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ABSTRACT

This practicum was designed to improve the reading and language arts skills of students, not already served by special education programs, who were demonstrating difficulties in the regular education classroom and were at risk for poor or failing school performance. Solution strategies utilized for this practicum included a collaborative consultation pre-referral interventions program; inservice workshop activities to increase the collaborative competencies of the staff; and staff inservice workshops to increase knowledge of accommodations, modifications, and instructional strategies which can be used to meet the needs of students at-risk for poor school performance. Results of the practicum were positive. The collaborative consultation pre-referral interventions proved to be a successful means of meeting the academic goals of students. The response of staff to satisfaction indicators was favorable as was their trial and use of new accommodations. The "Reading and Language Arts Scoring Rubric" was not an adequate measure of student improvement, and outcomes with respect to reductions in referrals to special education were not met. The importance of phonemic awareness instruction for at-risk students is discussed as it relates to an unanticipated outcome regarding a large number of students demonstrating phonemic awareness or phonological processing problems. (Contains 4 tables of data and 47 references; appended are a reading/language arts scoring rubric, a student accommodations survey, various parent letters, a problem analysis record, an intervention assessment, an observation record, and a follow-up questionnaire.) (CR)

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Collaborative Consultation Pre-referral Interventions at the Elementary Level to Assist At-risk Students with Reading and Language Arts Difficulties

by
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Cluster 74

**A Practicum II Report Presented to
the Ed.D. Program in Child and Youth Studies
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education**

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Abstract

Collaborative Consultation Pre-referral Interventions to Assist At-risk Students with Reading and Language Arts Difficulties. Scherbert, Thomas G., 1998: Practicum Report, Nova South eastern University, Ed.D. Program In Child and Youth Studies. Collaboration/Consultation/Pre-referral Intervention/At-risk/Phonemic Awareness.

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Results of the practicum were positive. The collaborative consultation pre-referral interventions proved to be a successful means of meeting the academic goals of students. The response of staff to satisfaction indicators was favorable as was their trial and use of new accommodations, modifications and instructional strategies in the classroom. The Reading and Language Arts Scoring Rubric was not an adequate measure of student improvement and outcomes with respect to reductions in referrals to special education were not met. The importance of phonemic awareness instruction for at-risk students is discussed as it relates to an unanticipated outcome regarding a large number of students demonstrating phonemic awareness or phonological processing problems.

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CHAPTER I
INTRODUCTION

Description of Community

The practicum was carried out in an elementary school in a primarily white, middle-class suburb 35 miles from a major metropolitan area in the upper midwest. The community in which the school was located was formerly a more rural area but had taken on a much more suburban flavor, in recent years, as farm land turned into subdivisions. The school was located in one of the fastest growing and second most populous counties of the metropolitan area. The population of the county was 304,715 people. The ethnic composition of this rapidly growing county was comprised of Caucasians, 96%, a small contingent of Blacks, 1.10%, Native Americans, .22%, Asian or Pacific Islanders, .86%, and Hispanics, 1.80%.

The areas rural roots had a significant impact on the school district in which the school was located. The previously less densely populated landscape had resulted in a school district which was among the largest geographically in the state. This large geographical area had in turn produced what amounted to a regional school district which drew students from several surrounding communities. The total population of these communities was approximately 21,600 people. Sources of employment in the community

included retail sales, service professions, construction trades, manufacturing, and of course agriculture.

Writer's Work Setting

The elementary school in which this practicum was carried out was in a school district which served a total of approximately 5,100 students. Approximately 2,525 students attended the school district's one middle school and one high school and approximately 2,575 students attended the school district's five elementary schools. The school in which the practicum was implemented served 520 students in early childhood through sixth grade.

Originally, this school was considerably smaller. However, during the 1989-1990 school year the facility was renovated and the size of the building and staff nearly doubled. The staff, which consisted of a principal, 22 regular education teachers, 6 specialty teachers, 8 special education teachers, 7 instructional assistants, and 7 special services support staff, maintained their friendships. Many staff members enjoyed social relationships outside of school in much the same way they did when the school was smaller.

In addition, the staff was a very committed group of professionals. The school district's curriculum development program received its direction directly from classroom teachers. Many curriculum innovations, employed within the district, such as Integrated Language, Writer's Workshop,

and Reader's Workshop originated with teachers from this very school.

The significant persons who were involved in this practicum included students demonstrating classroom difficulties in first through sixth grades who were not already participating in special education programs, their regular education teachers, the teachers in the Learning Disabilities Program, the teachers in the Emotional Disabilities Program, and the speech and language pathologists.

There were 520 students enrolled at the writer's school. Ninety-eight students were in the sixth grade, 72 students in the fifth grade, 87 students in the fourth grade, 60 students in the third grade, 59 students in second grade, 60 students in the first grade, 75 students in Kindergarten, and 9 students in early childhood classes. Increasing numbers of students received special education services at the writer's school which included; 40 students in the Learning Disabilities Program, 19 students in the Emotional Disabilities Program, and 67 students in the Speech and Language Disability Program.

An increasing number of students, not enrolled in special education programs, were demonstrating academic difficulties in the classroom. These students typically were demonstrating below average performance in class and were attaining grades just above failing levels. The students participating in this practicum were those who obtained a

score of two or lower in one or more areas on the Reading and Language Arts Scoring Rubric (Appendix A).

The staff at the writer's school included 22 regular education teachers, one Early Childhood Specialist and two Kindergarten teachers who taught in half day programs. There were three or four teachers at each grade level.

Students in the Learning Disabilities Program received instruction in reading, language arts, and math in resource rooms staffed by three full-time teachers, a half time teacher, and two assistants who helped with small group instruction and the preparation of materials. In the Emotional Disabilities Program students received instruction in reading, language arts, math, and social skills in resource rooms staffed by two full time teachers and two instructional assistants who helped with work with students in small groups, prepared materials, and assisted with implementation of behavior modification strategies.

The majority of students identified as having speech and language disabilities received 60 minutes of speech and language therapy each week in a resource room. A portion of services for approximately ten students took the form of a collaborative/team-teaching model in the student's regular or special education classrooms. Students served with the team-teaching model were grouped in a particular regular education or special education class with at least four other students identified as having a speech and language disability. Speech and Language services were provided by

the writer and one other full time speech and language pathologist.

Writer's Role

The writer of this practicum report had been a speech and language pathologist for ten years. He had functioned in that capacity at the school in which the practicum was implemented for seven years. The writer's duties as a speech and language pathologist included the diagnosis and treatment of speech and language delays and disorders in students from preschool through sixth grade.

The writer had several other responsibilities beyond providing speech and language therapy in a traditional resource model. His continuing education pursuits during the three years prior to the practicum implementation had focused on whole language, collaboration, and instructional partnerships between special and regular education teachers. Subsequently, the writer had emerged in his work setting as a leader in efforts to provide speech and language services in both regular education and special education classrooms.

As a result of the writer's doctoral studies, he had also emerged among his peers as a resource for others who wish to pursue alternatives to resource models for special education service delivery. The writer's interest and expertise in the use of instructional technologies had allowed him to emerge as a resource for co-workers in this area as well.

CHAPTER II
STUDY OF THE PROBLEM

Problem Statement

The problem to be solved in this practicum was that increasing numbers of students were demonstrating academic difficulties in reading or language arts which put them at-risk for poor or failing school performance.

Problem Description

Reports, both written and verbal, from special and regular education teachers indicated an increase in the heterogeneity of the student population. As the range of student skills and abilities widened in the regular education classroom, the severity of skill deficits increased at the low end of that range and resulted in an increase in the numbers of students who were not demonstrating adequate academic performance in the regular education classroom. These difficulties required that the teacher provide more one-on-one instruction and employ differing classroom management strategies thus placing an additional burden on the regular education teacher.

Thus, the problem could be restated as follows:
increasing numbers of students at the writer's school were demonstrating academic difficulties in reading or language arts which put them at-risk for poor or failing school performance and increased the need for more individualized instruction and the use of additional or new classroom management strategies by the regular education teachers.

Problem Documentation

Evidence of the existence of this problem was obtained from; tallies of referrals to special education, tallies of referrals for Non-Exceptional Education Need (Non-EEN) evaluation, anecdotal notes, school district and building-wide surveys of teachers, and assessments of students' reading and language arts skills. A referral for specialized testing is an indication that a regular education teacher is concerned with a particular student's classroom performance. Subsequently, a tally of all referrals for testing was viewed as significant evidence that a problem existed.

Referrals for testing at the writer's school took two forms; a) referrals for special education M-Team Evaluation or Exceptional Education Need (EEN) evaluation, and b) referrals for cognitive evaluation and academic screening by the school psychologist or Non-Exceptional Education Need (Non-EEN) evaluation. The number of referrals for EEN evaluation, due to student difficulties in reading and language arts, had risen steadily from 26 during the 1993-1994 School Year to 39 during the 1996-1997 School Year. The number of referrals for Non-EEN evaluation, due to student difficulties in reading and language arts, had risen from 13 during the 1993-1994 School Year to 20 during the 1996-1997 School Year.

Anecdotal notes from both regular and special education teachers provided evidence of the teacher's impressions of the problem. Anecdotal notes were obtained from various

sources. Teacher's notes regarding collaborative teaching and assistance regular education teachers receive in making accommodations for students provided evidence of the problem. One in three anecdotal notes from a follow-up questionnaire for the school's collaborative teaching project included references to a lack of knowledge in how to meet the individual needs of students.

An open ended, preliminary, questionnaire regarding teacher views on meeting the specific needs of students in the regular education classroom asked teachers to complete various open-ended sentences. Regular education teachers completed the following; "I could better teach the students demonstrating difficulties in my classroom if...". Special education teachers completed the following; "I could better assist classroom teachers with students demonstrating difficulties if...". Although return rate of these questionnaires was low, 11 of 29 returned, responses indicated that all teachers responding reported a need for additional opportunities for special and regular education teachers to work collaboratively on accommodations.

Surveys of teachers regarding their opinions and satisfaction with special education services as well as a Student Accommodations Survey (Appendix B) provided additional evidence of the problem. The school district's "Special Education Survey" was administered to assess regular education teacher's opinions regarding special education services. The results of the survey indicated that

two of every three regular education teachers responding believed that they required additional input in making classroom accommodations to meet the needs of students.

The Student Accommodations Survey (Appendix B) was administered to all teaching staff to provide information regarding; (a) teacher's feelings and opinions regarding special education and at-risk students in the regular education classroom, (b) teacher's knowledge base and practices with respect to making accommodations and modifications for special education students and at-risk students in the regular education classroom, and (c) the actual level of communication between special education and regular education teachers.

Results of the Student Accommodations Survey (Appendix B) indicated that regular and special education teachers were not satisfied with the current level of collaboration at the writer's school. Ten of 16 regular education teachers responding reported they did not receive adequate assistance with accommodations and modifications for special education and at-risk students. The Student Accommodations Survey (Appendix B) also provided some evidence of student success in the regular education classroom as well as teacher's feelings of preparedness to deal with students having difficulties in specific subject areas. Sixteen of all 26 teachers responding indicated that the needs of students with problems were only being somewhat met in regular education classrooms.

During the evidence gathering portion of this practicum, an attempt was made to assess the level of knowledge teachers possess with respect to assisting students with difficulties. Evidence was gathered by having teachers indicate specific accommodations, modifications, and instructional strategies about which they wanted additional information. Teachers were asked to identify and rank order five of the accommodations, modifications and instructional strategies they were most interested in. Teachers were also asked to prioritize general curricular areas about which they wanted additional information regarding accommodations and modifications for students demonstrating difficulties. Four of the six accommodations, modifications and instructional strategies receiving the highest responses and priority ratings were related to reading and language arts. Those included; flexible grouping, strategies for improving listening comprehension, strategies for improving reading comprehension, and methods to support the writing process. The reading, writing, and speaking/listening curricular areas received the highest priority ratings when teachers were asked to prioritize curricular areas about which they wanted more information regarding accommodations and modifications.

Further evidence of the problem was obtained from the assessment of student's reading and language arts skills. Eighteen students were identified by their teachers who demonstrated significant difficulties in the curricular

areas of reading and language arts. The students, from first through sixth grade, obtained a score of two or lower in at least one area on the Reading and Language Arts Scoring Rubric (Appendix A).

The scoring rubric, adapted by the writer to include verbal language and listening skills, was intended to provide a measure of functional reading and language arts skills. Placement of a student's skills within the parameters of the rubric, provided an indication of the students ability to read, comprehend, and interpret written text. In addition, the scoring rubric provided an indication of the students skills and abilities in the language arts areas, which include; (a) the ability to organize ideas while writing, (b) the ability to fully develop ideas while writing, (c) the ability to successfully complete written tasks, (d) the ability to use correct, complete, and varied sentence forms while writing or speaking, (e) the ability to use appropriate and vivid word choices while writing or speaking, (f) the ability to use correct and appropriate grammatical forms while writing or speaking, (g) the ability to use correct spelling and mechanics while writing, and (h) the ability to listen to, comprehend, and interpret auditory information. Students obtaining a score of two or lower in any one area, on the rubric, demonstrated functional skill deficits which significantly impacted performance in the regular education classroom.

Causative Analysis

There were a number of causes which led to this problem. One cause was rooted in the perceptions of regular education teachers regarding instructional expertise and responsibilities. The lack of services for students who were not identified as having an Exceptional Education Need (EEN) had fostered the perception, by the regular education teachers, that all students experiencing academic and/or behavioral difficulties should be served by the special education system. Subsequently, regular education teachers believed that their instructional expertise and responsibilities were limited to students of average or better abilities and that students experiencing academic or behavioral difficulties were better served by other "experts", namely special education teachers. Similarly, special education teachers felt their expertise and responsibilities were limited to those students who had been identified as having an EEN. These perceptions appeared to have been perpetuated by a segregated, dual regular and special education system. When students with EENs are served primarily using a resource room model, as they were at the writer's school, students with difficulties are typically removed from the regular education classroom for large parts of the school day. This removal from the regular education classroom transfers the responsibility for the remediation of academic difficulties to someone other than the regular education teacher.

The dual regular and special education systems also limits direct service for students with difficulties to those who qualify, those identified as having an EEN. Subsequently, no supportive services are available for students who are at-risk for academic failure or poor school performance, but who are not in special education programs. When special education is seen as the only option for students with difficulties, referrals to special education increase and the notion that all students with difficulties are better served outside the regular education classroom by other professionals is reinforced.

The impact of the dual special and regular education system on teacher's perceptions of their roles in educating students with difficulties is two-fold. First, due to lack of training and practice, regular education teachers feel uncomfortable or ill prepared for making accommodations and modifications for at-risk students. Second, special education teachers do not feel responsible for assisting with accommodations and modifications for students that are not in a special education program.

Other causal factors, at the writer's school, were rooted in curricular concerns. In recent years, various significant curriculum changes had occurred. The district's most recent math curriculum emphasized functional problem solving and numerical reasoning. The newly adopted science curriculum emphasized hands-on exploration, problem solving, and hypothesis testing. Increases in curricular demands as

well as requirements for teaching higher order thinking skills were incongruent with students demonstrating classroom difficulties. Teachers feeling the pressure to "raise the bar" were increasing demands for student performance at the same time increasing numbers of students were demonstrating difficulties in the classroom.

Other causes of the problem related to the curriculum appeared to be rooted in the adoption of an Integrated Language Arts Curriculum. It appeared that, almost as a backlash against not being permitted to ability group any longer, increasing numbers of teachers had eliminated any grouping of students what-so-ever. The overwhelming instructional preference seemed to be whole-group instruction. Rarely did teachers use small-group instruction to remediate skill deficiencies or to provide enrichment opportunities. This preference for whole-group instruction impacted all students, but had significant ramifications for students experiencing difficulties in the classroom.

Still other causal factors may have been related directly to the student's abilities and behaviors. Teachers reported, although it remained undocumented, an overall deterioration in student behavior and motivation over the last several years and prior to implementation of the practicum. Although this may be attributed to teacher lounge complaining, the frequency of disciplinary actions appeared to have been on the rise.

Three years prior to the practicum implementation, the writer's school lost Title I funding. The school board elected not to assume funding of the Title I teacher's position. The support provided for students demonstrating academic difficulties in reading and math in the early grades was eliminated. The loss of Title I funding eliminated very critical early intervention services for at-risk students.

The resource room had not always been the only model of providing special education services. Teaching teams had provided services for special education students in regular education classrooms. Collaborative Teaching Teams typically consisted of a regular education teacher, a special education teacher, and a speech and language pathologist. Collaborative teaching teams were jointly responsible for lesson planning, instruction, and student evaluation. Students with disabilities, as well as those not identified as having an EEN, received instruction from the team of teachers. However, due to scheduling difficulties and the severity of learning disabilities for some students, the number of collaborative teaching teams had decreased from five to one, during the three years prior to practicum implementation.

This decrease in the number of collaborative teaching teams may also have been a cause of the problem. Teachers could no longer use these co-teaching opportunities to work together to accommodate the needs of both special education

and at-risk students. Co-teaching was an excellent means to adapt curriculum, modify assignments, and use varied instructional strategies to meet the needs of all students. Without the Collaborative Teaching Teams special education teachers were less able to model adaptations, modifications, and instructional strategies which may have been beneficial for students in special education programs as well as students at-risk for academic difficulty.

Relationship of the Problem to the Literature

A survey of the literature suggests others have been concerned with this problem. Various authors have reported an increase in the diverse needs of student populations, and the impact of that diversity on the educational system and teacher's responsibilities. A dramatic increase in referrals for evaluation and placement of students in special education programs is well documented in the literature (Graden & Casey, 1983; Ivarie & Russell, 1992; Office of Special Education and Rehabilitative Services, 1989; Peca, 1989) This increase has been attributed to various factors. Graden, Casey, and Christenson (1985) concluded; "large numbers of students certainly are exhibiting academic and behavioral difficulties in school. (p. 377)

Meeting the diverse academic needs of students is among the greatest challenges that teachers face everyday in the classroom (Ivarie & Russell, 1992; Karge, McClure & Patton, 1995; Thousand, Villa, Paolucci-Whitcomb, & Navin, 1992). The literature confirms that increasing numbers of students

with academic problems are not qualifying for special education programs (Graden et al., 1985). The literature further confirms that such students require greater individualized instruction (Evans, 1990; Hayek, 1987) and more intensive classroom management (Evans, 1990).

When students are in danger of dropping out, academic failure, or being referred for special education they can be considered "at-risk" (Kruger, 1989). At-risk students do put increased demands upon regular education teachers. In fact, at-risk children require greater monitoring and attention by the teacher than average or even mainstreamed special education students (Bay & Bryan, 1992).

If difficult-to-teach students are at-risk for school failure they require modifications, accommodations, and/or alternative methods and instructional strategies within the regular education classroom (Sindeler, Griffen, Smith & Watanabe, 1992). Modifications include changes in expectation regarding school assignments such as adjusting either the length and/or completion time for the student. Accommodations can be defined as adjustments in the learning environment for the purpose of matching the learning style or abilities of the learner with classroom expectations. Examples of accommodations would include study carrels, note takers, and tape recorders. Alternative methods or instructional strategies are changes in lesson presentation and classroom management which compensate for a student's difficulties. Examples of alternative methods or

instructional strategies would include flexible grouping and teaching to multiple intelligences or varying learning styles.

In the literature, regular education teachers have reported not being comfortable with their increased responsibilities and their level of training with respect to meeting the needs of students with mild academic difficulties (Evans, 1990; Schumm, Vaughn, Haager, McDowell, Rothlein, & Saumell, 1995; Slaven, Madden, Karwiet, Dolan, Wasik, Shaw, Mainzer, & Haxby, 1991). Whether due to level of training or other factors, many elementary school teachers do not make specific adaptations and modifications for students (Schumm et al., 1995). Evidence is also presented in the literature that prior to referral for special education many regular education teachers have not attempted systematic interventions to meet the needs of the student being referred (Graden & Casey, 1983).

The literature identifies difficulties inherent in the current dual special and regular education system and the impact of that system on teacher perceptions and services for at-risk students. The present dual special and regular education system provides no services for students who do not qualify for special education services (Graden et al., 1985; Ivaria & Russell, 1992; McKay & Sullivan, 1990; Peca, 1989; Simpson & Smith Myles, 1990). In fact, Simpson and Smith Myles (1990) concluded that the present educational system is inadequate for students without special education

labels. This is particularly alarming because 20% of students who do not qualify for special education services have been found to experience difficulty in the regular education classroom (Simpson & Smith Myles, 1990).

Lack of services for at-risk students is not the only fault with the dual special and regular education system as discussed in the literature. The dual system impacts teacher's perceptions as well. It distances regular education teachers from special education (Jenkins, Pious, & Jarnell, 1990). This distance absolves regular education teachers of responsibility (Semmel, 1991) and ownership (Jenkins et al., 1990) of educating children with difficulties. When the regular education teachers' only option for obtaining services for a child demonstrating difficulties is special education, they view ownership of the solution as outside their classroom. Regular education teachers begin to view their role as teaching only bright and normal functioning students (Peca, 1989) and believe students with academic deficits should be served by special education teachers (Schumm et al., 1995). In a similar way, the dual system of special and regular education foster a perception among special education teachers that they are better trained to work only with handicapped children (Slaven et al., 1991).

Increased curricular demands have also been identified as a cause of this problem in the literature (Evans, 1990; Peca, 1989). Evans (1990) acknowledged that pressure to up-

grade curriculum, teach higher order thinking skills and accelerate performance has placed greater demands on students. Many students are not able to meet these demands, allowing regular education teachers to conclude that the presence of these students in their classrooms runs in opposition to the quest for excellence sought by educational reform movements (Semmel, 1990).

The lack of small-group instruction and the preference for undifferentiated large-group instruction in regular education classrooms is documented in the literature (Kulieke & Jones, 1993; Schumm et al., 1995). Undifferentiated large-group instruction prevails in regular education classrooms (Schumm et al., 1995). Large-group instruction is also common place during reading and language arts instruction. Kulieke & Jones (1993) documented a significant lack of small-group, teacher led, instruction in whole language classrooms. In light of increased heterogeneity in classrooms "teaching to the middle" using whole-group instruction is no longer a feasible or effective means to meet the needs of all students.

Teacher's views that student motivation is reduced and student behaviors have deteriorated in recent years may also find tacit support in the literature. Evans (1990) reports, "Teachers everywhere report deterioration in the motivation and behavior of students" (p. 74). Statements such as these may be fact or opinion. However, they are rooted in the pathological model which underlies the dual special

education and regular education system. The evaluation and identification system upon which special education is built is based on the premise that there is something wrong within the child (Graden et al., 1985). Apparently, more students are demonstrating deficits in meeting the academic expectations in the classroom.

The degree to which a lack of early intervention for at-risk students has caused this problem is likely to remain undetermined. However, the importance of early intervention is clearly noted in the literature, especially for reading deficiencies (Shanahan & Barr, 1995; Sindler et al., 1992; Pikulski, 1994). Pikulski (1994) has even suggested that early intervention should be a priority to help prevent learning disabilities rather than emphasizing the correction of these disabilities once they have occurred.

The literature documents the recent increases in rates of referral and placements in special education programs. Increases in referral rates for special education evaluation are widely used as evidence of the problem (Graden & Casey, 1983; Ivarie & Russell, 1992; Office of Special education and Rehabilitative Services, 1989; Peca, 1989). Similarly, increases in the placement rates for students in special education programs have also been used as further evidence of the problem (Graden & Casey, 1983, Ivarie & Russell, 1992; Office of Special Education and Rehabilitation, 1989).

The use of surveys of teacher satisfaction have been used as evaluative measures of the success of intervention

programs for at-risk students in the literature. Surveys have been used to assess teacher satisfaction with interventions implemented for students who may be failing (Graden & Casey, 1983; Sindler et al., 1992). Surveys have been used to monitor teacher attitudes. When effects on referrals for testing and placement rates in special education were monitored simultaneously with teacher attitudes, results indicate changes in attitudes that are concurrent with changes in referral and placement rates (Graden & Casey, 1983). The importance of consumer satisfaction with interventions for at-risk students is reported in the literature. Consumer satisfaction insures that the interventions selected are liked and used by both teacher and student. Surveys are an accepted method to obtain an indication of consumer satisfaction (Sinder et al., 1992)

Student goal attainment is reported as a measure of the success of intervention programs for at-risk students in the literature. Sindler et al. (1992) used goal attainment as a measure of success of intervention for at-risk students. In addition Sindler et al. (1992) divided desired outcomes for interventions with at-risk students into classes. The first class outcomes were measured by decreases in rate of referral to special education. The second class of outcomes were measured by improvement in academic performance and class conduct or altered teacher expectations.

An increase in the number of at-risk students who are either performing poorly in school or failing is clearly documented in the literature. In the writer's work setting possible causal factors include: problems inherent in the dual special and regular education system, increased curricular demands, preference for large-group instruction, and lack of interventions for at-risk students. It would appear, from the literature, that desired outcome measures for interventions should include reductions in referrals for testing, goal attainment of students targeted for intervention, and measures of consumer satisfaction.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The goal of this practicum was that at-risk learners will demonstrate improved academic skills in reading and language arts that will allow them to be successful in the regular education classroom. Interventions focused on meeting the needs of 18 students, in first through sixth grade who didn't meet eligibility requirements for special education, and demonstrated difficulties in reading or language arts which put them at-risk for poor or failing school performance.

Expected Outcomes

The following outcomes were projected for this practicum:

(1) Fourteen of 18 students targeted for intervention will demonstrate improved reading or language arts skills as measured by goal attainment and the Reading and Language Arts Scoring Rubric (Appendix A).

(2) The number of referrals for special education (EEN) testing due to student difficulty in reading or language arts will decrease from 39 to 34.

(3) The number of referrals for Non-EEN testing due to student difficulty in reading or language arts will decrease from 20 to 16.

(4) Two of every three regular education teachers will improve their rating of the assistance they receive in

making accommodations for students with difficulties to "adequate" or better on the Student Accommodations Survey (Appendix B).

(5) Four of every five regular and special education teachers participating will report; an improved ability to meet the needs of students; three or more new accommodations, modifications, and instructional strategies they have attempted in their classrooms; and one or more accommodations, modifications, or instructional strategy which have become a regular part of their teaching.

Measurement of Outcomes

There were four evaluation methods used in this practicum to measure expected outcomes. The measurement tools were developed to; (a) document improvement in academic skills of students, (b) demonstrate the impact of improved student academic skills on referrals for testing, (c) provide information regarding teacher's beliefs and satisfaction with interventions, and (d) provide a measure of the successful implementation of a collaborative consultation intervention program.

With respect to improved academic skill, it was projected that 14 of 18 students targeted for intervention would demonstrate improved reading or language arts skills. The students participating in this practicum were those, referred by their regular education teacher, who demonstrated academic difficulties in the subject areas of reading or language arts and had obtained a score of two or

lower in at least one area on the Reading and Language Arts Scoring Rubric (Appendix A).

Improvement in reading or language arts skills was measured using two methods. First, improvements were assessed by determining if students targeted for intervention had attained the academic goals established for them. Second, a scoring rubric was used to measure improvement in reading and language arts skill.

Intervention plans were based on a behaviorally written goal which centered around either a reading or language arts skill listed in the Problem Documentation section of Chapter II. Examples of intervention goals include: (a) The student will read, comprehend, and restate 80% of factual information in a four paragraph story passage; (b) The student will organize sentences into logical and complete paragraphs during three out of four written trials; (c) The student's written narrative stories will contain 75% complete sentences; and (d) The student will use appropriate word choices while verbally retelling a story. It was projected that this outcome would be achieved if 14 of 18 students targeted for intervention attained the goals established for them on their intervention plan.

In addition to determining if students attained academic goals established for them, improvements in students academic skills were also measured with the Reading and Language Arts Scoring Rubric (Appendix A). Prior to

intervention, students were placed on the scoring rubric by their regular education teacher. Placement was made based on typical reading and language arts performance in the classroom. Students who participated in this practicum obtained a score of two or lower in one or more areas on the rubric. Following the interventions the students' skills were again scored using the scoring rubric. The scoring rubric was intended to provide a measure of functional skill. Subsequently, progression from one cell to a higher cell on the rubric was considered a significant improvement in functional skills. It was projected that this outcome would be achieved if 14 of 18 students' scores, in one or more areas, improved from two to three or better on the rubric. Language arts areas assessed on the rubric included; reading/listening comprehension, writing performance, and verbal/written language usage.

Tallies of referrals for testing were used to measure the impact of improved student academic skills on referrals for testing. Tallies of referrals for special education (EEN) testing indicated that referrals, due to student difficulties in reading and language arts, had climbed steadily from 26 during the 1993-1994 School Year to 39 during the 1996-1997 School Year. During the practicum implementation, it was projected that the number of referrals for special education testing would decrease to 34. Tallies of referrals for cognitive evaluation and academic screening by the school psychologist (Non-EEN

testing), due to student difficulties in reading and language arts, had climbed steadily from 13 during the 1993-1994 School Year to 20 during the 1996-1997 School Year. During the practicum implementation, it was projected that the number of referrals for Non-EEN testing would decrease to 16. These outcomes were measured by tallying referrals for EEN and Non-EEN evaluation during the 1997-1998 School Year.

Surveys were used to evaluate teacher's satisfaction with interventions and the success of the collaborative consultation intervention program. Prior to implementation of the practicum, on two separate surveys, five of ten and 13 of 16 regular education teachers reported they required greater assistance with making accommodations for students having difficulty in the regular education classroom. Following the practicum implementation, it was projected that two of every three regular education teachers responding would improve their satisfaction ratings for the level of assistance they receive when making accommodations for students to "adequate" or better. This was measured by re-administering the Student Accountability Survey (Appendix B) to teachers during the eighth month of the practicum. Teachers were given one week to respond in writing and return surveys to the writer. It was projected that this outcome would be achieved if two of every three teachers responded to item number five (5) on the Student

Accommodations Survey (Appendix B) with a rating of "adequate" or better.

On the initial administration of the Student Accommodations Survey (Appendix B) sixteen of all 26 teachers responding indicated that the needs of students with difficulties were only being somewhat met in regular education classrooms. In addition, during the evidence gathering portion of this practicum, an attempt was made to assess the level of knowledge teachers possessed with respect to assisting students with difficulties. This was assessed by having teachers indicate and prioritize accommodations, modifications, and instructional strategies about which they wanted additional information. Four of the six accommodations, modifications and instructional strategies receiving the highest number of responses and priority ratings were related to reading and language arts. In addition, reading, writing, and speaking/listening were the curricular areas receiving the highest priority ratings with respect to teachers requesting information regarding ways to provide accommodations and modifications.

Following implementation of the practicum, it was projected that four of every five teachers participating would report; (a) an improved ability to use accommodations, modifications, and instructional strategies, (b) the use of three or more new accommodations, modifications, and instructional strategies in their classroom, and (c) one or more accommodations, modifications, and instructional

strategies which had become a regular part of their teaching. This outcome was measured by administering the Instructional Follow-Up Questionnaire (Appendix H). This questionnaire required that teachers: respond to the statement "my ability to meet the needs of students has improved..."; list new accommodations, modifications, and instructional strategies attempted; indicate which accommodations, modifications, and instructional strategies were effective in improving student skills; and indicate any accommodations, modifications, and instructional strategies that have become a regular part of their work with students. The questionnaires were provided to teachers following the staff inservice workshops on strategies, accommodations, and modifications to improve student's reading and language arts skills. Additional questionnaires were included during the second administration of the Student Accommodations Survey (Appendix B). Teachers responded in writing and returned completed questionnaires to the writer.

CHAPTER IV

SOLUTION STRATEGY

Statement of Problem

The problem to be solved in this practicum was that increasing numbers of students in the regular education classroom were demonstrating difficulties in reading or language arts which put them at-risk for poor or failing school performance.

Discussion and Evaluation of Solutions

A number of solutions were gleaned from the literature. There is a great deal of support in the literature for school reforms which call for increased collaboration among professionals to meet the needs of students and teachers. The literature supports working together or collaborating to meet the diverse needs of student populations (Karge, et al., 1995; Thousand et al., 1992). Thousand et al. (1992) calls for teachers to pool instructional skills and content knowledge to meet the needs of these students. The literature also supports collaboration as a means of meeting the needs of teachers. Specifically, collaboration can greatly improve the abilities of regular education teachers to meet the needs of their heterogeneous classes (Slaven et al., 1991). In addition, collegiality and collaboration have been identified as elements of successful schools in the school climate literature (Peterson & Brietzke, 1994; Rothenberg & Bozeman, 1990).

The literature also emphasizes a need for reform in procedures and practices within the dual special education and regular education systems. Various writers have identified difficulties with direct service models of special education and the need to make changes in how services are provided (Evans, 1990; Graden et al., 1985). Slaven et al. (1991) reported:

significant problems in current assessment, decision making, and special education service delivery practices, particularly in relation to mildly handicapped students. It is clear that alternatives to traditional practices must be explored and evaluated. While large numbers of students certainly are exhibiting academic and behavioral difficulties in school, and special education is being asked to serve increasing numbers of these students each year, it is questionable whether special education can and should serve all students affected with learning and behavior problems under the direct services umbrella. (p. 377)

The literature calls for an alternative service delivery model for special education which shifts emphasis away from diagnosis and a direct services model which focuses on pathology. Such a model assumes that student difficulties are the result of something wrong, a deficit, within the child (Graden et al., 1985). The literature calls for movement in special education toward an ecological model, one which focuses on intervention design, implementation,

and evaluation (Flugum & Reschly, 1994; Graden et al., 1985). An ecological model looks beyond the individual student to the entire learning environment when examining student difficulties (Graden et al., 1985).

The literature also calls for a vehicle such as collaborative consultation, pre-referral intervention, and indirect/consultation services, to meet the needs of all students. Such vehicles are intended to meet the needs of students in special education as well those who don't meet eligibility requirements for special education, in the least restrictive environment (Graden & Casey, 1983; Graden et al., 1985; Heyek, 1987). Educating students with difficulties in the least restrictive environment of the regular education classroom has emerged from the legislative mandates of Public Law 94-142. Reforms to meet the needs of all students in the regular education classroom will require a shift in ownership of student problems as well as changes in the roles of both special education and regular education teachers (Graden, 1989; Peca, 1989). Teachers need to move away from defining themselves and their responsibilities by their job description. Teachers can not merely view themselves as a "Second Grade Teacher" or a "Learning Disabilities Teacher" rather they must focus on the skills and backgrounds that they have to offer and determine who is best to solve a particular problem (Graden, 1989).

Collaborative consultation is an alternative model of special education service delivery recommended in the

literature. Collaborative consultation encourages the sharing of information, knowledge, expertise and contributions in a problem solving process among all teachers (Karge et al., 1995; Pugach & Johnson, 1990; Thousand et al., 1992). The term collaboration is reserved for those professional relationships in which two or more colleagues share a body of knowledge and mutual interests (Friend & Cook, 1990; Johnson & Pugach, 1990; Martin, 1990). The term consultation, however, is typically reserved for those professional relationships in which a consultee receives information or assistance from a consultant with specific expertise (Friend & Cook, 1990; Johnson & Pugach, 1990; Martin, 1990). Johnson & Pugach (1990) correctly point out that models of consultation and collaboration do not exist in their pure form because problem solving is multidimensional. A blending of the consultation and collaboration models have been termed collaborative consultation in the literature (Friend & Cook, 1990; Johnson, Pughach, & Hammitte, 1988; Martin, 1990; Thousand et al., 1992). Collaborative consultation goes beyond the shared knowledge of the collaborative model to include the unique knowledge of the participants which contributes to shared expertise and an equal partnership during problem solving (Karge et al., 1995; Pugach & Johnson, 1990; Thousand et al., 1992).

The elements required for successful collaborative consultation include mutual goal setting and parity or

equality among participants (Friend & Cook, 1990; Thousand et al., 1992). In order to achieve these elements collaborative consultation must be founded upon the following precepts; (a) mutual trust and respect, (b) address a teacher's loss of self-esteem, and/or feelings of inadequacy, (c) respect for the individual's problem solving styles (Evans, 1990), (d) a belief system that all members of the collaborative team have unique and needed expertise, and (e) distribution of leadership to the whole group (Thousand et al., 1992).

There are numerous benefits of collaborative consultation. Benefits which relate to this practicum are; improved professional knowledge, opened lines of communication, improved collegiality (Hayek, 1987), decreased referrals to special education (Johnson et al., 1988), and a preferred model for choosing instructional modifications by regular education teachers (Myles & Simpson, 1989). Myles and Simpson (1989) reported that 65% of regular education teachers selected collaborative consultation as their preference for choosing modifications for students experiencing difficulty in their classrooms.

Collaborative consultation is not without it's drawbacks. The literature reports a great many conceptual barriers to effective collaborative consultation. One such barrier is a potential mismatch of educational beliefs, methods, techniques, and strategies which are viewed as appropriate by special education and regular education

teachers. Another conceptual barrier to successful collaborative consultation is the natural tendency of educators to avoid strategies which fall outside their knowledge base or realm of experiences (Johnson et al., 1988; Johnson & Pugach, 1992). Also, pragmatic issues may create barriers to successful collaborative consultation. Teachers may lack the time and opportunity for effective collaborative consultation (Johnson et al., 1988). Lack of communication (Johnson et al., 1988) and joint problem solving skills (Babcock & Pryzwansky, 1988) are other potential pragmatic barriers to collaborative consultation. The literature calls for teacher inservice training in collaborative competencies when teachers demonstrate or report skill deficiencies for collaborative consultation (Karge et al., 1995; Simpson & Smith Mylkes, 1990).

The use of the collaborative consultation model as a pre-referral intervention for students with learning difficulties is reported in the literature (Johnson et al., 1988; Sindler et al., 1992). Sindler et al. (1992) divide models of pre-referral intervention into two types. The first type involves collaboration between teachers as colleagues. Teacher Assistance Teams (TAT) is an example of a pre-referral intervention which employs this type of model. In Teacher Assistance Teams (TAT), teachers work collaboratively in day-to-day problem solving groups to assist students and enable faculties to assist students within the regular education classroom.

The second type of pre-referral intervention, identified by Sindler et al. (1992) involves formal consultation between teachers and specialists. This type of intervention is based on the work of Fuchs et al. (1989). This model of collaborative consultation uses the Triadic Model. In the Triadic Model, the special education teacher (the consultant) provides direct assistance to the classroom teacher (the mediator) who uses the information to help the student with difficulties (the target) (Johnson et al., 1988). Mainstream Assistance Teams are among the programs which employ the Triadic Model (Fuchs et al., 1989). In Mainstream Assistance Teams the special education teacher acts as a consultant to assist the regular education teacher identify the problem, observe the classroom behavior, record the interval and frequency of the behavior, set goals, plan interventions, and determine if goals are achieved (Fuchs et al., 1989).

It is apparent that various models of collaborative consultation are presented in the literature. However, all pre-referral programs follow a similar format. This format is a multi-stage process in which teachers; identify concern area(s), explore possible interventions, implement an intervention plan, and evaluate the effectiveness of the intervention (Fuchs et al., 1987; Graden et al., 1985; Hayek, 1987; McKay & Sullivan, 1990).

The literature presents both factors required for successful pre-referral interventions as well as quality

indicators for pre-referral intervention programs. Factors leading to pre-referral success include; (a) strong internal support for systems change, (b) strong administrative support (Graden & Casey, 1983), (c) training and support for teachers (Evans, 1990), (d) open communication, and (e) clear expectations, role assignment and structure (Peca, 1989; Walsh, 1989). Quality indicators of pre-referral interventions reported in the literature are those related to positive student outcomes. These indicators include; behavioral definition of the target, direct measurement of behavior in a natural setting, a step-by-step intervention plan, intervention plans implemented as planned, and a direct comparison of post performance with the pre performance.

Collaborative consultation pre-referral programs are not without barriers. Various factors can limit the success of pre-referral interventions. Teachers, like many people, can be resistant to changes. Collaborative consultation pre-referral models require new ways of thinking and new roles for teachers (Graden & Casey, 1983). Large class sizes for regular education teachers and large case loads for special education teachers may also impede successful collaborative consultation pre-referral programs. Large class sizes may restrict options for curricular modifications on the part of the regular education teacher. Similarly, large case loads for special education teachers can greatly reduce the amount of time available for collaborative consultation pre-

referral interventions. Lack of administrative support can also stand as a barrier to successful collaborative consultation pre-referral programs (Graden & Casey; Walsh, 1989).

Despite the potential barriers, the benefits of collaborative consultation pre-referral interventions are many. Benefits which are particularly important for this practicum are the; inclusion of regular education teachers in the process, encouraging a school climate of collegiality (Peca, 1989), reduction in referrals to special education (Mckay & Sullivan, 1990, Nelson, Smith, Taylor, Dodd & Reavis, 1991), provision of services to students who may not qualify for special education services (Hayek, 1987), Provision of services in the least restrictive environment (Graden et al., 1985), and early identification of problems which put students at-risk (Fuchs et al., 1989). In a review of the literature, Nelson et al. (1991) suggested that pre-referral interventions can increase the ability of teachers to educate students who are experiencing difficulties and improve teacher's attitudes about such children. Interventions appear to produce desired student performance, which reduces over identification of students as handicapped.

It would appear that efforts to increase the academic skills of students demonstrating classroom difficulties should employ a collaborative consultation model and emphasize intervention strategies over direct service

models. Ideally, solutions should utilize a collaborative consultation model for pre-referral intervention. Staff development activities are likely to be necessary to assist with the development of collaborative competencies, provide background information regarding the components of the collaborative consultation process, and increase knowledge of accommodations, modifications and instructional strategies. Perhaps, Sindler et al. (1992) provided the best recommendation;

Teacher's need to develop an understanding of how teaching and management procedures, expectations, and academic curricula interact to affect students' learning and behavior. Staff development programs may be structured to allow teachers to examine their beliefs about their students, to study failing students, and to evaluate alternative methods and materials. (p. 249)

Solutions which include collaborative consultation pre-referral interventions and staff development activities were deemed appropriate for the writer's work setting. These solutions were appropriate because many of the factors necessary for successful collaborative pre-referral were already in place, factors for success and quality indicators not in place could be planned for through the practicum process, and the solutions were attainable with resources available in the work setting.

Internal support of system change was one factor necessary for successful pre-referral collaboration. As previously stated, the staff at the writer's school were not unfamiliar with change. In fact, many teachers had served as change agents in curriculum development for the school district. Administrative support for pre-referral intervention was also in place at the writer's school. Both the principal and director of special education were supportive of this proposed solution.

Successful collaborative consultation pre-referral intervention requires training and support for teachers. Such training and support, though not available earlier within the writer's work setting, were planned for through the practicum process. Likewise, the practicum process insured that quality indicators for collaborative pre-referral intervention were monitored. Open lines of communication were also facilitated. Such communication was assured with measures which were easy to complete and staff accessibility for face-to-face interactions. Clarity of procedures, expectations, and roles were essential. Information regarding the pre-referral process, including individual roles and responsibilities were clearly delineated and presented to the teaching staff.

Other potential solution strategies, such as intensive early intervention programs, required a commitment of resources which were not available at the writer's school. Collaborative consultation pre-referral interventions took

advantage of good student-to-teacher ratios at the writer's school. At the time of practicum implementation, class size for regular education teachers averaged just over 22 students; while case load size for special education teachers averaged just over nine students. These class and case load sizes insured that regular education teachers were able to implement interventions plans and that special education teachers were available to assist with intervention design.

Description of Selected Solutions

The solutions proposed for this practicum included; (a) implementation of a collaborative consultation pre-referral intervention program to improve the reading and language arts skills of at-risk students, (b) staff development activities to increase collaborative competencies, (c) staff development activities to increase knowledge of accommodations, modifications, and instructional strategies which could be used to meet the needs of students in the regular education classroom.

The collaborative consultation pre-referral program served two to three students each month in first through sixth grade. Students served by the collaborative consultation pre-referral program were those, not identified as having an EEN, who were demonstrating academic problems in reading or language arts which put them at-risk for poor or failing school performance. The collaborative consultation pre-referral program was referred to as a

Problem Solving Team (PST). Each PST followed a three stage process.

The first stage was the request for consultation to the PST. During this stage the regular education teacher first discussed concerns about the student with the parent and the possibility of referral to the PST. The referring teacher documented information including a problem description, an approximate occurrence rate of the problem, context in which the problem occurred, and the effects of the problem on the student and the class. Information was summarized on a Request for Consultation form (Appendix C) and the results of an assessment of reading and language arts skills was recorded on the Reading and Language Arts Scoring Rubric (Appendix A). Parents were notified of the referral to the PST in writing (Appendix D) and asked to sign the district's consent for participation in a research project.

During the second stage of the PST process, the consultation stage, the PST meeting took place. The PST consisted of one teacher from the Learning Disabilities or Emotional Disabilities Program, a speech and language pathologist and the referring teacher. Other professionals that occasionally participated in the PST consultation included the gifted and talented resource teacher and the reading specialist. During the PST meeting the student's reading or language arts difficulties were identified in objective and observable terms. In addition, the regular education teacher's skill level expectations for the student

were clearly defined. Those students demonstrating multiple problems in reading or language arts were reviewed. Problems were prioritized and one area was targeted for intervention. The students strengths were also discussed by the PST. Once difficulties, teacher expectations and student strengths were defined, intervention strategies were brainstormed by all members of the PST.

Observable and measurable goals were established such as those presented in the "Measurement of Outcomes" section of Chapter III. Intervention plans centered around employing or instituting new strategies, accommodations and modifications which the regular education teacher could implement. The plan implementation was based on practical considerations such as: (a) the likelihood that the teacher would be able to implement the plan, (b) to what extent the intervention might remediate the skill deficits, and (c) how well the plan addressed the learning style and strengths of the student.

Designing intervention plans for specific skill deficits required that PSTs remain focused on the goal of the intervention. Strategies, accommodations, and modifications selected needed to facilitate improvement in the targeted skill. Examples of intervention goals and appropriate potential intervention strategies are provided in Table 1.

Table 1

Intervention Goals and Corresponding Intervention Strategies

<u>Intervention Goals</u>	<u>Potential Intervention Strategies</u>
The student will read, comprehend, and restate 80% of factual information from a four paragraph story passage.	(a) The use of picture clues to make predictions about the events, problem, and resolution of the story. (b) The use of a visual organizer (story map) prior to reading the story.
The student will organize sentences into logical and complete paragraphs during three out of four written trials.	(a) The use of paragraph organizers. (b) The use of a cut up the paragraph into sentences strips and discard those that do not fit the topic sentence strategy.
The student's written narrative stories will contain 75% complete sentences.	(a) The use of a dividing each sentence into a naming part (subject) and telling part (predicate) strategy. (b) The use of a "which/who or what/does or did/what or whom/where" tool for writing complete sentences.
The student will use appropriate word choices while verbally retelling a story.	(a) The use of a relating new and unfamiliar vocabulary to the student's personal experience strategy. (b) The use of vocabulary attribute webs.

Selected intervention strategies also needed to be sensitive to the learning styles and strengths of the students. The PSTs selected those interventions which were compatible with the student's preferred learning style and strengths. For example, students who were visual learners benefitted more from such strategies as using pictures in the book to make predictions, story maps, paragraph

organizers, and dividing sentences into parts. Students who were more global or holistic thinkers benefitted from strategies like story maps, paragraph organizers, and relating new vocabulary to personal experiences. While more analytical thinkers benefitted most from strategies such as cutting paragraphs into sentences strips and discarding those that didn't fit the topic sentence, providing a word for each heading to construct complete sentences, and the use of vocabulary attribute webs. Interventions selected by the PSTs addressed specific skill deficits while taking into consideration both the strengths and learning style preferences of the student.

During the PST meeting an appropriate intervention strategy was determined. Intervention plans sequenced the component steps necessary to implement the selected strategy. In addition, the person responsible for intervention implementation (usually the classroom teacher), the person responsible for follow-up, and the date for follow-up were determined. Ideas generated during the PST meeting were recorded by a member of the consultation team on the Problem Analysis form (Appendix E).

The third stage of the PST process was the evaluation/observation stage. During this stage the person responsible for follow-up met with the referring teacher to collaboratively evaluate the effectiveness of the intervention. The two teachers determined if additional time was required for the intervention to be effective, an

alternative intervention was needed, or if a follow-up observation of the student was required to obtain additional information, and/or if a referral to special education was indicated. Information from the follow-up meeting was recorded on the Intervention Assessment form (Appendix F).

If an observation of the student was indicated, it was conducted by a member of the PST and recorded on the Observation Record (Appendix G). If necessary, a second PST meeting was held to review information obtained from the observation and determine a new intervention plan.

The PST solution fulfilled the recommendations in the literature for pre-referral interventions which use a collaborative consultation model and emphasize intervention strategies over direct service. The three stage process insured that the quality indicators of pre-referral interventions were met. PSTs defined problems in observable terms. Student behavior was measured in the natural setting of the classroom by the teacher and/or members of the PST. Step-by-step intervention plans were designed. The evaluation stage assessed if interventions were implemented as planned. The evaluation stage also determined if interventions were effective, if they facilitated improvement in skills over those demonstrated prior to the intervention. Procedures employed clearly assigned roles (identified person responsible), insured timeliness (identified dates for follow-up), and provided forms which were easy to complete.

One staff inservice workshop was offered to provide information regarding collaborative consultation. The inservice workshop was 45 minutes long and was presented by the writer in the morning prior to the start of school. Attendance was voluntary and the inservice workshop was offered on two different days to provide ample opportunities for attendance. The workshop included information regarding the components of collaborative consultation. The components of collaborative consultation include; shared expertise, equal partnership, mutual goal setting, distribution of leadership, belief in the concept that all students can learn and that it is the responsibility of all adults to assist with that learning. The workshop also included an overview of the 3 stage PST process, information regarding techniques for joint problems solving, assessment of personal problem solving styles, and the principles of negotiation.

Three staff inservice workshops were offered to provide additional information regarding strategies, accommodations, and modifications which can be used to meet the needs of students with difficulties. Strategies, accommodations & modifications selected as topics for inservice workshops were among those that were most frequently identified and received the highest cumulative priority rankings by teachers on the initial Student Accommodations Survey (Appendix B). Attendance at these 50-minute inservice workshops was voluntary. Inservice workshops were provided

monthly, during the first four months of the practicum, on the days when students were released early from school. Most of these workshops included both whole-group sessions and break-out groups. The whole-group sessions provided information on accommodations, modifications and instructional strategies which were applicable to both the primary and upper-elementary grades. The break-out sessions provided teachers with separate information applicable to the primary and upper-elementary grades.

The first inservice workshop on the use of flexible grouping was provided by the writer and another teacher. The workshop included information on the following; the flexible grouping model, planning for flexible grouping, and activities for flexible grouping. The second and third inservice workshop on improving listening comprehension were provided by the writer and another speech and language pathologist. The workshops included information on the following; use of visual cues, use of listening guides, developing scripts for transition times, teaching listening with a purpose, signaling the main idea, and the use of visual organizers.

The inservice workshops fulfilled the recommendation in the literature for staff development activities that assist with the development of collaborative competencies, knowledge of the collaborative consultation process, and increased knowledge of accommodations, modifications, and instructional strategies which can improve the skills of

students demonstrating difficulty in the classroom. In addition, the inservice workshop on collaborative consultation clarified expectations, roles, and structure of the process.

Report of Action Taken

Preparation Activities

Implementation of the practicum took place during the 1997-1998 school year. Initially, the writer met with special education staff to review the principles of collaborative consultation, the pre-referral process, roles and responsibilities during the consultation meeting, and to reaffirm their commitment to the PST process. The writer provided two presentations on the collaborative consultation model to the staff. The implementation of the collaborative consultation pre-referral program was announced with leaflets in each staff member's mailbox. The writer also obtained informed consent for conducting a research project as required by the school district policy. This consent would later prove to be problematic with respect to serving all students targeted for intervention through the PST process. The parents of four students either did not sign consent or refused consent and one parent signature was received so late in the school year, it was not possible to implement an intervention for the student.

Collaborative Consultation Teams

Once parental consent was obtained, the PST consultation meetings were scheduled and conducted. The

meetings took place at a rate of 2 each month. Meetings were scheduled at times convenient for all participants based upon information recorded on the Request for Consultation form (Appendix C). The writer assigned special education staff to the PST and notified staff involved of meeting dates and times. Although leadership of the consultation team was shared by all members, the writer was responsible for completion of all recording forms. The writer also served as facilitator for all consultation teams. In that capacity he insured that; goals were clearly stated in observable terms, a sequential intervention plan was proposed, the person responsible for implementation was identified, the person responsible for follow-up and the date of follow-up were determined. Teams completed initial intervention plans within one week of the consultation meeting.

The team members responsible for follow-up completed Intervention Analysis forms within four to six weeks of the initial consultation meeting. If the Intervention Assessment concluded that the student did not demonstrate improvement in skills, the writer insured that a course of action was recommended. Possible actions included; (1) development of a new intervention plan, (2) student observation, or (3) referral to special education. If the Intervention Assessment concluded that the student did demonstrate improvement in skills, the students regular education

teacher was given a second Reading and Language Arts Scoring Rubric (Appendix A) to complete for that student.

Inservice Workshops

The staff inservice workshops provided information regarding strategies, accommodations, and modifications for students with difficulties. Workshops were held approximately every other month during the first six months of the practicum. The original plan was that these workshops would be provided monthly, during the first three months of the practicum. However, this was not possible due to the terminal illness and death of the writer's mother. The staff inservice workshop on the use of flexible grouping took place in late October. The first of the staff inservice workshops on improving listening comprehension was provided in early January and the second one was presented in early March. Following each inservice workshop copies of the Instructional Follow-up Questionnaire (Appendix H) were distributed to participants.

Practicum Wrap-up

During the final two weeks of the practicum the writer began to review Intervention Assessment forms and to tally goal attainment outcomes. The pre and post Reading and Language Arts Scoring Rubrics were also reviewed to tally outcomes with respect to that measure. Data regarding referrals for EEN and Non-EEN testing during the 1997-1998 School Year were also gathered and tallied during this time.

CHAPTER V

RESULTS

Summary of the Problem and Solution

The problem to be solved by this practicum was that increasing numbers of students were demonstrating difficulties in reading and language arts which put them at-risk for poor or failing school performance.

The solution strategies utilized for this practicum included collaborative consultation pre-referral interventions (PSTs), inservice workshop activities to increase collaborative competencies of the staff, and staff inservice workshops to increase knowledge of accommodations, modifications, and instructional strategies which can be used to meet the needs of at-risk students in the regular education classroom.

The collaborative consultation pre-referral interventions followed a three stage process including; request for consultation, the consultation stage, and the evaluation/observation stage. This multi-stage process was utilized to design intervention plans for specific reading and language arts deficits. Specific, observable, measurable goals were established for each intervention. Step-by-step intervention plans were designed and implemented for each student. Follow-up activities were conducted to assess the effectiveness of the intervention plans.

Inservice workshops intended to increase the staff's collaborative competencies provided information on the

following topics; the components of collaborative consultation, an overview of the collaborative consultation pre-referral process used during the practicum, techniques for joint problem solving, and assessing personal problem solving styles.

Inservice workshops intended to increase knowledge of accommodations, modifications and instructional strategies provided information on the following topics; the flexible grouping model, planning for flexible grouping, using visual cues to increase comprehension, the use of listening guides, developing scripts for transition times, teaching listening with a purpose, and the use of visual organizers. Staff was encouraged to provide feedback regarding accommodations, modifications, and instructional strategies they tried in their classrooms. The pre-referral interventions and the staff inservice workshops were selected to meet the practicum goal. The practicum goal was that learners will demonstrate academic skills in reading and language arts that allow them to be successful in the regular education classroom.

Results with Respect to Expected Outcomes

(1) Fourteen of 18 students targeted for intervention will demonstrate improved reading or language arts skills as measured by goal attainment and the Reading and Language Arts Scoring Rubric (Appendix A).

This outcome was not met.

As presented in the Report of Action Taken section of

Chapter IV, parental consent was either not obtained or obtained too late in the school year for five of the 18 students. The effectiveness of interventions planned for each of the remaining 13 students demonstrating difficulties in reading or language arts was assessed upon completion. The intervention assessment included a comparison of the students post intervention skills with those skills demonstrated prior to intervention. This comparison centered around the observable and measurable goals established during the PST consultation. The numbers of students meeting, as well as those not meeting, the goals established prior to intervention were tallied and the results are recorded in table 2.

Table 2

Student Goal Attainment

Skills Targeted	Students Meeting Goals	Students Not Meeting Goals
Reading	3	1
Language Arts	7	2
Total	10	3

Successful progress on this outcome would have been achieved if 14 of 18 students had met the goals established for them. Because only 13 students, not 18, were served by the PSTs this outcome was not met. However, when the same ratio of goal attainment is applied to a group of 13 students a revised outcome statement would read as follows:

Ten of 13 students targeted for intervention will demonstrate improved reading or language arts skills as measured by goal attainment and the Reading and Language Arts Scoring Rubric (Appendix A). The revised anticipated outcome would have been met. Therefore, students reviewed in the PST process did meet their established goals at a rate anticipated prior to the practicum.

In addition to goal attainment, students skills were assessed both prior to and after intervention using the Reading and Language Arts Scoring Rubric (Appendix A).

This outcome was not met.

Even a revised ratio for 13 students would not have been met. The number of students demonstrating improvement from a score of two to a score of three or more in one or more areas totaled only six. All students demonstrating an increase on the scoring rubric did so within the reading or language arts area targeted for intervention by the PST. No students demonstrated a greater than one point increase or an increase in multiple areas on the scoring rubric.

(2) The number of referrals for special education (EEN) testing due to student difficulty in reading or language arts will decrease from 39 to 34.

(3) The number for referrals for Non-EEN testing due to student difficulty in reading or language arts will decrease from 20 to 16.

These outcomes were not met.

For the 1997-1998 school year there were 36 referrals for EEN testing and 21 referrals for Non-EEN testing related to reading and language arts difficulties. Tallies of referrals for specialized testing during the years prior to and including the practicum implementation are presented in Table 3.

Table 3

Referrals for EEN and Non-EEN Testing by School Year

School Year	1993-94	1994-95	1995-96	1996-97	1997-98
EEN Referrals	26	28	37	39	36
Non-EEN Referrals	13	15	18	20	21

Successful progress on these outcomes would have been achieved if the number of referrals for EEN testing had decreased by six and the number of referrals for Non-EEN testing decreased by four during the practicum implementation. Referrals for EEN testing did decline during the practicum. However, they did not decline sufficiently to meet the projected outcome. The rate of referral for Non-EEN testing remained fairly steady.

Only four of the 13 students served by the PSTs were referred for EEN testing; no students were referred for Non-EEN testing. Of the four referred for EEN testing only one was identified as having a learning disability.

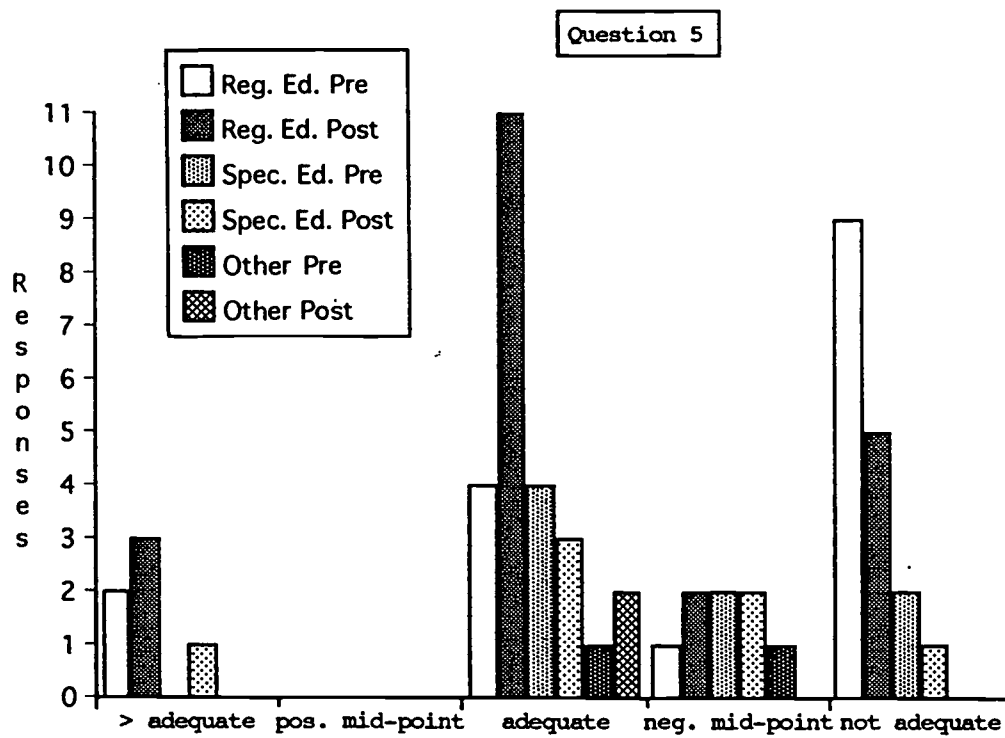
(4) Two of every three regular education teachers will improve their rating of the assistance they receive in making accommodations for students with difficulties to "adequate" or better on the Student Accommodations Survey (Appendix B).

This outcome was met.

This outcome was achieved because, two of every three regular education teachers indicated "adequate" or better assistance with student accommodations on item five (5) on the Student Accommodations Survey (Appendix B). Fourteen of the 21 regular education teachers responding to the Survey indicated they had "adequate" or better assistance with making accommodations for students with difficulties. Results for all respondents to item five (5) on the Student Accommodations Survey (Appendix B) are presented in Figure 1.

Figure Caption

Figure 1. Pre-practicum and post-practicum responses of regular and special education teachers to question number 5 on the Student Accommodations Survey: Do you feel regular education teachers receive adequate assistance in how to make classroom accommodations and modification for special education and at-risk students?



(5) Four of every five regular and special education teachers participating will report an improved ability to meet the needs of students; three or more new accommodations, modifications and instructional strategies they have attempted in their classrooms; and one or more accommodations, modifications or instructional strategies which a have become a regular part of their teaching.

This outcome was met.

The results of the Instructional Follow-Up Questionnaire (Appendix H) were analyzed by tallying responses to the questions. The outcome was met because four of every five teachers responded yes to question number one (1), listed three or more new accommodations, modifications, or instructional strategies they had tried in their classroom, and indicate one or more accommodations, modifications, or instructional strategies that had become a regular part of their teaching practices. Thirty of 31 teachers responding indicated an improved ability to meet student's needs. Twenty-five of 31 teachers responding indicated 3 or more accommodations, modifications or instructional strategies attempted; five teachers listed two, and one teacher did not list any. Twenty-eight of 31 teachers responding indicated one or more accommodations, modifications, or instructional strategies that had become a regular part of their teaching practice. Ratios of teachers' responses meeting the established criteria to total teachers participating are presented in Table 4.

Table 4

Teacher Responses to Instructional Follow-Up Questionnaire

<u>Targeted Outcomes</u>	<u>Teacher Responses Meeting Criteria</u>	<u>Total Teachers Participating</u>
Improved Ability to Meet Student Needs	30	31
Three or More New Accommodations, Modifications Attempted	25	31
One or More New Accommodations, Modifications Part of Teaching Practices	28	31

Discussion

The results of this practicum were, for the most part, encouraging. The collaborative consultation pre-referral interventions proved to be a successful means of meeting the academic goals of those students who participated in the process. Ten of 13 students attained the reading or language arts goals established for them. The Problem Solving Team format effectively identified student difficulties, defined intervention goals, and designed intervention plans which met those goals. Goal attainment proved to be an effective measure of student achievement.

The Reading and Language Arts Scoring Rubric (Appendix A) was not an effective measure of student achievement. It is likely that the scoring rubric is an effective measure for classifying the reading and language arts difficulties students are experiencing in the classroom. However, it does not appear to be sufficiently sensitive to quantify student

improvement in the short run. It would perhaps be better to use other means of measuring student achievement within a collaborative consultation pre-referral program.

Standardized achievement tests are, of course, an option. However, the speed and ease of administration of a scoring rubric has its advantages within a system designed to facilitate student improvement without conducting achievement testing. Another, more specific scoring rubric could perhaps be developed or used to quantify student improvement. Such a scoring rubric would need to identify discrete components or bench marks for the various sub-skills of reading and language arts. For example, the reading rubric would need to quantify stages for the development of word attack, comprehension, fluency, sight-words, and the like.

The PST process itself, as well as the staff inservice workshops, proved to have a positive impact on the attitudes beliefs, and practices of teachers. More teachers indicated greater satisfaction with the level of assistance they received in meeting the needs of students in the classroom. In addition, four of every five teachers participating indicated greater facility with respect to meeting the needs of students, the trial of several new accommodations, modifications and strategies, and the incorporation of at least one such accommodation, modification and strategy into their teaching practices.

It would appear that most teachers were aware of the PST process as a means of obtaining assistance with students demonstrating difficulties within the classroom and perceived the value of that assistance in a positive light. In addition, the staff inservice workshops had a direct impact on the accommodations, modifications and instructional strategies which were initiated in their classrooms. These results indicate the receptiveness of the staff to information they found valuable. These results are also consistent with the, so called, consumer satisfaction issues reported in the collaborative consultation pre-referral literature (Graden & Casey, 1983; Graden, et al., 1985; and Peca, 1989).

The failure of the practicum to meet outcomes related to reductions in numbers of referrals for EEN and Non-EEN testing can be attributed to various factors. PST intervention plans focused on one specific goal relating to academic skills in reading or language arts and may have contributed to the lack of significant reductions in referrals for specialized testing. It should not be implied that the students served by the PST were only experiencing one difficulty in the classroom. Certainly all students experiencing difficulty in the classroom demonstrate a variety of academic and even social problems. To keep the PST process focused, individual student difficulties were prioritized and interventions centered around a single goal. It was felt that to expand interventions beyond that point

would become unmanageable with respect to the implementation of interventions, availability of staff, data collection, and follow-up.

It is possible that the very focal nature of the PST goals precluded sufficient over-all improvement in student skills and classroom performance in order to lead to a significant reduction in referrals for EEN and Non-EEN testing. This supposition is supported by evidence from the literature. Those pre-referral studies showing some of the greatest reductions in referrals for special education testing are those in which the intervention scopes are far wider than that used in this practicum. These more comprehensive pre-referral interventions included providing a group of trained peers, parent volunteer tutors, and various other interventions targeted at whole-school concerns (McKay & Sullivan, 1990; Schrag & Henderson, 1996)

Though supported by the literature, the supposition that the focal nature of the PST interventions failed to produce significant reductions in referrals for specialized testing, may not be supported by the evidence. Only four of the 13 students served by the PST were referred for a special education evaluation. Two of those four were referred by their parents, not their teachers. This would suggest that the overwhelming majority of teachers believed that students needs were being adequately met by the PST process. In addition, the four students from the PST project

made up only a small percentage of the total number of students who were actually referred for EEN testing and accounted for none of the referrals for Non-EEN testing.

What then accounts for the failure of the PST process to produce a significant reduction in referrals? The answer to this question can perhaps be gleaned from the literature. Graden et al (1985) demonstrated a reduction in special education referrals in four of the six schools served by a pre-referral intervention program. The remaining two schools experienced an increase in referrals to special education during the time the pre-referral program was in place. It is apparent then that pre-referral intervention does not always lead to a reduction in referrals for special education.

One unanticipated outcome warrants discussion here. The intervention goals for nine of 13 students targeted for intervention by the PST process centered around difficulties with phonological processing or phonemic awareness. It was surprising that the most significant problem for so many students centered around sounds and the processing of sounds. These difficulties manifested themselves in the reading and writing of students.

Phonemic awareness or Phonological Processing can be defined as the understanding that words are composed of sounds (phonemes) that are comparable and manipulable (building blocks) (Hurford, Johnston, Nepote, Hampton, Moore, Neal, Mueller, McGeorge, Huff, Awad, Tatro, Juliano, and Huffman, 1994; McFadden, 1998). Phonemic awareness is

crucial to success in both reading and writing and it develops along with rather than before experience in reading and writing (Stanovich, 1986). The earliest forms of phonemic awareness can be seen in very young children who learn it incidentally during rhyming games (McFadden, 1998).

Phonemic awareness has frequently been linked to greater reading skills development and achievement. Children with greater phonemic skills have demonstrated greater sensitivity to changes in graphemic structures, made greater use of graphemic cues, and made fewer errors while reading (Stuart-Hamilton, 1986) Various researchers have reported the importance of phonemic awareness for early reading acquisition (Cunningham, 1989; Griffith, Klesius, & Kromrey, 1992; Stanovich, 1986) High phonemic awareness has also resulted in more advanced performance in writing measures, especially spelling (Griffith et al, 1992).

Stanovich (1986) has also advanced the concept that phonemic awareness deficits lie at the core of reading disabilities. For students with phonemic awareness deficits, or phonological processing problems, phonemic awareness training has resulted in skills improvement and subsequent improved phonemic skill has also resulted in improved reading and writing skills (Byrne & Fielding-Barnsley, 1991; Castel, Riach, & Nichololson, 1994; McFadden, 1998). Specific phonemic awareness instruction is apparently not very common in elementary schools and is not a part of the curriculum at the school where the practicum was implemented.

Phonemic awareness training typically is metalinguistic instruction which emphasizes English phonology and sound-symbol relationships. First grade students who have received such training have demonstrated significant reading improvement over those who received whole-language instruction plus a phonics approach (McGuinness, McGuinness, & Donahue, 1995). Curiously whole-language proponents have for a long time supported the teaching of metacognitive strategies for improvement in reading comprehension (Billingsley & Ferro-Almeida, 1993; Chan & Cole, 1986) however the teaching of metalinguistic strategy for the development of word recognition remains relatively unsupported. Even in an article on phonemic awareness, direct instruction in sound segmentation and the representation of sounds heard in words received only one sentence of tacit support in the reading literature (Griffith & Olson, 1992).

For the purposes of this practicum and for students who demonstrate phonological processing problems the paucity of direct phonemic awareness instruction in schools is particularly disheartening. Stanovich (1994) has made it clear that metacognitive processes are important for comprehension instruction while they do little to help develop word recognition. Stanovich (1994) also recommends teacher-directed instruction for the development of phonemic skills, especially for at-risk children, children with learning disabilities, and for children with special needs.

One can not help but wonder if the rise in referrals for special education, the increased difficulty with reading and writing in the classroom, and increases in teacher frustration with meeting the needs of an ever-widening range of students skills and abilities would improve significantly should phonemic awareness training be incorporated into every-day teaching practices.

Recommendations

After completing this practicum the following recommendations were generated:

(1) The collaborative consultation pre-referral intervention format used in this practicum is an effective means of meeting the academic goals of students demonstrating difficulties in the classroom.

(2) Scoring Rubrics are an efficient and effective means of classifying student skills for pre-referral intervention programs.

(3) Highly specific scoring rubrics are necessary to quantify student improvement during pre-referral intervention programs.

(4) Staff inservice workshops on collaborative consultation, accommodations, modifications, and instructional strategies are important components of pre-referral intervention programs and have a positive impact on teaching practices.

(5) Pre-referral intervention programs may, or may not lead to a significant reduction in referrals for special

education and other specialized testing.

(6) Whole-language proponents and curriculum planners should consider the inclusion of direct, teacher-directed, phonemic awareness instruction in the curriculum to facilitate the development of word recognition skills especially for children with special needs, children with learning disabilities, and for at-risk children.

Dissemination

The writer has made the following plans for dissemination of the practicum results:

(1) The practicum report will be shared with the principal and the director of pupil services.

(2) The practicum report will be made available to the professional libraries of all schools in the district.

(3) A letter describing the practicum and the results will be sent to all elementary Title I, reading resource, and learning disabilities teachers within the district. The letter will also inform the teachers of the availability of a copy of the practicum report within their professional libraries.

(4) The practicum report will be shared with all other Speech and Language Pathologists within the school district.

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**Appendix A
Scoring Rubric**
(adapted from: Etobicoke Board of Education, 1986)

Reading/Listening Comprehension	Writing Performance	Verbal/Written Language Usage
Information; amount, accuracy, & selection.	Organization, Development, Task completion	Sentence Forms, Word Choices, Grammar, Spelling, Mechanics
6 A wealth of very accurate information from passage/ lesson understood. Information processed is relevant to task & contains insight or inference.	6 Very well organized & focused, uses unique strategies effectively. Ideas flow logically, points/events are fully developed using details or reasons. Accomplishes tasks very well.	6 Uses correct & varied sentence structure. Expository tasks are clear & precise. Narrative tasks are vivid & expressive. Grammar errors, spelling errors*, or mechanics errors are rare*.
5 A large amount of information from passage/ lesson understood. A few minor inaccuracies may occur. Information is relevant to task & contains no comprehension mistakes.	5 Clear organization. Most ideas flow logically. Elaborates on key points or ideas with details or reasons. Is successful in task completion.	5 Uses correct sentence structure with some variety. Word choice is clear/precise & may be vivid. Typically demonstrates only occasional grammar errors, spelling errors*, or mechanics errors*.
4 A moderate amount of information from passage/ lesson understood but some minor inaccuracies may occur. Information may occasionally be irrelevant to the task & a few out-right comprehension errors can occur.	4 Contains a few major flaws or several minor mistakes. Focus may be somewhat unclear. Some ideas are logical, some elaboration of key points or ideas. Is reasonably successful in task completion.	4 Correct sentence structure used but lacks variety or contains a few errors in structure but with greater variety. Word choice is appropriate but not vivid. Typically demonstrates some grammar errors, spelling errors*, or mechanics errors*.
3 A limited amount of information from the passage/lesson is understood. Minor errors may alternate with accurate processing. Some information may be irrelevant to task & several major comprehension errors can occur	3 May be loosely organized or lack focus at times. Material may be at times out of sequence, irrelevant or repetitious. Key points typically sketchy. Marginally completes tasks.	3 Uses sentences that lack variety & may have errors in structure. Word choice is appropriate but vocabulary is limited. Typically demonstrates several grammar errors, spelling errors*, or mechanics errors*.
2 A minimum amount of information from the passage/lesson is understood. A great deal of minor inaccuracies or a combination of major & minor inaccuracies occur. Irrelevant information may outweigh relevant. Comprehension is inadequate.	2 Attempts made but efforts are very confusing or illogical. Focus very unclear. Ideas frequently or seriously disrupted. Present only a few key points. Largely unsuccessful in task completion.	2 Demonstrates frequent major errors in sentence structure with very little variety. Occasional inappropriate, vague, general, or repetitive word choice. Typically demonstrates many grammar errors, spelling errors*, or mechanics errors*.
1 Only partial comprehension of the topic or key vocabulary. Information understood is inaccurate &/or irrelevant. Information is completely misunderstood.	1 Little or no logical plan or focus. Ideas very seriously disrupted. Rarely presents key points or events. Unsuccessful in task completion.	1 Uses mostly incorrect or unvarying sentence structure to the point of monotony. Frequent inappropriate or vague word choice. Typically demonstrates frequent serious grammar errors, spelling errors*, or mechanics errors*.
0 No relevant response to tasks.	0 No or illegible responses to tasks.	0 No relevant responses or copies from assignment.

* scored for written language only.

Appendix B
Student Accommodations Survey

Teachers, please take a few minutes to complete this survey, This information will enable us to better work together as a team in serving our students. The purpose of this survey is to obtain specific information about your opinions and practices regarding making accommodations for special education and at-risk students in your classroom. Special education teachers can begin with question number two (2). Regular education teachers please begin with question number (1). Thank you.

The purpose of this portion of the survey is to provide information about your FEELINGS and OPINIONS regarding Special Education and at-risk students in the regular education classroom.

Give your OPINION on the following issues by placing an "X" on the lines below;

- 1) How comfortable are you with having special education and at-risk students in your class?
 4 10 6 0 0
very comfort. ; comfortable ; somewhat comfort. ; uncomfortable ; very uncomfort.
- 2) How well are the needs of special education and at-risk students being met in the regular education classroom?
 2 17 12 1 0
very well ; well ; somewhat ; poorly ; very poorly
- 3) What impact does including special education and at-risk students have on the regular education classroom?
 2 10 17 2 0 0
very positive; positive ; unsure ; negative ; very negative
- 4) How frequently are special education and at-risk students receiving accommodations in the regular education classroom?
 1 0 20 4 4
More frequently; ; as often as ; Not frequently
 than needed ; necessary ; enough
- 5) Do you feel regular education teachers receive adequate assistance in how to make classroom accommodations and modifications for special education and at-risk students?
 4 0 16 4 6
more than adequate; ; adequate ; not adequate
- 6) How frequently do special education and regular education teachers share information about the strengths and weaknesses of students?
 0 2 14 7 7
More frequently; ; as often as ; Not frequently
 than needed ; necessary ; enough

7) How frequently do special education and regular education teachers communicate about the progress of students?

0	3	19	1	7
More frequently than needed		as often as necessary		Not frequently enough

8) Can special education and at-risk students succeed in the regular education classroom when provided the necessary support?

20	0	10	0	0
yes		sometimes		no

9) On a scale of 1-7 how would you rate the working relationships among special education and regular education staff?
(1=excellent, 7=poor)

6	8	6	2	2	3	0
1	2	3	4	5	6	7

Please provide information about your KNOWLEDGE BASE and ACTUAL PRACTICES. The purpose of this portion of the survey is to provide specific information regarding your current knowledge and use of classroom accommodations for special education and at-risk students.

Please indicate your response by circling a number below.

10) For the subjects listed below please indicate how familiar you are with possible specific assignment modifications which can be made for special education and at-risk students;

	very familiar	familiar	somewhat familiar	unfamiliar	very unfamiliar
Reading	5 n=10	4 n=6	3 n=2	2 n=1	1 n=0
Writing	5 n=8	4 n=4	3 n=7	2 n=0	1 n=0
Spelling	5 n=7	4 n=8	3 n=4	2 n=0	1 n=0
Speaking/listening	5 n=5	4 n=6	3 n=5	2 n=3	1 n=0
Math	5 n=7	4 n=6	3 n=5	2 n=1	1 n=0
Science	5 n=5	4 n=7	3 n=7	2 n=0	1 n=0
Social Studies	5 n=5	4 n=7	3 n=7	2 n=0	1 n=0

Please indicate your priorities by using the numbers 1-7.

11) Prioritize the subjects for which you would like to receive additional information about making specific assignment modifications for special education and at-risk students.

* <u>108</u>	reading	* weighted cumulative priorities
<u>118</u>	writing	
<u>70</u>	spelling	
<u>100</u>	speaking/listening	
<u>86</u>	math	
<u>106</u>	science	
<u>100</u>	social studies	

Please respond by placing an "X" on the line in front of the responses below;

- 12) How often are you able to modify assignments for special education and at-risk students in the regular education environment?
- 6 monthly or less often
 - 6 weekly
 - 8 several times a week
 - 11 daily
 - 0 several times a day
- 13) How often are you able to modify tests or evaluations for special education and at-risk students in the regular education environment?
- 4 once a semester or less
 - 3 quarterly
 - 4 monthly
 - 20 weekly
 - 0 more than weekly
- 14) Indicate the modifications, accommodations, & instructional strategies about which you would like more information. Please mark all that apply.
- 4 increasing classroom participation
 - 20 improving attending behaviors
 - 17 study skills
 - 16 test taking strategies
 - 6 flexible grouping
 - 2 group resource models (i.e. peer coaching & cooperative learning)
 - 10 teaching to multiple intelligences
 - 4 higher order thinking skills (Bloom's Taxonomy)
 - 7 assessment & observation of student skills
 - 8 goal setting
 - 10 designing lessons for various learning styles
 - 2 language experience methods
 - 9 strategies for vocabulary development
 - 16 strategies for improved listening comprehension
 - 12 strategies for improved problem solving
 - 10 strategies for improved social language skills
 - 6 strategies for increasing reading fluency
 - 12 strategies for improving reading comprehension
 - 4 strategies for decoding and encoding
 - 16 supporting the writing process
 - 11 supporting the content areas
 - 8 strategies for improving mathematical computations
 - 11 strategies for improved problem solving

- 12 strategies for improved student behavior
- 9 strategies for enlisting parents as learning partners
- 15 using technology to assist learning

- 0 other (please list) _____
- 0 other (please list) _____
- 0 other (please list) _____

Please indicate your priorities by using the numbers 1-5.

- 15) Prioritize the top five modifications, accommodations, & instructional strategies which you would like to receive additional information about (leave the remaining strategies/accommodations blank).
- | | |
|---|--|
| <ul style="list-style-type: none"> * <u>28</u> increasing classroom participation <u>88</u> improving attending behaviors <u>28</u> study skills <u>17</u> test taking strategies <u>10</u> flexible grouping <u>0</u> group resource models (i.e. peer coaching & cooperative learning) <u>19</u> teaching to multiple intelligences <u>6</u> higher order thinking skills (Bloom's Taxonomy) <u>28</u> assessment & observation of student skills <u>0</u> goal setting <u>12</u> designing lessons for various learning styles
 <u>0</u> language experience methods <u>0</u> strategies for vocabulary development <u>17</u> strategies for improved listening comprehension <u>22</u> strategies for improved problem solving <u>5</u> strategies for improved social language skills
 <u>2</u> strategies for increasing reading fluency <u>37</u> strategies for improving reading comprehension <u>4</u> strategies for decoding and encoding <u>32</u> supporting the writing process <u>18</u> supporting the content areas <u>2</u> strategies for improving mathematical computations <u>2</u> strategies for improved problem solving
 <u>11</u> strategies for improved student behavior <u>20</u> strategies for enlisting parents as learning partners <u>34</u> using technology to assist learning
 <u>0</u> other (please list) _____ <u>0</u> other (please list) _____ <u>0</u> other (please list) _____ | <ul style="list-style-type: none"> * weighted cumulative priorities |
|---|--|

 The purpose of this section is to provide information about the actual level of communication between special education and regular education teachers.

Please respond by placing an "X" on the line in front of the responses below;

16) In general, do you want more communication with your special or regular education counterpart(s)?

 4 much more
 8 more
 8 ok
 8 no

17) Do you want more communication with your special or regular education counterpart(s) about the M-Team process (referrals) and placement guidelines?

 1 much more
 4 more
 16 ok
 8 no

18) Are you made aware of accommodations for the regular education classroom which may be written in the I.E.P. of special education students?

 18 yes
 7 sometimes
 0 no

19) How often are you able to communicate with your special or regular education counterpart(s) regarding the strengths and weaknesses of special education and at-risk students?

 0 annually
 4 each semester
 8 monthly
 16 weekly
 0 daily
 1 several times each day

20) How often are you able to communicate with your special or regular education counterpart(s) about the progress of special education students and at-risk students?

 0 annually
 3 each semester
 8 monthly
 16 weekly
 2 daily
 1 several times each day

21) How often are you able to communicate with your special or regular education counterpart(s) about up-coming assignments?

- 0 annually
1 each semester
8 monthly
20 weekly
0 daily
1 several times each day

 The purpose of this section is obtain additional information about you.

22) Are you a regular education or special education teacher?

- 21 regular education teacher
8 special education teacher
2 other

23) How many years have you been teaching?

- 0 1-2 years
2 3-6 years
7 7-13 years
14 14-20 years
10 21 or more years

24) What grade level(s) do you teach? (Optional) _____

25) Name (Optional) _____

Appendix C
Request for Consultation
(adapted from: Graden & Casey, 1983)

Student Name _____ Date of Birth _____

Referring Teacher _____ Grade _____

Describe specific (observable) academic problem;
(Please attach samples of student work if applicable)

Approximate occurrence rate of the problem;

Conditions under which behavior occurs;

Impact of problem on student and/or class;

Approximate current instructional level:

Reading; _____ Math; _____

Current services student is receiving (e.g. speech, reading, etc.)?;

Most convenient days/times to meet for consultation on referral;

THIS IS NOT A REFERRAL FOR TESTING OR SPECIAL EDUCATION SERVICES!

Appendix D
Parent Notification of Consultation
(adapted from: Singer, 1993)

Date:

Dear _____,

As we have already discussed, I am concerned with your child

_____ 's progress in my class. _____

seems to be experiencing difficulties in _____

_____.

I am writing you at this time to formally notify you that I have asked the School's Problem Solving Team to assist me in helping _____ with his/her difficulties. As we have discussed, members of the Problem Solving Team are trained professionals who work with students who have similar difficulties in school. The Problem Solving Team will work with me to develop a plan of action to help your child achieve success in this area.

I will share the results of the Problem Solving Team's meeting with you. If you have any questions please call.

Sincerely,

Classroom Teacher

Appendix E
Problem Analysis Record
(adapted from: Graden & Casey, 1983; McKay & Sullivan, 1990)

Student Name _____ Meeting Date _____

Referring Teacher _____ Grade _____

PST Members _____

Presenting Problem(s);

Discrepancy between actual and desired performance;

Student Strengths;

Brainstorming: Alternative Interventions;

Problem Analysis Form (Cont.)

Student Name _____ **Meeting Date** _____

Intervention plan (including observable and measurable goals and strategies);

Person Responsible _____

Plan for Follow-up;

Person Responsible _____

Date for Next Contact; _____

Appendix F
Intervention Assessment
(adapted from: Graden & Casey, 1983; McKay & Sullivan, 1990)

Student Name _____ Contact Date _____

Implementation Contact

_____ Implemented intervention as planned.

_____ Modification to implementation plan (noted):

Results

Comparison of post intervention performance to prior performance in terms of observable and measurable goals set prior to intervention

_____ Verified improvement (please submit verification along with this form).

_____ Further time is required if intervention is to be successful.
Next Contact Date; _____

_____ No improvement (please indicate plan below).

_____ attempt another intervention (please submit new Problem Analysis form -- page 2).

_____ gather additional information through observation (please submit Observation form).

_____ referral to special education.

Appendix G
Observation Contact
(adapted from: Graden & Casey, 1983)

Student Name _____ Date of Birth _____

Teacher's Name _____ Grade _____

Report on Observation

Date _____

Time _____

Behavior Observed;

Conditions During Which Behavior Occurs;

Consequences of Behavior;

PST Member Completing Observation _____

Date of Next Contact _____

Appendix H
Instructional Follow-Up Questionnaire

Teacher _____

Date _____

Please respond to the following questions:

1) My ability to meet the needs of students with difficulties was enhanced by the new information I gained regarding accommodations, modifications, and Instructional Strategies.

_____ yes
_____ no

2) List any new accommodations, modifications, and instructional strategies you have attempted in your classroom as a result of this new information.

3) Indicate which of the accommodations, modifications, or instructional strategies were effective in improving student performance in reading and language arts in your classroom.

4) Indicate any accommodations, modifications, or instructional strategies which have become a regular part of how you now work with students.



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