by the Title I instructional teacher, the nonpublic school classroom teacher or the principal. A pre-rating scale was completed for each child that was accepted into the program. (See Appendix). The guidance counselor and/or social worker determined which approach was best suited to the student and provided the needed services. The clinical and guidance staff might refer a pupil for diagnostic evaluation to a psychologist who served groups of schools on a pupil referred basis. If students were diagnosed as having

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* Duplicated count, students could be enrolled in more than one Title I Instructional Program.

physical and/or intellectual deficiencies that required special education, they were referred to the appropriate place (i.e. classes for brain injured pupils, certified retarded or mentally defective, emotionally handicapped, etc). The program also provided individual and group work with parents of referred pupils. Nonpublic school classroom teachers and Title I instructional teachers were invited to case conferences and were involved in formulating treatment plans.

The program operated under the regular practices and procedures of the Bureau of Child Guidance and the Bureau of Educational and Vocational Guidance. The staff included 3.5 full-time equivalent (FTE)* supervisors, 1.5 FTE coordinators, 72 FTE guidance counselors, 9.9 social workers, 23.9 FTE psychologists and 526 hours of time of psychiatrists. In addition, secretaries and clerks were employed by the program.

The purpose of this evaluation report is to report student achievement data, describe program implementation from the teachers' and coordinators' perspectives, and to indicate directions for a more in depth evaluation during the 1980-81 year.

*FTE: One FTE is equivalent to one full-time staff position. Some staff persons are hired on a part-time or per diem basis; therefore, the amount of services is expressed in FTE's in lieu of reporting the number of staff employed.

II. DATA ANALYSIS

Evaluation Objectives And Tests Used

Students referred to the Clinical and Guidance Program were to achieve gains in performance in reading, mathematics, and English as a second language (ESL), greater than would have been expected in the absence of treatment. Student achievement was evaluated according to the USOE Model A1, using the pretests and posttests administered in the Title I instructional programs.

Reading improvement was evaluated on the basis of the performance on the Stanford Early School Achievement Test, for pupils in grade 1; the Stanford Diagnostic Reading Test, for pupils in grades 2 through 8; and the Stanford Test of Academic Skills, for pupils in grades 9-12.

Mathematics achievement was evaluated on the basis of the performance on the Stanford Early School Achievement Test, for pupils in grade 1; the Stanford Achievement Test for pupils in grades 2-8; and the Stanford Test of Academic Skills, for pupils in grades 9-11.

Student performance among those students receiving services from the Clinical and Guidance Program and ESL was not evaluated. This was done because the standardized instruments used in ESL have not been normed on appropriate populations and could not be expressed as Normal Curve Equivalents (NCE's).

Analyses Performed And Results

Performance gains as determined by standardized tests. In order to determine performance gains in cognitive areas, it was necessary to identify the test records of students receiving clinical and guidances services.

A computer match was performed between the test record files submitted for the Title I instructional programs, and the file identifying students receiving clinical and guidance services. The computer retrieved all students whose names and schools were coded identically on the two sets of files.

From "retrieved" students, all records were selected for analysis which met the following criteria: pretest and posttest raw scores were available; and the raw scores could validly be expressed as Normal Curve Equivalents. The effect of this criterion was to exclude (1) students tested out-of level (because fall or spring norms were lacking); (2) all ESL tests (which lack full sets of norms valid for ESL students).

There were 4,341 test records available for analysis for students in the Corrective Reading Program, 368 for students in Reading Skills Centers, and 3,204 for students in the Corrective Mathematics Program. Scores for these students are presented in Tables I, II, and III.

These data on the academic performance of pupils do not separate the influence of the remedial instruction from the gains attributed to the Clinical and Guidance Program. To separate these two variables is not possible within the framework of the present program. First, no fair comparisons can be made between children receiving clinical and guidance services plus remedial instruction with children only receiving remedial instruction, since all children needing clinical and guidance services are referred for service, and are by definition, "different" than those not being referred for services. To randomly select children, who need services, to become part of a control group not to receive service would be considered unethical by school staff and in violation of the Title I guidelines.

Second, since the children receiving clinical services have problems which inhibit their academic progress, one cannot assume that these children will perform better than or as well as other remedial students not receiving clinical and guidance services.

The third factor is an extension of the above two factors. One cannot measure the effects of varying hours of service received from clinical and guidance for two reasons; receiving more hours of service does not mean higher gains since the child with more severe problems received more hours of service; and, no baseline academic performance (performance of children needing clinical and guidance services, but- not receiving them) can be obtained from which to calibrate NCE gains based on hours of service.

However, the children receiving clinical and guidance services do show NCE's gains. This is commendable since these children, already receiving remedial services, were identified as having problems further affecting their academic performance.

Although there is no true comparison group, one could compare a pupil's rate of growth the year before receiving clinical and guidance services with his or her rate of growth the first year in the Clinical and Guidance Program. If it were possible to explain all of the effects of the intervening variables such as maturation, history, etc., the effects of the Clinical and Guidance Program could be better assessed. Similar case study methods are currently being used to study treatment effects on individuals where comparison groups do not exist or are not relevant.

TABLE I

TEST RESULTS FOR CORRECTIVE READING STUDENTS
RECEIVING SERVICES FROM CLINICAL AND GUIDANCE

Grade	Test	N	NCE (mean) Pretest	Posttest	NCE gain
1	SESAT - Environment	73	22	32	10
	SESAT - Aural Comp.	76	24	33	9
	SESAT - Letters & Sounds	75	33	40	7
2	SDRT Red	536	27	33	6
3	SDRT Green	680	25	37	12
4	SDRT Green	749	28	35	7
5	SDRT Brown	696	24	34	10
6	SDRT Brown	529	25	35	8
7	SDRT Brown	347	28	35	7
8	SDRT Brown	239	28	39	11
9	Level I	201	14	23	9
10	TASK Level I	112	17	23	6
11	TASK Level II	26	7	21	14
12	TASK Level II	2	18	25	7

TABLE II

TEST RESULTS FOR READING SKILLS CENTER STUDENTS
RECEIVING SERVICES FROM CLINICAL AND GUIDANCE

Grade	Test	N	NCE (mean) Pretest	Posttest	NCE gain
4	SDRT Green	31	25	36	11
5	SDRT Brown	74	24	35	11
6	SDRT Brown	83	23	34	11
7	SDRT Brown	95	26	35	9
8	SDRT Brown	85	28	39	11

TABLE III

TEST RESULTS FOR CORRECTIVE MATH STUDENTS
RECEIVING SERVICES FROM CLINICAL AND GUIDANCE

Grade	Test	N	Mean NCE Pretest	Mean NCE Posttest	NCE gain
1	SESAT	24	30	51	21
2	SAT, PRIM 1	427	27	32	5
3	SAT, PRIM 1	570	35	42	7
4	SAT, PRIM 1	586	28	37	9
5	SAT, INTERM 1	564	29	34	5
6	SAT, INTERM 2	426	27	36	9
7	SAT, ADVANCED	250	27	36	9
8	SAT, ADVANCED	172	28	34	6
9	TASK Level I	100	30	39	9
10	TASK Level I	69	31	36	5
11	TASK Level I	15	*	*	*
12	TASK Level II	1	17	29	12

* Although Level II was specified in the evaluation design, Grade II students were actually tested with TASK, Level I. Eleventh grade norms are unavailable for Level I, so that results are not reported for this grade.

II. CLINICAL AND GUIDANCE-STAFF INTERVIEWS SUMMARY

Introduction

Data for this section of this report were collected in seven schools during the period from May 19, 1980, to June 6, 1980. The sites were selected randomly from a stratified sample of schools in the Title I Clinical and Guidance Program. A small random sample of clinical and guidance staff were also interviewed in order to identify areas for more intensive evaluation during 1980-1981. The interview form was constructed, pretested and revised by the Office of Educational Evaluation with the assistance of Title I central administrators. The interviewer was trained in the use of the form before the interviews began. All interviewed personnel were informed that the purpose of the interview was to feed information back to the program coordinators and the Office of Educational Evaluation. They were assured complete confidentiality and anonymity to their responses. Each interview took bewteen 15 and 60 minutes. The average time for the interviews was 34 minutes.

This section of the report is based on interviews with eight guidance counselors, three psychologists and one social worker.

The functions of the various clinical and guidance staff are as follows:

> The Guidance Counselor shall: study pupil needs through the examination of records, observation, consultation, and interviews; assist pupils in evaluating their abilities, aptitudes, attitudes, and interests and interpret these in planning appropriate intervention; provide individual and group counseling; develop group techniques as a method of providing educational guidance, career exploration and developing insight into personal and social problems; interpret pupil data to staff members and cooperatively plan and carry out measures to meet pupil needs;

interpret pupil data to parents and seek parental cooperation in formulating and carrying through appropriate plans; work with special school services such as the Evaluation and Placement Units to insure that identified pupils are placed in optimum situations and cooperate with community agencies to provide services to referred pupils.

The School Social Worker shall: study the child, particulary his/her family and life situation, to discover physical, social or emotional factors which have inhibited learning; provide individual and group therapy to students which will facilitate the development of satisfactory interpersonal relationships and work habits; assist the learning disabled student by working both with the child and with the parent; help the staff and parents to respond to the student through new prescriptive approaches which make learning a more satisfying and positive experience.

The School Psychologist shall: study referred children and, through the use of psychological techniques, evaluate intelligence and achievement levels, growth and adjustment; participate in case conferences and offer suggestions to instructional staff for prescriptive approaches to reverse patterns of academic failure; provide therapy for children and their families both individually or in groups in order to help facilitate more satisfying ways of coping both in the learning and total life situation; confer with parents of pupils with special learning disabilities to extend their understanding of their child's problems and, if indicated, elicit parental cooperation in effecting special class placement.

The Psychiatrists shall: Examine those pupils referred by the counselor, social worker or psychologist where psychiatrict diagnosis is necessary in order to effect proper placement and to define treatment needs and goals.

Major Focus For Improvement of Pupil Functioning In Academic Areas

Respondents were asked: "In accordance with the Title I guidelines, what are the major areas of focus of the clinical and guidance component to improve pupil functioning in the academic areas?" Most answers regarded helping underachieving students to realize their full potential by working on learning and/or emotional problems that might be causing the underachievement.

The Clinical and Guidance Program staff perceived their role to be a liasion between the school, the parents, other professionals (e.g., psychologist, guidance counselor, etc.), the public school system and outside agencies. All of the interviewed staff indicated that their major foci were individual counseling, consulting with Title I nonpublic school staff, serving as a resource person, and enlisting parental aid. Also mentioned as areas of major focus were group counseling (92%), and diagnosing learning difficulties (67%).

Activities And Duties

All of the clinical and guidance personnel were asked to specify their duties and activities. The response of the one school social worker interviewed was: (1) to encourage teachers to respond to the child through individualized approaches; (2) to encourage parents to respond to the child through individualized approaches: (3) to counsel parents, students, teachers and principals; (4) to make referrals to other community agencies; (5) visit homes (6) to study the family and life situations of the child to identify problems; (7) to provide individual and group therapy to students; and (8) to counsel the learning disabled child and family.

Three school psychologists were interviewed. When asked to state their duties and activities, all three responded: (1) to evaluate intelligence and achievement levels; (2) to evaluate learning patterns; (3) to participate in case conferences; (4) to advise instructional staff on helpful prescriptive approaches (5) to confer with parents of learning disabled children; (6) to elicit parental cooperation for appropriate placement; (7) to interpret test findings to parents; (8) to interpret test findings to teachers. Two of the three also said their activities included monitoring the child's progress, classroom observations and referrals to outside agencies.

When asked to identify main duties and activities, the eight guidance counselors all responded: (1) to examine records, observe, consult and interview to determine pupil needs; (2) to plan interventions; (3) to provide individual and group counseling; (4) to develop group techniques for providing guidance; (5) to plan cooperatively with parents; (6) to work cooperatively with special school services on placements; and (7) to cooperate with community agencies to provide services to referred pupils. Most of the staff also indicated that their duties included assisting pupils in self evaluations, interperting pupil's self evaluations, interpreting pupil data to the other staff, interpreting pupil data to parents and planning cooperatively with the staff. Two guidance counselors also said they help provide information to the students about high school placement.

Pupil and/or Program Records

All of the clinical and guidance personnel indicated that they keep pupil and program records. All of the personnel kept contact sheets, case lists, weekly or monthly logs and referral sheets. Also mentioned were eligibility lists, pre-and post-rating scales (submitted by the referring teacher for each child), parent contact forms, confidential case files, and consent forms.

Supportive Services

Central Staff. Clinical and guidance personnel were asked what supportive services they received from Title I supervisory staff. All of the personnel mentioned supervisory visits, supervisory guidance and evaluations, in-service training, and materials.

In addition to the purchase of bulk materials for the total program, the clinical and guidance staff are provided with a cash allotment in order to individualize the purchase of manipulative materials.

Other Adults. Response was fairly consistent to the question, "When you are working with pupils to enhance their academic functioning, what adults do you involve in your treatment plan?" All clinical and guidance personnel indicated the parents and/or family, the Title I referring teacher and the regular classroom teacher. Most named the principals and some interviews also mentioned other clinical and guidance staff and the Title I instructional staff.

Recommendations

General Recommendations. General recommendations made by more than one clinical and guidance staff member included: (1) provide more days in each school, more staff and more clinical and guidance services (that is, expand the program to serve more children); (2) broaden the guidelines to allow more time for other services (i.e. workshops); (3) more Title I classes, perhaps for learning disabled children; (4) provide more work with community resources; (5) set aside more space in schools; (6) provide telephones for Title I personnel. One of the psychologists recommended research in preventive techniques and psychologists training in group dynamics.

Staff Development. Several of the staff members suggested additional workshops that focus on refining professional skills, learning about new laws and new diagnostic instruments, and sharpening sensitivity to peoples of other cultures.

Materials. Staff members stated they would like additional materials including more professional reference books and manipulative materials.

Pupil Selection. Selection of the students to the Clinical and Guidance Program is made by the clinical and guidance staff member together with the Title I teacher from among eligible students serviced in the Title I instructional programs. Many staff members expressed frustration at not being able to work with students who were not enrolled in any Title I instructional program, since the staff had requests to service them.

One staff member suggested setting up a maintenance system to follow-up on students discharged from the Title I instructional programs.

Coordination with Regular Classroom Teachers. Most of the interviewers said they meet with the regular classroom teachers informally, usually at lunch, since many teachers in the nonpublic schools do not have any free time. In addition, one teacher mentioned the importance of have definite times scheduled at the beginning of the school year for student appointments in order to faciliate cooperation between the Title I clinical and guidance staff and the nonpublic school classroom teacher.

Classroom teachers are invited to all case conference at which time individual student progress is assessed. Classroom teachers are also involved in formulating comprehensive treatment plans.

Coordination With Other Title I Staff. Eleven members (83%) of the clinical and guidance staff expressed satisfaction with the coordination with other Title I Staff. During formal and informal conference periods student progress was discussed. Two staff members found it difficult to meet with other staff member because of conflicting schedules and staff changes.

IV. SUMMARY OF INTERVIEWS WITH PROGRAM COORDINATORS

Program Consideration

Goals. The aim of the program was to help children function better in the basic areas of reading and mathematics. The program approached their goal by obtaining a diagnosis of the child's behavioral problems. These goals were developed with the academic progress of the child as the primary end. The clinical and guidance staff focussed on problems that might be interfering with academic progress.

Strengths and Needs. The clinical and guidance services were provided to students who demonstrated the greatest need for them. An interdisciplinary approach, a staff of highly trained professionals, and a good ratio of staff to children were all seen as program strengths.

The greatest need of the program was additional staff to service more children (i.e., according to the staff perception).

New Ideas/Approaches/Topics. Over the last three years program changes included increased internal referrals, increased conferences with the nonpublic school teachers, and more emphasis on working with parents and the community.

Student Considerations

Frequently Occurring Problems. Underachievement was named by both coordinators as the most frequently occurring problem. They also mentioned "acting out" and withdrawn behavior as problems. One coordinator named family problems and the ability to relate to others and the other mentioned physical problems (obesity, hyperactivity and mental retardation) as the other common problems.

How Students were Referred. Students were referred to clinical and guidance services by the Title I instructional teacher, the regular classroom teacher and/or the nonpublic school principal.

How Students were Diagnosed and Evaluated. The clinical and guidance staff classroom teachers are in constant communication about the child's progress. When it becomes apparent that all of the variables which indicate change in personality show positive progress, the child is seen less often in counseling. Improved grades on report cards and testing, and positive teacher comments on behavior, form the multiple criteria for closing a case.

Social workers generally took social histories and used this information in working out a treatment plan for the child.

Guidance counselors used the pre-and post-rating form that were filled out by the referring teachers; these checklist of behaviors are the teachers evaluation of the child's needs. (See Appendix.) In addition to the teacher ratings, the counselors also conducted informal interviews with the child. All of the available information on the child is used to make a treatment plan for the child. Notes were kept in individual files on each child seen by the counselor.

How Students Were Reassessed. The child's progress was discussed with the Title I instructional teacher and regular classroom teacher; recommendations for different approaches were made if the child was not improving. This reassessment was done on a regular basis.

How the Interpretation of Diagnostic and Evaluation Procedures was Reported to Parents. Parents were involved from the beginning. They gave their consent before any testing was done and then were given feedback after the evaluation was completed.

The principal, the classroom teacher, and the Title I instructional teacher were also informed of the diagnostic findings.

When Services were Ended. Treatment was terminated if the child showed academical and behavioral improvement.

Participant/Staff Ratio. Participant-staff ratio for program activities varied from one to one, to a small group setting, (six to eight pupils) or to a larger group setting for pupils, parents and instructional staff members.

Frequency of Instruction. Duration and frequency of activities varies directly with the needs of the individual, the type of activity and the availability of staff as well as the number of days of service in a school.

Emergencies. Emergencies that occurred included aggressive and violent behaviors, suicide threats and family break-ups. The clinical and guidance staff dealt with the immediate crisis by talking to the persons involved -- the child, the parents, the teacher -- and referral was made to an outside agency for continuation of treatment if the child was not enrolled in any Title I instructional program.

Staff Considerations

Staff Involvement with the Title I Teacher and the Regular Classroom Teacher. A team approach was used. Clinical and guidance staff met with Title I teachers and the regular classroom teachers to discuss individual cases.

Outside Agencies. The length of time taken by outside agencies to respond to referrals varied depending on the agency and its location.

Materials. According to the coordinator, counselors are given a shopping bag full of materials to supplement the supply of manipulative materials which have been maintained at each site throughout the entire history of the program. Counselors are told that they may individualize their purchases when they are given their allotments each year. They also are informed that they may request reference books for the library. Puppets are routinely provided each year and some counselors have chosen to buy doll houses.

Recommendations

General. General recommendations included providing more supervisors and staff and building in more time for training and staff development.

Regarding staff development, last year at least seven unpaid speakers and workshops leaders volunteered their time to the Guidance Program. These volunteers came from a variety of places including state agencies, mental health clinics, hopsitals and priviate institutes.

V. EVALUATION CONCLUSIONS AND RECOMMENDATIONS

The following concerns were expressed by Clinical and Guidance Services personnel during interviews with the evaluation concultant:

1) Clinical and guidance staff members expressed a desire to be included in the other program component staff meetings.

2) Lack of adequate space was seen as a problem in some of the schools.

3) Staff members voiced a need for more staff development.

The evaluation team recommends that the program coordinators discuss these issues with the staff during meeting times and explore ways of solving these problems within their legal and budgetary restraints.

The program coordinators expressed a desire to revise the Behavior Rating Scale. The revision of this scale has been identified by the Office of Educational Evaluation as a priority area for the investment of effort for 1980-1981.