Consulting to Support Emotional Behavioral Disordered Students: Implementing a Behavioral School-Based Approach

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Abstract

Consulting is a type of helping relationship that usually occurs in a context whereby the consultee (teacher) is trained for the purpose of helping the client (student). The goal is to address a situation in order to solve problems within it and to empower consultees by training them to recognize needs and the resources available to them. The consultant is an expert, confidant, process specialist, and conceptual therapist. To support teachers who work with students with emotional behavioral disorders, understanding behavioral models is imperative. Models explored in this paper include Conjoint Behavioral Consultation and the Family Empowerment Model. Behavior strategies include behavioral technology training, behavioral systems, and behavioral case consultation.

Consulting to Support Emotional Behavioral Disordered Students: Implementing a Behavioral School-Based Approach

Consultation is a type of helping relationship in which one person (consultant) assists another person (consultee, or the teachers within the district) in order to help a third party (client, or student). It is therefore tripartite. The goal is to address a situation in order to solve problems within it and to empower consultees by training them to recognize needs and resources that are available to them. Consultants help consultees understand how their issues are related to the whole. Consultants ethically and morally provide interventions by ensuring they have skills in the area for which they are contracted and by being assessable to their consultees (Dougherty, 2008).

Collaborative consultation is a problem-solving model that involves regular and special education teachers who share intervention responsibilities. It has been defined as a process that empowers people with various skill-levels to produce creative solutions to common problems. The outcome is enriched and transformed as it yields solutions that are more diverse than if produced autonomously by individual team members. The major outcome of collaborative consultation is to provide comprehensive and effective programs for students with special needs within the most appropriate context, enabling them to achieve maximum constructive interactions with their non-disabled peers (Idol, Paolucci-Whitcomb, & Nevin, 2000).

Assumptions are that all behaviors are learned. The development, continuation, and alteration of behavior can be explained through observation of purposeful interactions of the individual, his or her conduct, and the context in which it occurs. Assessment, intervention, and evaluation of the intervention's effectiveness are directly linked.

Behaviors must be observable, measurable, and quantifiable; contextual antecedents provide influential points for commencing change.

Interventions are distinctively individual because learning histories differ. Thoughtful intervention with a behavior is directed and adapted according to methodically collected data reflecting the frequency, intensity, or duration of that behavior. Thus, for one person's behavior to be altered, behavior in others intermingling within the setting must also be altered (Kretlow & Bartholemew, 2010).

To consult with teachers who work with the emotionally disturbed population, begin by meeting with representatives of the school district to gain a clear understanding of the district's concerns. Consultants should demonstrate trustworthiness (not taking sides, respecting confidentiality) and expertise (possessing specialized skills and knowledge of the emotionally disturbed population). After gaining clarity of the issues, develop a contract outlining the time frame, describe impending interventions in concrete and specific terms, proposed changes in incremental steps, and delineate consultant/consultee responsibilities. Lastly, outline the evaluation process that will demonstrate the benchmarks have been met and that it is time to terminate the consultative relationship (Dougherty, 2008).

The Emotional Behavioral Disorder Student

When working with emotional behavioral disordered students, avoid accusing children, parents or guardians, or social institutions as being accountable for the disorder. Specify the relationship, if any, between the emotional disturbance and other disabilities such as learning and cognitive disabilities. Address the severity of the behavior (does it appear only at school, or does it appear across a continuum of environments), determine the concepts that can be put into effect to facilitate measurement, and facilitate the process of identifying goals and objectives to be met (Algozzine & Ysseldyke, 2006; Paul & Epanchin, 1991).

The IDEA definition from 20 U.S.C. 1400 et.seq states, to be eligible as a student with an emotional disability, the student's education performance must be affected. This is indicated by one of the following characteristics: an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers or teachers; inappropriate types of behavior or feelings under normal circumstances; a general or pervasive mood of unhappiness or depression; a tendency to develop physical symptoms or fears associated with personal or school problems. The behavior must be of sufficient duration, frequency, and intensity to call attention to the need for intervention on the child's behalf to insure educational success. This definition includes schizophrenia and autism. However, it does not include socially maladjusted students who tend to display many of the behaviors that an emotionally disturbed student has; i.e. they violate social norms by being truant or are involved in substance abuse (as cited in Whitted, Cleary, & Takiff, 2011).

Purpose for Consulting

As an educator, the consultee is being assisted for the purpose of changing their students' behavior by enhancing the environment and by implementing techniques that promote behavioral change, such as reinforcement, timeout, isolation, and modeling (Dougherty, 2008). According to Weick & Sutcliffe (2007), a school's effectiveness is due to the collective actions of the participants rather than to the administrative structure, the formal program, or the procedures. The everyday work of schools in not that of a single organization; rather, it is a system of independent groups called classrooms. Teachers, groups of teachers, and departments create school order in these individual classrooms. The small segments of classrooms, with their formal and informal networks of teachers, are related to each other in an intricate configuration and with varying intensity. Unfortunately, some segments of teachers work in a silo mode generating ambiguity. Ambiguity is abridged when students, teachers, and administrators have ongoing, stable interactions.

Behavioral School-Based Consultation Characteristics and Models

Sheridan and Kratochwill (2007) named four features that characterize behavioral consultation. They include the use of indirect service delivery models (the consultant provides indirect service to the client by providing direct service to the consultee); a reliance on behavioral technology principles to design, implement, and assess consultative interventions; a diversity of intervention goals ranging from solving problematic situations to enhancing competence to empowering; and changes are aimed at various targets in different settings. The consultant should guide the consultee through a systematic problem-solving process and ensure that the steps of system definition, assessment, interventions and evaluation were accomplished (Dougherty, 2008).

Jacob., Randall, Vernberg, Roberts, and Nyre (2002) assert behavioral consultation can take three forms: behavioral technology training, behavioral system consultation, and behavioral case consultation. All three have the characteristics of indirect service to the client system, use of behavioral technology principles throughout the consultation process, a problem-solving orientation, and empirical validation of interventions.

Conjoint behavioral consultation (CBC) is a model that involves home-school collaboration. An attempt to solve problems that arise within a behavioral framework, it involves a relationship whereby services consistent with a behavioral orientation are provided to a client through the mediation of important others in that client's environment. The major emphasis is in helping the consultees' client (the student). This indirect model of consultation focuses on work with the classroom teacher and family. The consultant rarely, if ever, has contact with the child.

One particularly significant concern to address with the consultee is the parent/guardian and family of the child. The culture in which the student lives stimulates what he or she perceives, believes, considers, does, and generates. Family life is where a student is first educated in emotional learning. Four school myths regarding parents of emotionally

disturbed students are: parents are to be blamed for their student's issues; parents are never accountable for their student's issues; fathers do not want to be involved; if parents do not attend conferences, it is because they do not care. A closer look reveals that parents/guardians are frequently hesitant to collaborate with educators for one or more of the following reasons. First, they may have a personal history of school problems – thus, contact with teachers may bring back previous fears and unpleasant memories. Second, they may feel inferior to school employees in terms of educational level or socio-economic status. Third, they may believe their student's problems are a result of their poor parenting skills and may fear the school employees will harshly blame him or her. Fourth, they may be relieved to have someone else held accountable for their problem student and may wish to evade sustained responsibility, sensing he or she has earned a break. Additionally, they might have a long history of disappointment in dealing with this student, they may disagree with the origins and treatments that have been suggested to address the student's issues, and they may not share the school's belief that the student needs special services. Also, they may wish to hide other domestic issues (such as abuse or alcoholism) and be disinclined to include outsiders, they may be overcome with their own issues, they may have strong outlooks about their student, and they may assess school employees as antagonists (Paul & Epanchin, 1991).

To address the above issues, the consultee could be trained in the Family Empowerment Model, which functions to support the environmental structure in which parents are the essential participants. The key notion in this model is empowerment, defined as an interactive process involving mutual respect and critical reflection. Both individuals and governing entities are altered in ways which offer individuals with more influence over the entities that are perceived as impeding efforts. The goal is to achieve an equal station in society for themselves and those for whom they care. This program has five assumptions about families: all families have some strengths; the most effective and beneficial understanding about the raising of children exists among the people, across generations, in networks, and in socially rooted ethnic and cultural mores; a diversity of family systems are appropriate and can stimulate the growth of vigorous children and adults; both parents can interact with children and domestic responsibilities; and ethnic differences are both valid and respected. Two approaches used in this model involve families via home visits and cluster building. During home visits, consultees visit parents and children, acknowledge the parenting role, strengthen and enhance child-parent activities, and share information about child care and community services. Parents' points of view are pursued. Activities are shared, stressing the importance of parents' thoughts and creating the program as one that is gathered information from both parents. In the cluster-building approach, personnel first get to know parents and then organize group meetings to introduce families to each other, to gain a sense of what shared activities might be beneficial, and to construct an environment for sharing information and resources (Cochran, 2006).

Another model, often called a resource-consulting model, involves alternating between direct and indirect services. In this approach, the consultant works with the classroom teacher (direct) as well as with the child (indirect or direct) (Dougherty, 2008; Wilkinson, 2006).

An Overview of Three Behavioral Strategies

The first strategy that will be discussed is behavioral technology training. It has the goal of increasing consultee competence in the use of general or specific behavioral technology procedures. The consultant functions as a resource person and trainer. The second strategy is behavioral systems. The consultation goal is to help a social system function more effectively in terms of its stated mission. This goal is accomplished through a combination of individual, group, and system-wide interventions. For example, the classroom would be the client system as opposed to an individual student. The third strategy is behavioral case consultation. The goal is to help the consultee make positive changes in the client's environment. A secondary goal is to influence change in the consultee (Dougherty, 2008).

Behavioral technology training

One effective behavior technology strategy that enhances the consultees' competence is to train him or her in the ways effective teachers operate such as through collaborating when developing lesson plans. Ideas include beginning with a short review of former prerequisite learning, recording a short statement of goals, presenting new material in small increments with student practice after each step, giving clear and meticulous guidelines and explanations, providing a high level of active practice for all students, asking a significant number of questions, checking for student comprehension, ensuring all students participate, guiding students during initial practice, offering regular comments and adjustments, providing clear tutoring and practice for seat work exercises and, where necessary, monitoring students during seat work (Rosenshine, 2008). Furthermore, training should be comprised of implementing effective seat work guidelines, supporting students through practice illustrations, giving clear, redundant guidelines, unremittingly monitoring student development, circulating through the classroom providing reinforcement, specific advice, and assistance. Additionally, individual contacts should be limited to 30 seconds or less, the classroom should be organized so the teacher is facing both small instructional group and students involved in seat work, and pre-established seat work routines should be in place (Berliner, 2006; Brophy, 2004; Rieth, Thomas, & Colburn, 2008; Rosenshine, 2008).

Behavioral system consultation

Another term for behavioral systems is ecology, a study in different scientific fields that has the goal to develop an understanding of people and their relationship to their environment using methods that do not disturb either. According to the ecological model, a child is not disturbed. Disturbance is a result of discordance in the reciprocal interactions between the student and components of his social system. In this model, no one "owns" the disturbance and no one is "blamed" for it. The student and key participants of the environment are contributing and receiving members of transactions, and both have responsibility for altering disturbing interaction patterns (Paul & Epanchin, 1991).

The ecological model, as it applies to emotionally disturbed children, is an evolving perspective. Initially demarcated in the 1960s by Hobbs and Rhodes, the concept was considered to be revolutionary. Inspired by visits to treatment programs in France and Scotland, Hobbs initiated Project Re-Education of Emotionally Disturbed Children (Re-Ed) in Nashville, Tennessee, and Durham, North Carolina. Re-Ed programs are designed as short-term treatment sites where links are sustained amongst the school, family, and Re-Ed staff. The emphasis is on training the student how to behave properly in a variety of situations. At the same time, educators and parents are assisted with learning which reaction to the child is most appropriate (Hobbs, 1966; Rhodes, 1967). Unlike treatment programs grounded on the psychodynamic model where therapy and the role of the psychologist are emphasized, Project Re-Ed emphasized education and the role of the cooperating teacher-counselor. Hobbs (1982) developed an ecological assessment and enablement plan that was comprised of a graph of each student. It stipulated essential services, the person responsible, service end dates, costs, source of funds, benchmarks, and follow-up information. Devices for constructing connections delineating crucial components of the student's environment are crucial.

Successful interventions implementing Hobbs's vision continues today. For the 2007-2008 school years, his school in North Carolina served approximately 85 students ranging from ages 6 to 12. In collaboration with Duke University, 100 students who completed the program were described as significantly less aggressive with substantial improvements in behaviors (Wright School, 2008).

Behavioral case consultation

A behavioral consultation approach that might assist the consultee (teacher) in changing the client's (student's) behavior is training in the Play and Language for Success (PALS) language. Originally designed for pre-kindergarten through second grade students, the technique revolves around child-centered adult-child communication and is therefore adaptable to older students. The consultee (teacher) states one of three "themes" believed to be driving the child's actions (Chaloner, 1998). For example, if a child is pushing or otherwise acting aggressive during play, the adult might say, (feeling theme) "You are angry that Jason is 'it' so you pushed him," or (need theme) "You want to be 'it' so you pushed Jason," or (belief theme) "You think it's okay to push someone when you don't get your way." A supportive statement follows the thematic statement, such as, "I am afraid Jason will get hurt if you push him." A specific consequence is then stated, such as, "You can either stop pushing or you can sit in time out. You decide." When interpreting the student's responses to thematic-based statements that the adult has made, close attention is paid to non-verbal and behavioral responses as well as verbal ones. If the student has understood and the statements are accurate, the student might give a look of recognition, pause, include the adult in the activity, or affirm the statement verbally or non-verbally. On the other hand, if the statement is not accurate, the student might contradict the adult verbally or non-verbally, give a look of disagreement, shift the play focus to another activity, distance himself from the adult, or exclude the adult from interaction. The student might even correct the adult and give the theme.

After identifying the problem of a student in conflict, one option that could be used is to train the consultee in the No-Lose Method, developed by Gordon in 1974. This is a process of teaching a student to work through conflicts from beginning to end. The steps include defining the problem, generating possible solutions, evaluating the solutions, deciding which solution is best, determining how to implement the decision, and assessing how well the solution solved the problem. (Amazingly, this is similar to the consultee deciding what the problem with the difficult child is and how to eliminate the undesired behavior by replacing it with desired behavior). This approach may be used with groups or individuals, but to be successful the teacher must have a good rapport with the student and possess good communication skills.

Functional Behavioral Assessments are tools frequently utilized in schools to ensure compliance with IDEA reauthorization laws. Prior to completing the more formal Behavior Assessment, all teachers who work with the student being evaluated receive a behavior checklist. Included are lists of behaviors, gathered from record reviews and teacher reports, that have been uniform on clusters of students in regular classrooms and on students receiving special services for emotional and behavioral problems. Some checklists include pro-social positive behaviors, but many contain only items that deal with problem behavior. Suggested uses include comparing the extent of one student's behavioral problems with the behavior of students in the normative sample as a means of determining the severity of the problem, assessing the success of an intervention by comparing student's pre- and post-scores on checklists, and recounting the characteristics of students in a sample for research determinations (Webber & Plotts, 2008). Questions that need to be addressed during the assessment are: who is bothered by what, what interventions have been used in the past and how has the child responded to them, do the stressors in the child's life explain his survival tactics, how is the child perceived, and what is the child's overall behavioral style (Morse, 1985; Ysseldyke , Burns, Scholin, & Parker, 2010).

A consultant might also train the consultee in eliciting "I-messages" from distressed students. "I" messages involve three parts: an interpretation of what is triggering the problem, a description of the perceptible outcome of the behavior, and identification of the subsequent feelings. According to Gordon (1974), the benefit of an I-message is that it keeps the accountability for the problem where it belongs. By not condemning the student, it stops the student from becoming defensive, allowing the student to hear the message and have a meaningful, rational discussion. By using an "I-message," the teacher usually elicits the student's feelings and then actively listens.

Listening is a critical piece of constructive dialogue. Gordon (1974) emphasized the significance of determining who "owns" the problem. If the student owns the problem, then the teacher can become a counselor and assist the student with coping strategies.

The Crane/Reynolds Behavior Management Program is a comprehensive program designed to assist students in gaining impulse control. The consultant provides behavior-, academic-, crisis-, and environmental-management training. Crane/Reynolds materials

include three levels of social behavioral curriculum for emotionally disturbed students that target communication, responsibility, assertiveness (instead of passive or aggressive behavior), positive attention seeking behaviors vs. negative attention seeking behaviors, and responsible "I" statements (previously discussed). The role playing sessions and other social skills lessons are based on emotional intelligence research and emphasize the fact that the student has the power to make the choice (Crane & Reynolds, 2011).

Evaluation Stage

The evaluation stage determines if the plan that the consultant implemented with the consultee was effective and what transpires next. It has three steps: assessing goal achievement; systematically evaluating strategy effectiveness to assess the degree to which criteria have been met by answering what, how, and by whom; and post implementation planning utilizing results or disseminating results so the information can be used for decision-making. (Bergan & Kratochwill, 1990; Dougherty, 2008).

According to Dougherty (2008), assessment of the plan entails two procedures. The first procedure is implementation evaluation, which determines if the implementation occurred as planned, appraises problems that arose during implementation and how those problems were addressed and resolved. The second procedure involves an outcome evaluation to determine if the goals were achieved. Questions to consider include to what degree the plan was effectively executed, what next steps should be taken, and how can the anomalies be eliminated.

Continuing Dougherty's procedures, Swartz & Lippitt (1975) and Wickham, Wickham, & Cope (2008) articulated three ways to assess a plan's outcome. First, analyze individualized goal attainment measures, which are methods that measure effectiveness of services according to specific benchmarks. Next, evaluate standardized outcome assessment devices, or the use of norm- or criterion- referenced strategies. Finally, review consumer satisfaction surveys, which collect data regarding views and attitudes of the client or client system. In order to assess the consultation process, parties involved evaluate both contributory performance, or how well the consultant aided in solving the situation, and the expressive component, or how well the consultant built a connection or rapport with the client or client system. Consider the behavior change in the client or client system, cost effectiveness, and attitudes as well as opinions.

Consultants usually evaluate the plan that was carried out during the implementation phase, the overall effects of the consultation, and efficacy of different stages. Questions that may aid an evaluation include: to what degree has behavior in the client or client system changed in the desired direction, to what degree was the consultant able to enter the system, in what ways has the organization changed as a result of the consultation, to what degree have the goals established in the contract been met, and to what degree have established time-tables been met? Additional questions include how successfully a given intervention was carried out, how effectively the consultant established an effective working relationship with the consultee, and to what degree the consultation has been worth the cost in time, effort, and money (Dougherty, 2008).

Constructive evaluation and follow-up promotes improved and increased performance of the consultee. If the goals have been achieved, the consultant and consultee can collaboratively evaluate the plan's effectiveness. If the goals have not been achieved, re-training is appropriate to assist consultees with additional assistance with developing and implementing strategies that assist the client (student) in reaching their behavioral goals, including moving from tangible to non-tangible rewards.

Terminating the Consultation Process

Prior to termination, items need to be reviewed to ensure goals were met. These items include reviewing the consultee's chosen model(s) of consultation, initial planning of the consultation process, quantity and quality of consultee's reports about the work-related problem, progress made relative to each consultation stage, and organizational variables that affected the consultation process. Variables can include consultant behaviors at each consultation stage, consultee behaviors throughout the consultation process, client behaviors throughout the consultation process, consultee satisfaction with the consultation, the degree to which goals were attained, adequacy of each consultation contact, interpersonal behaviors of the consultant and consultee, and institutionalization of change (Dougherty, 2008).

Finally, termination occurs, which formally ends the consulting process. Termination allows the participants to celebrate their accomplishments. It should not be done abruptly, as participants need to digest their new skills and gain the ability to utilize them as situations dictate (Dougherty, 2008).

Consultees can be successfully trained to implement purposeful programs for the emotionally disturbed population. Research demonstrates that emotional training programs are successful. They should be initiated promptly once a concern is recognized, be age-appropriate, endure during the school year, and link with abilities at school, home, and in the community. Students do not need a sermon about principles; rather, they should rehearse them. This permits emotional training programs to work hand-in-hand with education for character, ethical growth, and social responsibility (Goleman, 1995).

References

Algozzine, R., & Ysseldyke, J. (2006). *Teaching students with emotional disturbance: A practical guide for every teacher.* Thousand Oaks: Sage.
Bergan, J. R., & Kratochwill, I. R. (1990). *Behavioral consultation and therapy.* New York: Plenum.
Berliner, D. (2006, June). Our impoverished view of educational reform. *Teachers College Record, (108)* 6, 949-995.
Brophy, J. (2004). *Motivating students to learn* (2nd ed.). Mahwah, NJ: Lawrence Erlbaum Associates.

Chaloner, W.B. (1998). *The language of challenging children.* Durango, CO: BCA
        Publishing.

Cochran, M., (2006). *Finding our way: Early care and education in the 21st century.*
        Washington, D.C.: Zero to Three Press.

Crane, C. & Reynolds, J. (2011). *Social skills curriculum.* Houston: Crane/Reynolds,
        Inc. Manuscript in preparation.

Dougherty, A. Michael (2008). *Psychological consultation and collaboration in school
        and community settings.* (5th ed.). Stamford: Brooks/Cole Thomson Learning.

Goleman, D. (1995). *Emotional intelligence: Why it cam matter more than IQ.* New
        York: Bantam Books.

Gordon, T. (1974). *Teacher effectiveness training.* New York: David McKay.

Hobbs, N. (1982). *The troubled and troubling child.* San Francisco: Jossey-Bass.

Hobbs, N. (1966, December). Helping disturbed children: Psychological and ecological
        strategies. *American Psychologist*, *(21)* 2, 1105 – 1115. Doi: 10.1037/h002115

Idol, L., Paolucci-Whitcomb, P., & Nevin, A. (2000). *Collaborative consultation* (3rd
        ed.). Rockville, MD: Aspen.

Jacobs, A.K., Randall, C., Vernberg, E.M., Roberts, M. C., & Nyre, J.E. (2002). Serving
        the most severe of serious emotionally disturbed students in school settings. In R.
        G. Steele and M.C. Roberts (Eds.), *Handbook of mental health services for
        children, adolescents, and families* (pp. 203-222). New York, NY: Plenum
        Publishers.

Kretlow, A. G., & Bartholemew, C. C. (2010, November). Using coaching to improve the
        fidelity of evidence-based practices: A review of studies. *Teacher Education and
        Special Education, 33*(4), 279-299. doi: 10.1177/0888406410371643

Morse, W. C. (1985). *The education and treatment of socioemotionally impaired
        children and youth.* Syracuse, NY: Syracuse University Press.

Paul, J. & Epanchin, B. (1991). *Educating emotionally disturbed children and youth;
        Theories and practices for teachers.* (2nd Ed). New York: McMillan.

Rhodes, W. (1967, March). The disturbing child: A problem of ecological management.
        *Exceptional Children, (33)*7, 449-455.

Rieth, H., Thomas, C., & Colburn, L. (2008). The impact and sustainability of
        multimedia anchored instruction with a highly idverse sample of middle school
        students enrolled in inclusive classrooms. In J. Luca & E. Weippl (Eds.).
        *Proceedings of World Conference on Educational Multimedia, Hypermedia and
        Telecommunications,* pp. 3259-3274. Chesapeake, VA: Association for the
        Advancement of Computing in Education.

Rosenshine, B. (2008). *Five meanings of direct instruction.* Center of Innovation &
        Improvement. Retrieved from http://www.centerii.org/techassist/
        solutionfinding/resources/FiveMeaningsOfDI.pdf

Sheridan, S.M. & Kratochwill, T.R. (2007). Conjoint behavioral consultation: Promoting
        family-school connections and interventions (2nd ed.). New York, NY: Springer.

Swartz, D., & Lippitt, G. (1975). Evaluating the consulting process. *Journal of European
        Training, 4,* 120-133.

Webber, J., & Plotts, C.A (2008). *Emotional and behavioral disorders: Theory and
        practice* (5th ed.). Boston: Pearson.

Weick, K. E., & Sutcliffe, K. M. (2007). *Managing the unexpected: Resilient performance in an age of uncertainty* (2nd ed.). San Francisco: Jossey-Bass.

Wickham, P., Wickham, L., & Cope, M. (2008). *Management consulting: Delivering an effective project* (3rd ed.). Harlow, England: Pearson.

Whitted, B., Cleary, L., & Takiff, N. (2011). *Socially maladjusted children and special education services.* Retrieved from http://www.wct-law.com/CM/Publications/publications37.asp

Wilkinson, L.A. (2006, Spring). Conjoint behavioral consultation: An emerging and effective model for developing home-school partnerships. The *International Journal of Behavioral Consultation and Therapy 2*(2), 225-238.

Wright School, (2008). *Wright School Annual Report.* Retrieved from http://www.wrightschool. org/yearatws.htm

Ysseldyke, J., Burns, M.K., Scholin, S. E., & Parker, D. C. (2010, March). Instructionally valid assessment within response to intervention. *Teaching Exceptional Children, 42*(4), 54-61.