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Increasing School Completion: Learning from Research-Based Practices that Work

By *Camilla A. Lehr*

Introduction

Raising graduation rates for students attending schools in the United States is a national priority. As part of the No Child Left Behind Act, schools are required to track and report the percentage of students who graduate with a regular diploma in four years. The magnitude of the problem for student subgroups (including students of Hispanic and Native-American descent) points to the need for concerted efforts to design and implement programs and strategies that will keep youth in school and facilitate successful completion. Additionally, the cost to students who drop out in terms of lower wages and higher unemployment rates and the costs to society in terms of lost revenue and increased dependence on social programs necessitate effective solutions to the problem of dropout.

Students with disabilities are among those youth who are at increased risk of leaving school early. Within the group of students who are identified as having a disability, students with emotional, behavioral, or learning disabilities are most at risk of not completing school. According to the 23rd Report to Congress, 29% of students with disabilities dropped out during the 1999-2000 school year (U.S. Department of Education, 2001). "Dropped out" is defined as the total who were enrolled at some point in the reporting year, were not enrolled at the end of the reporting year, and did not exit through any of the other categories (e.g., moved, known to continue; moved, not known to continue). Students with emotional or behavioral disabilities had the highest rate of dropout (51%), followed by students with learning disabilities (27%).

Given current pressures to raise graduation rates, practitioners and policy makers are challenged to select or design programs that will effectively engage students in learning and keep them on the path toward graduation. Increased attention has also been given to the need for educational decisions grounded in scientifically-based evidence. This brief will highlight findings from a recent review of 45 prevention and intervention studies addressing dropout or school completion described in professional journals (Lehr, Hansen, Christenson, & Sinclair, 2004). Results can be used to inform practice for those working with youth (with and without disabilities) who are disengaging from school.

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Review of Interventions Related to Dropout

A computerized search of several databases using terms linked to dropout and school completion was conducted. The search resulted in a list of more than 300 unduplicated citations from 1980 to 2001. Articles were included in the final review if they (a) were published in a professional journal, (b) focused on a dropout prevention or intervention program, and (c) included qualitative or quantitative evidence on the impact of the described program. General summaries of the literature, nonexperimental studies, and policy reports were omitted.

Summary Results

Who received intervention? Individuals who received the interventions were most often selected on the basis of poor academic performance (e.g., grade-point average, test scores) followed by poor attendance (e.g., a high rate of absence or lateness), teacher referral, and a history of dropping out of school. Poor attendance and academic performance are consistently identified in the literature as being highly correlated with dropout. Over half of the studies selected participants based on two or more criteria. This practice is consistent with the research literature that suggests the presence of multiple risk factors increases the risk of dropout. Using multiple risk factors also increases the chances of correctly identifying students who are most in need of support for staying in school (Dynarski & Gleason, 1999).

What types of interventions were implemented? The interventions were categorized according to the following five types.

- *Personal/affective interventions.* Examples include retreats designed to enhance self-esteem, regularly scheduled classroom-based discussion, individual counseling, and participation in lessons on interpersonal relations.
- *Academic interventions.* Examples include provision of special academic courses, individualized methods of instruction, and tutoring.
- *Family outreach strategies.* Examples include increased feedback to parents or home visits.
- *Interventions addressing school structure.* Examples include creating schools within schools, redefining of the role of the homeroom teacher, and reducing class size.

- *Work-related interventions.* Examples include vocational training and participation in volunteer or service programs.

The majority of interventions were considered personal/affective (71%) followed by those that included an academic focus (49%). Nearly three quarters of the individual studies utilized multiple types of interventions (e.g., academic and family outreach).

What outcomes were measured to determine effectiveness? Five broad categories were used to cluster the indicators of effectiveness. These included:

- Academic/cognitive indicators (e.g., grade-point average, standardized math scores, study habits);
- Physical presence indicators (e.g., attendance, enrollment status);
- Psychological indicators (e.g., self-esteem, depression, student attitudes toward learning);
- Social-behavioral indicators (e.g., problem behavior, social competence, drug use); and
- Support for learning indicators (e.g., school climate).

The most frequently measured outcomes were in the academic/cognitive domain (66%) followed by indicators of physical presence (64%). Although all of the studies were selected because they focused on dropout or school completion, not all measured outcomes addressing enrollment status such as graduation rate, early school withdrawal, or truancy referrals. Only ten studies directly measured enrollment status.

Intervention Examples

The five examples provided below reflect the diversity of interventions that have some evidence of effectiveness in preventing dropout. The examples utilized random assignment or comparison groups and had statistically significant findings for the treatment group on the enrollment status variable.

- *Check & Connect.* This model is designed to engage students in school and learning via a mentor/monitor who establishes a long-term relationship and maintains regular contact with the student, family, and teachers. Risk factors are systematically monitored, and interventions are tailored to meet individual student needs (e.g., increased communication with parents, tutoring, problem-solving) (Sinclair, Christenson, & Thurlow, in press).

- *Support Center for Adolescent Mothers.* The family support center was developed to provide social and educational supports to teen mothers in order to prevent repeat pregnancy and school dropout. Four key components of the model include establishing early contact with the mothers, involving families, implementing parenting education groups, and involving the community (Solomon & Liefeld, 1998).
- *School Transitional Environment Project.* The goal of this prevention program is to enhance healthy school adjustment during school transitions by restructuring the environmental characteristics of school settings. For example, students take primary academics with a cohort of students, classrooms are arranged in close proximity, and homeroom teachers serve as counselors and a link between students, families, and schools (Felner et al., 1993).
- *Teen Outreach Program.* This program was designed to prevent teen pregnancy and school dropout for both males and females by having students volunteer in their communities and participate in classroom-based discussions on a weekly basis for one school year. Key elements include learning life skills, discussing social and emotional issues, and participating in volunteer service opportunities in the community (Allen, Philliber, & Hoggson, 1990).
- *Personal Growth Class.* Semester-long personal growth classes are designed to prevent drug abuse and school dropout among high school students identified at high risk for school failure. The classes use an intensive school-based, social-network prevention approach. Key elements include experiential learning, study-skills training, peer tutoring, and training in decision-making provided by peers and teachers (Eggert, Seyl, & Nicholas, 1990).

Issues to Consider

Findings from this review support the notion that there is no single best program; preventing dropout can occur in a variety of ways. It is important to note that nearly all of the interventions that showed evidence of effectiveness in this review had a strong focus on engaging students in school and learning. Student engagement has emerged as a key ingredient of effective dropout prevention programs and strate-

gies. Rather than simply decreasing dropout, these programs focus on promoting school completion through approaches that are strength-based, involve multiple systems in the students' lives, occur over time, and are individualized to meet student needs (Christenson, Sinclair, Lehr, & Hurley, 2000). A key question to ask in the design or implementation of an existing program is, "How does this program enhance student engagement in school and learning?" Furthermore, to determine the impact of an intervention, indicators of engagement (e.g., academic performance, attendance) associated with dropout or school completion, as well as enrollment status (e.g., graduation rate) must be measured. Finally, it is important to remember that implementation of proven models, programs, or strategies is not a simple procedure. Existing programs must be considered within the context of the students, school, district, or community where implementation will occur. Information exchange between researchers and practitioners can inform decision-making and facilitate successful school completion for students with and without disabilities.

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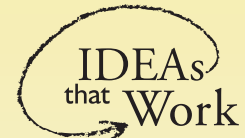
Author Camilla A. Lehr is with the Institute on Community Integration, University of Minnesota.

National Center on Secondary Education and Transition

Institute on Community Integration (UCEDD),
University of Minnesota, 6 Pattee Hall,
150 Pillsbury Dr. SE, Minneapolis, MN 55455
Tel: 612.624.2097; Fax: 612.624.9344;
Web: <http://www.ncset.org>;
E-mail: ncset@umn.edu

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National Center on Secondary Education and Transition (NCSSET)
Institute on Community Integration (UCEDD)
University of Minnesota
6 Pattee Hall, 150 Pillsbury Drive, SE
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