DOCUMENT RESUME

ED 273 074 EC 190 269

AUTHOR	Thurlow, Martha L.; And Others
TITLE	Decision Making Practices of a National Sample of Preschool Teachers. Research Report #8. Early Childhood Assessment Project.
INSTITUTION	Minnesota Univ., Minneapolis.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE	Apr 86
GRANT	G008400652
NOTE	34p.; For research reports 7 and 9, see EC 190 268 and EC 190 270.
PUB TYPE	Reports - Research/Technical (143) -- Tests/Evaluation Instruments (160)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Criterion Referenced Tests; *Decision Making; *Disabilities; Evaluation Methods; *Individualized Education Programs; Instructional Development; Preschool Education; Preschool Teachers; Special Education Teachers; *Student Evaluation

ABSTRACT

Assessment and decision-making practices of a national sample of 60 teachers serving handicapped preschool children were examined. Teachers were surveyed regarding the assessment information they and other professionals collect on their students and how they use it in educational programming. It was found that teachers used behavioral observations as a basis for making decisions more often than any other single source of information. Criterion-referenced measures provided the information used most often in developing individualized education programs (IEPs) and in monitoring student progress, while progress on previous IEP objectives was used most often in changing IEPs. Although it appears that evaluation and monitoring procedures exist, the extent to which they are used systematically or regularly is questionable. Teachers of handicapped preschool children do not engage regularly or systematically in direct and continuous monitoring of pupil progress. The survey instrument is appended. (Author/CL)

University of Minnesota

RESEARCH REPORT #8

DECISION-MAKING PRACTICES OF A NATIONAL SAMPLE OF PRESCHOOL TEACHERS

Martha L. Thurlow, Paula A. Nania, and James E. Ysseldyke

EARLY CHILDHOOD ASSESSMENT PROJECT

April, 1986

Abstract

Assessment and decision-making practices of a national sample of teachers serving handicapped preschool children were documented. Sixty teachers were surveyed regarding the assessment information they and other professionals collect on their students and how they use it in educational programming. It was found that teachers used behavioral observations as a basis for making decisions more often than any other single source of information. Criterion-referenced measures provided the information used most often in developing IEPs and in monitoring student progress, while progress on previous IEP objectives was used most often in changing IEPs. Although it appears that evaluation and monitoring procedures exist, the extent to which they are used systematically or regularly is questionable. Teachers of handicapped preschool children do not engage regularly or systematically in direct and continuous monitoring of pupil progress.

The development of this report was supported in part by Grant No. G008400652 from Special Education Programs, U.S. Department of Education. Data analysis was supported in part by the University of Minnesota Computer Center. Points of view or opinions stated in this report do not necessarily represent official position of Special Education Programs.

Decision-Making Practices of a National Sample of Preschool Teachers

Martha L. Thurlow, Paula A. Nania, and James E. Ysseldyke

Currently, educators are unable to prescribe an educational intervention for a particular child and guarantee that it will be effective. Given this, we must instead view educational intervention as a hypothesis-testing process (Deno & Mirkin, 1977). Initial instructional decisions should be considered tentative and instructional revisions should continue throughout the period of intervention (Bijou & Grimm, 1972). According to many, this process would involve continuous and direct monitoring of student progress, and would require that the results of these assessments be the bases for decision making about programming and instructional intervention (Deno & Mirkin, 1980; Messick, 1984; Ysseldyke & Mirkin, 1982). Concurring with these views, the conclusions of a 15-member panel appointed by the National Research Council (NRC) included a recommendation calling for a close link between assessment and intervention (Messick, 1984).

Increasingly, educators of handicapped students are recognizing the need for making instructional decisions on the basis of student performance data. Curriculum-based approaches have been integrated within school systems (Germann & Tindal, 1985; Peterson, Heistad, Peterson, & Reynolds, 1985) and states (Coulter, 1985) for special education students in elementary and secondary schools.

With the increasing emphasis that is now also being placed on early intervention for handicapped children, it is logical to ask about the usefulness of hypothesis-testing and continuous monitoring

procedures in programs serving handicapped preschool children. Little information has been gathered about the assessment and decision-making practices of teachers serving these children, despite their importance in planning instructional interventions. There are some indications, however, that assessment information used in formulating the IEPs of handicapped preschoolers is often limited in scope and of questionable relevance to educational programming (Hawryluk, 1983). We need to describe how teachers currently make instructional decisions for their handicapped preschool-age children. We believe it is important to document the extent to which the ongoing progress of these children is monitored and used to make changes in interventions.

The purpose of this study was to document the decision-making practices of a national sample of teachers serving preschool handicapped children. The sample of respondents was limited to those recommended as exemplary in their field so that information gathered more likely would reflect good educational practice. Responses were analyzed with the intent of discerning the extent to which assessment, decision-making, and educational interventions are related. A goal of the study was to determine how similar or discrepant the assessment and decision-making processes were at different points in the students' educational programs. Teachers were asked to give information pertaining to developing student IEPs, monitoring student progress, and changing student IEPs.

Method

Subjects

Subjects were 60 teachers from preschool programs serving handicapped children. Although the nomination procedure used to select subjects was expected to identify teachers providing direct service within classrooms, four of the 60 respondents indicated that they were teacher consultants. Nine indicated in some way that they were strictly home-based teachers, and one teacher indicated that he/she worked in both homes and the classroom. Most of the respondents were female (90%); 10% were male. Rural locations were listed by 70%, urban locations by 28%, and suburban by 18% (percentages total more than 100 because five respondents listed two to three locations). The majority of respondents were from the North Central region of the U.S. (52%); 28% were from the Northeast region, and 10% each from the South and West regions.

The respondents had taught special education preschool for an average of almost seven years ($\bar{X}$ = 6.6, range = 0 - 15) and had an average of three years ($\bar{X}$ = 3.1, range = 0 - 12) of other teaching experience (32% had no years of other teaching experience). They served an average of 10.8 children directly on a daily basis (range = 0 - 30). Only 25% of the teachers indicated that they provided indirect service to students. For 27% of the respondents, the highest degree obtained was a bachelor's degree; 20% reported having credits beyond a bachelor's, 51% had earned a master's degree, and one respondent had a doctorate degree.

Materials

The materials sent to the subjects included a School and Teacher Information Sheet (see Appendix A) that asked for information about the respondent and the students he/she served, and the Teacher Survey (see Appendix A). The survey consisted of four sections: (a) developing IEPs, (b) monitoring student progress, (c) changing IEPs, and (d) a list of 24 statements for which the respondent indicated extent of agreement on a four-point scale ("strongly agree," "agree," "disagree," "strongly disagree"). The 24 statements were developed from statements made by a small sample of teachers of handicapped preschool children (n = 10) during telephone interviews (see Ysseldyke, Nania, & Thurlow, 1985).

Procedure

A list of possible subjects for the current study was obtained from postcards completed by a sample of special education program directors, teachers, superintendents, and others listed as preschool program "contacts" from eight states distributed across four U.S. regions (Northeast, North Central, West, and South). Two states represented each region. Besides asking for information on the existence of exit criteria for children aged birth to six years in early childhood special education programs (see Thurlow, Lehr, & Ysseldyke, 1985), the postcard respondents were asked to provide the name and address of "an exemplary teacher serving handicapped preschoolers." Surveys and School and Teacher Information Sheets were

sent to 101 persons named on the postcards. Excluded from the sample were postcard respondents who recommended themselves as exemplary teachers, and anyone listed who was specifically designated as having a role other than that of teacher. One returned survey was excluded from the sample because the teacher served only one handicapped child, and that service was provided within a regular education classroom. Two surveys were returned due to incorrect addresses, and two surveys returned were duplicates. A survey return rate of 63% was achieved; 60 of the 96 valid surveys were returned. In the final sample, 35% of the subjects had initially been recommended by teachers; the remainder were nominated by various adminstrative personnel.

Results

Population Served by Respondents

The children served by the respondents were identified as having a broad range of handicapping conditions (see Table 1). The most frequently represented categories were developmentally delayed and speech/language impaired (each served by 85% of the respondents), closely followed by trainable mentally handicapped (82%), multiply handicapped (82%), and educable mentally handicapped (80%). The average number of categories checked was seven. All student age categories from birth to six years were represented. The breakdown of percentages of respondents serving each age category is given in Table 2.

Table 1

Categories of Students Served by Respondents

Category	% Checking This Category
Developmentally Delayed	85
Speech/Language Impaired	85
Trainable Mentally Handicapped	82
Multiply Handicapped	82
Educable Mentally Handicapped	80
Physically Handicapped	77
Hearing Impaired	53
Emotionally Disturbed	50
Visually Impaired	48
Learning Disabled	47
Autistic	35
English as a Second Language	8
Severe and Profound	7
Other[a]	5

[a]The five percent in this category included two respondents who named Medical and Health Impaired, and one who responded "any child under age five eligible for services."

Table 2

Age Categories Served by Respondents

Age Category	% Checking This Category
0 - 1 year	33
1 - 2 years	35
2 - 3 years	57
3 - 4 years	90
4 - 5 years	92
5 - 6 years	67

Table 3

Number of IEPs With Which Respondents Were Typically Involved in a One Year Period

Number of IEPs	% Respondents (n = 56)
1 - 10	48
11 - 20	32
21 - 30	7
31 - 40	2
41 - 50	2
51 - 60	2
More than 60[a]	7

[a]One respondent each listed 75 and 80. One consultant listed 150 and another 175-200.

Developing IEPs

Subjects were asked how many IEPs they typically contributed to in a one-year period. Of those who gave a number (n = 56), 80% said they contributed to fewer than 20 IEPs every year (see Table 3). The greatest percentage (48.2%) contributed to 1-10 IEPs.

Subjects also were asked to indicate what sources of information typically were used in developing an initial IEP. The average number of sources indicated was 9.4. The most commonly designated sources were behavioral observations, either informal or a combination of formal and informal, current staff input, and parent input/priorities, all of which were indicated by 92% of the 60 respondents (see Table 4). Performance on criterion-referenced measures also was frequently designated (87%). The category of "other" included various support personnel and more specifically designated assessment tools. Thirty-one respondents indicated the one source they used most often. Performance on criterion-referenced measures was the choice of 41% of these respondents.

Monitoring Student Progress

Respondents were asked how they typically monitored a student's progress in the classroom. The average number of methods indicated by the respondents was 3.2. Based on 57 responses (three home-based teachers left this section blank), the most commonly used methods were behavioral observations (77%), daily judgment about performance in class (74%), and performance on criterion-referenced measures (72%) (see Table 5). The "other" category included responses indicating

Table 4

Sources of Information Used in Developing Initial IEPs

Source	% Designating Typical Usage[a] (n = 60)	% Designating as Used Most Often (n = 32, One Respondent Listed Two)
Behavioral Observations	92	6
Formal - 0% Informal - 43% Both - 35% Neither Designated - 8%		
Current Staff Input	92	6
Parent Input/Priorities	92	9
Performance on Criterion Referenced Measures	87	41
Medical Information	75	0
Progress on Previous IEP Objectives	75	3
Psychologist's Information	60	12
Ability Test Scores	58	6
Achievement Test Scores	38	9
Past Classroom Teacher Input	35	0
Performance Program/District-Developed Measures	32	3
Other[b]	23	3

[a]Percentages total more than 100 due to multiple responses by subjects.

[b]The three percent in the "Other" category designated as used most often included one respondent who named "tests developed to measure language capabilities of hearing-impaired children."

Table 5

Methods Used to Monitor Student Progress in the Classroom

Source	% Designating Typical Usage[a] (n = 57)	% Designating as Used Most Often (n = 30, Two Respondents Listed Two)
Behavioral Observations	77	13
Formal - 5% Informal - 25% Both - 32% Neither Designated - 9%		
Daily Judgment About Performance in Class	74	20
Performance on Criterion Referenced Measures	72	27
Ability Test Scores	28	7
Performance Program/District-Developed Measures	26	10
Achievement Test Scores	19	3
Other[b]	21	20

[a]Percentages total more than 100 due to multiple responses by subjects.

[b]The 20% in the category of "Others" designated as used most often included six respondents: staff-developed tests, charts, and checklist (n = 3), progress on IEP or individualized program (n = 2), name of a specific assessment tool (n = 1).

staff-developed instruments (tests, charts, checklists), parent report, progress on IEPs or individualized programs, and the name of a specific assessment tool. Twenty-eight respondents (27%) designated the one method used most often as performance on criterion-referenced measures (27%).

Respondents also were asked how often they typically monitored each student's progress in relation to IEP goals and objectives. They were asked to indicate the frequency in three areas designated as informal, formal, and overall monitoring. These data are presented in Table 6. For each area, at least one-third of the respondents did not respond at all or simply placed a check mark in the blank. Of those giving a frequency (n = 36) for informal monitoring, 41.6% said they engaged in this type of monitoring daily (or during each visit for home-based teachers). The largest percentage, 36.8%, of those indicating how often they formally monitored progress (n = 38) said they did so approximately once a quarter. Those who gave a frequency for overall monitoring (n = 22) were most likely to indicate monthly monitorings (27.2%). When respondents were asked how often they recorded information about each student's progress (see Table 6), the majority (70%, n = 60) indicated they did so at least weekly in at least one instructional or behavioral area. Daily written records were made by 38% of the sample.

Changing IEPs

Another survey question asked how many times a student's IEP typically is revised over the course of the time the student is in the

Table 6

Frequency With Which Respondents Monitor and Record Progress[a]

	Informal Monitoring		Formal Monitoring		Overall Monitoring		Recording of Progress Information	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Daily or Each Visit	15	25	4	7	2	3	23	38
2-3x/Week	1	2	1	2	0	0	5	8
Weekly	8	13	4	7	2	3	14	23
Every 2 Weeks	1	2	1	2	0	0	0	0
Monthly	6	10	1	2	6	10	3	5
Approximately Every 2 Months	2	3	6	10	2	3	3	5
Approximately 1x/Quarter	2	3	14	23	3	5	3	5
2x/Year	0	0	4	7	3	5	2	3
1x/Year	0	0	3	5	4	7	0	0
Checked, but No Frequency	9	15	10	17	5	8	0	0
No Response	15	25	12	20	33	55	1	2
Other	1[b]	2	0	0	0	0	6[c]	10

[a] n = 60

[b] "Other" response was "as needed basis"

[c] "Other" responses included not very often or never (n = 2), depends on child (n = 3), and "whenever I work on a goal" (n = 1).

program, after the initial IEP is developed. Most of the 60 respondents indicated a frequency per year, but several (n = 9) simply gave a number (see Table 7). Some respondents listed differing frequencies for long-term and short-term goals. When this happened, the larger of the two numbers was recorded. Of those respondents giving a yearly frequency, a once per year revision rate was the category into which most (n = 20) fell. More frequent revision rates (varying from 1-2X/year to 4X/year or more) were noted by 27 respondents.

Respondents were asked to designate sources of information used to change a student's IEP (see Table 8). The average number of responses was 5.4. The most frequent responses were behavioral observations (75%), progress on previous IEP objectives (75%), current staff input (74%), and parent input/priorities (74%). The "other" category included responses naming various support personnel and indicating other assessments. Progress on previous IEP objectives was listed by 48% (n = 33) as the one source used most often.

Statements

Respondents were asked to indicate their extent of agreement/disagreement (either "strongly agree," "agree," "disagree," or "strongly disagree") with 24 statements on a variety of topics related to practice. (See Appendix A for the statements as they appeared on the survey. Appendix B contains respondent comments written in reference to this section of the survey.) Table 9 lists the percentage of respondents falling in each of the four

Table 7

Typical Number of IEP Revisions for Each Student

Revisions	Respondents	% (n = 60)
"0"	1	2
Seldom, Very Few	7	12
1x/Year	20	33
1 - 2x/Year	4	7
2x/Year	5	8
2 - 3x/Year	2	3
3x/Year	1	2
3 - 4x/Year	5	8
4x/Year or More	1	2
As Needed, Depends on Progress, Varies Greatly	5	8
"1" to "3"	9	15

Table 8

Information Used to Decide to Change a Student's IEP

Source	% Designating Typical Usage[a] (n = 57)	% Designating as Used Most Often (n = 33, One Respondent Listed Two)
Behavioral Observations	77	9
Formal - 4% Informal - 25% Both - 35% Neither Designated - 14%		
Progress on Previous IEP Objectives	75	48
Current Staff Input	74	15
Parent Input/Priorities	74	3
Medical Information	63	0
Performance on Criterion Referenced Measures	63	9
Psychologist's Information	37	6
Ability Test Scores	26	0
Achievement Test Scores	23	3
Performance Program/District-Developed Measures	21	6
Other	12	0

[a]Percentages total more than 100 due to multiple responses of subjects.

Table 9

Extent of Respondent Agreement with Statements

Item (Item #)[a]	% Indicating[b]					
	SA	A	D	SD	NR	χ^{2c}
Documenting Progress:						
Frequent Use of Charts and Graphs (1)	37	40	17	5	2	18.46**
Use of Checklist (14)	13	43	40	3	0	1.07
Do Not Keep Written Records (21)	2	5	38	55	0	45.07**
Keep File Samples of Work (23)	17	53	27	3	0	9.60**
Assessment/Monitoring Progress:						
Use Same Assessment Battery With All (3)	10	48	32	10	0	1.67
Generally Use Only Observations and Informal Methods (5)	3	22	53	20	2	14.25**
Spend Too Much Time in Evaluation (7)	0	15	77	8	0	29.40**
Would Like to Experiment With New Assessment Tools (8)	8	50	38	3	0	1.67
Wish Had Time in Schedule Specifically For Evaluations (10)	32	32	32	3	2	4.90*
Evaluation Infringes on Intervention Time (13)	13	25	57	5	0	3.27
Standard Program Assessment Procedures Exist (15)	22	52	22	3	2	14.25**
Times of Year When Evaluation Demands Overwhelming (16)	38	40	20	2	0	19.27**
Program Provides Adequate Tools/Materials/Facilities (20)	25	60	15	0	0	29.40**
Wish Had Greater Access to Other's Assessment Data (22)	8	38	37	10	7	0
IEPs:						
Wish Less Paperwork Involved (4)	28	52	18	2	0	21.60**
Satisfied With Program's Review Process (9)	12	80	8	0	0	41.67**
IEPs Not Revised Often Enough (11)	2	17	73	7	2	23.20**
Would Like to Delay Writing Initial IEPs (17)	55	35	8	0	2	40.69**
IEPs Used at Times Other Than Reviews (18)	43	48	8	0	0	20.83**
Parents Have Sufficient Input In Review (19)	15	57	25	3	0	11.27**
Instructional Decision Making:						
Other Staff Member's Informtion is Useful (2)	58	40	2	0	0	56.07**
Wish Had More Information Available (6)	5	38	47	8	2	0.83
Parent Input Considered (12)	43	55	2	0	0	56.07**
Administrative Input Has Influence (24)	2	27	55	12	5	9.28**

[a] See Appendix A for full statement as it appeared on the survey.
[b] SA = Strongly Agree, A = Agree, D = Disagree, SD = Strongly Disagree, NR = No Response
[c] For the χ^2 analysis the SA and A values were combined as were the D and SD values. The analysis compared overall agreement to overall disagreement on each statement.
*p < .05
**p < .01

extent-of-agreement/disagreement categories by individual questions. In order to determine the statistical significance of the breakdown of responses, a chi square analysis was performed for each statement. For these analyses, the categories of "strongly agree" and "agree" were collapsed into one "agree" category and the "strongly disagree" and "disagree" categories were collapsed into a single "disagree" category. The results of the analyses are in Table 9. For most statements, the majority of respondents either agreed or disagreed (resulting in significant chi squares). On certain items, however, responses were spread more evenly in terms of agreement/disagreement. For example, approximately the same number agreed (58%) as disagreed (42%) with the statement that the same assessment battery is used with all children. Other statements with agreement/disagreement balance had to do with the use of checklists to document progress, the desire to experiment with new assessment tools, the desire for more information to be available, the desire for greater access to others' assessment data, and the belief that evaluation infringes on intervention time.

Discussion

The purpose of this study was to examine how a national sample of teachers working with preschool handicapped children use assessment information to develop and revise educational plans for their students. Teachers were surveyed regarding the assessment data they collect and how they use these data in making decisions related to programming for their students. The survey respondents included

teachers recommended as exemplary (predominantly center-based; four respondents were teacher consultants) from eight states in four U.S. regions who served children with a broad range of handicapping conditions. A survey return rate of 63% was achieved. This high return rate of completed surveys was similar to the 66% return rate achieved with an earlier survey sent to all Minnesota agencies involved in screening or diagnostic assessment of children aged birth to six years (Ysseldyke, Thurlow, O'Sullivan, & Bursaw, 1985).

Potential limitations in the data must be recognized. First, the data are self-reported. A caution is forwarded in that the results of this study are based on what teachers say they do, which may be discrepant from what actually occurs in day to day practice. Second, due to the manner in which the original pool of subjects was determined, it was assumed that survey respondents were all teachers working in center-based programs; respondents were not asked to describe their position. However, a total of 14 respondents indicated in some manner that they worked in home-based programs (n = 10) or that they were teacher consultants (n = 4). It is possible that additional members of the sample provided service in these or other capacities. However, all of these respondents were included in the results because it was evident from their patterns of responses that they all were intimately involved in the process of student evaluation and decision-making, which was the focus of the study.

Finally, because it was desirable to make the data collection process consume as little of the respondent's time as possible, a

survey of the shortest possible length was determined to be the most expedient way in which to gain the desired information. As a result of this format, it appeared that some of the respondents found a few of the questions ambiguous, based on their responses or comments written on the survey. One question asked teachers "how often" they monitored, formally, informally, and overall, a student's progress in relation to IEP goals and objectives. For the three categories, between 37% and 63% of the respondents either left the question blank or responded by checking one, two, or all three of the categories, but not indicating how often. Either the respondents did not understand the question or perhaps they are not systematic enough in their monitoring procedures to enable them to give an estimate of the frequency.

The section of statements to which respondents were to indicate their extent of agreement or disagreement contained several statements that may have been phrased in a way that caused confusion about how to respond if the statement did not fit the respondent's situation well. For example, statement #10 reading "I often wish I had some time in my schedule allotted specifically for student evaluation" elicited all five different possible responses from five respondents who indicated by way of comment that they did have time allotted. A complete list of teacher comments to this section appears in Appendix B. No attempt was made to recategorize answers for which explanatory comments were written. The responses as given by the respondents were used in the statistical analysis since comments were relatively infrequent and their significance would have had little effect on the analysis.

Despite these few limitations in the data, a good picture is gained of current assessment and decision-making practices used by those who work with preschool aged handicapped children. The general picture shows those professionals serving this population contributing to the development of between one and 20 new IEPs each year and revising each student's IEP on a yearly basis. Behavioral observations, current staff input, and parent input/priorities are the primary sources of information used in developing and changing IEPs. Performance on criterion-referenced measures were used for these purposes fairly often, but other test results (such as those based on ability, achievement, and program-developed tests) were used relatively infrequently. When monitoring student progress the method used most often was criterion-referenced measures, but behavioral observations and daily judgment about performance in class were both used for this purpose by the large majority of the respondents.

While respondents used a fairly large number of methods ($\overline{X} = 9.4$) to develop IEPs, they used fewer ($\overline{X} = 5.4$) in changing IEPs, and even fewer methods to monitor progress ($\overline{X} = 3.2$). These facts can be viewed in several ways. This trend may indicate that a broad assessment, incorporating many methods, is conducted when the initial IEP is developed. All possible areas of functioning are investigated in order to discover all facets of each child's condition. The number of assessment methods used in monitoring progress and changing IEPs is lower because the areas of concern have been precisely pinpointed, and so only those aspects identified must be re-examined. On the other

hand, this trend may reflect a situation in which many assessment methods are used to develop initial mandated IEPs which are thorough and detailed. Many fewer assessment methods are used to monitor progress and change IEPs because little emphasis is placed on IEP revisions beyond those mandated. Extent of revisions made is left to subjective judgment, and ongoing evaluation may be allotted little time or given low priority. In this case, fewer methods of assessment used at the later stages of a child's programming indicates less emphasis placed on ongoing data-based revisions in intervention.

Respondents indicated that they generally do make use of charts and graphs to document progress, keep written records, and file work samples. Also, they reported that they do not rely solely on behavioral observations and other informal assessment data. The average respondent informally monitored progress on a daily basis, did so on a quarterly basis formally, and overall monitored on a monthly basis. Some kind of recording of progress generally took place at least weekly. Although it appears that evaluation and monitoring procedures exist, the extent to which they are used systematically or regularly is questionable. A high percentage of the respondents did not give a frequency for their progress monitoring activities.

Although few respondents thought they spent too much time in evaluation, almost 40% of the sample did feel that time spent on evaluation infringed on intervention time. A significant percent of the respondents felt that time in their schedules allotted specifically for evaluation would be beneficial. And the vast

majority said they would like to work with the student for a few weeks before writing the IEP, despite earlier indications of large amounts of assessment data being available when IEPs are written. These facts indicate that current evaluation procedures may not be systematic enough to provide teachers with the information they need to make sound decisions. The results also show heavy use of behavioral observations, mostly informal, by the teachers in developing IEPs, monitoring progress and in changing IEPs. Daily judgment about performance in class was used to monitor progress by 74% of the sample. The facts reveal that teachers have a somewhat negative attitude toward conducting evaluations in their system's current set-up, and that even though large amounts of assessment data, collected both by themselves and others, are available, they would rather wait to write IEPs. These data, in combination, indicate that teachers seem to downplay systematic evaluation and to favor more informal methods such as behavioral observations and personal judgment in developing and revising educational plans.

In similar studies with the teachers of elementary-age special education students, it was found that those teachers who relied on observational information were less likely to make program changes than those who relied on test-based information in ongoing evaluation (Potter, 1983). In another study where teachers of elementary school aged children did collect systematic data, it was found that teachers did not use the data they had collected, and that in fact they did not make instructional changes even when the need for change was indicated

by the data (Fuchs, Wesson, Tindal, Mirkin, & Deno, 1982; Wesson, Mirkin, & Deno, 1982). Further investigation is needed at the preschool level to examine the extent to which these findings generalize. More investigation is needed to determine the relationship between the frequency and quality of monitoring and ensuing instructional changes.

The above findings also call for examination of teacher training practices. With recent passage of federal legislation such as P.L. 98-199 and hurried attempts to address the special education needs of children from birth to five years, it appears that states have fallen behind in developing early childhood special education certification standards and in coordinating with universities to develop preservice training guidelines (Bricker & Slentz, 1985). It may be that contemporary classroom practice reflects the content of current teacher training programs, which currently do not emphasize assessment and decision-making procedures that are regarded as best practice.

References

Bijou, S. W. & Grimm, J. A. (1972). Behavioral diagnosis and assessment in teaching young handicapped children. Washington, DC: Division of Research, Bureau of Education for the Handicapped.

Bricker, D. & Slentz, K. (1985). Personnel preparation: Handicapped infants. Unpublished manuscript, University of Oregon, Center on Human Development, Eugene, Oregon.

Coulter, W. A. (1985). Implementing curriculum-based assessment: Considerations for pupil appraisal professionals. Exceptional Children, 52(3), 277-281.

Deno, S. & Mirkin, P. (1977). Data-based program modification: A manual. Reston, VA: Council for Exceptional Children.

Deno, S. L. & Mirkin, P. K. (1980). Data-based IEP development: An approach to substantive compliance. Teaching Exceptional Children, 12, 92-99.

Fucns, L., Wesson, C., Tindal, G., Mirkin, P., & Deno, S. (1982). Instructional changes, student performances, and teacher preferences: The effects of specific measurement and evaluation procedures (Research Report No. 64). Minneapolis: University of Minnesota, Institute for Research on Learning Disabilities. (ERIC Document Reproduction Service No. ED 218 849).

Germann, G. & Tindal, G. (1985). An application of curriculum-based assessment: The use of direct and repeated measurement. Exceptional Children, 52(3), 244-265.

Hawryluk, M. K. (1983). The role of assessment in developing individualized education programs (IEPs) for preschool handicapped children. New Jersey Journal of School Psychology, 2, 9-15.

Messick, S. (1984). Assessment in context: Appraising student performance in relation to instructional quality. Educational Researcher, 13(3), 3-8.

Peterson, J., Heistad, D., Peterson, D., & Reynolds, M. (1985). Montevideo individualized prescriptive instructional management system. Exceptional Children, 52(3), 239-243.

Potter, M. (1983). Teacher decision-making practices related to the instruction of learning disabled students. Unpublished doctoral dissertation, University of Minnesota, Minneapolis.

Thurlow, M. L., Lehr, C. A., & Ysseldyke, J. E. (1985). Exit criteria in early childhood programs for handicapped children (Research Report No. 4). Minneapolis: University of Minnesota, Early Childhood Assessment Project.

Wesson, C., Mirkin, P., & Deno, S. (1982). Teacher's use of self-instructional materials for learning procedures for developing and monitoring progress on IEP goals (Research Report No. 63). Minneapolis: University of Minnesota, Institute for Research on Learning Disabilities. (ERIC Document Reproduction Service No. ED 218 848).

Ysseldyke, J. E. & Mirkin, P. K. (1982). The use of assessment information to plan instructional interventions: A review of the research. In C. Reynolds & T. Gutkin (Eds.), A handbook for school psychology (pp. 395-409). New York: John Wiley.

Ysseldyke, J. E., Nania, P. A., & Thurlow, M. L. (1985). Instructional decision-making practices of teachers of preschool handicapped children (Research Report No. 3). Minneapolis: University of Minnesota, Early Childhood Assessment Project.

Ysseldyke, J. E., Thurlow, M. L., O'Sullivan, P., & Bursaw, B. (1985). Current screening and diagnostic practices for identifying young handicapped children (Research Report No. 2). Minneapolis: University of Minnesota, Early Childhood Assessment Project.

Appendix A

Teacher Survey

ID# _____

TEACHER SURVEY

This survey was developed to obtain information about the kinds of decisions that are made by teachers in preschool programs for handicapped children. Every attempt has been made to keep the survey short. If you have the time and can provide additional information that you think would help us characterize how decisions are made, please do so on a separate sheet of paper. THANK YOU for your help.

PART A: When answering the questions, think about what usually or typically happens. Try not to focus on unusual cases. Instead, indicate what happens most often.

Developing IEPs

1. How often are you typically involved in developing an IEP during a school year? In other words, how many new IEPs do you contribute to during a one-year period? _____

2. What sources of information usually are used in developing an initial IEP? (Check all that apply. Circle the one used most often.)

___ Ability test scores
___ Achievement test scores
___ Behavioral observations (___ formal ___ informal)
___ Current staff input
___ Medical information
___ Parent input/priorities
___ Past classroom teacher input
___ Performance on criterion referenced measures
___ Performance on program/district-developed measures
___ Progress on previous IEP objectives
___ Psychologist's information
___ Other (What?_____ _____)

Monitoring Student Progress

1. How do you typically monitor a student's progress in the classroom? (Check all that apply. Circle the one used most often.)

___ Ability test scores
___ Achievement test scores
___ Behavioral observations (___ formal ___ informal)
___ Daily judgment about performance in class
___ Performance on criterion referenced measures
___ Performance on program/district-developed measures
___ Other (What?_____ _____)

2. How often do you monitor each student's progress in relation to IEP goals and objectives? If your response is different for informal and formal monitoring procedures, please indicate both.

Informal monitoring:_____ Formal monitoring:_____ Overall monitoring:_____

3. How often do you record information about each student's progress (in other words, how often do you write down your feelings or data about a student's progress)? _____

Changing IEPs

1. How many times is a student's IEP typically revised over the course of time that the student is in the program, after the initial IEP is developed? _____

2. Which of the following are used to decide to change a student's IEP? (Check all that apply. Circle the one used most often.)

___ Ability test scores
___ Achievement test scores
___ Behavioral observations (___ formal ___ informal)
___ Current staff input
___ Medical information
___ Parent input/priorities
___ Performance on criterion referenced measures
___ Performance on program/district-developed measures
___ Progress on previous IEP objectives
___ Psychologist's information
___ Other (_____)

PART B: For each of the following statements please fill in the corresponding blank with the code letters that best represent how you feel about the statement: "SA" = strongly agree; "A" = agree; "D" = disagree; "SD" = strongly disagree.

1) ___ I frequently use charts and graphs to document pupil progress.
2) ___ I consider as very useful the information I receive from other staff members and outside professionals concerning the children I serve.
3) ___ I usually use the same assessment battery with all children I evaluate.
4) ___ I often wish there was less paperwork involved in the IEP review process.
5) ___ I generally use only behavioral observations and other informal assessment data in monitoring pupil progress.
6) ___ I wish I had more information on students available to me to aid in making instructional decisions.
7) ___ I usually spend too much time in student evaluation.
8) ___ I often wish I was free to try out and experiment with new assessment tools.
9) ___ I usually am satisfied with my program's process for reviewing and modifying student IEPs.
10) ___ I often wish I had some time in my schedule allotted specifically for student evaluation.
11) ___ I feel that student IEPs are not revised often enough.
12) ___ I consider parent input when modifying instructional plans.
13) ___ I feel that the time I spend in monitoring progress and in assessment takes away from the time I could spend in intervention and direct contact with my students.
14) ___ To document progress I often rely on checklists that I develop for each child.
15) ___ My program has set guidelines for assessment procedures and tools to be used in evaluating pupil progress.
16) ___ There are times of the school year (e.g., Spring) when the number of student evaluations to be done is overwhelming.
17) ___ Usually I would like to write initial IEPs for my students after I have worked with them for a few weeks.
18) ___ I often use and refer to student IEPs for goal documentation and progress evaluation at times in the year other than when reviews are scheduled.
19) ___ I feel that parents generally have sufficient input in their child's review process.
20) ___ My program provides adequate tools/materials and facilities for conducting student evaluation.
21) ___ I generally do not keep written records of student progress.
22) ___ I wish I had greater access to other professionals (e.g., psychologists, O.T., etc.) and the assessment information they could provide on my student.
23) ___ I usually keep file samples of student work to document progress.
24) ___ Adminstrative input greatly influences the educational decisions I make for my students.

School and Teacher Information

1. Area in which your program provides services (check one):

   ___ rural ___ urban ___ suburban

2. Teacher information: ___ male ___ female

3. For how many years have you taught special education preschool students?_____

4. How many years of other teaching experience do you have? _____

5. Please identify the highest degree you hold: _____

6. Approximately how many students do you serve each day? Number served directly: _____ indirectly: _____.

7. What are the ages of the children that you serve (check all that apply)?

   ___ 0-1 yr ___ 1-2 yrs ___ 2-3 yrs ___ 3-4 yrs ___ 4-5 yrs ___ 5-6 yrs

8. What types of handicapped children do you generally serve (check all that apply)?

   ___ Autistic
   ___ Educable mentally handicapped
   ___ Emotionally disturbed
   ___ English as a Second Language
   ___ Developmentally delayed
   ___ Hearing impaired
   ___ Learning disabled
   ___ Multiply handicapped
   ___ Physically handicapped
   ___ Speech/language impaired
   ___ Trainable Mentally Handicapped
   ___ Visually impaired
   ___ Other:_____
   ___ Other:_____

Appendix B

Comments Written by Respondents on Survey Part B

Comments Written by Respondents on Survey Part B

Item Number	Response[a]	Comment
2	D	"I receive little previous information."
5	NR	"When dealing with very young children, yes."
6	NR	"Sufficient information is available."
7	A	"Typically because of lack of attention span."
8	SA	"I am free to try out new assessment tools."
8	D	"I can."
8	D	"I am able to do this."
8	D	"We are free to change assessment tools."
10	A	"I do."
10	SD	"I have all the time I need."
10	D	"I do."
10	NR	"I do have time allotted for this purpose."
10	SA	"I do have time allotted in my schedule."
10	D	"Make time -- its so important."
11	A	...IEPs are not "required to be" (teacher insert) often enough.
15	NR	"Suggested battery."
17	D	"We used to. I have learned to adjust and predict pretty accurately."
17	NR	"I do."
19	D	"Parents are provided opportunities, but do not necessarily provide input."
20	A	"Except for social and emotional area."
22	A	"I have pretty decent access now, though."
22	NR	"I do have access as needed."
22	SD	"I have access daily."
23	SD	"We do little or no paperwork; most instruction is doen through play."
24	NR	"Unclear as to what this means."
24	D	"Administrators need to be more knowledgeable."

[a]SA = "Strongly Agree," A = "Agree," D = "Disagree," SD = "Strongly Disagree," NR = "No Response."