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ABSTRACT

The research evaluation project attempted to assess the effectiveness of new state (Kansas) guidelines for determining eligibility and placement of students in the areas of learning disabilities (LD), behavioral disorders (BD), and speech/language; and to assess the effectiveness of preassessment instructional programming options and screening procedures used prior to referral for placement of students in special education. Data were collected through examination of student files and interviews with school personnel at nine sites, representing approximately 15% of the local education agencies in the state. It was found that state guidelines were generally followed and evaluations were comprehensive and appropriate. Observations, however, were generally inadequate and diagnostic testing for educational planning was minimal for LD and BD students. Wide variability was found in implementation of preassessment. Three critical factors differentiated successful from unsuccessful preassessment implementations: (1) accurately describing the student's problem, (2) using direct, appropriate interventions, and (3) evaluating the outcome of the interventions. Districts where preassessment was effectively implemented had a much lower rate of referral to comprehensive evaluation than districts with less successful preassessment. (DB)

EC

Research Report

Evaluation of Identification and Preassessment Procedures in Kansas

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Evaluation of Identification and Preassessment Procedures in Kansas

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Sidney A. Cooley
Project Director

EVALUATION OF IDENTIFICATION AND PREASSESSMENT PROCEDURES IN KANSAS

ABSTRACT

The purpose of this research evaluation project was twofold: (a) to assess the effectiveness of new state guidelines for determining eligibility and placement of students in the areas of learning disabilities, behavioral disorders, and speech/language; and (b) to assess the effectiveness of instructional programming options and screening procedures used prior to referral for placement of students in special education which have recently been mandated by state regulations as "preassessment" procedures.

Nine sites, representing approximately 15% of the local education agencies (LEAs) in the state participated in the study. Data was collected through examination of student files and interviews with school personnel. It was found that state guidelines were generally followed and that evaluations were comprehensive and appropriate. Two weaknesses were identified: (a) observations were generally inadequate, and (b) diagnostic testing for educational planning was minimal for students referred for learning disabilities or behavior disorders.

Wide variability was found in the way preassessment was being implemented in LEAs. Three critical factors differentiated successful from unsuccessful preassessment. They were: (a) accurately describing the student's problem, (b) using direct, appropriate interventions, and (c) evaluating the outcome of the interventions. Preassessment procedures were generally not used for students referred for a suspected speech/language problem. Districts where preassessment was being effectively implemented had a much lower rate of referral to comprehensive evaluation than districts where preassessment was not functioning successfully.

Interviewees frequently emphasized the need for resources to provide services for students referred but not placed in special education.

CHAPTER 1

INTRODUCTION

The purpose of this evaluation study was twofold: (a) to assess the effectiveness of new state guidelines for determining eligibility and placement of students in the areas of learning disabilities, behavioral disorders, and speech/language; and (b) to assess the effectiveness of instructional programming options used prior to referral for placement of children in special education called "preassessment" which have been mandated recently by state regulations.

The study addressed the following questions related to the evaluation of the guidelines:

1. How closely were the new guidelines being followed?
2. How did the personal philosophies of regular teachers, special education teachers, school psychologists, directors of special education and regular education administrators affect the outcome of comprehensive evaluation and the delivery of special education services?
3. How comprehensive were diagnostic evaluations?
4. Were appropriate and valid tests and rating scales used?
5. Did the information obtained through behavioral observation contribute to the proper determination of handicapping conditions?
6. Were other data (e.g. grades, attendance, and medical records) of value in evaluation?
7. Were other possible handicapping conditions given due consideration?
8. Were other nonhandicapping conditions, otherwise known as exclusionary criteria, properly determined not to be the cause of the student's difficulty (e.g. environmental, cultural or economic disadvantage or low ability)?
9. Were the specific criteria for identification met as specified in the guidelines? If a student was identified without meeting the

specific criteria in the guidelines, were the reasons for the exception based on other valid criteria?

The study also addressed the following questions related to the evaluation of the preassessment procedures:

1. To what degree were preassessment requirements being carried out?
2. Were administrative procedures for implementing preassessment requirements adequate, well defined and consistently followed?
3. What effect did the personal philosophies of regular teachers, special education teachers, school psychologists, directors of special education and regular administrators have on which students were referred for preassessment and the results of the preassessment process?
4. Were the data collected for preassessment of value in making recommendations to regular teachers for instructional programming options and for making decisions whether to refer?
5. Did information obtained through behavioral observation contribute to the ability of the preassessment committee to make recommendations to regular teachers about instructional programming options and about decisions regarding referrals?
6. What were the instructional programming options attempted by regular teachers before referral for preassessment and how effective were they?
7. What were the instructional programming options that were recommended by the preassessment committee and how effective were they?
8. Were the instructional programming options recommended by the preassessment committee effectively implemented by the regular classroom teacher?

The above questions focused on problems that have been the subject of numerous reports by both federal and state agencies concerning the problem of proper identification of handicapped children, especially the learning disabled (LD) and students with behavioral disorders (BD). Several federal reports conducted during the 1980's noted contributing causes to the problem of improper identification of students served as LD. The causes included: (a) attitudes and judgments of regular class teachers, (b) liberal

eligibility criteria, and (c) lack of general education alternatives for children who experience problems in the regular class. The Seventh Annual Report (U.S. Department of Education, 1985) noted that while the number of mentally retarded served declined, the number of learning disabled served increased. Further, the report noted that while the number served in the speech/language (S/L) category was decreasing, the percent of the population served was increasing. In the Seventh Annual Report (U.S. Department of Education, 1985) it was also pointed out there was an "...increasing recognition that current diagnostic and assessment procedures may not clearly discriminate among certain handicapping conditions, resulting in the inability, in some instances, to accurately assign handicapped children to a particular category with a high degree of confidence." (p.7)

Concern over identification of handicapped children also has been the subject of two special investigations by the Legislative Division of Post Audit of the State of Kansas (1983, 1985). The first investigation (Legislative Division of Post Audit, 1983) addressed the problem of variance in the percentage of students placed by LEAs across the state, while the second investigation addressed the issue of rising costs in the provision of special education services.

The important implications of these state reports were realized by the response from the Kansas Association of Special Education Administrators (1985). They recommended that the definition and criteria for placement in special education programs be revised to insure that appropriate placements continue to be made. In response to these recommendations the Kansas State Department of Education (KSDE) initiated a number of strategies. The two most important were: (a) the development of more specific procedures and criteria for the identification of those in the categories of learning disabilities, behavioral disorders and speech/language; and (b) the development of additional screening procedures for all handicapping categories prior to comprehensive evaluations for placements in special education. The former were put into state guidelines for identification. The latter strategy is known as preassessment. Specific guidelines were developed for the areas of learning disabilities, behavior disorders, and speech/language. These guidelines included specific criteria and procedures for evaluating and identifying students referred in these three categories.

With respect to preassessment, state regulations (Kansas Administrative Regulations, 1985) require that before a student can be referred for evaluation: (a) the student be presented with learning experiences within the regular education setting which are appropriate for his/her age and ability; and (b) it be determined that the student's potential for learning has not been achieved in the regular education environment. A manual (Preassessment Resource Material, 1985) was developed as a guide for implementing preassessment in the schools. Key elements in the recommended procedures were: (a) formation of a preassessment team, (b) obtain information on the student from records, parents, and teachers, (c) observe the student, (d) recommend and implement interventions in the regular school setting, and (e) evaluate results of the interventions.

Although several efforts had already been made to evaluate identification and screening procedures, the data indicated that: (a) there remained serious problems in identifying handicapped children; and (b) establishing criteria for consistent screening and specific guidelines for the identification of handicapped students might not solve the problem. It was believed that only through in-depth case studies of a large representative sample of both students identified as handicapped and students referred but not found to be handicapped would it be possible to determine the effectiveness of the new guidelines and screening procedures. The most convincing evidence of the inadequacy of other approaches was their history of failure in isolating problems in identification with enough detail to give guidance in making needed charge.

CHAPTER 2

METHOD

This chapter provides a description of the project's sampling, instrument development, data collection and data analysis procedures.

Sample

The selection of the sample for the study involved four considerations: (a) incidence rates, (b) LEA size, (c) LEA type, and (d) willingness to participate. For purposes of the study, the major consideration in sample selection was incidence rate. The project staff believed that varying incidence rates indicated differential operation of factors influencing identification procedures. They hypothesized that personal philosophies, test instruments, observation scales, academic and behavior data, and consideration of nonhandicapping conditions might be influencing factors. These became the focal points of investigation in the interview phase of data collection.

Data for determining the incidence rates for both the State and individual LEAs were available at KSDE. This data was calculated for all LEAs for the years 1985, 1986, and 1987. These charts of the LEAs' incidence rates are in Appendix A. An examination of the incidence rates generated a pool of LEAs which varied two or more standard deviations from the State average, and some that approximated the average. The pool represented LEAs that for two years evidenced this type of deviation or approximation in one or more of the three categories. From this pool, LEAs of varying size were selected. The project staff wanted to determine if size was an influencing factor in the implementation of preassessment procedures and if size affected the identification process.

Although Kansas is considered a predominately rural state, there are several urban and suburban centers in the State. Therefore a diverse representation of LEA types was sought. The project staff considered this

important in order to lend credibility to the study. It would also provide the information necessary to determine if the type of LEA was a factor in the implementation of preassessment.

The final consideration in the sample selection was consent by the LEAs to participate. Several LEAs which met the first three criteria were asked to participate in the study but declined for various reasons.

Nine sites, representing 15% of the local education agencies (LEAs) in the state participated in the study. The sample included one of the larger urban areas in Kansas (Site #3), a large suburban area in the state (Site #6), two small LEAs (Sites #5 & #9), a small special education cooperative made up of two small districts (Site #7), a small special education cooperative made up of three rural school districts (Site #2), a large special education cooperative made up of a medium-sized city and eleven rural school districts (Site #4), and two medium-sized special education cooperatives made up of a small city and five rural school districts (Sites #1 & #8). The sample included LEAs which had incidence rates that were more than one standard deviation below and above the State average, and some that approximated the average. A chart of incidence rates for the categorical areas of concern is reported for the LEAs participating in the study in Appendix A.

Grades 1, 4, 7 and 10 were targeted for data collection. Only students recently referred (within the past year and a half) were selected for data collection. Among small LEAs, students were not always found with the specific handicaps sought at the correct grade levels; therefore, in these cases students from grades K or 2 were substituted for grade 1, from 3 or 5 for grade 4, from 6 or 8 for grade 7 and from 9 or 11 for grade 10. Each school was asked to select forty-eight cases for study — twelve at each of the four targeted grade levels. Of the twelve at each grade level, four each were from the categories of learning disabilities, behavioral disorders and speech/language. One of the four in each category was a student who was believed to be seriously handicapped. A second student had a mild handicap. A third student was either an exception to the identification guidelines or was considered to be a borderline case. The fourth student was one who was referred for a suspected handicap but determined after an evaluation not to be handicapped. The project staff assigned the label of severe, mild or

borderline to the student sample based on the number of hours of special education services the student received. A chart reporting the numbers of files reviewed by grade level, category of disability, and severity classification is attached in Appendix B. Numbers and types of student files reviewed in each LEA are also presented in Appendix B.

As the data in Appendix B show, no LEA was able to generate 48 files. The number of files reviewed ranged from a high of 41 files in Site 6 to a low of 20 files in Site 5. The sample for LD was the largest one in the study and comprised the largest representation in each of the four categories of seriously handicapped, mildly handicapped, borderline and non-handicapped. The speech/language sample was the smallest in the study. Within this group the tenth grade sample was noticeably the smallest across LEAs. A sample of students referred for speech/language but not placed in the program was unavailable for the tenth grade.

From the student file review a pool of personnel who served on identification teams was generated. From this pool regular education and special education personnel were randomly selected to participate in the interview phase of data collection. The number and type of staff available to be interviewed varied across LEAs of differing size. However, in each LEA the project staff interviewed the Director of Special Education, special education instructional staff, related services personnel, regular education instructional staff, and regular education administrators. The numbers and types of staff interviewed in each LEA are also presented in Appendix B.

Instrument Development

During the first phase of the project, instruments for data collection were developed by the staff. Input was provided by members of the Kansas State Department of Education with expertise in either instrument development or in the categorical areas under consideration. Four checklist-type instruments were developed to record information from student records. For the interviews eleven questionnaire forms with both structured and unstructured questions were developed.

Members of the project's Advisory Committee critiqued the data

collection forms and recommended changes. The evaluation consultant also reviewed the forms and suggested changes to refine the instruments.

Although only one field testing was originally planned, the project staff were able to conduct a preliminary field test at the Youth Center at Topeka (YCAT). Two student files were reviewed and four interviews were conducted. Following this field testing, the interview forms underwent a radical revision while only minor changes were made in the student record forms. The project staff decided to color code the interview forms to assist in distinguishing them.

During this field test the project staff checked for interviewer reliability. The two staff members interviewed school personnel together, while recording responses separately. The staff then reviewed their recorded data to assess how closely it matched. This procedure of measuring interviewer reliability was continued at each site during the study. Together the staff interviewed Special Education Directors and, where available, Assistant Directors. These interviews provided the data for the measure of interviewer reliability.

A second field test was conducted September 8-16, 1986, at Unified School District (USD 501), Topeka. During the field testing, the following procedure was implemented for student record selection:

1. The files of one elementary and one secondary student who had been referred for LD, BD, or S/L problems but not placed in special education were reviewed.
2. The files of one elementary and one secondary student referred and placed in an LD program were reviewed.
3. The files of one elementary and one secondary student referred and placed in a BD program were reviewed.
4. The files of one elementary and one secondary student referred and placed in S/L services were reviewed.

Following this procedure, eight student files were reviewed. From a pool of personnel generated by the file review, ten school staff persons from both regular and special education were interviewed. After this field testing, minor changes were made in the student record forms. However, the interview forms underwent extensive revision. The psychologist's interview form was shortened and a school social worker's interview form was created.

Questions relating to test data interpretation and use were added to all forms. The final revision was the addition of a question relating to inservice training which was appended to the preassessment interview forms. In their final form the student record collection forms and the interview forms evidenced face validity in that they elicited the data the project staff intended. Student data forms and interview forms may be found in Appendix C.

Data Collection

In late September, 1986, the data collection phase of the project was initiated. From September to the end of April, 1987, the project staff collected data from nine sites across the state. The staff reviewed 254 student records and conducted 268 interviews. The number of records reviewed and interviews conducted at the sites are given in Table 1.

Table 1
Student Records Reviewed and Interviews Conducted by Site

Site	Records Reviewed	Interviews Conducted
#1	32	26
#2	22	22
#3	42	44
#4	28	38
#5	21	21
#6	41	48
#7	22	23
#8	20	27
#9	26	19
Totals	254	268

The number of student files reviewed at each site was determined by the rules for sample selection for the record review. Student records from grades 1, 4, 7 and 10 were reviewed for data collection. When student

records were not available at a specific grade level for the categories under study, the project staff implemented a substitution procedure. The procedure involved using student records of the grade level immediately below the targeted grade. If records were not available, the grade level immediately above the target grade was used. If records were not found at this grade level, the sample was considered unavailable.

At each site the student record review generated a pool of names of professional staff who had served on preassessment or comprehensive evaluation teams. From this pool the project staff divided personnel into categories of those to be interviewed: regular education teachers from various grade levels, special education teachers from each targeted category, administrators representing various educational facilities within the district/coop, and related services personnel. Within each category of personnel, individuals were selected on a random basis to be contacted for interviewing. Interviews were strictly voluntary. If the selected individual declined to be interviewed, a second person within that category was randomly selected to be contacted for interviewing. All Directors of Special Education and, where available, coordinators or supervisors of special services were interviewed. Counselors who were interviewed were administered either the administrator's interview form or the regular education teacher's interview form. The determination of the type of form administered was based on the function of the counselor within the district/coop. Some counselors served as administrative representatives on identification teams and were interviewed with the administrator's form. Others served in a capacity similar to that of classroom personnel on the teams and were interviewed with the regular teacher's form.

Analysis

The project staff prepared the student file data and the interview data for entry onto the mainframe computer. The staff developed numerical codes to transfer student data and interview data to coding sheets. In order to preserve the integrity of the data, the staff created specific categories for data recorded as "other." They also recorded the frequency with which these specific categories were reported.

In order to code the interview data, the staff first created categories for responses to specific questions. After the categories were created, the staff coded the response to each interview question under the category which most closely conveyed the intent of the response. Since the interviews provided the qualitative aspect of the study, the staff were careful to preserve the individual intent of the responses.

The staff coded all student file information and interview responses numerically onto coding sheets. The data processing staff of the State Department of Education entered the data onto the mainframe computer. These files were down-loaded onto floppy disks and transferred onto a microcomputer for analysis. Project staff then used the SPSS-PC statistical package to analyze the encoded data.

The first analysis conducted was a frequency count of each variable on a district by district basis. The resulting frequency distributions were reviewed by project staff to locate outlying values. These were checked for accuracy in data entry, and any errors were corrected. Files containing the results for individual districts were then joined for analysis of data across the entire sample for each type of handicapping condition being studied. Frequency counts for each variable were once again computed for the whole sample. The sample was then grouped according to the students' severity classifications, and frequency counts were calculated. Finally, the sample was grouped according to district incidence rate and frequency counts were calculated for these groups.

For qualitative types of data, frequency counts were computed for each variable. The categories previously assigned were then reviewed to see if categories having low frequency counts could be conceptually grouped together in order to obtain larger counts. Those low-frequency categories which could not be combined were then included in the category labeled "other."

For quantitative data, means and standard deviations were computed for selected variables for the whole sample and for groupings based on the students' severity classification. An analysis of variance and post-hoc group contrasts were conducted on the aptitude and achievement variables. Finally, a correlation matrix was constructed for variables of interest and

tests were conducted regarding the significance of the correlation between pairs of variables within the matrix.

CHAPTER 3

RESULTS

The findings of the research project are presented in two major parts. The first section presents the findings from the review of student files. The second section presents the findings from the interviews of local education agency personnel.

Findings From Student Files

This section discusses the findings of the research project regarding student file data. It is divided into three subsections: speech/language (S/L), behavior disordered (BD), and learning disabled (LD). The findings address demographic characteristics, preassessment, and comprehensive evaluation data within each category. The findings also address the differences of the data across varying severity classifications (not placed, borderline, mild, and severe).

Speech/Language Category

The project staff reviewed 67 files which were categorized as speech/language for purposes of the study. This sample represented 26% of the (254) files reviewed. The project staff classified the sample in the following manner: 16%—referred but not placed; 24%—borderline or rule exception; 34%—mild; and 25%—severe. This classification was based on either the state of Kansas's or LEA's severity rating scale or, for districts not using a severity rating scale, the amount of time a student received S/L services. The state severity rating scale is a means of rating students for the purposes of determining student eligibility and prioritizing pupils for participation in services. Ratings are assigned for each area of communication (articulation, language, fluency, and voice). The numbers range from 0 (normal) to 4 (severe). A rating of 1 reflects a developmental difficulty, 2 is mild, and 3 a moderate problem. The state

guidelines recommend that only students assigned a rating of 3 or 4 receive direct services.

Since the research project targeted specific grades (first, fourth, seventh, and tenth), the distribution of the sample across grade levels tended to cluster at these grades. The findings indicated that kindergarten through second grade contained 43% of the sample and third through fifth grade contained 34%. Grades sixth through eighth comprised 15% of the sample, while ninth grade had 6%. No students above grade 9 who met the selection criteria were located.

The students in the sample were predominantly white (84%), followed by black (8%), Asian/Pacific Islander and Hispanic (3% each). Males composed 57% of the S/L sample, while females composed 43%. English was the predominant language for 94% of the students. There was no record for the 6% for whom English was not the predominant language that English as a Second Language (ESL) services were provided. No information regarding these services could be located in half the student files and the remaining half indicated that the student did not receive ESL services.

Concerning retention and the number of schools attended, 70% of the sample had never been retained and about half (46%) had attended only one school. Approximately 34% of the students had attended two or three different schools, while 12% had attended four to eight. Eight percent of the files lacked information on retention or number of schools attended. It should be noted that changes such as those from elementary to secondary school were counted as changes in schools. It should also be kept in mind that the S/L sample was predominantly of grade school age.

Sixteen percent of the sample had not been absent from school the previous year, while 51% had experienced one to ten absences. Twenty percent of the students were absent eleven to twenty days, and five percent experienced more than twenty absences. The greatest number of absences was sixty-one. Six percent of the files contained no information on absences.

Review of Kansas Minimum Competency Test data indicated that 51% of the sample had not been tested and that 27% had no information in their files. Only 22% of the files contained minimum competency test data. Of this sample, 80% passed math and 66% passed reading. The Kansas Minimum Competency Test is given in grades 2, 4, 6, 8, and 10.

In the sample, 72% of the files had information relating to group achievement testing. The population mean for the group tests was 100 and the standard deviation 15. The mean standard score of this sample was 98.52 with a standard deviation of 15.80. The scores ranged from a low of 65 to a high of 128.

Thirty-seven percent of the sample had received previous educational services. These included audiological services, special reading or math classes, counseling services, and gifted services.

In order to ascertain the socio-economic status of the sample, data was collected on students qualifying for free or reduced lunch. Of the S/L sample, 36% qualified for free or reduced lunch and 6% of the files contained no information in this regard.

Only one student in the sample was a child in need of care. Ninety-four percent of the sample were children of one or two-parent homes, while 3% were under the guardianship of grandparents or other relatives. One file contained no information.

Hearing and vision screening data indicated that 90% of the sample passed the screenings. Eight percent of the sample failed hearing screening and 6% failed vision screening. Three percent of the files contained no information on hearing screening and 5% lacked vision data.

Twenty-one percent of the sample exhibited significant medical histories, which included otitis media, asthma, and operation for vocal nodules. Seventy-three percent of the sample had normal medical histories, and six percent of the files contained no information.

Preassessment. While preassessment was a major area of investigation in the study, the data indicated that very little preassessment activity was occurring in the area of speech and language. Of the 67 files reviewed, nineteen (approximately 28%) contained documentation of preassessment. The most common types of documentation were locally-developed checklists followed by checklists taken from the state guidelines. Observations of S/L students during preassessment were rarely conducted. Only 3% of the files documented the use of observation as an approach for gathering data on students prior to referral. When observation data was collected, it was in the classroom setting.

The most frequently cited reason for referral for S/L services was articulation problems (46%), followed by language problems (16%), voice (13%), and fluency (10%). Forty percent of the students in the S/L sample were referred as a result of S/L screening and 34% by teachers. However, this last percentage may be artificially high because in some cases the speech/language clinician requested the classroom teacher to refer a student for evaluation if the student failed the screening.

The use of preassessment teams for S/L problems was minimal, despite state requirements for preassessment. Approximately 10% of the referrals were reviewed by preassessment teams. The principal and classroom teacher were most frequently documented as participating on these teams, followed by the S/L clinician and the school psychologist.

Because of the scarcity of preassessment documentation, the files contained little information on recommended interventions or on specific reasons for referral. Only one file contained data on a recommended intervention to the classroom teacher for a student prior to referral for comprehensive evaluation. Over 85% of all the files did not contain information regarding the specific reason for referral. The findings indicated that the general area of concern was documented on the referral form but that further elaboration with regard to its effect on classroom behavior, classroom learning, or on peer interaction was not described as part of preassessment. Of the files that documented areas of concern (approximately 15%), 44% noted language as an area of concern, 33% noted articulation, 30% voice, 20% auditory skills, and 0% fluency.

Comprehensive Evaluation. Multidisciplinary teams for the speech/language category were small compared to other categories in the study. The teams generally were composed of the speech/language clinician, principal and classroom teacher. The percentage of files in which specific personnel were documented as serving on the multidisciplinary teams are illustrated in Table 2 (n=67).

Table 2

Multidisciplinary Team Members for Speech/Language Evaluations

Position	Percentage
Speech/language clinician	96%
Classroom teacher	61%
Principal	55%
Other (including parents)	13%
School psychologist	9%
Special education coordinator	6%
LD teacher	5%
Audiologist	5%

Forty-five percent of S/L files contained documentation that some type of review of the student's educational performance had been conducted. The purpose of such a procedure is to meet the requirements of two state regulations. One requires evidence that the student's difficulty has an "adverse effect on educational performance." The other requires the clinician (for speech-only referrals) to verify the absence of learning or behavioral problems through interviews or examination of records. Thirty percent of the files contained documentation using forms developed by LEAs. Fourteen percent of the files contained state-developed checklists which included: articulation checklist (8%), classroom performance checklist (5%), fluency checklist (3%), language checklists (2%), and auditory checkli. . (2%). Fifty-four percent of the files lacked documentation of an educational performance review.

S/L clinicians conducted their evaluations using a wide variety of test instruments and diagnostic techniques. The file review indicated 43 different tests or procedures used for evaluation. The ten most frequently

used tests or procedures and the percentage of files in which their use was documented are illustrated in Table 3 (n=67).

Table 3
Tests Used in Speech/Language Evaluations

Test	Percentage
PPVT-R (Peabody Picture Vocabulary Test--Revised)	37%
conversational sample	27%
SPELT (Structured Photographic Expressive Language Test)	25%
PAT (Photo Articulation Test)	24%
CELF (Clinical Evaluation of Language Function)	21%
AAPS (Arizona Articulation Proficiency Scale)	15%
TOLD-P (Test of Language Development-Primary)	15%
Expressive One-Word	13%
TACL-R (Test of Auditory Comprehension of Language)	12%
Goldman Fristoe Test of Articulation	12%

In the sample of S/L referrals who had not passed hearing or vision screening (n=12), 33% of the files contained data to indicate that corrections had been made prior to testing, while 67% of the files lacked this information. In the same sample, 20% of the files noted that adaptations had been made in the testing procedures to accommodate vision or hearing problems, while 80% of the files lacked data related to adaptations. The adaptations included out-of-level testing, testing in native language, and insistence by school officials that students wear prescribed glasses.

A majority (63%) of speech/language files contained documentation that some type of severity rating scale was used. The use of the state severity rating scale was noted in 27% of the files, and a LEA scale was noted in 36% of the files. To establish eligibility for speech/language services, the state speech and language guidelines require that a student meet both verification procedures and criteria for the severity rating assigned. However, LEAs can alter these according to their local needs. Each area of speech/language (articulation, language, voice and fluency) has individual

verification procedures and criteria. For example, the State of Kansas Speech/Language Guidelines lists articulation verification procedures as follows:

(1) Behavior is recorded by parent, teacher or speech/language pathologist;

(2) Referral is made to the multi-disciplinary evaluation team for assessment;

(3) A multi disciplinary evaluation team staffing for verification is held.

The documentation found regarding verification procedures in files of students identified as eligible for S/L services and whether criteria were met for the various types of S/L problems are illustrated in Table 4.

Table 4

Documentation of Verification Procedures in S/L Files

	Verification Procedures			
	Documented	Not Documented	NI*	N
Articulation	78%	14%	8%	36
Language	75%	18%	7%	28
Fluency	75%	13%	13%	8
Voice	67%	17%	17%	12
	Criteria			
	Met	Not Met	NI*	N
Articulation	58%	22%	19%	36
Language	71%	4%	25%	28
Fluency	38%	25%	38%	8
Voice	58%	8%	33%	12

*NI=No information

For students identified with a language handicap, a language score was reported using one of the following computations: standard deviation, language quotient, percentile, or stanine. The most frequently used method

was percentile (50%), followed by language quotient (18%), standard deviation (7%), and stanine (4%). Twenty-one percent of the files contained no information about what type of score was used for computing a language handicap.

The State of Kansas Speech and Language Guidelines state that students should be referred for a comprehensive evaluation if they receive a severity rating of a four or above. The findings showed that of the seven students receiving this rating, three were referred for further evaluation while four were not. Of the nine students in the sample who were referred for further evaluation, five were referred to an outside agency for some type of assistance. Often this was a referral for a medical exam to verify a voice problem.

The itinerant model was the most common type of service delivery for S/L students. Ninety-five percent of the sample received services within this model while 4% of the sample received services in the consultative model and 1% in the resource room. Forty-eight percent of S/L students received two twenty-minute sessions a week regardless of their severity rating. However, the findings did indicate that students identified as having severe S/L problems generally received more minutes of service per week. Of students receiving 60 minutes/week, 33% were severe. Of students receiving 90 minutes, 67% were severe; for 100 minutes, 25% were severe; and for those receiving 120 minutes, 100% were severe. An analysis of variance was computed for the number of minutes of service per week received by students classified according to severity level (borderline, mild, severe). The result of the ANOVA was significant ($F=3.56$, $p=.036$). However, an analysis of variance computed for the number of sessions per week was not significant ($F=2.51$, $p=.09$). The minutes of service and the number of therapy sessions per week received by the different severity types in the sample are illustrated in Table 5 and Table 6.

Table 5

Minutes of Service Per Week by Severity Level

Minutes per Week	Borderline	Mild	Severe
10-29	9%	0%	0%
30-59	18%	29%	14%
60-89	0%	5%	5%
90-120	2%	5%	5%
60/20*	0%	4%	2%
90/60*	0%	0%	2%
Other	0%	0%	4%
	(n=16)	(n=23)	(n=17)

*Number of minutes during 1st and 3rd quarters/number of minutes during 2nd and 4th quarters.

Table 6

Therapy Sessions per Week by Severity Level

Sessions per Week	Borderline	Mild	Severe
1	5%	0%	0%
2	9%	15%	8%
3	1%	3%	3%
4	0%	0%	2%
5	1%	2%	1%
3/1 *	0%	2%	1%
3/2 *	0%	0%	1%
	(n=16)	(n=23)	(n=17)

*Refers to a block system of providing services: number of sessions on the block/number of sessions off the block. Clinicians typically alternate which schools are served every other quarter in the block system.

A Pearson correlation coefficient was computed for the degree of relationship between severity classification and minutes/week of service.

The degree of correlation was found to be statistically significant ($r=.39$, $p<.001$). A test of the correlation between the number of therapy sessions per week and severity classification was not significant.

The data indicated that additional interventions were not generally recommended for S/L students. Eight percent of the files (n=67) contained recommendations for interventions which included: counseling, occupational therapy, and further evaluation.

The goals and objectives on the individual educational programs (IEP) closely matched the weaknesses identified in the evaluations. Ninety-eight percent of the S/L IEPs contained goals and objectives which directly related to the students' identified problems. Only 2% of the IEPs failed to address the weaknesses.

Behavior Disorder Category

The project staff reviewed 83 files which were categorized as behavior disorder referrals. This sample represented 33% of the (254) files reviewed. The project staff classified the sample in the following manner: 37%—referred but not placed; 16%—borderline or rule exception; 25%—mild; and 22%—severe. This classification was based on the amount of time a student was enrolled in BD services.

Since the research project targeted specific grades (first, fourth, seventh, and tenth), the distribution of the sample across grade levels tended to cluster at these grades. However, among small LEAs, students were not found with the specific handicap sought; therefore, students from grades K or 2 were substituted for grade 1, from 3 or 5 for grade 4, from 6 or 8 for grade 7 and from 9 or 11 for grade 10. The findings indicated that grades kindergarten through second contained 27% of the sample, and third through fifth grade contained 29%. Sixth through eighth grade comprised 24% of the sample, while ninth through eleventh grade comprised 20%.

The students in the sample were predominantly white (84%) followed by Black (11%), American Indian (2%), Hispanic (1%) and Asian/Pacific Islands (1%). Males composed 83% of the BD sample while females composed 17%. English was the predominant language of 99% of the students in the sample. With regard to the one student whose native language was Spanish, that file

did not indicate participation in an English as a Second Language (ESL) program.

Concerning retention and number of schools attended, 60% of the sample had not been retained, while 30% had been retained once and 4% had been retained twice. Six percent of the files lacked data on retention. Twenty-three percent of the sample had attended only one school. Forty-six percent had attended two or three schools, while one fourth of the sample had attended four to eight schools. Five percent of the files contained no information on different school attendance. Changes such as those from elementary to secondary school were included in the count of schools attended.

Two percent of the sample had not been absent from school the previous year, while 49% had experienced one to ten absences, 22% had experienced eleven to twenty absences, and 10% twenty-one or more. The highest number was fifty-five absences. Seventeen percent of the files contained no data on absences.

Review of minimum competency test data indicated that 30% of the sample had not been tested and 48% had no competency testing information available. Only 22% of the files contained data on minimum competency testing. Of this sample, 56% passed math and reading while 44% failed both of these areas.

In the sample, 83% of the files contained information related to group achievement testing. The population mean for the group tests was 100 and the standard deviation 15. The mean standard score of this sample was 95.59 with a standard deviation of 11.98. Scores ranged from a low of 65 to a high of 128.

Sixty-six percent of the sample had received previous educational services. For those receiving services (n=55), 22% received speech/language services, 28% received Chapter reading, 25% counseling/therapy/social work services, and 12% Chapter math. Ten percent of the files had no information and 24% reported no previous services.

In order to ascertain the economic status of the sample, data was collected on students qualifying for free or reduced lunch. Of the BD sample, 40% qualified for free or reduced lunch while 46% did not qualify. Fifteen percent of the files contained no information regarding this variable.

Seventy-eight percent of the sample were children from one or two-parent homes. Children under the guardianship of a grandparent or other relative comprised 13% of the sample while children classified as juvenile delinquents comprised 5%. Two percent of the sample was classified as a child in need of care and one file contained no information.

Hearing and vision screening data indicated that 86% of the sample passed hearing screening and 80% passed vision screening. Six percent failed hearing screening and 15% failed vision. Eight percent of the files contained no information on hearing screening and 6% lacked vision data.

Sixty-three percent of the sample exhibited significant medical histories which included: allergies/asthma/respiratory problems (17%), medication for hyperactivity (8%), otitis media (7%) and widely varied other difficulties. Thirty-five percent of the sample had normal medical histories, and 12% of the files contained no health history information.

Preassessment. Collecting data on preassessment was a major thrust of the study. The findings indicated that the process was documented in 64 of the 83 files reviewed. This represented approximately 77% of the cases. All LEAs used locally-developed forms for preassessment.

Several methods were used to gather information prior to the preassessment committee's recommendations. The most common method was a teacher report (51%). Twenty-two percent of the files documented the use of observation and 22% documented a behavior checklist as information-gathering approaches. A counselor report was used in 4% of the files.

The most frequently cited reason for referral was academic problems/failing grades (60%), followed by inappropriate and aggressive behavior (48%), inability to build satisfactory interpersonal relationships (31%), pervasive moods of anxiety (18%) and basic reading deficits (11%). Of the students referred for preassessment, 65% were identified by teacher referral, 7% by counselors, 7% by principals, 6% by parents and 1% by the school psychologist. Eight percent of the files contained no information concerning the identity of the referring person.

Membership on the preassessment team was documented in approximately one-third of the sample. Classroom teachers were reported as serving on

these teams (in 34% of the files), along with principals (28%), counselors (17%), psychologists (16%), nurses (10%) and reading specialists (10%).

More than two-thirds of the files contained documentation of interventions attempted at the preassessment level. The most frequently noted interventions were change of seating, parent contact, and behavior management techniques. Twenty-one percent of the files lacked data concerning interventions. The percentage of files in which interventions were documented as having been attempted are illustrated in Table 7 (n=83).

Table 7

Preassessment Interventions for Students Referred for Behavior Problems

Interventions	Percentage
Change seating	49%
Parent contact	49%
Behavior management techniques	49%
Alternative teaching techniques	34%
Change curricular materials	23%
Punishers	22%
Change amount of work	21%
Student counseling	12%
Consultation with specialists	8%
Private tutoring	8%
Remedial reading	7%
Student conference	7%
Change class schedule	6%
Change instructional grouping	4%
Change teacher	3%
Chapter math	2%

Follow-up procedures were seldom used to ascertain the effectiveness of recommended interventions. In the BD sample 76% of the files contained no information of follow-up being conducted. A teacher report was used as

follow-up in 16% of the files, observations in 6% and a behavior checklist in 1%.

The project staff had developed a number of questions to obtain information concerning preassessment observations, but documentation of observations was minimal. Of the 83 BD files, 63 files (76% of the sample) lacked information on preassessment observations. Of those files having observation data (n=20), the findings indicated that the school psychologist conducted the observations 30% of the time, another classroom teacher conducted the observations 15% of the time, special education teachers and the assistant principal each 10% of the time, and the school social worker, counselor and special education coordinator each 5% of the time.

Of the files with observation data, half had the information recorded on an observation form. Forty percent had the information in writing but not on a form and ten percent had information recorded informally (e.g., anecdotal notes).

The narrative report was the most common type of preassessment observation (47% of those observed). Time sampling accounted for only 5% of the observations. Forty-seven percent of the observations were classified as "other" types (i.e., anecdotal notes).

Generally the preassessment observations did not involve observing other students for comparison. Only four files documented this practice. Usually only one observation was conducted (53%), while two to four observations were made in 47% of the cases. Most observations were conducted in one setting (68%), while 32% were conducted in two or three settings. The length of time of the preassessment observations are illustrated in Table 8 (n=20).

Table 8

Length of Observations of Students Referred for Suspected Behavior Disorders

Observation Length	Percentage
15-30 minutes	38%
31-60 minutes	44%
61+ minutes	19%

Comprehensive Evaluation. Multidisciplinary teams for BD placement were generally composed of the school psychologist, classroom teacher, principal, school social worker (if available) and special education teacher. In some instances the teams were considerably larger. The percentage of files in which specific personnel were reported as serving on the comprehensive evaluation team are illustrated in Table 9 (n=83).

Table 9

Membership of Multidisciplinary Teams for Behavior Disorder Evaluations

Position	Percentage
School psychologist	98%
Classroom teacher	61%
Principal	57%
Social worker	46%
LD teacher	43%
Speech/Language clinician	35%
Counselor	35%
BD teacher	28%
Special education coordinator	24%
Reading specialist	13%
Nurse	10%
Assistant principal	8%

The Wechsler Intelligence Scale for Children-Revised (WISC-R) was the most frequently administered aptitude test. Eighty-nine percent of the BD sample were tested with this instrument; 4% were tested with the Wechsler Adult Intelligence Scale-Revised (WAIS-R) and 2% with the Kaufman Assessment Battery for Children (K-ABC). One percent of the sample were tested with each of the following: Binet (Form L-M), Binet IV, and Wechsler Preschool and Primary Scale of Intelligence (WPPSI). One file lacked data concerning an aptitude measure. The means and standard deviations for the WISC-R Verbal, Performance and Full Scale IQs for the four classifications of the sample are illustrated in Table 10.

Table 10

WISC-R IQ Scores of Students Evaluated for a Possible Behavior Disorder

Classification	Variable	Mean	S.D.*
Not placed	VIQ	97.04	13.64
(n=26)	PIQ	97.19	12.73
	FSIQ	96.81	13.04
Borderline	VIQ	102.67	16.15
(n=12)	PIQ	97.83	17.42
	FSIQ	100.83	17.78
Mild	VIQ	93.37	9.30
(n=19)	PIQ	97.00	14.08
	FSIQ	94.37	11.61
Severe	VIQ	87.94	14.07
(n=16)	PIQ	95.38	14.41
	FSIQ	90.56	13.87

*S.D. = Standard Deviation

To further investigate variability in IQ scores across severity classifications, an analysis of variance was conducted on the Verbal,

Performance, and Full Scale IQ scores. Only the analysis for the Verbal IQ proved to be significant ($F=3.71$, $p=.015$). Follow-up analysis of multiple group comparisons within the Verbal IQ data using the Scheffe' method showed the difference between the borderline group (who had the highest mean Verbal IQ) and the severe group (who had the lowest mean Verbal IQ) to be significant ($p<.05$).

Differences between Verbal and Performance IQ scores were computed for students within each severity classification. The mean and standard deviation of the amount of difference for each group, as well as the minimum and maximum amounts for the absolute values of the differences are illustrated in Table 11.

Table 11

WISC-R Verbal-Performance IQ Differences for Students Evaluated for a Behavior Disorder

Classification	Mean	S.D.	Min	Max	N
Not placed	7.54	6.3	1	25	26
Borderline	8.17	8.2	0	28	12
Mild	8.37	5.7	0	21	19
Severe	11.56	7.0	1	22	16

A one-way analysis of variance conducted on the amount of IQ difference by classification was not significant.

The findings on the achievement data indicated that all students received at least one measure. Further examination of the data indicated that 57% of the sample were administered one test, 24% two tests, and 19% three tests. The Woodcock-Johnson was the most frequently administered test (83%), followed by the Wide Range Achievement Test (25%), the Key Math (8%), Peabody Individual Achievement Test (8%), Woodcock Reading Mastery Test (5%), Kaufman Test of Educational Achievement (5%), and the Brigance and K-ABC Achievement (less than 5% each). Other achievement tests were administered to 22% of the sample. The means for the Woodcock-Johnson Achievement Cluster scores are illustrated in Table 12.

Table 12

Standard Scores on the Woodcock-Johnson Achievement Test of Students Evaluated for a Behavior Disorder

Cluster	Not Placed	Borderline	Mild	Severe
Reading	97.96	101.40	92.15	91.23
Math	95.65	98.30	87.92	84.77
Written Language	95.69	102.10	91.23	87.69

An analysis of variance was computed for the Woodcock-Johnson achievement cluster scores grouped by severity classification. The results of the ANOVAs were not significant for reading ($F=2.37$, $p=.08$), but were significant for math ($F=3.79$, $p=.015$) and written language ($F=3.20$, $p=.03$). Follow-up multiple group comparisons using the Scheffe' method revealed no significant group comparisons in the area of math and only a single significant group comparison for written language: the borderline group scored significantly higher on written language than did the severe group ($p<.05$).

The amount of discrepancy between aptitude and achievement test scores is not typically used as a diagnostic indicator for BD identification (although one district in the sample did require at least a 12 point discrepancy for placement). Nevertheless, the means and standard deviations for the amount of discrepancy between the WISC-R or the modified WISC-R IQ score and each Woodcock-Johnson achievement cluster score were calculated for each severity classification. The WISC-R modified IQ score is employed when a 15 point or more difference between the Verbal and Performance IQ exists. In that case, the higher of the Verbal or Performance IQ scores is substituted for the Full Scale IQ score. The results are reported in Table 13.

Table 13

Discrepancies Between WISC-R and Woodcock-Johnson Achievement Cluster Scores of Students Evaluated for a Behavior Disorder

Classification	Mean	S.D.	Min	Max	N
	Reading Cluster				
Not placed	9.81	5.56	0	18	26
Borderline	11.90	7.60	1	25	10
Mild	10.54	8.65	1	29	13
Severe	9.77	8.27	0	22	13
	Math Cluster				
Not placed	10.12	6.70	0	26	26
Borderline	13.60	11.07	0	40	10
Mild	11.38	9.76	0	28	13
Severe	15.00	11.31	0	31	13
	Written Language Cluster				
Not placed	10.62	7.98	0	26	26
Borderline	13.40	6.65	0	24	10
Mild	9.46	7.08	1	26	13
Severe	13.00	8.77	1	28	13

An analysis of variance was conducted to investigate the degree of variability in discrepancy scores among severity classifications. The results of the analysis showed no significant differences in discrepancy scores among groups for the areas of reading, math, or written language.

Additional test data collected on the BD sample indicated that the majority (80%) were administered other tests in addition to achievement tests (behavior rating scales and personality/emotional measures are not included in these "other" tests—see below). Over a third of the sample (36%) had three or more additional tests administered while 24% were given two, and 21% one additional test. Twenty-one percent of the sample had no additional tests administered and one file lacked information on this variable. The percentage of cases receiving certain other tests are

illustrated in Table 14 (n=83). In addition to those listed below, fifteen other tests were each administered to less than 5% of the sample.

Table 14

Other Tests Administered to Students Evaluated for a Behavior Disorder

Tests	Percentage
Bender Visual-Motor Gestalt	52%
Peabody Picture Vocabulary Test-Revised (PPVT)	27%
Speech/Language screening	20%
Visual-Aural Digit Span (VADS)	14%
Beery Test of Visual-Motor Integration (VMI)	8%
Draw-A-Person (developmental)	8%
Written language sample	8%
Vineland Adaptive Behavior	6%

A social/behavioral diagnostic measure is an important factor in the determination of a behavioral problems. In the state of Kansas a behavior rating scale is required by regulations for the comprehensive evaluation of a student with behavioral problems. The fact that 39% of the sample either had no scale administered or lacked documentation of this information in their files is cause for concern. While 20% of the sample received one scale, 41% were administered two or more behavior scales. The various scales administered to the sample are listed in Table 15 (n=51).

Table 15

Behavior Rating Scales Administered to Students Evaluated for a Behavior Disorder

Type	Percentage
Behavior Evaluation Scale	47%
Burk's Behavior Rating Scale	35%
Behavior Rating Profile	18%
Eyeberg or Achenbach	16%
Devereaux Behavior Rating Scale	16%
Others (e.g., Walker)	18%

The project staff also collected data related to observations. Kansas regulation K.A.R. 91-12-55(a)(2) requires that at least one evaluation team member other than the child's regular teacher shall observe the child's educational performance in the regular classroom setting. Sixty-seven percent of the files contained documentation of observations while 33% of the files lacked this data. Of the files containing observational data, 34% had data recorded on an observation form while 67% had results recorded in writing, but not on a form. The staff categorized the recorded observations according to types. These are reported in Table 16 (n=56).

Table 16

Types of Observations Conducted During Comprehensive Evaluations of Students Referred for a Behavior Disorder

Type	Percentage
Narrative	52%
Time sampling	34%
Percentage count	13%
State of Kansas LD form	2%

The state of Kansas BD guidelines recommend that the observation involve other students for comparison. Fifty-four percent of files with observation data (n=56) indicated that another student was also observed, while 46% had no information to indicate that this procedure had been carried out.

Approximately half (48%) of the files with observation data recorded that students were observed only once while 48% of these files showed students were observed from two to eight times. Four percent of the files lacked this information. Of the students observed, most were observed in one setting (64%). Thirty-two percent of the students were observed in two to eight settings and 4% of the files lacked information on the number of settings observed.

Data was also collected on the variable of the number of minutes observed. These are reported in Table 17 (n=56).

Table 17

Length of Observations for Students Evaluated for Behavior Disorders

Time	Percentage
15-30 minutes	16%
31-60 minutes	21%
61+ minutes	25%
No information	38%

The final variable on which observation data was collected concerned the observer. The person documented as having conducted the comprehensive evaluation observation is reported in Table 18 (n=56).

Table 18

Person Conducting Observation of Students Evaluated for a Behavior Disorder

Observer	Percentage
School psychologist	17%
School social worker	16%
BD teacher/consultant	13%
LD teacher	11%
Counselor	1%
Assistant principal	1%
No information	41%

The study found that measures of personality/emotional status were commonly administered to the BD sample. Ninety-four percent of the cases contained data related to the administration of such a measure. Further analysis indicated that while 29% of the total sample had one measure administered, 65% had two or more measures. The frequency with which certain measures were used are illustrated in Table 19 (n=83).

Table 19

Personality/Emotional Measures Used During Evaluations of Students Referred for a Behavior Disorder

Measures	Percentage
Projective drawings	60%
Sentence completion	41%
Outside agency evaluation	25%
TAT/CAT/Rorschach	23%
Diagnostic interview	11%
Piers-Harris Self-Concept Scale	7%
Tasks of Emotional Development	6%
Hand Test	6%
Other	28%

Data concerning environmental status and anecdotal records were collected. Generally parents provided the information for determining the environmental status of a student. In 70% of the cases, parents provided the information through an interview, in 12% of the cases through a questionnaire, and in 1% through a behavior rating scale. In one file the Social Rehabilitation Services provided the information. Seventeen percent of the files lacked information concerning environmental status. Anecdotal records were infrequently used in the identification process of BD students. Only 33% of the files contained anecdotal information. In 41% of these files, the information was provided by the classroom teacher(s). In the other cases, a variety of personnel provided the anecdotal information, including the assistant principal, social worker, parent, counselor and others.

Findings related to the justification for placing a student in a BD program indicated that aggressive behavior and the inability to maintain satisfactory relationships were the major reasons for placement. The reasons for placement and the frequency with which they were cited for those students in the sample who were identified as behavior disordered are listed in Table 20 (n=54).

Table 20

Justifications for Placement of Behavior Disordered Students

Justification	Percentage
Inability to build or maintain satisfactory interpersonal relationships	65%
Inappropriate, aggressive, bizarre, or impulsive behavior	56%
Pervasive moods of anxiety, depression, passivity or withdrawn behavior	33%
Unreasonable fears or physical symptoms	4%
Delinquency	2%
Other	20%
No information	4%

Eligibility for services in a BD program is based on behavioral problems that interfere with a student's educational performance. The staff reviewed files for documentation which ruled out other factors which might be interfering with the student's educational performance (exclusionary criteria). These factors were usually considered prior to placement in a BD program and are illustrated in Table 21 (n=54).

Table 21

Other Factors Considered in Evaluating Students for Behavior Disorders

Other Factors	Percentage
Low intellectual functioning	98%
Sensory problems	93%
Cultural deprivation	89%
Health problems	98%

The most common type of service model was the resource room. Fifty percent of the students received this type of service. Twenty-two percent received services in a self-contained room, 9% through an itinerant model, 4% through a consultative model, and 15% in some other type of model (e.g., special day school). Forty-one percent of the sample received services in an interrelated program while 57% received services in categorical programs. One file lacked information on this variable.

The hours of service per week received by identified students within the sample are illustrated in Table 22 (n=54). The data on hours of service was influenced by the selection process of the study. The staff selected the sample based on criteria characterizing students as borderline, mild or severe. This was based on hours of service received by the student or on the type of delivery model in which the student received services. Only four students were allowed in each of the categories at the selected grade levels. These parameters limited the frequency distribution of this variable.

Table 22

Hours of Service per Week Received by Students Placed as Behavior Disordered

Hours per Week	Percentage
1-5 hours	35%
6-15 hours	19%
16-33 hours	41%
No information	6%

The project staff collected data on interventions, other than placement, that the multi-disciplinary team recommended for students who were referred for BD programs. The findings indicated that supplemental services were recommended for over half of the sample (66%). The types of other services recommended for those students whose files contained these recommendations are illustrated in Table 23 (n=55).

Table 23

Other Services Recommended for Students Evaluated for a Behavior Disorder

Other Services	Percentage
Counseling services	33%
Speech/language services	7%
Social work services	6%
Social skills group	5%
Other (alternative education, behavior modification, physical examination, etc)	42%

The staff examined documentation to determine if the requirements of Kansas' definition of behavior disorders were met in the placement of students. The Kansas definition states in part that it is "...a condition with one or more behavioral characteristics that are: (1) exhibited at either a much higher or lower rate than is appropriate for one's age; (2)

documented as occurring over an extended period of time in different environmental settings within the school, home or community, and (3) interfering consistently with the student's educational performance..." [K.A.R. 91-12-22 (c)]. The findings indicated that in the files of students who were placed (n=54), it was documented in 93% of the cases that the behavior occurred at a higher or lower rate than is appropriate for one's age, in 94% of the cases that the behavior occurred over an extended period of time, and in 100% of the cases that the behavior occurred in different environmental settings and interfered with the student's educational performance. The sources of documentation were observations, behavior checklists, anecdotal records, parental interviews, tests and other sources.

The findings indicated that the goals and objectives on Individual Education Plans (IEPs) usually matched the identified weaknesses as determined by the evaluations. In 78% of the files of students who were placed (n=54), this match occurred. In 19% of the placed sample, the data indicated that some of the goals matched identified weaknesses while others did not. One case lacked information concerning goals and objectives.

In order to explore relationships among variables of interest, a correlation matrix was constructed for 45 variables, including the eleven WISC-R subtest scores. Correlations were tested for significance, but due to the increased probability of obtaining a significant correlation due to random chance in a matrix this size, the level of significance was set at $p<.001$.

For the BD sample, significant relationships were found between gender and the WISC-R Full Scale IQ score ($r=.34$) and gender and the month of birth ($r=-.33$). Females in the sample tended to have lower Full Scale IQ scores and tended to be born earlier in the calendar year.

In analyzing aptitude and achievement scores it was found that the Full Scale IQ score correlated positively with both the reading ($r=.48$) and written language ($r=.41$) cluster standard scores of the Woodcock-Johnson Tests of Achievement. The Performance IQ correlated with none of the achievement measures, while the Verbal IQ was correlated with the reading cluster standard score only ($r=.48$). All Woodcock-Johnson cluster standard scores correlated positively with each other (reading/math $r=.57$, reading/written language $r=.66$, math/written language $r=.60$). The Wide

Range Achievement Test reading and spelling subtest standard scores correlated positively with each other, but with no other factors. The Full Scale IQ correlated positively with all subtest scaled scores, with the exception of the digit span subtest. These correlations are reported in Table 24.

Table 24

Correlations Between WISC-R Subtests and the Full Scale IQ Score for Students Referred for a Possible Behavior Disorder

Subtest	Correlation (r)
Information	.70*
Similarities	.70*
Arithmetic	.52*
Vocabulary	.70*
Comprehension	.59*
Digit Span	.28
Picture Completion	.55*
Picture Arrangement	.54*
Block Design	.59*
Object Assembly	.65*
Coding	.35*

* = p<.001

For the BD sample the Woodcock-Johnson math cluster standard score was the only aptitude or achievement factor significantly related to the severity rating which was assigned to the student's handicapping condition (r=.37). The lower the student's math score, the greater the number of hours per week the student was placed in a special education program.

Learning Disabilities Category

The project staff reviewed 104 files which were categorized as learning disabled. This sample represented 41% of the (254) files reviewed. The project staff classified the sample in the following manner: 34%—referred

but not placed; 21%—borderline or rule exception; 24%—mild; and 21%—severe. This classification was based on the amount of time a student was enrolled in LD services.

Since the research project targeted specific grades (first, fourth, and seventh, and tenth), the distribution of the sample across grade levels tended to cluster at these grades. However, among small LEAs, sufficient numbers of students were not always found with the specific handicap sought at the targeted grade levels. In these instances, students from grades K or 2 were substituted for grade 1, from 3 or 5 for grade 4, from 6 or 8 for grade 7 and from 9 or 11 for grade 10. The findings indicated that first and second grade contained 31% of the sample, while third, fourth and fifth grade contained 30%. Twenty-four percent of the sample were in sixth, seventh and eighth grade, and 15% were in ninth, tenth and eleventh grade.

The students in the sample were predominantly white (86%) followed by black (10%), Hispanic (4%), and Asian/Pacific Islands (1%). Males composed 76% of the LD sample while females composed 24%. One hundred percent of the sample were reported as using English as their primary language.

Concerning retention and the number of schools attended, 64% of the sample had not been retained, while 31% had been retained once, and 2% had been retained twice. Three percent of the files lacked data on retention. Twenty-nine percent of the sample had attended only one school. Approximately 44% had attended two or three schools, while 23% had attended four to eight different schools. Four percent of the files contained no information on different school attendance. Changes such as those from elementary to secondary schools were included in the count of schools attended.

Three percent of the sample had not been absent from school the previous year. Sixty-three percent had experienced one to ten absences, 24% had experienced eleven to twenty absences, and 3% more than twenty-one. Thirty-five was the greatest number of absences. Eight percent of the files contained no data on absences.

Review of minimum competency test data indicated that 44% of the sample had not been tested and that 40% had no information in their files regarding minimum competency test results. Only 14% of the files contained minimum competency test data. Of this sample (n=15), 36% passed math and reading

while 64% failed both of these areas. No student passed the minimum competency test in math or reading alone. Two percent of the files contained data of minimum competency testing from other states.

In the LD sample, 90% of the files contained information relating to group achievement test results. The mean standard score of this sample was 87.83 with a standard deviation of 12.15. Scores ranged from a low of 65 to a high of 123. (The population mean of the group tests used was 100 and the standard deviation was 15.)

Sixty-six percent of the sample had received previous educational services, while 28% had not. Six percent of the sample lacked this information in their files. Previous educational services included: Chapter reading (56%), remedial math (26%), and speech/language services (20%). Also provided were other services such as counseling at school or from an outside agency, private tutoring, and occupational therapy.

In order to ascertain the economic status of the sample, data was collected on students qualifying for free or reduced lunch. Of the 104 students in the LD sample, 32% qualified for free or reduced lunch and no information was available for 6% of the students.

Ninety-two percent of the sample were children of one or two-parent homes. Children under the guardianship of a grandparent or other relative comprised 8% of the sample. One percent of the files contained no information.

Hearing and vision screening data indicated that 89% of the sample passed these screenings. Eight percent of the sample failed hearing and vision screening. Three percent of the files contained no information on hearing screening and 2% lacked vision data.

Forty-two percent of the students in the LD sample had medical difficulties recorded in their health histories. In this group (n=43) reported health problems included: otitis media (26%), allergies/asthma/respiratory problems (16%), seizures (7%), medication for hyperactivity (7%) and widely varied other difficulties. Fifty-two percent of the sample had normal medical histories, and 7% of the files contained no information.

Preassessment. Preassessment was a major area of investigation in the study and the data indicated that over a fourth of the files lacked documentation of preassessment. Of the 104 files reviewed, seventy-five (approximately 72%) contained documentation of preassessment. All LEAs used locally-developed forms for preassessment which varied from a one-page form to a five-page document.

Several methods were employed to gather information prior to the preassessment committee meeting to make recommendations. The most common method was a teacher report (62%), followed by observation (14%), a behavior checklist (10%), and counselor report (2%). Twenty-eight percent of the files lacked this information.

The most frequently cited reason for referral was academic problems/failing grades (67%), followed by basic reading deficits (35%), reading comprehension (12%), written expression (12%), spelling (11%), and math calculation (10%). Of the students referred for preassessment, 64% were referred by the teacher, 15% by the parent, 7% by the counselor, and 4% by the principal. Three percent of the files contained no information concerning the reason for referral, while 7% contained no information on the identity of the referring person.

Membership on the preassessment team was documented in approximately one-third of the files. Classroom teachers were documented as serving on these teams in 30% of the files, principals 24%, psychologists 11%, counselors 10%, nurses 7%, and LD teachers 4%.

More than half of the files (62%) contained documentation of interventions attempted at the preassessment level. Thirty-eight percent of the files contained no data concerning interventions. The most frequently cited interventions were changing the student's seating and parent involvement (each 39%). The percentage of files in which documentation of that intervention was found are illustrated in Table 25.

Table 25

Interventions Attempted During Preassessment of Students Evaluated for Possible Learning Disabilities

Interventions	Percentage
Change seating	39%
Parent involvement	39%
Alternative teaching techniques	35%
Change curricular materials	31%
Change amount of work	23%
Behavior management	23%
Private tutoring	15%
Remedial reading	10%
Student conference	6%
Change student response modality	6%
Change instructional grouping	5%
Punishers	4%
Remedial math	4%
Alternative education program	3%
Change class schedule	2%
Student counseling	2%
Consultation with specialists	2%

The use of follow-up procedures to ascertain the effectiveness of recommended interventions was minimal. In the LD sample, 84% of the files contained no information regarding whether follow-up had been conducted. In 14% of the files, a teacher report was used for follow-up, and in 2% of the files observations or a counselor report were used.

The project staff had anticipated frequent use of observations as a method for collecting data and had developed a number of questions to record information about the observations. Since only 13% of the files documented observations, this data was insufficient for analysis. When utilized, observations were most often conducted for about 25-30 minutes in the classroom setting by counselors who recorded the data in narrative form.

Comprehensive evaluation. Multidisciplinary teams for LD placement were generally composed of the school psychologist, LD teacher, principal, and classroom teacher. However in some instances the teams were considerably larger. The percentage of files in which specific personnel were documented as serving on multidisciplinary teams are illustrated in Table 26 (n=104).

Table 26

Membership of Multidisciplinary Teams for LD Comprehensive Evaluations

Position of Personnel	Percentage
School psychologist	96%
LD specialist	77%
Principal	61%
Classroom teacher	58%
S/L clinician	36%
Counselor	32%
Social worker	25%
Reading specialist	8%
Nurse	7%
Assistant principal	5%
BD specialist	2%

The most frequently administered aptitude test was the Wechsler Intelligence Scale for Children-Revised (WISC-R). Ninety-two percent of the LD sample were tested with this instrument, 4% were tested with the Wechsler Adult Intelligence Scale-Revised (WAIS-R), 2% with the Kaufman Assessment Battery for Children (ABC), and 1% with the Wechsler Preschool and Primary Scale of Intelligence (WPPSI). One file lacked data concerning an aptitude measure. The means and standard deviations of Wechsler Verbal, Performance and Full Scale IQs for the four classifications of the sample are illustrated in Table 27.

Table 27

Wechsler IQ Scores for Students Evaluated for a Learning Disability

Classification	Variable	Mean	Standard Deviation
Not Placed	VIQ	92.46	11.27
(n=35)	PIQ	93.43	9.81
	FSIQ	92.11	9.46
Borderline	VIQ	96.05	10.84
(n=20)	PIQ	101.30	10.55
	FSIQ	98.05	9.92
Mild	VIQ	92.40	12.63
(n=25)	PIQ	104.68	10.12
	FSIQ	97.44	9.57
Severe	VIQ	85.50	15.76
(n=22)	PIQ	95.14	11.58
	FSIQ	88.68	12.66

Because of the apparent variability among classifications of severity levels with regard to aptitude scores, an analysis of variance was conducted for WISC-R Verbal, Performance, and Full Scale IQ scores for students classified according to the four severity types. The results of the ANOVA were significant at the .01 level for Performance ($F=6.87$, $p<.001$) and Full Scale ($F=4.27$, $p=.007$) IQ scores among the severity types, but was not significant for Verbal IQ scores ($F=2.63$, $p=.054$).

Since the one-way analysis of variance was significant for Performance and Full Scale IQ scores by severity type, a follow-up multiple comparison test, the Scheffe', was conducted to evaluate which sample means differed from each other. Because the Scheffe' method is conservative for pairwise comparison of means, the level of significance was set at .05. The results indicated that the mean Performance IQ of the mild group differed

significantly from that of the not placed and severe groups. No other pairs were significantly different. For the Full Scale IQ means, the severe group differed significantly from both the mild and borderline groups. No other group pairs were significantly different.

Because the amount of difference between the Verbal and Performance IQ scores is frequently used as a diagnostic indicator for learning disabilities, descriptive statistics were computed for the amount of Verbal-Performance IQ difference for each of the severity classifications. Descriptive statistics for the absolute values of the differences found between WISC-R Verbal and Performance IQ scores are provided in Table 28.

Table 28

WISC-R Verbal-Performance IQ Differences for Students Evaluated for a Learning Disability

CLASSIFICATION	MEAN	ST.DEV.	MIN	MAX	n
Not Placed	9.38	7.48	0	28	32
Borderline	11.05	9.12	1	37	20
Mild	16.08	10.99	0	36	24
Severe	12.95	12.94	0	42	20

A one-way analysis of variance was calculated for the absolute value of the amount of IQ difference by severity classification and found to be significant ($F=2.97$, $p=.036$). Follow-up analyses of groups using the Scheffe' method produced a single significant contrast between the mild group (which had the greatest amount of IQ difference) and the not placed group (which had the least amount of Verbal-Performance difference).

To summarize, the severity classifications differed significantly with regard to Performance IQ, Full Scale IQ, and amount of Verbal-Performance IQ difference, but not Verbal IQ. The mild group differed most with regard to Performance IQ, and for Full Scale IQ the severe group was most different. For Verbal-Performance IQ differences the only significant contrast was between the mild and not placed groups.

The findings on the achievement data indicated that 37% of the sample were administered one test, 30% two tests, and 34% three or more tests. The Woodcock-Johnson Achievement Battery was the most frequently administered test (94%) followed by the Wide Range Achievement Test (25%), the Brigance (13)%, Key Math (7%), Woodcock Reading Mastery Test (6%), and the Peabody Individual Achievement Test and the Kaufman Test of Educational Achievement (less than 5% each). Other achievement tests (including diagnostic tests) were administered to 47% of the sample. One file contained no information concerning achievement testing. The means for the Woodcock-Johnson Achievement cluster scores are illustrated in Table 29.

Table 29

Mean Standard Scores on the Woodcock-Johnson Achievement Test of Students Evaluated for a Learning Disability

Cluster	Not Placed	Borderline	Mild	Severe
Reading	92.15	90.43	82.87	76.00
Math	90.47	90.05	84.83	72.29
Written Language	92.41	92.14	85.68	77.19
	(n=34)	(n=21)	(n=23)	(n=17)

To further investigate the relationships among achievement scores and level of severity, a one-way ANOVA was conducted for the Woodcock-Johnson reading, math, and written language cluster scores by severity type. The results indicated that the sample means differed significantly for the reading cluster ($F=10.13$, $p<.001$), the math cluster ($F=12.3$, $p<.001$) and the written language cluster ($F=10.5$, $p<.001$).

Follow-up analysis of differences in pairs of groups using the Scheffe' procedure showed the not placed group to differ significantly ($p<.05$) on the reading cluster score from both the mild and severe groups. The borderline group also differed significantly from the severe group in reading. On the math cluster score, the severe group differed significantly from all other severity level groupings. In the area of written language, the severe group differed significantly from the borderline and not placed groups. To

summarize, the group identified as severe was most different from all other severity level groups in terms of academic achievement.

Kansas regulations for learning disabilities [K.A.R. 91-[illegible]-58(a)(4)] require that a student exhibit a significant discrepancy between intellectual ability and measured achievement in order to be eligible for a learning disabilities program. The average amounts of discrepancy for the four severity classifications in the study are reported in Table 30. The discrepancies were calculated using the Woodcock-Johnson cluster scores in reading, math, and written language and a modified WISC-R IQ score. Generally the WISC-R Full Scale IQ score was used for the discrepancy calculations unless there existed a significant difference between the Verbal and Performance IQ scores of fifteen or more points. In these cases the Verbal or Performance IQ which ever was higher) was substituted for the Full Scale IQ to calculate the amount of the aptitude-achievement discrepancy.

significantly from that of the not placed and severe groups. No other pairs were significantly different. For the Full Scale IQ means, the severe group differed significantly from both the mild and borderline groups. No other group pairs were significantly different.

Because the amount of difference between the Verbal and Performance IQ scores is frequently used as a diagnostic indicator for learning disabilities, descriptive statistics were computed for the amount of Verbal-Performance IQ difference for each of the severity classifications. Descriptive statistics for the absolute values of the differences found between WISC-R Verbal and Performance IQ scores are provided in Table 28.

Table 28

WISC-R Verbal-Performance IQ Differences for Students Evaluated for a Learning Disability

CLASSIFICATION	MEAN	ST.DEV.	MIN	MAX	n
Not Placed	9.38	7.48	0	28	32
Borderline	11.05	9.12	1	37	20
Mild	16.08	10.99	0	36	24
Severe	12.95	12.94	0	42	20

A one-way analysis of variance was calculated for the absolute value of the amount of IQ difference by severity classification and found to be significant ($F=2.97$, $p=.03$). Follow-up analyses of groups using the Scheffe' method produced a single significant contrast between the mild group (which had the greatest amount of IQ difference) and the not placed group (which had the least amount of Verbal-Performance difference).

To summarize, the severity classifications differed significantly with regard to Performance IQ, Full Scale IQ, and amount of Verbal-Performance IQ difference, but not Verbal IQ. The mild group differed most with regard to Performance IQ, and for Full Scale IQ the severe group was most different. For Verbal-Performance IQ differences the only significant contrast was between the mild and not placed groups.

The findings on the achievement data indicated that 37% of the sample were administered one test, 30% two tests, and 34% three or more tests. The Woodcock-Johnson Achievement Battery was the most frequently administered test (94%) followed by the Wide Range Achievement Test (25%), the Brigance (13)%, Key Math (7%), Woodcock Reading Mastery Test (6%), and the Peabody Individual Achievement Test and the Kaufman Test of Educational Achievement (less than 5% each). Other achievement tests (including diagnostic tests) were administered to 47% of the sample. One file contained no information concerning achievement testing. The means for the Woodcock-Johnson Achievement cluster scores are illustrated in Table 29.

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Cluster	Not Placed	Borderline	Mild	Severe
Reading	92.15	90.43	82.87	76.00
Math	90.47	90.05	84.83	72.29
Written Language	92.41	92.14	85.68	77.19
	(n=34)	(n=21)	(n=23)	(n=17)

To further investigate the relationships among achievement scores and level of severity, a one-way ANOVA was conducted for the Woodcock-Johnson reading, math, and written language cluster scores by severity type. The results indicated that the sample means differed significantly for the reading cluster ($F=10.13$, $p<.001$), the math cluster ($F=12.3$, $p<.001$) and the written language cluster ($F=10.5$, $p<.001$).

Follow-up analysis of differences in pairs of groups using the Scheffe' procedure showed the not placed group to differ significantly ($p<.05$) on the reading cluster score from both the mild and severe groups. The borderline group also differed significantly from the severe group in reading. On the math cluster score, the severe group differed significantly from all other severity level groupings. In the area of written language, the severe group differed significantly from the borderline and not placed groups. To

summarize, the group identified as severe was most different from all other severity level groups in terms of academic achievement.

Kansas regulations for learning disabilities [K.A.R. 91-12-58(a)(4)] require that a student exhibit a significant discrepancy between intellectual ability and measured achievement in order to be eligible for a learning disabilities program. The average amounts of discrepancy for the four severity classifications in the study are reported in Table 30. The discrepancies were calculated using the Woodcock-Johnson cluster scores in reading, math, and written language and a modified WISC-R IQ score. Generally the WISC-R Full Scale IQ score was used for the discrepancy calculations unless there existed a significant difference between the Verbal and Performance IQ scores of fifteen or more points. In these cases the Verbal or Performance IQ (which ever was higher) was substituted for the Full Scale IQ to calculate the amount of the aptitude-achievement discrepancy.

Table 30

Amount of Discrepancy between WISC-R and Woodcock-Johnson Achievement Cluster Scores of Students Evaluated for Learning Disabilities

Classification	Mean	St.Dev.	Min	Max	n
		Reading			
Not Placed	7.97	5.99	1	22	35
Borderline	14.05	9.23	1	37	21
Mild	22.75	8.58	10	44	24
Severe	18.14	10.28	3	42	21
		Math			
Not Placed	9.31	5.85	0	22	35
Borderline	14.43	8.95	3	31	21
Mild	20.88	12.17	0	47	24
Severe	21.76	9.84	10	48	21
		Written Language			
Not Placed	10.46	5.10	1	21	35
Borderline	13.95	9.92	1	32	21
Mild	21.33	8.26	5	34	24
Severe	17.86	9.67	1	39	21

A one-way ANOVA was also calculated for the three types of discrepancy scores reported in Table 30 (i.e., modified IQ score minus the reading, math, or written language cluster score). The results showed the means to differ significantly on the amount of reading discrepancy ($F=19.9$, $p<.001$), math discrepancy ($F=15.1$, $p<.001$), and written language discrepancy ($F=13.0$, $p<.001$).

Follow-up analysis using the Scheffe' procedure showed that for the reading discrepancy, the not placed group had significantly smaller discrepancies than all other severity groups. In addition the borderline group had significantly smaller discrepancies than the mild group. For the math discrepancy, the not placed group had significantly smaller

discrepancies than the mild and severe groups. The borderline group also had smaller discrepancies than the severe group. For the written language discrepancy, the not placed group had significantly smaller discrepancies than the mild and severe groups. To summarize, the group identified as not placed was the most different from all other severity level groups in terms of amount of discrepancy between aptitude and achievement.

Additional test data collected on the LD sample indicated that the majority of cases were administered other tests in addition to aptitude and achievement tests. Only 11% of the sample had no additional tests administered while 20% had one additional test, 26% two, 15% three, and 28% four or more additional tests. The percentage of cases receiving the other tests, the mean of the test when appropriate, and the number of cases used to compute the mean score is reported in Table 31. This data is reported on the portion of the sample that received additional tests (n=93).

Table 31

Other Tests Administered to Students Evaluated for a Learning Disability

Tests	Percentage	Mean	Number of Cases
Bender	54%	87.14	43
Peabody Picture Vocabulary Test	33%	95.22	27
Speech/Language Screening	26%	———	—
Beery	20%	92.57	14
Visual Aural Digit Span	16%	90.20	10
Draw A Person (Developmental)	11%	———	—
Vineland	10%	93.78	9
Motor-Free Visual Perception Test	8%	94.57	7
Wepman	7%	———	—
Language Structured Test	7%	———	—

The majority of the LD sample were administered a behavioral/emotional measure. Only 15% of them received no measure while 35% received one measure, 17% received two measures, and 30% three or more measures. The percentage of the sample that was administered the various behavioral/emotional measures are illustrated in Table 32. This data is reported on the portion of the sample who received a behavioral/emotional measure (n=88).

Table 32

Behavioral/Emotional Measures Administered to Students Evaluated for a Learning Disability

Measure	Percentage
Projective test	79%
Behavior rating scale	30%
Parent interview/social history	29%
Student interview	10%
Personality inventory	7%
Adaptive behavior	5%
Myklebust	4%

The project staff also collected data related to observations. Kansas Regulations K.A.R. 91-12-58(3) requires that "at least one evaluation team member, other than the child's regular teacher, shall observe the child's academic performance in the regular classroom setting." Seventy-two percent of the files contained documentation of observations while 28% of the files lacked this data. The classifications for documentation of recorded observation data are illustrated in Table 33 (n=75 for all tables reporting observation data).

Table 33

Method of Documentation of Observations Conducted During Comprehensive Evaluations of Students Referred for a Learning Disability

Method	Percentage
Written (no form)	67%
Written on an observation form	29%
Informal	4%

The types of observations conducted are presented in Table 34.

Table 34

Types of Observations Conducted During Evaluations of Students Referred for a Learning Disability

Type	Percentage
Narrative	63%
Time sampling	13%
State of Kansas LD form	9%
Percentage count	4%
Other	5%
No information	5%

The state of Kansas LD guidelines recommend that the observation involve non-handicapped students for comparison. Generally this was not done. Only 29% of the files indicated that other students were observed for comparison. Forty-one percent of the files indicated other students were not observed for comparison, and 29% of the files lacked data on this variable. More than half the students received one observation (69%), with 23% receiving two to six observations. Eight percent of the files lacked this information. Of the students observed, most were observed in one setting (80%). Twelve percent of the students were observed in two to five

settings. Eight percent of the files lacked information on the number of settings in which observations occurred.

Data was also collected on the number of minutes students were observed. The findings are illustrated in Table 35.

Table 35

Length of Observation for Students Evaluated for a Learning Disability

Time	Percentage
1-30 minutes	27%
31-60 minutes	24%
61+ minutes	4%
No information	45%

The final variable on which observation data was collected concerned the observer. The person documented as having conducted the observation is reported in Table 36.

Table 36

Person Conducting Observations of Students Evaluated for a Learning Disability

Observer	Percentage
LD teacher/BD teacher	44%
Psychologist	43%
Social worker	4%
Principal/Assistant principal	3%
Counselor	1%
No information	3%

Of the 104 files reviewed, 65% documented the use of a discrepancy method to determine eligibility of students for a learning disability program. Thirty-five percent of the files lacked information concerning

whether a discrepancy method was used. Of the files containing documentation, 63% used the "regression" method, 32% the "aptitude-achievement" method, and 1% some other method.

Sixty-six percent of the LD sample were students who were placed in learning disability programs. Of these students (n=69), fifty-two (75%) met the criteria for a severe discrepancy while eight (12%) did not meet the criteria. Three student files contained information coded as other (e.g., severe discrepancy demonstrated using an approach not in the guidelines), and six files contained no information concerning a severe discrepancy. Documentation of the amount of discrepancy varied. The most common types of documentation were a worksheet (38%) or information included in a report (37%). Thirteen percent used test protocols, an LEA form or some other type of documentation.

Exclusionary criteria were also examined. Kansas regulations require that six factors be considered prior to determining whether a student is eligible for placement. A student is not eligible for services in a LD program if these exclusionary factors are the major cause of the student's learning problem. Data for the 69 students placed in LD programs are presented in Table 37.

Table 37

Other Factors Considered in Evaluating Students for a Learning Disability

Other Factors	Considered
Emotional difficulties	93%
Mental retardation	97%
Sensory-motor problems	88%
Environmental factors	90%
Cultural differences	94%
Inconsistent education	90%

The most common model of service delivery used was a resource room. Eighty-four percent of the students received this type of service. Ten percent received services in a self-contained program, 4% in an itinerant

program, and 1% in a consultative program. A little over half of the sample received services in an interrelated program (54%), while 46% received services in categorical programs. The hours of service per week received by the sample are illustrated in Table 38 (n=69).

Table 38

Hours of Service per Week Received by Students Identified as Learning Disabled

Hours per Week	Percentage
1-5 hours	53%
6-10 hours	22%
11-15 hours	13%
16-30 hours	12%

The above data on hours of service was influenced by the selection process of the study. The staff selected the sample based on criteria characterizing students as borderline, mild, or severe. This was based on hours of service received by the student or on the type of program delivery model in which the student received services. Only four students were selected for each of the categories at the selected grade levels. These parameters limited the frequency distribution of this variable.

The project staff collected data on interventions other than placement that the multi-disciplinary team recommended for students who were evaluated for a possible learning disability. Fifty-six percent of the cases received no recommendations for supplemental services. For those receiving recommendations for additional interventions (n=46), the most frequently suggested type was speech/language services (35%), followed by remedial reading or math classes (20%) and counseling (17%). Interventions categorized as "other" were recommended 52% of the time. This category included: school social worker follow-up, behavior modification program, vocational training, physical examination, and alternative education.

The findings indicated that the goals and objectives of Individual Education Plans (IEPs) matched the disability areas identified by the

comprehensive evaluation. In 64% of the LD sample this match occurred, while in 7% of the sample this match was lacking. In 28% of the sample the data indicated that some of the goals matched identified disabilities while others did not. Every student in the sample that was placed in a LD program had an current IEP.

In order to further investigate relationships among variables of interest, forty-two variables (including all eleven WISC-R subtests) were selected for computation of the degree of relationship. Because of the increased likelihood of obtaining significant relationships among variables given that many comparisons, a level of significance of at least .001 was required before labeling the relationship as statistically significant.

Investigation of significant demographic variables revealed:

(a) a positive correlation between the number of schools attended and number of years retained (r=.35);

(b) an inverse relationship between the number of schools attended and the Verbal (r=-.40) and Full Scale (r=-.32) IQ scores (the larger the number of schools attended, the lower the IQ scores);

(c) females performed better than males on the coding subtest of the WISC-R (r=.31);

(d) students receiving free/reduced lunches scored lower on the Woodcock-Johnson Tests of Achievement written language cluster (r=.32); and

(e) students qualifying for free/reduced lunches tended to receive more hours per week instructional time in special education placements than those not qualifying (r=.35).

Investigation of significant aptitude test variables revealed:

(a) all WISC-R subtest scores were significantly correlated with the Full Scale IQ score except digit span and coding (see Table 39)

(b) the Full Scale IQ score was positively correlated with the Woodcock-Johnson reading (r=.49), math (r=.48), and written language (r=.36) cluster standard scores;

(c) the Verbal (but not Performance) IQ score was positively correlated with the Woodcock-Johnson reading (r=.54), math (r=.51), and written language (r=.45) cluster standard scores;

(d) the Performance (but not Full Scale or Verbal) IQ was positively correlated (r=.43) with the existence of a severe discrepancy (the higher

the Performance IQ, the more likely the existence of a severe discrepancy); and

(e) the lower the Verbal IQ, the greater the number of hours placed in a special education program (r=-.34).

Investigation of significant achievement test variables revealed:

(a) the Woodcock-Johnson cluster standard scores in reading (r=-.33) and written language (r=-.36) were negatively correlated with the existence of a severe discrepancy (the lower the scores, the greater the likelihood of the existence of a severe discrepancy);

(b) the lower the Woodcock-Johnson cluster standard scores in reading (r=-.42), math (r=-.50), and written language (r=-.45), the greater the number of hours placed in a special education program;

(c) Woodcock-Johnson cluster standard scores in reading, math, and written language were positively correlated with each other (reading/math r=.64, reading/written language r=.72, math/written language r=.65); and

(d) Wide Range Achievement Test standard scores for the reading, math, and spelling subtests were positively correlated with each other (but with no other factors).

To summarize this data, eligibility decisions were influenced strongly by the amount of discrepancy between the WISC-R Performance IQ score and Woodcock-Johnson achievement standard scores. However, the amount of time the student was placed in a special education program was related to the student's WISC-R Verbal IQ, the student's Woodcock-Johnson achievement standard scores, and the student's socioeconomic status as measured by whether or not the student qualified for free/reduced lunches.

Table 39

Correlations Between WISC-R Subtests and the Full Scale IQ Score for Students Referred for a Learning Disability

Subtest	Correlation (r)
Information	.59*
Similarities	.68*
Arithmetic	.45*
Vocabulary	.63*
Comprehension	.69*
Digit Span	.18
Picture Completion	.53*
Picture Arrangement	.48*
Block Design	.34*
Object Assembly	.46*
Coding	.19

* = $p<.001$

Findings from Interviews

The interviews provided the qualitative aspect of the study. A total of 268 interviews were conducted with eleven different instruments. These included one interview to discuss philosophy of LEA administrators, two interviews regarding preassessment (one general and one for speech/language), two interviews about screening procedures (one for administrators and one for speech/language clinicians), and six comprehensive evaluation interviews (one for each of the following: regular education teachers, speech/language clinicians, behavior disorder teachers, learning disability teachers, school psychologists, and school social workers). Each section lists the categories and numbers of personnel who responded to that particular type of interview.

Findings Related to District Philosophy

One aspect of the research study focused on the influence of personal philosophy on the outcome of evaluation and the delivery of services. This influence was examined through a philosophy interview to which seventy-six individuals responded. The interview consisted of both open-ended questions and structured questions with Likert scale response formats. The philosophy interview was given to personnel in administrative positions: special education directors and building principals. Since guidance counselors often served as the administrative representative on teams, they were also given the interview.

The findings indicated considerable variability in philosophies. Thirty percent of the interviewees described their district's philosophy as an attempt to meet student needs, elaborating further that every student had a right to the best education possible. Seven percent of the respondents categorized their district's philosophy as one of compliance with the Federal mandate and state guidelines. Seven percent expressed the philosophy as a financial commitment to quality services and the highest possible maintenance of special education programs, while another seven percent stated the philosophy as a commitment to meet the needs of identified exceptional students. Five percent described the district's philosophy as a commitment to offer a complete educational program of which

special education was an integral part. Forty-three percent of the interviewees responded with philosophy descriptions which were categorized as "other". Within this "other classification" an additional twenty categories with percentages of less than 5% were reported.

When asked if they agreed with their district's philosophy, more than half (55%) of the interviewees reported agreement. Eleven percent expressed some disagreement with the philosophy. Nine percent qualified their agreement by noting that state guidelines prevented the offering of services to all students in need. Four percent declined to respond, and 21% responded with information recorded as "other".

Interviewees were asked to rate their agreement or disagreement with the district's philosophy on a Likert Scale. The results are given in Table 40.

Table 40

Percentage of Administrators Agreeing with Local Education Agency Philosophy

Response	Percentage
Agreed	67%
Disagreed	7%
Neutral	5%
No response	21%

Responses to the question of whether mildly handicapped students should be served in regular or special education indicated that 72% of the interviewees believed that these students should be maintained in regular education as much as possible. Twelve percent qualified their choice of regular education (e.g. depends on the definition of mildly handicapped, depends on the support services available...). Three percent viewed special education as the more appropriate setting for mildly handicapped students. Another three percent expressed a concern that mainstreaming is overemphasized. Nine percent responded with information categorized as other, and 1% declined to respond.

Interviewees were requested to rate on a Likert Scale their agreement with mildly handicapped students being served as much as possible in regular education. Responses are given in Table 41.

Table 41

Percentage of Administrators Agreeing with Mainstreaming of Mildly Handicapped Students

Response	Percentage
Agreed	79%
Disagreed	3%
Neutral	4%
Other	4%
No response	1%

Two questions on the philosophy interview form were asked only of special education personnel. The sample of those responding was 29% of the total number of respondents. Special education personnel were asked if the state guidelines enabled them to discriminate between handicapped students and non-handicapped students experiencing difficulties in the classroom. Forty-five percent of the sample believed that state guidelines discriminated between the two populations, 23% believed that they failed to discriminate, and 5% stated that they sometimes discriminated. Twenty-seven percent noted other responses (e.g. some guidelines do, but others don't; guidelines give some objective criteria; hard at times to discriminate...). When asked to explain their responses, 14% cited the eligibility criteria as being too narrow, while 14% noted the flexibility of the criteria. Another 14% declined to offer an explanation. Eighteen percent responded with other information, and there were nine additional categories with less than 2% frequency. Special education interviewees were asked to rate how helpful the state guidelines were in enabling them to discriminate between handicapped students and non-handicapped students having difficulty. The results are shown in Table 42.

Table 42

Special Education Directors' Perceptions of the Usefulness of the Kansas Identification Guidelines

Response	Percentage
Helpful	32%
Not helpful	14%
Neutral	27%
Other	14%
No response	9%

Special education personnel were also asked if the state guidelines enabled them to discriminate among various diagnostic categories. Seventy-three percent noted that the guidelines did enable them to discriminate among the diagnostic categories, 14% believed that the guidelines failed to discriminate, and 9% commented that they sometimes discriminated. Five percent responded with other information. When asked to explain their choices, 9% observed that the criteria for identification had become more restrictive each year Twenty-seven percent responded with opinions classified as other (e.g. guidelines are improving; confusion exists in distinguishing students as learning disabled or educable mentally handicapped; don't use the guidelines, use professional judgment..). In addition there were four categories with frequencies of 5% or less. Special education interviewees were asked to rate the guidelines as to their helpfulness. The results are presented in Table 43.

Table 43

Special Education Director' Perceptions of the Helpfulness of Kansas Guidelines in Identifying Handicapped Students

Response	Percentage
Helpful	59%
Not helpful	25%
Neutral	14%
Other	5%

The entire sample (76 respondents) were asked whether their school administrations and school boards supported special education services. Eighty-six percent reported support for special education by the administration and school board, 9% expressed qualified support, and 3% noted lack of support. One percent reported mixed support among the districts within a cooperative, and one percent declined to respond. Interviewees were asked to rate the level of support of the administration and school board on a Likert Scale. The results are in Table 44.

Table 44

Administrators' Ratings of LEA Support for Special Education

Response	Percentage
Administration	
Supportive	75%
Not supportive	5%
Neutral	4%
Other	1%
No response	15%
School Board	
Supportive	68%
Not supportive	3%
Neutral	12%
No response	17%

The final question requested that interviewees indicate how the administration and/or school board showed their support of special education. The responses are indicated in Table 45.

Table 45

Administrator Perceptions of Demonstrations of Support by School Administration/Boards

Type of Support	Percentage
Provision of monies	58%
Favorable decisions	7%
Compliance with the mandate	5%
Participation on the co-op board	5%
No support	3%
Other	11%
No response	11%

Screening

General Screening. In an attempt to ascertain what school officials are doing to identify students who might require special education services, the research staff interviewed 60 individuals, including building principals and guidance counselors. The instrument used was a screening interview which focused on two areas: the types of screening conducted and the problems identified as a result of the screening. The findings related to the types of screening used in these schools are illustrated in Table 46.

Table 46

Screening Procedures as Reported by Local Education Agency Personnel

Type of Screening	Percentage
Group achievement tests	65%
Kindergarten (whole group)	43%
Vision/hearing	37%
Preschool	35%
Kansas Minimum Competency Test	27%
Speech/language	22%
Grades/downslips	8%
Kindergarten (by referral)	8%
Group IQ tests	7%
Other	23%

The types of problems that the screening identified, as reported by the interviewees, are noted in Table 47.

Table 47

Problems Identified by Screening as Reported by Local Education Agency Personnel

Type of Problem	Percentage
Remedial/academic	53%
Speech/language	33%
Motor/physical	30%
Developmental	30%
Hearing/vision	22%
Cognitive	13%
Special education	10%
Other: health	23%
behavior	
environment	

The interviewees did not concur on the final question related to screening. Twenty-two percent reported that screening identified students needing referral, but the same percent (22%) reported that screening failed to do this. Forty-three percent of the interviewees were unable to respond, and 13% gave an "other" response.

Of the 22% (13 interviewees) who reported that screening did identify students needing referral, 70% noted that 1-10 students were identified by screening during a year. Sixteen percent reported 11-30 were identified, eight percent 31-50 and another eight percent more than 50.

Speech/Language screening. Twenty-four speech/language clinicians provided the data for this section. Clinicians indicated that screening covered four areas related to speech/language: articulation, language, fluency, and voice. The interview questions focused on three aspects of the screening: 1) the time of screening; 2) the type of students screened; and 3) the instruments used for the language screening. These findings are reported in Table 48, 49 and 50.

Table 48

Time of Speech/Language Screening as Reported by S/L Clinicians

Time of Screening	Percentage
Spring and fall	33%
Fall	21%
Fall and January	17%
Spring	4%
Teacher request	4%
All year	4%
Not done	4%
Other	13%

Table 49

Types of Student Receiving Speech/Language Screening as Reported by S/L Clinicians

Students Screened	Percentage
Kindergartners	88%
Rechecks	71%
New students	54%
First graders	46%
Second graders	29%
Pre-schoolers	25%
Other	38%

Table 50

Screening Instruments Used as Reported by S/ Clinicians

Language Screening Instrument	Percentage
Conversation sample	38%
Florida	33%
DIAL	21%
PAT (Photo Articulation Test)	13%
CELF (Clinical Evaluation of Language Functioning)	8%
Fluharty	4%
Other	21%
None	8%

Preassessment

General Preassessment. Two hundred and eleven respondents were interviewed regarding the preassessment process. Categories of professional personnel sampled are reported in Table 51.

Table 51

Local Education Agency Personnel Participating in Preassessment Interviews

Respondents	Number
Regular education teachers	72
School administrators	44
Learning disability teachers	35
School psychologists	25
Counselors	15
Social workers	9
Behavior disorder teachers	7
Special education directors	4

According to the interview data generated, preassessment teams varied in size and composition. The personnel and the percentage of interviewees who reported them as serving on the team are given in Table 52.

Table 52

Members Serving on Preassessment Teams as Reported by LEA Personnel

Membership	Percentage
School administrator	82%
Referring teacher	79%
Special education teacher	64%
Counselor	41%
School psychologist	37%
Other classroom teacher	35%
Chapter teacher	25%
Speech/language clinician	17%
Nurse	10%
Special education director	6%
School social worker	5%
Don't know	4%

Interviewees reported that team composition was decided in several ways. Twenty-three percent reported that the principal decided, 20% reported that team composition was determined by district or building policy, 17% reported that everyone involved with the student served on the team, 9% reported it was determined by tradition, and 20% did not know how team members were chosen. In addition there were three other categories each reported with less than 9% frequency.

Over half of the interviewees (58%) responded that the frequency of team meetings was dependent upon the number of referrals. Nine percent reported that a meeting was held once a week. Eight percent of the respondents did not know the frequency of meetings and there were four other categories each reported with less than 10% frequency. The number of meetings per student varied considerably. Thirty-seven percent reported one

to three meetings per student while 20% reported that the number of meetings depended upon the problems of the student. Nineteen percent noted that only one meeting was held per student. There were three other categories each reported with less than 10% frequency, and 5% of the sample declined to respond to the question.

When asked about the functions of the preassessment team, the interviewees gave a variety of responses. Forty-three percent of the respondents viewed the function of the team as being one of problem identification, and 38% as being one of recommendation of interventions. Twenty-four percent reported that the function was to decide among the options available for the student, and 23% to decide whether to conduct a comprehensive evaluation. Twenty percent reported that the review of previously attempted interventions was a function of the team. Eleven percent reported that the function was one of reviewing the student's academic and behavioral history, 9% named brainstorming for ideas to assist the student, and 7% listed assuring procedural completeness of the process. In addition, three other categories of less than 5% each were reported. Eighteen percent of the respondents offered other types of categorical responses, and 5% were unable to respond to this question. The top five functions of the preassessment team as perceived by LEA personnel are reported in Table 53.

Table 53

Functions of Preassessment Teams as Perceived by LEA Personnel

Functions	All	Reg.Ed. Teacher	Couns/ Princ	Sp.Ed. Teacher	SocWk/ Psych
Problem identification	43%	44%	42%	43%	47%
Recommend interventions	38%	28%	46%	38%	47%
Decide among options available for student	24%	26%	27%	17%	24%
Decide on testing	23%	21%	31%	24%	15%
Review interventions attempted	21%	18%	19%	19%	26%

The interviewees were asked what their role was in the preassessment process and they responded with a variety of answers. Thirty-five percent of the interviewees viewed their role as one of completing forms and other types of paperwork. About one-fourth (26%) described their role on the preassessment team as one of sharing idea, strategies, and recommendations, while another fourth (25%) described their role as one of providing information concerning the student's problems. Seventeen percent described their role as group leader or facilitator. Fifteen percent responded that their role was locating and providing information necessary to carry out the process. Ten percent described their role as making the referral to the team. Five percent of the respondents did not answer this question, and less than 5% responded to each of fourteen other categories (e.g. just one of the members, listen and provide support, contact the parents, implement interventions, etc.).

A majority (59%) of the interviewees agreed that group consensus was the primary decision-making procedure. Other responses were reported 5% or less of the time (e.g. the psychologist decides, the principal decides, majority rules, special education director decides, the procedure determines the decision). Twenty-one percent of the interviewees responded with other types of data. Seven percent of the sample were unable to respond to the question.

The responses of the interviewees indicated that procedures for filing a minority report or dissenting opinion are generally non-existent. Fifty-three percent of the interviewees responded that there were no procedures or that the issue had never arisen. Only 6% of the respondents said that procedures existed for a minority report, while 15% described informal procedures. Six percent reported information categorized as "other", and 21% did not know if procedures existed.

Factors affecting the preassessment decision-making process were explored by the staff. The responses to this question are noted in Table 54.

Table 54

LEA Personnel's Perception of Most Influential Member of Preassessment Team

Most Influence	Percentage
Classroom teacher	24%
Principal	15%
Principal plus another member	7%
School psychologist	14%
Equal influence	12%
Other	20%
Don't know	7%

Preassessment forms were used by all the sites. In response to who completed the form, 64% of the sample indicated the classroom teacher completed the form. However other personnel were also named as contributing some data to the form: principal/counselor 31%, school psychologist 9%, other special education personnel 10%, everyone on the team 3%, and others 18%. The forms were kept by special education personnel 42% of the time, by regular education personnel 23% of the time, and by both 17% of the time. Ten percent of the interviewees did not know who completed the form and 12% did not know where the forms were kept once they were completed.

Respondents generally reported that observations were conducted during preassessment. Regular education personnel conducted the observation in 38%

of the cases and special education personnel in 72% of the cases. Forty-two percent of the cases were coded as "other", meaning some varying combination of regular and special education personnel. Thirteen percent of the respondents did not know who conducted the observations.

Some of the characteristics of observations conducted during preassessment are illustrated in Tables 55 through 58.

Table 55

Types of Observations Conducted During Preassessment as Reported by LEA Personnel

Type of Observation	Percentage
Narrative	39%
Unstructured/informal	19%
Frequency count	18%
Time sampling	8%
Other	17%
Don't know	17%
None	9%

Table 56

Number of Observations Conducted During Preassessment as Reported by LEA Personnel

Number	Percentage
None	9%
One	10%
Two to three	13%
Four to five	2%
More than five	1%
Depends on the problem	12%
For all referrals	12%
Other	26%
Don't know	15%

Table 57

Settings of Observations Conducted During Preassessment as Reported by LEA Personnel

Setting	Percentage
Classroom	72%
Recess	26%
PE/music/art	15%
Lunchroom	11%
Unstructured	14%
Structured	4%
Other	14%
Don't know	8%

Table 58

Preassessment Team Members' Perceptions of How Observation Data is Used

Use of Observations	Percentage
Helps develop interventions	43%
Better understanding of student	17%
Looks at classroom setting	4%
Other	21%
Don't know	13%
Not used	11%

The kinds of interventions attempted were a focal point of the study. Results of this interview data are reported in Table 59.

Table 59

Types of Interventions Attempted as Reported by Preassessment Team Members

Intervention	Percentage
Parent involvement	55%
Behavior management program	54%
Change student's seating	51%
Change amount of work assigned	44%
Alternati'' teaching techniques	31%
Change curricular materials	31%
Private tutoring	27%
Punishers	23%
Remedial reading	19%
Change instructional grouping	19%
Student counseling	13%
Change class schedule	12%
Student conference	10%
Remedial math	9%
Consult with specialists	8%
Change response modality	7%
Change teacher	4%
Alternative education program	2%
Other	75%

Interviewees were also questioned about the number of interventions attempted and the duration of these interventions. These results are reported in Tables 60 and 61.

Table 60

Number of Interventions Attempted as Reported by Preassessment Team Members

Number Attempted	Percentage
One or two	8%
Three or four	18%
Five or six	9%
More than six	6%
Depends on the student	16%
Depends on the teacher	8%
Other	28%
Don't know	8%

Table 61

Duration of Interventions Attempted as Reported by Preassessment Team Members

Time Attempted	Percentage
Varies depending on the student or problem	28%
One to two weeks	6%
Three to four weeks	22%
More than four weeks	15%
Other	13%
Don't know	6%

The data indicated that observations were not used as a follow-up method of collecting information regarding the effect of interventions. Observations are recommended as a data collection procedure in the state Preassessment Resource Material (Regan, 1985). Almost half (47%) of the respondents reported that observations were not conducted after the implementation of interventions. About one-fourth (25%) reported that observations were conducted, 7% reported observations were sometimes

conducted, and 7% reported they were rarely conducted after implementation of interventions. In addition to these responses, three other categories were reported with 2% or less frequency each. Ten percent of the respondents were unable to respond to the question.

Interviewees were asked to comment on the success of the interventions. About one-fourth (26%) of the sample indicated that interventions were successful about half the time and 13% noted that success depended on the student. Eleven percent reported that interventions often work, but 9% stated they rarely work. Six percent reported that interventions were not successful with more severe problems, and 5% indicated that although the interventions brought about some student improvement, it was not enough. In addition there were twelve other categories reported with 3% or less frequency. These included: depends on the teacher (3%), depends on the student's needs and the teachers's flexibility (3%), and some success for a short time (1%). Ten percent of the sample gave responses coded as "other" (e.g. success of the intervention doesn't prevent the student from being referred, and a change occurs but unsure whether it is due to the intervention or something else). Six percent of the sample were unable to respond to the question.

Responses were quite varied to the question, "How is it determined that enough interventions have been attempted?" Thirty-one percent indicated that if insufficient change occurred, it was decided enough interventions had been attempted and the student was referred for comprehensive evaluation. Eight percent reported that the determination depended on the classroom teacher's decision and/or frustration. Thirteen percent reported that the preassessment team decided and 12% noted that the student's response to interventions and the student's needs were the prime determinants of whether enough interventions had been attempted. Five percent noted that this determination was made when no one could think of any other interventions and 1% reported that the recommended interventions were tried until the next meeting. Seventeen percent responded with other categories (e.g. enough interventions aren't attempted, depends on the quality of work produced, and decided arbitrarily). Nine percent of the sample were unable to respond to the question.

The length of time for the preassessment process varied not only from site to site but from building to building. Even within buildings the length varied, as one-fourth (25%) of the interviewees concurred that within their setting the process varied. Twenty-one percent reported that the process took four to six weeks while 14% reported that it took one to three weeks. Twelve percent indicated that the process took seven to nine weeks and 8% more than nine weeks. Thirteen percent reported other categories (e.g. depends on the teacher, the process is moving faster than last year, and it takes a short time). Seven percent of the sample lacked information on the length of time for the process.

The responses to a question regarding the effect of preassessment on referrals are illustrated in Table 62. In addition to these responses, there were three additional categories of less than 5%. Examples of responses included in the "other" category are: getting more behavioral than academic referrals, and we try not to label students.

Table 62

Effect of Preassessment on the Number of Referrals as Reported by LEA Personnel

Effect on Referrals	All	Reg.Ed. Teacher	Couns/ Princ	Sp.Ed. Teacher	SocWk/ Psych
Decreased	25%	15%	32%	38%	29%
No effect	20%	30%	17%	21%	15%
More appropriate	9%	3%	14%	6%	18%
Increased	5%	7%	2%	12%	3%
Decreased and more appropriate	5%	2%	3%	9%	12%
Other	17%	18%	15%	18%	12%
Don't know	12%	17%	12%	9%	12%

The strengths and weaknesses of the preassessment process reported by the interviewees are addressed in Tables 63 and 64. Besides the strengths

listed in Table 63, there were fourteen additional categories with percentages of less than 5% each.

Table 63

Strengths of Preassessment Procedures as Perceived by LEA Personnel

Strengths	All	Reg.Ed. Teacher	Couns/ Princ	Sp.Ed. Teacher	SocWk/ Psych
Share professional idea	34%	25%	31%	24%	18%
Team approach	30%	35%	36%	29%	12%
Training teachers regarding interventions	16%	13%	11%	19%	29%
Teacher support	13%	18%	11%	19%	29%
Considers student strengths and weaknesses	11%	11%	8%	14%	15%
Student benefits	10%	15%	12%	7%	3%
Encourages philosophy that students are best served in regular education	9%	6%	8%	10%	15%
More appropriate referrals	8%	8%	8%	10%	9%
Improves staff communication	7%	9%	11%	5%	9%
Teacher accountability	5%	9%	3%	7%	3%
Commitment to try a plan	5%	9%	2%	7%	9%
Other	10%	10%	12%	2%	18%
Don't know	2%	3%	0%	2%	3%
None	1%	1%	0%	2%	3%

Table 64

Weaknesses of Preassessment as Perceived by LEA Personnel

Weaknesses	All	Reg.Ed. Teacher	Couns/ Princ	Sp.Ed. Teacher	SocWk/ Psych
Takes too long	40%	51%	37%	40%	21%
Too much paperwork/ inappropriate forms	15%	9%	24%	10%	12%
Lack of training	6%	1%	5%	7%	15%
Scheduling difficulties	6%	1%	15%	0%	6%
Reluctance to assume responsibility for student	4%	0%	5%	5%	6%
Process viewed as hassle	4%	0%	7%	5%	9%
Fulfill regulation but not spirit of process	4%	0%	0%	0%	24%
Other	19%	14%	24%	17%	18%
Don't know	3%	3%	0%	5%	6%
None	7%	13%	7%	2%	0%

Besides the weaknesses listed in Table 64, there were 26 additional categories with percentages of less than 3%. The changes proposed by the interviewees to the preassessment process are reported in Table 65. In addition to these changes, there were 22 categories suggested with percentages of less than 3% each (e.g. more ownership of the process by special education, eliminate the process, and improve follow-up on decisions).

Table 65

Needed Changes in Preassessment as Perceived by LEA Personnel

Changes	All	Reg.Ed. Teacher	Couns/ Princ	Sp.Ed. Teacher	SocWk/ Psych
None	27%	32%	34%	45%	9%
Speed up the process	13%	19%	10%	14%	3%
Less paperwork/ better forms	10%	15%	10%	10%	0%
More special ed. input	6%	0%	12%	7%	6%
More training	4%	4%	5%	5%	0%
Simplify system	3%	0%	3%	5%	9%
Utilize the process--don't just fill out forms	3%	0%	2%	2%	9%
Standardize the process within the district	3%	1%	2%	2%	9%
Other	17%	21%	19%	14%	18%
Don't know	7%	4%	3%	12%	12%

Included in the "other" response category are statements such as: do more observations, have more frequent meetings, and need better procedures at the secondary level.

Inservice training of personnel in the preassessment process was seen as an area of concern by the project staff. The responses of the interviewees are illustrated in Table 66. The findings indicated that the personnel least involved in the preassessment process, special education directors, had received the most inservice. The personnel most frequently involved in the process, regular education teachers, received the least inservice.

Table 66

Inservice on Preassessment Received as Reported by LEA Personnel

Inservice Received By	Percentage
Special ed. administrators	75%
Principals/counselors	58%
Regular ed. teachers	35%
Special ed. teachers	52%
School psychologists/ school social workers	65%
Total sample	51%

The final question on which the staff gathered data dealt with the experience of the interviewees with preassessment. Interviewees were asked to rate on a 5-point Likert scale the extent of their experience in serving on preassessment teams, from "1" representing much experience to "5" representing little experience. The percentage of respondents rating themselves at each level are listed in Table 67.

Table 67

LEA Personnel's Self-Rating of Their Experience on Preassessment Teams

Experience	All	Reg.Ed. Teacher	Couns/ Princ	Sp.Ed. Teacher	SocWk/ Psych
1 (much)	31%	25%	42%	31%	26%
2	21%	21%	24%	19%	21%
3	24%	36%	17%	17%	18%
4	9%	6%	3%	10%	21%
5 (little)	9%	11%	7%	10%	9%
None	1%	0%	0%	5%	3%
Don't know	5%	1%	7%	10%	3%

Speech/language preassessment. Interviews with twenty-four speech/language clinicians provided the data for this section. The preassessment process for speech/language referrals varied considerably from that for learning disability and behavior disorder referrals. According to the interview data, the most common preassessment procedure used (17%) was completion of the teacher checklist from the state S/L guidelines. Observation and a teacher report were used about 13% of the time. A conversation sample was reported as being used for preassessment 8% of the time. Thirteen percent of the interviewees reported that they did not conduct preassessment.

Seventeen percent of the clinicians reported that preassessment procedures were not documented. The responses of clinicians who documented the process are illustrated in Table 68.

Table 68

Preassessment Documentation as Reported by S/L Clinicians

Documentation	Percentage
District/cooperative form	20%
Referral form/screening form	20%
Referral form/teacher checklist	10%
Anecdotal notes	10%
State checklist	10%
Screening results	5%
List of referred students	5%
Other	20%
None	17%

Clinicians reported limited use of observations in preassessment. The frequency is reported in Table 69.

Table 69

Preassessment Observations as Reported by S/L Clinicians

Observation Conducted	Percentage
No	38%
Not usually/not routinely	33%
Yes	25%
No response	4%

Clinicians used many different criteria to determine whether the need for a comprehensive evaluation was indicated by the preassessment information. The criteria given by S/L clinicians are reported in Table 70.

Table 70

Criteria Reported by S/L Clinicians for Determining the Need for a Comprehensive Evaluation

Criteria	Percentage
Classroom performance	42%
Failed screening	25%
Parent input	17%
Do not work with developmental articulation errors	17%
Professional judgement	8%
Conversation sample	4%
Further evaluate re-checks	4%
Other	17%
No procedures	8%
No response	4%

Many clinicians reported that they recommended interventions to teachers to assist students with speech/language difficulties. The interventions which the clinicians reported suggesting are given in Table 71.

Table 71

Interventions Recommended to Classroom Teachers by S/L Clinicians

Interventions	Percentage
Model the sound	33%
Cue the sound	29%
Listen for the sound in reading	13%
Establish a home program	8%
Provide pictures for language practice	4%
Inform as to difference between stuttering and disfluency	4%
None	13%
Other	29%

Clinicians reported that they conducted follow-up on students experiencing speech/language difficulties who were not placed. The follow-up procedures used are given in Table 72.

Table 72

Procedures Reported by S/L Clinicians for Follow-up of Students Not Placed

Follow-up Procedures	Percentage
Re-screen	38%
Informally check with teacher	21%
Informal recheck of student	8%
Computer-based follow-up	4%
Observation	4%
None	135
Other	17%

Clinicians were requested to state what they believed were the strengths and weaknesses of the preassessment process. Their responses are given in Tables 73 and 74.

Table 73

Strengths of Preassessment as Perceived by S/L Clinicians

Strengths	Percentage
Fewer referrals/less time testing	29%
Teacher input	25%
Validates problems/complete picture of student	25%
State checklists	8%
Pinpoints potential problems	8%
Documentation of accountability	4%
Parent input	4%
Other	8%

Table 74

Weaknesses of Preassessment as Perceived by S/L Clinicians

Weaknesses	Percentage
Too much paperwork	17%
Limited number of quality screening instruments	17%
Too long/too slow	13%
Teachers need training	4%
Limited parent input	4%
None	42%
Other	13%

Clinicians were asked to recommend changes to the preassessment process. Their responses are given in Table 75.

Table 75

Changes Needed in Preassessment as Perceived by S/L Clinicians

Changes	Percentage
Inservice for classroom teachers	8%
Change instruments for and time of screening	8%
Involve S/L clinician in language-related referrals	4%
Coordinate S/L with other preassessment	4%
None	58%
Other	8%
No response	8%

Comprehensive Evaluation

A major aspect of the research project was the collection of data related to the comprehensive evaluation process. This subsection reports these findings by categories. The first part presents findings related to the comprehensive evaluation team—its composition, function, etc. This data is reported across five of the six categories of interviewees. The next six parts present responses by category: regular education teachers, speech/language clinicians, teachers of the behavior disordered and learning disabled, school psychologists and school social workers. A total of 176 interviews were conducted using six different instruments. While some questions were similar across instruments, most questions were designed to elicit from the interviewees their unique input into the comprehensive evaluation process.

Interview data related to comprehensive evaluation teams. Questions pertaining to comprehensive evaluation teams were addressed to the following categories of professionals: regular education teachers (n=76), learning disability teachers (n=36), behavior disorder teachers (n=12), school social workers (n=14), and school psychologists (n=33). Team membership was the first topic discussed in this part of the interviews. The school psychologist, referring teacher, and building principal were most frequently named by interviewees as members of the comprehensive evaluation team. The frequency with which each person was reported as a member of the team, with responses categorized according to the professional role of the interviewee, are reported in Table 76.

Table 76

Composition of Evaluation Teams as Reported by Categories of Professionals

	Professional Role of Respondent				
Membership Reported	RegEd	LD	BD	SW	Psy
School psychologist	96%	100%	100%	93%	91%
Referring teacher	87%	58%	83%	64%	76%
Principal	34%	75%	92%	79%	73%
Counselor	49%	39%	25%	43%	30%
Interrelated teacher	40%	45%	58%	21%	39%
Other reg.ed. teacher	25%	20%	17%	7%	9%
S/L clinician	28%	50%	42%	43%	58%
Social worker	22%	31%	42%	79%	58%
LD teacher	22%	45%	33%	21%	42%
Chapter I teacher	24%	25%	25%	7%	12%
Sp.Ed. administrator	20%	17%	25%	14%	15%
LD strategist	15%	28%	25%	36%	33%
BD consultant	7%	8%	25%	14%	3%
Assistant principal	7%	3%	8%	0%	6%
Nurse	8%	25%	0%	14%	27%
BD teacher	5%	11%	25%	14%	12%
Other	49%	50%	58%	50%	58%

Responses to a question about who decides the comprehensive evaluation team's composition indicated that procedures established by district/coop policy were the major determinant. The perceptions of local education staff as to who decides the composition of the comprehensive evaluation team are reported in Table 77.

Table 77

Determination of Team Composition as Reported by Categories of Professionals

	Respondent Role				
Decided By	RegEd	LD	BD	SW	Psy
Policy	17%	42%	33%	14%	27%
Everyone involved with the student	17%	14%	0%	7%	6%
Principal	3%	0%	0%	0%	0%
Type of problem	3%	3%	8%	14%	18%
School psychologist	1%	6%	0%	29%	33%
Other	12%	17%	17%	21%	9%
Don't know	46%	17%	42%	14%	3%

Interviewee's descriptions of the purpose or function of the comprehensive evaluation team were varied. The most consistent findings related to the purpose or function of the comprehensive evaluation team are reported in Table 78. In addition to the categories listed below, there were 16 other categories reported with less than 10% frequency overall.

Table 78

Perceived Function of Comprehensive Team as Reported by Team Members

	Respondent Role				
Team Function	RegEd	LD	BD	SW	Psy
Report test results	68%	56%	67%	71%	58%
Decide eligibility	41%	53%	67%	36%	52%
Make recommendations	25%	28%	8%	36%	45%
Determine student's needs/ strengths/weaknesses	13%	14%	8%	36%	30%

Interviewees generally considered group consensus to be the predominant

decision-making process used by the teams. Their responses by professional role are reported in Table 79.

Table 79

Perceived Decision-Making process as Reported by Comprehensive Evaluation Team Members

	Respondent Role				
Decision Process	RegEd	LD	BD	SW	Psy
Group consensus	42%	31%	42%	29%	39%
Follow state guidelines	28%	50%	33%	21%	30%
Psychologist decides	17%	14%	8%	29%	9%
Other	8%	6%	8%	21%	3%

Since team members do not always agree when making decisions about a student's eligibility for special education services, interviewees were asked about how members formally expressed a dissenting opinion. The findings on the issue of team members submitting a minority report or dissenting opinion indicated that either districts do not have policies regarding this issue or that personnel are uninformed about procedures to be followed. Responses of team members are given in Table 80.

Table 80

Procedures for Registering a Dissenting Opinion as Reported by Comprehensive Evaluation Team Members

	Respondent Role				
Minority Report	RegEd	LD	BD	SW	Psy
Don't know procedures	36%	19%	8%	0%	3%
No procedures	17%	3%	0%	0%	6%
Noted on a form or report	13%	36%	17%	29%	30%
Verbally disagree	11%	0%	0%	0%	0%
Has never happened	9%	8%	8%	21%	0%
Write a dissenting opinion	5%	28%	50%	50%	49%
Other	7%	3%	17%	0%	12%

Special education personnel were asked two follow-up questions regarding the issue of making a minority report. The two questions concerned the frequency of occurrence of a minority report and administration's encouragement of staff to file a minority report. LEA personnel overwhelmingly reported that the filing of a dissenting opinion had never or almost never occurred. Respondents' feelings regarding administrative encouragement toward the filing of a dissenting opinion related to a student's placement are reported in Table 81.

Table 81

Perception of Comprehensive Evaluation Team Members of Administrative Support for Filing a Dissenting Opinion

	Respondent Role			
	LD	BD	SW	Psy
Encouraged	8%	0%	21%	12%
Discouraged	8%	25%	14%	15%
Neutral	56%	42%	57%	33%
Other	19%	17%	0%	30%
Don't know	6%	8%	7%	3%

The final question concerned who had most influence on the comprehensive evaluation team. The data indicated that the school psychologist was viewed as the most influential person on the comprehensive evaluation process. Responses to this question are reported in Table 82.

Table 82

Perceptions of Team Members as to Who Was Most Influential

	Respondent Role				
Most Influence	RegEd	LD	BD	SW	Psy
School psychologist	41%	50%	42%	36%	58%
Psychologist and another person	9%	11%	8%	0%	3%
Test scores/guidelines	13%	25%	8%	0%	15%
Classroom teacher	7%	0%	0%	0%	0%
SpEd administrator	4%	0%	0%	14%	6%
Principal	3%	0%	0%	7%	6%
Principal and another person	1%	0%	8%	0%	0%
Parent	3%	0%	17%	0%	0%
Varies from case to case	1%	8%	8%	36%	3%
No one/equal influence	3%	3%	8%	7%	6%
Other	4%	3%	0%	0%	3%
Don't know	4%	0%	8%	0%	0%

Interview responses of regular educators. The following section reports the responses of regular education teachers regarding the comprehensive evaluation process. A total of 76 regular education teachers were interviewed, including teachers at the elementary and secondary levels. All tables in this section report percentages based on n=76.

The findings related to the evaluation of a student's academic skills indicate that classroom teachers did not always find the evaluation consistent with the student's classroom performance. Interview responses are reported in Table 83.

Table 83

Regular Teachers' Perception of the Accuracy of Evaluation Data as Compared to Classroom Performance

Perception	Percentage
Consistent	36%
Sometimes consistent	30%
Not consistent	15%
Depends on the student	4%
Other response	3%
Don't know	13%

Teacher interviews indicated that sources of academic information other than test scores were considered in the evaluation. These sources of information are illustrated in Table 84.

Table 84

Non-Test Sources of Information on Student Academic Functioning

Information Source	Percentage
Teacher reports	53%
Student work samples	12%
Grades	12%
Parent report	7%
Other information used but not as important as test scores	11%
Other	7%
Don't know	16%

Several questions were directed toward the methods used to evaluate student behavior. First, with regard to observations of students, 82% of the teachers reported that observations were used, 5% said they were sometimes used, and 4% did not know if they were used. Second, interviewees

were asked how often behavior rating scales were used. In response, 76% of the teachers reported that rating scales were used, 1% said they were sometimes used, and 9% did not know if they were used. As a third question, interviewees were asked what methods other than observations and rating scales were used to evaluate student behavior. Other methods of evaluating student behavior that were reported by teachers are given in Table 85.

Table 85

Other Reported Procedures Used to Evaluate Student Behavior

Procedure	Percentage
Anecdotal records	33%
Parent report	18%
Classroom teacher report	14%
Sessions with counselor	7%
Other	14%
None	13%
Don't know	12%

Classroom teachers were questioned regarding the usefulness of test data. The percentages reported in Table 86 indicate that the majority of teachers found testing information useful in understanding the student's problem.

Table 86

Perception of Regular Teachers as to the Usefulness of Test Data in Understanding Student Problems

Perception	Percentage
Useful	70%
Sometimes useful	14%
Not useful	3%
Other	13%
Don't know	4%

Teachers also responded regarding the helpfulness of the testing information in determining a student's placement. Results of these responses are in Table 87.

Table 87

Perception of Regular Teachers as to the Helpfulness of Test Data in Determining Student Placement

Perception	Percentage
Helpful	86%
Sometimes helpful	5%
Not helpful	3%
Other	4%
Don't know	3%

The majority of classroom teachers indicated that IEP goals were consistent with the student's needs. While 15% of the teachers reported that they either did not know the goals of the IEP or did not know if those goals were consistent with the student's needs, 84% of the teachers interviewed believed IEP goals were consistent with student needs. One percent gave some other response.

Classroom teachers enumerated a variety of strengths and weaknesses relative to the comprehensive evaluation process. The most frequent responses are reported in Tables 88 and 89.

Table 88

Regular Teachers' Perceptions of the Strengths of the Evaluation Process

Strengths	Percentage
Generates good placements	28%
Determines student's strengths and weaknesses	18%
Team concept	17%
Multi-sourced evaluation	11%
Testing by professionals	7%
Testing is comprehensive	7%
Other	1%
Don't know	7%

Table 89

Regular Teachers' Perceptions of the Weaknesses of the Evaluation Process

Weaknesses	Percentage
Too slow	39%
Testing is artificial	16%
Lack of programs for some students	16%
Over-emphasis on test scores	11%
Evaluation focuses on a one-to-one setting	8%
Too much paperwork	7%
Other	5%
Don't know	8%

There was considerable variety in the changes classroom teachers recommended in the comprehensive evaluation process. Teacher recommendations are reported in Table 90.

Table 90

Changes in Preassessment Procedures Recommended by Regular Teachers

Recommended Changes	Percentage
Move faster	24%
More importance attached to teacher input	16%
Provide programs for students not eligible for SPED	13%
Improve testing	5%
Other	11%
None	13%
Don't know	4%

In addition to the list in Table 90, there were 23 other responses with frequencies of less than 5% each.

Interviewees were asked to suggest changes in the state guidelines. The most frequently reported recommendations are given in Table 91.

Table 91

Changes in the State Guidelines Recommended by Regular Teachers

Guidelines Changes	Percentage
Programs are needed for students not eligible for SPED	22%
Less restrictive guidelines	11%
Emphasize professional judgement	5%
Other	8%
None	9%
Don't know	32%

In addition to the list in Table 91, 17 categories with frequencies of less than 5% each were also reported.

Interview responses of speech/language clinicians. A total of twenty-eight speech/language clinicians were interviewed regarding the comprehensive evaluation process. In general, the questions focused on speech-only types of evaluations, although occasionally clinicians also replied regarding their participation in evaluations for other types of referral problems. The percentages reported in the tables in this section are all based on n=28.

Speech/language (S/L) clinicians were questioned regarding the general procedures followed when conducting a comprehensive evaluation. Their responses are reported in Table 92.

Table 92

Evaluation Procedures Reported by Speech/Language Clinicians

Procedure	Percentage
Administer tests	79%
Follow regulatory procedures	43%
Obtain teacher input	21%
Obtain conversational sample	14%
Obtain parent input	14%
Utilize professional judgement	7%
Review student's academic record	7%
Other	14%

When asked whether a team approach was used for students having a speech impairment as their only apparent exceptionality, 68% of the clinicians reported that a team was used, 25% said it was sometimes used, and 7% said a team was not used. Clinicians were asked to describe the composition of the team (other than the clinician). Their responses are reported in Table 93.

Table 93

Other Team Members on Speech-only Evaluation Teams as Reported by S/L Clinicians

Team Members	Percentage
Teacher/parent	25%
Teacher/principal	18%
Teacher	14%
Teacher/counselor	7%
Teacher/parent/principal	7%
Principal	4%
Other	18%

Clinicians were questioned about the decision-making process used in determining a student's eligibility for services. Factors reported as influencing the determination of eligibility are reported in Table 94.

Table 94

Factors Influencing the Determination of Eligibility for Speech Services as Reported by Speech/Language Clinicians

Eligibility Determinants	Percentage
State guidelines	57%
Test data	36%
Developmental norms	29%
Local guidelines	29%
Professional judgement	25%
Classroom teacher input	25%
Parent input	18%
Place borderline students if caseload is light	11%
Medical examination	7%
Other	18%

Regulations require that the student's speech/language difficulty result in an "adverse effect on educational performance." Clinicians were asked about the procedures they utilized to review the student's educational functioning for this purpose. The responses of clinicians regarding how the review was conducted and documented are reported in Tables 95 and 96.

Table 95

Procedures S/L Clinicians Reported Using to Determine Adverse Effect of Speech/Language Disabilities on Educational Performance

Procedures For Review	Percentage
Review cumulative folder/other student data	61%
Classroom teacher input	61%
Teacher checklist	18%
Review done informally	11%
Professional conference/team review	7%
Other	18%

Table 96

Procedures Reported by S/L Clinicians to Document the Effect of Speech/Language Disabilities on Educational Performance

Documentation	Percentage
None	39%
Teacher checklist	29%
IEP	7%
Referral form	7%
Preassessment form	7%
Other	11%

Kansas regulations related to conducting comprehensive evaluations require that in order for speech-only evaluations to be considered complete, the S/L clinician must verify the absence of learning or behavioral problems. Clinicians were questioned about the procedures they use to rule out the presence of other handicapping conditions. Their responses are reported in Table 97.

Table 97

Procedures Used by S/L Clinicians to Rule Out the Presence of Other Handicapping Conditions

Procedures	Percentage
Obtain input from teacher	46%
Review student folder	32%
Refer if suspect other problems	29%
Based on testing results	21%
Based on observations	18%
Request teacher to refer if there are other suspected problems	14%
Review previous psychological tests	7%
Consult with other specialists	7%
Other	11%

Clinicians were asked in the interview about the test instruments used in comprehensive evaluation. The list of instruments was extremely long and varied, with more than 34 different tests being named. The most frequently named tests are listed in Table 98.

Table 98

Percentage of S/L Clinicians Using Various Test Instruments for Comprehensive Evaluation

Test Instruments	Percentage
Peabody Picture Vocabulary Test	89%
Comprehensive Evaluation of Language Functioning (CELF)	86%
Test of Language Development (TOLD)	64%
Photo Articulation Test (PAT)	57%
Structured Photographic Expressive Language Test (SPELT)	54%
Conversation sample	54%
Test of Auditory Comprehension of Language (TACL)	50%
Expressive One-Word	39%
Boehm Test of Basic Concepts	36%
Goldman-Fristoe Articulation Test	36%
Stuttering evaluation	36%

Clinicians were then questioned about the rationale used to select particular tests for evaluating referrals. The results are reported in Table 99.

Table 99

Rationale Given by S/L Clinicians for Selecting Evaluation Instruments

Rationale	Percentage
Availability of instrument	32%
Provides needed information	32%
Evaluates all areas	25%
S/L staff chooses tests	25%
Personal preference/familiarity	21%
Professional judgement	21%
Test reliability/validity	21%
Appropriate normative data	14%
Other	32%

Clinicians were asked about adjustments made in testing for four specific types of students: sensory/motor impaired, culturally different, behavior disordered, and mentally retarded. The number of adjustments reported for students with sensory/motor impairments was more varied than for the other three groups. The most frequently reported adaptations in testing procedures when testing students under non-standard situations are reported in Table 100-103.

Table 100

Adaptations Reported by S/L Clinicians when Testing Students with Sensory-Motor Problems

Adaptations	Percentage
Change response mode	29%
Change administration procedures	29%
Change test materials	21%
Administer special test	14%
Use observations/informal testing	14%
Other	18%
None/no opportunity	25%

Table 101

Adaptations Reported by S/L Clinicians when Testing Students With Cultural Differences

Adaptations	Percentage
Considered in test interpretation	25%
Choose special test	18%
Use interpreter	11%
Allow for Black English	11%
Other	21%
None/no opportunity	32%

Table 102

Adaptations Reported by S/L Clinicians when Testing Students With Suspected Behavior Disorders

Adaptations	Percentage
More/shorter testing sessions	39%
Considered in test interpretation	21%
Use behavior management system	14%
Do classroom observations	11%
Other	32%
None/no opportunity	25%

Table 103

Adaptations Reported by S/L Clinicians when Testing Students with Suspected Mental Retardation

Adaptations	Percentage
Use student's mental age for out-of-level testing and comparison of test results	64%
Adjust test administration procedures	16%
Select special tests	18%
More/shorter testing sessions	11%
Other	29%
None/no opportunity	4%

Clinicians were asked whether observations were utilized as part of the comprehensive evaluation process. Twenty-five percent of the clinicians reported that observations were not a part of the evaluation, while 25% reported they sometimes conducted observations. Another 25% of the clinicians reported conducting observations of students with voice or fluency problems in order to determine whether the environment was contributing to the difficulty. The remaining 25% reported a variety of

situations where observations were used including informal observations during lunch or recess, classroom observations during oral presentations by the student, and obtaining additional information if needed.

Clinicians were asked a series of questions regarding use of a severity rating scale. First, they were asked how test results were used to derive a severity rating. Their responses are categorized in Table 104.

Table 104

Severity Rating Scale Reported Used by S/L Clinicians

Severity Rating Criteria	Percentage
Use state guidelines	46%
Use local guidelines	25%
Use state guidelines, but sometimes modify them	7%
Use standard scores or percentiles	7%
Other	11%
Don't use severity rating	4%

Clinicians were also asked how the severity rating assigned to a student influenced the service delivery model. Results are given in Table 105.

Table 105

Influence of Severity Rating on Service as Reported by S/L Clinicians

Severity Rating Influence	Percentage
Number of sessions per week	32%
More severe receive more time in therapy	21%
Number and length of sessions	18%
Influences whether seen in group or individually	18%
Other	25%

Clinicians were then asked to report what factors other than the student's severity rating influenced scheduling of services. Results are in Table 106.

Table 106

Factors Other than Severity Rating Which Influence Service as Reported by S/L Clinicians

Other Factors	Percentage
Classroom teacher's schedule	57%
Student's schedule	46%
Clinician's schedule/caseload	32%
Parent concerns	18%
Student's individual needs (e.g., short attention span)	18%
Travel time	7%
Other	7%

Finally, clinicians were interviewed regarding whether regular education teachers received any inservice on the severity rating scale. Thirty-five percent of the clinicians responded that no inservice had been

presented on this topic while 14% reported having provided inservice. Thirty-two percent stated that they had done a type of informal inservice with the referring teacher when explaining evaluation results. Eleven percent gave an "other" response and seven percent didn't know if teachers had received any inservice.

When asked how IEP goals were derived from the evaluation data, most clinicians (71%) reported that the areas of greatest delay or weakness identified by the testing were used for formulating goals. Thirty-two percent reported that goals are directly determined by the test data, 11% reported the teacher also suggests goals, and 4% reported the parent suggests some goals.

The next series of questions asked of the S/L clinicians focused on their perceptions of the strengths and weaknesses of the comprehensive evaluation process. In addition they were asked to recommend changes needed in comprehensive evaluation procedures. The most frequent responses are reported in Tables 107-109.

Table 107
Strengths of the Comprehensive Evaluation Process as Perceived by S/L Clinicians

Strengths	Percentage
Thoroughness of testing	39%
Identifies student's strengths and weaknesses	32%
Team concept	18%
Multi-sourced information	14%
Quality of test instruments	11%
Provides accountability for decisions	7%
Other	54%

Table 108

Weaknesses of the Evaluation Process as Perceived by S/L Clinicians

Weaknesses	Percentage
None	18%
Takes too long	1 %
Testing is artificial situation	14%
Need better evaluation instruments	14%
Scheduling problems	11%
Ineffectiveness of screening	7%
Paperwork	7%
Other	39%

Table 109

Recommended Changes in the Evaluation Process as Perceived by S/L Clinicians

Recommended Changes	Percentage
None	39%
Improve parent involvement	11%
Better quality test instruments available	11%
More team involvement for S/L referrals	11%
Less paperwork	7%
More time to do better evaluation	7%
More inservice for parents/faculty	7%
Other	36%

The final interview question asked S/L clinicians to recommend changes in the state speech/language guidelines. Responses were extremely varied, but the most frequent responses are listed in Table 110.

Table 110

Needed Changes in State Speech/Language Guidelines as Perceived by S/L Clinicians

Changes in Guidelines	Percentage
None	25%
Lower/weighted caseload	17%
Better forms	7%
Serve "2"s	7%
Improve fluency guidelines	7%
Extend guidelines to preschools	7%
Other	75%

The "other" category listed above included twenty-one responses that could not be grouped. Examples included: develop guidelines for services to TMH students, lower age for serving "r" articulation problems, and include a developmental stages chart.

Interview responses of teachers of students with behavior disorders. The project staff interviewed only twelve teachers of behavior disordered students. Four sites had no BD teachers, as all their programs were interrelated. In a fourth site, it was the LEA policy that BD teachers were not involved in the identification process. Because of the small sample size, caution should be used in generalizing the results of the interviews. The BD teachers were asked to respond to questions concerning issues related to comprehensive evaluation. These included: testing, observations, use of evaluation data, changes in the process, and others.

Teachers were requested to respond to several questions concerning testing. The first inquired into the procedure used for test selection. Half of the teachers reported that each evaluator selected their own tests, and 42% cited state guidelines or district policy as critical factors in test selection. Eight percent noted personal preferences as the determinant in selection while 25% were not involved in testing and did not respond.

A second question inquired as to adjustments made in testing students with sensory/motor impairments. Eighty-three percent of the interviewees reported that they had made no adjustments or had no need to make them. Of the 17% who had made adjustments, half adjusted the test selected while the other half adjusted the test interpretation.

The research staff also inquired as to adjustments made in testing culturally different students. Ninety-two percent reported that they made no adjustments or had no opportunity to make them. Of the eight percent who had made adjustments, use of different test instruments was the adjustment made.

Finally, the BD teachers were asked about what type of adjustments they made when testing students with a suspected learning disability. Fifty percent reported that they had not made this type of adjustment or had no need to do so. Responses of the fifty percent who made adjustments are reported in Table 111 (=6).

Table 111

Adjustments Made in Testing Students with Suspected Learning Disabilities as Reported by Behavior Disorder Teachers

Adjustment	Percentage
Considered in test interpretation	33%
Refer for LD testing	17%
Test in distraction-free setting	17%
Use techniques to improve rapport	17%

Interviewees were asked how they determined that testing was complete. Twenty-five percent reported that they were not involved in testing. Responses of the 75% who conducted testing are given in Table 112 (n=9).

Table 112

Criteria for Determining When Testing is Completed as Reported by Behavior Disorder Teachers

Criteria	Percentage
Personal decision	33%
Required battery completed	33%
Sufficient information for decision	22%
Other	11%

The final question related to testing concerned the procedures used to document test results. Responses are given in Table 113 (n=12).

Table 113

Procedures Used to Document Test Results as Reported by Behavior Disorder Teachers

Documentation	Percentage
Staffing report	50%
Test protocols	33%
BD report	25%
Don't know	16%

The evaluation of the social and behavioral functioning of students is an integral part of the comprehensive evaluation of students referred for behavioral difficulties. Several questions on this issue were directed to the interviewees. The first concerned the instruments used in this evaluation. Table 114 indicates the interviewees responses (n=12).

Table 114

Instruments Used to Evaluate Social/Behavioral Functioning as Reported by Behavior Disorder Teachers

Instruments	Percentage
Behavior rating scale	92%
Observations	50%
Projective test	33%
Self-concept test	17%
Adaptive behavior scale	17%
Social history	17%
Sentence completion	8%
Clinical interview	8%
Other	8%

Two follow-up questions concerned who decided on the instruments to be used and the rationale of the selection. The results are given in Tables 115 and 116 (n=12).

Table 115

Determination of Tests Used to Evaluate Social/Behavioral Functioning as Reported by Behavior Disorder Teachers

Decision-maker	Percentage
Psychologist	58%
Special Education teacher	33%
Special Education coordinator	25%
District/coop policy	8%
Other	8%
Don't know	17%

Table 116

Criteria for Test Selection as Reported by Behavior Disorder Teachers

Criteria	Percentage
Reliability/validity of instrument	25%
Gives comprehensive view of student	17%
Age appropriateness	8%
Personal preference	8%
Selected by committee	8%
Generates needed information	8%
Ease of administration	8%
Don't know	42%

The final question related to the evaluation of social and behavioral functioning concerned the use of anecdotal records for recording student behaviors. Fifty percent of the interviewees reported that anecdotal records were used, 17% reported these records were not used, 8% that they were sometimes used, and 8% that they were rarely used. Seventeen percent did not know if anecdotal records were used. A follow-up question to those who reported using anecdotal records asked how these records were used. The responses are given in Table 117 (n=8).

Table 117

Uses of Anecdotal Records as Reported by Behavior Disorder Teachers

Use of Anecdotal Records	Percentage
Used more at preassessment	38%
Information biased, not useful	13%
Provide information for staffing	13%
Determine patterns of behavior	13%
Used informally (not part of record)	13%
Other	13%

Since observations are a regulatory requirement in comprehensive evaluations, teachers were asked several questions related to this issue. Their responses are summarized in Tables 118-121 (n=12 for all tables related to observation).

Table 118

Person Conducting Observation of Student Referred for a Possible Behavior Disorder as Reported by Behavior Disorder Teachers

Observer	Percentage
BD teacher/consultant	25%
LD teacher/strategist	25%
BD team member	17%
Psychologist	17%
Other	8%
Don't know	8%

Table 119

Number of Observations of Students Referred for a Possible Behavior Disorder as Reported by Behavior Disorder Teachers

Number of Observations	Percentage
One or two	58%
Three or four	17%
Depends on student	8%
Don't know	17%

Table 120

Types of Observation Conducted with Students Referred for a Possible Behavior Disorder as Reported by Behavior Disorder Teachers

Type of Observation	Percentage
Narrative	33%
Frequency count	17%
Time sampling/interval recording	17%
Depends on the problem	8%
Other	8%
Don't know	17%

Table 121

Settings of Observations Conducted with Students Referred for a Possible Behavior Disorder as Reported by Behavior Disorder Teachers

Settings	Percentage
Classroom	83%
Recess/playground	33%
PE/music/art	25%
Depends on the problem	25%
Structured	17%
Unstructured	17%
Lunchroom	8%
Other	8%

Two final questions related to observations concerned the issues of observing others for purposes of comparison and the use of observation data in developing program options. The findings are given in Tables 122 and 123.

Table 122

Observation of Classroom Peer as Reported by Behavior Disorder Teachers

Peer Observed	Percentage
Yes	58%
Informally	17%
No	17%
Don't know	8%

Table 123

Uses of Observation Data as Reported by Behavior Disorder Teachers

Use of Observation	Percentage
Determine appropriate program	42%
Varies/used occasionally	17%
Recommend instructional modifications	8%
Depends on expertise of observer	8%
Aid in understanding the student	8%
Very helpful	8%
Don't know	8%

The next group of question concerned the use of evaluation data. Teachers were asked how the social/behavioral evaluation data were used to determine the student's eligibility for special education services. The findings are reported in Table 124 (n=12).

Table 124

Use of Social/Behavioral Evaluation Data in Determining Student Eligibility as Reported by Behavior Disorder Teachers

Use of Evaluation Data	Percentage
Determines if behavior occurs across settings and interferes with academic progress	25%
Social/behavioral data is the major determinant	25%
Follow state guidelines	17%
Confirms degree to which behavior interferes with academic progress	8%
Other	17%
Don't know	8%

Two questions directed to the interviewees concerned exclusionary factors. Specifically the research team wanted to know if these factors were discussed when eligibility was being determined, and if consideration of the factors was documented. The responses are reported in Tables 125 and 126.

Table 125

Consideration of Exclusionary Factors in Deciding Placement as Reported by Behavior Disorder Teachers

Exclusionary Factors	Percentage
Are discussed	67%
Not discussed	17%
Sometimes discussed	8%
Don't know	8%

Table 126

Documentation of Exclusionary Factors as Reported by Behavior Disorder Teachers

Factors Documented	Percentage
Yes	50%
Only if significant	8%
Other	25%
Don't know	17%

Interviewees noted that documentation occurred on LEA forms, in the psychologist's report, on individual evaluators' reports, on staffing reports, or on the IEP.

The findings indicate that evaluation data was not as critical a factor in determining the service delivery model as might be expected. The determining factors in choosing a service delivery model which were identified by the interviewees are reported in Table 127.

Table 127

Behavior Disorder Teachers' Perceptions of Critical Factors in Selection of Service Delivery Model

Factors	Percentage
Test data	25%
Combination of 4 categories below	17%
Availability of programs	8%
Type of disability	8%
Severity of behavior in classroom	8%
Data plus diagnostic placement	8%
Other	17%
Don't know	8%

The final question on the use of evaluation data concerned IEP goals. The findings indicate that IEP goals generally were derived from the evaluation data. The responses (n=12) are illustrated in Table 128.

Table 128

Behavior Disorder Teachers' Perceptions of the Derivation of IEP Goals

Source of IEP Goals	Percentage
Behavior goals from observation/behavior scale	42%
Evaluation determines strengths and weaknesses; goals directed toward weaknesses	33%
From test data and parent input	8%
Teachers write goals for areas where student meets eligibility criteria	8%
Don't know	8%

Interviewees were requested to share their ideas concerning the strengths and weaknesses of the comprehensive evaluation process and any changes they would like to see made in the process. The most frequent categories of responses to these questions are reported in Tables 129-131 (n=12).

Table 129

Behavior Disorder Teachers' Perceptions of the Strengths of the Comprehensive Evaluation Process

Strengths	Percentage
Team concept	33%
Thoroughness of testing	33%
Determines student strengths, weaknesses and needs	25%
Prevents inappropriate placements	17%
Provides programming information	8%
Multi-sourced information	8%
Psychologist's input	8%
Other	33%

Table 130

Behavior Disorder Teachers' Perceptions of the Weaknesses of the Comprehensive Evaluation Process

Weaknesses	Percentage
Too long/too slow	33%
Need better evaluation of behavior	17%
Too much paperwork	8%
Overemphasis on tests/not enough professional judgement	8%
Inappropriate IEP goals	8%
Lack of programs for students not eligible for special education	8%
Lack of interaction between regular and special education	8%
None	8%
Other	33%

Table 131

Recommended Changes in the Comprehensive Evaluation Process as Reported by Behavior Disorder Teachers

Recommended Changes	Percentage
None	25%
Improve evaluation of behavior	17%
Complete testing faster	8%
More flexibility in guidelines	8%
More flexibility in test selection	8%
Improve preassessment	8%
More regular education involvement (especially at secondary level)	8%
Other	17%
Don't know	8%

The final series of questions of the interview focused on the state guidelines. Fifty percent of the interviewees thought that the state guidelines enabled them to discriminate between non-handicapped students having difficulty in the classroom and handicapped students. Eight percent responded "sometimes" , while 25% responded "no". Eight percent reported an "other" response and another 8% didn't know. Many of the interviewees elaborated on their answers and their explanations are given in Table 132 (n=12).

Table 132

Behavior Disorder Teachers' Explanations of Their Responses on the Ability of State Guidelines to Discriminate Between Handicapped and Nonhandicapped

Explanation	Percentage
Criteria are objective/ comprehensive/helpful	17%
BD guidelines are too vague	17%
Other	8%
Don't know	8%
No elaboration	50%

Interviewees were also asked whether the state guidelines enabled them to discriminate among the various disability categories. Fifty-eight percent responded "yes", 17% responded "sometimes", and another 17% responded "no". Eight percent didn't know. Elaborations of their responses are given in Table 133 (n=12).

Table 133

Behavior Disorder Teachers' Explanations of Their Responses on the Ability of State Guidelines to Discriminate Among Disability Categories

Explanation	Percentage
Not helpful in distinguishing primary handicap for LD/BD	25%
Difficult to determine causes of behavior	8%
Overlapping areas not covered	8%
Other	8%
Don't know	8%
No elaboration	42%

The final question of the interview elicited recommendations for changes in the state guidelines. Recommended changes exhibited wide variability. Responses are given in Table 134 (n=12).

Table 134

Recommended Changes in the State Guidelines as Reported by Behavior Disorder Teachers

Changes in Guidelines	Percentage
BD guidelines should be more specific/understandable/ closer to federal regs	33%
Allow more flexibility/more professional judgement	17%
Mild/moderate behavior problems should be served	17%
Don't use discrepancy formula/ change formula	17%
Provide programs for students not eligible for special education	8%
Change the label for BD	8%
Discrepancy formula not appropriate for very young or secondary levels	8%
Don't change guidelines so frequently	8%
Less paperwork	8%
Other	45%
Don't know	8%

Interview responses of teachers of students with learning disabilities. The project staff interviewed thirty-six teachers of learning disabled students. They were requested to respond to several questions concerning testing. The first concerned the procedure used for test selection. A fourth of the teachers reported that they gave a standard battery, and

another 31% cited state guidelines or district policy as critical factors in test selection. Nineteen percent indicated the school psychologist selected the tests to be used, 14% indicated team members select their own tests, 11% reported using a test battery plus doing follow-up testing in problem areas, and 6% noted that the type of referral determined the tests used. Thirty-one percent offered "other" responses (e.g., age level of student). Eight percent of the LD teachers were not involved in student testing and did not respond.

Another question related to testing inquired as to adjustments made in testing students with sensory/motor impairments. According to the findings, 61% of the LD teachers reported that they had made no adjustments in testing or had no need to make them. The types of adjustments made by the 39% of the respondents who did so are reported in Table 135 (n=14).

Table 135

Adjustments Made in Testing Students with Sensory/Motor Impairments as Reported by Learning Disability Teachers

Adjustment	Percentage
Change student response mode	57%
Change tests	29%
Refer student to other specialists	7%
Use alternative methods to test impaired domain	7%
Give only part of test	7%
Other	36%

Teachers were also queried as to adjustments they made in testing culturally different students. Eighty-three percent reported that they had made no adjustments or had no opportunity to make them. Of the 17% who had made adjustments, all reported that they considered cultural differences in test interpretation. In addition, one teacher responded that at times only part of a particular test was administered.

The last adjustment teachers were questioned about concerned emotional disabilities. Forty-two percent reported that they had not made adjustments for students with emotional disabilities or had no need to make an adjustment. The types of adjustments made by the 58% who did so are illustrated in Table 136 (n=21).

Table 136

Adjustments Made in Testing Students with Emotional Disabilities as Reported by Learning Disability Teachers

Adjustment	Percentage
Shorten testing session	48%
Establish a positive atmosphere	33%
Use positive reinforcement	33%
Use techniques to improve attending	19%
Select alternative tests	5%
Retest until obtain valid results	5%
Other	19%

Teachers were asked how they determined that testing was complete. A wide variety of responses was generated, with the most frequent categories reported in Table 137 below (n=36).

Table 137

Criteria Reported by Learning Disability Teachers for Determining when Testing Was Complete

Criteria	Percentage
Required battery completed	28%
Exhaust tests and testing techniques	19%
Until understand student's strengths and weaknesses	19%
Accumulate sufficient information to make a decision	11%
Answer referral questions/concerns	8%
Depends on time factor	6%
Other	11%
Don't know	3%
Don't conduct testing	14%

The final question related to testing dealt with the procedure used to document test results. The responses are indicated in Table 138 (n=36).

Table 138

Procedures for Documenting Evaluation Results as Reported by Learning Disability Teachers

Documentation	Percentage
Staffing team report	31%
Learning disabilities report	25%
Test protocols	22%
Psychologist's report	17%
Individual evaluator reports	8%
Other	11%
Don't conduct testing	8%

Since observations are a required component of the comprehensive evaluation for students suspected of having a learning disability, the research team asked interviewees four questions related to this issue. The first question focused on how observations were used. Their responses are illustrated in Table 139 (n=36 for all tables regarding observations).

Table 139

Uses of Observation Data as Reported by Learning Disability Teachers

Use of Observations	Percentage
Used by specialist observing (psych., social worker, etc.)	44%
Meet requirements of regulations	17%
Problem identification	14%
Programming purposes	6%
Other	14%
Don't know	3%

The next question concerned the observation of another student for purposes of comparison. Responses are reported in Table 140.

Table 140

Observation of Classroom Peer as Reported by Learning Disability Teachers

Peer Observed	Percentage
Y	56%
Informally	17%
Sometimes	6%
No	8%
Don't know	14%

The third question asked about the meaningfulness of the information obtained from the observation. Responses are in Table 141.

Table 141

Meaningfulness of Observation Information as Reported by Learning Disability Teachers

Meaningfulness of Observation	Percentage
Not meaningful	22%
Meaningful	17%
Limited meaningfulness	11%
Provides information about student behavior in classroom setting	19%
Confirms teacher's report	6%
More helpful during preassessment	6%
Meaningful for behavior but not academics	6%
Meaningful for programming but not placement	6%
Varies depending on student	6%

The final question related to observations focused on their use in planning program options. Interviewee responses are reported in Table 142.

Table 142

Use of Observation Data in Program Planning as Reported by Learning Disability Teachers

Programming Use of Observations	Percentage
Not used/not discussed	19%
Determine appropriate program	19%
Recommend classroom management program	17%
Determine student's strengths/weaknesses	14%
Other	28%
Don't know	6%

The use of test data was also an area of inquiry in the interviews. Seven questions focused on this issue. The first question concerned the use of severe discrepancy criteria. A severe discrepancy between ability and achievement must be demonstrated before a student may be identified as LD. Optional documentation, however, is provided for in the state LD guidelines. Fifty percent of the teachers reported that LD students must always meet the severe discrepancy criteria in order to be placed, while nineteen percent reported that the criteria must almost always be met. Twenty-two percent reported that the criteria did not have to be met, 6% gave an "other" response and 3% did not respond.

Interviewees were asked two follow-up questions on the use of severe discrepancy criteria. These questions focused on the procedures followed when placing a student using professional judgement and the documentation of these procedures. The interviewees' responses are reported in Tables 143 and 144 (n=36).

Table 143

Procedures Used by LEAs to Place Students Not Having Severe Discrepancies as Reported by Learning Disability Teachers

Procedure Followed	Percentage
No procedure exists	28%
SPED director/coordinator decides	19%
Same as for other placements	14%
Special documentation	8%
Other	14%
Has never happened	6%
Don't know	11%

Table 144

Procedures Used to Document Professional Judgement Placements as Reported by Learning Disability Teachers

Procedure Documented	Percentage
No procedure exists	28%
In staffing report	14%
In memo/statement	8%
In psychologist's report	8%
On LEA form	6%
Same as other placements	6%
On IEP	3%
Not documented	6%
Don't know	22%

Interviewees were requested to respond to two questions concerning exclusionary factors. Specifically the research team wanted to know if these factors were discussed when eligibility was being determined and if consideration of the factors was documented. The responses are illustrated in Tables 145 and 146 (n=36).

Table 145

Consideration of Exclusionary Factors in Deciding Placement as Reported by Learning Disability Teachers

Exclusionary Factors	Percentage
Are discussed	58%
Sometimes discussed	17%
Not discussed	11%
Discussed during preassessment	8%
Discussed but does not influence placement	6%

Table 146

Documentation of Exclusionary Factors as Reported by Learning Disabil / Teachers

Factors Documented	Percentage
Yes	58%
No	22%
Other	11%
Don't know	8%

Interviewees stated that the documentation reported in Table 145 occurred on LEA forms, in the psychologist's report, on individual evaluators' reports, on staffing reports, or on the IEP.

Fifty percent of the interviewees indicated that test data determined the service delivery model provided to students. Seventeen percent responded that test data and classroom performance determined the delivery model. Eight percent indicated that consideration of the least restrictive environment (LRE) was the determinant, while 3% indicated the availability of programs determined service delivery. Another 3% named vocational needs as the determinant while 3% cited the amount of aptitude-achievement discrepancy and ability to handle the regular classroom setting as the determining factors. Thirteen percent noted an "other" response.

How the IEP goals were derived from the evaluation data are reported in Table 147 (n=36).

Table 147

Learning Disability Teachers' Perceptions of the Derivation of IEP Goals

Source of IEP Goals	Percentage
Evaluation determines student's strengths/weaknesses; goals directed toward weaknesses	44%
Academic goals taken from tests	8%
From test data and parent input	8%
From test data and informal diagnosis	8%
Goals not derived from test data	8%
Other	22%

The research team requested that interviewees share their ideas concerning the strengths and weaknesses of the comprehensive evaluation process and any changes they would like to see made in the process. The results are summarized in Tables 148-150 (n=36).

Table 148

Learning Disability Teachers' Perceptions of the Strengths of the Comprehensive Evaluation Process

Strengths	Percentage
Team concept	42%
Determines student strengths/ weaknesses/functioning/needs	31%
Thoroughness of testing	22%
Prevents inappropriate placements	17%
Provides programming information	11%
Testing by professionals	11%
Parents are well informed	6%
Other	28%

Table 149

Learning Disability Teachers' Perceptions of the Weakness of the Comprehensive Evaluation Process

Weaknesses	Percentage
Too long/too slow	33%
Scheduling problems	14%
Testing sometimes unreliable	8%
Too much instructional time missed for testing	8%
Overemphasis on tests/not enough professional judgement allowed	8%
Parents intimidated by number of professionals at staffing	8%
Insufficient data on some students	6%
Too much paperwork	6%
Parents aren't involved	6%
Other	44%
Don't know	3%

Table 150

Changes Recommended in the Comprehensive Evaluation Process by Learning Disability Teachers

Recommended Changes	Percentage
Complete evaluation faster	19%
More flexibility in guidelines	11%
Fewer professionals at staffing	8%
Less paperwork	6%
Improve parent involvement	6%
Improve psychologist's report	6%
Other	11%
Don't know	3%

Interviewees responded with numerous recommendations for changes in the process. In addition to the categories listed in Table 150, eighteen other categories were reported with frequencies of less than 4%.

The final three questions of the interview focused on the state guidelines. Forty-seven percent of the LD teachers interviewed thought that the state guidelines did enable them to discriminate between non-handicapped students having difficulty in the classroom and handicapped students. Twenty-two percent responded "sometimes" to this question, while 17% responded "no". Six percent gave an "other" response and 8% didn't know. Some of the interviewees elaborated on their answers and their explanations are given in Table 151 (n=36).

Table 151

Learning Disability Teachers' Explanations of Their Responses on the Ability of State Guidelines to Discriminate Between Hardicapped and Nonhandicapped

Explanation	Percentage
Need to serve students who don't qualify for special education	17%
Guidelines need to better address criteria other than discrepancy	6%
Criteria are objective and helpful	3%
Need to limit students placed in SPED	3%
Criteria too severe	3%
Other	22%
No elaboration	48%

Interviewees were also asked whether the state guidelines enabled them to discriminate among the various disability categories. Sixty-seven percent responded "yes," 14% responded "sometimes," and 8% responded "no." Eight percent reported an "other" response and 3% didn't know. Elaborations added to their responses are given in Table 152 (n=36).

Table 152

Learning Disability Teachers' Explanation of their Responses on the Ability of the State Guidelines to Discriminate Among Disability Categories

Explanation	Percentage
Not helpful in distinguishing primary handicap for LD/ED	25%
Not helpful for EMH/BD students	3%
Other	14%
Don't know	3%
No elaboration	56%

The final question of the interview elicited recommendations for changes in the state guidelines. Recommendations varied widely. In addition to the recommended changes listed in Table 153, 13 other categories with frequencies of less than 4% were reported.

Table 153

Recommended Changes in the State Guidelines as Reported by Learning Disability Teachers

Changes in Guidelines	Percentage
Provide programs for students not eligible for special education	39%
Allow more flexibility in guidelines/ allow for more professional judgement	14%
Less paperwork	11%
Don't change guidelines so frequently	6%
Need better test instruments	6%
Provide LD teachers with guidelines	6%
Consider severity of student in determining class size/caseload	6%
Discrepancy formula not appropriate for very young or secondary students	6%
Make placement decision on need, not categories	6%
Allow early identification of milder problems	6%
Provide more inservice on guidelines	6%
Other	8%
None	3%
Don't know	17%

Interview responses of school psychologists. Thirty-three psychologists were interviewed concerning issues related to comprehensive evaluation. The findings of these interviews are reported in this subsection.

Psychologists were requested to respond to several questions concerning testing. The first inquired into factors influencing test selection. Their responses are reported in Tables 154 (n=33).

Table 154

Test Selection Criteria Reported by School Psychologists

Criteria	Percentage
State guidelines/district policy	39%
Type of referral determines tests	36%
Each evaluator selects own tests	33%
Psychologist selects tests	27%
Administer standard battery	6%
Personal preference	3%

Two other questions dealt with adjustments made in usual testing procedures. In response to the first question, fifteen percent of the psychologists reported that they had made no adjustments in testing to accommodate sensory/motor impairments or had no need to make them. The types of adjustments made by the 85% who did so are illustrated in Table 155 (n=28).

Table 155

Adjustments Made in Testing Students with Sensory/Motor Impairments as Reported by School Psychologists

Adjustments	Percentage
Administer only part of test	46%
Choose alternative test	39%
Refer student to other specialists	25%
Considered in test interpretation	21%
Change student response mode	18%
Use alternative methods to test impaired domain	14%
Other	3%
Don't know	3%

The second question queried psychologists as to adjustments they made in testing culturally different students. Fifteen percent of the psychologists reported that they had made no adjustments for cultural differences or had no need to make them. The types of adjustments made by the 85% who did so are reported in Table 156 (n=28).

Table 156

Adjustments Made in Testing Culturally Different Students as Reported by School Psychologists

Adjustments	Percentage
Choose alternative test	39%
Considered in test interpretation	32%
Use an interpreter	25%
Use non-verbal IQ test	21%
Refer student to other specialists	11%
Administer only part of test	3%
Other	12%
Don't know	3%

Psychologists were asked how they determined that testing was complete. A variety of responses was generated, with the most frequent categories reported in Table 157 (n=33).

Table 157

Criteria for Determining When Testing is Completed as Reported by School Psychologists

Criteria	Percentage
Combination of categories below	18%
Personal decision	18%
Accumulate sufficient information to make a decision	15%
Answer referral questions/concerns	12%
When cause of problem becomes evident	9%
When nothing new surfaces	9%
Required battery completed	6%
Other	6%
Don't know	3%

The final question relating to testing inquired as to the procedures used to document test results. Responses are reported in Table 158 (n=33).

Table 158

Procedures Used to Document Test Results as Reported by School Psychologists

Documentation	Percentage
Psychologist report	81%
Individual evaluator reports	35%
Staffing report	23%
Test protocols	13%
Forms	3%
Other	3%

Several questions were directed to the evaluation of social and behavioral functioning. The first question involved the instruments used for evaluation of this domain. Responses are given in Table 159 (n=33).

Table 159

Instruments Used to Evaluate Social and Behavioral Functioning as Reported by School Psychologists

Instrument	Percentage
Behavior rating scale	91%
Observation	51%
Social history	49%
TAT/CAT/Rorschach	42%
Drawing projective (HTP, KFD, DAP)	39%
Sentence completion	30%
Adaptive behavior scale	27%
Student/clinical interview	24%
Teacher report	24%
Personality test	15%
Self-concept scale	15%
Outside agency report	6%
Other	24%

Two follow-up questions asked about who decided on the instruments to be used and the rationale for the selection. The responses are in Tables 160 and 161 (n=33).

Table 160

Determination of Tests Used for Comprehensive Evaluations as Reported by School Psychologists

Decision-Maker	Percentage
Psychologist	79%
District/coop policy	18%
Special education teacher	15%
Each evaluator	12%
Special education coordinator	6%
Guidelines	3%
Other	3%
Don't know	3%

Table 161

Criteria for Test Selection as Reported by School Psychologists

Criteria	Percentage
Personal preference/professional judgement	24%
Reliability/validity of instrument	18%
Generates the needed information	18%
Depends on referral problem	18%
Age appropriateness	15%
Provides programming interventions	12%
Teacher/parent concerns	9%
Gives comprehensive view of student	6%
Attempt to evaluate each domain	6%
Covers wide range of age and behavior	3%
Recommended by another professional	3%
Chosen by committee	3%
Other	12%
Don't know	3%

The final question related to the evaluation of social and behavioral functioning concerned the use of anecdotal records. Fifty-five percent of the interviewees reported that anecdotal records were used, 27% reported they were sometimes used, 9% that they were not used, and 6% that they were rarely used. Three percent reported an "other" response.

A follow-up question as to how these records were used generated numerous responses. The responses are reported in Table 162 (n=30).

Table 162

Uses of Anecdotal Records as Reported by School Psychologists

Use of Anecdotal Records	Percentage
Used more during preassessment	17%
Used for BD referrals	10%
Determine patterns of behavior	10%
Used as baseline data	7%
Indicates areas to be evaluated	7%
Provides information for staffing	3%
Indicates interventions attempted	3%
Used when validity of test results is questionable	3%
Combination of above categories	7%
Other	33%

Because observations are an integral component of comprehensive evaluations, psychologists were asked several questions related to this topic. Their responses are reported in Tables 163-166 (n=33 for all tables related to observations). Responses are reported for all types of handicapping conditions, for LD students only, and for BD students only.

Table 163

Person Conducting Observation as Reported by School Psychologists

Observer	Percentage		
	All	LD	BD
Psychologist	49%	21%	6%
LD teacher/strategist	39%	30%	0%
Social worker	12%	0%	27%
BD teacher/consultant	9%	0%	15%
Counselor	12%	0%	0%
BD team member	6%	0%	0%
Other	24%	0%	0%

Table 164

Number of Observations Conducted During a Comprehensive Evaluation as Reported by School Psychologists

Number	Percentage		
	All	LD	BD
One or two	18%	48%	9%
Three or four	9%	0%	15%
Five or more	0%	0%	12%
Several	3%	0%	18%
Depends on the problem	3%	6%	3%
Other	3%	6%	3%
Don't know	0%	9%	3%

Table 165

Types of Observations Made During Comprehensive Evaluations as Reported by School Psychologists

Type of Observation	Percentage		
	All	LD	BD
Narrative	33%	12%	3%
Structured	18%	6%	9%
Time sampling	15%	0%	6%
Frequency count	9%	3%	21%
Unstructured	9%	6%	3%
State LD form	6%	0%	0%
Other	21%	3%	3%

Table 166

Settings of Observations Conducted During Comprehensive Evaluation as Reported by School Psychologists

Settings	Percentage		
	All	LD	BD
Classroom	82%	9%	9%
Recess/playground	30%	0%	3%
PE/music/art	21%	0%	12%
Lunchroom	12%	0%	3%
Depends on the problem	6%	0%	15%
Structured	6%	0%	3%
Unstructured	3%	0%	15%
Other	3%	0%	0%

Two final questions related to observations concerned issues of observing other students for purposes of comparison and the use of observation data in developing program options. The findings are given in Tables 167 and 168.

Two follow-up questions concerning the use of severe discrepancy criteria centered on the procedures followed when placing a student using professional judgement and the documentation of these procedures. The responses of those who reported some procedure to allow for placement without a severe discrepancy being present are given in Tables 169 and 170 (n=28).

Table 169

Procedures Used by LEAs to Place Students Not Having Severe Discrepancies as Reported by School Psychologists

Procedure Followed	Percentage
SpEd director/coordinator decides	32%
Special documentation	29%
Subjective procedure	3%
Other	18%
Don't know	3%

Table 170

Procedures Used to Document Professional Judgement Placements as Reported by School Psychologists

Procedure Documented	Percentage
In psychologist's report	36%
In staffing report	14%
On LEA form	14%
In both psychologist and staffing report	14%
Same as for other placements	4%
In memo	4%
Other	7%
Don't know	7%

Table 167

Observation of Classroom Peer as Reported by School Psychologists

Peer Observed	Percentage
Yes	68%
Informally	9%
No	6%
Infrequently	6%
Sometimes	3%
Other	3%

Table 168

Uses of Observation Data as Reported by School Psychologists

Use of Observation	Percentage
Determine appropriate program	36%
Aid in understanding the student	15%
Recommend management techniques	6%
Rarely useful	3%
Depends on expertise of observer	3%
Combination of above categories	15%
Not useful	9%
Other	12%

Psychologists were asked three questions concerning LD placements. The first question focused on the use of severe discrepancy criteria. Thirty-six percent of the psychologists reported that students must always meet the severe discrepancy criteria in order to be placed in an LD program, and 33% reported that the criteria must almost always be met. Twenty-four percent reported that the criteria did not have to be met, 3% gave an "other" response, and 3% did not respond.

The next group of questions concerned the use of evaluation data. Two questions addressed the issue of exclusionary factors. The first concerned the degree to which exclusionary factors were discussed at the time an eligibility decision was made. The second inquired as to how evaluation of exclusionary factors was documented. Results are reported in Tables 171 and 172 (n=33).

Table 171

Consideration of Exclusionary Factors in Deciding Placement as Reported by School Psychologists

Exclusionary Factors	Percentage
Are discussed	64%
Sometimes discussed	24%
Not discussed	6%
Discussed during preassessment	6%

Table 172

Documentation of Exclusionary Factors as Reported by School Psychologists

Factors Documented	Percentage
Yes	64%
No	15%
Only if significant	3%
Other	9%

Interviewees noted that documentation of exclusionary factors was made on LEA forms, in the psychologist's report, on individual evaluators' reports, on staffing reports, or on the IEP.

The findings indicate that evaluation data were not as critical as expected in determining the service delivery model. Psychologists' opinions regarding what were the determining factors in the choice of service delivery model are reported in Table 173 (n=33).

Table 173

School Psychologists' Perceptions of Critical Factors in Selection of Service Delivery Model

Factors	Percentage
Test data	30%
Consideration of LRE	18%
Severity of behavior in classroom	18%
Test data not used	3%
Teacher report	3%
Severity of academic problems	3%
Severity of problem and availability of program	3%
Combination of above categories	3%
Other	15%
Don't know	3%

The final question on the use of evaluation data concerned IEP goals. The findings indicate that IEP goals were generally derived from the evaluation data. The school psychologists' responses are reported in Table 174 (n=33).

Table 174

School Psychologists' Perceptions of the Derivation of IEP Goals

Source of IEP Goals	Percentage
Evaluation determines student's strengths/weaknesses; goals directed toward weaknesses	58%
Teachers write goals for areas where student meets eligibility criteria	12%
Test data plus informal diagnosis	6%
Goals not derived from test data	3%
Academic goals taken from tests	3%
Behavior goals from observation and behavior scale	3%
Test data plus parent input	3%
Other	3%
Don't know	6%

Psychologists were requested to share their ideas concerning the strengths and weaknesses of the comprehensive evaluation process. The most frequent categories of response are given in Tables 175 and 176 (n=33).

Table 175

School Psychologists' Perceptions of the Strengths of the Comprehensive Evaluation Process

Strengths	Percentage
Team concept	48%
Thoroughness of testing	36%
Determines student's strengths/weaknesses/ functioning/needs	18%
Provides programming information	15%
Multi-sourced information	15%
Prevents inappropriate placements	12%
Testing by professionals	9%
Reliable/valid test instruments	9%
Parents are well informed	3%
Provides good placements	3%
Other	24%

Table 176

School Psychologists' Perceptions of the Weaknesses of the Comprehensive Evaluation Process

Weaknesses	Percentage
Too long/too slow	33%
Evaluation data not used for classroom modifications	12%
Lack of coordination of staff	9%
Overemphasis on tests/not enough allowance for professional judgement	6%
Lack of programs for students not eligible for special education	6%
Inadequate preassessment	6%
Other	9%

In addition to the above categories there were 14 categories with frequencies of 3% or less (e.g. poor documentation, national norms inappropriate for local districts, and poor testing conditions).

The school psychologists were also asked what changes they would recommend in the comprehensive evaluation process. Their responses are reported in Table 177 (n=33).

Table 177

Recommended Changes in the Comprehensive Evaluation Process as Reported by School Psychologists

Recommended Changes	Percentage
None	12%
More flexibility in guidelines	12%
Teams assist in implementing strategies in the classroom	9%
Improve preassessment	9%
More classroom modifications	9%
Allow more informal testing	6%
Other	15%
Don't know	6%

In addition to the above categories, there were 15 additional categories with 3% frequency (e.g., more time, improve observations, and high school teachers should attend staffings).

The final series of questions focused on the state guidelines. Forty-six percent of the psychologists thought that state guidelines enabled them to discriminate between non-handicapped students having difficulty in the classroom and handicapped students. Twenty-one percent responded "sometimes", while 15% responded "no". Eighteen percent reported an "other" response. Many of the interviewees elaborated on their answers and their explanations are given in Table 178 (n=33).

Table 178

School Psychologists' Explanations of Their Responses on the Ability of State Guidelines to Discriminate Between Handicapped and Nonhandicapped

Explanation	Percentage
Criteria are objective/ comprehensive/helpful	12%
Criteria are too severe	9%
Need to serve students who don't qualify for special education	6%
Need to limit students in Sp.Ed.	6%
Other	12%
No elaboration	33%

In addition to the above categories, there were eight other groupings having frequencies of 3% (e.g., BD guidelines too vague, need more latitude in guidelines, and guidelines miss students).

Interviewees were also asked whether the state guidelines enabled them to discriminate among the various disability categories. Seventy percent responded "yes", 15% responded "sometimes", and 6% responded "no". Six percent reported an "other" response and 3% didn't know. Elaborations of their responses are given in Table 179 (n=33).

Table 179

School Psychologists' Explanation of Their Responses on the Ability of the State Guidelines to Discriminate Among Disability Categories

Explanation	Percentage
Not helpful in distinguishing primary handicap, especially for LD and BD	18%
Testing is more helpful than guidelines	3%
When category uncertain, usually identify student as LD	3%
Other	3%
Don't know	3%
No elaboration	70%

The final question of the interview elicited recommendations for changes in the state guidelines. The results are in Table 180 (n=33).

Table 180

Recommended Changes in the State Guidelines as Reported by School Psychologists

Changes in Guidelines	Percentage
Provide programs for students not eligible for special education	24%
BD guidelines should be more specific/ understandable/closer to federal regs	24%
Allow more flexibility in guidelines/allow for professional judgement	12%
Make placement decisions based on need, not categories	9%
Too much separation of special education and regular education	9%
Other	15%

In addition to the above categories, there were thirty-two categories with percentages of 3% (e.g., eliminate the exclusionary factors, don't change guidelines so often, and need better definition of LD).

Interview responses of school social workers. Although social workers were not found in all nine sites, in the districts and cooperatives in which they were employed they assumed an active role in the comprehensive evaluation process. Their expertise was frequently used in the evaluation of the social and behavioral functioning of students. Fourteen social workers were interviewed to elicit their ideas concerning comprehensive evaluation procedures. Because of the small sample size, caution must be used in interpreting the data.

Several questions were directed to the assessment of social and behavioral functioning. The first question involved the type of instruments used for this part of the comprehensive evaluation. The social workers responses are reported in Table 181 (n=14).

Table 181

Instruments Used to Evaluate Social/Behavioral Functioning as Reported by School Social Workers

Type of Instrument	Percentage
Behavior rating scale	93%
Social history/parent interview	86%
Adaptive behavior scale	57%
Observations	57%
Outside agency reports	29%
Teacher report/anecdotal records	21%
Sociogram	21%
Student interview/clinical interview	21%
Sentence completion/story completion	7%
Self-concept scale	7%
Other	21%

A follow-up question focused on who decided what instruments would be used. The social workers viewed themselves as the ones who most often decided what instruments to administer (43%). Thirty-six percent reported that special education coordinators decided, 21% reported that the school psychologist decided, 7% that each specialist decided, and 14% gave an "other" response.

Social workers were asked to comment on the rationale for choosing the instruments used. Their responses are indicated in Table 182 (n=14).

Table 182

Rationale Given by School Social Workers for Their Selection of Instruments Used for Comprehensive Evaluations

Rationale	Percentage
Generates needed information	50%
Personal preference/familiarity	21%
Recommended by other professionals	21%
Match BD guidelines	14%
Provides data from different environments	7%
District policy	7%
Recommends programming interventions	7%
Other	14%
Don't know	7%

The final question pertaining to social/behavioral evaluation concerned the use of anecdotal records. Seventy-one percent of the interviewees reported that anecdotal records were frequently used, 14% reported they were sometimes used and 14% reported they were not used. Social workers using anecdotal records were asked to explain how these records were used. Their responses are in Table 183 (n=12).

Table 183

Uses of Anecdotal Records Reported by School Social Workers

Uses of Anecdotal Records	Percentage
Provide information for staffing	25%
Combinations of categories below	17%
Develop behavioral objectives for IEP	8%
Determine patterns of behavior	8%
Used informally (not part of record)	8%
To select behaviors for observation	8%
Used more during preassessment	8%
Other	25%

Since observations are an integral factor in the comprehensive evaluation, social workers were asked several questions related to this issue. The findings are reported in Tables 184-188 (n=14 for all tables related to observation).

Table 184

Person Conducting Observation for Comprehensive Evaluations as Reported by School Social Workers

Observer	Percentage
School psychologist	36%
School social worker	43%
BD consultant/teacher	29%
LD teacher/strategist	21%
Counselor	14%
Other	36%

In addition to the above responses, 7% of the interviewees indicated

that the psychologist conducted LD observations and 21% of the interviewees indicated that the social worker conducted BD observations.

Table 185

Number of Observations Conducted During Comprehensive Evaluations as Reported by School Social Workers

Number of Observations	Percentage
Three or four	29%
For all referrals	21%
One or two	14%
Five to nine	14%
Other	14%
Don't know	7%

Table 186

Types of Observations Conducted During Comprehensive Evaluations as Reported by School Social Workers

Type of Observation	Percentage
Narrative	43%
Frequency count	36%
Time sampling/interval recording	14%
Structured/formal	14%
Depends on the problem	7%
Other	14%

In addition to the above categories, 14% of the respondents indicated that frequency counts were used specifically for BD observations, while 7% of the respondents indicated that time sampling was used for BD observations.

Table 187

Settings of Observations Conducted During Comprehensive Evaluations as Reported by School Social Workers

Settings of Observations	Percentage
Classroom	93%
Recess/playground	57%
PE/music/art	43%
Structured	21%
Unstructured	21%
Lunchroom	14%
Other	21%

The final question related to observations concerned the issue of observing others for comparison. The findings indicate that this occurred in the majority of cases

Table 188

Percentage of Observations in Which a Peer was Observed for Comparison as Reported by School Social Workers

Peer Observed	Percentage
Yes	64%
Informally	7%
Sometimes	7%
Infrequently	7%
Don't know	7%

The next series of questions concerned the use of evaluation data. Interviewees were requested to respond to how the evaluation data were used to determine the student's eligibility for special education services. The findings were mixed on this question. The percentages of response categories are reported in Table 189 (n=14).

Table 189

Use of Evaluation Data in Determining Student Eligibility as Reported by School Social Workers

Response	Percentage
Data not used to determine eligibility	21%
Data matched to state guidelines	14%
Examine effect of behavior on learning	14%
LRE concept a top priority	7%
Parental input a major factor	7%
Other	29%
Don't know	7%

In Table 189, the largest percentage (29%) of interviewees responded in the "other" category which included responses such as: examine data f consistency, BD coordinator decides, and use clinical judgement to determine diagnosis.

Interviewees were also asked whether evaluation data was used to develop IEP goals. Responses are reported in Table 190 (n=14).

Table 190

School Social Workers' Perceptions of How Evaluation Data is Used in Determining IEP Goals

Response	Percentage
IEP goals address weaknesses identified by the evaluation	43%
Behavior goals from BRS/observation	14%
Goals from test data plus parent input	7%
Teachers write goals for areas where student meets eligibility criteria	7%
Other	14%
Don't know	7%

School social workers were requested to share their ideas concerning the strengths and weaknesses of the comprehensive evaluation process, and any changes they would like to see made in the process. The most frequent categories of responses are reported in Tables 191-193 (n=14).

Table 191

School Social Workers Perceptions of the Strengths of the Comprehensive Evaluation Process

Strengths	Percentage
Team concept	50%
Thoroughness of testing	50%
Prevents inappropriate placements	29%
Multi-sourced information	14%
Provides programming information	14%
Determines student's strengths/ weaknesses/needs	14%
Other	14%
Don't know	7%

In addition to the strengths in Table 191, 4 categories with frequencies of less than 7% were also reported.

Table 192

School Social Workers' Perceptions of the Weaknesses of the Comprehensive Evaluation Process

Weaknesses	Percentage
Takes too long/too slow	29%
Too much paperwork	7%
Lack of parental involvement	7%
Evaluation data not used	7%
Lack of programs for students not eligible for special education	7%
Team's recommendations of limited usefulness	7%
Placement based on limited data	7%
Other	14%
Don't know	7%

In addition to the weaknesses in Table 192, 6 categories with percentages of less than 7% frequency were also reported.

Table 193

Recommended Changes in the Comprehensive Evaluation Process as Reported by School Social Workers

Recommended Changes	Percentage
None	36%
More SPED personnel needed to speed up evaluation process	21%
Improve preassessment	14%
Improve parental involvement	7%
Better evaluation instruments	7%
More flexibility in guidelines	7%
More time to conduct more thorough evaluation	7%
More social worker involvement	7%
Other	7%
Don't know	7%

In addition to the changes in Table 193, 5 categories with percentages of less than 7% were also reported.

The final questions focused on the state guidelines. Forty-three percent of the interviewees reported that the state guidelines enabled them to discriminate between non-handicapped students having difficulty in the classroom and handicapped students. Seven percent responded "sometimes", 14% reported an "other" response, and 36% didn't know. Many interviewees elaborated on their response and their explanations are given in Table 194 (n=14).

Table 194

School Social Workers' Explanations of Their Responses on the Ability of State Guidelines to Discriminate Between Handicapped and Non-handicapped

Explanation	Percentage
Need to serve students who do not qualify for special education	14%
Criteria are objective/ comprehensive/helpful	7%
Need to allow for professional judgement	7%
Criteria are too stringent	7%
Specifies levels of severity for BD	7%
Other	14%
No elaboration	14%

Responding to the question of whether state guidelines enable teams to discriminate among the various disability categories, 43% of the social workers responded yes, 14% responded sometimes, 14% responded no, and 29% didn't know. Elaborations of their responses are given in Table 195 (n=14).

Table 195

School Social Workers' Explanations of Their Responses on the Ability of State Guidelines to Discriminate Among Disability Categories

Explanation	Percentage
Not helpful in distinguishing primary handicap for BD/LD	14%
Not helpful at secondary level	7%
Overlapping categories not explained	7%
Other	7%
Don't know	29%
No elaboration	36%

The final question of the interview elicited recommendations for changes in the state guidelines. Responses are reported in Table 196 (n=14).

Table 196

Recommendations Made by School Social Workers for Changes in State Guidelines

Changes in State Guidelines	Percentage
Provide programs for students not eligible for special education	38%
Change the label for BD	14%
Don't label students	14%
Change LD discrepancy formula	7%
LD programming should meet students' processing needs	7%
Mild/moderate behavior problem students should be served	7%
Other	14%
Don't know	14%

In addition to the recommended changes in Table 196, eight other categories with percentages of less than 7% were reported (e.g., allow transition placements, more service for secondary BD students, and more social work services).

CHAPTER 4

DISCUSSION

This chapter will interpret the major findings of the research project and discuss their importance. The chapter is organized into five parts: philosophy, screening, sample demographics, preassessment, and comprehensive evaluation.

Philosophy

Responses to the philosophy interview questions were quite varied and difficult to organize into conceptual categories. The field investigators had expected to hear comments related to the concepts of least restrictive environment and appropriate services for all students. While these were infrequently mentioned, usually administrators expressed district philosophies in terms of quality programming and financial commitment. Only a minority of administrators cited compliance with state mandates as the district's philosophy. As expected, most administrators agreed with their district's philosophy. Statements of philosophy made by administrators were perceived by the field investigators as being consistent with actual practices in the district.

The majority of interviewees reported receiving support for special education services from their central office and the school board. The provision of monies for the programs was viewed as the primary indicator of support.

There was strong administrative support for educating mildly handicapped students in regular education when possible. The need for supplementary services to assist these students was emphasized.

The field investigators believe that the questions administered during the philosophy interview did not yield the information required to establish a link between a district's philosophical position and practices leading to differing incidence rates. However, it was the perception of the field investigators that a district's incidence rate was influenced most strongly by the philosophical position of the special education director regarding

the strictness with which state guidelines should be followed. For example, Site #5, which had the highest incidence rate for LD students of all the sites, appeared to be most lenient with regard to allowing professional judgement placements. Site #4, with an average rate, required all such placements to be reviewed and approved by a special education administrator. Site #9, with a low LD incidence rate, did not make any placements that did not meet guideline criteria. This is an area needing further investigation.

Screening

Screening serves as the first step in the identification process, followed by the stages of preassessment and comprehensive evaluation. Traditional types of screening, such as group achievement tests, kindergarten screening, vision and hearing screening, and preschool (or child-find) screening were most often mentioned by the interviewees as methods used to identify students with potential problems. Only about one-third of the principals and counselors interviewed listed vision and hearing screening as one of the methods utilized, even though it is required by regulation for all students at regular intervals throughout their school years. Similarly, the Kansas Minimum Competency Test, mandatory for all second, fourth, sixth, eighth, and tenth graders in the state, was mentioned by only 27% of the interviewees as an instrument used to screen students for possible educational problems. Although only 22% of the principals and counselors named speech/language screening in their lists of types of screening conducted, all the S/L clinicians interviewed indicated they do conduct screening as the first step in identifying students in need of therapy. Most S/L screening is done in the fall, usually with kindergarten, first grade, and new students.

Group achievement testing was most often named by principals and counselors as the method used to screen students. However, informal conversation with principals indicated that often the results are not used to identify students who might need further evaluation. A few principals indicated that a cut-off percentile on the test was established, and students performing below that percentile were targeted as potentially in need of additional educational help. Other principals reported that group

scores were used to measure group achievement levels for the entire classroom, rather than to identify specific students for further intervention. It thus appears that information from group tests is not being used to the fullest. This may help explain the finding that 22% of the interviewees reported that screening fails to identify students needing referral. Even more respondents (43%) were unsure whether screening identifies students needing to be referred. Principals and counselors seem to rely on teacher referral rather than formal screening procedures to identify students in need of additional educational assistance for learning and behavioral problems. This contrasts with the wide-spread use of formal screening procedures to identify students with possible speech/language difficulties.

Demographics

The discussion within this section will focus on comparing demographic variables (e.g. gender, race, SES, etc.) among the disability categories included in the study. The percentage rates reported in all tables in this section are based on the entire student file sample for each category of referral type. These numbers are 104 for the learning disabilities group, 83 for the behavior disorders group, and 67 for the speech/language group. It is important to remember these descriptions are being applied to referral groups and that they include both students who were placed in special education programs and those found not to be eligible for special education services.

One major demographic variable of interest was that of student gender. The gender distribution of the samples across referral categories are reported in Table 197.

Table 197

Percent of Students Sampled by Gender

Gender	LD	BD	S/L
Male	76%	83%	57%
Female	24%	17%	43%

As may be seen, referrals in the LD and BD categories were predominantly male. This is also characteristic of samples in previous research studies and indicates that this sample is representative of typical LD and BD populations. In contrast, the S/L sample is only slightly more frequently male than female. Because this gender distribution is often reported in the literature, it was not believed that there was any discriminatory sexual bias by referring teachers in Kansas. The only significant gender difference found for LD referrals, that females scored better than males on the Coding subtest of the WISC-R, was not surprising, given gender differences in fine-motor development. However, female BD referrals had lower Full Scale IQ scores on the WISC-R.

The racial distribution of the sample is summarized in Table 198.

Table 198

Percentage of Students by Racial Distribution

Race	LD	BD	S/L
White	86%	84%	84%
Black	10%	11%	8%
Hispanic	4%	1%	3%
Asian	1%	1%	5%
Amer. Indian	0%	2%	0%

Appendix D reports the racial distribution for the total enrollment of the LEAs included in the sample and includes a chart of the incidence of minorities by site. The percentage of non-whites in the total sample was

9.4%, compared with 10.1% minority enrollment in the schools included in the sample. Again this indicates that the referred students selected for the sample were representative of the districts from which they were selected. For sites 3 and 4 only, sample characteristics may indicate a tendency for slight over-referral of non-white students.

An attempt was made to measure the socio-economic status (SES) of the students in the sample by collecting information on whether they qualified for free/reduced lunches. The three referral categories are compared in Table 199.

Table 199

Percentage of Student Sample Eligible for Free/Reduced Lunches

Eligible	LD	BD	S/L
Yes	32%	40%	36%
No	62%	46%	58%
No information	6%	15%	6%

The higher percentage of BD student files not containing this information was typical for several other demographic variables also (e.g. absences, health history, and previous services). A chi-square analysis indicated the proportion of students qualifying for free/reduced lunches did not differ significantly across referral types. The free/reduced lunch data by site is reported in Appendix D. It can be seen that there was great variability across sites regarding the percentages of the sample within each referral category. In all sites except one (site 3), the percentage in the sample of students qualifying for free/reduced lunches exceeded the percentage of total enrollment which qualified. Thirty-three percent of the students in the sample qualified while about 20% of the total enrollment of the nine sites qualified. Thus our data indicate that students from low SES backgrounds are about 65% more likely to be referred than expected based on their proportional representation in the population. This emphasizes that a student referral problem cannot be regarded only as a within-student problem, but must be analyzed with reference to the environmental influences

on the student's functioning. This is especially true for students referred for learning problems. Of all referral types, the LD group seemed most influenced by this SES variable. For LD students, qualifying for free/reduced lunches was related to lower scores on the Woodcock-Johnson written language cluster and to receiving more time per week in a special education placement. Some interviewees suggested that IEP teams see the needs of higher SES students as being partially met within the home, while these resources are not available to students from lower SES families, resulting in increased time in LD instructional placements for students from lower SES backgrounds.

Home/family background was another factor on which significant between-group differences were found. These findings are reported in Table 200.

Table 200

Family Background of Student Sample

Home/Family	LD	BD	S/L
1 or 2 parent	92%	78%	97%
Guardian	8%	13%	0%
Child in need of care	0%	2%	2%
Adjudicated delinquent	0%	5%	0%
No information	1%	1%	2%

It can be seen that students referred for behavioral problems are more likely to have been removed from residence with a natural parent than are students with other referral problems. It is important that this not be construed solely as a causal factor in behavioral problems. It may be that, at least for some children, the stresses on the family resulting from having a behavior disordered child lead to changes in the student's home placement.

Referral groups also differed somewhat with regard to school absences. The number of absences during the two school semesters prior to referral are reported in Table 201.

Table 201

Percentages of LD, BD, and S/L Students Absent During Two Semester Prior to Referral

Absences	LD	BD	S/L
None	3%	2%	16%
1 - 10	63%	49%	51%
11 - 20	24%	22%	20%
21 - 55	3%	10%	5%
No information	8%	17%	6%

Students with very high numbers of absences were BD referrals. When selecting preassessment interventions for BD referrals, it is important to consider student attendance as an area to address.

One factor (related to students' health histories) was unexpectedly found to be quite significant. The percentages of referred students with medical problems recorded in their student files are reported in Table 202.

Table 202

Percentage of Student Sample with Recorded Health Problems

Significant Health History	LD	BD	S/L
Yes	42%	53%	21%
No	52%	35%	73%
No information	7%	12%	6%

It can be seen that more than half of the BD referrals and over 40% of the LD referrals had significant problems in their health histories. Only 21% of the S/L referrals had similar difficulties. It is unknown what percentage of non-referred students have problems in their health histories, but the field investigators hypothesize that the percentage probably is more similar to the S/L than LD or BD numbers. One area of needed follow-up

study is to determine what percentage of significant health histories is typical for non-referred students.

The most frequently reported types of problems for students having problematic health histories are reported in Table 203.

Table 203

Percentage of LD, BD, and S/L Students Reported with Specific Health Problems

Type of Problem	LD	BD	S/L
Otitis media	23%	7%	36%
Asthma/allergies	16%	17%	36%
Hyperactivity	0%	8%	0%
Vision problems	0%	0%	14%
Vocal nodules	0%	0%	14%

These results emphasize the importance of assuring that referred students, especially S/L referrals, have been screened for vision and hearing acuity prior to receiving a comprehensive evaluation.

Information was collected for all groups regarding how referred students scored on group achievement tests administered to all students in the district and on the Kansas Minimum Competency Tests (KMCT). The populations means for the group achievement tests were 100 and the standard deviations were 15. Results on group achievement tests are compared across disability categories for the student sample in Table 204.

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Table 204

Standard Scores for LD, BD, and S/L on Group Achievement Tests

Group Achievement	LD	BD	S/L
Mean	87.8	95.6	98.5
Standard deviation	12	12	16
No information	10%	17%	28%

The reason for the high percentage of S/L referrals without group achievement information is that a large percentage of the S/L files reviewed were first graders and very often districts do not begin group testing until second grade. As might be expected, students referred for learning problems had much lower scores on group tests than did students referred for behavior or speech/language problems. Results of the Kansas Minimum Competency Test are compared across disability categories in Tables 205 and 206.

Table 205

Percentage of LD, BD, and S/L Student Sample Tested with the KMCT

Minimum Competency	LD	BD	S/L
Tested	16%	22%	22%
Not tested	44%	30%	51%
No information	40%	48%	27%

Table 206

Percentage of Sample Receiving Passing Scores For Those Who Had KMCT Scores Reported

Results	LD	BD	S/L
Passed	36%	56%	80% (math)
			66% (rdg.)
Failed	64%	44%	20% (math)
			34% (rdg.)

The KMCT is administered only to grades 2, 4, 6, 8, and 10. The category "not tested" refers to students in other grades. The large percentage of students for whom no KCMT information was available reflects the great difficulty field investigators had in locating the test's results for individual students. Unlike group achievement test scores, results are not recorded on student cumulative folders and principals or counselors who had received school reports in the spring often had difficulty locating that information during the following school year. Of those student files with data, it is noteworthy that students referred for possible learning disabilities had the lowest percent passing of the three groups. The S/L referrals were the only group to show a difference in the passing rate for reading as compared to math, with many fewer of these students passing reading. It appears that learning disability types of referrals reflect more global learning problems, while students with S/L type of referral problems are frequently impaired in skills closely related to reading.

Interesting between-group differences were found regarding whether or not referred students had received other services prior to special education referral. Results are compared in Table 207.

Table 207

Percentage of Student Sample Receiving Other Services

Received Services	LD	BD	S/L
Yes	66%	66%	37%
No	28%	24%	57%
No information	6%	10%	6%

LD and BD referrals were almost twice as likely to have received previous services than were S/L referrals. However, this finding is confounded by the fact that the S/L referral group was much younger than the LD or BD groups and thus had less opportunity to receive other services. The most frequently reported types of other services are reported in Table 208.

Table 208

Types of Other Services Received by the Student Sample

Type	LD	BD	S/L
Chapter reading	65%	28%	25%
Chapter math	26%	12%	7%
S/L services	20%	22%	6%
Counseling	0%	25%	0%

The results obtained are reassuring in that at least two-thirds of the LD and BD referrals had received some type of intervention prior to referral (although it may have been in a previous academic year). The finding which shows that about two-fifths of the LD and BD referrals previously received S/L services emphasizes the importance of the regulatory requirement that S/L clinicians verify the absence of learning or behavioral problems when conducting speech-only comprehensive evaluations. This is also supported by the minimum competency test results reported in Tables 205 and 206. Unfortunately, this procedure was seldom documented in student files.

Documentation was found in only 45% of the cases sampled. The small percentage of S/L students receiving previous S/L services reflects a small number of students in the sample who received S/L services, were returned to regular education full-time, and then were again referred for evaluation at the time of this study.

Information was also collected on vision and hearing screening results, number of retentions, and number of schools attended. No significant between-group differences were found. The only concern identified from these areas is that a few files of all types were found to be lacking vision and/or hearing screening results. Although the percentages were quite low, this screening is a regulatory requirement and good testing practice requires this information be obtained prior to conducting a comprehensive evaluation. Also, the health history data reported in Table 203 indicates the frequency with which referred students experience these difficulties and supports the importance of always assuring screening has been conducted and needed corrective procedures completed before the comprehensive evaluation occurs.

Preassessment

This section discusses the findings of the research project regarding preassessment. Findings related to speech/language data will be discussed first followed by those for learning disability and behavior disorder categories.

Preassessment for Speech/Language Referrals

Preassessment procedures for speech/language (S/L) referrals are implemented inconsistently. Confusion among S/L clinicians concerning the appropriateness of preassessment for this population could account for some of the inconsistency. The researchers found a number of clinicians who expressed surprise that the preassessment regulation was applicable to S/L referrals. Speech/language clinicians generally use a screen-evaluate-place model, rather than a referral-preassessment-evaluate-place model.

Comparison of student file and interview data indicates that if preassessment is conducted, it is not documented. Only 28% of the files contained some documentation of preassessment. Most types of documentation

reported in interviews were not designed specifically for preassessment. Rather the documentation was assigned the label of "preassessment."

Clinicians perceived the major strengths of preassessment to be: (a) collecting information about a student from several sources and (b) fewer evaluations. Weaknesses included: (a) too much paperwork, and (b) takes too much time. About half the clinicians did not list any weaknesses or give any recommended changes in the preassessment process. This does not mean that clinicians are widely satisfied with the procedures. Rather, these results reflect the lack of experience of many clinicians in carrying out preassessment for S/L referrals.

Preassessment for LD and BD Students

The learning disability (LD) and behavior disorder (BD) data indicate that preassessment is widely implemented but not extensively documented. Although about three-fourths of the files had some documentation of preassessment, the information typically included referral reason and interventions attempted. Formal data collection procedures (including observation), intervention results, follow-up procedures, and team membership were seldom recorded.

Interviews indicated that all sites used some type of preassessment team, although size and membership varied. The classroom teacher, principal, and LD or interrelated teacher most often served on the teams. While preassessment was most successful in districts where the majority of team members were from regular education, representation of special education personnel on the team does provide an important resource for the process. This balance in type of membership was reflected by the findings regarding recommended changes in the process. Building teams without special education membership requested more special education input and teams with predominantly special education membership requested more regular education input.

The number of preassessment team meetings often was allowed to vary, depending on the difficulties the student was experiencing. This procedure was seen as allowing the team an opportunity to explore student problems, recommend interventions and evaluate results. Holding only one meeting per

student was also frequently reported, but this seemed to place a time constraint on the process, hampering its intent and effectiveness.

Most interviewees named problem identification as the function of the preassessment team. Although "recommend interventions" ranked second overall, only a little over one-fourth of the regular education teachers viewed this as an important function. Because the primary implementors of interventions failed to recognize this as a primary purpose of preassessment, the success of this aspect of preassessment appears doubtful. Frequently classroom teachers viewed the process as a preliminary step to comprehensive evaluation, rather than as a viable process of assisting students in the classroom. Although few teachers considered "recommend interventions" a function, at least half of the principals named it as a function of the team. Only about one-fifth of the interviewees named determining the success of previously attempted interventions as a team function. This is of concern because, in order to suggest appropriate additional interventions, previous ones need to be evaluated as to their effectiveness.

While a fourth of the interviewees viewed their role in the preassessment process as one of sharing ideas, strategies, and information, over a third viewed it in terms of paperwork or filling out forms. Classroom teachers typically defined their role as making the referral and describing the student problem or need, while principals often described their role as group leader or facilitator.

Procedures for making formal dissent to the preassessment team's decision were not well delineated. Over half of the interviewees reported that either there were no procedures or the issue had never arisen. It appears that dissenting opinions are handled in an informal manner.

In general, classroom teachers were perceived by team members as being most influential in the preassessment process, with principals a close second. However, school psychologists differed, citing the principal as being the most influential. It was the perception of the field investigators that while the teacher does strongly influence preassessment team decisions, it is the principal who has the most influence over the quality of the process. Since principals control the allocation of resources within the school building, their role in preassessment is

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critical to the success of the process. Preassessment was most successful in buildings where the principal appeared to demonstrate the characteristics of an instructional leader.

No common preassessment form was in use; however, some type of preassessment form was used by all sites. Forms ranged in length from one to eight pages. All required a sign-off by the principal and some indication of interventions attempted. The form's type or length was not related to the effectiveness of the process.

A teacher report was the most common method of collecting preassessment data. This was expected since the teacher is the one most involved with the student at the initial stage of preassessment. Observations and behavior checklists were used more often in referrals for behavioral disorders; nevertheless, only about one-fifth of the BD files contained this data. A counselor's report was rarely a part of the documentation of preassessment. However, since counselors were often frequently on the preassessment teams (about 40% of the time), it could be assumed that their information was incorporated into the process.

Although interviewees reported that observations were usually conducted, this fact was not documented in student files. Only one-fifth of the files of students with behavioral problems and less than one-sixth of the files of students with learning problems contained data related to observations. Observation data was also not used to the best advantage. Interviewees often reported using the data to determine whether to test. Less than one-fifth of the interviewees reported that observations were used to assist in developing interventions.

Three problem areas were identified as often interfering with the success of preassessment. These problems were:

(1) failure to accurately describe the student's problem,

(2) failure to implement interventions directly linked to the student problem, and

(3) failure to follow-up on the intervention results.

A vague statement of academic problems/failing grades was noted as the reason for referral to a preassessment team in 60% of the files of students referred for learning problems and 67% of the files of students referred for behavioral problems. Specific problems related to reading or math skills

were reported in less than 15% of the cases. The referrals of students who were evaluated for behavior problems more often contained specific concerns, but a vague reason for referral was nevertheless typical for these files also. The failure of classroom teachers to specifically describe the student's problem was seen as a major weakness in the implementation of preassessment.

Since the student's problem often was not adequately analyzed by the teacher, the interventions attempted often were not appropriate for the specific problem. The research findings indicated that of the three interventions reported most often (about 50%), only behavior management techniques specifically addressed the student problem. The other two interventions, parent involvement and change in the student's seating, are more general interventions and do not address academic and behavioral problems directly. Although parent involvement is an important technique, it needs to be used in combination with modifications within the classroom. In general, direct academic and behavioral interventions, such as changing curricular materials or changing amount of work assigned, were tried with only about one-third of the students experiencing learning problems. Similarly, interventions appropriate for the secondary level, such as changing the student's class schedule or providing counseling were reported about one-tenth of the time. However, districts/cooperatives with more effective preassessment reported using specific interventions with 50%-60% frequency.

About one-fourth of the interviewees reported that interventions were sometimes successful, while less than one-fifth reported that they often worked. Considering the type of interventions usually attempted, the low success rate is not surprising.

The third critical area of need in preassessment was follow-up. More than three-fourths of the files lacked information about the results of preassessment interventions. Interventions were implemented but rarely assessed as to their effect on the student's performance.

The lack of follow-up could indicate that preassessment teams view the process merely as an additional step in referral for comprehensive evaluation. Therefore interventions are implemented, but not assessed as to their effect because the student is expected to receive a comprehensive

evaluation regardless of the outcome. The lack of follow-up could also indicate there are no procedures specifically established for determining the success of interventions. The findings support this supposition because only one principal reported that the school used a procedure to determine the effect of interventions.

When follow-up procedures were used a teacher report was the most common technique used. The problem with this is that the teacher's report is likely to be biased by past experiences with the student. The incremental changes produced by an intervention could be overlooked by the teacher because of the frustration of trying to cope with the student. About one-fifth of the interviewees reported that the determination that enough interventions had been attempted was based on the classroom teacher's decision or frustration. Even though about one-third of the interviewees reported that the determination was made after several interventions were attempted and significant change had not occurred, there was no procedure in place to measure change.

The percentage of students referred to comprehensive evaluation from preassessment seemed to be an index of the success of the process. In districts/cooperatives with effective preassessment, only about 50% of the students were referred for a comprehensive evaluation. In contrast, when the referral rate ranged from 80%-100%, the preassessment process was evaluated as being much less successful. The majority of classroom teachers believed that preassessment had no effect on their rate of student referrals. About one-sixth of principals, counselors and school psychologists reported that referrals were more appropriate because of preassessment.

The findings indicated the need for more inservice training regarding preassessment. Ironically, persons who have received the most inservice on preassessment are the ones least likely to be involved in the process. Seventy-five percent of special education administrators reported receiving inservice, but they were reported as serving on the teams only four percent of the time. Regular education teachers were reported as serving on teams 72% of the time, but only 35% had received preassessment inservice training. More than half of the principals/counselors reported receiving inservice and

this closely approximated their involvement on the teams. These findings indicate a need for inservice for those who carry out the process.

Strengths of the preassessment process reported most often were the team approach and the sharing of ideas among professionals. Classroom teachers responded that they received support from the process. They reported feeling reassurance knowing that they were not alone in dealing with a problem and that others had experienced similar difficulties. Interviewees also noted that one of the strengths was the opportunity to learn how to implement interventions. Classroom teachers commented that an intervention attempted with one student would often prove successful with another student. The process gave teachers new ideas to use in their classroom. This is a particularly important outcome of preassessment because it demonstrates that, through preassessment, teachers are mastering techniques to enhance student learning.

Length of time and paperwork were the most frequently cited weaknesses of the process. Others mentioned were the size of teams and lack of skills. When the team size became too large, scheduling of the meetings became a problem. Teams of four to five appeared to operate well while minimizing scheduling problems. Interviewees often reported that team members lacked skills necessary to make good recommendations. Special education personnel were seen as providing some expertise in this area, but many interviewees felt that teams needed access to more and better ideas for interventions.

When interviewees were asked what changes in the preassessment process they would recommend, modification of the forms was often mentioned. Inappropriate preassessment referral forms, especially at the secondary level, were a concern. Most forms were designed primarily for the elementary level. In several sites where inappropriate forms were a problem, the research team recommended that a form appropriate for use at the secondary level be developed, and that the input of teachers be sought.

Another recommendation frequently made by interviewees was the need for training in appropriate interventions. This reflects the lack of preassessment inservice received by classroom teachers. Another important recommendation concerned the availability of resources at the building level. Principals noted that a lack of resources hampered the implementation of building-wide interventions which could improve the learning opportunities of students. Although the implementation of

interventions at the classroom level is important, serious consideration must be given to building-wide and system-wide changes which could impact more students and serve as a catalyst for instructional improvement in all classrooms.

Many interviewees recommended broadening the process so preassessment would become more than just a gate-keeping function and would reach out to assist all students in need. Several interviewees noted this potential. When preassessment was used in this broader sense, interviewees expressed greater satisfaction with the process.

Preassessment has the potential to positively impact the performance of students who are at risk because of learning or behavioral problems. Making preassessment work effectively will require the cooperation of regular and special educators and the training of teams in the specific diagnosis of student problems, direct academic and behavioral interventions, and well-designed follow-up procedures.

Comprehensive Evaluation

The first aspect of the comprehensive evaluation process to be discussed is the multidisciplinary team used for evaluations and eligibility decision-making. Team membership was very similar for LD and BD referrals, but quite different for S/L referrals. For S/L referrals both interview results and file documentation indicated that teams were most often composed of the S/L clinician, classroom teacher, and principal. However, a small minority of files showed IEPs signed only by the S/L clinician. Teams were much larger for LD and BD referrals. Both interview and file data indicated that the school psychologist, classroom teacher, principal, school counselor, special education teacher, and S/L clinician were most often included as team members. In districts employing school social workers, the social worker was also included, although they were twice as likely to participate in teams for BD compared with LD referrals. Interview reports generally matched documented team membership, although classroom teachers and principals were reported as team members somewhat more frequently in the interviews than was documented in files. In general the study found that

comprehensive teams were appropriately multi-disciplinary and did meet regulatory requirements.

Team members were asked who they perceived as having the most influence on the comprehensive evaluation process. The school psychologist was named as having the most influence by the majority of the interviewees. Team members responses to another question also reflects the extent of this influence. Interviewees were asked about the decision-making process used by the teams. While "group consensus" and "follow state guidelines" were the two most frequent responses, from 8 to 29% of the interviewees (by role) said "the psychologist decides" in answer to this question—the third most frequent response.

Four areas of concern related to comprehensive evaluation teams were identified. They were: (a) lack of participation of regular classroom teachers staffings for high school students, (b) staff uncertainty regarding how team membership is determined, (c) few team members perceiving development of interventions as a primary team function, and (d) lack of knowledge among regular education personnel regarding how to file a dissenting opinion.

The second aspect of the comprehensive evaluation phase of data collection focused on the formal testing process. A few highly regarded instruments were consistently included in the battery of tests used to evaluate LD and BD referrals. There was, however, no test that was consistently used in S/L evaluations. In fact, forty-three different tests were found in S/L files with the most commonly used instrument (the PPVT) found in only 37% of the cases. In contrast, 94% of the BD files and 97% of the LD files reported use of an age-appropriate Wechsler scale. Similarly, 83% of the BD files and 94% of the LD files documented use of the Woodcock-Johnson Achievement Battery. Even among supplemental, "processing" types of tests there were several that were consistently used in LD and BD evaluations. About ten different tests were documented, with the Bender-Gestalt Test of Visual-Motor Integration being administered to more than half of both the LD and BD referrals. Only 11% of the LD and 21% of the BD referrals did not receive this type of testing. Except for behavior rating scales and observations (which are required by regulation), projective tests were the most common type of social/behavioral evaluation conducted, with

60% of the BD sample and 79% of the LD sample receiving this type of measure.

The school psychologist interview data concurred with student file data concerning the use of projective tests. However, BD teachers/specialists and school social workers seldom reported the use of projective testing when asked about instruments used to evaluate social/behavioral functioning. While this finding is partially explained by the fact that only the school psychologist administers this type of testing, it is surprising more social workers and BD teachers did not report this data since these tests should be discussed at staffings.

Observations are required for both LD and BD evaluations. While 87% of the classroom teachers reported observations were conducted, only 72% of the LD files and 67% of the BD files contained observation data. While a few students were evaluated before observation became a regulatory requirement, most files lacking observation data were those of students not placed in special education. At least in some districts it appeared that placement decisions were based on other data (such as the existence of a severe discrepancy for LD students) and then observations were conducted only for students who were to be placed.

The most usual type of observation for both LD and BD referrals was a narrative report. Frequency counts and time sampling were more likely to be used with BD than LD students. Interview data closely matched file data regarding type of observation conducted. Students referred for behavior problems were documented as having been observed more often than LD referrals and in more settings. Both the file and interview data indicated that the classroom was by far the most frequently observed setting.

Fifty-four percent of the BD files included observation data on a peer of the referred student, while only 29% of the LD files had this information. However, about 3/4 of the psychologists, social workers, and LD and BD teachers reported in interviews that a peer is also observed, at least informally. Documentation of this practice in the files obviously does not occur as often as the interview data would indicate that such an observation is made. This is especially true for LD students, although interviewees did not make a LD/BD distinction.

The school psychologist, school social worker, and BD teacher/consultant were documented as conducting most of the observations of

BD referrals. Documentation indicated that the special education teacher or school psychologist usually carried out the observation of LD referrals. This data was very similar to results found during the individual interviews. School social workers were most often cited as observers for BD referrals, LD teachers/specialists for LD referrals, and psychologists when no distinction was made as to the type of referral problem.

Psychologists, BD teachers, and LD teachers were asked about the usefulness of observations in planning programming options. The most frequent responses are reported in Table 209.

Table 209

Usefulness of Observations in Planning Program Options

Use of Observations	Psych	LD Tchr	BD Tchr
Helps determine appropriate program	36%	19%	42%
Helps understand student's strengths/weaknesses	15	11	8
Recommend classroom management / instructional modifications	6	11	8
Minimal use/not useful	12	19	0

The interview data indicates that while staff feel observations are somewhat useful for making placement decisions, they are not very useful for curriculum or instructional decision-making. All the interview data, plus the frequent occurrence of low-quality narrative reports in the files and lack of specificity regarding the purpose of the observation, point to the need for inservice training of comprehensive evaluation team members regarding use of appropriate observation techniques and documentation of the resulting information.

Unlike LD and BD evaluations, S/L evaluations seldom included an observation of the student. Clinicians reported conducting observations most often for voice or fluency referral problems in order to evaluate

environmental influences on the problem. Clinicians indicated that their therapy schedules make it difficult to schedule observation time.

Administration of a behavior rating scale for students referred for a suspected behavior disorder was recently added to comprehensive evaluation regulatory requirements. Although only 61% of the files in the BD sample included a behavior scale, many of these evaluations were completed prior to the regulatory change. Almost all BD evaluations in the sample that were conducted during the 1986-87 school year included a behavior rating scale. Interestingly, of the student files containing a behavior rating scale, forty-one percent had two or more scales included. Although a behavior rating scale is not required for LD referrals, 30% of the files in the LD sample also included such a scale.

LD and BD evaluations were quite comprehensive, looking at student functioning across several domains. However, while testing for identification was comprehensive, diagnostic achievement testing for instructional planning was minimal. Procedures such as curriculum-based assessment were infrequently found in files of LD or BD referrals.

While many characteristics of LD and BD evaluations were similar, the relative importance of various aspects of these evaluations in making eligibility and programming decisions were vastly different for BD and LD referrals. Only in the area of programming decisions did achievement level play an important role for both BD and LD referrals. However, while all three Woodcock-Johnson Achievement Test cluster scores (reading, math, and written language) were significantly related to the number of hours in special education for LD students, the math cluster score was significantly related to the amount of time in special education for BD students. Eligibility decisions for LD students were strongly influenced by the amount of discrepancy between intellectual ability and achievement as measured by the WISC-R Performance IQ and the Woodcock-Johnson achievement cluster standard scores. The IQ and achievement scores generally did not influence placement decisions for those identified as BD. Rather, the decision was based on information gathered from the evaluation of the student's social/emotional/behavioral functioning. It was impossible in this study to specify or quantify the exact determinants of BD placements due to the variety of instruments used, that these instruments do not

typically provide normed data, and the role clinical judgement plays in interpreting this type of information.

Because of the large variability in the instruments used for S/L evaluations, it was not possible to obtain reliable mean test scores on which to compare students across the various severity classifications (i.e., not placed, borderline, mild, severe). The ten tests most often found in the files closely matched the ten most frequently named tests in the interviews. Interestingly, 11% of the clinicians named the quality of test instruments as a strength of the comprehensive evaluation process, while 14% cited the need for better instruments as a weakness of the process. About a tenth of the clinicians interviewed named having better quality instruments available as a recommended change in the evaluation process. Some of this concern related to the need for LEAs to have a wider range of quality instruments available for the clinicians' use, while another part of this concern related to some clinicians' perception that the profession needed to develop more valid instruments.

Most S/L clinicians in the state reported using a severity rating scale to assign severity levels to students after completing testing. Although only about 63% of the files documented use of a severity rating, 96% of the clinicians reported during the interview that they used some type of severity rating.

About one-half of the clinicians interviewed reported the use of state guidelines to translate test scores and other student characteristics into a severity rating. Local guidelines used by clinicians were similar to state guidelines, but modified in some way. These modifications were of two basic types, one of which was judged by the field investigators to be appropriate and one of which was judged to be inappropriate. The appropriate type of modification involved development of more specific interpretations of parts of the guidelines that the LEA S/L staff felt were vague. The inappropriate type of modification involved adjustment of the test score ranges relating to each severity rating number, thus making it possible for less severely impaired students to be placed in therapy.

The role that screening plays in the placement decision-making process for S/L students needs to be considered. The field investigators often found it quite difficult to locate files of students who had failed screening, received an evaluation, and were not placed. Some districts had

no files of this type available. Only 16% of the S/L sample was in the "not placed" classification, compared with 34% of the LD sample and 35% of the BD sample. Several factors may combine to help explain this finding. One possible factor is that the selection of students who need to receive a comprehensive evaluation is a much more complex process for LD and BD referrals. Because it is more difficult to predict which of these referred students are likely to be placed, there will tend to be more "not placed" decisions after LD and BD evaluations. Another possible factor is that since the S/L clinician conducts the screening, the clinical judgement the clinician brings to the screening process helps make it a more accurate procedure. However, there are two areas of concern related to this issue that need to be addressed. The close match between screening outcome and placement decision raises the issue of whether the screening process is too conservative—that is, whether screening may be failing to identify students who should be evaluated. Another interpretation is that the screening results might be predisposing the clinician to interpret comprehensive evaluation results in such a way that the likelihood students will be placed is increased. In the extreme case, screening results would determine placement and comprehensive evaluation results would provide programming information. The purpose of this discussion is to prompt clinicians to examine more closely the quality of their screening and evaluation procedures and to analyze for themselves how placement decisions are made for S/L students in their districts.

Severity ratings do influence placement decisions, as evidenced by informal conversation frequently heard from clinicians regarding whether students whose severity rating is two (borderline) should be served. Severity ratings also influence programming, with results showing a significant correlation between severity classification and the number of minutes of therapy per week. Similarly, 71% of the clinicians indicated in interviews that more severe students receive more time in therapy. About one-fifth of the clinicians also reported that students' severity ratings influence whether they are seen individually or in a group. However, this information was rarely documented in S/L files and could not be collected for cross-category analysis. Although the relationship between severity rating and therapy time was statistically significant, the majority of S/L students nevertheless received 20 minutes of therapy twice a week regardless

of their severity rating [illegible] with clinicians revealed their perception that other constraints, such as teacher and student classroom schedules, strongly influenced their therapy schedules.

One other important aspect of the S/L comprehensive evaluation process needs to be reiterated here. The demographic data emphasized the importance of the clinician verifying the absence of learning or behavioral problems. Although most clinicians reported carrying out some procedure to do this at least informally, it was not often documented in the files—only 45% of the files contained this type of information. It is the conclusion of the investigators that this procedure needs to be conducted more formally and resulting information included in the student's file, since many students who receive S/L services are later identified as having another handicap.

Regular classroom teachers were interviewed regarding their perceptions of the comprehensive evaluation process for LD, BD, and S/L referrals. Most teachers reported that the [illegible] information useful in understanding the student's problem and in determining an appropriate placement. One area where teachers disagreed with test results was the evaluation of a student's academic skills. Only 16% of the teachers felt test scores were consistent with the student's classroom performance, 30% reported they were sometimes consistent, and 17% felt they were not consistent.

Another aspect of the comprehensive evaluation process is the link with development of the individual education plan (IEP). The most frequent [illegible] with special education personnel was that the comprehensive evaluation determines the student's strengths and weaknesses; IEP goals are then written to address these weaknesses. Social workers and LD teachers [illegible] short information from behavior rating scales and observations [illegible] behavioral goals for the IEP. Most regular education teachers felt that IEP goals were consistent with the student's needs. However, investigators reviewed IEPs to evaluate the match between weaknesses identified by the evaluation and goals on IEPs. This match occurred in 90% of the S/L files, in 78% of the BD files, and in 64% of the LD files. Changes obtained from S/L comprehensive evaluations translate more directly into programming procedures. The lack of match found in LD and BD files was of concern and reflect similar findings in compliance monitoring reports. As a result, the inservice needs in this

area currently are being addressed primarily via corrective actions required as a result of on-site monitoring visits.

The final aspect of comprehensive evaluations to be discussed are team members' perceptions of strengths, weaknesses, and changes needed in the process. Most interviewees agreed about the strengths of the process. The responses given most often by all respondents regardless of their professional role were: team concept, thoroughness of testing, multi-sourced information, determines the student's strengths and weaknesses, and prevents inappropriate placements. The responses regarding weaknesses were much more variable. Only four were frequently identified by most role categories: the process takes too long, there is too much paperwork, testing is sometimes artificial, and overemphasis on test scores/not enough allowance for professional judgement. This last weakness was given most often by team members in LEAs where meeting the severe discrepancy criteria of the state LD guidelines was strictly required for a student to be placed in an LD program.

The changes suggested in the comprehensive evaluation process were quite variable across professional roles. Common responses included: complete testing more quickly, more flexibility in state guidelines, improve parent involvement and improve preassessment.

Evaluation team members and special education administrators were questioned specifically about state guidelines. While most groups felt the guidelines were helpful in distinguishing between students with handicaps and those without, many respondents reported some difficulty in using the guidelines to diagnose the primary handicap for students with both learning and behavioral difficulties. The changes recommended in the guidelines varied across the various professional groups. The most frequently reported concern of S/L clinicians was lowering caseload size, with many clinicians recommending a relative weighting for students with more severe problems. Interviewees in other professional groups recommended allowing more flexibility in the guidelines for professional judgement. The one recommendation that was consistently and strongly urged by interviewees was that of providing programming for students who are not eligible for special education services. Unmet student needs resulting from the lack of such programming is perceived by the project investigators as a major reason for

the frequency of statements that guidelines should be more flexible or less restrictive.

CHAPTER 5

SUMMARY AND RECOMMENDATIONS

Preassessment

Wide variability was found in the way preassessment was being implemented. Participants on the preassessment team were most often the classroom teacher, principal, and learning disabilities teacher. Less frequently mentioned as participating were the school counselor and school psychologist. The most effective teams were those composed largely of regular education personnel and at least one special education teacher. Paramount to the success of preassessment was the leadership of the building principal.

Three critical factors were found to differentiate successful from unsuccessful preassessment practices:

1) accurate description of the student's problem,

2) appropriate interventions, and

3) follow-up on intervention outcomes.

A vague statement of academic problems/failing grades was noted as the reason for referral to a preassessment team in 60% of the files of students with learning problems and 67% of the files of students with behavioral problems. Specific problems related to reading or math skills were reported in less than 15% of the cases. For students with behavior problems, specific problems such as impulsive/bizarre behaviors and inability to build satisfactory relationships were reported with 48% and 31% frequency respectively. The lack of skill of classroom teachers in accurately describing the student's specific problem was identified as a major weakness of preassessment.

Because the student's specific problem was often not precisely diagnosed by the teacher, the interventions attempted were often not appropriate. The research findings indicated that of the three interventions reported with most frequency (about 50%), only behavior management techniques specifically addressed the student's specific problem. The other two interventions, parent involvement and change in seating, are

more general interventions that do not address student problems with sufficient specificity. Although parent involvement is an important technique, it needs to be used in combination with modifications within the classroom. Overall, appropriate interventions such as changing curricular materials or amount of work assigned, were tried only about one-third of the time with students experiencing learning problems. However in districts/cooperatives with effective preassessment, these interventions were reported with 50%-80% frequency. Appropriate interventions for the secondary level, such as changing the student's class schedule or providing counseling, were reported about one-tenth of the time.

The third critical factor in preassessment was improved follow-up. More than three-fourths of the files lacked information concerning the outcomes of preassessment interventions. Interventions were implemented but their effect on student performance was rarely measured.

The percentage of students referred on to a comprehensive evaluation from preassessment seemed to be an index of the success of the process. In districts/cooperatives with effective preassessment, only about 50% of the students were referred for a comprehensive evaluation. In contrast, where critical factors were missing from the preassessment process, the referral rate ranged from 80%-100%.

Recommendations for preassessment. The following are the major recommendations based on the research findings related to preassessment:

1) Preassessment teams, especially referring teachers, need to be trained to more accurately and specifically diagnose the student's problem.

2) Preassessment teams, especially classroom teachers, need to be better trained regarding effective interventions within the classroom. In particular, attention needs to be focused on appropriate ways to modify curriculum to meet student needs.

3) Preassessment teams need to be trained to evaluate the effect that interventions have on student performance.

4) District and building administrators need to assume an active leadership role in implementing preassessment.

5) All sections within the Division of Educational Services of the Kansas State Department of Education (KSDE) need to work together to provide

technical [illegible] training of staff regard[illegible]

Based [illegible] as crucial factors in [illegible] agencies need to document:

1) The specific [illegible].
2) The student's current level of functioning for each specific problem identified.
3) Interventions attempted.
4) The outcome of these interventions.
5) The results of the classroom observation.
6) Team membership (to increase ownership of the process).

Comprehensive Evaluation

Comprehensive team membership was very similar for learning disabilities (LD) and behavior disorders (BD) referrals, but quite different for speech/language (S/L) referrals. For S/L referrals, teams were most often composed of the S/L clinician, classroom teacher, and principal. Teams were much larger for LD and BD referrals, for which the school psychologist, classroom teacher, principal, counselor, special education teacher, and S/L clinician were most frequently included as team members. In LEAs employing school social workers, social workers were also included, although they were twice as likely to participate in teams for BD as compared to LD referrals.

The testing of students for placement was found to be comprehensive and appropriate. Most of the regular education teachers interviewed reported they found the information helpful in understanding student problems. In the areas of learning disabilities and behavior disorders, students typically were administered tests measuring achievement, intellectual ability, processing skills, and social/emotional functioning. While testing for identification was quite comprehensive, achievement testing for educational planning was minimal. Procedures such as curriculum-based assessment were infrequently found in files of LD or BD referrals.

State guidelines were generally followed in determining a student's eligibility for special education. For LD students, eligibility was related to the amount of discrepancy between the student's aptitude and achievement. For BD students, eligibility was determined by social/emotional/personality types of information. For LD students, programming decisions were based primarily on the student's level of achievement, while for BD students, programming was based on both achievement scores and social/emotional information.

One area of weakness in the comprehensive evaluation was related to conducting observations. State regulations require a classroom observation for both LD and BD evaluations. Only 72% of the LD files and 67% of the BD files contained observation information. There was little documentation of where, when, or by whom the observation was done, or how long it lasted. The most common type of observation was a short narrative report, although some observations of BD students were more comprehensive. Interview responses sometimes indicated that observation data was not useful for student programming.

In the speech/language (S/L) category, clinicians typically conducted extensive screening followed by evaluation of failures rather than using a teacher referral/preassessment/evaluation model. Clinicians across the state used a wide variety of test instruments in conducting their evaluations. S/L clinicians reported in interviews that they did follow procedures to rule out the presence of other handicapping conditions (a regulatory requirement), but this was documented in only 46% of the S/L files. Students with more severe problems generally received more time in therapy, but time was limited by other constraints on the clinician's schedule.

When study participants were interviewed about changes needed in state guidelines or the evaluation process, the most frequent response was that services are needed for students found not to be eligible for special education placement. Many of these students are slow learners, while others have learning or behavior problems which are not so extreme as to be eligible for special education. The need for resources to serve these students was emphasized by both regular and special education personnel.

Recommendations for comprehensive evaluation. The following are the major recommendations based on the research findings related to the comprehensive evaluation process:

1) Comprehensive evaluation team members need to be trained to conduct appropriate observations and to adequately document results.

2) Observers need to be trained to translate observation data into information that is meaningful and useful for other team members.

3) Diagnostic evaluation of the specific academic needs of LD and BD students for instructional planning needs to be encouraged.

4) S/L clinicians need to develop more formal procedures for verifying the absence of learning and behavioral problems and document this evidence.

5) Persons deciding the allocation of resources need to take into consideration the educational needs of students with learning and behavioral problems who are not eligible for special education.

6) Sections within the Educational Services Division of KSDE need to work closely together to provide technical assistance to local districts to help meet the needs of all students with learning and behavioral problems.

Recommendations made to the compliance monitoring committee of the Special Education Administration Section regarding areas needing increased attention during compliance reviews are:

1) For S/L files:

a) documentation of evidence verifying the absence of learning or behavioral problems;

b) documentation of a team decision regarding placement.

2) For LD files:

a) documentation of computation of the amount of aptitude-achievement discrepancy;

b) documentation whether the amount of discrepancy meets state guidelines for a severe discrepancy.

3) For LD and BD files:

a) documentation of the evidence used to rule out exclusionary factors;

b) documentation of an observation, including the date, by whom it was conducted, length, setting, etc.

4) For all files:

a) a comparison of test dates and consent dates needs to be made. In some files, consent for testing and IEP forms were found to have the same date.

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APPENDIX A

Incidence Rates

Size and incidence rates for all Kansas LEAs
Fiscal Years 1985, 1986, 1987

Incidence rates for LEAs in the sample
Fiscal Years 1985, 1986, 1987

INCIDENCE RATES FOR SAMPLE

Site	State Average	FY 1985			FY 1986			FY 1987		
		LD	BD	S/L	LD	BD	S/L	LD	BD	S/L
		4.16 + 1.11	.93 + .55	2.91 + 1.13	4.05 + 1.14	.94 + .57	2.80 + .85	4.06 + 1.06	1.04 + .67	2.70 + .83
#1		2.36 low	.27 low	1.67 low	2.37 low	.40 average	1.78 low	2.4 low	.4 low	1.7 low
#2		7.24 high	.40 average	1.74 low	6.47 high	.33 low	1.91 low	5.6 high	.4 low	2.4 average
#3		4.94 average	1.59 high	3.44 average	4.35 average	2.08 high	3.24 average	4.4 average	1.8 high	2.8 average
#4		3.64 average	.25 low	2.06 average	3.43 average	.25 low	2.19 average	3.5 average	.2 low	1.8 low
#5		6.82 high	3.13 high	6.88 high	6.97 high	3.53 high	3.35 average	6.5 high	2.8 high	2.9 average
#6		3.53 average	.95 average	2.98 average	3.60 average	.94 average	3.01 average	3.6 average	.9 average	3.1 average
#7		2.71 low	1.03 average	4.46 high	1.91 low	1.08 average	3.89 high	3.5 average	.8 average	3.0 average
#8		5.03 average	.81 average	4.57 high	5.27 high	.81 average	4.66 high	5.2 high	.7 average	4.2 high
#9		2.71 low	.86 average	2.76 average	2.51 low	1.2 average	2.74 average	2.6 low	.8 average	2.2 average

DM/SECL/5

1986 DECEMBER 1, OCTOBER 1 TRANSFER STUDENTS AGES 5-18
NUMBERS SERVED AND INCIDENCE CALCULATIONS FOR

SPEECH LANGUAGE, BEHAVIOR DISORDER AND LEARNING DISABLED

LEA	..FY87 ENROLLMENT... PUBLIC	PRIVATE	TOTAL	SPED AGES 5-18 #	#/ENR	..SPEECH LANGUAGE.. #	#/HD	#/ENR	.BEHAVIOR DISORDER.. #	#/HD	#/ENR	.LEARNING DISABLED.. #	#/HD	#/ENR
202	3963	0	3963	403	10.2%	85	21.1%	2.1%	16	4.0%	0.4%	216	53.6%	5.5%
233	22526	535	23061	2025	8.8%	559	27.6%	2.4%	163	8.0%	0.7%	995	49.1%	4.3%
234	2148	97	2245	178	7.9%	23	12.9%	1.0%	51	28.7%	2.3%	59	33.1%	2.6%
250	12650	325	12975	1038	8.0%	317	30.5%	2.4%	128	12.3%	1.0%	399	38.4%	3.1%
253	7892	207	8099	681	8.4%	192	28.2%	2.4%	79	11.6%	1.0%	302	44.3%	3.7%
259	44714	6843	51557	3926	7.6%	1023	26.0%	2.0%	491	12.5%	1.0%	1512	38.5%	2.9%
260	5157	200	5357	565	10.5%	149	26.4%	2.8%	140	24.8%	2.6%	176	31.2%	3.3%
261	3181	100	3281	346	10.5%	113	32.7%	3.4%	30	8.7%	0.9%	160	46.2%	4.9%
263	1800	0	1800	117	6.5%	40	34.2%	2.2%	15	12.8%	0.8%	46	39.3%	2.6%
273	2855	236	3091	356	11.5%	113	31.7%	3.7%	44	12.4%	1.4%	142	39.9%	4.6%
282	1187	0	1187	119	10.0%	28	23.5%	2.4%	5	4.2%	0.4%	66	55.5%	5.6%
290	2259	77	2336	237	10.1%	53	22.4%	2.3%	40	16.9%	1.7%	93	39.2%	4.0%
300	1171	0	1171	115	9.8%	26	22.6%	2.2%	22	19.1%	1.9%	46	40.0%	3.9%
305	14402	920	15322	1069	7.0%	282	26.4%	1.8%	32	3.0%	0.2%	540	50.5%	3.5%
308	5261	555	5816	601	10.3%	111	18.5%	1.9%	31	5.2%	0.5%	280	46.6%	4.8%
320	2372	40	2412	246	10.2%	67	27.2%	2.8%	46	18.7%	1.9%	100	40.7%	4.1%
321	1069	0	1069	146	13.7%	31	21.2%	2.9%	30	20.5%	2.8%	69	47.3%	6.5%
325	5213	110	5323	456	8.6%	148	32.5%	2.8%	30	6.6%	0.6%	215	47.1%	4.0%
330	545	0	545	58	10.6%	22	37.9%	4.0%	3	5.2%	0.6%	27	46.6%	5.0%
333	3069	0	3069	370	12.1%	128	34.6%	4.2%	22	5.9%	0.7%	161	43.5%	5.2%
336	3608	0	3608	326	9.0%	113	34.7%	3.1%	27	8.3%	0.7%	149	45.7%	4.1%
345	3552	0	3552	412	11.6%	75	18.2%	2.1%	140	34.0%	3.9%	145	35.2%	4.1%
350	1050	0	1050	118	11.2%	30	25.4%	2.9%	10	8.5%	1.0%	65	55.1%	6.2%
353	1934	0	1934	161	8.3%	43	26.7%	2.2%	17	10.6%	0.9%	61	37.9%	3.2%
364	1411	202	1613	139	8.6%	48	34.5%	3.0%	13	9.4%	0.8%	56	40.3%	3.5%
368	6918	351	7269	681	9.4%	236	34.7%	3.2%	23	3.4%	0.3%	332	48.8%	4.6%
372	603	0	603	39	6.5%	14	35.9%	2.3%	4	10.3%	0.7%	21	53.8%	3.5%
373	4731	174	4905	463	9.4%	154	33.3%	3.1%	59	12.7%	1.2%	164	35.4%	3.3%
379	3537	214	3751	271	7.2%	80	29.5%	2.1%	38	14.0%	1.0%	110	40.6%	2.9%
383	6052	234	6286	448	7.1%	180	40.2%	2.9%	47	10.5%	0.7%	175	39.1%	2.8%
389	737	0	737	104	14.1%	33	31.7%	4.5%	10	9.6%	1.4%	35	33.7%	4.7%
405	1957	0	1957	228	11.7%	72	31.6%	3.7%	21	9.2%	1.1%	97	42.5%	5.0%
407	1365	56	1421	160	11.3%	26	16.3%	1.8%	24	15.0%	1.7%	86	53.8%	6.1%
409	1718	806	2524	349	13.8%	49	14.0%	1.9%	70	20.1%	2.8%	168	48.1%	6.7%
418	4436	66	4502	428	9.5%	91	21.2%	2.0%	28	6.5%	0.6%	233	54.4%	5.2%
428	5379	473	5852	424	7.2%	114	26.9%	1.9%	29	6.8%	0.5%	171	40.3%	2.9%
434	5317	0	5317	531	10.0%	104	19.6%	2.0%	39	7.3%	0.7%	305	57.4%	5.7%
437	3117	0	3117	250	8.0%	64	25.6%	2.1%	53	21.2%	1.7%	87	34.8%	2.8%
442	1664	263	1927	208	10.8%	87	41.8%	4.5%	24	11.5%	1.2%	72	34.6%	3.7%
450	3340	0	3340	267	8.0%	76	28.5%	2.3%	30	11.2%	0.9%	127	47.6%	3.8%
453	10670	792	11462	684	6.0%	200	29.2%	1.7%	47	6.9%	0.4%	277	40.5%	2.4%
457	6007	274	6281	436	6.9%	60	13.8%	1.0%	56	12.8%	0.9%	183	42.0%	2.9%
465	6613	247	6860	621	9.1%	199	32.0%	2.9%	26	4.2%	0.4%	255	41.1%	3.7%
475	6928	331	7259	721	10.1%	303	41.5%	4.2%	72	10.0%	1.0%	278	38.0%	3.8%
480	3484	142	3626	310	8.5%	88	28.4%	2.4%	34	11.0%	0.9%	78	25.2%	2.2%
489	4631	729	5360	344	6.4%	114	33.1%	2.1%	39	11.3%	0.7%	197	57.3%	3.7%
490	10117	308	10425	1181	11.3%	409	34.6%	3.9%	90	7.6%	0.9%	508	43.0%	4.9%
495	2017	193	2210	215	9.7%	91	42.3%	4.1%	17	7.9%	0.8%	78	36.3%	3.5%
497	7803	261	8064	671	8.3%	172	25.6%	2.1%	59	8.8%	0.7%	325	48.4%	4.0%
500	26456	3258	29714	2881	9.7%	952	33.0%	3.2%	126	4.4%	0.4%	1064	36.9%	3.6%
501	14813	2257	17070	2004	11.7%	477	23.8%	2.8%	304	15.2%	1.8%	751	37.5%	4.4%
510	30636	4749	35385	3092	8.7%	1080	34.9%	3.1%	302	9.8%	0.9%	1279	41.4%	3.6%

1986 DECEMBER 1, OCTOBER 1 TRANSFER STUDENTS AGES 5-18
NUMBERS SERVED AND INCIDENCE CALCULATIONS FOR
SPEECH LANGUAGE, BEHAVIOR DISORDER AND LEARNING DISABLED

LEA	..FY87 ENROLLMENT... PUBLIC	PRIVATE	TOTAL	SPED AGES 5-18 #	#/ENR	..SPEECH LANGUAGE.. #	#/HD	#/ENR	.BEHAVIOR DISORDER.. #	#/HD	#/ENR	.LEARNING DISABLED.. #	#/HD	#/ENR
602	8431	202	8633	817	9.5%	260	31.8%	3.0%	100	12.2%	1.2%	302	37.0%	3.5%
603	7248	15	7263	634	8.7%	165	26.0%	2.3%	64	10.1%	0.9%	294	46.4%	4.0%
605	5615	213	5828	461	7.9%	147	31.9%	2.5%	46	10.0%	0.8%	170	36.9%	2.9%
607	10869	587	11456	921	8.0%	255	27.7%	2.2%	45	4.9%	0.4%	337	36.6%	2.9%
608	4378	37	4415	494	11.2%	175	35.4%	4.0%	41	8.3%	0.9%	223	45.1%	5.1%
610	5734	14	5748	642	11.2%	153	23.8%	2.7%	23	3.6%	0.4%	330	51.4%	5.7%
611	9493	0	9493	743	7.8%	203	27.3%	2.1%	71	9.6%	0.7%	309	41.6%	3.3%
613	8924	449	9373	854	9.1%	315	36.9%	3.4%	84	9.8%	0.9%	301	35.2%	3.2%
614	2400	0	2400	200	8.3%	56	28.0%	2.3%	28	14.0%	1.2%	90	45.0%	3.8%
615	1790	0	1790	217	12.1%	77	35.5%	4.3%	12	5.5%	0.7%	97	44.7%	5.4%
616	1701	0	1701	168	9.9%	70	41.7%	4.1%	13	7.7%	0.8%	57	33.9%	3.4%
617	2155	0	2155	220	10.2%	36	16.4%	1.7%	32	14.5%	1.5%	109	49.5%	5.1%
618	9422	277	9699	786	8.1%	178	22.6%	1.8%	59	7.5%	0.6%	443	56.4%	4.6%
619	1896	0	1896	151	8.0%	51	33.8%	2.7%	16	10.6%	0.8%	65	43.0%	3.4%
	416051	28419	444510	39535		11485		2.58%	3931		.88%	16663		3.75%

1985-86 School Year
FY 1986

Name	Pub. Stu.	Priv. Stu.	Total	LD	BD	S/L	Total Handicap.
(CSSC) Olathe 233	20,731	525	21,256	932 4.38%	137 .64%	465 2.19%	1,867 8.78%
Fort Scott 234	2,074	93	2,167	66 3.05%	48 2.22%	32 1.48%	196 9.04%
Pittsburg 250	12,527	384	12,911	388 3.01%	132 1.02%	323 2.50%	1,082 8.38
Emporia 253	7.725	226	7,951	277 3.48%	73 .92%	179 2.25%	637 8.01%
Wichita 259	45,144	6,796	51,940	1,392 2.68%	454 .87%	1,071 2.06%	3,799 7.31%
Derby 260	5,020	222	5,242	164 3.13%	144 2.75%	140 2.67%	541 10.32%
Haysville 261	3,095	88	3,183	173 5.44%	28 .88%	110 3.46%	356 11.18%
Mulvane 263	1,750	---	1,750	44 2.51%	21 1.2%	48 2.74%	130 7.43%
Beloit 273	2,831	234	3,065	150 4.89%	4 .13%	125 4.08%	336 10.96%
West Elk 282	1,206	---	1,206	78 6.47%	4 .33%	23 1.91%	124 10.28%
Ottawa 290	2,155	73	2,228	100 4.49%	30 1.35%	51 2.29%	235 10.55%
(Ki-Com) Coldwater 300	1,179	---	1,179	43 3.65%	18 1.53%	(1) 17 <01%) 1.44%	(62) 78 (5.26%) 6.62%
Salina 305	14,240	968	15,208	521 3.43%	38 .25%	333 2.19%	1,070 7.04%
Hutchinson 308	5,266	684	5,950	264 4.44%	36 .61%	98 1.65%	529 8.89%
Wamego 320	2,319	44	2,363	89 3.77%	37 1.57%	69 2.92%	223 9.44%
St. Marys 321	1,076	---	1,076	75 6.97%	38 3.53%	36 3.35%	165 15.33%

Name	Pub. Stu.	Priv. Stu.	Total	LD	BD	S/L	Total Handicap.
Phillips-burg 325	5,231	178	5,409	194 3.59%	18 .33%	209 3.86%	504 9.32%
Eskridge 330	581	---	581	31 5.34%	3 .52%	23 3.96%	64 11.02%
Concordia 333	3,091	---	3,091	163 5.27%	25 .81%	144 4.66%	391 12.65%
Holton 336	3,572	---	3,572	151 4.23%	25 .70%	104 2.91%	322 9.01%
Seaman 345	3,498	---	3,498	150 4.29%	31 .89%	78 2.05%	312 8.92%
St. John 350	1,066	---	1,066	69 6.47%	11 1.03%	32 3.00%	121 11.35%
Wellington 353	1,935	---	1,935	71 3.67%	17 .88%	38 1.96%	178 9.20%
Marysville 364	1,372	196	1,568	30 1.91%	17 1.08%	61 3.89%	129 8.23%
Paola (ECK) 368	6,848	341	7,189	299 4.16%	19 .26%	219 3.05%	631 8.78%
Silver Lake 372	626	---	626	24 3.83%	4 .64%	13 2.08%	44 7.03%
Newton 373	4,640	163	4,803	150 3.12%	59 1.23%	149 3.10%	416 8.66%
(Twn Lks) Clay Center 379	3,537	202	3,739	109 2.92%	34 .91%	91 2.43%	270 7.22%
Manhattan 383	5,720	307	6,027	145 2.41%	34 .56%	170 2.82%	382 6.34%
Eureka 389	796	---	796	41 5.15%	8 1.01%	37 4.65%	108 13.57%
Lyons 405	1,927	---	1,927	105 5.45%	20 1.04%	66 3.43%	233 12.09%
Russell 407	1,395	60	1,455	78 5.36%	20 1.37%	47 3.23%	169 11.62%

Name	Pub. Stu.	Priv. Stu.	Total	LD	BD	S/L	Total Handicap.
Atchison 409	1,638	933	2,571	157 6.11%	26 1.01%	54 2.10%	293 11.40%
McPherson 418	4,371	60	4,431	225 5.08%	33 .74%	154 3.48%	493 11.13%
(Barton Co.) Great Bend 428	5,541	495	6,036	174 2.88%	36 .60%	133 2.20%	453 7.50%
(Three Lakes) Santa Fe Trail 434	5,211	---	5,211	264 5.07%	37 .71%	136 2.61%	516 9.90%
Auburn 437	2,899	---	2,899	83 2.86%	53 1.83%	63 2.17%	239 8.24%
(Nemaha Val.) Seneca 442	1,723	272	1,995	72 3.61%	20 1.00%	86 4.31%	203 10.18%
Shawnee Hts. 450	3,293	---	3,293	135 4.10%	37 1.12%	76 2.31%	284 8.62%
Leavenworth 453	10,504	830	11,334	269 2.37%	45 .40%	202 1.78%	660 5.82%
Garden City 457	5,846	310	6,156	155 2.52%	57 .93%	74 1.12%	385 6.25%
Winfield 465	6,571	262	6,833	255 3.73%	28 .41%	170 2.49%	582 8.52%
Junction City 475	6,806	318	7,124	310 4.35%	76 1.07%	279 3.92%	771 10.82%
Liberal 480	3,388	154	3,542	98 2.77%	15 .42%	99 2.80%	299 8.44%
Hays 489	4,623	792	5,415	211 3.90%	40 .74%	96 1.77%	396 7.31%
El Dorado 490	9,813	279	10,092	473 4.69%	72 .71%	417 4.13%	1,151 11.41%
(Tri-Co. SSC) Larned 495	2,070	211	2,281	101 4.43%	11 .48%	115 5.04%	257 11.27%
Lawrence 497	7,511	264	7,775	281 3.61%	64 .82%	179 2.30%	661 8.50%
[illegible]s City [illegible]	29,971	3,243	33,214	1,322 3.98%	123 .37%	984 2.96%	3,246 9.77%

Name	Pub. Stu.	Priv. Stu.	Total	LD	BD	S/L	Total Handicap.
Topeka 501	14,619	2,327	16,946	737 4.35%	353 2.08%	549 3.24%	2,182 12.88%
Shawnee Mission 512	30,315	4,783	35,098	1,263 3.60%	331 .94%	1,057 3.01%	3,092 8.81%
Colby 602	8,590	198	8,788	291 3.31%	112 1.27%	320 3.64%	869 9.89%
(ANW) Humboldt 603	7,312	19	7,331	265 3.61%	71 .97%	186 2.54%	654 8.92%
(SCKSEC) Pratt 605	5,636	214	5,850	179 3.06%	54 .92%	179 3.06%	515 8.80%
(Tri-Co. SEC) Independence 607	11,008	612	11,620	300 2.58%	46 .40%	223 1.92%	865 7.44%
Atchison-Jefferson 608	4,297	31	4,328	232 5.36%	45 1.04%	163 3.77%	509 11.76%
(Reno Co.) Hutchinson 610	5,697	27	5,724	294 5.14%	33 .58%	119 2.08%	592 10.34%
High Plains 611	9,321	---	9,321	270 2.90%	55 .59%	202 2.17%	657 7.05%
Dodge City 613	8,695	480	9,175	300 3.27%	77 .84%	305 3.32%	816 8.89%
Baldwin 614	2,348	---	2,348	103 4.39%	27 1.15%	60 2.56%	234 9.97%
(Brown Co.) Hiawatha 615	1,791	---	1,791	102 5.70%	12 .67%	51 2.85%	205 11.45%
(Doniphan Co) Bendena 616	1,676	---	1,676	48 2.86%	11 .66%	58 3.46%	145 8.65%
Marion 617	2,108	---	2,108	121 5.74%	26 1.23%	54 2.56%	248 11.76%
(Sedgwick Co) Goddard 618	9,062	272	9,334	444 4.76%	55 .59%	195 2.09%	780 8.36%
[illegible]r	1,802	---	1,802	69 3.83%	15 .83%	40 2.22%	152 8.44%

1984-85 School Year
FY 1985

Name	Pub. Stu.	Priv. Stu.	Total	LD	BD	S/L	Total Handicap.
(CSSC) Olathe 233	20,513	528	21,041	951 4.52%	136 .65%	437 2.08%	1,807 8.59%
Fort Scott 234	2,023	93	2,116	66 3.12%	50 2.36%	30 1.42%	195 9.22%
Pittsburg 250	12,517	387	12,904	385 2.98%	96 .74%	281 2.18%	1,002 7.77%
Emporia 253	7,722	336	8,058	307 3.81%	61 .76%	188 2.33%	670 8.31%
Wichita 259	43,763	7,173	50,936	1,373 2.70%	441 .87%	1,247 2.45%	3,951 7.76%
Derby 260	4,914	219	5,133	147 2.86%	103 2.01%	123 2.40%	445 8.67%
Haysville 261	3,078	80	3,158	173 5.48%	32 1.01%	121 3.83%	375 11.87%
Mulvane 263	1,737	---	1,737	47 2.71%	15 .86%	48 2.76%	123 7.08%
Beloit 273	2,807	258	3,065	120 3.92%	9 .29%	123 4.01%	300 9.79%
West Elk 282	1,263	---	1,263	99 7.84%	5 .40%	22 1.74%	157 12.43%
Ottawa 290	2,192	64	2,256	82 3.63%	30 1.33%	49 2.17%	220 9.75%
(Ki-Com) Coldwater 300	1,196	---	1,196	48 4.01%	23 1.92%	8 .67%	94 7.86%
Salina 305	14,133	943	15,076	549 3.64%	37 .25%	310 2.06%	1,094 7.26%
Hutchinson 308	5,159	762	5,921	247 4.17%	29 .49%	89 1.50%	508 8.58%
Wamego 320	2,304	44	2,348	102 4.34%	34 1.45%	87 3.71%	257 10.95%
St. Marys 321	1,085	---	1,085	74 6.82%	34 3.13%	47 6.88%	173 15.94%

Name	Pub Stu.	Priv. Stu.	Total	LD	BD	S/L	Total Handicap.
Phillipsburg 325	5,351	162	5,513	220 3.99%	25 .45%	235 4.26%	548 10.24%
Eskridge 330	607	---	607	32 5.27%	7 1.15%	16 2.64%	63 10.38%
Concordia 333	3,082	---	3,082	152 5.03%	25 .81%	141 4.57%	384 12.46%
Holton 336	3,573	---	3,573	143 4.00%	29 .81%	93 2.60%	294 8.23%
Seaman 345	3,451	---	3.451	153 4.43%	37 1.07%	76 2.20%	311 9.01%
St. John 350	1,027	---	1,027	65 6.33%	15 1.46%	36 3.51%	127 12.37%
Wellington 353	1,877	---	1,877	64 3.41%	12 .64%	36 1.92%	144 7.67%
Marysville 364	1,356	191	1,547	42 2.71%	16 1.03%	69 4.46%	160 10.34%
(ECK) Paola 368	6,828	370	7,198	301 4.18%	13 .18%	211 2.93%	618 8.59%
Silver Lake 372	645	---	645	24 3.72%	2 .31%	12 1.86%	41 6.36%
Newton 373	4,620	160	4,780	148 3.10%	68 1.42%	150 3.14%	411 8.60%
(Twn Lks) Clay Center 379	3,530	212	3,742	104 2.78%	34 .91%	94 2.51%	273 7.30%
Manhattan 383	5,496	347	5,843	160 2.73%	28 .47%	163 2.78%	389 6.65%
Eureka 389	817	---	817	52 6.36%	10 1.22%	(0) 52 (0)6.36%	79 9.67%
Lyons 405	1,967	---	1,967	95 4.83%	15 .76%	37 1.88%	184 9.35%
Russell 407	1,446	63	1,509	68 4.51%	21 1.39%	62 4.11%	174 11.53%

Name	Pub. Stu.	Priv. Stu.	Total	LD	BD	S/L	Total Handicap.
Atchison 409	1,691	906	2,597	148 5.70%	33 1.27%	54 2.08%	300 11.55%
McPherson 418	4,321	68	4,389	228 5.05%	40 .91%	202 4.60%	560 12.76%
(Barton Co.) Great Bend 428	5,210	478	6,034	174 2.88%	23 .38%	94 1.56%	404 6.70%
(Three Lakes) Santa Fe Trail 434	5,351	---	5,351	254 4.75%	36 .67%	156 2.92%	526 9.83%
Auburn 437	2,744	---	2,744	86 3.13%	54 1.97%	60 2.19%	241 8.78%
(Nemaha Val.) Seneca 442	1,751	253	2,004	[illegible]	22 1.10%	91 4.54%	198 9.88%
Shawnee Hts. 450	3,277	---	3,277	141 4.30%	45 1.37%	89 2.72%	310 9.46%
Leavenworth 453	10,238	757	10,995	260 2.36%	30 .27%	184 1.67%	620 5.64%
Winfield 465	6,446	252	6,698	285 [illegible]	13 .19%	164 2.45%	598 8.93%
Junction City 475	6,656	341	6,997	320 4.57%	85 1.21%	276 3.94%	774 11.06%
Hays 489	4,657	792	5,449	252 4.62%	47 .86%	68 1.25%	5,449 7.67%
El Dorado 490	9,712	264	9,976	434 4.35%	63 .63%	437 4.38%	1,123 11.26%
(Tri-Co. SSC) Larned 495	2,043	203	2,246	89 3.96%	17 .75%	96 4.27%	240 10.68%
Lawrence 497	7,268	267	7,535	249 3.30%	56 .74%	186 2.46%	614 8.14%
Kansas City 500	29,714	3,344	33,058	1,384 4.19%	118 .36%	931 2.82%	3,300 9.98%
Topeka 501	14,620	2,397	16,937	837 4.94%	269 1.59%	583 3.44%	2,337 13.80%

Name	Pub. Stu.	Priv. Stu.	Total	LD	BD	S/L	Total Handicap.
Shawnee Mis ion 51	30,483	4,694	35,177	1,242 3.53%	333 .95%	1,047 2.98%	3,099 8.81%
Colby 602	8,707	189	8,896	310 3.56%	11[illegible] 1.36%	287 3.30%	873 10.03%
(ANW) Humboldt 603	7,377	21	7,398	307 4.15%	62 .84%	[illegible]8 2.41%	651 8.80%
(SCKSEC) Pratt 605	5,617	224	5,841	170 2.91%	55 .94%	157 2.69%	501 8.58%
(Tri-Co. SEC) Independence 607	11,028	606	11,634	346 2.97%	37 .32%	247 2.12%	904 7.77%
Atchison-Jefferson 608	4,328	40	4,368	227 5.20%	32 .73%	156 3.57%	492 11.26%
(Reno Co.) Hutchinson 610	5,607	24	5,631	236 4.21%	36 .64%	111 2.00%	514 9.17%
High Plains 611	14,611	347	14,958	568 3.80%	80 .53%	412 2.75%	1,340 8.96%
Dodge City 613	8,547	528	9,075	320 3.53%	74 .82%	292 3.22%	808 8.90%
Baldwin 614	2,307	---	2,307	119 5.16%	25 1.08%	61 2.64%	250 10.84%
(Brown Co.) Wiawatha 615	1,770	---	1,770	103 5.82%	8 .45%	69 3.90%	216 12.20%
(Doniphan Co) Bendena 616	1,669	---	1,669	54 3.23%	8 .47%	44 2.63%	139 8.32%
Marion 617	2,146	---	2,146	10[illegible] 4.93%	26 1.21%	50 2.32%	220 10.25%
(Sedg[illegible]ck Co) Goddard 618	8,878	273	9,151	454 4.96%	46 .50%	27[illegible] 2.95%	857 9.37
Sumner 619	1,788	---	1,788	77 4.30%	19 1.06%	47 2.62%	170 9.50%

APPENDIX B

Student File and Interview Data

STUDENT FILE DATA BY SITE

Site #1

Grade	First	Fourth	Seventh	Tenth	Totals
LD	4	4	4	2	14
BD	4	4	4	-	12
S/L	3	3	-	-	6
Totals	11	11	8	2	32

Site #2

Grade	First	Fourth	Seventh	Tenth	Totals
LD	4	2	2	1	9
BD	3	2	2	-	7
S/L	4	2	-	-	6
Totals	11	6	4	1	22

Site #3

Grade	First	Fourth	Seventh	Tenth	Totals
LD	4	4	4	3	15
BD	4	4	4	3	15
S/L	4	4	4	-	12
Totals	12	12	12	6	42

Site #4

Grade	First	Fourth	Seventh	Tenth	Totals
LD	4	4	2	1	11
BD	2	2	2	1	7
S/L	4	4	1	1	10
Totals	10	10	5	3	28

Site #5

Grade	First	Fourth	Seventh	Tenth	Totals
LD	4	3	1	2	10
BD	3	1	-	3	7
S/L	2	2	-	0	4
Totals	9	6	1	5	21

Site #6

Grade	First	Fourth	Seventh	Tenth	Totals
LD	4	4	4	3	15
BD	3	4	3	4	14
S/L	3	3	3	3	12
Totals	10	11	10	10	41

Site #7

Grade	First	Fourth	Seventh	Tenth	Totals
LD	3	4	4	1	12
BD	1	2	1	1	5
S/L	2	2	1	-	5
Totals	6	8	6	2	22

Site #8

Grade	First	Fourth	Seventh	Tenth	Totals
LD	3	3	1	2	9
BD	-	3	2	2	7
S/L	4	0	0	0	4
Totals	7	6	3	4	20

Site #9

Grade	First	Fourth	Seventh	Tenth	Totals
LD	2	3	2	2	9
BD	2	2	2	3	9
S/L	4	3	1	0	8
Totals	8	8	5	5	26

STUDENT FILE DATA
BY GRADE AND BY CATEGORY

Grade	First	Fourth	Seventh	Tenth	Totals
LD					
Severe	7	6	6	3	22
Mild	9	8	5	3	25
Borderline/Rule Exception	7	8	5	2	22
Referred Not Placed	9	9	8	9	35
Subtotal	32	31	24	17	104
BD					
Severe	4	5	6	3	18
Mild	5	7	4	5	21
Borderline/Rule Exception	5	4	3	3	15
Referred Not Placed	8	8	7	6	29
Subtotal	22	24	20	17	83
S/L					
Severe	8	6	2	1	17
Mild	9	8	4	2	23
Borderline/Rule Exception	8	5	2	1	16
Referred Not Placed	5	4	2	-	11
Subtotal	30	23	10	4	67
Totals	84	78	54	38	254

INTERVIEW DATA

Site	#1	#2	#3	#4	#5	#6	#7	#8	#9	Totals
Special Education Director	1	1	1	1	1	1	1	1	1	9
Special Education Assistant Director	1	–	–	1	–	–	–	–	–	2
Special Education Coordinators/ Supervisors	–	–	2	2	2	–	–	1	1	8
School Psychologists	5	1	6	6	6	1	1	3	1	30
Social Workers	–	–	5	2	3	2	–	2	–	14
L.D. Teachers or Strategists/ Specialists	3	3	5	4	7	3	5	3	3	39
B.D. Teachers or Consultants	3	–	–	2	3	1	–	2	–	11
S/L Clinicians	2	1	5	4	5	2	2	3	1	25
School Administrators	4	5	6	6	7	4	4	5	4	45
Counselors	–	–	3	1	3	–	1	1	2	11
Regular Education Teachers	7	8	11	9	11	7	9	6	6	74
Totals	26	22	44	38	48	21	23	27	19	268

APPENDIX C

Data Collection Forms

Student File Data Forms

Interview Data Forms

Introduction to Interviews

GRANT STUDENT DATA SHEET

USD NO. _____ CODE NO. ____ TYPE _____

I. GENERAL DATA

1. Birthdate ___/___/___
mo. day yr.

2. Current grade placement: _____ 88 = Ungraded 99 = N.I.

3. Number of years retained: _____

4. Number of schools attended to date: _____

5. Number of absences in previous year: _____

6. Sex: 1 = Male 2 = Female

7. Race:

1 = American Indian/Alaskan Native
2 = Asian/Pacific Islander
3 = Black
4 = Hispanic
5 = White
9 = NI

8. The primary language of the student:

1 = English
2 = Spanish
3 = Vietnamese
4 = Other
5 = Sign-Language
6 = Non-verbal
9 = NI

9. Attended ESL program:

1 = Yes 2 = No 9 = NI

10. Qualified for free/reduced lunches:

1 = Yes 2 = No 9 = NI

11. Legal status:

1 = Child in need of care
2 = Juvenile offender
3 = Not applicable
9 = NI

12. School hearing screening:

1 = Yes ___/___/___ 2 = No
mo. day yr.

13. Passed screening:

1 = Yes 2 = No

14. Medical/audiologist hearing exam:

1 = Yes ____/____/____ 2 = No 3 = NA
mo. day yr.

15. School vision screening:

1 = Yes ____/____/____ 2 = No
mo. day yr.

16. Passed screening:

1 = Yes 2 = No

17. Medical vision exam:

1 = Yes ____/____/____ 2 = No 3 = NA
mo. day yr.

18. Other medical information? _____

1 = Yes 2 = No 9 = NI

19. Group achievement scores:

Type of test:	Standard Score:	Year given:
1 = SRA	___ ___ ___	___ ___
2 = ITBS	___ ___ ___	___ ___
3 = Stanford A.T.	___ ___ ___	___ ___
4 = California A.T.	___ ___ ___	___ ___
5 = Other _____	___ ___ ___	___ ___
9 = N.I.		

20. Did student pass the most recent Kansas Minimum Competency Test?

1 = Yes 2 = No 3 = Out of Level Test 4 = Not Tested 9 = NI

Math: _____
Reading: _____

21. Has the student previously received any special services?

1 = Yes _____ 2 = No
(identify)

SC/SEOA/2

SPEECH/LANGUAGE DATA SHEET

II. PREASSESSMENT DATA

1. Date initiated: ____/____/____
   mo. day yr.

2. Reason for referral:
   1 = Pre-academic deficits
   2 = Articulation
   3 = Voice
   4 = Fluency
   5 = Language
   6 = Listening comprehension
   7 = Written expression
   8 = Spelling
   9 = Basic reading deficits
   10 = Reading comprehension
   11 = Social skill deficits
   12 = Behavior
   13 = Other _____ (identify)
   99 = No information

3. Referred by:
   1 = Self (student)
   2 = Parent
   3 = Classroom Teacher
   4 = Counselor
   5 = Psychologist
   6 = Principal
   7 = Asst. Principal
   8 = Nurse
   9 = Social Worker
   10 = Non-school medical personnel
   11 = Other _____ (identify)
   99 = N.I.

4. Form used for preassessment:
   1 = state checklist (classroom performance data)
   2 = local checklist
   3 = other _____
   9 = N.I.

5. Areas of concern documented:

   1 = Auditory skills — urce = _____
   2 = Articulation — Source = _____
   3 = Voice — Source = _____
   4 = Fluency — Source = _____
   5 = Language — Source = _____

   1 = State checklist
   2 = Local form
   3 = Published scale
   4 = Other
   9 = N.I.

6. Was an observation made by the S/L clinician?

   1 = Y 2 = N 9 = NI

7. In what setting did the observation occur?

   1 = Classroom
   2 = Playground
   3 = Cafeteria
   4 = Other _____
   5 = NA
   9 = NI

8. Did the clinician provide recommendations to the classroom teacher to try before an evaluation was completed? 1 = Y 2 = N 9 = NI

9. Was a preassessment team utilized?
1 = Y 2 = N 9 = NI

10. Preassessment committee members:

1 = Principal
2 = Asst. Principal
3 = Social Worker
4 = Psychologist
5 = Nurse
6 = Sp. Ed. Coordinator
7 = Classroom Teacher
8 = S/L Clinician
10 = Other _____
99 = N.I.

III. COMPREHENSIVE EVALUATION DATA

11. Date initiated: ____/____/____
mo. day yr.

12. Multidisciplinary team members:

1 = Principal
2 = Asst. Principal
3 = Psychologist
4 = Counselor
5 = LD Teachers
6 = Sp. Ed. Coordinator
7 = Classroom Teacher
8 = Reading Specialist
9 = Nurse
10 = Social Workers
11 = S/L Clinician
12 = Audiologist
13 = Other _____
99 = N.I.

13. Was the review of records for student's educational performance documented?

1 = Yes 2 = No

14. How documented:

1 = Classroom Performance Data
2 = Auditory checklist
3 = Articulation checklist
4 = Voice checklist
5 = Fluency checklist
6 = Language checklist
7 = LEA form
8 = Individual form
9 = N.I.

15. What tests did the speech clinician use?

	Standard Score
_____	___
_____	___
_____	___
_____	___
_____	___
_____	___

16. If vision or hearing problems were indicated by screening, were corrections made prior to testing?

    1 = Yes 2 = No 3 = NA 9 = N.I.

17. If vision or hearing problems were indicated by screening, were adaptations made in the testing procedures?

    1 = Yes 2 = No 3 = NA 9 = N.I.

18. If yes, what adaptations were made?

    _____

    _____

19. Source of severity rating scale used:
    1 = State
    2 = LEA
    3 = Individual
    4 = Other _____
    9 = N.I.

20. Articulation rating:
    0 = Normal
    1 = Developmental
    2 = Mild
    3 = Moderate
    4 = Severe
    5 = 4+
    9 = N.I.

21. Are articulation verification procedures documented?
    1 = Yes 2 = No 3 = NA

22. Are articulation criteria met?
    1 = Yes 2 = No 3 = NA

23. Language rating:
    0 = Normal
    1 = Developmental
    2 = Mild
    3 = Moderate
    4 = Severe
    5 = 4+
    9 = N.I.

24. Are language verification procedures documented?
    1 = Yes 2 = No 3 = NA

25. Are language criteria met?
    1 = Yes 2 = No 3 = NA

26. What score was computed for a language handicap?

    1 = S.D.
    2 = L.Q.
    3 = Percentile
    4 = Stanine
    5 = Other _____
    6 = NA
    9 = N.I.

27. Does the score match the severity rating guidelines?
    1 = Yes 2 = No 3 = NA

28. Fluency rating:
    0 = Normal
    1 = Developmental
    2 = Mild
    3 = Modrate
    4 = Severe
    5 = 4+
    9 = N.I.

29. Are fluency verification procedures documented?
    1 = Yes 2 = No 3 = NA

30. Are fluency criteria met?
    1 = Yes 2 = No 3 = NA

31. Voice rating:
    0 = Normal
    1 = Developmental
    2 = Mild
    3 = Modrate
    4 = Severe
    5 = 4+
    9 = N.I.

32. Are voice verification procedures documented?
    1 = Yes 2 = No 3 = NA

33. Are voice criteria met?
    1 = Yes 2 = No 3 = NA

34. If a student's severity rate is a 4 or above, was a referral made to other team members?
    1 = Yes 2 = No 3 = NA 9 = N.I.

35. If a student's severity rate is a 4 or above, was a referral made to an outside agency?

    1 = Yes 2 = No 3 = NA 9 = N.I.

36. Identified primary handicapping conditions:
    1 = None 4 = BD
    2 = LD 5 = S/L
    3 = MR 6 = Other _____

37. Placement initiated. ____/____/____
    mo. day yr.

38. Type of service delivery model:
    1 = Resource room 4 = Consultation
    2 = Self-contained 5 = Other _____
    3 = Itinerant

39. Number of minutes/week service is provided: ___

40. Number of sessions/week service is provided: _____

41. Number of sessions/day service is provided: _____

42. Additional interventions recommended:

Type	Minutes/week of service
_____	_____
_____	_____
_____	_____

43. Do IEP goals and objectives exist for areas identified as disabilities?

1 = For all identified disabilities
2 = For some identified disabilities
3 = For no identified disabilities
4 = For areas not identified as disabilities
5 = #1 and #4
6 = #2 and #4
7 = #3 and #4
8 = NA
9 = NI

SC/SEOA/3

II. PREASSESSMENT DATA

1. Date initiated: _____/_____/_____
   mo. day yr

2. Reason for referral

   1 = Pre-academic deficits
   2 = Oral expression
   3 = Listening comprehension
   4 = Written expression
   5 = Spelling
   6 = Basic reading deficits
   7 = Reading comprehension
   8 = Math reasoning
   9 = Math calculation
   10 = Delinquency
   11 = Toxic substance abuse
   12 = Inappropriate, agressive, bizarre, or impulsive behavior
   13 = Pevasive moods of anxiety, depression, passivity, or withdrawn behavior
   14 = An inability to build or maintain satisfactory interpersonal relationship with peers and/or adults
   15 = Unreasonable fears or physical symptoms
   16 = Other _____ (identify)
   17 = No reason given
   99 = NI

3. Referred by:

   1 = Self (student)
   2 = Parent
   3 = Classroom Teacher
   4 = Counselor
   5 = Psychologist
   6 = Principal
   7 = Asst. Principal
   8 = Nurse
   9 = Social Worker
   10 = Other _____ identify
   99 = NI

4. Preassessment committee members:

   1 = Principal
   2 = Asst. Principal
   3 = Social worker
   4 = Psychologist
   5 = Nurse
   6 = LD Teacher
   7 = Counselor
   8 = Sp. Ed. Coordinator
   9 = Classroom Teacher
   10 = Reading specialist
   11 = Speech/Language Clinician
   12 = BD Teacher
   13 = Other ___ _____
   99 = NI

5. Number of classroom teachers on preassessment committee: ____ __

6. What method of collecting information was used prior to preassessment committee recommendations?

   1 = Observation
   2 = Behavior checklist
   3 = Teacher report
   4 = Counselor report
   5 = Other ____ _____ (identify)
   6 = None
   9 = NI

7. Preassessment committee's recommended classroom modification:

1 = Change schools
2 = Change teacher
3 = Change class schedule
4 = Change instructional grouping
5 = Change seating
6 = Change student response modality
7 = Change amount of work assigned
8 = Change curricular materials
Use out-of-grade level materials
9 = Remedial reading
10 = Chapter math
11 = Private tutoring
12 = Alternative teaching techniques
13 = Alternative Education (regular ed. program)
14 = Consultation with specialists
15 = Student conference
16 = Student counseling
17 = Parent contact
Parent conference
Refer family to community agency
Daily notes
18 = Behavior management techniques
Time-out
Positive reinforcement
Charts
19 = Punishers
In-school suspension
Keep student in at recess
Keep student in after school
20 = Other
99 = NI

8. What method of collecting information was used after implementation of preassessment committee recommendations?

1 = Observation
2 = Behavior checklist
3 = Teacher report
4 = Other _____ (identify)
5 = None
9 = NI

9. Classroom observations were made by:

1 = Principal
2 = Asst. Principal
3 = Psychologist
4 = Counselor
5 = Other Classroom Teacher
6 = BD Teachers
7 = LD Teacher
8 = Sp. Ed. Coordinator
9 = Social Worker
9 = Social Worker
10 = Other _____ (identify)
11 = NA
99 = NI

10. Classroom observations were:

1 = In writing on observation form
2 = In writing -- no form
3 = Informal
4 = NA
9 = NI

11. Type of observation:

1 = Duration
2 = Time sampling
3 = Frequency count
4 = Narrative report
5 = Other _____ (identify)
6 = N.A.
9 = NI

12. Did observation involve observing other(s) for comparison?

    1 = Yes 2 = No 3 = NA 9 = NI

13. Number of times the student was observed: _____

14. Total number of minutes student was observed: _____

15. Number of different settings observed: _____

III. COMPREHENSIVE EVALUATION DATA

16. Date initiated: _____/_____/_____
mo. day yr.

17. Multidisciplinary team members:

1 = Principal	8 = Classroom Teacher
2 = Asst. Principal	9 = Reading specialist
3 = Psychologist	10 = Nurse
4 = Counselor	11 = Social Worker
5 = LD Teacher	12 = BD Teacher
6 = Sp. Ed. Coordinator	13 = Other _____
7 = S/L Clinician	99 = NI

18. Aptitude (IQ) test score(s) 0 = Age 1 = Grade

(A) Wechsler V-IQ _____ P-IQ _____ FS-IQ _____
Scaled scores on Wechsler subtests
I _____ S _____ A _____ V _____ C _____
DS _____ PC _____ PA _____ BD _____ OA _____
C _____ M _____ Date given: ___/___/___ _____

(B) Kaufman ABC Seq _____ Simul _____
M.P.C. _____ Date given: ___/___/___ _____

(C) Binet (Form L-M) IQ ____ Date given: ___/___/___ _____

(D) Binet IV IQ _____ Date given: ___/___/___ _____

(E) Slosson IQ _____ Date given: ___/___/___ _____

(F) Other _____ _____ ___/___/___
Identify Results Date given

19. Academic achievement test(s):

	Standard Score:	0 = Age 1 = Grade	Date given:
Key Math (Total)	_____	_____	___/___/___
PIAT			
Math	_____	_____	___/___/___
Rdg. Rec.	_____	_____	
Rdg. Comp.	_____	_____	
Spelling	_____	_____	
WRAT-R			
Reading	_____	_____	___/___/___
Spelling	_____	_____	
Arithmetic	_____	_____	

Woodcock-Johnson Achievement Battery

Reading	_____	_____	___/___/___
Math	_____	_____	
Written Language	_____	_____	
Knowledge	_____	_____	
Skills Cluster	_____	_____	

Woodcock Reading Mastery Test

Letter Ident.	_____	_____	___/___/___
Word Ident.	_____	_____	
Word Attack	_____	_____	
Word Comp.	_____	_____	
Pass. Comp.	_____	_____	
Total Rdg.	_____	_____	

KTEA

Math	_____	_____	___/___/___
Reading	_____	_____	

K-ABC

Reading-Decoding	_____	_____	___/___/___
Reading-Understanding	_____	_____	
Arithmetic	_____	_____	

Other _____	_____	_____	___/___/___
	_____	_____	

20. Other test results:

_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___

21. Social diagnosis: ___/___/___

(A) Behavior rating scale used:

_____ ___/___/___

Completed by:

_____

_____

_____

(B) Observation

1. Observations were:
   1 = In writing on observation form
   2 = In writing -- no form
   3 = Informal
   9 = NI
2. Type of observations:
   1 = Duration
   2 = Time sampling
   3 = Frequency count
   4 = Other _____ (identify)
   9 = NI
3. Did observation involve observing other(s) for comparison
   1 = Yes 2 = No 9 = NI
4. Number of times the student was observed: _____
5. Number of settings observed: _____
6. Total amount of time student observed: _____
7. Observations were made by: _____

(C) Other measures of personality/behavioral status:

_____ ___/___/___

_____ ___/___/___

_____ ___/___/___

_____ ___/___/___

(D) Environmental status determined by:

1. Parent interview
2. BRS
3. T-S interaction analysis
4. Other _____ (identify)

(E) Sources of anecdotal records:

1 = Classroom teacher 4 = Parent 7 = Principal
2 = Assistant principal 5 = BD teacher 8 = Counselor
3 = Social worker 6 = Counselor 9 = NI
10 = Other _____

22. Justification of BD placement:
   1 = Delinquency
   2 = Toxic substance abuse
   3 = Inappropriate aggressive, bizarre or impulsive behavior
   4 = Pervasive moods of anxiety, depression, passivity or withdrawn behavior
   5 = An inability to build or maintain satisfactory interpersonal
   6 = Unreasonable fears or physical symptoms
   7 = Other _____
   8 = NA
   9 = NI

23. Is it documented that the interference with educational performance is not a result of:

intellectual factors	_____	1 = Yes
sensory factors	_____	2 = No
cultural factors	_____	3 = NA
health factors	_____	

24. Identified primary handicapping condition:

1 = None	4 = BD
2 = LD	5 = S/L
3 = MR	6 = Other _____ (identify)

25. Placement initiated: ____/____/____ (or date of staffing) mo. day yr. 9 = NI

26. Type of service delivery model:

1 = Resource Room	6 = NA
2 = Self-contained	9 = NI
3 = Itinerant	10 = Residential School
4 = Consultation	11 = Special Day School
5 = Other _____	12 = Hospital/Homebound

27. Is student being served in an interrelated program?

1 = Y 2 = N Type _____ (identify) 3 = NA 9 = NI

28. Number of hours/week service is provided: __ __

29. Additional interventions recommended:

Type	Minutes/week of service
_____	_____
_____	_____
_____	_____

30. Do IEP goals and objectives exist for areas identified as disabilities?

1 = For all identified disabilities	5 = #1 and #4	8 = NA
2 = For some identified disabilities	6 = #2 and #4	9 = NI
3 = For no identified disabilities	7 = #3 and #4	
4 = For areas not identified as disabilities		

31. Documentation of BD definition:

1 = observation
2 = behavioral checklist
3 = anecdotal records
4 = interview
5 = tests
6 = other _____
9 = NI

higher/lower rate _____

over extended time _____

different settings _____

interfering with educational perf. _____

SEOA/2

II. PREASSESSMENT DATA

1. Date initiated: ____/____/____
   mo. day yr.

2. Reason for referral
   1 = Pre-academic deficits
   2 = Oral expression
   3 = Listening comprehension
   4 = Written expression
   5 = Spelling
   6 = Basic reading deficits
   7 = Reading comprehension
   8 = Math reasoning
   9 = Math calculation
   10 = Delinquency
   11 = Toxic substance abuse
   12 = Inappropriate, agressive, bizarre, or impulsive behavior
   13 = Pervasive moods of anxiety, depression, passivity, or withdrawn behavior
   14 = An inability to build or maintain satisfactory interpersonal relationship with peers and/or adults
   15 = Unreasonable fears or physical symptoms
   16 = Other _____ (identify)
   17 = No reason given
   99 = NI

3. Referred by:
   1 = Self (student)
   2 = Parent
   3 = Classroom Teacher
   4 = Counselor
   5 = Psychologist
   6 = Principal
   7 = Asst. Principal
   8 = Nurse
   9 = Social Worker
   10 = Other _____ (identify)
   99 = NI

4. Pre-assessment committee members:
   1 = Principal
   2 = Asst. Principal
   3 = Social Worker
   4 = Psychologist
   5 = Nurse
   6 = LD Teacher
   7 = Counselor
   8 = Sp. Ed. Coordinator
   9 = Classroom Teacher
   10 = Reading Specialist
   11 = Speech/Language Clinician
   12 = BD Teacher
   13 = Other _____
   99 = NI

5. Number of classroom teachers on preassessment committee: _____

6. What method of collecting information was used prior to preassessment committee recommendations?
   1 = Observation
   2 = Behavior checklist
   3 = Teacher report
   4 = Counselor report
   5 = other _____ (identify)
   6 = None
   9 = NI

7. Preassessment committee's recommended classroom interventions:

1 = Change school
2 = Change teacher
3 = Change class schedule
4 = Change instructional grouping
5 = Change seating
6 = Change student response modality
7 = Change amount of work assigned
8 = Change curricular materials
Use out-of-grade level materials
9 = Remedial reading
10 = Chapter math
11 = Private tutoring
12 = Alternative teaching techniques
13 = Alternative Education (regular ed. program)
14 = Consultation with specialists
15 = Student conference
16 = Student counseling
17 = Parent contact
Parent conference
Refer family to community agency
Daily notes
18 = Behavior management techniques
Time-out
Positive reinforcement
Charts
19 = Punishers
In-school suspension
Keep student in at recess
Keep student in after school
20 = Other
99 = NI

8. What method of collecting information was used <u>after</u> implementation of preassessment committee recommendations?

1 = Observation
2 = Behavior checklist
3 = Teacher report
4 = Other _____ (identify)
5 = None
9 = NI

9. Classroom observations were made by:

1 = Principal
2 = Asst. Principal
3 = Psychologist
4 = Counselor
5 = Other Classroom Teacher
6 = BD Teacher
7 = LD Teacher
8 = Sp. Ed. Coordinator
9 = Social Worker
10 = Other _____ (identify)
11 = NA
99 = NI

10. Classroom observations were:

1 = In writing on observation form
2 = In writing--no form
3 = Informal
4 = NA
9 = NI

11. Type of observation:
    1 = Duration
    2 = Time sampling
    3 = Frequency count
    4 = Narrative report
    5 = Other _____ identify
    6 = N.A.
    9 = NI

12. Did observation involve observing other(s) for comparison?

    1 = Yes 2 = No 3 = NA 9 = NI

13. Number of times the student was observed: _____

14. Total number of minutes student was observed: _____

15. Number of different settings observed: _____

III. COMPREHENSIVE EVALUATION DATA

16. Date initiated: _____/_____/_____ (mo. / day / yr.)

17. Multidisciplinary team members:

    1 = Principal
    2 = Asst. Principal
    3 = Psychologist
    4 = Counselor
    5 = LD Teacher
    6 = Sp. Ed. Coordinator
    7 = S/L Clinician
    8 = Classroom Teacher
    9 = Reading Specialist
    10 = Nurse
    11 = Social Worker
    12 = BD Teacher
    13 = Other _____ (identify)
    99 = NI

18. Aptitude (IQ) test score(s)

    0 = Age
    1 = Grade

    (A) Wechsler V-IQ _____ P-IQ _____ FS-IQ _____
    Scaled scores on Wechsler subtests
    I _____ S _____ A _____ V _____ C _____
    DS _____ PC _____ PA _____ BD _____ OA _____
    C _____ M _____ Date given: ____/____/____ ____

    (B) Kaufman ABC Seq _____ Simul _____
    M.P.C. _____ Date given: ____/____ ____ ____

    (C) Binet (Form L-M) IQ _____ Date given: ____/____/____ ____

    (D) Binet IV IQ _____ Date given: ____/____/____ ____

    (E) Slosson IQ _____ Date given: ____/____/____ ____

    (F) Other _____ (Identify) _____ (Results) ____/____/____ (Date given) ____

19. Academic achievement test(s):

	Standard Score:	0 = Age 1 = Grade	Date Given
Key Math (Total)	_____	_____	___/___/___
PIAT			
Math	_____	_____	___/___/___
Rdg. Rec.	_____	_____	
Rdg. Comp.	_____	_____	
Spelling	_____	_____	
WRAT-R			
Reading	_____	_____	___/___/___
Spelling	_____	_____	
Arithmetic	_____	_____	
Woodcock-Johnson Achievement Battery			
Reading	_____	_____	___/___/___
Math	_____	_____	
Written Language	_____	_____	
Knowledge	_____	_____	
Skills Cluster	_____	_____	
Woodcock Reading Mastery Test			
Letter Ident.	_____	_____	___/___/___
Word Ident.	_____	_____	
Word Attack	_____	_____	
Word Comp.	_____	_____	
Pass. Comp.	_____	_____	
Total Rdg.	_____	_____	
KTEA			
Math Comp.	_____	_____	___/___/___
Reading Comp.	_____	_____	
K-ABC			
Reading - Decoding	_____	_____	___/___/___
Reading - Understanding	_____	_____	___/___/___
Other			
_____	_____	_____	___/___/___

20. Other Test Results:

_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___

21. Was an emotional/behavioral measure used?

1 = Yes _____ (identify) 2 = No

22. Observation

(A) Observations were:
1 = In writing on observation form
2 = In writing -- no form
3 = Informal
9 = NI

(B) Type of observation:
1 = Duration
2 = Time sampling
3 = Frequency count
4 = Other _____ (identify)
9 = NI

(C) Did observation involve observing other(s) for comparison
1 = Yes 2 = No 9 = NI

(D) Number of times the student was observed: _____

(E) Number of settings observed: _____

(F) Total amount of time student observed: _____

(G) Observations were made by: _____

23. Discrepancy method used:

1 = Regression
2 = Aptitude - achievement
3 = Other _____ identify
9 = NI

24. Does a severe discrepancy exist? 1 = Y 2 = N

25. How is a severe discrepancy documented?

1 = Worksheet in file
2 = Information included in report
3 = Information on IEP
4 = Information listed on test protocol
5 = Other _____
9 = NI

26. Given a severe discrepancy, is it documented that the discrepancy is not due to:

	1 = Y 2 = N 3 = NA
emotional disabilities	_____
mental retardation	_____
sensory or motor impairments	_____
environmental and/or economic disadvantage	_____
cultural difference	_____
history of inconsistent educational program	_____

27. Identified primary handicapping condition:

1 = None
2 = LD
3 = MR
4 = BD
5 = S/L
6 = Other _____ (identify)

28. Placement initiated: ____/____/____ (or date of staffing) mo. day yr. 9 = NI

29. Type of service delivery model:

1 = Resource Room
2 = Self-contained
3 = Itinerant
4 = Consultation
5 = Other _____ (identify)
6 = NA
9 = NI

30. Is student being served in an interrelated program?

1 = Y 2 = N Type _____ (identify) 3 = NA 9 = NI

31. Number of hours/week service is provided: ____ ____

32. Additional interventions recommended:

Type	Minutes/week of service
_____	_____
_____	_____
_____	_____

33. Do IEP goals and objectives exist for areas identified as disabilities?

1 = For all identified disabilities
2 = For some identified disabilities
3 = For no identified disabilities
4 = For areas not identified as disabilities
5 = #1 and #4
6 = #2 and #4
7 = #3 and #4
8 = NA
9 = NI

SEOA/4

PHILOSOPHY INTERVIEW QUESTIONS

Code Number _____

1. Describe your district's philosophies or attitudes regarding special education.

2. (a) In what ways do you agree or disagree with the district's philosophies?

   (b) Rate the extent to which you agree or disagree with the district's philosophies:

   Agree 1 2 3 4 5 Disagree

3. (a) Do you feel mildly handicapped students should be served as much as possible in regular or special education?

   (b) Rate the extent to which you agree with the statement: "Mildly handicapped students should be served as much as possible in regular education."

   Agree 1 2 3 4 5 Disagree

4. (a) Do you think the state guidelines enable you to discriminate between handicapped students and non-handicapped students having difficulty in th classroom? (SPED)

   (b) Rate how helpful the guidelines are in enabling you to discriminate between handicapped and non-handicapped students having difficulty:

   very helpful 1 2 3 4 5 not at all helpful

5. (a) Do you think the state guidelines enable you to discriminate among the various diagnostic categories? (SPED)

   (b) Rate how helpful the guidelines are in enabling you to discriminate among the various diagnostic categories:

   very helpful 1 2 3 4 5 not at all helpful

6. (a) In your opinion, are the administration and school board supportive of special education services?

(b) Rate how supportive the administration and school board are of special education services:

administration	very supportive	1	2	3	4	5	not at all
school board	very supportive	1	2	3	4	5	not at all

7. How do they show their support?

SC/SECF/5

SCREENING INTERVIEW FORM -- PRINCIPALS

Code Number _____

1. What types of screening does your district conduct?

2. When is screening done?

3. What types of problems are identified through screening?

4. Does the screening identify children needing referral?
   If so, how many are typically identified?

SCREENING INTERVIEW FORM -- S/L CLINICIAN

Code Number _____

1. When is screening done?

2. What ages are screened?

3. What areas are screened?

4. If language is screened, what type of instrument is used?

PREASSESSMENT INTERVIEW FORM

Code Number _____ Experience _____

1. The first section concerns the preassessment team.

   (a) Who serves as team members?

   (b) How is it decided who serves on the team?

   (c) Is it a standing or ad hoc committee?

   (d) How frequently are meetings held?

   (e) How many meetings are held per child?

   (f) Describe the team's function.

   (g) What is your role in the process?

   (h) Describe the decision-making process used by the team.

   (i) Are there procedures for filing a minority report during the preassessment decision-making process?

   (j) Who has the most influence on team decisions?

PREASSESSMENT INTERVIEW FORM

2. The next questions concern the format you use for recording preassessment information.

   (a) Who completes the form?

   (b) What information is recorded?

   (c) If no form is used, how are procedures documented?

   (d) Where is documentation kept?

3. How do you see observations being used at the preassessment stage?

   (a) Who conducts the observations?

   (b) How often are observations done?

   (c) What type of observations are made?

   (d) In what settings are observations made?

   (e) Describe how these observations are used in planning interventions.

PREASSESSMENT INTERVIEW FORM

4. (a) What interventions are recommended (see chart)?

(b) What is the length of time an intervention is tried?

(c) How many interventions are tried?

(d) Are observations made after the implementation of interventions?

(e) How successful are the various interventions?

(f) How is it determined that enough interventions have been attempted?

5. The remaining questions are general in nature:

(a) How long does the preassessment process take?

(b) What effect has it had on types and numbers of referrals?

(c) What are the strengths of the process?

(d) What are the weaknesses of the process?

(e) What changes would you like made in the process?

(f) Have you received any inservice training in preassessment procedures?

INTERVENTIONS ATTEMPTED:

Change schools
Change teacher
Change class schedule
Change instructional grouping
Change seating
Change student response modality
Change amount of work assigned
Change curricular materials
    Use out-of-grade level materials
Remedial reading
Chapter math
Private tutoring
Alternative teaching techniques

Alternative Education (regular ed. program)

Consultation with specialists

Student conference
Student counseling
Parent contact
    Parent conference
    Refer family to community agency
    Daily notes
Behavior management techniques
    Time-out
    Positive reinforcement
    Charts
Punishers
    In-school suspension
    Keep student in at recess
    Keep student in after school
Other

PREASSESSMENT INTERVIEW FORM -- S/L CLINICIAN

Code Number _____

1. How do you carry out preassessment?

2. How are procedures documented?

3. Are observations made at this point?

4. How is it determined that further evaluation is not needed?

5. What interventions are recommended to teachers?

6. How is follow-up carried out?

7. What are the strengths of the preassessment process?

8. What are the weaknesses of the preassessment process?

9. What changes would you like made?

SC/SECB/3

COMPREHENSIVE EVALUATION INTERVIEW FORM -- REGULAR EDUCATION TEACHER

Code Number _____

1. The first section concerns the comprehensive evaluation team:

   (a) Who serves as team members?

   (b) How is it decided who serves on the team?

   (c) Describe the team's function.

   (d) Describe the decision-making process used by the team.

   (e) How is a minority report handled in the placement decision-making process?

   (f) Who has the most influence on team decisions?

2. The next questions concern the evaluation of the student's academic skills:

   (a) Are the achievement test results consistent with the student's performance in the classroom?

   (b) Are other sources of information regarding a student's academic functioning considered by the team?

3. The next three questions concern evaluation of student behavior:

   (a) Are observations used?

   (b) Are rating scales used?

   (c) What other methods are used to diagnose behavioral difficulties?

4. The next section is concerned with how test data are used:

   (a) Were the evaluation data useful in understanding the student's difficulty?

   (b) Were the data helpful in making a decision concerning the student's placement?

   (c) Do you think the IEP goals were consistent with the student's needs?

5. The remaining questions are general in nature:

   (a) What are the strengths of the process?

   (b) What are the weaknesses of the process?

   (c) What changes would you make in the process?

   (d) What comments do you have about the process in the state guidelines?

SC/SEEW/7

COMPREHENSIVE EVALUATION INTERVIEW FORM -- S/L CLINICIAN

Code Number _____ _____

1. What are the procedures you follow in conducting a comprehensive evaluation of speech/language referrals?

   (a) Is a team approach ever used? If yes, explain.

   (b) Describe the decision-making process you use in determining eligiblity for services.

2. The next questions concern the procedure used for the Educational Performance Review:

   (a) How is the review conducted?

   (b) How is the determination made that the educational performance review has been sufficiently documented?

   (c) Describe the procedure by which the presence of other handicapping conditions has been ruled out.

3. The next section concerns the use of test instruments:

   (a) Which instruments do you use to do testing?

   (b) Why were these instruments selected for use?

   (c) What, if any, adjustments do you make in the testing for the following:

   sensory/motor impairments

   ultural differences

   emotional difficulties

   mental retardation

4. How are observations used at this stage?

5. The next questions concern the use of test data:

   (a) How are test results used to derive a severity rating?

   (b) How does the severity rating match the service delivery model?

   (c) What other factors influence the scheduling of services?

   (d) How are the IEP goals derived from the evaluation data?

6. The remaining questions are general in nature:

   (a) What are the strengths of the process?

   (b) What are the weaknesses of the process?

   (c) What changes would you like made in the process?

   (d) Have regular education teachers received any inservice on the severity rating scale?

   (e) What changes (if any) would you like to see made in the state guidelines?

SC/SEEB/1

COMPREHENSIVE EVALUATION INTERVIEW FORM -- SD TEACHER

Code Number _____

1. The first section concerns the comprehensive evaluation team:

   (a) Who serves as team members.

   (b) How is it decided who serves on the team?

   (c) Describe the team's function.

   (d) Describe the decision-making process used by the team.

   (e) How is a minority report handled in the placement decision-making process?

   (f) How often does a minority report occur?

   (g) Do you think staff is encouraged or discouraged from making a minority report?

   (h) Who has the most influence on team decisions?

2. The next questions concern testing that is done for comprehensive evaluation:

   (a) How are the tests selected?

   (b) What, if any, adjustments were made in the testing of the following:

   sensory/motor impairments

   cultural differences

   learning disabilities

   (c) How do you determine that testing is complete?

   (d) How are test results documented?

3. The next part involves the evlauation of social and behavioral functioning:

   (a) What instruments are used for the social and behavioral evaluation?

   (b) Who decides what instruments should be used?

   (c) What is the rationale for choosing these instruments?

   (d) Are anecdotal records used? If so, how?

4. The next section concerns observations:

   (a) Who does the observations?

   (b) How often are observations done?

   (c) What type of observations are made?

   (d) Is the behavior of other students also observed for comparison?

   (e) In what settings are observations made?

5. The next questions concern the use of test data:

   (a) Describe how the social and behavioral evaluation information influence eligibility decisions.

   (b) In determining the eligibility of a child for special education placement, certain factors which are called exclusionary criteria need to be considered. Are these factors discussed when eligibility is determined?

   (c) Is consideration of these factors documented?

   (d) How was the evaluation data used to determine the service delivery model?

   (e) How helpful was the information obtained from the observation in developing program options?

(f) How were the IEP goals derived from the evaluation data?

6. The remaining questions are general in nature:

(a) What are the strengths of the process?

(b) What are the weaknesses of the process?

(c) What changes would you like made in the process?

(d) Do you think the state guidelines enable you to discriminate between non-handicapped students having difficulty in the classroom and handicapped students?

(e) Do you think the state guidelines enable you to discriminate among the various diagnostic categories?

(f) What changes (if any) would you like to see in the state guidelines?

SC/SEEW/6

COMPREHENSIVE EVALUATION INTERVIEW FORM -- LD TEACHER

Code Number _____

1. The first section concerns the comprehensive evaluation team:

   (a) Who serves as team members?

   (b) How is it decided who serves on the team?

   (c) Describe the team's function.

   (d) Describe the decision-making process used by the team.

   (e) How is a minority report handled in the placement decision-making process?

   (f) How often does a minority report occur?

   (g) Do you think the staff is encouraged or discouraged from making a minority report?

   (h) Who has the most influence on team decisions?

2. The next questions concern the testing that is done for comprehensive evaluation.

   (a) How are the tests selected?

   (b) What, if any, adjustments do you make in the testing for the following:

   sensory/motor impairments

   cultural differences

   emotional disabilities

   (c) How do you determine that testing is complete?

   (d) How are test results documented?

3. The next section concerns observations:

   (a) How are observations used at this stage?

   (b) Is the behavior of other students also observed for comparison?

   (c) How meaningful is the information obtained?

   (d) Describe how these observations are used in planning program options.

4. The next questions concern the use of test data:

   (a) Must LD students always meet the severe discrepancy criteria in order to be placed?

   (b) If a student is placed using professional judgement criteria, what procedure is followed?

   (c) How is that procedure documented?

   (d) In determining the eligibility of a child for special education placement, certain factors which are called exclusionary criteria need to be considered. Are these factors discussed when eligibility is determined?

   (e) Is consideration of these factors documented?

   (f) How were the data used to determine service delivery model?

   (g) How were the IEP goals derived from the test data?

5. The remaining questions are general in nature:

   (a) What are the strengths of the process?

   (b) What are the weaknesses of the process?

(c) What changes would you like made in the process?

(d) Do you think the state guidelines enable you to discriminate between non-handicapped students having difficulty in the classroom and handicapped students?

(e) Do you think the state guidelines enable you to discriminate among the various diagnostic categories?

(f) What changes (if any) would you like to see in the state guidelines?

SC/SEEB/2

COMPREHENSIVE EVALUATION INTERVIEW FORM -- SCHOOL PSYCHOLOGIST

Code Number _____ _____

1. The first section concerns the comprehensive evaluation team:

   (a) Who serves as team members?

   (b) How is it decided who serves on the team?

   (c) Describe the team's function.

   (d) Describe the decision-making process used by the team.

   (e) How is a minority report handled in the placement decision-making process?

   (f) How often does a minority report occur?

   (g) Do you think the staff is encouraged or discouraged from making a minority report?

   (h) Who has the most influence on team decisions?

2. The next questions concern the testing that is done for comprehensive evaluation:

   (a) How are the tests selected?

   (b) What, if any, adjustments were made in the testing for the following:

   sensory/motor impairments

   cultural differences

   (c) How do you determine that testing is complete?

   (d) How are test results documented?

3. The next part involves the evaluation of social and behavioral functioning:

   (a) What instruments are used for the social and behavioral evaluation?

   (b) Who decides what instruments should be used?

   (c) What is the rationale for choosing these instruments?

   (d) Are anecdotal records used? If so, how?

4. The next section concerns observations:

   (a) Who conducts the observations?

   (b) How often are observations done?

   (c) What type of observations are made?

   (d) Is the behavior of other students also observed for comparison?

   (e) In what settings are observations made?

   (f) Describe how these observations are used in planning program options.

5. The next questions are concerned with LD placements:

   (a) Must LD children always meet the severe discrepancy criteria in order to be placed?

   (b) If a child is placed using professional judgement criteria, what procedure is followed?

   (c) How is that procedure documented?

6. The next questions concern the interpretation of test data:

   (a) In determining the eligibility of a child for special education placement, certain factors which are called exclusionary criteria need to be considered. Are these factors discussed when eligibility is determined?

   (b) Is consideration of these factors documented?

   (c) How were the data used to determine the service delivery model?

   (d) Explain how the IEP goals are derived from the comprehensive evaluation.

7. The remaining questions are general in nature:

   (a) What are the strengths of the process?

   (b) What are the weaknesses of the process?

   (c) What changes would you like made in the process?

   (d) Do you think the state guidelines enable you to discriminate between non-handicapped students having difficulty in the classroom and handicapped students?

(e) Do you think the state guidelines enable you to discriminate among the various diagnostic categories?

(f) What changes (if any) would you like to see in the state guidelines?

SC/SEEB/5

COMPREHENSIVE EVALUATION INTERVIEW FORM -- SOCIAL WORKER

Code Number _____

1. The first section concerns the comprehensive evaluation team:

   (a) Who serves as team members?

   (b) How is it decided who serves on the team?

   (c) Describe the team's function.

   (d) Describe the decision-making process used by the team.

   (e) How is a minority report handled in the placement decision-making process?

   (f) How often does a minority report occur?

   (g) Do you think the staff is encouraged or discouraged from filing a minority report?

   (h) Who has the most influence on team decisions?

2. The next part involves the evaluation of social and behaviorial functioning:

   (a) What instruments are used for the social and behavioral evaluation?

   (b) Who decides what instruments should be used?

   (c) What is the rationale for choosing the instruments used?

(d) Are anecdotal records used? If so, how?

3. The next session concerns observations:

(a) Who does the observations?

(b) How often are observations done?

(c) What type of observations are made?

(d) Is the behavior of other students also observed for comparison?

(e) In what settings are observations made?

4. The next question concerns the use of evaluation data:

(a) How were the evaluation data used to determine the student's eligibility for special education services?

(b) How were the IEP goals derived from the evaluation data?

5. The remaining questions are general in nature:

(a) What are the strengths of the process?

(b) What are the weaknesses of the process?

(c) What changes would you like made inthe process?

(d) Do you think the state guidelines enable you to discriminate between non-handicapped students having difficulty in the classroom and handicapped students?

(e) Do you think the state guidelines enable you to discriminate among the various diagnostic categories

(f) What changes (if any) would you like to see in the state guidelines?

SEAU/12

Thank you [illegible] for the opportunity to interview you. The purpose of this interview [illegible] concerning the special education identification [illegible] your district/coop. The interview will consist [illegible] of identification: referral, preassessment and [illegible]. Some questions will be general in nature while others will [illegible] child. You will probably be able to answer most of the questions, but you may not be able to respond to some questions because [illegible] the information requested. That's also important [illegible] don't feel reluctant to say that you don't know the answer to [illegible].

We wish to emphasize [illegible] compliance monitoring visit. A federally funded [illegible] this research in order to fulfill state and federal [illegible] conduct evaluations of services for handicapped children. [illegible] project will assist us in evaluating the effectiveness of the guidelines and more specifically the effectiveness [illegible]. We want to assure you that your responses will be confidential. [illegible] all findings of the study and results will be shared with your district at the completion of the project.

APPENDIX D

Demographic Characterics of Sample

STUDENT FILE DATA

Category	S/L	BD	LD	TOTALS
Race				
American Indian	—	2 (2%)	—	2 (1%)
Asian	3 (5%)	1 (1%)	1 (1%)	5 (2%)
Black	5 (8%)	9 (11%)	10 (10%)	24 (9%)
Hispanic	2 (3%)	1 (1%)	4 (4%)	7 (3%)
White	56 (84%)	70 (84%)	89 (86%)	215 (85%)
Missing	1 (1%)	—	—	1 (.3%)
Language				
English	63 (94%)	82 (99%)	104 (100%)	249 (98%)
Spanish	2 (3%)	1 (1%)	—	3 (1%)
Other	1 (1%)	—	—	1 (.3%)
Missing	1 (1%)	—	—	1 (.3%)
Sex				
Female	29 (43%)	14 (17%)	25 (24%)	68 (27%)
Male	38 (57%)	69 (83%)	79 (76%)	186 (73%)
Free or Reduced Lunch				
Yes	24 (36%)	33 (40%)	33 (32%)	90 (35%)
No	39 (58%)	38 (46%)	64 (63%)	141 (56%)
Missing	4 (6%)	12 (14%)	6 (6%)	22 (9%)

MINORITY INCIDENCE

Site	Total Enrollment of LEA	Number of Minority in LEA	Percent of Minority in LEA	Number of Minority in the Study	Percent of Minority in the Study
1	10504	1500	14.28%	5	16%
2	1206	21	1.74%	0	0%
3	14619	3693	25.26%	14	33%
4	14240	903	6.34%	3	11%
5	1076	24	2.23%	0	0%
6	30315	1685	5.56%	2	5%
7	1372	8	.58%	0	0%
8	3091	27	.7%	0	0%
9	1750	33	1.89%	0	0%
Total	76423	7861	10.29%	22	9%

INCIDENCE DATA
FREE/REDUCED LUNCHES

1986-87
School Year

Month	Site	No. of Qualified Students in Sample			% of Sample				No. of Qualified Students in Reporting Unit	% of Enrollment
		S/L	LD	BD	S/L	LD	BD	TOT		
Sept.	Site #1	0/6	1/14	5/12	0	7	42	19	1464	12.8
Oct.	Site #2	3/6	5/9	5/7	50	56	71	59	547	46.1
Nov.	Site #3	6/12	1/15	. 15	50	7	33	29	5862	34.3
Dec.	Site #4	4/10	6/11	5/7	40	55	71	54	3920	25.6
Jan.	Site #5	2/4	2/10	4/7	50	20	57	38	174	16.3
Feb.	Site #6	3/12	2/15	2/14	25	13	14	17	1709	4.8
Mar.	Site #7	2/5	4/12	2/5	40	33	40	36	477	29.6
Apr.	Site #8	2/4	4/9	4/7	50	44	57	50	1005	32.7
May	Site #9	2/8	2/9	1/9	25	22	11	19	179	9.9

\SE\DM#DATA

APPENDIX E

Dissemination and Impact

APPENDIX E

DISSEMINATION AND IMPACT

Dissemination of information from the study occurred through use of oral presentations and written reports. The oral presentations were aimed at two types of groups: 1) organizations with influence on the administration of educational procedures in school settings in the state of Kansas and 2) special interest groups. Following is a list of presentations and dates (all presentations were made in Topeka, KS) for groups within type 1.

Group	Date
State Board of Education	December 8, 1987
Council of Superintendents	January 21, 1988
Sp. Ed. Interaction Council	December, 1987
Committee for Personnel Development in Sp. Ed.	September 25, 1987
Sp. Ed. Section staff:	
preassessment	October 26, 1987
comprehensive evaluation	December 21, 1987

Following is a list of presentations and dates for state-wide special education special interest groups.

Group	Date
Council for Learning Disabilities	October 17, 1987
Kansas-National Education Association	October 17, 1987
Kansas Speech and Hearing Association	October 31, 1987
Kansas Assoc. of School Psychologists	November 6, 1987
Kansas Council for Exceptional Children	November 6, 1987
Psychological/Educational Research In Kansas	November 7, 1987

In addition to the presentations to these state-wide groups, many others were made to local and regional groups.

Written reports were developed for dissemination to various consumer groups within the state. A brief report of the data was provided to the State Special Education Advisory Council. An executive summary was developed for dissemination to all directors of special education, superintendents of school districts, heads of Kansas Regents institutions and universities recognized as major research institutes. Also, sufficient copies were sent to the superintendents to provide all building principals with a copy. Because this summary was distributed under the auspices of the Office of the Commissioner, it is hoped that the findings of the report will have significant impact on general educators, especially with regard to improving the quality of the preassessment process. The entire final report of the study will be distributed to members of the grant steering committee, the Assistant Commissioner for the Education Services Division, the Commissioner of Education, the state library system, the ERIC system, and Directors of Special Education at the nine sites included in the study. In addition, the Directors of Special Education at the research sites will receive an evaluation of the data collected specifically from their LEA. Journal articles are also being prepared for submission to major journals in the field of special education.

The primary impact of the findings will occur within the state of Kansas. The findings of the study will be used to identify inservice-training needs for both regular and special education personnel. Not only is it expected that LEAs will develop training outlined in the Recommendations section of this report, but discussion at the December 8, 1988 Kansas State Board of Education meeting indicated that the Board will use the findings of the study in evaluating the appropriateness of personnel development plans submitted by LEAs to the State Board.

As a result of the summary of findings being disseminated to all building principals, it is expected that preassessment procedures will be modified in at least some districts. The ultimate result of these modified procedures and the recommended inservice training will be to achieve better instructional programming within the regular education classroom for students with learning and behavioral problems. One of the outgrowths of this project has been to develop a network of teachers and administrators

who have instituted special methods of programming for these students. It is hoped that this network will provide peer support and guidance to other teachers and administrators searching for ways in which to serve these problem students. If this network can be nurtured by staff at KSDE, this side effect of the study will continue to positively impact education in Kansas long after the study has been completed.

Impact at the national level will occur mainly via dissemination of information at national conventions, through publication of journal articles, and submission of the report to the ERIC system. In addition to the presentation at the Council of Learning Disabilities in San Diego, CA, in October, 1987, an application to present the findings at the national convention of the National Association of School Psychologists in Chicago in April, 1988 has been accepted. Informal feedback from the audience at the CLD presentation indicated similar problems exist in other states using a preassessment prereferral process. Hopefully, the outcomes of the study will provide guidance to those states regarding critical aspects of the preassessment and comprehensive evaluation processes and identified inservice training needs. Finally, it is hoped that articles prepared for journal publication might eventually impact on pre-service trainers of educational personnel, so that members of preassessment and comprehensive evaluation teams are better prepared to carry out all the necessary components of these processes.

APPENDIX F

Participation of Steering and Advisory Committees

APPENDIX F

Participation of Steering and Advisory Committees

Steering Committee

The functions of the Steering Committee were: (a) to provide advice to the project director and field investigators, (b) to oversee the implementation of the grant, and (c) to transmit information to other specialists within KSDE and in the field. The committee met on September 2 and October 13, 1986, and on January 5, May 11, August 24, October 7, and December 17, 1987. Committee members suggested specific issues to be examined during data collection and reviewed and suggested changes in the data collection forms.

At regular intervals the field investigators reported the results of each site visit to the committee. Letters containing preliminary findings and recommendations were sent to LEA directors of special education after the site visits, and these were also reviewed by the Steering Committee.

After data collection and analysis were completed, project findings were presented to the committee. Members provided suggestions regarding the dissemination of the results, in order to maximize the project's effect on improving preassessment and evaluation practices.

Advisory Committee

The major functions of the Advisory Committee were: (a) to review and recommend changes in data collection forms, (b) to recommend additional issues for investigation within the parameters of the study, (c) to recommend actions that need to be taken regarding the outcomes of the study, and (d) to assist with the dissemination of information to the professional educational organizations in the state. The committee met on August 22, 1986, and August 19, 1987. The committee's recommendations were used to revise forms and procedures used in the project.

After completion of data collection, the field investigators presented the findings to the committee and discussed ways that the results would be disseminated. After completion of all the data analysis, the project summary and recommendations were sent to advisory committee members for their assistance in dissemination.