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ABSTRACT

The objectives of this program evaluation were to gather information and normative data about the students referred for psychoeducational evaluation; to determine the diagnostic profile of students referred for special education; and to use the information gathered to determine future program direction and possible program modifications. Students (N=55) in non-public schools referred for psychoeducational evaluation because of learning problems were evaluated. Students were evaluated using the Wechsler Intelligence Scale for Children III and the Wide Range Achievement Test-Revised (WRAT-R). After the evaluation these students were assigned to one of three dispositions which determined an intervention of increasing intensity in behalf of the student. The first level was teacher/psychologist consultation. The second level was multidisciplinary team meeting including the parent. The third level was a multidisciplinary team meeting with referral for an individualized educational planning meeting. Results indicated that there were no significant differences in psychologists' case dispositions using intelligence scores as dependent variables. As achievement scores in reading and spelling on the academic screening measure, the WRAT-R, yielded the only significant differences among case dispositions, a classroom based assessment of academic skills would be a viable alternative to the varied assessment batteries currently being administered. (ABL)

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Defining The Future: A Program Evaluation

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Abstract

The focus of this study was fifty-five students in non-public schools referred for psychoeducational evaluation because of learning problems. After an evaluation these students were assigned one of three dispositions which determined an intervention of increasing intensity in behalf of the student. The first level was teacher/psychologist consultation. The second level was multidisciplinary team meeting including the parent and the third level was a multidisciplinary team meeting with referral for an individualized educational planning meeting.

A MANOVA using the disposition of the student as an independent variable and WISC-III and WRAT-R scores as dependent variables yielded a significant difference between those referred for special education placement and those receiving consultation, but only in their reading and spelling scores on the WRAT-R.

This most significant finding was one of several which will steer modifications in the role of our staff psychologists and the type of evaluations they perform.

This study was a program evaluation performed by two school psychologists who serve as supervisors of a school counseling and school psychology program for non-public schools in Philadelphia.

There were three main objectives for this program evaluation study. The first was to gather information and normative data about the population of those students referred for psychoeducational evaluation, the second was to determine the diagnostic profile of students referred for special education, and the third objective was to use the information gathered to determine future program direction and possible program modifications.

With the advent of the new Pennsylvania special education regulations which have emphasized instructional support teams and regular education initiatives, there was a commitment on the part of the schools this agency serviced to maintain as many students as possible in regular classes. This would be accomplished by using the school psychologist as a consultant to the learning process with students displaying academic and/or behavioral difficulties. This commitment was in line with The National Association of School Psychologists' (NASP) historical concern regarding the required labeling of children for special services and the resultant value of those programs (Cobb 1990).

In addition, NASP has continually supported the objective of developing viable alternatives to the test-label-place model.

In the face of continual service cutbacks, these supervisors sought program analysis as an aid to determine how to make the best use of the psychologists' time.

Performing school-based program evaluations must take into account the impossibility of random assignment, reduced options for the use of control groups, and the need for ingenuity in conducting statistical analysis (Sandoval, 1978). Compromise in research design was faced by these authors in two prior school-based evaluations (Lavoritano & Segal 1992a, 1992b) and like Sandoval these authors concluded that despite design limitations, it was possible to obtain usable data which contributed to program direction and enhanced decision making.

Prior to embarking upon this program evaluation, several different evaluation methodologies were considered: 1) An evaluation to see that professional standards were maintained, i.e. proper permission forms

were obtained, feedbacks scheduled, classroom observation occurred etc. (Jackson & Pryzwansky, 1987); 2) A qualitative evaluation using the school psychologist as a participant/observer (Davis, 1989); 3) A systems/team approach that involved classification of the problem, planning, implementation, analysis and assessment (Fairchild, 1986; Maher 1978, 1979, Maher & Kratochwill 1980); 4) questionnaires sent to school principals (Senft & Smider, 1980); 5) A functional analysis of psychologist activities (Tomlinson, 1974).

After review of the varied program evaluation methodologies, the authors decided to combine an evaluation of psychological services with the gathering of diagnostic data. This information would be used to evaluate our staff psychologists' decision making to determine whether the time and money spent in formal psychoeducational evaluations was cost and program effective. In light of the research from The Learning Disabilities Research Institute at the University of Minnesota (Ysseldyke et. al, 1983) which questioned the validity of traditional evaluation as a discriminator of learning disabled children from low achievers, scrutiny of our school psychological services was particularly warranted.

Method

Subjects

This study was run from January through June 1992. During that time 128 students spanning grades one through eight received psychoeducational evaluations. All students attended non-public schools in the City of Philadelphia.

The following information was gathered about the entire evaluation population:

- 1) 68% were White, 21% Black, and 11% were Hispanic,
- 2) 45% were from Chapter 1 schools, 3) 41% had been retained, 69% were receiving remedial reading and 39% were receiving math remediation, 4) 82% were referred for learning problems only, 7% were referred for learning/behavior problems, and 11% were referred for emotional/behavior problems; 5) 30% of the students with learning problems were referred to an IEP team for special education supports. Another 5% with learning/behavioral problems were referred to an IEP team for special education supports. 6) The majority of the students i.e. 65%, received consultative services.

Students referred for gifted testing were not included in this study.

The focus of this study was a sample of fifty-five (55) students referred for learning problems who had complete WISC--III and WRAT-R data.

The demographic breakdown of the sample was almost identical to the entire evaluation population: 1) 70% were white, 20% black and 10% Hispanic, 2) 51% were from Chapter I schools, 3) 45% had been retained, 72% were receiving remedial reading and 42% were receiving math remediation.

Nine Pennsylvania state certified school psychologists participated in this program evaluation. Two were doctoral level psychologists, while the remaining seven were master's level psychologists. The psychologists' level of experience ranged from three to fifteen years of experience.

Psychologists were asked to collect demographic data (gender, race, family status), as well as school history information such as retention status, remedial services received (math, reading, speech/language) on each child they evaluated. Prior to evaluation, students were first classified by the psychologist from information gathered by referral process as either having had a learning problem, a learning/behavior problem, or an emotional problem. After the evaluation, the psychologists determined a disposition for each student they evaluated. There were three levels of intervention of varying intensity that the psychologist could utilize. The first level was to address the problem by teacher consultation. The next level was to coordinate efforts with a

multi-disciplinary staff and parent involvement. The final step was a multi-disciplinary team meeting which would result in a referral for an individualized educational plan.

A data collection form was created and distributed to all psychologists to facilitate the collection of information.

After receiving signed parental consent forms as well as referral forms completed by the student's teacher, the psychologists were instructed to give their psychoeducational evaluations as usual and to record all data that was in the form of standard scores.

Since the psychoeducational battery often included tests that used other quantifying measures such as instructional levels, grade or age equivalents without standard scores, this information was not included in the study and was a limitation of the research design.

Generally, for the intellectual measure the psychologists utilized the WISC--III. Other intellectual assessments that were used conjunctively with the WISC--III included the PPVT-R, and the SIT-R. For achievement, a range of standardized tests were administered such as the Woodcock-Johnson

Psychoeducational Battery-Revised, the Woodcock Reading Mastery Test-Revised, and the Wide Range Achievement Test-Revised. The WRAT-R was the only test where standard scores were consistently reported. On other measures, sometimes grade equivalents, percentiles, etc. were reported. Furthermore, not all tests were given to each child and selected achievement subtests were given to children as warranted.

In the area of perceptual-motor skills, VMI scores were reported.

Results

Fifty-five students had complete WISC-III and WRAT-R data. The disposition of the student was used as the independent variable while all WISC--III and WRAT-R scores served as the dependent variables. The multivariate analysis of variance (MANOVA) yielded significant results ($F=2.20$, $df\ 20/86$, $p<.01$) by the Wilk's Lambda criterion for the three levels of the independent variable across the ten dependent variables.

The follow-up procedure chosen to compare each of the case dispositions for each dependent variable was the simultaneous confidence interval process.

Ninety-five per cent simultaneous confidence intervals were constructed between case dispositions to determine which dependent variables contributed significantly to case dispositions.

The results of these multiple comparisons are summarized in Table 1. In that table, the ten dependent variables are listed along with the three case dispositions. A line under two or more of the dispositions for a given variable indicates the case dispositions do not differ at the .05 level with respect to that variable.

INSERT TABLE 1 HERE

This comparison shows that the WRAT-R Reading (decoding) and Spelling (encoding) subtests were the only dependent diagnostic variables that demonstrated a significant difference between the groups, and only did that difference surface between the cases that were referred for placement versus the two groups that received the consultation dispositions. The WISC--III profile of the students was relatively flat and not characteristic of the learning disabled students used in the validity study of the WISC--III (Wechsler, 1991). The means and the standard deviations of the dependent variables versus the three case dispositions are shown in Table 2.

INSERT TABLE 2 HERE

Discussion

In this program evaluation study, there was no significant difference in psychologists' case dispositions using intelligence scores as dependent variables. This finding was in line with Ysseldyke's research at the Learning Disabilities Research Institute where psychometric evaluations did not yield reliable differences between learning disabled children and low achieving students.

As achievement scores in reading and spelling on the academic screening measure, the WRAT-R, yielded the only significant differences between case dispositions, a classroom based assessment of academic skills would be a viable alternative to the varied assessment batteries currently administered. Simple classroom measures of academic skills have shown to be reliable (Marston & Deno, 1981) and to yield high correlations with commercial tests in reading (Deno, Mirkin, & Chiang, 1982), spelling (Deno et. al., 1982) and written expression (Deno, Marston, and Mirkin, 1982). With this in mind, these supervisors will recommend to the psychological staff to move toward the administration of curriculum based assessment methodologies.

This assessment procedure would be less labor intensive, more valid and reliable, and would free the psychologist to do more consultation on effective learning strategies with parents and teachers.

Too often the formal assessment process focuses on validating what the teacher already knows about the student. Since two-thirds of the students in this study who were formally evaluated remained in the classroom, early and continuous indirect support to the student via intervention teams including the child's teacher(s), parent(s), and the psychologist will be another recommendation to the psychological staff.

Presently, the formal comprehensive psychoeducational evaluations have a place in the assessment process, as they are needed for the IEP team to consider educational supports, but the consultative role of the school psychologist will become the more important role for our psychological staff. As supervisors, we must continue to secure training that will hone the consultative skills for our staff. NASP has been strongly encouraging school psychologists to move away from the test-label-place role and to move toward a more consultative model for a number of years.

Curriculum-based and portfolio assessment as well as the idea of intervention teams are not new ideas. However, it is the formalized process of program

evaluation that strengthened the commitment of these supervisors and their staff to make the necessary changes in the delivery of school psychological services, as old habits die hard.

TABLE 2

Means and Standard deviations of the dependent variables
versus the case disposition

Variable	Case Disposition			
	PC N=21	MDC N=16	MD/IEP N=18	ALL GROUPS N=55
WISC-III VIQ				
Mean	88.95	92.94	89.11	90.16
Standard Deviation	13.95	12.79	10.23	12.40
WISC-III PIQ				
Mean	87.57	90.94	85.55	87.89
Standard Deviation	8.95	6.59	17.78	12.08
WISC-III FSI0Q				
Mean	87.19	91.31	86.16	88.05
Standard Deviation	11.41	9.02	11.96	10.98
WISC-III VCI				
Mean	89.52	94.94	89.11	90.96
Standard Deviation	13.44	13.02	10.85	12.56
WISC-III POI				
Mean	86.76	90.50	85.16	87.33
Standard Deviation	10.58	5.64	17.41	12.26
WISC-III FDI				
Mean	91.57	85.94	91.72	89.98
Standard Deviation	14.62	11.73	9.10	12.26
WISC-III PSI				
Mean	98.19	101.81	94.39	98.00
Standard Deviation	13.83	12.23	14.50	13.68
WRAT-R Reading				
Mean	84.57	83.12	68.78*	78.98
Standard Deviation	12.99	17.55	12.76	15.84
WRAT-R Spelling				
Mean	84.48	86.75	73.78**	81.64
Standard Deviation	10.57	15.13	14.10	14.11
WRAT-R Arithmetic				
Mean	91.19	92.56	86.06	89.89
Standard Deviation	16.38	13.05	11.80	14.08

*p<.01, **p=.01

TABLE 1

Summary of the multiple comparisons for the case disposition main effect

Dependent Variable	Program		
WISC III VIQ	<u>PC</u>	<u>MDC</u>	<u>MD/IEP</u>
WISC III PIQ	<u>PC</u>	<u>MDC</u>	<u>MD/IEP</u>
WISC III FSIQ	<u>PC</u>	<u>MDC</u>	<u>MD/IEP</u>
WISC III VCI	<u>PC</u>	<u>MDC</u>	<u>MD/IEP</u>
WISC III POI	<u>PC</u>	<u>MDC</u>	<u>MD/IEP</u>
WISC III FDI	<u>PC</u>	<u>MDC</u>	<u>MD/IEP</u>
WISC III PSI	<u>PC</u>	<u>MDC</u>	<u>MD/IEP</u>
WRAT-R Reading	<u>PC</u>	<u>MDC</u>	<u>MD/IEP</u>
WRAT-R Spelling	<u>PC</u>	<u>MDC</u>	<u>MD/IEP</u>
WRAT-R Arithmetic	<u>PC</u>	<u>MDC</u>	<u>MD/IEP</u>

PC = case managed by Psychologists' consultation

MDC = case managed by Multidisciplinary consultation

MD/IEP = case managed by Multidisciplinary team meeting with referral to the IEP team for educational supports.

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