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ABSTRACT

This document, one of five volumes that compose the Pupil Personnel Services Recommended Practices and Procedures Manual, is designed for school counselors and psychologists and provides recommended practices and procedures to assist pupil personnel workers in better serving students in Illinois schools. Chapter 1 presents the philosophy of pupil personnel services, major concepts, and instructions on how to use the manual. Chapter 2 focuses on the organization of services, role function and definitions, and delivery systems. Chapter 3 discusses the delivery of services, including data collection methods for cognitive and affective processes and behaviors, nondiscriminatory assessment, decision making, and implementation of findings. The fourth and final chapter focuses on school psychology and the future. Topics which are covered include service evaluation, legal and ethical issues, professional development, and future trends. Numerous appendices and figures support and illustrate the text. (BL)

PUPIL PERSONNEL SERVICES RECOMMENDED PRACTICES AND PROCEDURES MANUAL

Illinois State Board of Education

SCHOOL PSYCHOLOGY

Pupil Personnel Services
Recommended Practices and Procedures Manual

School Psychology

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TABLE OF CONTENTS

FIGURES

FOREWORD

The Illinois State Board of Education presents the *Pupil Personnel Services Recommended Practices and Procedures Manual.* The purpose of this volume — "School Psychology" — is to provide school personnel with practices and procedures concerning this discipline which will assist them in better serving students in Illinois schools. This is one in a series of five documents which will constitute the Manual:

"Administration of Pupil Personnel Services" by Mari Irvin, formerly Assistant Professor, Department of Psychology, Northern Illinois University and David Whiteside, formerly a Pupil Personnel Services Director in Illinois (contributing editors Beth Bandy and Sheryl Poggi, Illinois State Board of Education);

"School Social Work" by Paula Allen-Meares, Assistant Professor, School of Social Work, University of Illinois and Dorothy Yeck, Supervisor of School Social Work, Tazewell-Mason Counties Special Education (contributing editor Vaughn Morrison, Consultant for School Social Work Services, Illinois State Board of Education);

"School Guidance and Counseling" by Donna Chiles, School Counselor, Bloomington School District #87 and Ray Eiben, Professor, Counselor Education Department, Illinois State University (contributing editor Sheryl Poggi, Consultant for School Guidance and Counseling Services, Illinois State Board of Education);

"School Psychology" by George Batsche, Associate Professor, Eastern Illinois University and George McCoy, formerly Professor of Psychology and Psychologist for Laboratory School, Illinois State University (contributing editor, Neil C. Browning, Consultant for School Psychological Services, Illinois State Board of Education);

"School Nursing" by Joan Toren, School of Nursing, Northern Illinois University and Margaret Winters, School Nurse, Southwestern High School, Piasa, Illinois (contributing editor, Bettye Endicott, Consultant for School Nursing Services, Illinois State Board of Education).

Contributions toward development of this Manual were made by numerous Illinois pupil personnel services staff through a variety of vehicles, including professional organizations, field-testing, committee input and informal discussions as indicated in Appendix A. The Manual is a tribute to those individuals and their commitment to the students of this State.

The Illinois State Board of Education gratefully acknowledges the special efforts demonstrated by Ms. Beth Bandy and Ms. Sheryl Poggi of the Department of Specialized Educational Services in directing the efforts to produce the Manual. Consultants for the volumes were Rosemary Dustman, Supervisor of Pupil Services, Bloomington School District #87 and Dr. Garry Walz, Director and Professor of Education, University of Michigan. Additionally, appreciation is given to Dr. Libby Benjamin for her initial editing of each volume.

It is anticipated that this Manual will serve as a valuable resource for the field of pupil personnel services.

Donald G. Gill
State Superintendent of Education

Chapter 1

Philosophy of Pupil Personnel Services

Since the spring of 1975 several activities have occurred which demonstrated that pupil personnel services (PPS) professionals desired written practices and procedures which would aid them in developing and upgrading their programs. Among these were acquisition and analysis of data from the pupil personnel surveys of 1978 and 1980, development of relevant Department of Specialized Educational Services goal statements, and development of the Conceptual Frame of Reference paper by the Pupil Personnel Services (PPS) Advisory Board. These undergird this document.

Actual development of the *Pupil Personnel Services Recommended Practices and Procedures Manual* extended over a three-year period, utilizing the PPS Advisory Board as a steering committee, an out-of-state consultant, an in-state consultant, and a reaction committee representing parents, school boards, general and special educational personnel, and PPS professional organizations. In addition, the manual was presented to and discussed with over 500 pupil personnel services professionals at professional organization conventions and meetings and field-tested in urban and rural school districts and special education cooperatives.

To facilitate its use, the manual is divided into five separate volumes, with this introduction common to all. Each of the four subsequent volumes was developed by a team of authors, one representing the practitioner level and one the university level.

It is hoped that these volumes will broaden the reader's understanding of the philosophy and rationale for pupil personnel services. Additionally, it is among the purposes of this manual to promote the principles adopted in 1981 by the Illinois State Board of Education. These principles are:

1. Pupil personnel services are an integral part of the total education program and should be organized and delivered for the purpose of helping all students achieve maximum benefits from the school program and helping teachers, parents and other persons involved to provide optimum teaching and learning conditions for students.

2. State and local pupil personnel services programs should be comprehensive in scope; based on a periodic needs assessment of at least a representative sample of students, parents, staff, and other interested parties; and should include provisions to document the extent and results of services provided to students, teachers, parents and others in the community. The local education agency should establish linkages with other community and regional resources to provide a coordinated and comprehensive approach to pupil personnel services.

3. Pupil personnel services should be designed to assure that the personal values of all program participants are respected.

Major Pupil Personnel Services Concepts

Basic to pupil personnel services is an understanding of the philosophy and fundamental concepts upon which such services are founded. Ideas about organization and delivery will necessarily differ according to setting, administrative viewpoint, available staff, and target population, but certain precepts will and should undergird all efforts. The Conceptual Frame of Reference statement for pupil personnel services in Illinois, the result of thoughtful study by a variety of professionals, states clearly the philosophy by which service deliverers should be guided.

All Pupil Personnel Services Are Related and Need to Be Coordinated for Optimum Effectiveness.

In many school situations, pupil personnel services specialists — guidance counselors, school nurses, school social workers and school psychologists — operate relatively independent of each other, with guidance counselors responsible for students in one building, school nurses perhaps for those in several buildings, and school psychologists and school social workers offering services through the central office to students throughout a district. This traditional professional territoriality should give way to the meshing of specific skills of each discipline into a collaborative effort with one essential purpose: effectively identifying and meeting the needs of the students to be served. This essential purpose necessitates a team approach in which specialists share their knowledge and work together to provide coordinated services for students and their parents. Such an approach requires the creation of a master plan for pupil personnel services, developed through input from specialists in all areas and supported by the administration. Involvement of the community is an integral part of this concept as well. Parents and representatives from community social service agencies, including welfare agencies and probation offices, should have a voice in the development of the master plan. Initial planning must involve, at a minimum, teachers, administrators, and pupil personnel services professionals working together to determine how they can coordinate their efforts in order to meet student needs most effectively.

Communicating with each other is the first step in bringing about better coordinated, higher quality services for students and their parents. Too often these professionals have little opportunity to discuss mutual concerns or to involve themselves in systematic planning for the pupils. If the district has no designated pupil personnel services administrator, leadership must emerge from the staff. Pupil personnel services professionals should take the initiative in communicating the need for a coordinated team approach for services to the appropriate administrator(s). A building principal, central office administrator, or

superintendent could assume the role of bringing pupil personnel services professionals together to discuss needs, roles, and strategies and then develop plans, implementation models and evaluation for services.

In attempts to strengthen pupil personnel services, educational personnel need to address questions such as the following:

- —What are the identified needs of students and parents at the building and/or district level?
- —What is being done to address these needs?
- —What specific role does each discipline play in attempting to meet identified needs? Are there role duplication, communication, and implementation problems?
- —How might a team respond to these problems, and what form should the team efforts take?

Thoughtful exploration of such questions can lead to the development of a highly coordinated pupil personnel services delivery system.

This delivery system, tested through application and modified through continuing evaluation, will eliminate gaps, overlap, and duplication of services and serve to maximize the competencies of those providing services. The result should be an effective and efficient delivery system based on collaborative relationships.

Pupil Personnel Services Require Developmental, Preventive, and Remedial Emphases.

While remedial activities will always be part of their function, pupil personnel services professionals are now broadening their sphere of operation to include programs and approaches of a developmental and preventive nature. This requires that these professionals possess knowledge of program design, development, and evaluation strategies, and of change-agent skills. It also involves the ability to consult with parents, teachers, and other specialists concerning student needs and behaviors.

This preventive emphasis requires that pupil personnel services professionals be skilled in dealing with groups of students as well as with individuals, not only to share important information, but also to help them become competent in setting goals, making decisions, and taking responsibility for their actions. Knowledge of and sensitivity to student interests and needs at various developmental stages in their lives are essential if the skill-building programs and approaches are to have meaning and relevance for students.

Pupil Personnel Services Should Be Broadened to Include the Entire Community.

In order to attain a comprehensive approach to pupil personnel services, school districts should involve the community to ensure its support and coordinate the available resources to meet the needs of youth.

The impact of concerned parents, social service agency personnel, and community leaders on the education of the community's children cannot be overestimated. Keeping key community members informed and involving them in pupil personnel services policy decisions and program design have several advantages. First, it eliminates the surprise factor which often promotes resistance to even the most soundly developed plan. Second, it provides a base of support for pupil personnel services activities. Third, it can impact on critical or difficult decisions by contributing a variety of perspectives and viewpoints. Fourth, it promotes cooperation, collaboration, and commitment between the school and community in meeting student needs.

Finally, many community and social service agencies offer services that can supplement and help expand the continuum of those provided by the school district. With budget restrictions and personnel shortages, it becomes increasingly important to coordinate funding and resources.

Needs Assessment Is the Foundation of a Comprehensive and Effective Pupil Personnel Services Program.

Priorities in pupil personnel services programs should be developed from identified needs of students, staff, administrators, and parents and ordered according to rational and defensible criteria. Decisions relating to what services are offered, who provides them, how they are delivered, and for whom they are designed should be based on systematically obtained objective data. Such systematic and ongoing data collection helps pupil personnel services remain relevant to changing environmental conditions and human needs.

In developing a procedure for assessing needs, pupil personnel leaders should consider how the process will fit into the total program plan for the district. Duplication of effort is one of the dangers that may occur in conducting needs assessments. Program planners operating independently within individual pupil personnel services disciplines may ask basically similar questions of the target groups. Well-coordinated efforts within a team framework can avoid this duplication, enhance communication, and provide more effective responses to identified needs.

Procedures for conducting needs assessments vary widely, depending on the type of school, the commitment to the process, and the availability of technical and financial support. Basic guidelines for conducting a systematic needs assessment include the following steps.

1. Organize a planning group.
2. Identify goals and the target group(s) to be surveyed.
3. Determine the methodology to be used, i.e., survey instrument, personal interview, etc.
4. Decide on follow-up procedures to be used if initial response rate is inadequate.
5. Develop procedures for summarizing and interpreting needs assessment results.
6. Plan how and to whom results should be disseminated.
7. Determine how needs assessment data are to be translated into program goals and objectives.

Once a basic assessment is done, activities are undertaken to establish a PPS program. Ideally, each local school district has adopted a set of system and student goals based on the contributions of all staff members, including pupil personnel professionals. These goals statements describe the long-range expectations of the school district and also provide a sense of direction for school programs and services. The formal adoption of these goals by the local board of education implies broad community acceptance.

Pupil personnel professionals should play an integral part in developing broad goals and specific objectives for the services they perform. Objectives must be determined through team efforts to ensure understanding, cooperation and commitment.

An objectives-based pupil personnel services program focuses systematically on the needs of students. It moves from a stance of "What are we going to do?" to "How can we best accomplish the broad goals and specific objectives developed from needs assessment data?"

Objectives stated in terms of measurable outcomes provide a focus for the integrated efforts of pupil personnel services team members and thus diminish or eliminate a random approach to the delivery of services. When understood and accepted by school and community members, precisely stated objectives help to clarify conflicting expectations in regard to what services pupil personnel services professionals ought to be providing.

The underlying aim of an objectives-based pupil personnel program is for as many students as possible to attain the desired program outcomes. Four major steps are involved in the development and operation of an effective objectives-based program.

1. Develop specific objectives stated in terms of measurable outcomes to be attained by the students. These objectives should be based on student needs.
2. Select and present to students experiences and information designed to help them attain each desired outcome.
3. Assess the performance of the students to determine the effects of experiences and to identify those who did not attain one or more desired outcomes.
4. Provide additional experiences for those who did not attain one or more outcomes to promote more widespread attainment of the outcomes.

Evaluation Is a Critical Component of Any Pupil Personnel Services Program.

Successful evaluation incorporates several major principles.

Evaluation must *relate directly* to the stated program objectives. Evaluation is an easy task when objectives are stated in such a way that they speak to measurable outcomes in knowledge, skills, or attitudes, and when criteria for judging successful achievement are inherent in the objectives. Terms such as "gain understanding of," "acquire skill in," or "improve attitudes toward" are difficult to evaluate with precision. Program designers should keep the "how" of evaluation in mind as they develop the broad goals and specific objectives for the program.

Evaluation procedures must be *part of the initial program design.* The development of a means of assessing the value and success of a program at the outset lends purpose to the effort, assists program staff in developing realistic and measurable objectives, and clarifies outcomes for program implementers.

Evaluation must be *ongoing* and not be left to the end of a learning experience. This flow of assessment of reactions and progress allows for necessary modifications in approaches and/or content. This is particularly important in a new or pilot program when materials or techniques are being tested for a larger effort at a later date. Ongoing evaluation promotes sensitivity to student responses and relevance to student needs.

Evaluation must be a *cooperative effort*. The team effort should not be confined solely to the design and implementation of the pupil personnel services program. Together, the team members should also address themselves to the tasks of designing the evaluation instruments, examining data, and deciding upon needed changes or modifications in the existing program. However, the team's work does not end there. At the conclusion of the program, when the data are collected, team members should collaborate on methods of data organization and analysis, and come to consensus on what the data indicate. Involvement of each pupil personnel services discipline in the preparation and analysis of the measurement instruments will ensure that objectives relating to aspects of the overall pupil personnel services program are included and will promote interest on the part of pupil personnel services professionals in the results.

Evaluation results should be *communicated to all concerned*. The public relations aspect of evaluation is often forgotten or overlooked, but it is a vital part of the evaluation process. A summary of program outcomes in understandable terms provides critically important feedback to program participants, facilitators, and district administrators. The ability to state unequivocally what a program was able to achieve, based on careful documentation, lends visibility and accountability to the effort. When outcomes are positive, all of the hard work and money that went into the program become justified; when outcomes are less than desirable, program developers can clearly speak to needs for change in staffing or resources. Communication inspires interest, and interest maintains motivation and support.

Resource Identification and Utilization Are Critical Elements of an Effective Pupil Personnel Services Model.

The special talents and strengths of the staff should be assessed to identify the skills that might enhance a pupil personnel services program. In addition, the community members can contribute much to pupil personnel services, if given the opportunity. Pupil personnel services teams should develop procedures to identify resource personnel, ascertain their willingness to contribute their time and talents, determine how and where their talents can supplement services, and then coordinate their involvement in the program. Involvement is usually accompanied by interest and commitment, leading to better cooperation and higher morale on the part of the staff and more meaningful relationships with community members.

It is probable that staff will need additional training to help them enhance present competencies or acquire new ones in order to implement identified priorities. Inservice training programs that teach requisite skills are, therefore, an essential component of resource utilization.

How To Use This Manual

The *Pupil Personnel Services Recommended Practices and Procedures Manual* consists of five volumes, one relating to the administration of pupil personnel services and four dealing with separate pupil personnel services disciplines. Titles of the five volumes of the manual are as follows:

Administration of Pupil Personnel Services
School Guidance and Counseling
School Nursing
School Psychology
School Social Work

While these documents are written primarily for PPS professionals and administrators, each volume has items of interest and use for boards of education, community members and other interested educational staff. Organizationally, each volume addresses the philosophy of pupil personnel services and the organization and delivery of services for each discipline in relation to the total pupil personnel services program and includes extensive resource and bibliographical references. Common topics covered include key elements of role and function, professional commitment, future issues and recommended procedures and guidelines for delivering services. In each volume, emphasis is placed on the integral role of pupil personnel services within the total educational system.

This manual is intended to serve multiple purposes. Because of its format and content, it lends itself to a wide range of audiences and uses. Some ideas regarding the ways in which to use the manual are:

1. **To update the knowledge of pupil personnel services professionals.** Separate volumes are relevant to current program practices and developments in all aspects of pupil personnel work, and pupil personnel services staff from every discipline should find the manual a practical resource for professional updating.

2. To broaden the knowledge of all pupil personnel services professionals regarding developments in specialties other than their own. Pupil personnel services operate best when the practitioners have an understanding of the priorities and functions of their peers in other fields. The administrator who reads the sections devoted to school nursing and school social work, for example, may better understand the role and function of those specialists and thereby assist in improving communication and collaboration among staff. Reading all sections of the manual can broaden and enrich the reader's knowledge of pupil personnel services as a total, integrated program.

3. To serve as a basic resource for planning inservice training. It is often difficult to find resources for inservice training in pupil personnel services which are of interest to, and meet the needs of, all specialists. The content of this manual can serve as an inservice tool leading to further discussions and planning. For example, school teams might find it desirable to review each section, giving both the specialist and others an opportunity to examine and comment on the ideas and suggestions and decide how to implement them in their school program.

4. To educate community members. This manual may be of assistance to interested community members. Groups such as volunteers, parent-teacher associations, and teacher organizations will find a variety of ideas and material which can be helpful to them in both understanding pupil personnel services and working for their expansion and improvement.

The ultimate goal is that the implementation of the recommended practices and procedures suggested in these five volumes will enhance pupil personnel services provided to Illinois youth.

Chapter 2
Organization of Services

The psychologists in the schools, or more appropriately, school psychologists, currently find themselves in a highly demanding and rapidly changing professional role. The early history of the school psychologist was that of an examiner or "tester" for special education children. More recently, the educationa' community has demanded a more diverse role. Movement has occurred from that of a specialist involved in a special education remedial process to that of a consultant to regular education personnel. More emphasis on behavior change, classroom management, preventative mental health and parent consultation has placed more demands both at the field-service and training levels. This expanded role has increased the need for continuing education for certified school psychologists. Now, more than ever, a need exists for good organizational skills and efficient service delivery models. Emphasis on accountability makes ongoing data collection and organization essential. Only those individuals who can meet the challenges of the changing profession and demonstrate their effectiveness as professionals will survive.

It is hoped that the following pages will aid the practicing school psychologist to think about alternative practices while reinforcing existing effective practices. The ideas shared here should not be accepted uncritically. They are presented only as a catalyst to stimulate the professional school psychologist to think about, modify and solidify professional concepts. The result should be improved services to our consumers, the children.

Definition of School Psychologist

In Illinois the definition of a school psychologist is provided for in Section 14-1.09 of *The School Code of Illinois* (1983):

> 'School psychologist' means a psychologist who has graduated with a master's or higher degree in psychology or educational psychology from an institution of higher learning which maintains equipment, course of study, and standards of scholarship approved by the State Board of Education, who has had at least one school year of full-time supervised experience in the delivery of school psychological services of a character approved by the State Superintendent of Education, and who has such additional qualifications as may be required by the State Board of Education, and who holds a school service personnel certificate endorsed for school psychology issued pursuant to Section 21-25.

Beginning July 1, 1981, all school psychologists trained in Illinois must have graduated from training programs approved by the Illinois State Board of Education.

Role as a Function of Setting

The role, or job description, of the school psychologist was a concern for the historic Thayer conference held in West Point, New York, in 1954. The job description compiled at that time listed the following components:

- Individual and group assessment
- Facilitation (preventative mental health)
- Categorization and programming of exceptional children
- Provision of remedial recommendations
- Identification and referral of emotionally disturbed children
- Research

Review of current literature on the role and function of the school psychologist indicates that little change has taken place in school psychologists' functions over the past 25 years. Why, then, are there such variations in actual day-to-day functioning by school psychologists? With the emerging training standards developed by the National Association of School Psychologists (N.A.S.P.), preservice education (university training programs) is becoming more uniform and the entry-level skills of school psychologists may thus become similar.

Although individual school psychologists will always possess particular interest areas which impact on their day-to-day functioning, a more subtle influence may work to limit and/or expand their actual role and function: the political or system influence. That influence, which has influenced other support personnel as well, stems from the administrative structure or setting in which school psychologists are employed. It is imperative that both new and experienced school psychologists realize the potential effect the administrative structure can have on their role and function as well as on the services that they provide to children. Illinois offers three possible settings to school psychologists which influence how they are seen and what they do differently. These are: (1) the pupil personnel services unit of a regular education school district (elementary, high school, or both), (2) the special education cooperative or joint agreement, and (3) the special education "department" within a regular education setting.

A psychologist who works in the pupil personnel services (PPS) unit of a regular school district will most often be viewed in the same light as other PPS workers such as counselors, nurses, and social workers. Teachers and administrators in this setting view the psychologist as a school staff member who works with all troubled children, not just those requiring special education placement. A psychologist in this setting will likely have more expanded responsibilities than the professional serving only special education programs in a number of schools or a wide geographic area, and may have greater opportunity to engage in inservice education, consultation, and research. The school psychologist has the responsibility to identify opportunities to expand role and function so as to serve all children; the setting alone will not automatically produce this result.

The tasks of the psychologist employed in a joint agreement or special education cooperative are often perceived as being limited to children with special education needs. This is most often an implied job description, not directly disseminated by the psychologist or administrative unit. The fact remains, however, that these psychologists will likely work in a number of districts and be seen as "special education personnel." Such identification acts subtly to restrict the type of referrals for services; referrals for special education placement tend to be given priority. Some individuals, administrators, teachers, and parents may refer only for special education placement. Such important services as classroom consultation, parent education, and inservice education may be inadvertently overlooked. The school psychologist in the special education setting must be aware of these possible influences on his/her role and educate others, along with other PPS workers, in the broad range of services available which may or may not be directly related to special education evaluation and placement. Of course, if the role and function of the school psychologist is strictly defined by the administrative unit as evaluative in nature, then the professional must operate under the terms of the employment contract. Increased community education by professional organizations and others may serve to prevent such a role restriction in the future.

A psychologist employed in a special education unit within a single school district represents a blend of the two previous options. If school personnel view the special education unit as working only with special education or potential special education children, then the challenges to role and function of this person will be similar to those of the individual employed by a cooperative or joint agreement. If, however, such a distinction is not made, then the school psychologist should have the opportunity, with other PPS workers, to provide a full range of services to students, parents, teachers, and administrators.

Perceptions of role must be taken into consideration by each professional. This "self-analysis" is necessary to ensure against self-limitation and to set the stage for continued professional development. The variables that limit and/or expand role and function are both external (setting) and internal (self-perception). The responsibility for providing a maximum range of support services lies primarily with the individual school psychologist. This responsibility may take the form of providing a wide range of services in a receptive setting or educating individuals as to the wide range of services in a nonreceptive setting. Although a particular setting may favor a limited or expanded role, the influence of the setting should not be accepted as finite. Responsibility for delivery of services remains with the individual professional.

Types of Services

The original service delivery areas for school psychology identified at the Thayer Conference were cited previously. More recently, on a national level, the *Standards for the Provision of School Psychological Services* (1978) published by N.A.S.P. provide contemporary guidelines for the types of services to be delivered. The provision of school psychological services is usually cited in legislation under the heading "Related Services," as seen in P.L. 94-142 at the federal level and in many state rules and regulations.

School psychological services have been defined in broad terms by different states. In most instances these services are geared towards assisting students in their education or behavioral adjustment. School psychological services often include:

1. Screening of school enrollments to identify children who should be referred for individual study.
2. Individual psychological examination and interpretation of those findings and recommendations which will lead to meaningful educational experiences for the child.
3. Counseling and performing psychological remedial measures as appropriate to the needs of students, individually or in groups.
4. Participating in parent education and the development of parent understanding.
5. Consulting with teachers and other school personnel in relation to behavior management and learning problems.
6. Consulting in program development.

In some states, reference may be made specifically as to when a psychological evaluation shall be required. One example is: A psychological evaluation by a certified school psychologist shall be required:

1. In order to place any child in a special education program for the mentally retarded.
2. In order to place any child in a special education self-contained classroom.
3. In order to place any child in a special education placement for children with emotional disturbance.
4. In order to place any child where there are questions about his or her intellectual functioning and/or learning capacity.

Incorporating the earliest role definitions with current professional organization recommendations and statutory definitions, the following types of services represent the "recommended practices" of school psychologists in Illinois:

1. Individual assessment
2. Counseling with students and parents
3. Parent education
4. Inservice education with school personnel
5. Consultation
6. Program evaluation
7. Research
8. Preventative mental health work

Each of the above areas will be discussed in the context of the most appropriate delivery system for the service type.

Delivery Systems

A logical way of viewing the types of services provided by school psychological personnel can be along a "directness of influence" continuum as presented by Monroe (1979).

Figure 1. Influences of School Psychological Services on Children (Monroe, 1979)

Direct Influence on Child

Counseling/therapy—psychologist works with individual child or small group of children to enhance adjustment or development.

Psychoeducational assessment—psychologist uses formal and informal data collection devices with individual children to obtain information needed for decisions about screening, classification, placement and intervention.

Consultative child study—psychologist works with parents or teachers to enhance adjustment or development of child.

Inservice—psychologist works to increase knowledge or skills or to change attitudes of groups of school personnel.

Indirect Influence on Child

Research—psychologist systematically gathers data to aid in decision making regarding groups of children and their educational programming.

The eight "recommended practices" cited earlier fit well into Monroe's conceptual framework. Each of these areas will be discussed from the perspective of the pupil personnel framework of support services. School psychologists tend to be employed in a rather high student to professional worker ratio. Therefore, their impact, as well as that of other support workers, is minimized when the majority of professional time is spent in direct service delivery. The value of direct services such as assessment and therapy should not be underestimated. However, indirect services such as consultation, program development, and research should not be abandoned due to the lack of immediate evidence of impact. These types of services are often best evaluated from a long-term perspective.

Counseling/Therapy

The extent to which a school psychologist engages in counseling or therapy should be a function of two variables: the amount of training and/ or experience and the availablity of others with similar skills in the district or community.

First, school psychologists who engage in counseling/ therapy should be qualified to do so. Their training and experience will be the primary criteria for judging their capability in this area. Counseling/therapy training at the preservice level is an area in which great differences exist between programs and states.

Second, there are often other allied professionals with expertise in counseling and therapy and greater availability to the child. At the high school level, referral to a counselor, social worker, or outside agency may be appropriate. At the elementary level, referral to a social worker or outside agency will more likely occur due to the limited number of elernentary-level counselors. The psychologist might become more involved in counseling at the elementary level due to limited personnel or at the high school level when this is a primary job description. Counseling/therapy remains an area in which a variety of professionals can be utilized.

Psychoeducational Assessment

The psychologist's involvement in assessment is quite extensive. Recently, increased participation in this area by other personnel (regular and special education teachers, educational diagnosticians) has resulted in a truly multidisciplinary process. The school psychologist should involve other qualified personnel in psychoeducational assessment whenever such individuals are available. The reader is referred to the data-collection section of this manual for an in-depth discussion of this area.

Consultative Child Study

Consultative activity by school psychologists and other support personnel has long been advocated in the professional literature as one of the most cost-effective means of providing service. Preservice and inservice training in this area, however, has been fairly limited. As a result, few individuals feel comfortable with a consultative model.

Face-to-face communication is emphasized in the consultation process. Several researchers (Martin, 1978; Grubb, 1976; Fine, 1971; Fairchild, 1976) have found that consumers of psychological services prefer the consultative approach over the traditional testing approach by a wide margin. Martin (1978) describes the two types of social power—expert and referent—by which school psychologists and other support workers influence those with whom they consult.

School psychologists who use the *expert power* model provide the knowledge base necessary to meet client and programmatic goals. Conducting inservice education, working with parents and helping teachers with classroom management functions, that is, attempting to increase the skills of others who work directly with children, are three ways of implementing this type of consultative model. In order for school psychologists to use this model, they must determine realistically the areas in which they are "expert." Working through parents and teachers, the psychologist and other support workers can have an indirect impact on many children.

Because school psychologists are not experts in all areas, they often use the *referent power* type of consultation. In this approach, psychologists present themselves as models and sources of information about other available resources. The method is especially useful in crisis intervention services. Psychologists can answer questions and refer teachers and parents to other "experts" and services, providing a general atmosphere of positive problem solving even though they personally may lack the particular skills necessary for solution. The effectiveness of an individual school psychologist can be extended when the total services in the community and the areas of expertise of other support personnel have been identified.

The school psychologist, then, should be available to administrators, teachers, parents, and others as an "expert" problem solver in some areas and as an agent in the problem-solving process in others. In either event, it is highly recommended that school psychologists include in their activities face-to-face interaction with change agents for children, parents, teachers, counselors, administrators. Research demonstrates that consultees prefer "consultative periods" of approximately 45 to 60 minutes.

Phases in Consultation

The consultation process must be organized and planned in order to succeed. The setting in which "instant answers" are requested or required is not the place to use the consultative model. The following phases or steps are recommended to those who wish to utilize a consultative model (Berlin, 1979).

1. *Contract phase:* The consultant should delineate clearly how, where, and when he/she will work. The consultant should establish a schedule that is *realistic* and stick to it.

2. *Introductory phase:* The consultant uses this period to become adequately acquainted with the consultee(s) and to reduce mutual anxieties. This is not a phase to skip or go over lightly. This time is used to decide if the consultative model will be beneficial or if another approach should be used. The consultant should not be afraid to admit that this model might not be the best approach. Time invested now to be sure of appropriate methods will certainly pay off later. The consultant and consultee(s) should view each other as colleagues in a problem-solving process, not from a superior-inferior perspective.

3. *Initiating consultation:* Problem-solving begins as the consultant and consultee(s) explore past experiences that might help to clarify present behavior. At this point, however, the consultee(s) often gives a sigh of relief that help is on the way and fails to carry through on tasks. Mutual problem-solving attitudes must be maintained so that the consultant does not reinforce dependency or take the blame for failure. It is at this point that the consultee(s) makes clear what he/she is willing to commit in terms of time and energy and the consultant's philosophy of interventions is explored.

4. *Data-gathering phase:* Once it has been established that the consultative process is mutual, specific task assignments can be discussed. The consultee(s) needs to gather data about the problem and to discuss data collection methods with the consultant. This data-collection stage reinforces the need for facts and provides the structure for clarifying the situation. A mutual understanding about the problem begins to develop. Time-series designs, daily logs, and baselines, are common data-collection methods.

5. *Intervention (hypothesis-testing) phase:* In this phase a hypothesis is developed about possible behavioral causes, and possible solutions emerge which can be tested in action. In the process of trying out various interventions, the consultee(s) becomes aware of his/her importance to the student. Data collection continues in order to determine the effectiveness of the intervention. The consultee(s) gains broader understanding of the intervention process and receives reinforcement for effective behavioral change. The role of the consultant is to validate successful and/or unsuccessful interventions. In either case, mutual problem solving continues to be the dominant consultant-consultee behavior.

6. *Disengagement phase:* Once the process has occurred of testing various interventions and modifying them to find the most effective approach, the consultant can look to disengagement. Proper disengagement involves not complete termination, but a modification of the original schedule. The consultant should always indicate his/her continued availability and make one or two unsolicited follow-up visits if for no other reason than to reinforce continued involvement by the consultee. One of the most certain signs of effective consultation is the lack of further need for the consultant.

Contraindications for Consultation Use

The use of the consultation model will be less effective or even ineffective when one or more of the following conditions occur:

1. When teachers are unable to modify the classroom environment or their own behavior due to administrative/organizational/policy variables.

2. When there is a need for urgent answers to acute crises. Under these conditions, phases 1-4 cannot be completed and the system breaks down.

3. When a consultant is being used to cover up ownership of responsibility and not as a legitimate behavior change agent.

4. When the consultant, as an individual, is unable to establish the consulting relationship on a colleagial basis and instead establishes an expert-student relationship. Sharing is the essence of consultation.

Inservice Education

The inservice role of school psychologists is only recently emerging as a regular part of their role and function. Kaplan and others (1977) found that superintendents viewed the inservice role of school psychologists as important, while Grubb (1976) reported that teachers saw it as fairly unimportant. Although the role of inservice education by school psychologists may be viewed differently, it is contained in the job descriptions of many systems. The following represent some recommended practices for those school psychologists who do engage in inservice activities.

1. Stick to areas of expertise.

2. Respond to the needs of the audience and not your own areas of interest.

3. Involve other support personnel whenever possible.

4. Remember that the success (or failure) of the inservice affects teachers' perceptions of the school psychologist.

Program Evaluation and Research

The school psychologist is often asked to become involved in program evaluation. This is a type of research effort, conducted with individual children or groups of children within a program, to determine the extent of the program's success. In this age of accountability, the press for program evaluation is intense. School psychologists, because they have extensive training in measurement skills and theory, are the logical choice for this type of activity. Determining the extent to which a program is meeting the needs of those it serves is a sensitive process. School psychologists engaged in such activities should ensure that the process is objective and that outcomes are measurable. The use of many data sources, teachers, parents, and other support workers is mandatory in order to assure comprehensive program evaluation.

The research role of school psychologists outside the realm of program evaluation is less clear. Recent research, e.g., Kaplan (1977) and Lesiak and Lounsbury (1977), indicates that the research component is somewhat controversial and specific to the particular district. School psychologists, usually to a greater extent than other pupil personnel service workers, have in-depth preservice training in research and statistical methods and can utilize these skills in a variety of ways. School officials are often unaware of the research training of school psychologists and may overlook them when research projects are undertaken. On the other hand, school psychologists with research interests often feel that they do not have the time for research. For those individuals with particular interest in research, the following practices are recommended:

1) Educate district personnel early as to what research and statistical skills you possess.

2) Present research proposals that reflect a combination of your particular interests and the needs of the district.

3) Disseminate information through proper district procedures with appropriate consent.

The role of the psychologist as a preventative mental health worker has not yet been discussed, but it is perhaps the most important yet least definable because it includes many other roles. In times when demands on the school psychologist for psychoeducational assessment are quite heavy, the preventative worker role seems obscure. In order for each child to attain his/her optimum academic, social, and emotional potential in the educational setting, the school psychologist, in union with other support workers, must strive to remove possible barriers and maximize assets in the educational environment.

Assessment and remediation prevent present problems from becoming worse. In the consultative approach, support workers, teachers, and parents work together to maximize the learning environment. Inservice education is designed to reduce or eliminate potential problems in areas such as classroom management and child development before they become obstacles. Program evaluation seeks to assure that children benefit from curricular programs and aids in preventing future failure and enhancing current talents. Research helps educational specialists to develop new strategies that will better meet the needs of children in the future. It is clear, therefore, that the school psychologist, working with support team members in a broad range of service options, will perform both remedial and preventative functions in maximizing the education experiences for all children. Individual school psychologists represent wide areas of expertise and interests. As such, they will be highly proficient in some skills, but it should not be expected that they will be proficient in all types of recommended services.

Chapter 3
Delivery of Services

Data Collection

Child Study Evaluation Approach

The services of school psychologists and other pupil support workers are enlisted for individual children as well as for groups of children. Whether the request for services involves one child or many, the "child study approach" method is recommended. This approach can be defined through its two major characteristics: comprehensive and interdisciplinary.

First, the developmental, remedial, or preventative programs designed as the result of an evaluation are only as good as the breadth and validity of the assessment procedures. The amount of team and individual evaluation time to be spent should be determined by the needs of each particular referral. Collection of data should continue until all questions associated with the referral have been addressed. The comprehensive approach implies that all aspects of the individual's or group's functioning are evaluated as necessary.

Second, the child study approach implies the involvement of a variety of professional disciplines. The types of problems currently presented to professionals are broad-based and require more than the specific skills of a single individual. Involvement of other personnel is both beneficial to the needs of the child and consistent with ethical codes of conduct.

Thompson and O'Quinn (1979) provide a conceptual framework for the involvement of a variety of professionals. They cite two approaches to group problem solving, with one evolving from the other: the "multidisciplinary" approach and the "interdisciplinary" approach.

In the multidisciplinary approach, ultimate responsibility for the case is always assumed by the same professional (physician, psychologist, etc.). As the team leader, this individual determines what information is needed and who should provide it, and assigns other team members the task of following up these determinations. School psychologists have often found themselves in this leadership position, even when a case manager from another discipline might be a more appropriate choice. The case manager often becomes unduly burdened with paperwork and administrative details, and the treatment only reflects the particular (and necessarily limited) professional orientation of the team leader.

In the interdisciplinary approach, team management rests with the individual who seems best equipped to handle the particular situation. For instance, the school psychologist might assume leadership for a case involving a behavior disorder; the reading specialist would be the logical person to manage a case involving a reading difficulty. It is the responsibility of each representative to determine what his/her role in the case should be. The most logical member of the team serves as case manager, and the administrative chores are dispersed as equally as possible. The interdisciplinary method is the recommended approach for assuring that the individual to be served will receive maximum assistance.

Assessment Plan and Decision-Making Process

Once the interdisciplinary team has convened, the first step is usually to develop an assessment plan. This is recommended for two reasons: (1) the use of a plan is more efficient in terms of time and energy expended; (2) current federal and state regulations require that assessment instruments and procedures be validated for the purpose for which they are used. Therefore, the assessment plan should be based on the questions presented in each individual case. The development of the plan involves a number of decision-making steps:

1) What questions are to be answered by the evaluation?
   What information is needed to answer the questions?

2) What should be involved in collecting data to answer each question?
   Who is trained to collect the data needed?

3) What assessment procedures will be used by each individual to answer his/her respective questions?
   Who is available to collect the data?

4) What are the timelines for completion of the plan?

Referral questions preserve the uniqueness and specificity of each case. Plans to generate data must consider alternative answers (not *the* answer) for each question. Assignments for data collection should take into account the expertise associated with each team member's professional training.

What is essential for developing an effective treatment program is that data be adequate and appropriate. Adequacy refers to the comprehensiveness of data collection, e.g., social skills and academic skills; learning ability assessed by verbal tasks and learning ability assessed by nonverbal materials. Appropriateness refers to the suitability of the measures used to generate data (e.g., Is a verbal task proper for ascertaining the learning ability of a hearing impaired child?). The type of data commonly sought by team members includes, among others, personality assessment (cognitive, emotive, motivational, communicative, adaptive); educational achievement (basic skill attainment, work study skills, communication, social adjustment); and language/communication (articulation, emotional responses, syntax, vocabulary).

The data generated should provide answers to most questions. For example, the child's low academic achievement may be a consequence of low intellectual ability, an emotional disorder, cultural background, a communication dysfunction, a physical health problem, a disinterest in school, or any combination of these.

Information collected by one team member will duplicate to some extent that obtained by another team member. The similarity of information collected by different persons in different situations using different techniques establishes the validity of the data and provides cross-disciplinary verification. Assigning individuals to different assessment questions allows the most qualified person to complete each task. Illustrative of the incorporation of these principles is the following plan of questions and proposed responses to an elementary level teacher's referral:

1. What is Joey's level of intellectual development, and is his achievement at ability level?

   Ability testing—school psychologist
   Achievement testing—educational diagnostician
   Vision and hearing screening—school nurse

2. Does Joey have a language problem which may be contributing to his learning difficulty?

   Language evaluation—speech therapist
   Developmental history—school social worker

Specific referral questions are generated for each case, and specific assessment procedures are designed to deal with each question. This format lends credibility (validity) to the assessment process while meeting the unique needs of each child.

Assessment Plan Components

The school psychologist will be involved in a variety of assessment procedures involving interactions among academic/emotional/environmental variables. Certain assessment scales are designed for making a cursory review of a trait or ability to determine whether there is need for additional action and follow-up. The use of such screening devices for detailed evaluations or as diagnostic tools is not recommended. Such use is contrary to the purpose of the test and violates the best interests of the child. Screening should only be used to determine which areas require more in-depth evaluation and which ones do not. Those that do should be evaluated completely and thoroughly. The following assessment components represent those with which school psychologists are most often involved.

Interviewing

According to recent survey data, psychologists seldom consider interviewing as part of the assessment procedure. It represents a tremendous source of information to team members, however, for understanding the child and the environment and validates data collected during the assessment. Interviewing can involve one or all of the change agents in the child's life.

As part of the individual child evaluation, interviews with parents and teachers can serve as an *intake process* to procure health, developmental, and relevant educational information. Such interviews are done by the school nurse and/or school social worker who compiles the information obtained in the social summary. An initial interview can also serve to generate *referral questions* for structuring the assessment process. As a *clinical procedure*, it serves to clarify many interpersonal attitudes and dynamics operating within the child, family, and educational setting. The interviewing process provides a dimension to the individual assessment not obtained by other formal and informal procedures.

Interviewing during consultation is extremely useful in clarifying concerns. The face-to-face interview allows for consultation questions to be developed and key variables to be identified. As stated earlier, teachers indicate that they prefer consultative sessions 45 to 60 minutes in duration to those lasting a shorter period of time.

It should not be assumed that one interview is all that is necessary in an evaluation, and several members of the interdisciplinary team may choose to use the interview as part of their data collection. Each professional will conduct the interview in a manner which is particularly relevant to his/her own approach to the evaluation. School psychologists should feel free to interview parents, teachers, and others during the evaluation process as a regular component of their assessment procedure. *Appendix D* contains a comprehensive interview form which can be used as a guide to the interview process. *Appendix E* contains an outline for a psycho-situational (behavioral) interview often utilized for specific behavioral referrals.

Observations

As with interviewing, critical observation is not seen by most school psychologists as a regularly included component in the assessment process. The school psychologist should be familiar with both formal and informal observation procedures to use with individual children, with families, and in classrooms that reveal child-teacher, child-parent, and child-child interactions. Federal rules and regulations require that a classroom observation be included in the assessment of children suspected of being learning disabled. As the child's classroom teacher is not permitted to conduct this evaluation, the school psychologist is often assigned the task. Observation is often used as a validating criterion to which standardized social and emotional assessment can be compared. An example of a time series format is given in *Appendix F* (Madsen & Madsen, 1975).

The use of a time series design results in data which can help explain the antecedents and consequences of behavior. Rates of certain behaviors, conditions under which they occur and the consequences of the behaviors are obtainable through this type of design. The following guidelines are recommended when using formal observations and are specific to the use of the Madsen and Madsen design included in *Appendix F*.

Recommendations

1. Select target behavior(s) and define in a way that the behavior(s) is(are) observable and measurable.

2. Referring agent (parent/teacher) and the school psychologist must agree on the target behavior and its definition.

3. Select the environment and time during which the observation should take place. In repeating observations for reliability of data, the same environment and time of day must be used.

4. The observer should be as unobstrusive as possible to the child or children being observed. Only begin the observation for data collection *after* the child or children are no longer behaving in a novel manner due to the presence of the observer.

5. Once the observation begins, use the following format:

   a. Observe the child for 10 or 15 seconds and record the dominant behavior (+ = on task, N = making noise/talking, etc.).

   b. Take approximately 5 seconds to record the behavior.

   c. Observe for another 10 or 15 seconds and repeat procedures 1 and 2.

6. Observe for a minimum of 25 minutes per session.

7. Calculate percentage of behavior types as per the formula in *Appendix F.*

8. Report results in a way that:

   a. Describes target behaviors and percentage of time spent with each behavior, i.e., 35% on task, 50% talking, etc.

   b. Interprets events which triggered behaviors, i.e., peer reinforcement.

Ability Evaluation

Assessment of a child's level of intellectual functioning is a role assigned almost exclusively to the school psychologist. Other school personnel utilize group and individual screening measures of ability, but it is the school psychologist who is responsible for assessing a child's ability on a comprehensive, individual basis. As the assessment of intellectual ability is a critical area, the need for careful, comprehensive evaluation is paramount. The school psychologist should utilize formal individualized tests of ability in evaluating a child's intellectual functioning level. When there is any question about the *validity* of a single measure, multiple measures should be used. In situations involving possible placement in special education or where the intellectual capacity of the child is questioned, the use of *screening measures* by the psychologist is *not recommended.*

The school psychologist should be well aware of the potential impact of sociocultural and emotional factors on a child's demonstrated ability level. When it is felt that results obtained may be more a function of sociocultural and emotional factors than of actual ability level, the school psychologist must acknowledge the influence of those factors on the scores attained and report results accordingly. This is particularly recommended in the evaluation of individuals suspected of mild mental impairments.

The school psychologist should be able to provide input into districtwide ability evaluation in terms of instrument selection, teacher inservice, and reporting results to parents. Education on the integration of ability results with other group assessment measures is an area of potential school psychologist involvement.

Achievement Component

When the school psychologist is responsible for assessing achievement, it is usually most efficacious to assess areas which relate *directly* to the referral questions. This eliminates unneeded evaluation and provides time for more relevant activities. Involvement of other interdisciplinary team members is important here. Before undertaking individual assessment, the school psychologist should obtain a written or verbal report from the classroom teacher, for example, describing levels of achievement on a daily basis. This will aid in selecting areas to be assessed.

The school psychologist should use a variety of assessment approaches, including formal, informal, and criterion-referenced/task analysis options. The purpose of each assessment should be clearly identified. Screening instruments of achievement should not be used for diagnostic purposes. In-depth diagnostic procedures may not always be necessary. The school psychologist should assess not only levels of *achievement* in particular areas but, more importantly, levels of *skill mastery.* The use of achievement assessment procedures that can most readily be incorporated into a preventative/remedial program is recommended.

Emotional Component

Evaluation of a child's current level of emotional functioning and personality "profile" is another area primarily assigned to the school psychologist. Using both formal and informal measures with many data sources is highly recommended. Specific assessment procedures should be assigned to specific referral questions, and the school psychologist should ensure that the assessment procedure utilized can provide a valid answer to the question. Screening measures of emotional/personality status should be used cautiously. Data obtained through personality evaluation should be validated, to the greatest extent possible, through interviewing and observation.

In the assessment of emotional status, the *hypothesis testing approach* is recommended. In this approach, results obtained through formal and informal evaluation remain as hypotheses until substantial validation can be

obtained. When such validation cannot be obtained, the results should be reported accordingly. Post-assessment interviewing and observation are highly recommended as part of this data collection component.

Behavioral Component

Behavioral or "in situ" assessment is rapidly growing in popularity and is becoming a more common component of the evaluation process for both direct and indirect service delivery by school psychologists. The advantages lie in directness of evaluation and easy incorporation of the data obtained into preventative/remedial programs. Deno et al. (1978) have identified two major approaches: *person-centered* and *situation-centered*. In the person-centered approach the problem identified in the referral question is thought to lie in the behavioral repertoire of the subject. It is therefore common and logical to remove the subject from the regular environment in order to conduct assessment. In the situation-centered approach, the problem identified involves both the subject and environmental variables. Assessment of this type must involve assessment in the environment in which the problem occurs (see *Appendix E*).

Bijou, Peterson and Ault (1968) include the following recommended steps when conducting behavioral assessment:

1. Define target behavior(s) in easily identifiable terms.
2. Develop or adopt measuring devices.
3. Decide when data are to be collected.
4. Decide the context of the observations.
5. Assess reliability and observer bias.

A number of behavioral assessment procedures are recommended, including parent, teacher and psychologist rating scales; formal and informal behavioral recording; and client self-report.

Sensory-Motor Component

The school psychologist is often called upon to evaluate certain aspects of sensory-motor performance. Typically, these include fine motor development in the form of eye-hand coordination tasks and gross-motor screening as part of a larger battery. Often other professionals in allied areas such as physical therapists, occupational therapists, nurses, physicians, and adaptive physical education personnel are available to provide additional input into this assessment component. Recommended practice in this area would be for the school psychologist to involve as many others in the sensory-motor evaluation as is feasible for the referral questions. Overgeneralization of results obtained from screening measures in visual motor integration and gross motor development should be avoided. The involvement of medical personnel is recommended when screening measures indicate the possibility of significant and educationally relevant deficit areas.

Learning Style Component

The school psychologist is often asked to evaluate *how* a student learns best. Although assessment of learning style is often completed by other professionals (learning disabilities specialists, educational diagnosticians), the school psychologist often needs to acquire this information personally. The question of whether to assess *process* (e.g., hearing, vision) or *product* (specific behaviors) is one which the individual psychologist must answer. The critical need is to identify the most efficient learning system for the student. Recommended practices for assessment of this component would be:

1. to use assessment procedures which will translate into educational remediation with relative ease;
2. to use assessment procedures consistent with other components of the assessment battery;
3. to use assessment procedures designed to answer the referral question,
4. to assess the learning environment to determine the extent to which it is congruent with the child's strengths and weaknesses. This would include physical conditions in the classroom, teacher presentation style, seating, etc.

Information relating to the learning style of the student is extremely valuable and offers an opportunity for the school psychologist to bridge the gap between assessment and curriculum.

Nondiscriminatory Assessment

Federal and state regulations require that all assessment of exceptional children be free from racial and/or cultural bias. The possibility of discriminatory practices is most evident with minority and non-English speaking groups, although discriminatory practices can enter into any phase of the evaluation and involve any individual child. School psychologists, in particular, should be aware of all sources of bias possible within the following variables:

1. Parent characteristics
2. Child characteristics
3. Examiner characteristics
4. Tests
5. Atmosphere
6. Use of results

Although there are a number of steps one can take to minimize bias, there are a number of prerequisites which *must* be observed from the outset. These are:

1. *Procedural safeguards* All procedural safeguards (e.g., informed consent) noted in Section 504 of the Vocational Rehabilitation Act of 1973 must be observed and practiced routinely.

2. *Multidisciplinary contributions.* Contributions in evaluation and decision-making *must* come from a variety of sources across a number of disciplines appropriate to the individual child.

3. *Outcomes criterion.* The examiner should not look at instruments, but at outcomes. Emphasis should be on selecting and using instruments which lead to interventions, not labels.

4. *Placement options.* The full range of placement options must be available to each child, if needed. The lack of a particular type of class (i.e., resource Educable Mentally Handicapped, self-contained Learning Disability) automatically discriminates because the child is denied an opportunity to participate in a particular program regardless of the evaluation results.

Multifactored Assessment

Nondiscriminatory assessment does *not* relate to specific instruments or procedures. Nondiscriminatory assessment is a *process* which, if followed, has the potential for minimizing discriminatory influences. The following eleven components represent a multifactored process designed to reduce the probability of bias. Their use should be incorporated into every individual child evaluation. These components are taken from the Iowa Department of Public Instruction, *Publication on Non-Biased Assessment*, 1978.

1. *Situational assessment.* Does the assessment of the school or classroom environment include a behavioral definition of the referral problems? Are data collected on the frequency and magnitude of the problem(s), and is a study made of the antecedent, situational, and consequent conditions related to the problem?

2. *Health history.* Are data collected on physical/health conditions which may be related to the learning problem? This information would include factors such as developmental history, disease and injury data, sensory status, medication(s) used, and nutrition.

3. *Personal and social adjustment.* Are personal and social adjustment (adaptive behaviors) in the home, neighborhood, and broader community evaluated using formal and informal data collection procedures?

4. *Personal and social adjustment.* Are personal and social adjustment (adaptive behaviors) in the school setting evaluated using formal and informal data collection procedures?

5. *Primary language.* Is the child's primary language dominance determined, and are the assessment procedures administered and interpreted in a manner consistent with the primary language data?

6. *Social and cultural background.* Is the sociocultural background of the child assessed systematically, and are the results of other assessment procedures interpreted in light of the sociocultural data?

7. *Educational achievement norm-referenced.* Is educational achievement assessed with norm-referenced instruments which yield valid information concerning the child's current performance in relation to grade level expectancies?

8. *Educational achievement criteria-referenced.* Is educational achievement assessed with criterion-referenced instruments or devices which provide valid information concerning specific skills and deficit areas?

9. *Aptitude.* Is academic aptitude, i.e., general intelligence, assessed with appropriate instruments available; is consideration given to variations in performance over difference factors of academic aptitude; are results interpreted in view of strengths and limitations of such measures?

10. *Psychoeducational process.* Are psychoeducational processes and motor skills related to learning assessed and the influence of these factors on the learning or adjustment problem considered (e.g., attention, eye-hand coordination, language, visual-motor coordination, visual perception, auditory discrimination)?

11. *Other information.* Is information from other areas of assessment potentially important to placement and educational programming considered, e.g., career and vocational interests and aptitudes?

Bias in Case Study Procedures

Bias in assessment procedures has received a great deal of attention. Bias in *each step* of the case study evaluation process can also affect the outcome for the individual child. Below is an extensive example of a self-check process to identify discriminatory practices at each stage of the case-study evaluation process (Developed by the Northeast Regional Resource Center, Hightstown, New Jersey). Recommended practices would include a review of these questions in order to identify sources of bias in personal habits and procedures.

Referral

1. Are the parents/guardians aware that a referral has been made for their child, and by whom?

2. Is this child's present problem clearly and precisely stated on the referral?

   a. Does the referral include *descriptive* samples of behavior, rather than opinions of the referring agent?

b. Is there supportive documentation of the problem? What has been done?

3. Is the referral legitimate?

   a. Does the referring agent have a history of over-referral of children from certain cultural groups?

   b. Could irrelevant personal characteristics (e.g., sex or attractiveness) of the child have influenced the decision to refer him/her?

   c. Could the referring agent have misinterpreted the child's actions or expression due to lack of understanding of cultural differences between him/herself and the child?

4. Did the assessment team provide the referring agent with interim recommendations that may eliminate the need for a comprehensive evaluation?

   a. Is it possible that the chosen curriculum assumes that this child has developed readiness skills at home that in reality he/she has not? If so, did the team assist the teacher in planning a program to give this child the opportunity to develop readiness skills?

   b. Did the team provide information on the child's cultural background for the referring agent so that there are fewer misunderstandings between the referring agent and this child and perhaps other children of similar cultural background?

5. If necessary, were the child's parents/guardians informed of the referral in their primary language?

   a. Was the reason(s) for the referral explained?

   b. Was there a discussion with the parents as to what the next activities may be, e.g., professional evaluations, use of collected data, design of an individualized educational plan, if necessary?

   c. Were due process procedures discussed with the parents?

   d. Is there documented parental permission for the evaluation?

   e. Have the parents been asked to participate actively in all phases of the assessment process?

   f. Have the parents been informed of their right to examine all relevant records in regard to the identification, evaluation, and educational plan of their child?

Meeting the Child

1. What special conditions about this child have been considered?

   a. What is the child's primary home language?

   b. What do we know about the child's home environmental factors, e.g., familial relationships/ placement?

   c. Does the psychologist understand this child's culture and language so that he/she can evoke a level of performance which accurately indicates the child's underlying competencies?

   d. Is this child impeded by a handicap other than the referral problem that may result in not understanding what is being discussed?

2. As the school psychologist, what special conditions do I need to consider?

   a. How do I feel about this child?

   b. Are my values different from this child's?

   c. Will my attitude unfairly affect this child's performance?

   d. Can I evaluate this child fairly and without prejudice?

   e. If not, would I refer this child to another assessor if one is available?

3. Have I examined closely all the available existing information and sought additional information concerning this child?

   a. Has the child's academic performance been consistent from year to year?

   b. Is there evidence in this child's record that performance was negatively or positively affected by classroom placement or teacher?

   c. Are past test scores consistent with past class performance?

   d. Am I familiar with past test instruments used to evaluate this child and how well can I rely on prior test scores?

   e. Has this child been observed in other environments (individual, large group, small group, play, home)?

   f. Were illegitimate assumptions made about this child, e.g., is it assumed that the child speaks and reads Spanish simply because he/she is Puerto Rican?

g. Was information sought on nonschool related variables that may have affected this child's school performance?

e.g. — health factors (adequate sleep, food)
— family difficulties
— peer group pressures

4. Did the child understand why he/she was being assessed?

a. Did someone try to explain this at the child's level of understanding?

b. Was the child given an opportunity to express personal perceptions of "the problem" freely?

c. Did someone discuss with the child what next activities may be involved?

Selection of Approach for Assessment

1. Was the best assessment approach used for this child?

a. Considering the reasons for referral, did the techniques utilize behavioral observations, interviews, informal techniques or standardized techniques, or a combination of the above?

b. Was adaptive behavior assessed thoroughly?

c. Were the approaches consistent with the child's receptive and expressive abilities?

d. Was there overdependence on one technique and omission of others that may have been more appropriate?

e. Was there a balance between formal and informal techniques?

2. If standardized instruments were used, what ramifications were considered?

a. Was this child tested simply because these tests are always used in the assessment procedure?

b. Was a particular test readministered simply because it is part of THE BATTERY?

c. Was a test administered because of a directive from the administration?

d. Does the instrument's standardization sample include persons from the child's cultural group?

e. Are subgroup scores reported in the manual?

f. Were there large enough numbers of this child's cultural group in the test sample for us to have any reliance on the norms?

g. Do the instruments selected assume a universal set of experiences for all children?

h. Do the instruments selected contain illustrations that are misleading and/or outdated?

i. Do the instruments selected employ vocabulary that is colloquial, regional, and/or archaic?

j. Is the theoretical basis of the instruments understood?

k. Will this instrument easily assist in delineating a recommended course of action of benefit to this child?

l. Has current literature regarding this instrument been reviewed?

m. Has current research related to potential cultural influences on test results been reviewed?

Test Administration

1. Were there factors (attitude, physical conditions) which supported the need to reschedule this child for evaluation at another time?

2. Could the physical environment of the test setting adversely affect this child's performance?

— room temperature
— noise
— inadequate space
— poor lighting
— furnishings inappropriate for child's size

3. Am I familiar with the test manual and have its directions been followed?

4. Was this child given clear directions?

a. If the child's language is not English, was he/she instructed in that language?

b. Is there assurance that this child understood the directions?

5. Are entire responses to test items accurately recorded, even though the child's answers may be incorrect, so that they can be considered later when interpreting the test scores?

6. Was rapport established and maintained with this child throughout the evaluation session?

Scoring and Interpretation

1. Has each item missed by this child been examined, rather than just the total score?

a. Is there a pattern to the types of items this child missed?

b. Are the items missed free of cultural bias?

c. If all items thought to be culturally biased were omitted, would this child have performed significantly better?

2. Were various factors considered in the interpretation of this child's scores?

a. What effect did the child's attitude and/or physical condition have on performance?

b. Does the interpretation of the child's performance include observations?

c. Are scores reported and interpreted within a range, rather than as one number?

3. What confidence can we have in this child's test scores?

a. Are test scores the most important aspect of this child's evaluation?

b. Do the test scores outweigh professional judgment about this child?

Consultation with Team Members and Others

1. Is there evidence that a committee functioned as a multidisciplinary team on behalf of this child?

a. Did all professionals involved with the team share their findings regarding this child?

b. Are team members' evaluations in conflict?

c. Can each member admit one discipline's limitations and seek assistance from other team members?

d. Do the professionals willingly share their competencies and knowledge with other team members for the benefit of this child?

e. Has the team arrived at its conclusions as a result of team consensus, or was its decision influenced by the personality and/or power of an individual team member?

2. Is the multidisciplinary team aware of its limitations?

a. Are they aware of community resource personnel and agencies that might assist them in developing an educational plan for this child? Were such resources utilized before, during, and after the evaluation?

b. Did the team feel comfortable in including this child's parents in their discussions?

c. Did the team engage in discussions which did not involve the child's parents?

Assessment Report

1. Is the report clearly written and free of jargon so that it can be easily understood by this child, his/her parents and teachers?

2. Does the report answer the questions asked in the referral?

3. Are the recommendations realistic and practical for the child, school, teacher, and parents?

4. Have alternative recommendations been provided?

5. Does the report describe any problems that were encountered and their effects during the assessment process?

6. Do the recommendations provide for possible modifications of the behavior of the child, teacher and/or parents, and of the curriculum?

Individual Educational Plan

1. Is the child made to fit into an established program, or is an individualized educational plan appropriate for this child being developed?

a. Have this child's strengths and weaknesses been identified?

b. Are long-range goals and immediate objectives specified for this child?

c. Are the team members willing to assist the teacher in implementing this child's educational plan?

d. Does the report state when and how this child's progress will be evaluated and by whom?

Follow-Up

1. What are our responsibilities after we have written this child's educational plan?

a. Have the findings and recommendations been discussed with this child's parents and their due process rights explained? Have the parents been given a written copy of this child's educational plan?

b. Have those working with this child met to discuss the educational plan and to assist one another in implementing its recommendations?

c. Have the findings and recommendations been discussed with this child at his/her level of understanding?

d. Can I help those working directly with the child to become more familiar with this child's social and cultural background?

e. Have the parents granted permission for releasing any confidential materials to other agencies and professionals?

f. Will this child's educational plan be reviewed periodically in regard to actual progress so that any necessary changes can be made?

Some Final Thoughts

To what extent do I believe in the right to an appropriate education for all children?

To what extent would I be comfortable if MY child had been involved in THIS assessment process?

To what extent am I willing to participate actively in inservice activities that will lead to the further development of my personal and professional growth?

Assessment of Adaptive Behavior

The assessment of adaptive behavior is often referred to in nondiscriminatory testing procedures. Both the American Association on Mental Deficiency and the *Diagnostic and Statistical Manual—III* (DSM-III) of the American Psychiatric Association include the assessment of adaptive behavior as a required component in the diagnosis of mental retardation. Formal as well as informal techniques are available for this purpose. Listed below are some of the currently utilized standardized procedures for assessing adaptive behavior.

1. **AAMD Adaptive Behavior Scale—Public School Version** (1974 Revision). Lambert, Windmiller, Cole, and Figueroa, 1975.

In 1975, the Adaptive Behavior Scale (ABS) was adjusted for use in the public schools of California. The domains, subdomains, and items which could not be observed within the public school context were deleted. No items were added to make up for those deletions from the Institutional Version.

There are 56 items on Part One of the public school version of the Adaptive Behavior Scale. The Domestic Activity domain was omitted completely from the scale.

The domain areas for Part One include:

I. Independent Functioning
II. Physical Development
III. Economic Activity
IV. Language Development
V. Numbers and Time
VI. Vocational Activity
VII. Self-Direction
VIII. Responsibility
IX. Socialization

Use

The public school ABS is most suited for identifying the adaptive behavior levels of mild and moderately mentally handicapped children. It can only be used with students between the ages of *7 years, 3 months* and *13 years, 2 months*, however.

Remediation programming is relatively easy to develop, provided the teacher is familiar with the test content. By looking at the test profile summary, areas of weakness can be seen. In many areas the test may not be a good measure of the child's progress. Many of the items are not developmentally sequenced according to level of difficulty.

2. **AAMD Adaptive Behavior Scale - School Edition** (1981 Revision). Lambert, 1981.

This School Edition is based on the AAMD Adaptive Behavior Scale, Public School Version. The ABS—School Edition was developed as a response to the need of persons working in the field who requested revised procedures and expanded age-range reference groups. Changes in the 1981 Revision include:

1) Standardization sample was increased from 2,600 to 6,500.
2) Norms developed for Regular, EMR and TMR groups aged 3-16.
3) Modified scoring instructions.
4) Factor scores can be used to obtain comparison scores for educational placement purposes.
5) Additional studies conducted to obtain additional data on reliability, validity and standard error of measurement.
6) Parent's guide now available.

3. **Adaptive Behavior Inventory for Children.** Mercer, 1977.

The Adaptive Behavior Inventory for Children (ABIC) is part of the System of Multicultural Pluralistic Assessment (SOMPA). The ABIC identifies six areas: Family, Community, Peer Relations, Nonacademic School Roles, Earner/Consumer, and Self-Maintenance.

There are 242 items on the test. A basal score is obtained by eight consecutive credit responses (2, 1, or DK). A ceiling is obtained when eight consecutive O or N (No Opportunity, or Not Allowed) responses are obtained. Guidelines are given for the starting points by using the age of the child.

Percentile scores and scaled scores (T-scores) can be obtained for the raw scores. These are charted on a graph where they can be compared with WISC-R or WPPSI Verbal, Performance, and Full Scale scores.

Use

The ABIC appears to be suited only for *measuring adaptive behavior of EMH students*. The scale does include items suitable for students *3 through 15 years of age* so that a basal can be established for 5-year-old mentally handicapped children. The items over age 11 are to measure above-average adaptive behavior (Mercer, 1973).

4. Vineland Social Maturity Scale. Doll, 1953, 1965.

The Vineland measures eight aspects of social competence. The test has a total of 117 items which are grouped into eight areas. The areas are Self-Help General, Self-Help Eating, Self-Help Dressing, Locomotion, Occupation, Communication, Self-Direction, and Socialization.

The person being evaluated is rated according to level of accomplishment on the tasks within each area. Provision is made for levels ranging from habitual performance of an item to nonperformance. Items are also credited if the person has done the task in the past, but not at the time of testing because of special limitations. A no opportunity factor and an emergent factor are also considered in the scoring.

Use

The Vineland yields a Social Age score and a ratio Social Quotient score. The total scores do not necessarily suggest a remediation program. An examination of the test protocol does provide fairly accurate indication of the student's level of social competence within the various areas.

One advantage of the Vineland is its *suitability for a wide age range: Birth through 30*. Since an age, rather than an intelligence, comparison is used, the scale can be used well with all levels of suspected mental handicap. However, if a comprehensive measure of adaptive behavior is needed, the test must be supplemented by observation or other measures.

5. Cain-Levine Social Competency Scale. Cain-Levine and Elzey, 1963.

The Cain-Levine was developed so that the level of independence of trainable mentally handicapped children could be assessed. It is suitable for children between the ages of *5 years, 0 months and 3 years, 11 months*.

There are 44 items on the scale. They are grouped into subscale areas of Self-Help, Initiative, Social Skills, and Communication. The test is developmentally based. The child is evaluated by a score of 1 to 4 or 5 depending on level of skill development for each item.

Use

The Cain-Levine is only suited for use with trainable mentally handicapped children. Remediation programming is easy to derive from the scale because of the developmental sequencing of items. This test also can be used to measure a child's progress once remediation begins and can be used to evaluate a program's effectiveness with a student.

6. Balthazar Scales of Adaptive Behavior for the Profoundly and Severely Mentally Retarded. Balthazar 1968.

The Balthazar Scales were developed for use with the severely and profoundly handicapped. These scales are different from the previously mentioned tests since an observational, rather than interview, format is used. The rater must be able to have frequent opportunities to observe the child in familiar surroundings while he/she goes about the regular daily routine.

The Scales consist of two sections: Section I measures functional independence skills; Section II contains measures of social adaptation to the environment. The raw scores in each area are converted to percentiles.

Use

The Balthazar Scales measure the adaptive behavior of only severely and profoundly retarded individuals. The use of percentile scores can provide general information about how the person's adaptive behavior compares with others of comparable age and ability. These scales can also provide guidelines concerning training which may have been overlooked.

Since most of the standardization was done in an institutional context, the scales are most appropriately used in a residential facility. The rater must be able to observe the child in a relatively consistent environment. Usually this is possible only in residential settings.

7. Children's Adaptive Behavior Scale. Richmond, 1979.

The Children's Adaptive Behavior Scale (CABS) is unique in that it utilizes the student as the respondent. Other scales mentioned in this section utilize the parent, teacher or other person with intimate knowledge of the student. Use of the Children's Adaptive Behavior Scale would seem to be a way to minimize respondent error.

The CABS has been normed on the age range of 6 through 10 years of age. Administration time is 20-30 minutes. Areas (domains) measured include Language Development, Independent Functioning, Family Role Performance, Economic-Vocational Activity and Socialization. Reliability of the total CABS score is reported to be .91 (Kicklighter, Bailey and Richmond 1980).

Use

Initial research indicates that the CABS might be useful for distinguishing the "slow learner" from the EMH child. (Kicklighter, Bailey and Richmond, 1980) As this instrument is new, caution should be taken with its use until its validity is more firmly established.

As with any assessment process, individual evaluators should ensure that the tests utilized have been validated for the intended use and have sufficient reliability and validity.

Low-Incidence Student Evaluation

This section of the manual addresses areas of evaluation involving hearing impaired, visually impaired, and orthopedically handicapped students. It presents general guidelines and a survey of assessment instruments appropriate for each population. In all cases involving low-incidence student assessment, it is highly recommended that assessment personnel with training in the specific area of disability be utilized. The information in this section is derived from the Technical Education Research Centers (1977) publication.

Assessing Hearing-Impaired Students

Assessment of hearing-impaired individuals presents the greatest challenge of any exceptionality. The psychologist is advised to seek special training as a prerequisite for working with these persons. In addition to proficiency in using procedures designed specifically for hearing-impaired students, the psychologist must possess the ability to interpret reports prepared by an audiologist. It is essential that the psychologist study the student's audiological reports as a preliminary step in planning the assessment.

Ideally, the psychologist would acquire proficiency in communication modes used by hearing-impaired individuals. They rely heavily on visual stimuli, but any residual hearing (aid-corrected) is also a significant aspect of communication. Deliberate efforts to make speech more comprehensible (altering of rate, exaggerated pronunciation) is generally confusing and counterproductive. The recommended approach is to (1) proceed with a natural style, (2) be prepared to make adjustments when you see "it's not working," (3) use practice materials until good communication is established, (4) have adaptations and modifications in visual format to illustrate and clarify usual verbal directions, and (5) by all means, use a variety of assessment devices.

Selecting assessment procedures for a hearing-impaired subject includes consideration of the extent of hearing loss, language problems, verbal level of the test, difficulty of concepts, and background of the student. The following guidelines should be considered:

1. If the hearing loss is 75 decibels or more in the speech range, the subject should be evaluated using procedures devised for students who are deaf or who have profound hearing loss.

2. The middle group with loss between 20 and 70 decibels is the hardest to define. Some hard-of-hearing subjects may not wish to reveal to others the extent of their communication difficulties. They may give the impression of being able to understand verbal tests, but this is often artificial. Thus it is essential to begin with a performance measure and then, if desired, to try a verbal instrument.

   A large difference between verbal and nonverbal scores in the presence of a loss of 25 decibels or more suggests that the hearing loss has a significant effect on the client's communication skills. These persons should be evaluated on the basis of performance on psychological test procedures designed for those with profound hearing loss.

3. If the loss occurred after three and one half years of age, or if scores on psychological evaluations for the profoundly deaf are exceptionally high, regular evaluations such as those for hearing subjects should also be given.

The following recommendations apply to test administration:

4. The examiner must use the mode of communication preferred by the subject, be it a particular type of manual communication, pantomiming, speechreading, writing, or a combination of all these.

5. Use of an interpreter is seldom an effective substitute for the examiner's fluency in manual communication (especially in the case of intelligence and projective-type personality measures).

6. Several practice items should be given to assure understanding of the testing procedure. Expect that the assessment will take longer than usual and may best be divided into several sessions. See the following pages for recommended assessment instruments. (TERC, 1977, pp.327-328)

Appendix G contains a list of instruments often used with hearing-impaired students.

Assessing Visually Impaired Students

Prior to assessment of visually impaired subjects, a complete ophthalmologic report should be available to the assessment team. The psychologist is responsible for ascertaining the practical limitations associated with a given medically diagnosed disorder (e.g., aniridia, myopia). The following represent general guidelines to follow in evaluating visually impaired clients (TERC, 1977):

1. Make sure that lighting is of sufficient intensity, but try to eliminate glare.

2. Avoid flickering lights.

3. If the subject is light sensitive, arrange the room so that light is provided from the side of the more efficient eye.

4. Permit the subject to determine how far to be from the test materials and whether low-vision aids are necessary. (Note the behavior in the report of findings.)

5. As with all subjects, try to eliminate visual or auditory distractions in the examining room.

6. Test in short blocks of time, rather than in concentrated periods. Visually impaired subjects may become more readily fatigued than their sighted counterparts.

7. Establish rapport with the subject. Tension can cause the visually impaired person to lose visual efficiency. This is especially true of those with nystagmus (lateral or vertical rapid eye movements) or limited field of vision. Thus, rapport with the subject is essential for alleviating anxiety that would precipitate further vision difficulties.

8. Adjust time limits as required when using tests standardized on a sighted population. Even the most efficient visually impaired readers seldom can achieve the reading speed of their sighted counterparts. This applies to reading any media, be it braille, large print, or regular ink print read with the assistance of low-vision aids.

9. Conduct achievement testing of visually impaired persons on an individual or small-group basis (i.e., a group of preferably no more than ten subjects). Even if the subject is taking the same test as his/her sighted peers, adjustments in time limits are almost always required and this makes it inadvisable to administer a test to a visually impaired person in a large-group situation.

10. Tell the person with little or no useful vision the information about the test and testing situation that a sighted person would pick up visually. Of course, there is a difference between what is adequate descriptive information of materials and what are clues to solving tasks on the test.

11. In performance-type tasks, describe the objects being used, let the subject touch them, and guide the student's hands if he/she is hesitant.

See *Appendix H* for a list of instruments frequently used with visually impaired students.

Assessing Orthopedically Impaired Students

With the orthopedically impaired population, as with persons with other moderate handicapping conditions, a number of factors are important when developing the assessment plan. These include age of onset and severity, limitations in life experiences, degree of compensation for disability and medication effects (TERC, 1977). Adaptations to the assessment process may be required such as:

1. Adjustment in time limits
2. Use of amanuensis to score answers
3. Specially designed answer sheets
4. Use of lapboard
5. Large objects substituted for small ones
6. Different response sets (blending, pointing, head shaking)
7. Test items presented in multiple choice form
8. Shorter test periods to avoid fatigue
9. Reduced illumination to minimize distractibility

Appendix I contains a variety of assessment instruments for use with orthopedically impaired subjects.

Assessing Mentally Handicapped Students

The American Association on Mental Deficiency defines mental retardation as:

> significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period. (Grossman, 1977)

Grossman (1977) further clarifies this definition by delineating the following terms:

> **General Intellectual Functioning** is defined as the results obtained by assessment with one or more of the individually administered general intelligence tests developed for that purpose.
>
> **Significantly Subaverage** is defined as IQ more than two standard deviations below the mean for the test.
>
> **Adaptive Behavior** is defined as the effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected for age and cultural group.
>
> **Developmental Period** is defined as the period of time between birth and the 18th birthday.

Thus, mental retardation indicates a level of behavior performance without reference to etiology. It is indicative of current behavior and does not necessarily imply prognosis.

Although for many years the identification of mentally handicapped persons was based largely on the use of standardized tests of intelligence, the use of multiple measures is now recognized. School psychologists who evaluate individuals suspected of being mentally handicapped should measure a number of areas. The following guidelines are recommended for the assessment component of the case study process with this group of children.

1. Have information from interviews concerning health, development, and acculturation readily available.

2. Utilize *comprehensive measures* of ability with the greatest levels of reliability and validity possible (i.e., WISC-R, Stanford-Binet) and not measures designed as screening instruments (i.e., Slossen).

3. *Know* the extent to which the child's demographic data and life experiences are similar

to those of the normative group of assessment procedures utilized.

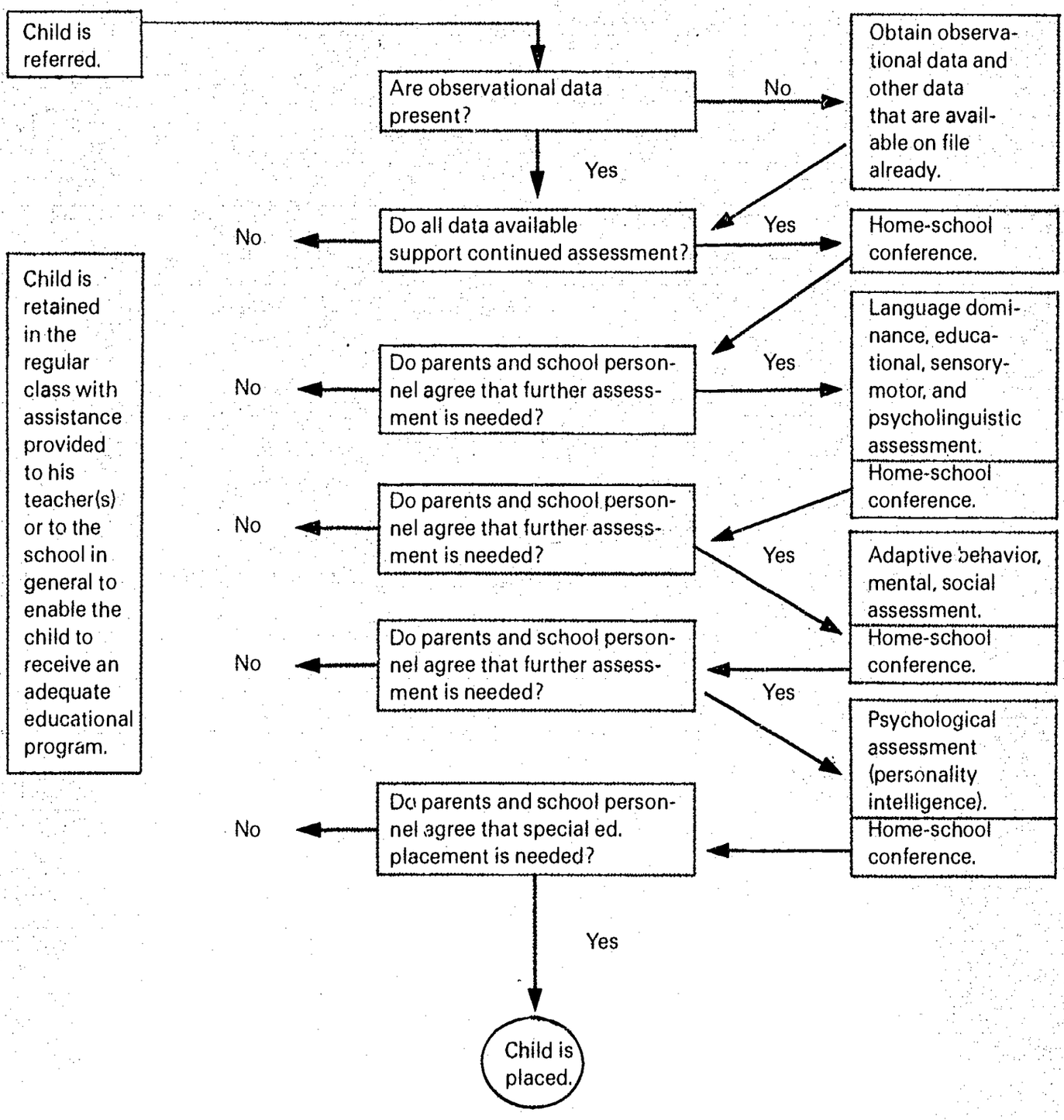
4. Conduct a thorough evaluation of *adaptive behavior* including home and school measures.

5. Utilize multiple measures of a given assessment area (i.e., intelligence) when there is *any doubt* about validity of results.

Assessment of the mildly mentally handicapped child is difficult in terms of substantiating a diagnosis. It is recommended that during the assessment process less emphasis be placed on labeling and more on identifying assets and liabilities. It is most important to know what deficiency areas are impeding adaptability and what strengths can accelerate progress.

Utilization of the categories outlined by the American Association on Mental Deficiency is recommended for classification purposes. Of particular interest to many evaluators is a comprehensive assessment procedure for the mildly handicapped child. Figure 2 represents such a procedure. Recommended practices include noting the number and types of assessment procedures as well as the sequencing of these procedures. Psychologists should note the sequence of the psychological evaluation. By placing psychological measurement at the end of the sequence, the evaluator has a wealth of information to integrate into the assessment process. Decisions are more clearly made from multifactored knowledge, rather than from limited bits of information.

Figure 2. Comprehensive Individual Assessment for Possible Mildly Handicapping Conditions



Reprinted from J. Tucker, "Operationalizing the Diagnostic- Intervention Process." In *Nonbiased Assessment of Minority Group Children: With Bias toward None.* Lexington, Ky., Coordinating Office for Regional Resource Centers, 1976, p.46.

Decision Making

The Process

The process of decision making in the child study approach involves two factors during the initial phase or input period: interdisciplinary cooperation and an adequate data base. The child study approach assumes a "holistic" approach to problem solving. This requires that multiple facets of child functioning from a number of discipline areas be included. If a school psychologist is the primary person to whom the child has been referred, it is that person's responsibility to involve the necessary disciplines and not assume all the responsibility for decision making. The inclusion of other disciplines combined with other comprehensive evaluations within each discipline should allow for an adequate data base.

During the decision-making process, it is imperative to consider all data. Considering all data includes the recommended practice that the *child be included* in the decision-making process whenever feasible. Too often decisions are made about people and not with them. The chances for successful implementation are increased significantly with client input and participation, e.g., the child attending the interdisciplinary conferences or all students in a class becoming part of the consultative process in goal setting. In any event, the omission of data will result in a faulty decision, and the deficit can only be transferred and appear in the implementation stage at a later date. The school psychologist and other personnel should insist on *active* inclusion of all possible information.

The Variables

Because as much data as possible about the child should be included in the decision-making process, identification of *child-centered* variables is very important. Of equal importance are often forgotten variables—those that are *environmentally centered.* The school psychologist is uniquely trained to integrate the functioning of the child with existing environmental determinants. It is critical that decisions about the child be considered within the environmental context in which those decisions will be implemented. Cultural influences, peer interaction, physical factors in the environment are just a few examples of the many factors that can augment or inhibit implementation of a decision. Unless individual differences of the child are blended with individual environmental considerations, the decision-making process will become extremely difficult.

The Options

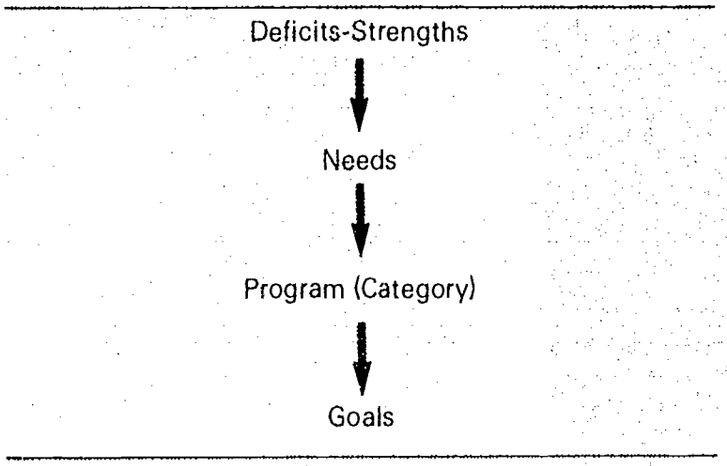
As a natural follow-up to identification, the child and environmentally centered variables must be considered when programming and/or remedial decisions are made. Although it is very likely that decisions will relate to how certain aspects of the child's functioning must be altered, equal consideration must be given to the environmental factors which must be changed. The school psychologist, functioning as an advocate for the child, must work to give others' acceptance of the need for "system" change as much as child change. The entire burden of the remedial/preventative process must be shared equally by the child and the environment. It should become a regular part of the school psychologist's behavior to examine both options when making decisions.

The Decisions

There are basically two ways in which the school psychologist can engage in the decision-making process: the "categorical" approach and the "child needs approach." (Illinois State Board of Education, *Primer on Individualized Educational Programs,* 1979)

In the former, the psychologist evaluates deficits and strengths, identifies needs, selects programming (categorizes), and then establishes goals for remediation (Figure 3).

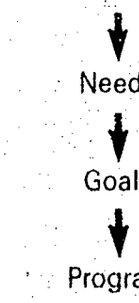
Figure 3. The Categorical Approach to Decision Making



The categorical approach labels a child and identifies a program commensurate with that label. Although this approach may serve a child well occasionally, the decision to identify goals after determining the program is faulty. Goals often become limited to the constraints of the program and may overlook a number of the child's needs. In addition, this approach is more likely to limit the active inclusion of environmental concerns such as cultural considerations or least restrictive environment.

The child needs approach is a recommended practice. In this decision-making process, the child's deficits and strengths are evaluated, needs are determined, goals are set, and then a program is designed to meet the goals (Figure 4).

Figure 4. The Child Needs Approach to Decision Making



This second approach is much more logical in that it allows for greater program (environmental) flexibility. A number of programs might be included in order to meet the goals (instead of a number of goals being written for one program). A number of more or less restrictive alternatives might be included for a single child. In this child needs approach, the burden of modification rests as much with the environment as it does with the child.

The Outcomes

Although many decisions are made at the beginning of program development (evaluations, goals, sequence), decisions need also to be made at the end regarding how well a selected program is working. Regardless of whether the program is for an individual child in regular or special education or for an entire class, *program evaluation* decisions are critical. As stated earlier, one cannot make decisions without a data base. When it comes to deciding whether or not a child should continue in a particular program (such as during an annual review), the decision must be based on valid data.

In the case of a program for a particular child, the following represent some guidelines for decision making:

1. What data support that the child has profited academically from the program? (i.e., pre- and post-achievement data)

2. What data support that the child has profited socially/emotionally from the program? (i.e., pre- and post-self-concept evaluation, behavior rating scales)

3. What evidence is there that the environment has been modified as previously requested or has been receptive to the child's individual differences?

4. In the case of special education children, what evidence is there to support that the child has profited more academically in the special education classroom than in the regular education classroom? (i.e., rates of learning in both) If the child has not profited more academically in the special class, is there evidence that there has been social/emotional gain?

5. What data support that the classroom has responded to a particular consultative program? (i.e., baseline data, treatment data)

The basic point to be made is that the school psychologist must use data in making program evaluation decisions. Not to do so endangers the best interests of the child or the program. The need for evidence of program effectiveness is a challenge that must be met. The school psychologist is one of the most qualified people in the educational setting regarding measurement and evaluation, and he/she must utilize these skills in program evaluation.

Adequacy of Data Collection

Psychological evaluation is undertaken with the goal of matching the child with the right services. The child must be described in units which can be related to the environment. Selection and implementation of the most helpful educational program follows when the referral problem is clearly stated, a wide sample of behaviors is assessed, and assessment includes the nature of the learning environment. Functional evidences of performance are the most valid indicators of how the child will respond to a situation. It is impractical to defer the planning of an educational program until the child's response to the program has been measured. Data collection must be relied on for prediction of outcomes. While administration and interpretation are basic considerations, data collection must also reflect cultural differences. The child's total capacity for responding to the surroundings is profiled by a comparable variety of measurement scales. Without this complete picture of all the child's abilities for learning, recommendations for placement are restricted.

Treatment Implications and Data Collection

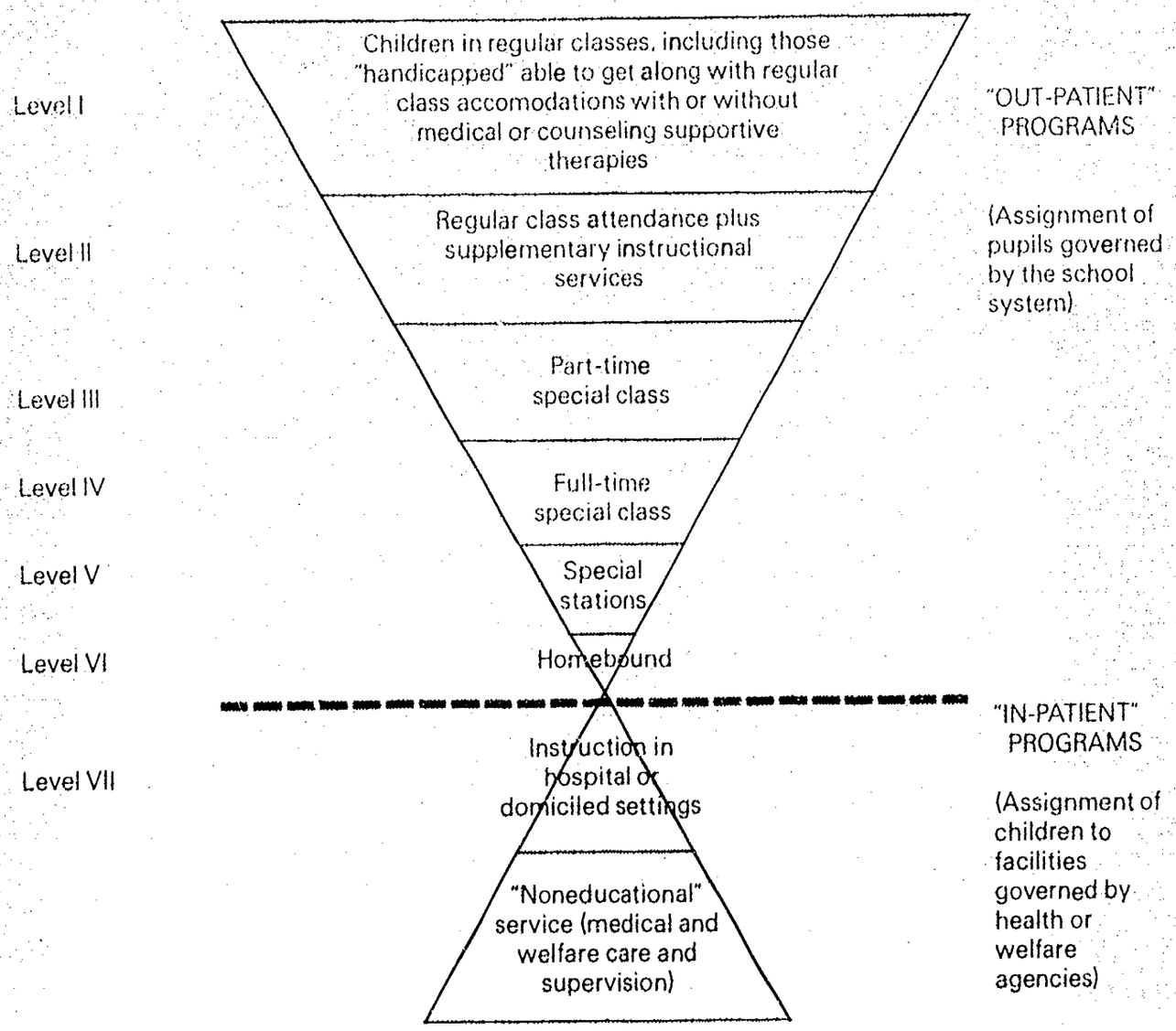
The amount and kinds of information collected will determine the success of the placement and the details of the program (objectives, type of interventions, nature of the activities, schedule of evaluations). A clear picture of what the child may be expected to learn assures that relevant skills and abilities will be identified. The plan for data collection focuses on the problem stated in the referral, but assessment of the resources available for serving the child must also be included. Justification for a *school* psychologist as contrasted to a psychologist rests on the school psychologist's knowledge of the resources in the school. Through the PPS team, this perspective is expanded to include the available resources of the entire community.

Classification of Services

The normalization principle seeks to protect children with special needs from incurring the added limitations of an isolated and restrictive setting. Compliance with this principle has resulted in the classification of educational programs according to the degree of isolation. The standard is the degree of departure from the regular classroom of the school that the child would normally attend. A widely cited classification system is Deno's (1970) proposal for the organization and delivery of services to children (see Figure 5). Deno's model presents a series of programs beginning with the most restrictive, i.e., placement in a hospital or residential school, and advancing to the normalization goal of placement in a regular classroom. It is anticipated that a child would move from a lower to a higher (and less socially isolated) level as favorable response is made to the special placement.

Other classification systems are based on specialized types of instruction. Special education programs serving a designated type of exceptional child (one having an auditory, visual, or mental handicap) feature a specially trained teacher and special instructional materials and methods. Specialized instructional services are frequently a major need for the exceptional child, but children may have equal need for related services of counseling, speech or physical therapy, or health services. In some situations, related services may be delivered in the same building as special instructional services; in other situations, related services are only available at some community agency. The model proposed by Deno deserves careful study since it structures instructional and related services in a framework that is consistent with the normalization principle.

Figure 5. Deno's Cascade System of Special Education Service



Characteristics of Placement Situations

Services Available to the Child

Awareness of the general types of services available is helpful in data collection. Translating that information into an effective educational plan requires detailed knowledge of the services and the situations. A program serving children with hearing losses may be entirely suitable for a hard-of-hearing child but totally inappropriate for a deaf child. Two children with similar degrees of hearing loss, intellectual ability, and social skills placed in the same special class may evidence entirely different kinds of response: One may profit and find success; the other may make no progress and begin to dislike school. Observation over time would undoubtedly provide the psychologist with the most reliable basis for judging which child will profit from a particular placement. Having PPS workers permanently assigned to a building or program works to an advantage in broadening knowledge of program details.

Making the best placement is facilitated when a large complement of programs and facilities is available for serving the child. While it is true that a complete range of instructional programs and professionals can make placement easier, this does not ensure automatic success for the child. Individual children can become lost in a maze of services, and services tend to become centralized as a convenience for professionals. Monitoring a program to see that the child does not fall through the cracks becomes an essential component of the placement process.

Other situations may offer a minimum of programs and facilities. When a school has few special programs, it is also likely to have few PPS persons. Such school systems are usually small, and there are fewer resources and professional persons in surrounding communities. Serving the child where resources are limited requires more than the usual professional skills. The initial step of comprehensive data collection may be threatened by the absence of a social worker who would ordinarily furnish developmental and background information. Serving all identified needs may appear stymied when the school has no nurse to refer a child with a suspected visual disorder to a physician. PPS workers in such situations must expand their role to carry out functions ordinarily performed by the missing members of the team, providing they are qualified to do so. Lack of a full team of pupil personnel services persons is not an acceptable explanation for failure to serve a child.

Responsibility for Serving Identified Needs

Data collection is undertaken to assess the child's abilities for learning (strengths) and those skills or abilities in which the child is deficient (weaknesses). Providing the child suitable opportunities for learning generally follows a compensatory (teaching a blind child to use a tape recorder rather than to read) or a remedial approach (strengthening a child's self-confidence). Successful performance is the result of the smooth integration of all possible resources for meeting a demand. One advantage of the PPS team is found in the evaluation of the child's total capacity for learning. Identification of deficits and discrepancies in the comprehensive child study is carried out with the objective of addressing all the deviations. A complete profile of assessed needs must be matched with a comparable set of services. Needs not served, even though deemed less urgent at the time, remain as weak components and threaten the functional integrity of the child.

Recognition of the interdependency of the individual's total repertoire of coping skills allows greater expectation of success in correcting any deficiency. A child may be educationally blind and have poor socialization skills. Placement in a special class with instructional methods and materials for the blind may effectively meet the educational needs caused by the lost vision. However, the child may be unable to transfer learnings acquired in the special class to the larger world because of the lack of social skills. Counseling service may build needed social skills, but leave the child handicapped in the academic area. Assigning priorities to identified educationally relevant needs in the multidisciplinary program planning conference is good practice. Needs are seldom of equal intensity, and some can be more readily ameliorated. However, paying attention to only one or two of major needs to the exclusion of others invites a disastrous outcome for the most carefully designed plan for service delivery.

Securing the full complement of services in situations where there are gaps in services poses special responsibilities for PPS workers. Serving the child in such instances requires assuming an advocacy role. To some exent, the psychologist ordinarily is spokesperson for the child in the interpretation of measures and information collected. As such, the psychologist provides a statement of expectations for which the child may realistically be held accountable. A stronger exercising of the advocacy function is demanded when essential services are not immediately available. Success in securing additional services will be influenced by evidence which verifies the need, outlines existing services for assisting the child, and promotes awareness of the child's entitlement. Compliance with the principle of normalization may require changes in the environment (e.g., barrier free).

Report Writing

Purpose of Report Writing

The preparation of a psychological evaluation report is intended to communicate the results of the evaluation in an organized form. Although the report verifies that the child has been served by the psychologist, this is a minor aspect of psychological service. Communication is the significant purpose. Achieving this objective demands that the report present an integrated picture of the child. Enumeration of unit traits or characteristics, no matter how carefully collected, contributes minimally to developing an educational program. The quality of psychological services is evidenced in the interpretation of the information. It is presumed that the psychologist is best qualified to explain such data as how mental age is related to academic achievement scores or how motivation for school success is a reflection of self-concept. A report which only lists a group of scores may satisfy an employer, but it falls far short of being of any help to the child.

The purpose of this section is to introduce the reader to the "Referral Oriented, Consultative Model of Assessment Planning/Report Writing." At the conclusion of this section, the reader will have mastered the following objectives:

1. to clarify, through consultation, the reasons for referral,
2. to obtain background data relevant to the reasons for referral,
3. to formulate "referral questions" around which assessment planning and report writing can be organized,
4. to write reports designed to answer specific questions and not just provide general information,
5. to report intervention programs designed to deal with specific referral reasons and assessment procedures.

The Referral Oriented, Consultative Model of Assessment Planning/Report Writing (Batsche, 1983)

Norman Tallent (1976) indicates that there should be an "efficient" interaction between psychologists and team members, with a "mutual understanding" as a goal. To this advice, an "individualized approach" statement to child assessment and report writing should be added. The referral question model to be presented will accomplish this goal. First, however, the "traditional" model should be reviewed and why it appears inadequate to meet current needs in communication should be discussed. The "traditional" model of the psychological report follows the format indicated in Figure 6.

Figure 6. Traditional Psychological Report

I. Demographic Data

Name:
Address:
Date of Birth:
Grade in School:
Teacher:
Parents' Name:
Date of Evaluation:
Examiner:

II. Background Information

III. Assessment Procedures

IV. Test Observations

V. Assessment Results

Intellectual
Education
Visual/Motor
Behavioral/Emotional

VI. Summary and Recommendations

Difficulties with this model include the following areas of concern:

1. It is difficult to adapt this model across a variety of evaluation formats and reasons for referral.
2. Background information may or may not relate to reasons for referral. Readers may read this section and have a good deal of information about the student but little or no information about *why* the student was referred.
3. Assessment Procedures are listed separately with data simply presented. In this format the reader has no idea about which assessment procedures were used to tap which problem areas. This maintains the "mysticism" of the psychologist's work, but does little to communicate. Additionally, data presented out of context and not explained can be dangerous. For example, an I.Q. score is listed in the Assessment Procedures section as a 70. In the Results Section, the psychologist may have explained that, although the student obtained an I.Q. of 70, this was suspected to be a low estimate of ability. The reader may have seen I.Q. = 70 and read no further. This must be avoided.
4. The Test Observations Section often contains worthwhile information. When presented in a separate section utilizing a nonintegrative approach, however, relating one section of a report to another falls upon the reader, then the author of the report has failed in his/her responsibility to communicate.
5. Assessment results should be presented in an integrated fashion. When presented in this way, a picture of a dynamic, functioning student is given. The "traditional" report often presents intellectual, educational, behavioral/emotional, etc., results in separate paragraphs. Once again, the reader is left to determine which information is relevant and to integrate data. The burden of responsibility for this should be on the writer, not the reader.
6. In the "traditional" report, the summary is the section in which integration takes place. The reader must read through all other material to *finally* find out what is going on with the student. Integration should occur along the way, not just in a summary.

At this stage of the section, one should ask, "Do I write reports like this?". If the answer is "Yes," then also ask, "Do I use a 'standard assessment battery'?" Assessment of children should be as individualized as report writing. Assessment instruments and procedures should be utilized to answer specific questions, not just to collect

information using procedures that happen to be familiar and comfortable. Although this section is not intended to cover the area of assessment, the idea of a "standard assessment battery" is one which contributes to discriminatory practices and should be given critical review. Psychologists do not believe in using the same instructional materials with all children and therefore should not use the same assessment materials for all children.

Hudgins and Shultz (1978) provide four "commandments" which reflect the referral-oriented method.

1. Thou shalt first enter the referral agent's frame of reference.
2. Thou shalt personalize the evaluation.
3. Thou shalt write about behavior.
4. Thou shalt respond to the referral question.

The purpose of the referral-oriented method is fourfold:

(1) To clarify reasons for referral so that evaluations and report writing are goal and intervention oriented.

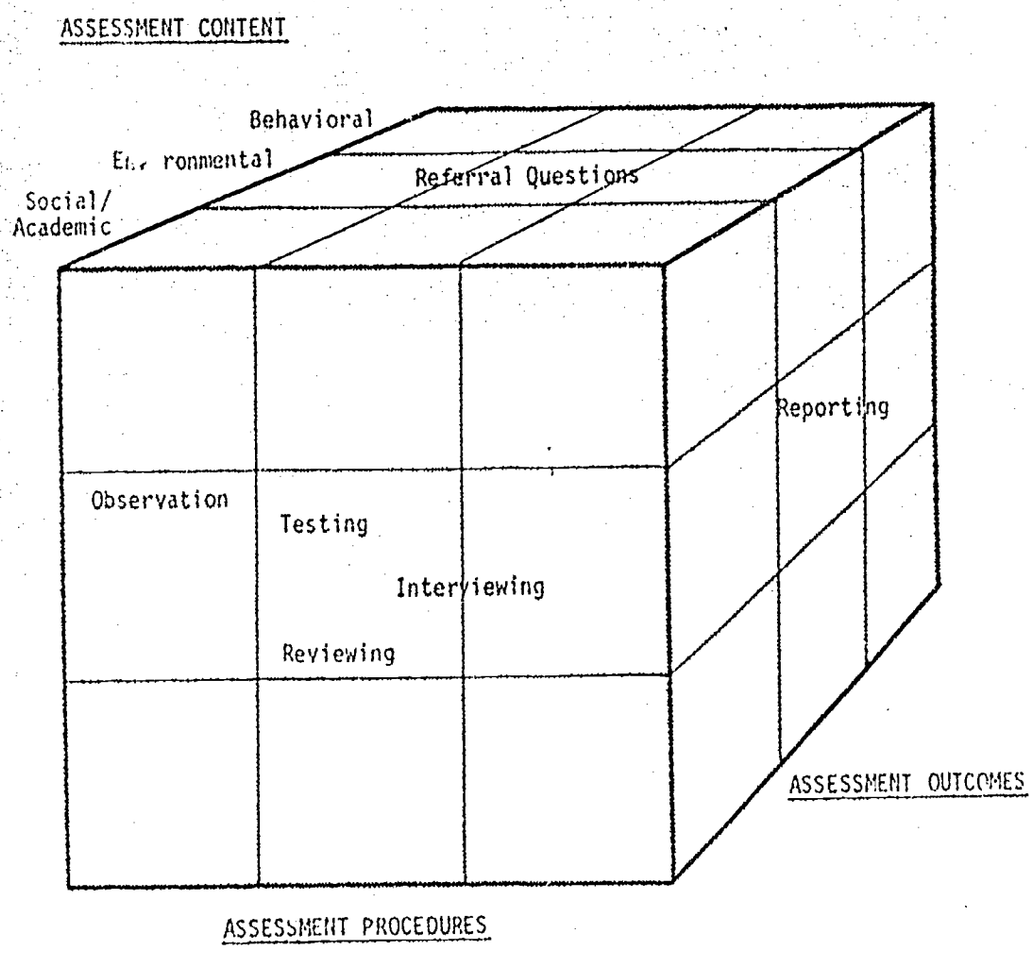
(2) To individualize assessment and report writing to the greatest extent possible.

(3) To increase validity of assessment procedures utilized.

(4) To relate the report directly to the referring and intervention agent(s).

Conceptually, the referral question method has three components: assessment content (referral questions), assessment procedures and assessment outcomes (report writing, intervention). The model is presented in Figure 7.

Figure 7. The Referral Oriented, Consultative Assessment/ Report Writing Model



Completion of the method requires working through six steps.

1. Review of all existing data available on the student.

2. Consultation (interview) with the referral agent.

3. Development of referral questions and clarification of questions.

4. Selection of assessment procedures validated specifically for the referral questions.

5. Integration of assessment data for purposes of answering referral questions.

6. Selection of intervention strategies consistent with assessment results and referral questions.

Step 1: Review of Data

When the psychologist (or other team member) receives a referral, the first step is to learn everything there is to know, to date, about the student. This is in preparation for the interview with the referral agent (i.e., parent/teacher). If little is known about the student, the psychologist becomes an uninformed partner in the consultative interview. He/she cannot ask probing questions based on current information. Little is then gained by the interview.

Step 2: Consultative Interview

The purpose of the consultative interview is to gain relevant information about the student and to clarify reasons for referral. This will aid in organizing the evaluation and subsequent report. Referring agents often refer students for nonspecific reasons or causes. By the end of the interview, the psychologist should have a list of referral questions that he/she will then use to organize the assessment and report. As well, the psychologist should have valuable background data to integrate into the decision-making process.

A second purpose of the interview is to involve the referral agent in the evaluation from the beginning. The referral agents subsequently feel "ownership" in the evaluation and questions, and are therefore more likely to involve themselves in the report and in carrying out interventions. So often, teachers state that the report is irrelevant. This statement cannot be made if the report reflects and answers the teachers' questions. Listed below are six ideas to consider when engaging in the consultative interview.

1. How does the consultee see him/herself in the situation?
   - with sole responsibility?
   - enforcing authority?
   - developing motivation?

2. What seem to be fundamental difficulties?
   - who does what?
   - what seems to happen?
   - why does it happen?

3. What solutions have been tried?
   - with what results?
   - what other solutions seem possible?

4. Who else may be concerned?
   - for what reasons?

5. Are there any indications that the consultee may not see some aspects of his/her own involvement in the problem?
   - can the consultee do something to change that aspect of the problem?

6. What questions remain unanswered and require evaluation (referral questions)?

A third purpose of the interview is to determine whether or not an evaluation even needs to take place. This opportunity can be used to avoid lengthy evaluation and to provide consultative assistance to the teacher. Subsequent classroom observation, behavorial intervention or other methodologies might be more appropriate than an evaluation. The consultative interview can serve to clarify this.

Step 3: Development of Referral Questions

Development of referral questions is a critical step in this model of assessment and report writing. Both the assessment and report processes revolve around the questions. Therefore, questions must have the following characteristics:

1. questions are definable and measurable;

2. questions are agreed upon by evaluation personnel and referring agent.

Referral questions typically come from the referring agent as part of the interview process (Step 2). However, others such as parents, teachers, principals, etc., can be included. As well, the evaluation personnel should include whichever questions they feel are necessary. Often, as a result of the evaluation process, the psychologist will have questions to add. These are simply added to the list. Typically, the questions are placed in a format with two components to them: the question itself and the source of the question.

Example of Referral Question

Why is John able to recall information on a short-term, but not long-term, basis? (N. Smith, teacher)

Why is Shiela unable to speak to her parents about schoolwork? (J. Doe, parent)

When the referral agent receives a copy of the report, that person will notice his/her question and name in the report. This should significantly increase ownership in the report for the referral agent and make him/her more comfortable with the document. Referral questions are listed at the close of the Background Section of the report and again in the Results Section. Listed below are examples of referral questions typically asked.

Sample Referral Questions

Academic Difficulties

1. Is John ready to enter first grade? That is, does he have the necessary behavioral, social and academic prerequisites?
2. What are John's current study habits and are these affecting his academic performance?
3. How is John performing academically in each subject area when compared to his current grade placement and measured intelligence?

Emotional/Behavioral

1. Is there evidence of maladaptive behavior which is preventing John from learning at grade level?
2. Why is John disruptive in class? What precipitates the disruptiveness and what maintains it?
3. Why does John persist in telling teachers and parents stories which have no basis in fact?

Class Placement

1. Is John mildly mentally handicapped? If so, how is he functioning intellectually? What is his adaptive behavior and is there evidence of developmental delay? How does his intelligence and adaptive behavior compare?
2. Is John gifted in overall intelligence? What are his specific strengths and weaknesses?
3. Does John have a specific learning disability in the area of writing skills?

Family/Home

1. Are the parenting skills of Mr. and Mrs. Smith consistent and adequate for a child with John's demonstrated behavior difficulties?

Step 4: Selection of Appropriate Assessment Procedures for Referral Questions

There are basically four ways in which data can be collected for assessment purposes: observation, testing, interviewing and reviewing. Once referral questions have been selected, the psychologist must select assessment procedures designed to *answer those specific questions.* Selection of procedures that are not validated for such referral questions are inadequate. This process presents an opportunity for psychologists to reflect on the validity of their assessment procedures. The format for reporting assessment procedures is to include them under the referral questions in the Results Section. An example is given below.

Example of Referral Question/Assessment Procedures

What is John's current level of intellectual ability? Is he mildly mentally handicapped? (A. Smith, teacher)

Assessment Procedures:

- —Wechsler Intelligence Scale for Children-Revised
- —Learning Potential Assessment Device
- —Adaptive Behavior Inventory for Children
- —Observation
- —Parent/Teacher Interview

This format makes it clear what the psychologist did and what he/she utilized. Future users of the report have no difficulty in determining where the information came from. Note that no "scores" are given. Answers to questions should not be "scores," but usable information.

Step 5: Integrating Background (Review/Interview), Observation and Test-Based Data

Whereas the "traditional" report format contains sections for Background Information and Test Observations, the referral-oriented model integrates all data under appropriate referral questions. Therefore, observation data, interview, review and test-based data will be blended together for the purpose of answering a specific referral question. The information is not presented in separate paragraph form, but in a completely integrated fashion. This ongoing process of integrating information from all data bases negates the need for a summary section at the end of each report.

Step 6: Selecting Intervention Strategies Based on Referral Questions and Assessment Procedures

When a child is referred for supportive services and referral questions are presented, the referring agent is not only asking *why* the child is experiencing difficulty, but as well, *what* can be done to improve the situation. Reports that end in placement recommendations and labels are *inadequate.* Lack of viable recommendations frustrates the reader and does nothing to facilitate communication. The referral-oriented method suggests that interventions and recommendations be organized around, and relate back to, the referral agent's questions. As well, the interventions should relate to the data compiled during assessment. This relates the intervention to the assessment which was tailor-made for the referral question. An example of a recommendation is given below.

Example: Mr. Smith's (teacher) question on inattentiveness in the classroom was determined, as stated earlier in the results section, to be due to peer reinforcement. Therefore, the following is recommended to increase on-task behavior for written assignments:

1.
2. (Intervention Program)
3.

Recommendations 1-3 will be implemented by _____.

The six steps for the referral-oriented model have been presented. *Appendix J* presents the format for the report resulting from the six-step procedure. In addition, a complete referral-oriented report is given in *Appendix K*.

Use of Referral Oriented Format for Team Reports

In many locations, school psychologists do not write separate reports, but participate in the development of a "team report." This might include data from the social worker, psychologist, speech/language clinician, physical therapist, etc. The production of this report is quite difficult. Two options usually result. First, the report writing responsibility falls heavily on one team member. This person must record, integrate and report information for many people. Misstatements often result. Second, the report might simply be a "collation" of each person's report with a cover sheet added. This often results in a very lengthy report with much duplication and is as equally unacceptable as the first type. The referral-oriented model offers some possible solutions to this problem.

The following step-by-step process should be considered in using the referral-oriented model in a team report setting.

Step 1: Assign a case manager. Responsibilities include organization of the assessment, timeline preparation, setting up meetings and follow-up. Responsibility as case manager should be rotated across cases.

Step 2: Referral agent presents the case to the team and referral questions are developed in this team consultative interview.

Step 3: Referral questions are agreed upon by the team and referral agent(s).

Step 4: Referral questions are written and responsibility for each question is assigned, by the case manager, *to the most logical person(s) qualified* to answer the question. This, in effect, becomes an Individualized Assessment Plan. An example is given in Figure 8.

Figure 8. Individualized Assessment Plan

I. Name of Student:
Referring Agent:
Grade/Teacher:
Date of Plan Meeting:
Assessment Team Members:

II. Referral Question #1

Question:
Source:
Procedures:
Implementor:

Referral Question #2

Question:
Source:
Procedures:
Implementor:

Referral Question #3

Question:
Source:
Procedures:
Implementor:

Step 5: Timelines are set within which the assessment should take place, and an interdisciplinary staffing is arranged.

Step 6: At the staffing, each team member presents his/her written question, response and recommendations. The case manager records during the staffing. The interventions are agreed upon and placement considerations are recorded.

Step 7: Each member of the team submits his/her written question(s) and responses. The case manager is responsible for the Background Section and collation of recommendations.

Step 8: The final report is made up of the Background Section (case manager), each referral question and response signed by the person(s) responsible and the recommendations written at the time of the staffing.

Utilizing the above method avoids the necessity for each team member to duplicate demographic, background and summary sections. This reduces report writing significantly, yet results in a complete, concise report.

The referral-oriented method is different. It requires some "getting used to," but it results in a report geared toward the referring agent (usually the intervention person!). This method reduces the need for sections on observation, assessment procedures and summary, while presenting a concise, integrated report. The burden of responsibility for integration (making sense of it) is on the writer, not the reader.

Legal Considerations

Recent years have witnessed a concern for service procedures which protect individual rights. Court tests and legislative enactments have dealt with many kinds of services and various aspects of specific services. Some practitioners have been disturbed at what they see as "outsiders" telling them how to do their job. But on close examination, most such requirements are found in professional codes of ethics, constitutional guarantees, or statements of professional standards for services. Those who object, then, may have important gaps in their professional preparation or a diminished regard for the dignity of persons they serve.

The most significant legal directions apply to the initial steps in data collection, to informed consent, and to the utilization of joint client and professional input in decisions about services to be delivered. Legal concerns that apply to report writing are those of protection of individual privacy and joint decision making for program recommendations. The reporting of unverified data or information which may be defamatory or derogatory is professionally irresponsible as well as illegal. Joint decision making can be resolved by sharing information and implications for proposed program placement with the child when the child is of age to participate in such discussion. When the child is unable to participate, a multidisciplinary planning conference, including the parents, can satisfy the necessary safeguards. Most agencies, including the schools, have fixed policies and guidelines for delivery of services that comply with all regulations. These should be consulted and followed.

Some Stylistic Considerations

It should be obvious that concerns for report writing (communication, objectivity, utility) are closely related to the mechanics of presentation. Professionals tend to underestimate the significance of constructing a report which is one of the less exciting things they do, yet the report stands as the record of their service. As proof of performance, construction of the report cannot be lightly dismissed. Despite the importance of the professional report, there are no strict rules which can be laid down as a convenient recipe. In some situations, required information dictates the format; in others, the individual case makes the format unique.

Goals of expediency and accurate representation may be served best by establishing common major sections with some flexibility within each section. Some persons have natural skill in written communication; all persons can improve their writing skills by deliberate effort. Emulating the style of well-constructed reports and/or seeking ssional writing help are effective ways to improve writing skills. Technical terms and popular jargon should be avoided. The writer should first state his/her major ideas, and then review and polish them for the report.

Record Keeping

Concern with the protection of the rights of persons receiving services has resulted in legislation specifying regulations for the compilation, storage, and use of records and reports. Federal legislation came first, followed by similar action by the states. Records maintained by school personnel, including those prepared by PPS workers, must conform to the Illinois School Student Record Act of 1975. PPS workers must prepare reports of services delivered to individual pupils. The reports become a part of the student's records for a specified period of time, at which point they are destroyed. The records are open to inspection at all times and the child, parents, and designated persons are entitled to copies of all materials in the child's records.

Despite the extensive rules of the Student Records Act, there is a considerable "gray area" of ambiguity. This is especially true for psychologists who may be puzzled as to what to do with observational notes, test protocols, and test record forms. The situation is made more confusing by court rulings that certain of these materials (test protocols and test record forms) are copyrighted and the copyright must also be protected. Specific cases sometimes require legal counsel, but some common sense guidelines can reduce the possibility of disputes.

Prepare a report integrating all relevant data as soon as possible after data collection is completed. Acknowledge that the report can and will be seen by all persons concerned and present the information accordingly. Use proper qualifying terms when indicated. Your professional opinion, interpretations, and recommendations are always subject to review. The outcome of such review is different for opinion and for fact. Facts may have to be proven; opinion requires only support. State the purpose for which the report is intended. If you fail to do so, someone else may seek to establish the purpose. Indicate the "life" of the report, or its ghost may return to haunt you. Strive to keep the report simple and related to the referral request.

Follow-up and Consultation

It is generally conceded that the psychological report will not in itself do much for the child. On the other hand, the well-constructed plan detailed in the report can do everything if implemented. Carrying out a comprehensive data collection and integrating the information into a report signifies the beginning and not the end of service to the child. To be complete, a program must have provisions for feedback.

Careful planning will reduce, but not eliminate, failures in placement. Behavioral outcomes are influenced by many factors, some of which are not immediately identifiable. Other influencing factors are interactive in nature and become evident only with the child's presence in the classroom. The "ecosystem" model of child in relation to placement requires continual feedback of information about the system. Success is gauged from the information

generated, and the child's educational plan must include criteria for evaluating the effectiveness of the placement. These criteria usually take the form of behavioral objectives. Information collected in the original study permits the formulation of several plans for serving the child's needs. Where follow-up indicates that placement is not working, the planning conference must be reconvened and some alternative implemented. Without such regularly scheduled discussions of progress, the child's needs may go unserved for an extended period. This invites the compounding of the initially identified needs with secondary problems, usually of a social/emotional nature.

Carrying out the more formal aspect of follow-up entails collecting additional data and formally measuring objectives to gauge achievement. Follow-up services can also be somewhat less structured. Monitoring can be equally effective when the psychologist acts as advisor, rather than as evaluator. The more friendly role of consultation has more possibilities for adding to the services than does simple evaluation. In visits to the classroom, data relevant to the success of the placement are available in observations, interviews with the pupil, and discussions with the teacher. Sorting over this information permits the psychologist to anticipate failures in the placement. On-the-spot adjustments can be made to realign the resources for serving the child. Such minor changes prevent a major breakdown of the system and maintain service to the child without disruption. Pursuing the role of consultant/advisor may be the most effective way for PPS workers to serve all pupils.

Chapter 4
School Psychology and the Future

As a provider of psychological services in the school, the future of the school psychologist is linked to the development of the school as a system and of psychology as a profession. The implementation of decisions already agreed upon and the carrying out of decisions yet to be made have profound implications for the school. Movement is in the direction of the school assuming a position of coordination in the dispensing of most children's services. This section looks at the impact of factors within the profession of psychology as they affect future school psychological services. Professional standards, legal issues, and continuing professional development are significant forces shaping the future.

Incorporating Environmental Influences

Training in data collection has traditionally focused on assessment of the child. Each individual must rely on unique and self-contained resources in learning to cope with a task. But because behavior and functioning are shaped by the interaction that takes place between the child and the surroundings, the assumption that pathology lies entirely within the child is unwarranted. The interactionist concept requires that assessment be extended beyond individual chacteristics; equal importance must be given to a systematic evaluation of the environment. Aspects of the school and community will influence the child's functioning in all the important areas (academic, communication, vocational, social, mobility, emotional). Identification of elements of the surroundings which will influence, facilitate, or restrict learning puts the psychologist in a position to develop plans which will favor continuing positive growth and development for the child.

On first impression, assessment of the environment can seem a formidable task. A good beginning point is to contrast the home and the school. Such an examination should consider similarities and differences in communication, expectancies, controls, management techniques, consequences, and supportive resources. Evaluation of the classroom must include a review of physical, social, and instructional attributes. Kind of furniture, illumination, size of doors, noise level are examples of physical aspects. Number of children, grouping for instruction, attitudes toward learning are important social variables. Teaching materials and methods, objectives, sequence, toleration of discrepancies, and structure of learning activities are some influential instructional variables. Instructional nuances may be the most difficult to unravel but are the most relevant to successful adjustment. Assessing the learning environment will reflect the changes taking place in the schools. Schools are required to serve many types of children; concomitantly, they are exposed to increasing demands for accountability—and these trends can be expected to continue. It is clear that survival of the psychologist in the school requires sensitivity to the environment and assessment of the environment as an effective, professional skill.

Evaluation of Psychological Services

Spiraling costs have forced reviews of the effectiveness of all services, including such aspects as characteristics of quality service, need for the service, costs, and benefits from the service. The number of psychological services has mushroomed in kind and degree, and existing professional organizations have mixed policies as to what comprise psychological services. Theoretical differences have contributed to splits among practitioners. Lack of agreement within the profession has invited the setting of standards for services from sources outside the profession. Professional organizations (National Association of School Psychologists, American Psychological Association) have attempted to provide some structure by developing guidelines in the form of codes of ethics and standards for services. Each person engaged in delivery of psychological services must be concerned with this issue if control is to remain with the profession.

Evaluating psychological services should be an easy task for psychologists who are trained in measurement. Psychological services can be justified by surveys identifying needs of a defined population, an activity increasingly recognized as an integral aspect of psychological services. Such information is essential for matching the service to the need and for assuring that the necessary kinds of services are available in the correct amount (counseling, diagnosis, consultation, assessment, research). Details gained from the planned evaluation can be of direct benefit to the child. This occurs when the psychologist, on identifying a minor difficulty in a placement, makes the necessary correction which assures a positive outcome.

These considerations should leave no doubt as to the importance of evaluation. Quality psychological services must include an evaluation component. The psychologist practitioner will rely increasingly on evaluation techniques not to reaffirm or justify, but to direct and shape a program to serve the child more effectively.

Planning the Evaluation

In the initial development of a program, objectives must be clearly identified. It is not enough to use such undifferentiated constructs as "availability," "delivery," and "provision"; rather, the objectives must be formulated in statements that permit assessment. Commonly referred to as "measurable," this requirement should not be taken to mean that only quantitative data will be acceptable. Assessment of school psychological services properly entails the collection of qualitative as well as quantitative information.

As with administration/supervision of school psychological services, evaluation of school psychological services is best planned and carried out by school psychologists. This is not intended to restrict the evaluation of their services to school psychologists alone; such an exclusion would impose severe limitations. Evaluating school psychological services is most effective when carried out by a representative group including consumers, parents, and administrators, together with school psychologists. Input from a diverse group assures that the assessment will match the comprehensiveness of the services. Ideally, the evaluation would be related in part to an annual needs assessment conducted by the school.

Evaluation of all PPS components must consider the human perspective, as well as the legal requirements and goals of the local school system. Consideration must also be given to the unique characteristics of the local population. Manpower needs (pupil ratios), financial supports, and kinds of services delivered will vary widely from one school system to another and to individual schools found within a given school district.

Collecting the Data

When the objectives of the program have been agreed upon and stated in terms that permit evaluation, the process of accumulating the designated information begins. All persons involved must be informed of the details and purposes of the evaluation before the data gathering is initiated. The schedule and plan agreed to in joint planning sessions must be carefully followed. When everyone knows the purpose, the information collected is more likely to reflect that purpose. In addition to being difficult to interpret, covertly collected information can be counted upon to create unnecessary problems such as jealousy, suspicion, and bad feelings. Pilot testing of evaluation instruments, in addition to offering a greater likelihood that the instruments will be effective, provides an excellent opportunity for sharing details of the proposed evaluation with all concerned.

A comprehensive information gathering plan will seek data from several components of the school system and community. The need for psychological services must be established as a baseline. Evaluation then involves ascertainment of the degree to which these needs are being met, as well as the quality, effectiveness, efficiency, and human satisfaction of the services. Efficiency requires a look at the manpower/finance factors. Human satisfaction entails finding out how clients feel about the services and how the providers of services feel about the way they are performing their job (self-evaluation). Persons asked to supply more than one set of information will be more helpful if given an explanation for the multiple forms.

Information collected must be relevant and organized in a way that permits reliable analysis and valid interpretation. The unique needs of a given school district will often demand a comparably individualized set of information-generating instruments. The school psychologist, as a measurement specialist, can take the leadership in this phase. The school psychologist should not expect to carry out the entire evaluation, particularly information-gathering, exclusively. Bias and prejudice are reduced by the active involvement of other persons. Excellent sources of assistance and advice in carrying out the evaluation are the Illinois State Board of Education and professional organizations such as the National Association of School Psychologists and the Illinois School Psychologists Association. Materials include guidelines and sample measuring instruments. A sample of some measuring scales is included in *Appendix L*.

Implementing Evaluation Data

When all information has been accumulated, the data must be organized so as to relate to the stated objectives. School psychologists should assist with the analysis and interpretation, but should not insist on an exclusive privilege. Such a stance can be expected to jeopardize relationships with other members of the school staff (unless other components are granted the same evaluation status). The analysis should be simple and understandable. The purpose of evaluation is to provide a basis for decision making. To do their job well, decision makers must be adequately informed.

Chances of properly informing a diverse group of constituents are increased by multianalyses and presentations. A written report with tables, graphs, and exposition is expected. Oral presentations and opportunities for discussion of the findings are commendable. Feedback generated in open discussion groups may generate new interpretations and additional data that can lend further substantiation for decision making. The entire evaluation process is tested in this dissemination/implementation phase. Unless something in the form of change results from the procedure, it is unlikely to receive support the next time it occurs. It is advisable to share the results and any changes that are to be made as a result of the evaluation. The more positive the benefits of the process are, the greater the cooperation will be for the next evaluation.

Involving the Client in Decision Making

Standards for providing psychological services specify that the plan for delivery of service must be jointly agreed upon by client and psychologist. This represents a desirable change from the former approach of imposing services. Compliance requires that, at the start of an evaluation, the psychologist explain what tasks the child is expected to perform and what use will be made of data. Data collection must be related to the mastery of school objectives. Data collection should also be shaped by the child's statement of hoped-to-be-achieved school objectives. When the data are collected, they can be related both to school objectives and to those which the child wishes to achieve. Continuing involvement of the child in the delivery of services is assured by the psychologist interpreting the relationship between measured abilities and stated objectives—informing the child as to the tasks where success can be expected and those which may prove difficult to master. The final phase of consultation entails sharing with the child what resources are available to help in mastering the difficult tasks and how the attainment will be measured.

The major difficulty in meeting the new requirements for client involvement in delivery of services may, in typical circumstances, be simply finding time to do so in the press of a long list of referrals. A real challenge in meeting this new responsibility is encountered in serving younger children who are unable, for one reason or another, to participate meaningfully in the exchange. Limited ability to participate, however, does not justify ignoring the requirement. An acceptable alternative is to enter into the same joint communication and exchange with the parent or guardian, or to work with an interdisciplinary conference team to arrive at decisions that are in the best interests of the child.

Legal and Ethical Issues

Professional Standards and Legal Mandates

Attempts to safeguard the rights of persons receiving any kind of service have resulted in court decisions and legislative enactments of guidelines which extend existing constitutional protections. Due process, a requirement for advisement, notification, informed consent, and procedures to appeal for review of any action are the more frequently encountered safeguards. Legal requirements should not be thought of as restricting services. Court decisions and laws have more often ruled that all persons are entitled to services, particularly psychological services. Legal decisions have also had the general effect of raising the quality of services to be delivered. This becomes apparent when standards for services developed by professional organizations are compared with those established through legal requirements. Additional evidence of a basically favorable position toward helping services is the provision of public funding to secure needed services.

To date, the most specific standards for delivery of psychological services to the handicapped are found in Section 504 of the Rehabilitation Act of 1973. This law, sometimes referred to as "the Bill of Rights for the Handicapped," sets down procedures intended to protect the handicapped from all manner of discrimination. It is regrettable that services given the handicapped were subpar to the degree that a third party had to arbitrate. From a more positive perspective, the action by a third party resolved confusion within the profession. More services and higher quality services are clearly being stipulated. It is to be expected that these decisions and laws will be cited as benchmarks for gauging the appropriateness of services in the future. The implications for professional psychology are compelling and challenging. Training centers must turn out practioners who are prepared to deliver the quality of services s[illegible].

Many of the persons served by the psychologist will be immature or handicapped to a degree that they are not able to make the best decisions for themselves. The psychologist is obligated to develop procedures for delivery of services which will protect the rights of these individuals. Beginning with active participation in the formulation of a procedurally safe set of guidelines for directing services, involvement must continue in identification, referral, and diagnostic activities. Compliance is also to be observed by following due process, informed consent, advisement, joint decision making, and proposals for evaluating response to treatment. These safeguards are generally incorporated in existing guidelines and policies for serving children. The psychologist should then give attention to helping children to understand and exercise their procedural rights. Such training is consistent with the requirement for informed consent and jointly constructed plans for delivery of service.

Continuing Professional Development

Competency Standards

Comparing what is expected of psychologists in the schools today with what was expected twenty-five years ago confirms the growing reliance on psychological services. The psychologist's contribution to educational programming is evident in legislation and guidelines which mandate psychological services. The growth of psychological services is rooted in demonstrated beneficial contribution to achievement of school goals. The first school psychologists often had no training in how children develop and learn. As they became familiar with the objectives and goals of the school, psychologists were able to match the measures they obtained to significant components of the educational system. Criteria for ascertaining how well school psychologists performed their job were found in the psychologist's knowledge of the tasks, materials, and activities through which children were expected to learn. Knowledge of what types of data were most useful in predicting educational outcomes increased the certainty that those data would be collected. Standards for job performance in the schools have been incorporated in most training programs preparing school psychologists. Professional organizations (NASP) have developed procedures for ascertaining the competency of psychologists. Psychologists who wish to continue working in the schools must meet these standards.

Continuing Education

Attainment of designated levels of professional competence will be an entry-level requirement in the future. Remaining in the field will be contingent on the acquisition of additional professional skills. The school psychologist must be able to work efficiently as a member of an interdisciplinary team serving children. Provision must be made to keep all professional skills in a high degree of readiness including those skills that may be used infrequently. Concurrently, the effective practitioner must keep abreast of changes in the field. Arrangements for honing existing skills and mastering new developments doubtlessly will see reliance on formal educational sequences, short courses, and workshops in which the practitioner will regularly participate. Continuing evaluation of the effectiveness of school psychological services will yield data as to yet unidentified skills which will be required for future survival.

Training Programs

The continued successful existence of school psychology as a profession is heavily hinged on training. The complexity and the amount of training required has obvious implications for training centers engaged in preparing professionals. The demand for practitioners has enabled training programs offering minimal professional training to flourish. Training of school psychologists has been split, with academic work taken in one setting (the university) and practicum work completed on the job. Demands for increased professional competencies has tended to extend the on-the-job component of training. The situation has created disparities that demand correction. The terminal degree awarded many school psychologists (Master's degree) does not reflect the additional on-the-job preparation. The training gained on the job occurs outside the university control and tends to be varied and unsystematic. The resolution of this schism is basic to upgrading the quality of psychological services. Psychologists must assume responsibility for demanding that professional schools incorporate basic academic and practicum experiences in a controlled sequence. Such an articulated program, closely emulating the medical school model and awarding the doctoral degree, will become the standard for the future.

Social and Political Involvement

Assurance of a viable future for psychology assumes that providers of psychological services take on responsibilities other than for technical training. Psychological services are delivered in a social setting. Patterns for delivery of services from a plan jointly agreed to by the professional and the client presupposes that the client is adequately informed as to the nature of the service. It is incumbent on the practitioner to advise the public of the nature of psychological services.

Professional psychologists must take control of their services in order to be able to regulate and interpret them. Forming professional organizations is a key step. Professional organizations provide a vehicle for informing the public, enforcing standards for services, and working toward certification of psychologists as administrators of psychological services.

Increased involvement in the social arena must be supplemented by political action. Political decisions for allocating resources tend to follow the principle of "the squeaky wheel gets the grease." Informed and articulate representatives of the profession must make sure that loud squeaks are sounded in the proper places. A move to reduce the amount of funding for all services will make the allocation even more competitive. Attention must turn to enlisting the backing of allied groups (parents and consumers of psychological services) in the quest for securing the funds needed to expand and upgrade services. A second important aspect of political action touches on the input of representatives of the profession in developing guidelines for delivery of services. Psychological services have been given favorable treatment in recent legislation (P.L. 94-142, Section 504). Unless carefully nurtured, this position can be quickly eroded.

Projected Future Trends

Increasing the Skills Available for Serving Children

Upgrading psychological services to children entails the addition of services not presently available and the identification of points where the existing delivery system fails. Research, consultation, and continuing professional development are promising approaches for achieving this goal. Planned investigations can identify the points where stresses impinge on children. Resources available for assisting children to cope with these demands can be cataloged in the same studies. Preparation of school psychologists will undoubtedly see an increased emphasis on training in the use of informal procedures for data collection (observation, interviewing).

Developing consultation with other disciplines opens lines for making more accessible to the child the skills of other professionals, e.g., pediatrician, neurologist, physical therapist. Cross discipline linkages have the consequence of increasing all services for all children. Another form of consultation producing added services entails the marshalling of helping resources of the community. Volunteers, screening services, and other supports from community groups are often standing by waiting for a call. An unanticipated benefit from enlisting the assistance of volunteers is that they become a vocal support for the programs they serve. Contracts with the complete community array of services also aids psychologists in knowing which services or facilities they should supply or strengthen.

Well-accepted as the way to keep abreast of general advances in the profession, continuing education is also a method for extending basic professional skills. Present professional preparation seldom includes training for working with the exceptional person. Such persons, often having sensory, motor, or language handicaps, are frequently referred for psychological services. Court decisions have already questioned the services delivered to some exceptional groups. Psychologists must insist on and participate in special workshops and short courses dealing with methods for serving special groups such as handicapped or minority persons.

The School as an Ecosystem

The "systems" approach has been widely adopted in social institutions. Despite some concern as to loss of flexibility, the system model seems to have desirable potential for organization and communication. Increased efficiency and effectiveness are major benefits. It is difficult to envision the school meeting expectations for achieving a multiplicity of goals without major organizational changes. Specialized educational teams patterned along the line of comparable units functioning in business, the armed forces, and industry have proven possibilities. Specialized educational teams can readily be organized to deliver administrative, instructional, transportation, support, and maintenance operation services. The advantage of the systems approach is in the provision for supporting operational services centers (unit schools). The requirements of each individual served at the center can be fulfilled. Evaluation and accountability are routine aspects of the systems approach which focuses on cataloging and assignment of resources.

The PPS team concept for the delivery of specialized services is highly consistent with the systems approach. Efficiency is gained from a cataloging of total resources of the school and community for serving children. Effectiveness accrues from the identification of gaps and needs for services (as shown by *annual* needs surveys). Data collection entailing cataloging of resources and identification of needs is completed by planned evaluations of the effectiveness of services delivered. The greatest benefit of the systems approach may derive from implications about the quality of school life as gained from interpretations of the compiled data.

Alternatives for the Delivery of Services

Even though the number of psychologists in the schools has steadily increased, demands for services continue to exceed potential suppliers. Most distressing to psychologists is the fact that present systems for delivery of services are often restrictive. Their greater proportionate need for services justifies the assignment of priorities to the handicapped. Exception is taken to a system which permits only the handicapped to be served, however, thus denying the needs of other children. Historically, PPS workers have been assigned by special education administrators. It is understandable that such administrators would exercise a primary concern for serving the handicapped children for whom they are primarily responsible. However, delivery systems must be reorganized to comply with objectives of assuring that *all* children have access to services needed to obtain maximum benefit from an educational program. Placing pupil personnel services under the responsibility of administrators knowledgeable in pupil personnel services is a recommended practice in order to open accessibility for all pupils. Such a reorganization would have additional advantages of permitting pupil personnel services to support effectively regular teachers who must instruct integrated handicapped pupils. Open accessibility also tends to de-emphasize the importance of categorical labeling to qualify for service, a practice that has incurred increasing negative criticism.

Freed of administrative limitations, psychologists can pursue the development of new ways of serving children. Innovation may take many forms, but it is certain that present assessment functions for psychologists would be de-emphasized. Such a change does not deny the importance of a carefully constructed profile of educationally relevant measures. The perspective extends only to cover the next step. Test scores become effective only as they are translated into program services. Psychologists must lead the way in constructing measuring scales which yield scores that are readily comprehensible to persons serving the child. Such commonality can protect professional turfs, but eliminates much wasted time in the explanations of scores across discipline lines. Alternatives for delivery of services must permit the psychologist to engage in such functions as advising/consulting with teachers, parents, and other professionals serving children. Advising/consulting functions can usually be carried out by reinterpretations of data already collected in a comprehensive case study. Since they do not require the time-consuming collection of massive data, advising/consultations are more efficient; they may also be more effective.

Extending the Base for Serving Children

Delivery of psychological services in the school implies a continuing close relationship between the psychologist and the school. Changes in the objectives or organization of the school will have direct implications for psychological services. The school is being increasingly looked to as the social agency having the greatest responsibility for children's developmental growth; in fact, it currently rivals the family as the important center for assisting children. Compulsory school attendance laws, the capability for serving as a focal distribution point for all services, and the potential for regulating the school by legislation establish a basis for the school supplanting the family unit as the traditional center for promoting child development.

Continuing a viable working relationship with the school will require psychologists fully trained to perform a complete range of services. Expansions in the role and functions of the school will result in more complex demands of psychologists. Not less, but more professional skills will be needed to meet the new demands. The profession must perfect procedures for ascertaining the competency of school psychologists. Multiple levels of competency are confusing and only make the goal of fully qualified service providers more difficult to achieve.

School psychologists in the future will be active in the construction of exciting new instructional materials. These will entail assisting in the development of sequences and packages of activities for the mastery of life/learning competencies. Vocational training, legal rights, and drug education are topics that could be covered. Training in "learning to learn" as a major school objective will favor a movement from assessment and evaluation to psychological services that emphasize the promotion of creative adaptability. At the optimum, collaboration between psychologists and the school will see the implementation of a planned approach to change, change that will be beneficial to students—the ultimate goal.

APPENDIX A

Acknowledgements

FIELD-TEST SITES

From November, 1980, through March, 1981, the entire *PPS Recommended Practices and Procedures Manual* was reviewed, discussed, critiqued and utilized by the following representative Illinois districts and joint agreements. The reactions received by these agencies were instrumental in revising the Manual to insure a practical and realistic document.

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APPENDIX B

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APPENDIX C

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APPENDIX D

Developmental Background Information

BASIC IDENTIFYING DATA:

NAME:_____ Sex:_____ Date of birth:_____

Child living with:_____ Place of birth:_____

Parents: Father:_____ Address:_____ Phone:_____

Mother:_____ Address:_____ Phone:_____

Family Physician:_____

Statement of Problem:_____

_____

_____

PARENTAL AND FAMILY HISTORY:

	Name	Age	Education	Occupation
Mother:				
Father:				
Brothers:				
Sisters:				
Stepfather:				
Stepmother:				

If child is not now living with natural parents, describe present arrangement and all intervening arrangements since child left home of natural parents:_____

_____

Previous placement of child:_____

Family expectations for child:_____

Recreational activities (together, individually):_____

DEVELOPMENTAL HISTORY:

Birth weight:_____

History of pregnancy:_____

Injuries, accidents (age, kind, head injuries followed by unconsciousness or medical attention; circumstance and duration):_____

_____

_____

Foot or arm injuries:_____

Diseases (age, duration, high temperature, hospitalization, whooping cough, scarlet fever, diptheria, mumps, pneumonia, poliomyelitis, meningitis, measles, chicken pox, convulsive episodes, regression or plateauing following injury or illness):_____

_____

_____

Eye problems:_____

Has child had eyes checked in the past year:_____ By whom:_____

Hearing problems:_____

Has child had hearing checked in the past year:_____ By whom:_____

Teething:_____

Weaning (projectile vomiting, sucking problems, special food aversions, colic, able to feed self, use of spoon, drink, drink from cup, drooling, etc):_____

_____

Age of sitting, walking (sit with and without support, pull up, roll over, standing with and without support, unusual gait or balance problems, stair climbing, ride bicycle, etc.):_____

_____

Toilet training (when and how accomplished, stability of training):_____

Speech (how communicates now, dependence on gestures, jargon, discrepancies in performance, e.g., verbal versus motor abilities, parent's estimate of speech development in comparison to siblings):_____

_____

Self-help skills (what can child do himself? Bathing, self-care at toilet, at table, dressing, undressing, buttoning, shoe tying, etc.):_____

_____

Separations from father and/or mother (hospitalization, marital separation, other):_____

_____

SOCIAL AND PERSONAL ASSESSMENT:

Playmates (preferred: sex and age preference, available):_____

How does child spend bulk of his/her time, with whom?:_____

Informant's estimate of peer relationships:_____

Is there rejection of child; reaction of child:_____

Problem behavior (eating, sleep disturbances; enuresis; temper tantrums; stealing; play with fire; unusual fears (phobias); withdrawal):_____

_____

How is problem behavior handled? (Discipline: by whom, how, how effective):_____

_____

Affection (Is the child affectionate? How does he express affection? Whom does he favor? How is affection shown to the child):_____

_____

Informant's estimate of typical (usual) mood of child (happy, sad, cheerful, unstable, etc.):_____

_____

_____

SCHOOL AND VOCATIONAL HISTORY:

Has child ever repeated any grades:_____

Schools attended:

Nursery:_____ Address: _____ Years attended: (19____ to 19____)

Kindergarten:_____ Address: _____ Years attended: (19____ to 19____)

Elementary:_____ Address: _____ Years attended: (19____ to 19____)

Middle/Jr. High:_____ Address: _____ Years attended: (19____ to 19____)

High School:_____ Address: _____ Years attended: (19____ to 19____)

Special Education Classes:_____

Other:_____

Present level or highest grade attained:_____

Summary of Academic Skills:_____

_____

_____

Reason for termination:

Attitude towards school:

Child's:

Parents':

Pupil-teacher relationships:

School subjects: Liked, disliked by child:

Easy, difficult for child:

Present duties and responsibilities of child in the home (cutting lawn, burning trash, etc.):

How well accomplished:

Amount of supervision needed (capacity for independent work):

Spending money:

Earned:

Allowance:

How spent:

Actual work placements (include paper route, etc.):

Kind: Duration:

Quality of work: Reason for termination:

Vocational training:

Vocational plans and expectations:

Parents': Child's:

PREVIOUS MEDICAL AND PSYCHOLOGICAL STUDIES AND TREATMENT

Previous corrective medical treatment (orthopedic, surgery, etc.):

Where: (hospital, physician)

When:

Records available at:

Records requested: Yes:____ No:____

Previous psychological and psychiatric examinations and treatment:

When:

Where:

Records available at:

Records requested: Yes:____ No:____

INTERVIEW ON TEMPERAMENT:

A. Activity Level:

B. Rhythmicity:

C. Adaptability:

D. Approach-withdrawal:

E. Threshold level:

F. Intensity of reaction:

G. Quality of mood:

H. Distractibility:

I. Persistence and attention span:

APPENDIX E

Psycho-Situational Interview

I. Definition of the Target Behavior

A. Frequency
B. Intensity
C. Duration

Goals: 1. Clarify problem
2. Decrease labels and generalizations
3. Modify perceptions of referral agent
4. Establish objectives for therapy

II. Explication of stimulus situations
Elaborate and delineate the specific situations
Goal:

III. Uncovering Contingencies

What happened after _____ occurred?
What do you usually do when the child does _____?
How do others usually react to this?

Specific consequences—events that follow
General consequences—pervasive climate and typical mode of interaction

Rate?
Rate of positive vs. negative events?
Method of punishment and who is responsible?
How do they (referral source) perceive communication of praise and punishment?
How does the child know when you are angry? happy?

Expectations? Rules? Realistic or unrealistic?

Goals: 1. Emphasis on situation
2. Child seen no longer as "patient." Others must be involved.
3. Clarification of perceptions
4. Provision of specific information

IV. Detection of Irrational Ideation

Common Irrational Beliefs:

1. The notion of infallibility and wide-range competence.
2. The invocation of absolutistic, unsupportable and unreasonable expectations (should-ought-must).
3. The feeling that it is helpful to become upset over the child's behavior "catastrophising"—"He makes me feel..."
4. The concept that children are blameworthy and need to be punished for their misdeeds. Blaming a child for being ignorant will not increase his knowledge.

APPENDIX F

Time Series Observational Format (Madsen & Madsen, 1971)

Recording Student Behavior

Classroom behavioral observation focusing on the student is concerned with two major behaviors: (1) on-task or appropriate behavior, and (2) off-task or inappropriate behavior. However, students' behaviors can be appropriate or inappropriate only with reference to the classroom rules and/or the teacher's objectives; therefore, observers must know the rules of each classroom and differing rules for specific situations before reliable observations can be recorded. It is sometimes necessary to ask teachers what their rules are.

Behavior Categories

On-Task
+

This category includes verbal and motor behavior that follows the classroom rules and is appropriate to the learning situation. On-task behavior is defined with reference to both the rules of the classroom and the teacher-designated academic activity. If a student is working on the appropriate academic activity and is obeying the rules of the classroom, then the student's behavior is recorded as being on-task. Classroom rules must be known as some teachers permit students to stand up, sit on the floor, talk during certain activities, or leave their seats without permission. Examples of on-task behavior include sitting at desk while working, engaging in group games when appropriate, responding to teacher questions (whether or not the answer is correct or incorrect), walking to chalkboard when asked, demonstrating activities to others when expected, talking during class discussions, running during gym.

Verbal Noise

Noise
Off-task
N

Verbal noise is any oral response that breaks the class rules and/or interrupts the learning situation. This category may include inappropriate talking, yelling, blurting out, whistling, humming, screaming, singing, or laughing. The verbalization must be heard for it to be recorded. Simply seeing the student's lips move is not enough. If a child responds to a teacher's question or instruction, then the student is on-task. Examples of verbal off-task behavior include blurting out answer instead of raising hand, talking to neighbor instead of working on materials, singing during discussion.

Object Noise

Motor
Off-task
M

Object noise is any audible noise resulting from any behavior on the part of the child that may cause other children to be off-task, such as slamming books, kicking furniture, rapping desk. Motor off-task is any motor response (gross motor or minor motor) that breaks the class rules and/or interrupts the learning situation. Some motor behaviors are inappropriate during certain classroom periods, but not always at others.

Gross Motor

(M)

Gross motor behaviors may include getting out of seat, turning around at least 90^{o}, running, cartwheels, walking around room, waving arms. Other areas of inappropriate gross motor behavior include hitting, kicking, pushing, pinching, slapping, striking another person with objects, grabbing another's property, throwing.

Minor Motor

M

These behaviors are recorded only when attention is not directed toward the student work. If the student is engaged in appropriate activities while exhibiting these small motor behaviors, then his/her behavior is considered to be on-task (with a check mark on "M"), and mention is made of these motor activities in the comment section. Examples of minor motor behaviors include thumbsucking, fingernail biting, fiddling with hair, finger twiddling, chewing on pencil or other object, playing with academic materials when not appropriate.

Motor Off-Task None

Should it be important to record differences between gross vs. minor motor or verbal noise vs. object noise, merely use a different check for each.

Other or
Passive
Off-task
O

These behaviors describe times when the students is not involved in interaction or is doing nothing when expected to be involved. Behaviors recorded in this category include daydreaming or staring into space. Student must be engaged in no motor or verbal activity for this category to be recorded. It is important to remember that there are times when doing nothing is appropriate, for example, when an assignment is completed and no further work has been assigned.

TIME SERIES OBSERVATIONAL FORMAT

Observer_____ Student_____
Reliability Observer_____ Teacher_____
No. in class or group_____ Grade or Subject_____ Date_____
General Activity_____ Time: Start_____ End:_____
Observation Interval_____ Page_____ of_____
(seconds) Record Interval_____
(seconds)

TIME	ACTIVITY CODE	INTERVALS 1	2	3	4	5	6-Comments
1		+NMO	+NMO	+NMO	+NMO	+NMO	
2		+NMO	+NMO	+NMO	+NMO	+NMO	
3		+NMO	+NMO	+NMO	+NMO	+NMO	
4		+NMO	+NMO	+NMO	+NMO	+NMO	
5		+NMO	+NMO	+NMO	+NMO	+NMO	
6		+NMO	+NMO	+NMO	+NMO	+NMO	
7		+NMO	+NMO	+NMO	+NMO	+NMO	
8		+NMO	+NMO	+NMO	+NMO	+NMO	
9		+NMO	+NMO	+NMO	+NMO	+NMO	
10		+NMO	+NMO	+NMO	+NMO	+NMO	
11		+NMO	+NMO	+NMO	+NMO	+NMO	
12		+NMO	+NMO	+NMO	+NMO	+NMO	
13		+NMO	+NMO	+NMO	+NMO	+NMO	
14		+NMO	+NMO	+NMO	+NMO	+NMO	
15		+NMO	+NMO	+NMO	+NMO	+NMO	

%On Task = _____(+%)

%Off-Task = 100-(% on-Task) = _____%

Totals Intervals Observed

+ = _____ -- _____ = _____%

N = _____ -- _____ = _____%

M = _____ -- _____ = _____%

O = _____ -- _____ = _____%

APPENDIX G

Tests Used with Hearing Impaired Students

INTELLIGENCE TESTS AND DEVELOPMENTAL SCALES

The Chicago Non-Verbal Test Ages 6-Adult Psychological Corporation	Suitable for children or adults who are deaf or have reading or language difficulty. Verbal directions can be used for age 6 to adult; pantomimed directions from 8 to adult. Norms specifically designed for language handicapped. Useful as a screening test. 25 minutes.
Hiskey-Nebraska Test of Learning Aptitude, Revised Marshal S. Hiskey University of Nebraska Psycho-educational Clinic	Deaf and hearing norms up to age 17 years, 5 months. Correlates well with Stanford-Binet (Form L-M), WISC-R, Stanford Achievement, Metropolitan Achievement, and Gates Reading Test. Instructions in both oral or pantomime forms. Appropriate subtests for ages 11-17: Visual Attention Span, Block Patterns, Completion of Drawings, Memory for Digits, Puzzle Blocks, Picture Analogies, Spatial Reasoning. 50 minutes.
Leiter International Performance Scale Tray 3, Ages 14-18 Stoelting Company	Yields lower IQ scores than some others because mean is 95 and S.D. is 20. Directions can be pantomimed. Consists of 68 nonlanguage tasks.
Ravens Progressive Matrices (Raven Advanced Progressive Matrices) Set 2, Ages 11 and over Psychological Corporation	Useful second test to substantiate a more comprehensive intelligence score such as the WISC or WAIS. Of possible use to assess concept formation and possible perceptual disturbances. Correlates well with Chicago Non-Verbal Test and Wechsler Scales. 40 minutes.
Wechsler Adult Intelligence Scale — Revised (WAIS-R) Revision of Wechsler Adult Intelligence Scale Ages 16 years, and 11 months and over	Performance Scale is considered to be one of the most accurate instruments for assessing intelligence of the adult deaf. Includes Picture Completion, Picture Arrangement, Block Design, Object Assembly, Coding or Mazes.
Wechsler Intelligence Scale for Children — Revised (WISC-R) Performance Subtests Ages 6-17 years Psychological Corporation	Verbal Scale can also be used to estimate verbal facility for handling such areas as Information, Comprehension, Arithmetic/Reasoning, Similarities. A verbal IQ score of 85-95 represents good average for the hard of hearing person. The Verbal subtests are not appropriate for the deaf.

ACHIEVEMENT TESTS	
Metropolitan Achievement Tests Advanced (Grades 7-9.5) High School (Grades 9-13) Harcourt Brace Jovanovich Inc.	Norms for both hearing and deaf. Subtests are Word Knowledge, Word Analysis, Reading, Spelling, Mathematics Concepts, Mathematical Computation, Mathematical Problem Solving, Science, and Social Studies.
Stanford Achievement Tests Harcourt Brace Jovanovich Inc. Special Edition for Hearing Impaired Students Office of Demographic Studies/Gallaudet College	Measures academic achievement and level at which student is working. Special Edition has age-based national norms for hearing impaired students. Subtests are Vocabulary, Reading Comprehension, Mathematics Concepts, Mathematics Computation, Mathematics Applications, Spelling, Language, Social Science, Science. Approximately 4 hours, 20 minutes for entire test.
Wide Range Achievement Tests (WRAT) Revised Edition, Level 2, Ages 12 and over Psychological Corporation	Verbal form available for those for whom regular test is too difficult. Tests Spelling, Arithmetic, and Reading. This measure should only be used for screening purposes; 20-30 minutes.
GENERAL APTITUDE TESTS	
Flanagan Aptitude Classification Tests (FACTS) Grades 9-12 and Adults Science Research Associates	Considered a successful predictor of vocational success if administered individually. Measures Verbal Reasoning, Numerical Ability, Abstract Reasoning, Space Relations, Mechanical Reasoning, Language Usage, and Clerical Aptitude.
General Aptitude Test Battery Grades 9-12, Adults Revision for Hearing Impaired U.S. Employment Service and Rehabilitation Services Administration	Used for vocational counseling. Generally administered by State Divisions of Employment Security but may be given in schools by an approved examiner. Research indicates that deaf students given modified GATB scored near or above the general population's mean on all GATB aptitudes except General, Verbal, and Numerical. Cautious interpretation necessary for the 62 OAPs (Occupational Aptitude Patterns—combinations of three GATB aptitudes) covering over 1200 occupations. Passing a specific set of OAP norms with the nonreading General Ability does not necessarily indicate that an individual has the literacy needed for a particular job. Reading achievement tests should also be given.
Minnesota Clerical Test Grade 7-Adult Psychological Corporation	Evaluates speed and accuracy in perceiving details. Number comparison and name comparison. 15 minutes.
Nonreading Aptitude Test Battery Grades 9-12, Adults U.S. Employment Service	Nonreading adaptation of GATB. Normed on nondisabled.

Scholastic Aptitude Test College Entrance Examination Board College Board Admissions Testing Program for Handicapped Students	Highly verbal and may not be an accurate reflection of the student's potential; best used with superior students. Required by most colleges as an admissions screen. Can be administered with flexible time limits if special registration card is used. Verbal and Numerical Aptitude. Total 6 hours.
SRA Clerical Aptitude Test High School and Adult levels Science Research Associates	Measures Office Vocabulary, Arithmetic, Office Checking.

MECHANICAL APTITUDE TESTS

Differential Aptitude Tests, Mechanical Reasoning, Form A Grades 8-12 Psychological Corporation	Assesses understanding of mechanical and physical principles in familiar situations.
Minnesota Mechanical Assembly Test Grade 11+ C. H. Stoelting Company	Measures ability to perform tasks requiring mechanical reasoning and information.

MANUAL DEXTERITY TESTS

Crawford Small Parts Dexterity Test Psychological Corporation	Tests fine eye-hand coordination.
Differential Aptitude Test, Space Relations Grade 8-Adults Psychological Corporation	Assesses mental manipulation of three-dimensional structures. 30 minutes.
Minnesota Rate of Manipulation (1969 Edition) American Guidance Service Inc.	Normed on employed and unemployed young and older adults. Tests finger and hand manipulation. Subtests are Placing, Turning, Displacing, One-Hand Turning and Placing, Two-Hand Turning and Placing. 10 minutes or less per test.
Purdue Pegboard Grades 9-16, Adults Science Research Associates	Tests finger and hand manipulation.
Revised Minnesota Paper Form Board Test Grade 7-Adult Psychological Corporation	Related to both art and mechanical abilities. Tests spatial relations and mental manipulation of geometric forms. 20 minutes.

INTEREST INVENTORIES

Kuder Occupational Interest Survey, Form D Science Research Associates	Considered too highly verbal for many deaf students. Subject should have at least 6th grade reading ability.
Strong Campbell Interest Inventory (Revision of Strong Vocational Interest Blank) Psychological Corporation	Considered too highly verbal for many deaf students. At least 6th grade reading ability is necessary. Concerns six occupational classifications: Realistic, Investigative, Artistic, Social, Enterprising, Conventional.

DIAGNOSTIC AND PERSONALITY TESTS

Bender Gestalt Test Grune and Stratton Inc.	A geometric design copying test; the quality of the subject's reproduction leads to diagnostic interpretation of clinical conditions and pathologies. Evaluates perceptual motor functioning, neurological impairment, expressive styles, and maladjustment. Interpretation requires extensive training and experience.
Goodenough-Harris Drawing Test Ages 3-15 Harcourt Brace Jovanovich Inc.	Useful supplement to furnish information about motor skills and as a nonverbal indicator of intellectual development. Involves the simple task of drawing a man. Directions can be pantomimed.
House-Tree-Person (H-T-P) Western Psychological Services	Requires little verbal communication. Scoring provision made for verbal and nonverbal response and for qualitative and quantitative interpretation. Person, house, and tree are drawn.
Machover Draw-A-Person Test Ages 9-Adult Charles C. Thomas	Relatively nonverbal. A practical screening device for detecting severe emotional problems in deaf children. Interpretation is very subjective.
Minnesota Multiphasic Personality Inventory (MMPI) Psychological Corporation	Assumes examinee's ability to read at third or fourth grade level. Certain items inappropriate to life experiences of deaf person. Norms for adult deaf. A diagnostic instrument based on clinical criteria. Best used with older adolescents and adults. Untimed.
Rorschach Grune & Stratton Inc.	Ambiguous stimuli may make task difficult for some deaf subjects. Should be used only if subject and examiner are highly fluent in manual communication or if subject is highly proficient verbally. Best used with adults. Monroe Inspection Technique often used for scoring—i.e., asking only for location data to reduce amount of language needed.

Rotter Incomplete Sentences Blank Psychological Corporation	At least 5th grade reading level required. Some complex vocabulary. Norms for groups of adult deaf. Scores classified in three categories: conflict or unhealthy responses, neutral responses, positive or healthy responses.
Sixteen Personality Factor Questionnaire Ages 16 and over Institute for Personality and Ability Testing	Designed for use with people of limited educational and cultural background. Appropriate for deaf person with good verbal ability. Assesses 16 relatively independent dimensions of personality.
Thematic Apperception Test (TAT) Psychological Corporation	Should be used only if subject has excellent English language skills or if both subject and examiner are fluent in manual communication.
Vineland Social Maturity Scale, Revised Infant-Adult Psychological Corporation	Parent or someone close to the subject indicates maturity and social adjustment in three categories: self-help (basic toilet needs, feeding and dressing oneself); self-direction (supervising oneself and managing alone); self support (being able to provide for oneself and one's family and contributing positively to the community). Though test looks simple, examiner must be experienced.

APPENDIX H

Tests Used with Visually Impaired Students

INTELLIGENCE AND DEVELOPMENT	
Blind Learning Aptitude Test ages 5 to 21 years Dr. T.E. Newland Urbana, Illinois	The most adequately standardized scale for assessing cognitive ability of the blind; especially useful with children who have a residential experience. Uses a raised braille-like print format.
Interim Hayes-Binet Intelligence Scale, Revised ages 3 to 16 years Houghton-Mifflin	An arrangement making a verbal edition of the familiar Stanford-Binet Intelligence Scale. The best predictor of academic achievement. Especially useful with children in the 3 to 8 year age range.
Haptic Intelligence Scale for Adult Blind Ages 16 and over Psychology Research	Normed on persons without useful vision, 16 and over. Depends entirely on tactile skills. The six subtests are similar to WAIS performance subtests. Bead Arithmetic subtest is invalid if subject can use abacus. WAIS verbal score equally good predictor of academic success for blind persons; for partially sighted, WAIS considered better.
Non-Language Learning Test Child-Adult Nevil Interagency Referral Service	Bauman's adaptation of the Dearborn Formboard. Considered good clinical instrument for evaluating performance learning potential (measure of problem solving and of degree of learning improvement from trial-to-trial). Norms start at age 16, but test is useful on an informal basis at much lower age levels. Board has four kinds of holes; blocks of different shapes arranged so the subject has to make certain moves to get the blocks into the board.
Stanford-Kohs Block Design Intelligence Test for the Blind Western Psychological Services	Normed on blind and partially sighted, ages 16 and over. Task is copying 20 patterns of increasing difficulty, using blocks with two kinds of surface—smooth (white) and rough (black). Score based on speed and accuracy. Test can be lengthy and tiring. Not a complete measure of performance ability; depends on subject's ability to distinguish and copy patterns. Challenging for subjects and allows examiner excellent opportunity for observing subject's approach to task.

Wechsler Intelligence Scales for Chil[illegible]n — Revised (WISC-R) (ages 5 to 17) Wechsler Adult Intelligence Scale — Revised (WAIS-R) Ages 16 years, 11 months and over Psychological Corporation	Verbal scale widely used with blind and partially sighted; verbal IQ a good predictor of school progress for visually impaired. If subject has some useful vision, performance subtests could be used; however, low-performance IQ may be a function of lack of vision, rather than lack of mental ability. Block Design and Object Assembly possible supplements to Verbal. Performance score higher than Verbal is indicative of more effective potential with concrete materials than with verbal (ideas). Arithmetic Score may be low because math not easily translatable into braille. Low comprehension may result from experiential deprivation. Comprehension items may need rephrasing to be appropriate, e.g., "What should you do if you saw a train approaching a broken track?"
ACHIEVEMENT TESTS	
American College Testing Program (ACT) American College Testing Program	Available in braille, large type, and cassette. Used for college admissions. Scores in English usage, mathematics usage, social studies reading, natural science reading, as well as composite score.
CEEB Achievement Tests College Board Admissions Testing Program for Handicapped Students	Visually handicapped may work at own speed but not more than six hours in one day; may use a reader or amanuensis. Tests in regular-size type; available tests are American History, Biology, Chemistry, English Composition, European History, French (reading), German (reading), Russian (reading), Spanish (reading), Hebrew, Latin, Physics, Math Level I, Math Level II.
Diagnostic Reading Test Grades 7-13 American Printing House for the Blind	Available in braille. Measures rate of reading, story comprehension, vocabulary, comprehension.
Iowa Tests of Basic Skills, Form 3, Level F., Grades 8-9 Form 4, Grades 3-9 Iowa Tests of Educational Development, Grades 9-12 American Printing House for the Blind	Available in large type and braille.
Metropolitan Achievement Tests Form AM, H. S. Battery Form F (Advanced), Grades 7-9 American Printing House for the Blind	Available in large type. Can be read to blind subjects. Subtests are Word Knowledge, Word Analysis, Reading, Spelling, Mathematics Concepts, Mathematical Computation, Mathematical Problem Solving, Science, Social Studies.
Stanford Achievement Tests Forms X and W American Printing House for the Blind	Available in braille and large type. Tests include Vocabulary, English Usage, Arithmetic Skills, Social Studies, Science. Power tests to be administered without time limits. Administration time longer than for regular print version.

Sequential Tests of Educational Progress (STEP) Form 2B, Grades 10-12 Form 3B, Grades 7-9 American Printing House for the Blind	Available in braille and large type. Tests are Reading, Writing, Mathematics, Science, Social Studies, and Listening.
Wide Range Achievement Tests (WRAT) K-Adult American Printing House for the Blind	Available in large type. May be read aloud. Tests spelling, arithmetic, and reading. 20-30 minutes.
GENERAL APTITUDE TESTS	
Differential Aptitude Tests (DAT) Blind Center, Inc.	Available in braille. Tests of verbal reasoning, numerical ability, mechanical reasoning, abstract reasoning, space relations, clerical speed and accuracy, spelling, language usage. Total test takes three hours, but subtests are timed separately.
Scholastic Aptitude Tests ATP for Handicapped Students College Entrance Examination Board	Taken for college entrance. Special registration form for untimed tests. Can be administered in braille or orally; answers may be typed; test must be administered by an approved person and scored by the CEEB; flexible time limits may inflate scores.
School and College Ability Tests (SCAT) American Printing House for the Blind	Available in braille and large type.
VOCATIONAL APTITUDE TESTS	
Lighthouse Clerical Aptitude Test Battery New York Association for the Blind	Measures potential in transcription typing.
Programmer Aptitude Battery Science Research Associates	Tests aptitudes relative to computer programming. Tests verbal meaning, reasoning, letter series, number ability, diagramming.
Seashore Musical Talent Test Grades 4-16, Adults Psychological Corporation	Scores on pitch, loudness, rhythm, tone, timbre, tonal memory. Ten minutes per test.

MANUAL DEXTERITY TESTS

Crawford Small Parts Dexterity Tests Psychological Corporation	Norms for blind and partially sighted. Performance test for measuring fine eye-hand coordination or its tactual analogue.
Minnesota Rate of Manipulation, 1969 Edition Educational Testing Bureau	Special directions for administering to the blind. Norms available for the blind. Involves finger and hand and arm movement. Subtests are Placing, Turning, Displacing, One- and Two-Hand Placing and Turning.
Pennsylvania Bi-Manual Work Sample Age 16-Adult Educational Testing Bureau	Norms available for blind and partially sighted. Work combines finger dexterity of both hands, whole movement of both arms, eye-hand coordination, bi-manual coordination. 12 minutes.

PERSONALITY & SOCIAL FUNCTIONING TESTS

Auditory Apperception Test Western Psychological Services	Consists of 10 sets of recorded sound situations including dialogue, nature sounds, emotional, mechanical, or animal sounds. Subject describes the cause, what is happening, and the result.
Auditory Projective Test American Foundation for the Blind	Tape-recorded dialogue and sound effects of scenes paralleling the Thematic Apperception Test pictures.
Adolescent Emotional Factors Inventory Nevil Interagency Referral Service	Specifically designed for, and normed on, blind young people. Items based on behaviors culled from experiences described by visually impaired people. Some items relate specifically to problems resulting from lack of vision. Should be administered in large print or recorded form to allow for privacy. Subscales are Sensitivity, Somatic Symptoms, Social Competency, Attitudes of Distrust, Family Adjustment, Boy-Girl Adjustment, School Adjustment, Morale, Attitudes toward Business, and Validation.
Overbrook Social Competency Scale 6-Adult	Useful measure for social competency. Administered by an interview (usually with the parent). Tentative norms on visually impaired.
Nevil Interagency Referral Service	Provides information on independence in daily living, interpersonal skills, mobility, group participation, and leadership.

Rohde-Hildreth Sentence Completion Test (Lighthouse Revision) New York Association for the Blind	Sentence completion projective test suitable for visually handicapped persons.
Rotter Incomplete Sentence Blank Psychological Corporation	Examiner reads sentence stems and examinee is asked to complete them with expressions of his/her feelings. Scoring system is objective and examiner need not be a trained clinician.
Boston Nursery School Guess Why Test Perkings Institute, Boston	Excellent for ages 3-12.

VOCATIONAL INTEREST TESTS

Kuder Preference Record Science Research Associates	Frequently used with visually impaired persons. May be given orally, in braille, or by tape recording. Braille answer sheets available from Howe Press, Perkins School for the Blind.
PRG Interest Inventory for the Blind Nevil Interagency Referral Service	Developed by Bauman to overcome subject's tendency to answer based on what s/he can or cannot do, rather than on his/her true interests. Inventory is based on jobs done, and hobbies chosen by blind people. Administered orally or by tape recording.
Strong Vocational Interest Blank Consulting Psychologists Press	May be read aloud or taped. Best used with subjects considering professional or semi-professional careers.

APPENDIX I

Tests Used with Orthopedically Impaired Students

NTELLIGENCE	
Ammons Full Range Picture Vocabulary Test (Also Quick Test -- a shortened version) Age 2 and over Psychological Test Specialists	Useful for persons with speech/motor problems. Subject indicates which figure best fits the word that is read. Response can be by blinking, pointing, head shaking, etc.
Leiter International Performance Scale Tray 3, Ages 14-18 Stoelting Company	Consists of 68 nonlanguage tasks. Yields lower IQ scores than some others because mean is 95, S.D. is 20.
Peabody Picture Vocabulary Test (PPVT) Forms A & B American Guidance Service Inc.	Designed specifically for cerebral palsied and speech impaired people. Normative group is over 4,000 subjects, ages 2 to 18. Intelligence quotients tend to be higher on the PPVT than on other tests. Lack of fine detail in the pictures minimizes confusion. Subject must choose one of four pictures as a "definition" for a word given by the examiner. Sets of pictures are presented in increasing difficulty. Untimed, takes 10 to 15 minutes. Requires no special training.
Raven Progressive Matrices Psychological Corporation	Similar to the PPVT. 60 analogies graded in terms of levels of difficulty set up as multiple choice items involving selection of the proper element to complete the design. Subject can respond by pointing. Pictures are considered to be less "culturally contaminated" than those on the PPVT as they are geometric designs rather than pictures of people or objects.
Stanford-Binet Houghton Mifflin Company	Suggestions for modifying include pantomiming, presenting a choice of answers in multiple-choice form, showing the test pictures and problems on cards. On Binet Form Board, for example, person with hand coordination problems can pick up blocks more easily if small knobs have been screwed into them. Bead Stringing can be modified by having the child place the beads on the table in the appropriate pattern or indicating to the examiner which bead should be strung next. If the person has speech involvement such that Word Naming becomes a problem within a time limit, the examiner can ignore the time and observe the range of thought and ability to deal with the abstract.

The Vineland Social Maturity Scale Psychological Corporation	A test of developmental "intelligence," or as the test title says, "social maturity" Score is affected by physical disability, education, training, changing social customs, and experiences. A social age higher than the mental age indicates that perhaps tests of intelligence are not tapping the real intellectual resources.
Wechsler Intelligence Scale for Children — Revised (WISC-R) Wechsler Adult Intelligence Scale — Revised (WAIS-R) Psychological Corporation	Can be individually adapted more easily than Binet. Verbal Scale can be used for the severely motor or visually impaired. Performance sections can be given to hearing and speech impaired. Performance subtests do require adequate vision and some arm and hand use, but modifications are possible.
APTITUDE TESTS	
The General Aptitude Test Battery (GATB) Non-Verbal Aptitude Test Battery (NATB) U.S. Employment Service	Often used in vocational planning to determine aptitudes. Used by state Divisions of Employment Security but may be given in schools by approved examiner to people with cerebral palsy. GATB assesses intelligence, verbal, numerical, and spatial abilities, form perception, clerical perception, motor coordination, finger dexterity, and manual dexterity. The pegboard test requires standing, the rivet board requires fine dexterity, and the tests are highly speeded.
DIAGNOSTIC TESTS	
The Bender-Gestalt Grune and Stratton Inc.	A space perception task where the subject is asked to copy drawings for analysis of perceptual motor behavior. The task may totally elude a person with cerebral palsy despite mental superiority. Bender notes that there is not a close correlation between extent of brain damage and degree of disturbance in production of forms.
Draw-A-Person Western Psychological Services	Should be administered by examiner able to distinguish between poor drawing abilities and poor body image.

APPENDIX J

Referral Oriented Report Format

I. Demographic Data

Name.
Address:
Parents:
Grade:
School:
Teacher:
Date of Birth:
Date of Evaluation:
Examiner:

II. Background Information and Referral Questions

Information in this section should only relate to the referral questions. Referral questions should be logical conclusions to the information presented in this section. At the end of the paragraph(s) giving background information, the referral questions are listed.

1. Is Johnny mentally handicapped or has he not had appropriate environmental experience for a child of his age and cultural group? (A. Smith, teacher)

III. Answers to Referral Questions

In this section, questions are listed with the source and assessment procedures, followed by the answer to the question.

1. Is Johnny mentally handicapped or has he not had appropriate environmental experience for a child of his age and cultural group? (A. Smith, teacher)

Assessment Procedures:

Wechsler Intelligence Scale for
Children — Revised
Adaptive Behavior Inventory for
Children
Observation
Parent/Teacher Interview

ANSWER TO QUESTION HERE

IV. Recommendations

APPENDIX K

Referral Oriented Psychological Report

I. Demographic Data

Name: Sally Jones
Address: Anytown, U.S.A.
Parents: John and Judy Jones
Grade: First
Teacher: Mr. Johnson
Date of Birth: 8/1/75
Date of Evaluation: 9/30/81

II. Background Information and Referral Questions

The following information was acquired through review of educational, medical and social records. As well, the parents and teacher were interviewed.

Sally comes from a home in which she is the youngest of six children. She lives with her mother, three brothers and one sister. Her sister, closest to her in age, is twelve. Sally has lived in a single-parent home since birth. Interaction with others has been limited to attention given by her brothers and sister. Sally's health history is unremarkable although developmental milestones involving walking, talking and self-help skills have demonstrated consistent delays. Sally has acquired skills at a steady, although delayed rate. In overall development, including academic readiness, Sally was approximately two years behind when she entered the early childhood program in her district. Although Sally has consistently lagged behind her same age peers, the gap has narrowed since she began attending school. Sally makes continued although slow progress. Her teacher has noted that she is unable to respond to the current curriculum in reading and arithmetic. She does well socially and in all nonacademic exercises. Therefore, concerns revolve around why she is having difficulty in the academic areas and what can be done to allow more successful completion of schoolwork. Mr. Johnson, her teacher, feels as though her learning is significantly slow and questions her ability to respond in the regular curriculum. Therefore, the following referral question is asked:

Is Sally mildly handicapped or has she not had the appropriate environmental experience for a child of her age and cultural group? (Mr. Johnson, Teacher)

III. Answer to Referral Question/Assessment Procedures

Is Sally mildly handicapped or has she not had the appropriate environmental experience for a child of her age and cultural group? (Mr. Johnson, Teacher)

Assessment Procedures:

McCarthy Scales of Children's Abilities
Peabody Picture Vocabulary Test-Revised
Informal Readiness Testing
Interview: Parent, Teacher, Child
Adaptive Behavior Inventory for Children
Observation

Sally is functioning to an overall extent within the low-average range of intellectual ability on measures of standardized assessment instruments. Her perceptual skills involved with tracing, copying and writing are age-appropriate. Gross motor skills involving large leg and arm movement are adequately developed. Sally experienced difficulty with her general knowledge of word meanings and her ability to identify common objects expected of a child her age. Sally's self-help skills involving areas such as eating, dressing, avoidance of danger and ability to respond appropriate to her environment are all adequate. Family, peer and adult relations are developed to age level. Sally is a child who has not had many of the academic readiness experiences expected of most children prior to entering school. Therefore, she was at a disadvantage from the beginning and had to concentrate on learning these prerequisite skills. A lag began to develop between her and her peers in academic areas. Sally was learning well, but not what the teacher expected. Comparing Sally's level of development when she entered school with her present level indicates that Sally has progressed at a faster rate since she has had

the stimulation of the educational environment. She is not mentally handicapped, but is simply playing a game of catch-up. She *appears* handicapped due to her present functioning level. She has the ability to learn and needs the appropriate educational experience to do so. Review of records indicates that Sally is a younger girl for her grade level. Her behavior during the evaluation and observation indicates good problem solving and social skills are quite adequate. Sally needs stimulation in her areas of weakness including stimulation of verbal behavior, vocabulary, counting skills and listening skills. Placement in a special education class out of the mainstream would not achieve these objectives.

IV. Recommendations

1. Mr. Johnson was concerned about Sally's ability level and skill development. As Sally is not mentally handicapped, she would be inappropriately placed in such a setting. Sally requires individual or small group instruction in areas designed to increase the number of verbalizations, knowledge of common objects and experiences. In addition, pre-arithmetic skills involving knowledge of numbers, one-to-one correspondence and basic counting should receive attention. Attached is a sheet with suggested tasks designed to work on each of the skills. It is understood that the work will be carried out jointly by Mr. Johnson and the Early Prevention of School Failure teacher.

APPENDIX L

Sample Forms for Evaluation of School Psychological Services

SAMPLE 1

Organizational Profile

The purpose of this form would be to describe the PPS Department, as seen by its members. Because divisions of units of an organization are complex, simple answers cannot properly describe them. Therefore, each question has several degrees of reply. Pick the reply for each question which comes closest to your feeling about your department. Circle the letter in front of that answer. Do not sign this form.

1 How are goals established for this Department?
— The goals that are related to planned accomplishments of the Department in a given time.

(a) They are set entirely by higher management (from above) and given to the Department.
(b) Most of the goals are set by higher management.
(c) About half of the goals are set by higher management and about half are set by those of us in the Department.
(d) Most of the goals are set by the Department itself.
(e) The goals are set by the Department and reviewed by higher management.
(f) Other.

2. Does the Department have adequate authority to fulfill all of its responsibility?

(a) Completely inadequate.
(b) Almost completely inadequate.
(c) Slightly more inadequate than adequate.
(d) Neither adequate nor inadequate.
(e) Slightly more adequate.
(f) Almost completely adequate.
(g) Completely adequate.
(h) Other.

3. To what extent is the Department able to "risk failure" in trying new approaches?

(a) It is never able to risk a failure.
(b) Seldom is it able to risk a failure.
(c) Sometimes it is able to take a risk.
(d) Often it is able to take a risk.
(e) It is always able to risk a failure.
(f) Other.

Organizational Profile

4. Communications within the Department are:

(a) Completely inadequate.
(b) Almost completely inadequate.
(c) Slightly more inadequate than adequate.
(d) Neither adequate nor inadequate.
(e) Slightly more adequate.
(f) Almost completely adequate.
(g) Completely adequate.
(h) Other.

5. Is the Department efficient in performing its work?

(a) No, it is completely inefficient.
(b) It is highly inefficient.
(c) Slightly inefficient.
(d) About 50/50.
(e) Reasonably efficient.
(f) Smooth working, highly efficient.
(g) Top efficiency.
(h) Other.

6. How clear are the goals of the Department?

   (a) Completely unclear.
   (b) Almost completely unclear.
   (c) Slightly unclear.
   (d) Neither clear nor unclear.
   (e) Slightly clear.
   (f) Almost completely clear.
   (g) Completely clear.
   (h) Other.

7. To what extent are responsibilties delegated within the Department?

   (a) No delegation at all.
   (b) Almost no delegation.
   (c) Slight delegation.
   (d) Adequate delegation.
   (e) Perfect delegation.
   (f) Other.

SAMPLE 2

The purpose of this questionnaire is to give the PPS staff a view of how clear its direction is within the PPS Department.

Please answer the following open-ended questions.

1. What is your understanding of the present goals of PPS?

   _____

   _____

   _____

2. What is your understanding of the purpose of the planning and evaluation processes of the PPS Department?

   _____

   _____

   _____

3. Identify the two most important changes, in your opinion, which could be made to improve the overall effectiveness of PPS.

   _____

   _____

   _____

4. List what you feel your most important educational and/or training needs are.

   _____

   _____

   _____

Et cetera.

SAMPLE 3

The purpose of this questionnaire is to help evaluate the ability of the PPS Department to adapt to needs of the school/community. A compilation of responses can give some idea of the attitudes toward change in this Department.

Circle the number which best represents your opinion of the answers to the given questions.

1. How much innovative effort exists at present within the PPS Department?

1	2	3	4	5
None		Some		A Great Deal

2. What is the quality of past innovative efforts within the PPS Department?

1	2	3	4	5
Totally ineffective		Moderately effective		Completely effective

3. How involved is the PPS staff in the present innovative efforts of the district?

1	2	3	4	5
Totally uninvolved		Moderately involved		Completely involved

Et cetera.

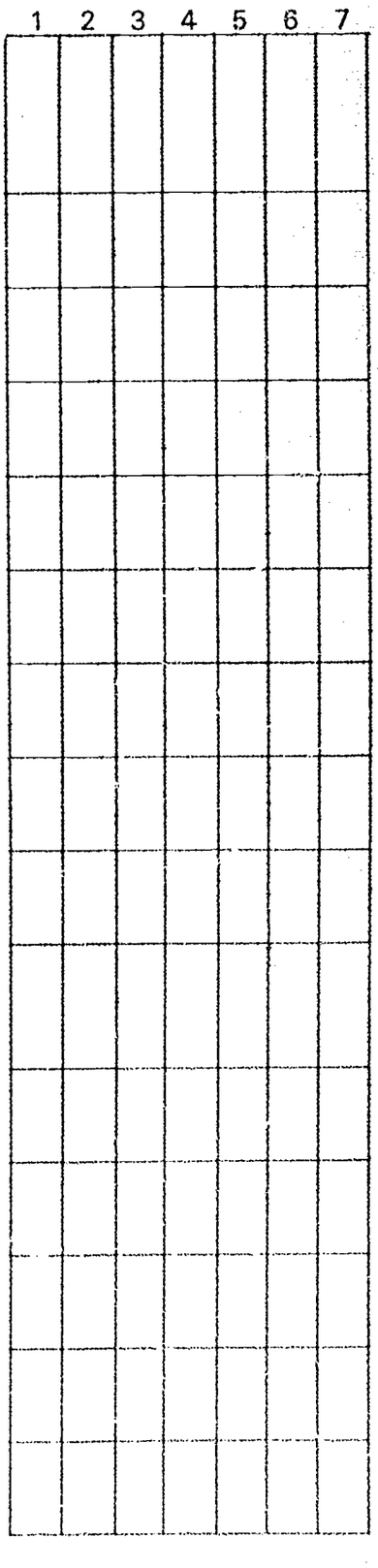
SAMPLE 4

Sample form evaluating humanistic concerns in delivery of school psychological services

Teacher:

Please complete this brief questionnaire regarding your recent contacts with the school psychologist.

1 — Very Strongly Agree
2 — Strongly Agree
3 — Agree
4 — Undecided
5 — Disagree
6 — Strongly Disagree
7 — Very Strongly Disagree



The School Psychologist:

1. respects me.
2. tries to see things through my eyes.
3. pretends to like me or understand me more than he/she really does.
4. interest in me depends partly on what I am talking to him/her about.
5. is curious about "the way I tick," but not really interested in me as a person.
6. understands my words, but not the way I feel.
7. is disturbed whenever I talk about or ask about certain things.
8. always responds to me with warmth and interest.
9. is indifferent to me.
10. at times jumps to the conclusions that I feel more strongly or more concerned about something than I actually do.
11. behaves just the way *he/she is,* in our relationship.
12. feeling toward me does not depend on how I am feeling toward him/her.
13. is friendly and warm toward me.
14. understands what I say, from a detached objective point of view.

91

15. can be trusted to be honest with me

	1	2	3	4	5	6	7
16. sometimes responds to me in a more positive and friendly way than he/she does at other times.							
17. cares about me.							
18. appreciates what my experiences feel like to *me*.							
19. is secure and comfortable in our relationship.							
20. likes me in some ways, dislikes me in others.							
21. does not really care what happens to me.							
22. responds to me mechanically.							
23. is playing a role with me.							
24. feels the same towards me whether I am expressing "good" feelings or "bad" feelings.							
25. seems to really value me.							
26. usually understands *all* of what I say to him/her.							
27. is being genuine with me.							
28. likes me better when I behave in some ways than when I behave in other ways.							
29. is impatient with me.							
30. still understands me when I do not say what I mean clearly.							
31. tries to avoid telling me anything that might upset me.							

SAMPLE 5

Sample evaluation form as might be used by a committee or an evaluation group looking at district-wide services.

EVALUATION CRITERIA FOR PUPIL PERSONNEL SERVICES

DISTRICT NAME | COUNTY

ELEM				JHS				HS				
C	N	PSY	SW	C	N	PSY	SW	C	N	PSY	SW	
												PHILOSOPHY AND OBJECTIVES
												1. To what extent does the district have a written philosophy for the PPS program?
												2. To what extent does the district have a written PPS program plan with measurable objectives?
												3. To what extent are the services identified through a comprehensive needs assessment?
												4. To what extent does the PPS program plan relate to meeting identified needs and objectives of the district Program plan?
												5. To what extent does the PPS staff jointly plan the program?
												6. To what extent are district educators and/or community utilized in planning the PPS program?
												7. To what extent are responsibilities for staff activities based on individual strengths and abilities?
												PROFESSIONAL PREPARATION
												8. To what extent are the supervisors and/or PPS directors properly certified?
												9. To what extent are the PPS staff members properly certified?
												10. To what extent do individual PPS staff members participate in inservice training, workshops, or classes which emphasize upgrading the total PPS program?
												11. To what extent does the PPS staff participate in the activities of their professional organizations?
												PROGRAM
												12. To what extent is there an administrative structure for the PPS program?
												13. To what extent are other district educators utilized as program resources?
												14. To what extent are the activities meeting the objectives as determined by an ongoing evaluation process?
												15. To what extent is there an annual evaluation of the PPS program?
												16. To what extent are district educators, community, and students utilized in evaluating the PPS program?
												17. To what extent are the individual PPS staff members evaluated?
												18. To what extent is the PPS administrator evaluated by the PPS staff?
												19. To what extent does the PPS have an adequate budget to meet district needs?
												20. To what extent does the staff provide consultation services to educators in areas such as student behavior and/or learning needs?
												21. To what extent does the staff provide services to students on a group basis?
												22. To what extent does the staff provide services to all students on an individual basis?
												23. To what extent are the social adjustment needs of the students being met?
												24. To what extent are the career needs of students being met?
												25. To what extent are the health needs of students being met?
												26. To what extent are the psychological needs of students being met?
												27. To what extent are preventive services provided?
												28. To what extent does the PPS staff identify students that may potentially require special PPS assistance?

ELEM				JHS				HS				PROGRAM (Continued)
C	N	PSY	SW	C	N	PSY	SW	C	N	PSY	SW	
												29. To what extent does the district have a written policy regarding student records that is consistent with OSPI standards?
												30. To what extent is the PPS staff involved in curriculum planning and evaluation?
												31. To what extent does the PPS staff conduct inservice training for district educators?
												32. To what extent does the staff utilize community agencies and groups to meet educational and social needs of students?
												33. To what extent does the PPS staff have open avenues of communication within the school and community?
												34. To what extent has the PPS staff developed multimedia materials describing the PPS program and disseminated them to the school and community?
												MATERIALS AND EQUIPMENT
												35. To what extent are up-to-date resources available for students to learn about self and others and the world of work?
												36. To what extent are necessary equipment and supplies available?
												ROOM AND FACILITIES
												37. To what extent are facilities adequate for working with groups as well as individuals?
												38. To what extent are telephones available?
												39. To what extent are adequate clerical services available?

Number of PPS Persons Utilized

	ELEM				JHS				HS			
	C	N	PSY	SW	C	N	PSY	SW	C	N	PSY	SW
Full-Time												
Part-Time												

	ELEM	JHS	HS
Student Enrollment			

Date Completed

Signature of Evaluator

SAMPLE 6

Sample evaluation form as might be completed by an administrator

LOCAL DISTRICT PUPIL PERSONNEL SERVICES SURVEY

		YES	NO
1. A.	Are you comfortable with roles pupil personnel services personnel (counselors, social workers, psychologists, nurses) currently perform in the schools in your district?	____	____
B.	Should these roles be redefined?	____	____
2. A.	Do pupil personnel services personnel within your district presently receive adequate support (physical facilities and technical assistance) from the schools to which they are assigned?	____	____
B.	Would you prefer more support from the school for pupil personnel services personnel?	____	____
3. A.	Does your community have adequate resources to follow through on recommendations of pupil personnel services personnel (i.e., medical, health, employment, psychiatric/psychological services)?	____	____
B.	Would you prefer more community resources to be available?	____	____
C.	Could you specify the particular services of most need?	a. ____ b. ____ c. ____	
D.	Could you you specify the particular services most utilized?	a. ____ b. ____ c. ____	
4. A.	Are you presently pleased with the source of funding for pupil personnel services workers?	____	____
B.	If more funds were provided, what percentage should come from the following sources:	Percent	
	State funds	____	
	Federal funds	____	
	Local funds	____	
5. A.	Are you currently satisfied with the number of students (i.e., case loads) seen by pupil personnel services workers?	____	____
	Counselors	____	____
	Social Workers	____	____
	Nurses	____	____
	Psychologists	____	____
B.	Would you prefer an increase in the number of pupils served by:		
	Counselors	____	____
	Social Workers	____	____
	Nurses	____	____
	Psychologists	____	____

	YES	NO
6. A. Do pupil personnel services personnel in your district currently meet with parent groups?	____	____
B. Would you prefer them to do this differently?	____	____
7. A. The administration of pupil personnel services is currently a responsibility of building administrators.	____	____
B. Would you prefer a change in this pattern?	____	____
8. A. The management of pupil personnel services programs is a separate administrative area in this district.	____	____
B. Would you prefer a change?	____	____
9. A. Pupil personnel services personnel in this district currently use a specialist approach to serving children, functioning only in their area of expertise.	____	____
B. Would you prefer a change in this approach?	____	____
10. A. Pupil personnel services personnel in this district currently use a generalist or interdisciplinary approach to serving children.	____	____
B. Would you prefer a change in this approach?	____	____
11. A. The primary focus of pupil personnel services personnel in the district currently centers upon remediation of individual problems.	____	____
B. Would you prefer a change in this approach?	____	____
12. A. The primary focus of pupil personnel services personnel in this district currently centers upon prevention of student difficulties.	____	____
B. Would you prefer a change in this approach?	____	____
13. A. The majority of pupil personnel services in this district are provided for exceptional children.	____	____
B. Would you prefer a change in this situation?	____	____
14. A. Pupil personnel services personnel basically function as an integrated team in this district.	____	____
B. Do you prefer the team approach to provision of pupil personnel services?	____	____
15. A. Pupil personnel services in this district presently include such categories of services as counselor, social worker, etc.	____	
	____	
	____	
	____	
	____	
B. Pupil personnel services teams or services presently include other disciplines (speech, language impairment, etc.).	____	____
C. Would inclusion of other disciplines be a desirable change?	____	____
16. A. Pupil personnel services personnel are frequently involved in planning student and curricular programs. In your district the primary orientation or concern of these activities is toward:		
a. The affective area.	____	____
b. The cognitive area.	____	____
c. The psychomotor.	____	____

	YES	NO
A. A predominant concern of pupil personnel services personnel in this district is career planning and development.	____	____
B. Activities in this area should:		
a. Increase.	____	____
b. Decrease.	____	____
c. Remain the same.	____	____
8. A. Pupil personnel services personnel are extensively involved in the design and development of instructional materials and learning center projects.		
B. I would prefer more extensive involvement of pupil personnel services personnel in these activities.	____	____
9. A. The range of pupil personnel services provided by this district adequately or more than adequately responds to needs or problems of this district.	____	____
B. If no, what area needs more attention in your community?	____	____
10. A. Pupil personnel services staff members in this district provide consultative assistance to teachers and administrators (for program planning, development, use of instructional materials, developing instructional programs, and classroom management, etc.)	____	____
B. Would you prefer an increase in this type of activity?	____	____

11. The following is a list of activities in which pupil personnel services staff are frequently involved. Would you rank these in order of priority for your district? Use one as highest priority — omit items not applicable.

____ A. Assist in college applications

____ B. Develop student class schedule or program changes with student

____ C. Conduct group counseling

____ D. Conduct individual counseling

____ E. Consult with the other pupil personnel services staff on student problems

____ F. Planning and conducting inservice teacher workshops

____ G. Consult with teachers on student development and learning concerns

____ H. Consult with parents as individuals

____ I. Inspect and review student records

____ J. Interpret records and test scores to students, teachers, administrators, and parents

____ K. Consult with parents in groups

____ L. Administer tests to students

____ M. Other (Please specify)

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