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ABSTRACT

One hundred and seventy-four elementary classroom teachers reviewed a case study on a third-grade male student exhibiting either unmanageable behavior, socially immature behavior, or perceptual difficulties within the classroom, and then indicated their agreement with 40 statements of possible interventions for the student. A factor analysis indicated that teachers preferred interventions in which they would be involved. Different interventions were recommended for students exhibiting different behaviors approximately one-half the time. More severe interventions (e.g., drug therapy) were favored more often for an unmanageable student, and less severe ones (e.g., peer tutoring) for a student with perceptual difficulties. The results are discussed with regard to implications for serving students exhibiting different behaviors in school. (Author)

University of Minnesota

Research Report No. 76

TEACHERS' INTERVENTION CHOICES FOR CHILDREN EXHIBITING DIFFERENT BEHAVIORS IN SCHOOL

Bob Algozzine, James Ysseldyke, Sandra Christenson, and Martha Thurlow

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Institute for Research on Learning Disabilities

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Abstract

Elementary classroom teachers reviewed a case study on a third-grade male student exhibiting either unmanageable behavior, socially immature behavior, or perceptual difficulties within the classroom, and then indicated their agreement with 40 statements of possible interventions for the student. A factor analysis indicated that teachers preferred interventions in which they would be involved. Different interventions were recommended for students exhibiting different behaviors approximately one-half the time. More severe interventions (e.g., drug therapy) were favored more often for an unmanageable student, and less severe ones (e.g., peer tutoring) for a student with perceptual difficulties. The results are discussed with regard to implications for serving students exhibiting different behaviors in school.

Teachers' Intervention Choices for Children Exhibiting Different Behaviors in School

A significant number of America's children are failing to profit from the time they spend in school (Ysseldyke & Algozzine, 1982). The magnitude of educational failure is evidenced in the summary report of a project sponsored by the Children's Defense Fund:

> According to our analysis of the 1970 U.S. Census data on nonenrollment, nearly two million children 7 to 17 years of age are not enrolled in school....The only children included in the census data and in our school survey were those who were physically out. Not counted are the far greater number of children who are technically in school but who benefit little or not at all. They are the functionally or partially excluded children. They may remain in schools and learn little or nothing. (Washington Research Project, 1978, pp. 1-2)

Unfortunately, as Rubin and Balow (1978) indicated, "behavior that at least one teacher is willing to classify as a problem is the norm rather than the exception for elementary school children" (p. 109). Rubin and Balow (1971) surveyed classroom teachers and found that 41% of the children in the study had "educationally defined" behavior problems. In their analysis of ratings collected over seven years, Rubin and Balow (1978) found that 60% of the students were perceived as problems by at least one classroom teacher. Curran and Algozzine (1980) found that teachers were more accepting of a case study child when the behavior exhibited by the child matched that for which they were most tolerant.

Research consistently has shown that a student's behavior is a major factor influencing decisions that are made about the student.

Giesbrecht and Routh (1979) found that negative comments about behavior in cumulative folders resulted in greater likelihood of referral for special educational services, more projected time in a resource room, and greater need of other special services. Ysseldyke and Algozzine (1982) reported that psychoeducational decision making was influenced by knowledge of behavior problems more than by the results of actual assessment.

Intervention strategies for students exhibiting problems in school have taken several forms. Until the results of recent litigation prohibited the practice, exclusion of students exhibiting behavior problems was quite common (Ysseldyke & Algozzine, 1982). Ability grouping of students also had widespread appeal in the early days of American education; recently, this intervention approach also has been limited by judicial rulings (Ysseldyke & Algozzine, 1982). As a result, a variety of counseling techniques and direct intervention strategies have evolved as methods for dealing with behavior problems (Algozzine, Schmid, & Mercer, 1981). However, one of the most elaborate and expansive educational alternatives for failing students has been special education. In the 1980 Report to Congress it was indicated that "special education and related services are now being provided to more than 9.5 percent of the children enrolled in schools" (U.S. Department of Education, 1980, p. 17); currently, services are provided to over four million students in 11 different categories. And, while litigation and legislation served to curb the expansion of some educational alternatives for failing students, the

enactment of the Education for All Handicapped Children Act of 1975 (Public Law 94-142) made a free, appropriate education, a handicapped individual's right (Abeson & Zettel, 1977; Ysseldyke & Algozzine, 1982).

Baker and Gottlieb (1980) believe that the concern at the "heart" of Public Law 94-142 is the notion of mainstreamed education; they add:

> Perhaps more than any other aspect of [the law], the mandate to place handicapped children in the least restrictive environment has caused teachers and administrators to be wary of forthcoming trends in special education and to close their eyes to the problem in the hope it will disappear. (p. 4)

While previous trends resulted in the removal of students exhibiting problems in school from regular classes the practice now has been reversed; it is now in vogue to place problem students in settings as much like normal as possible. Instruction of all school students is the responsibility of classroom teachers.

Clearly, there are any number of alternatives available when teachers make instructional decisions about students. The extent to which various intervention actions were preferred by regular classroom teachers for students exhibiting different classroom behaviors was addressed in this research.

Method

Subjects

Participants were 174 elementary school teachers who volunteered after being selected randomly from a computerized representative

national listing (purchased from Market Data Retrieval) of regular classroom teachers. Approximately 90% of the original sample (n=189) completed the entire project. Eighty-six percent of the sample was female and 65% were between the ages of 26 and 44. Most (92%) of the teachers taught in public schools; the distribution of participants from various types of communities (e.g., suburban, urban, rural) and grade levels (1-7) was relatively even. Teachers from each state, with the exception of Alaska, were represented. Two-thirds of the subjects had completed bachelor's or master's degrees and 40% had completed coursework in special education. A summary of the demographic data obtained from the participating teachers is presented in Table 1.

Insert Table 1 about here

Materials

Four data collection instruments were used in the study. A survey entitled Actions To Be Taken (see Appendix A), Rotter's Internal-External Locus of Control Scale (Rotter, 1966), the Disturbing Behavior Checklist II (Algozzine, 1979), and a form for collecting demographic information were included in the materials received by each subject. The participants also received a two-page, single-spaced summary describing a student's behavior.

The student summaries were written to reflect the dimensions included in the Disturbing Behavior Checklist II (DBC-II);

descriptions of a third-grade boy demonstrating socially immature behaviors, perceptual difficulties, or unmanageable behaviors were prepared. Each student summary was consistent in format and included six sections: medical, developmental, family, school history, test information, and third grade classroom observations. The actual information included in each section of the summaries was the same for each child except for the description of the student's behavior. All test scores were within normal limits; family and school information was considered typical, and medical/developmental data were reflective of an average child. Three different descriptions of the student's behavior were integrated into the student summaries to form three cases (see Appendix B). In one case, an immature child was described; behavioral descriptions such as delayed age-appropriate social skills, insecurity, and limited expressive abilities were included. Poor visual discrimination, confusion with directionality, excessive reversals, and sloppy school work were used to describe a child with perceptual difficulties; rude, defiant, lack of motivation, and hyperactive were used to describe the unmanageable student.

In addition to asking teachers what actions they would take with the case study child, the Actions to be Taken survey included items in the following areas: extent of learning or behavior problems, eligibility for special education services, predictions of school performance, attributions for behavior, and recommended placements. The interventions (actions) teachers indicated they would take were of interest in this study. Teachers' responses to other parts of the

survey and the relationship of responses to other instruments used in the study will be described in other reports.

Teachers' responses to each of 40 statements about intervention were solicited. Each treatment alternative was presented in a sentence to which the subject was to indicate degrees of agreement (i.e., 5), or disagreement (i.e., 1) using a Likert format. The 40 intervention choices ranged from those in which the classroom teacher would have primary responsibility, to those suggesting shared responsibility, to those where the teacher would have no responsibility in implementation. The items were based on a review of special education texts and discussion with colleagues. After a pilot study, items were modified and analyzed according to the degree of involvement required of the classroom teacher; 16 interventions could be implemented without the teacher, 13 required shared responsibility by the teacher and other individuals, and 11 required implementation solely by the classroom teacher. The following are examples of the items:

1. I would want to break David's assignments into component parts and systematically teach the components (i.e., task analysis).
2. I would want part-time placement in a resource room for David.
3. I would want David seen by a school psychologist.

Two forms were developed to control for order effects. The two forms were distributed equally to the participating subjects.

Procedure

A letter explaining the study was sent to 300 teachers randomly selected from the list purchased from Market Data Retrieval; potential subjects were offered payment for their research participation. From this initial mailing, 121 teachers agreed to participate. A second mailing of 150 letters to randomly selected names from the Market Data Retrieval list resulted in an additional 68 subjects willing to participate. The total number of teachers initially willing to participate was 189.

Each teacher agreeing to participate was assigned one of the three student summaries. The teachers were assigned a specific student summary (i.e., immature, unmanageable, perceptual) according to the order of receipt of their signatures agreeing to participate in the study. The materials were sent in two separate mailings. The first set of materials included the student summary and the Actions To Be Taken survey. Upon receiving the first set of completed materials from the teacher, the second set, which included the Disturbing Behavior Checklist II, Rotter's Internal-External Scale, demographic information form, and a contract for payment, was mailed. When all completed materials were returned, the participant was paid.

A two-week time limit was suggested for completing each set of materials; both a follow-up letter and postcard were used to encourage the subjects to return completed materials. The final sample included approximately equivalent numbers of teachers who received and evaluated the immature (N=57), unmanageable (N=58), and perceptual

(N=59) students.

Data Analyses

Three types of analyses were conducted. First, one-way ANOVAs were conducted to examine the extent to which the 40 interventions were given different ratings for different types of students. The level of significance for these tests was set at 0.01, and an additional criterion of at least a 0.5 unit difference between means was imposed in an attempt to separate meaningful differences from trivial ones (due to large number of subjects per group and large number of tests conducted). Second, a factor analysis of the ratings was used to obtain information regarding intervention areas of similar items; relative importance of each area also was evaluated. The extent to which similar ratings of intervention factors were made for different case summaries also was analyzed; the level of significance for the four one-way ANOVAs was set at 0.01, and an additional criterion of at least a 0.5 unit difference between means was imposed, again to separate meaningful differences from trivial ones.

Results

Intervention Preferences

Means and standard deviations of teachers' ratings of each intervention option, grouped according to the type of case study materials reviewed, are presented in Table 2. More than half of the items were given ratings greater than 3.5, indicating the teachers' agreement with them as interventions for dealing with students exhibiting different classroom behaviors. An analysis of the highest

ranked interventions indicated that teachers would collect information about the student or about teaching through consultation, assessment, or direct reading. External placements, non-responsive instruction (e.g., move student at same rate of progress as peers), and the use of psychoactive medication were the least favored treatment alternatives.

Insert Table 2 about here

Results from the ANOVAs indicated that significant differences in ratings as a function of the type of student existed for 17 of the 40 interventions. These were subjected to Tukey follow-up tests. For the items with mean ratings of 3.5 or greater, the teachers favored modifying materials, adaptive physical education instruction, and perceptual training more for the case study child with perceptual difficulties than for the other two cases; family therapy was favored more for the unmanageable child. Individual or group counseling, personality tests, a contingency management program, and feedback on classroom expectations were seen as more important for the child with either unmanageable or immature behavior than for the student with perceptual problems. Knowledge of speech and language test results was considered more important for the immature than for the perceptual problem child.

For the items with mean ratings less than 3.5, follow-up tests indicated that social skills training was seen as less important and occupational therapy and private tutoring were seen as more important

for the student with perceptual problems than for the immature or unmanageable child. Language therapy and retention were rated more highly for the immature child, drug therapy was rated more highly for the unmanageable child, and peer tutoring was favored more for the immature or perceptual difficulties case child than the unmanageable student. Having the child seen by a psychiatrist was favored most for the unmanageable student and least for the student with perceptual problems.

The ratings suggest that teachers view unmanageable behavior as more problematic than immature behavior or perceptual difficulties. For example, while a relatively severe intervention (i.e., drug therapy) was not rated highly ($\bar{X}$=1.6), it was more favored for the unmanageable child ($\bar{X}$=2.4) than for the immature ($\bar{X}$=1.2) student or the student with perceptual difficulties ($\bar{X}$=1.3). Similarly, family therapy was preferred more and peer tutoring was preferred less for the student demonstrating unmanageable behavior.

Intervention Factors

A principal axis factor analysis of teachers' ratings of the various interventions was performed. Factors accounting for at least 5% of the variance were rotated; this solution addressed 35% of the total variance, and items with loadings of 0.30 or greater were analyzed. As is indicated in Table 3, the items that comprised Factor I address interventions related to teaching style or direct teacher involvement; it was labeled Teacher-Directed Actions. Consultative Actions are included in the second factor; obtaining knowledge of test

scores, family therapy, speech/language therapy, psychiatric or school psychologist consultations, and individual or group counseling for the child are included in Factor II. The items in Factor III reflect External-Placement Actions; they included referral to special education, special or other class placement, and other "outside" referrals. Factor IV contains a set of Teacher Non-Directed Actions; for example, private tutoring and/or having parents spend more time with the child at home, do not require teachers to implement or direct additional interventions.

Insert Table 3 about here

Means and standard deviations of teachers' ratings of the intervention factors, grouped according to the type of case study materials reviewed, are presented in Table 4. The relative importance of each intervention factor (e.g., teacher-directed) was evaluated by calculating the average of the teachers' mean ratings for each factor. Teacher-directed actions received the highest overall rating ($\bar{X}$=4.0); no differences were indicated as a function of the type of child rated. Consultative actions and external-placement actions were rated similarly ($\bar{X}$=3.5 and 3.3, respectively); differences were indicated in consultative actions but not for items comprising the external-placement factor. The teachers gave lower ratings to interventions involving consultative activities for the case study child demonstrating perceptual difficulties, F (2,171) = 22.5, p = .00. The

least favored interventions were those considered to be teacher non-directed actions ($\bar{X}$=2.8); no differences were indicated for children exhibiting different types of classroom behaviors.

Insert Table 4 about here

Discussion

The actions that teachers take when they encounter students exhibiting difficulties in school have a significant impact on the educational futures of those students. For example, it has been demonstrated that once a teacher decides to refer a student for consideration for special education services, it is highly likely that the student will end up in some kind of special education placement (Algozzine, Christenson, & Ysseldyke, 1981; Christenson, Ysseldyke, & Algozzine, 1981). Similarly, Algozzine and Ysseldyke (1981) found that a high percentage of decision makers (51%) declared a student demonstrating average psychoeducational performance eligible for special education services. It appears there may be a one-way street from referral to placement within much of contemporary classification practice. Christenson et al. (1981) argue that teachers should implement interventions prior to referral to counteract the confirmatory nature of special education decision making.

The responses of teachers who completed the Actions To Be Taken survey supported the intervention-before-referral paradigm; the most favored interventions were those requiring teacher actions of some

type--obtaining additional information about the student or the problem, changing classroom procedures or materials for the student, consulting with another individual for ideas, and so on. In general, the less favored interventions were non-teacher directed actions, such as having someone else (e.g., psychiatrist, speech therapist) assume responsibility for the student. The least favored treatment alternatives were the more extreme external placements, including transfer to another classroom or full time special education placement.

However, the teachers' overall responses must be considered in light of several other findings. For example, in spite of receiving average test data on the student, teachers gave "referral to special education" and "part-time resource room placement" relatively high ratings ($\bar{X}$=3.4 and 3.7, respectively). In related research, teachers indicated that placement was a desired outcome of the decision to refer a student (Ysseldyke, Christenson, Algozzine, Pianta, & Wang, 1982). Lambert (1976) found that teachers' suggested solutions for elementary students never referred to special education but demonstrating chronic learning and behavior problems were evenly split between those that could be instituted within the classroom program (e.g., change in curriculum) and those requiring external assistance (e.g., professional attention). She concluded that "teachers are just as likely to view intervention that someone else undertakes as a suitable solution as they are to consider change in the classroom as important" (p. 516). It appears that although teachers may want to be

involved in interventions for students about whom they are concerned, they also desire special education direct service.

Although the results of this study indicated that teachers chose teacher-directed interventions, the extent to which these interventions provide valuable teaching information is unknown. For example, assessment-related interventions, specifically "obtain knowledge of modality strength," "knowledge of achievement and IQ test scores," and "have specialist pinpoint source of problem," received top rankings; however, the method teachers use to transfer such assessment information to a teaching strategy is still a subject of query. In addition, there is no empirical evidence that educational diagnosticians can reliably and validly identify a student's stronger modality of functioning or specific causes of the classroom difficulty. The current study seems to reinforce the "dead-end" effect of assessments in that teachers wanted assessment data for the case study children, yet student characteristics (e.g., immature vs. unmanageable) had no impact on teachers' preferred interventions, with the exception that consultative-related interventions were rated lower for students demonstrating perceptual difficulties.

In short, teachers in this study may have been responding in a "pie-in-the-sky" manner to the hypothetical situation. Observational research has demonstrated that there is often considerable discrepancy between teacher reports of time allocated to instruction and the amount of time observed to be spent in actual instruction (cf. Felsenthal & Kirsch, 1978; Frederick, Walberg, & Rasher, 1979;

Jacobsen, 1980; Karweit & Slavin, 1981). The question of whether what teachers say they would want to do when a student exhibits certain behaviors in the classroom is the same as what they actually do still remains.

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Table 1

Summary of Demographic Data Collected from Subjects

Information Collected	Summary Statistics	Information Collected	Summary Statistics
Teacher Sex		Grade Level Taught	
Male	14%	First	17%
Female	86%	Second	16%
Teacher Age		Third	19%
		Fourth	13%
Under 26	3%	Fifth	11%
26-34	33%	Sixth	8%
35-44	32%	Seventh	16%
45-54	20%		
55-64	11%	School Location	
Over 64	1%		
Teacher Experience		Urban	32%
		Suburban	36%
Less than 1 year	2%	Rural	32%
1 - 2 years	2%		
3 - 5 years	10%	School Type	
6 - 9 years	20%		
10 - 15 years	32%	Public	92%
Over 16 years	34%	Private	8%
		School System Population	
Teacher Degree			
		Below 3000	37%
BS	49%	3000 - 6999	20%
MS	19%	7000 - 9999	8%
MS+	32%	10000 - 14999	6%
		15000 - 24999	6%
		25000 - 49999	8%
		50000 - 74999	6%
		Over 75000	9%

Table 2

Means and Standard Deviations for Teachers' Ratings of Each Intervention Choice for Each Type of Case Summary[a]

Intervention Option	Case Summary		
	Immature	Unmanageable	Perceptual
Obtain knowledge of modality strength	4.7(0.7)	4.5(0.8)	4.8(0.4)
Meet with specialists for teaching ideas	4.6(0.8)	4.5(1.0)	4.8(0.5)
Knowledge of achievement test scores	4.6(0.8)	4.5(0.8)	4.4(0.9)
Read textbooks and articles about teaching	4.4(0.9)	4.2(0.9)	4.6(0.6)
Knowledge of individual IQ test score	4.3(1.1)	4.4(0.9)	4.3(1.0)
Have specialist pinpoint source of problem	4.1(1.2)	4.4(0.9)	4.6(1.0)
Measure progress to plan interventions	4.4(0.8)	4.4(0.8)	4.3(1.0)
Select special instructional materials	4.0(1.1)	4.0(1.1)	4.5(1.0)
Child seen by school psychologist	4.1(1.1)	4.5(0.9)	4.0(1.2)
Modify instructional materials[b]	3.9(1.0)	4.0(1.2)	4.5(0.8)
Consult with principal	4.1(1.1)	4.2(1.0)	3.9(1.2)
Break up assignments and teach components	4.0(1.0)	4.1(1.0)	4.3(0.9)
Design home instructional program	4.2(1.2)	4.0(1.0)	4.1(1.0)
Obtain individual or small group counseling[b]	4.1(1.1)	4.4(0.8)	3.5(1.2)
Provide feedback regarding classroom expectations[b]	4.2(1.0)	4.3(0.8)	3.5(1.4)
Knowledge of personality test results[b]	4.2(1.1)	4.1(1.0)	3.4(1.2)
Discuss individual differences with others	3.9(1.1)	3.6(1.3)	4.1(1.0)
Modify teaching style	3.8(1.3)	3.6(1.2)	4.2(1.0)
Part-time resource room placement	3.7(1.1)	3.5(1.3)	4.0(1.1)
Plan contingency management program[b]	4.0(1.0)	4.4(0.8)	2.8(1.3)
Knowledge of speech and language test scores[b]	4.0(1.0)	3.6(1.1)	3.4(1.3)
Instruction in adaptive physical education[b]	3.2(1.4)	3.1(1.3)	4.5(0.9)
Child seen by medical doctor	3.2(1.2)	3.7(1.3)	3.7(1.3)
Family therapy[b]	3.4(1.3)	4.1(1.0)	3.0(1.4)
Perceptual training for the child[b]	3.1(1.2)	2.7(1.1)	4.6(0.7)
Refer to special education	3.1(1.3)	3.5(1.5)	3.7(1.4)
Social skills training for the child[b]	3.6(1.1)	3.7(1.0)	2.5(1.1)
Assign teacher aide to child	3.2(1.3)	3.3(1.2)	3.4(1.2)

Table 2 (continued)

Intervention Option	Case Summary		
	Immature	Unmanageable	Perceptual
Have parents spend more time with child	3.5(1.1)	3.2(1.1)	3.0(1.1)
Home visit by social worker	2.9(1.4)	2.9(1.3)	2.6(1.5)
Child seen by psychiatrist[b]	2.9(1.3)	3.4(1.2)	2.1(1.2)
Speech/language therapy[b]	3.5(1.1)	2.5(1.1)	2.2(1.2)
Have child retained for the next school year[b]	3.1(1.2)	2.2(1.2)	2.6(1.4)
Peer tutor assigned to child[b]	2.8(1.4)	2.1(1.3)	2.6(1.4)
Occupational therapy[b]	2.2(1.1)	2.2(1.1)	2.8(1.3)
Private tutoring after school[b]	2.2(1.0)	2.2(1.1)	2.8(1.3)
Self-contained, special education placement	1.9(1.2)	2.4(1.3)	2.2(1.4)
Move at same rate of progress as peers	2.1(1.2)	2.4(1.3)	1.9(1.3)
Place child in another class	1.5(1.0)	1.8(1.0)	1.7(1.1)
Control behavior with drug medication[b]	1.2(0.5)	2.4(1.2)	1.3(0.7)

[a]Statements were rated on a scale from 1 to 5, where 1=strong disagreement and 5=strong agreement. Entries in table are means and standard deviations (in parentheses) of the ratings. Wording of items has been condensed from the original survey.

[b]Differences between means were significant according to established criteria.

Table 3

Results of Factor Analysis of Teachers' Intervention Choices[a]

Intervention Option	Factor I	II	III	IV
Modify current instructional materials	.68			
Select special instructional materials	.63			
Modify teaching style	.59			
Knowledge of modality strength	.58			
Read textbooks and articles about teaching	.57			
Meet with specialist for teaching ideas	.55			
Break up assignments and teach component parts	.52			
Measure progress to plan interventions	.46			
Move at same rate of progress as peers	-.41			
Instruction in adaptive physical education	.41			
Discuss individual differences with others	.37			
Place child in another room	-.37			
Perceptual training for the child	.31			
Control behavior with drug medication	-.31			
Plan contingency management program		.71		
Knowledge of personality test results		.67		
Social skills training for the child		.66		
Child seen by psychiatrist		.56		
Provide feedback regarding classroom expectations		.49		
Perceptual training for child		-.47		
Individual or small group counseling for the child		.47		
Family therapy		.43		
Speech/language therapy		.42		
Knowledge of speech and language test scores		.38		
Child seen by school psychologist		.38		
Knowledge of individual achievement test scores		.35		
Self-contained, special education placement			.57	
Refer to special education			.43	
Have specialist pinpoint source of problem			.43	

Table 3 (continued)

Intervention Option	Factor I	II	III	IV
Place child in another class			.35	
Child seen by school psychologist			.35	
Home visit by social worker			.33	
Private tutoring after school				.61
Have parents spend more time with child				.44
Speech/language therapy				.39
Have child retained for next school year				.37
Perceptual training for the child				.33
Mean rating of importance	(4.0)	(3.5)	(3.3)	(2.8)

[a]Wording of items has been condensed from the original survey.

Table 4

Relative Importance of Intervention Factors for Teachers Reviewing Different Types of Case Summaries[a]

Intervention Factor	Case Summary			Rating of Importance
	Immature	Unmanageable	Perceptual	
Teacher Directed Actions	3.9 (0.6)	3.9 (0.6)	4.2 (0.4)	4.0
Consultative Actions[b]	3.6 (0.7)	3.7 (0.5)	3.1 (0.6)	3.5
External Placement Actions	3.1 (0.9)	3.4 (0.9)	3.5 (0.9)	3.3
Teacher Non-Directed Actions	2.8 (0.8)	2.7 (0.9)	2.9 (0.9)	2.8

[a]Statements were rated on a scale from 1 to 5, where 1=strong disagreement and 5=strong agreement. Entries in table are means and standard deviations (in parentheses) of the ratings.

[b]Differences between means were significant according to established criteria.

APPENDIX A

Actions To Be Taken Survey

A-1

ACTIONS TO BE TAKEN

I. Circle the number which answers:

	Very Unlikely				Very Likely
1. To what extent do you think David has a behavior problem?	1	2	3	4	5
2. To what extent do you think David has a learning problem?	1	2	3	4	5
3. To what extent do you think David is eligible for Special Education services?	1	2	3	4	5

II. List the three actions you would take for David.

1.

2.

3.

III. Please circle the appropriate number to indicate the degree to which you agree/disagree with the following statements. Remember to select one and only one number for each statement.

	strongly disagree				strongly agree
1. I would want David seen by a medical doctor.	1	2	3	4	5
2. I would want to know David's performance on an individual IQ test.	1	2	3	4	5
3. I would want David to be in an adaptive physical education class.	1	2	3	4	5
4. I would want to modify current instructional materials for David.	1	2	3	4	5
5. I would want to consult with the principal.	1	2	3	4	5
6. I would want David to have individual or small group counseling.	1	2	3	4	5
7. I would want to refer David to Special Education.	1	2	3	4	5
8. I would want to know David's individual achievement test scores.	1	2	3	4	5
9. I would want to select special instructional materials for David.	1	2	3	4	5
10. I would want to know David's specific modality strength (i.e , visual or auditory).	1	2	3	4	5
11. I would want to plan a contingency management program designed to alter David's behavior.	1	2	3	4	5
12. I would want David seen by a psychiatrist.	1	2	3	4	5
13. I would want to place David in another classroom.	1	2	3	4	5
14. I would want social skills training provided for David.	1	2	3	4	5
15. I would want to provide David with individual, systematic feedback regarding classroom expectations.	1	2	3	4	5
16. I would want David involved in Occupational Therapy.	1	2	3	4	5
17. I would want to assign a teacher aide to assist David.	1	2	3	4	5
18. I would want to have speech/language test results on David.	1	2	3	4	5
19. I would want to modify my teaching style for David.	1	2	3	4	5
20. I would want David's family to be involved in family therapy.	1	2	3	4	5

OVER

		strongly disagree				strongly agree
21.	I would want David to be retained for the next school year.	1	2	3	4	5
22.	I would want to meet with specialists for ideas on how to better teach David.	1	2	3	4	5
23.	I would want to break David's assignments into component parts and systematically teach the components (i.e., task analysis).	1	2	3	4	5
24.	I would want D[redacted] have speech/language therapy.	1	2	3	4	5
25.	I would want David to have a peer tutor.	1	2	3	4	5
26.	I would want a specialist to pinpoint the source of David's problem.	1	2	3	4	5
27.	I would want to meet with David's parents to design an instructional program to be implemented at home.	1	2	3	4	5
28.	I would want David seen by a school psychologist.	1	2	3	4	5
29.	I would want a social worker to make a home visit.	1	2	3	4	5
30.	I would want David involved in private tutoring after school.	1	2	3	4	5
31.	I would want David to have perceptual training.	1	2	3	4	5
32.	I would want to move David at the same rate of progress as his peers.	1	2	3	4	5
33.	I would want part time placement in a resource room for David.	1	2	3	4	5
34.	I would want David's parents to spend more time with him.	1	2	3	4	5
35.	I would want drug medication prescribed to control David's behavior.	1	2	3	4	5
36.	I would want special education, self-contained placement for David.	1	2	3	4	5
37.	I would want to hold classroom discussions on understanding individual differences so that others would treat David more appropriately.	1	2	3	4	5
38.	I would want to read educational textbooks and research articles about how to teach students like David.	1	2	3	4	5
39.	I would want David's results on personality tests.	1	2	3	4	5
40.	I would want to regularly measure David's progress on short term objectives to plan interventions (i.e., data-based program modification).	1	2	3	4	5

IV. From the items in Section III, select the three actions you feel are most needed for David. Insert the numbers of the items: _____ _____ _____.

V. From the items in Section III, select the three actions you feel are least needed for David. Insert the numbers of the items: _____ _____ _____.

VI. Briefly describe or diagram the sequence of actions you would take for David by completing the following:

My first action for David is _____.

Depending on the results of this action, I would want to _____

_____ and then _____.

Anything else?

VII. Circle the number that best describes your predictions for David's school performance in each of the following areas at the end of the current year.

	deficient (poor)				superior (excellent)
1. Academic achievement	1	2	3	4	5
2. Visual and/or auditory perception	1	2	3	4	5
3. Memory skills	1	2	3	4	5
4. Fine and/or gross motor performance	1	2	3	4	5
5. Attending behaviors (attention span)	1	2	3	4	5
6 Completion of assignments	1	2	3	4	5
7. Social acceptance	1	2	3	4	5
8. Ability to follow directions	1	2	3	4	5
9. Acceptance of responsibility	1	2	3	4	5
10. Self-concept	1	2	3	4	5

	bother me a lot		not sure		bother me very little
11. David's classroom behaviors would:	1	2	3	4	5

	almost none	some	not sure	average	excellent
12. How much progress might you expect David to make during the year?	1	2	3	4	5

VIII. At the end of the school year which placement would you anticipate for David? Select only one.

____full time special education placement

____half time regular education; half time special education

____1 hour per day resource room help

____regular class placement with ancillary service, e.g., family therapy

____regular class placement; no special help

IX. What do you think is causing his difficulties?

X. Additional recommendations or comments:

APPENDIX B

Student Summaries

Perceptual Difficulties
(B-1 to B-3)

Immature
(B-4 to B-6)

Unmanageable
(B-7 to B-9)

Name: David
Age: 8-6
Grade: 3rd

Student Summary

David is a student in your third grade class. Since he has been in your class, you have observed him closely and gathered the following information.

Medical:

David's birth was full term and uncomplicated. Both his physical appearance and behavior at birth were normal. His adjustment to an eating and sleeping routine was relatively smooth. A complete physical exam, including vision, hearing, and a neurological exam in late second grade was normal. With the exception of the usual childhood diseases, David has had no major illnesses. He has not taken any medication regularly. There are no medical problems.

Developmental:

David's parents indicated that although David walked and talked at the same rate as his same-aged peers, his motor skills were awkward and clumsy. He was able to button shirts and tie shoelaces by age five; however, they were completed sloppily. His interest in age-related toys, such as bike riding was similar to his same-aged peers; however, his skill was delayed. In fact, due to balance difficulties, he still does not ride a bike without training wheels.

David's weight and height are in the top quartile for boys his age according to pediatric records. The pediatrician felt his physical size was larger than the average but of no concern for normal development. General health has been good.

Family:

David is the oldest child in an intact, middle class, suburban family with two children. The parents report no major financial difficulties. David's home is very organized, reflecting a balance of work and recreational activities. The parents enjoy physical activities and have noted David's clumsiness in physical activities. When involved in motor activities, David is described as "having two left feet."

David consistently requests help from his parents on any fine motor tasks, such as simple model building, opening bike locks, and building with his tool set. On Saturday afternoons, David manages to create a mess in his room or the yard. His approach to play and assigned tasks in the home is very disorganized. He seems to have trouble understanding how to assemble the various parts. His parents are concerned about his difficulty coordinating visual movements with body movements. Whereas his sister is able to clean up her room or set the table in an organized way, David creates a bigger mess. Discipline within the home is handled through reasoning and consistency as much as possible. David's parents have described his usual behavior within the home as sloppy, clumsy, disorganized, but cheerful and cooperative. They reflect a positive attitude toward David.

David's parents have observed his lack of participation in group physical activities such as soccer, floor hockey, or t-ball. His parents indicated he is comfortable with children and adults when gross-motor activities are not involved.

School History:

Nursery school. David's first experience with a structured school environment was at nursery school when he was four years old. As described by his teacher, David's usual behavior was less coordinated than the majority of the other four-year olds.

Within the language area, David appeared to have an adequate vocabulary. His verbal participation far excelled his performance on eye-hand coordination tasks, either on a gross or fine-motor level. David became confused on games involving directionality and changing roles such as "duck, duck, grey duck," and "hide and seek." David's pictures involving simple cutting, coloring, and pasting were unintelligible, although he described them in detail as trains, moon martians, or animals. He usually had more paint on his shirt than on the paper.

His overall social-emotional development was described as average. He was polite and cooperative, adapted to new situations adequately; however, he was very disorganized in his work. He participated in all activities but was very clumsy, often falling or bumping into other students or desks. Although peers like him, he was occasionally teased about his clumsy behavior. He was often hurt in normal physical play with peers.

Kindergarten. David's eye-hand coordination difficulties were more apparent during the middle of kindergarten with the introduction of phonics and more written seat work. His teacher indicated that he was not able to stay within the lines on coloring sheets, had trouble tracing objects, and made peculiar drawings. The formation and spacing of his letters were very irregular. In dot-to-dot letter exercises, he extended the line beyond the dots so far that they were unintelligible. At the end of the year he was able to print his name; however, the letters did not rest on the line. David's difficulties were evident on the gross motor level also.

First and second grade. During these years, he continued to have difficulty with paper-pencil tasks. He had an awkward pencil grip and unusually poor printing. He confused left and right, made constant copying errors, had trouble discriminating two similar letters like "m" and "n"; and confused reading of similar words (e.g., hen-her, went-want). He always completed assignments; however, visual discrimination errors were numerous; and his writing was difficult to read. He was disorganized in his work; inexact and careless. His perceptual difficulties and weak memory for sound-symbol relationships resulted in poorly developed word attack skills. He was in the low reading and math groups. Interest in schoolroom activities was average and he displayed an adequate acceptance of responsibility for his age. Finally, his social interactions were described as declining with peers. His difficulty understanding gestures and facial expressions paired with his uncoordinated motor development and directionality problems excluded him from group games, especially during recess. David's behavior stymied his teachers because although they all felt he had average ability, he made constant perceptual errors and was uncoordinated. David increasingly displayed less interest in gym and written work.

Test Information:

Group test information was available. On a group intelligence test, David's functioning was average. On the group achievement tests from second grade David scored in the average range: 48th percentile for reading, 49th percentile for language, and 46th percentile for math.

Third Grade Observations:

You became concerned about David after two weeks into the school year. You have observed specific behaviors and their frequency over the past two weeks.

During the two week period, 95% of the time he made visual processing errors including written reversals, confusion of math signs, and substitution of incorrect words or sounds in his workbooks. He completed all assignments 20-30 minutes after his classmates due to his increased time in studying visual information. He became more confused

on crowded workbook pages, not recognizing the important information from a distracting background. David is in the lowest reading and math groups. In reading David has 30 minutes of independent work. His assignments included exercises on phonics and a factual recall page. David consistently made perceptual errors ("chop" and "chap"), confused the order of printing blends (fl as lf), and forgot answers to questions involving who, when, and where. In math he was confused as to which column to begin adding in two digit addition; made errors due to directionality in subtraction (33-27=14); and forgot his addition and subtraction facts.

Interest in school activities seems to be very low. When given a choice of assignments, David avoids written work; however, he never complains about tasks or questions his ability to answer questions. His printing is illegible, primarily due to crowding and overlapping of letters. In 95% of the assignments he wrote down answers, requesting little help from you. You have observed that he does not notice his errors until they are explained verbally. He never self-corrects. His artwork is equally disorganized and messy.

David's peers seldom involve him in physical activities and you have heard his peers refer to his as a "klutz." He is never picked for teams because of his inability to catch a ball and slow, clumsy running. David avoids his peers during physical activities.

Private conversation with David regarding his schoolwork yields little direction. David's general attitude toward school is apathetic. He appears to be unaware of his visual mistakes; however, he is bothered by his poor motor skills and teasing from peers. You are concerned since your observations about David's academic underachievement cannot be explained by sensory, intellectual, or health problems.

During the first school conference, your observations were summarized on a checklist for David's parents. The areas checked indicate areas of concern.

- ✓ poor visual discrimination
- ✓ confusion with directionality; excessive reversals
- ___ rude and defiant
- ___ limited expressive ability; very shy
- ___ too dependent on teacher assistance
- ✓ clumsy, uncoordinated motor skills
- ___ distractible; impulsive
- ✓ disorganized, sloppy school work
- ___ lacks motivation
- ___ delayed age-appropriate social skills
- ___ in constant motion; hyperactive
- ___ insecure; needs reassurance

GIVEN THE INFORMATION PROVIDED IN THIS STUDENT SUMMARY, PLEASE RESPOND TO THE FORM, ACTIONS TO BE TAKEN.

Name: David
Age: 8-6
Grade: 3rd

Student Summary

David is a student in your third grade class. Since he has been in your class, you have observed him closely and gathered the following information.

Medical:

David's birth was full term and uncomplicated. Both his physical appearance and behavior at birth were normal. His adjustment to an eating and sleeping routine was relatively smooth. A complete physical exam, including vision, hearing and a neurological exam in late second grade was normal. With the exception of the usual childhood diseases, David has had no major illnesses. He has not taken any medication regularly. There are no medical problems.

Developmental:

David's parents indicated that he walked and talked slower than his same-aged peers. Buttoning and tying shoelaces were still difficult for him at age five. His interest and ability in age-related toys, such as bike riding, was slower than his same-aged peers.

David's weight and height are in the bottom quartile for boys his age according to pediatric records. The pediatrician felt his physical size was slightly smaller than the average but of no concern for normal development. General health has been good.

Family:

David is the younger child in an intact, middle class, suburban family with two children. The parents report no major financial difficulties. David's home is very organized, reflecting a balance of work and recreational activities. The parents enjoy physical activities and have noted David's reticence in new physical activities. When initially attempting an activity, David is described as "overly cautious."

David lacks initiative in amusing himself in the home. On Saturday afternoons, David always asks, "What is there to do?" When suggestions are made, he lacks perseverance and often fails to finish a project. He seems to become easily bored. His parents are concerned about David's "helpless" pattern of behavior. Whereas his sister assumes some responsibility in the home, David avoids it by waiting for his parents to help him. Discipline within the home is handled through reasoning and consistency as much as possible. David's parents have described his usual behavior within the home as passive, dependent, quiet, but cooperative. They reflect a positive attitude toward David.

David's parents have observed his lack of participation in large social gatherings. His parents indicated he is most comfortable with younger children or familiar, soft-spoken adults, but seldom peers.

School History:

Nursery school. David's first experience with a structured school environment was at a nursery school when he was four years old. As described by his teacher, David's usual behavior was slower than the majority of the other four-year olds. Within the language area, David appeared to have a smaller vocabulary than others of his age, often did not pronounce words clearly, and had difficulty talking in a group. He was never observed initiating conversation in the small group discussions. On a one-to-one basis and on a familiar topic, his expression improved.

His overall social-emotional development was described as immature and dependent: he seldom initiated any task without teacher assistance. David did not know the class routine after five months of school, was always the last one in line, and needed to be reminded of the next task. Although the teacher needed to coax him into small group participation, he was occasionally observed initiating social interaction with the three-year old class. With his peers, he was very quiet and shy.

Kindergarten. David rarely initiated contact with groups of students, preferring to be by himself, near the aquarium, or with one quiet boy who liked to hear about David's pets. Eye contact was minimal in any social interaction. David expressed some anxiety regarding school attendance during the middle of kindergarten with the introduction of phonics and more written seat work. His teacher indicated that he was immature, never initiating work on the routine phonic coloring sheets until the teacher reviewed each sound and letter name with him.

First and second grade. During these years, he usually followed simple instructions but consistently required individual help to finish tasks. He retained simple ideas and procedures if repeated. He had a limited vocabulary which resulted in his groping for words to express himself. Although he had a fair concept of time, he tended to dawdle and was often late. His placement was in the low reading and math groups. When given individual attention and frequent reminders to stay on task, he was able to complete the assignments; however, he was described as disorganized and immature in his work habits. Without guidance he seldom completed assignments. Interest in schoolroom activities was minimal. His social interactions were minimal with his classmates; however, there were signs of good social acceptance with students in one or two grades lower than his where interests were similar. David's behavior stymied his teachers because although they all felt he had average ability, his behavior was inadequate and immature. David increasingly displayed lack of interest or any enthusiasm for school at home.

Test Information:

Group test information was available. On a group intelligence test, David's functioning was average. On the group achievement tests from second grade David scored in the average range: 48th percentile for reading, 49th percentile for language, and 46th percentile for math.

Third Grade Observations

You became concerned about David after two weeks into the school year. You have observed specific behaviors and their frequency over the past two weeks.

During the two week period, 95% of the time he did not initiate the task until given individual help and review. After review, constant reminders and encouragement to help keep David "on task" enabled him to totally complete assignments 90% of the time. During this period, David completed assignments 15 minutes (on the average) after the other students. He demonstrated lack of concentration by increased looking around the room, fidgeting with the pencil or his shoelaces, or looking in his desk. He appeared initially confused by academic assignments; however, after review and frequent reinforcement by the teacher he was able to complete the worksheet with 80% accuracy.

David is in the lowest reading and math groups. In reading David has 30 minutes of independent work. His assignments included exercises on phonics and a factual recall page. At the beginning of each page several examples were discussed with the teacher before David attempted any questions. In math, he also required review before attempting familiar problems.

Interest in school activities seems to be very low. When given a choice of assignments, David's completion of tasks does not improve. David generally engages in

academic assignments with an apathetic attitude. His need to have approval of tasks attempted or completed also is true for the areas of art, social studies, and science. Examples of questions recorded during observation included: "Would this be right if I draw here?"; "Do you think I draw very good?"; or "How do you do this?"

David's peers seldom play with him and you have heard his peers refer to him as a "baby." David handles his classmates by avoiding them.

Private conversation with David regarding his schoolwork yields little direction. David's general attitude toward school is apathetic. He appears to be "in a world of his own" during much of the school day. You are concerned since your observations about David's academic underachievement cannot be explained by sensory, intellectual, or health problems.

During the first school conference, your observations were summarized on a checklist for David's parents. The areas checked indicate areas of concern.

___poor visual discrimination
___confusion with directionality; excessive reversals
___rude and defiant
✓ limited expressive ability; very shy
✓ too dependent on teacher assistance
___clumsy, uncoordinated motor skills
___distractible; impulsive
___disorganized, sloppy school work
___lacks motivation
✓ delayed age-appropriate social skills
___in constant motion; hyperactive
✓ insecure; needs reassurance

GIVEN THE INFORMATION PROVIDED IN THIS STUDENT SUMMARY, PLEASE RESPOND TO THE FORM, ACTIONS TO BE TAKEN.

Name: David
Age: 8-6
Grade: 3rd

Student Summary

David is a student in your third grade class. Since he has been in your class, you have observed him closely and gathered the following information.

Medical:

David's birth was full term and uncomplicated. Both his physical appearance and behavior at birth were normal. His adjustment to an eating and sleeping routine was erratic. At age three he was still waking during the night, ready to play. His mother indicated that he "fought" sleep. A complete physical exam, including vision, hearing, and a neurological exam in late second grade was normal. With the exception of the usual childhood diseases, David has had no major illnesses. He has not taken any medication regularly. There are no medical problems.

Developmental:

David's parents indicated that his talking, walking, and ability to button shirts and tie shoelaces appeared at an average age. His interest and ability in age-related toys, such as bike riding, was similar to his same-aged peers.

David's weight and height are at the mean for boys his age according to pediatric records. The pediatrician felt his physical size was reflecting normal development. General health has been good.

Family:

David is the oldest child in an intact, middle class, suburban family with two children. The parents report no major financial difficulties. David's home is very organized, reflecting a balance of work and recreational activities. The parents enjoy physical activities and have noted David's distractibility, constant motion, and low frustration tolerance in new physical activities. When initially attempting an activity, David is described as "impulsive"; when he encounters difficulty, he is described as "explosive."

David is in perpetual motion, playing with all his toys at once. On Saturday afternoons, David hauls out his train equipment, switches to fort building, and soon has his dad's tools out. Similarly, he goes from friend to friend, usually resulting in hurt feelings. His parents are concerned about David's "hyperactive" pattern of behavior. Whereas his sister assumes some responsibility in the home, David seems unable to follow directions and follow through. Discipline within the home is handled through reasoning and consistency as much as possible. However, his impulsive nature creates a constant need for discipline. David's parents have described his usual behavior within the home as impulsive, hyperactive, unmotivated, irritable, but inquisitive. Although they describe him as a difficult child to handle because of his endless disrupting activity, they reflect a positive attitude toward him.

David's parents have observed increased hyperactivity and rudeness in large social gatherings. According to his parents, he has a propensity for turning a quiet time into chaos. His parents indicated he is most comfortable in structured activities with one familiar friend or adults.

School History:

Nursery school. David's first experience with a structured school environment was at a nursery school when he was four years old. As described by his teacher,

David's usual behavior was more active and less attentive than the majority of the other four-year-olds. Within the language area, David appeared to have an adequate vocabulary; however, he often did not pronounce words clearly because of his rapid speech. He consistently interrupted conversations in the small group discussions. David engaged in each activity with great vigor; however, only for a minute or two. If forced to sit and attend to a task, he constantly wiggled in his seat. His teacher described David as "constant, frenetic motion."

His overall social-emotional development was described as lacking in self-control for his age; he usually disregarded the feelings of others. With his peers he was apt to collide with others, interfere unintentionally with activities and comfort of others, and present constant problems of restlessness. The teachers felt David was not a mean child, but "very impulsive." His endless activity was frequently annoying and irritating. Peers often avoided him, unless the teacher was present.

Kindergarten. David's distractibility and inattentiveness increased during the middle of kindergarten with the introduction of phonics and more written seat work. He constantly interrupted other students' work by talking, pulling at their colors or papers, or throwing rubber bands. His teacher indicated that he was like a "top," becoming very wound up and distracted by all classroom activities.

First and second grade. During these years, he failed to follow task directions and always appeared inattentive. Although his vocabulary was adequate, he often was unable to answer questions because he had not attended to the question. His attention and energy were most often directed to an inappropriate task. His behavior was described as "99% off task." His extremely short attention span and restlessness resulted in poor skill acquisition and placement in the low reading and math groups. By the end of second grade, his teachers described him as irritable, distractible, and unmotivated. His social interactions were weak, perhaps due to his complete lack of concern for classmates' feelings. He would trip and shove other students, take their pencils, hide their gym shoes, and ridicule them. His teacher felt he was so hyperactive and restless that he was often unaware of his behavior. David's behavior stymied his teachers because although they all felt he had average ability, his behavior required constant teacher attention and was often unmanageable. David increasingly displayed lack of interest or any enthusiasm for school at home.

Test Information:

Group test information was available. On a group intelligence test, David's functioning was average. On the group achievement tests from second grade David scored in the average range: 48th percentile for reading, 49th percentile for language, and 46th percentile for math.

Third Grade Observations:

You became concerned about David after two weeks into the school year. You have observed specific behaviors and their frequency over the past two weeks.

During the two week period, 95% of the time he did not persist on academic assignments without interruption. In teacher absence he engaged in excessive looking around, silly attention-getting behavior (e.g., makes unusual noises/gestures), verbal and physical aggression with students (e.g., taunts, teases, hits), and asking of irrelevant questions. Timing of David's attention span indicated a length of two or three minutes prior to disruptive, restless behavior. David finds it difficult to return to an activity once it has been interrupted. In addition, David usually began an assignment or project before he had obtained directions and appropriate materials. His impulsivity resulted in a 60% error rate in completion. When asked to correct

his errors, he whined and fussed about not being permitted to do the task his own way. His disregard for teacher instructions, nonconformity with classroom activities, and frequent movement around the classroom are especially disrupting. He obeys best when threatened with punishment.

David is in the lowest reading and math groups. In reading he has 30 minutes of independent work...His assignments included exercises on phonics and a factual recall page. David began the phonics worksheets, switched to the comprehension page, and ended up copying answers from a peer. David rarely completes assignments; in each observation he was distracted to a new interest before he completed his original activity. David was able to complete the math problems after he was removed to a carrel.

Interest in school activities seems to be very low. When given a choice of assignments, David's completion of tasks did not improve. His distractibility and difficulty in returning to an assignment once interrupted interferes with task completion. You rate him as the only student in the last three years of teaching who lacked motivation in the classroom on every task.

David's peers seldom play with him and you have heard his peers refer to him as a "motor." David handles his peers by picking on them. David creates a disturbance during class and recess activities (e.g., excessively noisy, bothers other students, is out of seat).

Private conversation with David regarding his schoolwork and behavior yields little direction. David's general attitude toward school is apathetic. He appears to be wilfully disobedient and inattentive much of the school day. You are concerned since your observations about David's academic underachievement cannot be explained by sensory, intellectual, or health problems.

During the first school conference, your observations were summarized on a checklist for David's parents. The areas checked indicate areas of concern.

___ poor visual discrimination
___ confusion with directionality: excessive reversals
✓ rude and defiant
___ limited expressive ability; very shy
___ too dependent on teacher assistance
___ clumsy, uncoordinated motor skills
✓ distractible; impulsive
___ disorganized; sloppy school work
✓ lacks motivation
___ delayed age-appropriate social skills
✓ in constant motion: hyperactive
___ insecure; needs reassurance

GIVEN THE INFORMATION PROVIDED IN THIS STUDENT SUMMARY, PLEASE RESPOND TO THE FORM, ACTIONS TO BE TAKEN.

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