The Diagnostic Competencies: Perceptions of Educational Diagnosticians, Administrators, and Classroom Teachers

Melissa G. Guerra
Santa Gertrudis Independent School District
Lori P. Kupczynski,
Marie-Ann Mundy
and
Christopher Garza,
Texas A&M University,
Kingsville

Abstract

The role that educational diagnosticians play in the educational process can vary across settings. In Texas, the Texas Education Agency oversees the State Board of Educator Certification (SBEC). SBEC certification standards outline knowledge and skills that are required for educational diagnosticians to practice in Texas. The Texas required endorsement is acquired by passing a state mandated assessment covering the standards set by SBEC (TAC§231.623). Given the evolving role of an educational diagnostician, this study examined the perceptions of educational diagnosticians, administrators, and classroom teachers of the competencies in regards to implementation, utilization, and importance. Furthermore, this study sought to determine if years of experience in education affects these perceptions. Results indicate that administrators and teachers perceive the utilization of competencies to occur at a lower rate than diagnosticians report utilizing them, and years of experience showed no statistically significant effect on perceptions. No statistically significant interactions were found among position, years of experience, and perceptions of the competencies.

Introduction

There is a problem in special education today, in that the role of the educational diagnostician is changing (De Zell Hall, 2014; Kwiatek & Schultz, 2014; NJCLD,

2011; Mastropieri & Scrugg, 2005). Currently, educational diagnosticians play a vital role in the identification of and continued support of students with educational disabilities. However, classroom teachers are the ones who implement recommendations and individualized education plans while administrators must ensure recommendations are being followed with fidelity. Teacher and administrator understanding of the roles of educational diagnosticians is important; however, there is a lack of research in this area. There are many reasons as to why this issue is important, among which are the increased demands on school personnel to increase student success rates and teach curriculum at a rapid pace (Caranikas-Walker, Shapley, and Cordeau, "Administrator's Views," 2006). Students receiving special education services are not exempt from this expectation. This study contributes to the body of knowledge needed to address this problem by identifying the level of understanding that teachers and administrators have on the role of educational diagnosticians on their campuses.

Two facets composed this study. One purpose of this study was to compare the perceptions of teachers and administrators to that of educational diagnosticians on the diagnostic competencies. The second purpose was to determine if years of experience in education impacts the perceptions that educational diagnosticians, classroom teachers, and administrators have on the diagnostic competencies.

A survey was utilized to obtain data on the perceptions of educational diagnosticians, administrators and classroom teachers on the state standards for educational diagnosticians, so that perceptions could be measured and compared to each other. It was then determined if years of experience impacted those perceptions.

This study adds to the body of literature which is lacking research on the comparison of perceptions of teachers, administrators, and educational diagnosticians in regards to responsibilities and roles. This study also adds to the research information on whether years of experience in education impacts those perceptions. Additionally, the educator standards as set forth by the Texas Administrative Code for educational diagnosticians have been examined in terms of importance to what the job entails on a day to day basis as reported by educational diagnosticians, administrators and classroom teachers, especially as roles and responsibilities change from day to day.

In order to maintain functional and efficient educational processes in the campus setting, it is essential to ensure that the competencies that are required of educational diagnosticians for certification are relevant. In the state of Texas, they are the standards as set forth by the State Board of Educator Certification, and these are the standards that have been reviewed in this study.

Review of Literature

Educational diagnosticians play a prominent role in the provision of special education services in Texas. These roles and expectations are outlined in the State Board of Educator Certification standards, overseen by the State Board of Educator Certification and the Texas Education Agency. Unfortunately, research regarding the specific tasks and role of educational diagnosticians in special education is limited. In looking at the history of special education, the path that was taken to get regulation to where it is today can be clearly seen. Federal and state standards today clearly outline expectations in regards to the identification of students with disabilities, as well as state assessment standards and expectations. These standards create significant implications for students with disabilities, impacting everything from student services to grade placement, and graduation plans. These situations make understanding the

current issues regarding educational diagnosticians in special education critical to furthering the progress of children with disabilities.

Educational diagnosticians are generally required to have three years classroom experience and a Master's level degree in special education (Texas Education Diagnostician Association, 2014). Once demonstration of mastery of these standards has been shown by passing a state certification exam, one may then begin to perform the duties of an educational diagnostician. Because educational diagnosticians are required to have some teaching experience, this allows them a unique perspective to add to the assessment data that can lead to more useful application of recommendations and resources.

In 2012, the competencies as set forth by SBEC were revised. These competencies reflect the expectations that educational diagnosticians are held to in order to work in Texas in special education evaluation. They are as follows:

- Knowing the motive, philosophy and legislative requirements of assessment and special education services is expected.
- Ethics are essential to providing services through practice.
- Establishing relationships with other players in the educational process, such as parents and outside and related services, is also required.
- Knowledge of assessment practices and utilizing that information to make appropriate educational decisions is another competency set forth. This includes having the ability to plan and make instructional decisions for students.
- Educational diagnosticians must also be able to identify students with disabilities and determine educational need for services.
- Formal and informal assessment methods should be known and utilized.
- It is essential that cultural, ethnic and linguistic issues be considered in evaluation and planning, and behavioral and social interaction must also be taken into consideration.
- Educational diagnosticians must be able to manage time and resources appropriately to maintain compliance with timelines and provide efficient services.
- Appropriate assessments, evaluation and strategies should be utilized to address students' behavioral and social needs.
- Because educational diagnosticians assist with creating educational plans for students, an understanding of curriculum and educational strategies is important. (TEA, 2012).

Cavin (2007) argues that in regards to educational diagnosticians, the standards do need to be examined to ensure that all areas of importance are reflected in preparatory and university classes. For example, while many programs that prepare educational diagnosticians focus on test administration, Cavin (2007) suggests that with the transition in how specific learning disabilities are identified, more emphasis should be placed on other standards. Because the identification of specific learning disabilities calls for the utilization of a multi-disciplinary team and the gathering of both qualitative and quantitative data, formal assessment is not weighted as heavily as a determinant factor as it was before. It is one piece of data that is utilized among many factors to help make the determination. Because research on the diagnostic competencies is limited, more needs to be done to investigate the quality of these standards (Cavin, 2007).

Role of the Educational Diagnostician in Special Education

The State Board for Education Certificcation office regulates standards for educational diagnosticians that are set forth by the Texas Legislative Code. Educational diagnosticians are obligated to abide by these standards (TEA, 2012). Assignments for an educational diagnostician can vary depending on the state or school district (Zweback & Mortenson, 2002); however, their main goal is to evaluate students to determine the educational need for special education services, informing teachers of appropriate instructional strategies to provide in the classroom, and make certain that schools are in compliance with the standards and guidelines as delegated in IDEA (NCPSE, 2011).

Educational diagnosticians utilize testing results from intellectual and achievement tests that are administered as diagnostic data to determine eligibility and service recommendations. This information is not the sole source of determining data, however. IDEA mandates that multiple sources of data be used, especially in regards to diagnostic purposes. Curriculum based assessments, observations, medical information, and interviews with parents and teachers are all information that should be included in an evaluation (Gartland and Strasnider, 2011). While most of that data can be obtained or collected by anyone, educational diagnosticians have specialized training that allows for analyzing the compilation of information to obtain a diagnosis (Texas Education Agency, 2015).

The Individuals with Disabilities Act (IDEA) requires that a group must assemble once a student is identified or suspected of having a need for special education (Aron & Loprest, 2012). That group must consist of parents and certain personnel that work within the school, and are charged with determining "whether a need for specialized educational services exists, and if so, to design, review, and periodically modify that child's education program" (p.3). In adjusting the approach, design, or subject within instruction to ensure that students with disabilities have as much access to grade level curriculum as is appropriate for them, teachers are creating specially designed instruction as specified by IDEA (Brownwell, Smith, Crockett, Griffin, 2012). Because assessment should drive individualized education plans, educational diagnosticians are crucial in the initiation of this process.

Educational diagnosticians must constantly collaborate with other school personnel in order to create effective plans for students to be academically successful. School administrators play an important part in ensuring that resources and supports are available to accomplish goals. While campus administrators are charged with facilitation of budgeting, personnel, curriculum and instructional development, public relations and management, special education has emerged as an additional undertaking (Capps, 2013).

Cavin (2007) found that when educational diagnosticians were asked to rank which SBEC standards were most relative to every day duties and responsibilities, diversity and its impact on assessment was deemed the lowest.

Current Issues of Educational Diagnosticians in Schools

Caranikas-Walker, Shapley, and Cordeau (2006) found a critical shortage of educational diagnosticians. The total vacancy rate at the time of the study was a reported 6.2%. There are several reasons for difficulties in hiring in special education professional positions. The first was noted as being a lack of personnel with the correct requirements and certifications. The second reason was low pay scales. Lastly, it was noted that other school districts, or other outside organizations (such as hospitals or private companies) often offered higher salary, benefits or incentives. Recommendations as to how to curb these shortages focused around the idea of recruitment and advertisement for positions. As retention of employees was the

highest concern, it was discovered that what made employees stay longer was when districts supported professional development by providing time and money, as well as providing adequate supplies and resources (Caranikas-Walker, 2006).

Another issue for diagnosticians is in regard to implementation of recommendations to teachers. Rueter and Simpson, (2011) interviewed educational diagnosticians in Texas and found that there are several obstacles that prevent effective implementation of strategy recommendations in the classroom. Additionally, several supports were noted that could improve the efficacy with which educational diagnosticians complete their jobs. The first theme that emerged was the lack of knowledge of research based interventions. Not only did educational diagnosticians report that they were not well informed in regards to what constitutes a research based intervention, but also noted a lack of available time to research said interventions to list as recommendations for the classroom. Directly stemming from the issue of time, educational diagnosticians reported that caseloads were too large to allow enough time to complete assessments or collaborate with classroom teachers. Finally, it was found within this study that administrator support was lacking in both applying research based practices in the classroom, and ensuring that these practices were put in place with fidelity. Educational diagnosticians noted feelings that assessment reports went unread by teachers, rendering recommendations non-pertinent to further classroom instruction. (Rueter & Simpson, 2011).

Indeed, it is possible that classroom teachers heed little consideration to the importance of educational, When asked to predict results of educational assessments for students who have been referred to special education, many times teachers accurately foretold the results. This finding has led to a belief that assessment personnel should play a larger role in the pre-referral process, and shape assessments in a way that will yield new information for teachers to utilize in the classroom. However, in looking at special education needs in the state of Texas in 2006, a shortage of educational diagnosticians restricts time and efforts to collaborate outside of assessment and Admission, Review and Dismissal (ARD) meetings.

Administrators currently do not receive adequate training in special education before they become managers in local education agencies. As a result, diagnosticians should be responsible for communicating laws, regulations, and criteria for eligibility to them as well as to parents and teachers. Having the ability to communicate this information to a variety of adults who come from differing backgrounds and experiences takes skill. Capps (2013) suggests that this calls for a look into the current training that diagnosticians get in preparation for their careers. While law, assessment and interventions are areas that are covered in depth, communicating this knowledge to others may take a separate course all on its own (Capps, 2013). Educational diagnosticians themselves report that their preparation programs under-prepared them for skills involving building relationships for collaborative efforts in planning (Cavin, 2007).

This role of educational diagnosticians becomes more essential in light of high administrator turnover. Administrators can have a monumental effect on implementation and sustainability of practices that benefit students with special needs (Strickland-Cohen, McIntosh & Horner, 2014). It is suggested that by utilizing strategies such as forming multi-disciplinary teams to monitor programming and keeping data on the effectiveness of plans that are in place, successful practices that have been in place may continue to thrive with a new administrator in place. Additionally, Franklin (2012) has found that when personnel within a school believes their principal to be more knowledgeable in special education practices, they often

also agree that the quality of the special education services provided on their campus is higher. This speaks to the impact that administrators can have on the special education population of their campuses.

As the responsibilities of educational diagnosticians are changing within schools, emphasis is being placed on them taking more responsibility in the pre-referral process (Sattler & Simpson, 2014). Educational diagnosticians are encouraged to gather more background information on family, school, and environment, since this information is often left out of referral information. Increased parental involvement is also encouraged. Good (2004) asserts that the research on the pre-referral process is almost non-existent, and may be because of the approach not being mandated by federal law. It is, however, promoted in the legislative wording explaining the procedures that encompass special education. Good (2004) states that while school districts have restructured their own pre-referral processes in response to legal demands, parents are the participants who have been omitted from the developed approach, even though it is essential to comprehend their point of view and insight into the system in place. As the new IDEA regulations require that interventions and progress monitoring be documented before a student is identified as having a specific learning disability, pre-referral information is essential in making appropriate recommendations for eligibility and services for children (§89.1040). Additionally, greater emphasis has been placed upon educational diagnosticians to "enhance the assessment and evaluation process, as well as link it to instruction" (Gartland & Strosnider, p. 4).

Cavin (2007) found that educational diagnosticians, upon entering the field, were most unprepared for the collaboration, team building, and time management that was required for their job responsibilities. While West and Pirtle (2014) emphasize the need to better align teacher preparation programs with parent perceptions of quality teachers, additional consideration should be paid to the relationship between the educational diagnostician and other school personnel. Throughout the literature, collaboration and organization are consistently mentioned as key characteristics of special education personnel. Educational diagnosticians should be better educated in these matters to more efficiently perform their jobs.

Methodology

Population and Sample

Convenience sampling was utilized, as participants were members of a regional service center, and the researcher chose a group from which it was known that information could be obtained (Laerd, 2012). The sample was determined by surveying those diagnosticians, administrators, and teachers who worked in districts within the chosen regional service center. The number of the sample was dependent on those who volunteered to complete the survey. A total of 28 diagnosticians, 74 teachers, and 25 administrators completed the survey. The population is diagnosticians, teachers and administrators across the state of Texas as the standards are applicable statewide.

According to the most recent Texas Academic Performance Report from TEA (2013-14) the service center region selected for this study services a total of 6,874.6 teachers. It was reported that the majority of these teachers, 27.1%, had between 11-20 years of experience. This same trend is found across the state, with 27% of teachers having the same amount of experience. Administrators served through this same region total 414.2. Educational diagnosticians were not represented in this

specific report, although special education teachers were listed at making up 9% of the region's educators, compared to the state's 8.5%.

Instrumentation

The survey instrument that was utilized for the purpose of this study was used in *Perceptions of Importance of Diagnostic Competencies among Educational Diagnosticians* (Cavin, 2007). The adapted survey contained a section with demographic data. Work history was addressed first, asking years of experience, certification route, title description, highest degree obtained, undergraduate degree title, master's degree title, doctorate degree title (if applicable), and grade level of current role. Age, gender, and ethnicity were then addressed.

Cavin (2007) used Cronbach's coefficient alpha to determine internal consistency (Hinkle, Wiersma, & Jurs, 1994, as cited in Cavin, 2007). A reliability coefficient of .794 was obtained from the test reliability subgroup. Validity is the accuracy of responses given. Cavin (2007) states, "content validity is assumed as a result of the expertise of those who developed the SBEC competencies. The SBEC competencies, as well as the TExES examinations, are developed by experts in the field of special education evaluation from locations throughout Texas" (p. 43).

Procedures

The adapted survey was then re-created on SurveyMonkey. A letter assuring anonymity and explaining the purpose of the survey, along with the survey, was distributed via e-mail among diagnosticians, teachers, and administrators from a regional service center. Additionally, staff was asked to announce the survey to those who were in attendance for workshops or trainings that were held at the regional service center. Review of demographic data allowed for desegregation of data to run results.

Results

Sample Description

For this research, 36 surveys were turned in by diagnosticians. Out of these, 13 were not counted in the data because they were not complete. One hundred and sixteen participants completed the teacher and administrator survey. Among these, 37 were discounted for not being complete. Additionally, 4 more surveys were excluded from the data due to them being completed by positions other than administrator or teacher (attendance clerk, paraprofessional, librarian, and school nurse) (Table 1).

Table 1. Descriptive Statistics

	Administrator	Teachers	Diagnosticians
Years of Experience			
0-15	4	34	17
16+	18	20	6
Gender			
Female	16	44	22
Male	6	9	1
Locale			
Rural	16	26	11
Urban	6	27	12
Ethnicity			
White, Non-Hispanic	10	22	11
Hispanic or Latino	12	31	10
African-American	-	-	1
Asian or Pacific Islander	-	-	1

Grade Levels			
Pre-K-5	12	24	8
6-12	7	26	4
All	3	3	11

Summary of Descriptive Statistics

Some noticeable patterns emerged from the descriptive statistical data. Although not statistically significant, on 22 out of the 30 survey questions, diagnosticians rated the highest on implementation, utilization, and importance of the diagnostic competencies. Additionally, diagnosticians rated the highest on every survey question involving utilization of the standards. Diagnosticians did not the rate lower than both administrators and teachers on any survey question except for implementation and importance of Competency 10, which states that the diagnostician will know and understand appropriate curricula and instructional strategies for individuals with disabilities. While not statistically significant, administrators and teachers overall rate this competency higher in consideration of implementation and importance than diagnosticians do. However, diagnosticians rated this competency higher than administrators and teachers in terms of utilization. Competency 10 is the only one in which teachers rated higher than both administrators and diagnosticians, in overall importance of the competency to the field of education.

Inferential Statistics

$H_{01:}$ There is no significant difference among teachers, administrators, and diagnosticians in education on the perception of the implementation of the Educational Diagnostician standards.

Levine's test was not significant and therefore homogeneity of variances was met. No significant differences were found among the diagnosticians (M=95.09, SD=6.05), administrators (M=94.18, SD=6.25) and teachers (M=92.25, SD=12.68) on the perception of the implementation of the Educational Diagnostician standards, $F_{(2,93)} = 1.14$, $p = .32$, $\eta^2 = .02$. The effect size is considered small and 2% of the variance of of the implementation of the Educational Diagnostician standards is accounted for by position. Therefore, the null hypothesis fails to be rejected, there are no significant differences among diagnosticians, administrators and teachers. Means and standard deviations can be found in Table 2.

Table 2. Means and Standard Deviations: Implementation of Diagnostic Standards, Position

Position	Mean	SD	N
Diagnosticians	95.09	6.05	23
Administrators	94.18	6.25	22
Teachers	92.25	12.68	53

$H_{02:}$ There is no significant difference among years of experience in education on the perception of the implementation of the Educational Diagnostician standards.

Levine's test was not significant and therefore homogeneity of variances was met. No significance differences were found between those with 0-15 years of experience (M=94.52, SD=10.91) and those with 16 or more years of experience (M=91.91, SD=9.24) on the perception scores for implementation of competencies, $F_{(1,93)} = .75$, $p = .39$, $\eta^2 = .01$. The effect size is considered small and 1% of the variance of of the implementation of the Educational Diagnostician standards is accounted for

by years of experience. Therefore, the null hypothesis fails to be rejected, there are no significant differences among years of experience. Means and standard deviations can be found in Table 3.

Table 3. Means and Standard Deviations: Implementation of Diagnostic Standards, Years of Experience

Years Experience	Mean	SD	N
0-15	94.52	10.91	54
16+	91.91	9.24	44

H_{03} There are no significant interactions between personnel type (teachers, administrators and diagnosticians) and years of experience in education on the area of the perception of implementation of the Educational Diagnostician standards.

Levine's test was not significant and therefore homogeneity of variances was met. An interaction considers the relationship among three or more variables, and describes a situation in which the concurrent influence of two variables on a third is not effective. Looking at the graph, there appeared to be an interaction between diagnosticians with 0-15 years of experience (M=9.88, SD=6.70) or 16 or more years of experience (M=95.67, SD=4.13) and administrators with 0-15 years of experience (M=96.50, SD=4.36) or 16 more years of experience (M=93.67, SD=6.58). There was no interaction found between administrators with 0-15 years of experience (M=96.50, SD=4.36) or 16 or more years of experience (M=93.67, SD=6.58) and teachers with 0-15 years of experience (M=94.09, SD=13.12) or 16 or more years of experience (M=89.20, SD=11.61). There was no interaction found between teachers with 0-15 years of experience (M=94.09, SD=13.12) or with 16 or more years of experience (M=89.20, SD=11.61) and diagnosticians with 0-15 years of experience (M=94.88, SD=6.70) or with 16 or more years of experience (M=95.67, SD=4.13). However, the null hypothesis failed to be rejected, there is no significant interaction among positions (diagnosticians, administrators, teachers) and years of experience on implementation, $F_{(2,93)} = .51$, $p = .61$, $\eta^2 = .01$. The effect size is considered small and 1% of the variance of the implementation of the Educational Diagnostician standards is accounted for by position and years of experience. Means and standard deviations can be found in Table 4.

Table 4. Means and Standard Deviations: Implementation of Diagnostic Standards by Position and Years of Experience

Position	Years Experience	Mean	SD	N
Diagnosticians	0-15	94.88	6.70	17
	16+	95.67	4.13	6
Administrators	0-15	96.50	4.36	4
	16+	93.67	6.58	18
Teachers	0-15	94.09	13.12	33
	16+	89.20	11.61	20

$H_{04:}$ There are no significant differences among teachers, administrators and diagnosticians on the total utilization of the Educational Diagnostician standards.

Levine's test was not significant and therefore homogeneity of variances was met. The null hypothesis was rejected, $F_{(2,93)} = 3.93$, $p = .02$, $\eta^2 = .08$. The effect size is considered medium and 8% of the variance of the utilization of the diagnostic standards is accounted for by position. The null hypothesis is rejected, there are

significant differences among diagnosticians, and administrators and teachers. Post hoc LSD tests indicate that the diagnostician and administrator perceptions on utilization of the standards differed significantly, $p<.02$, diagnosticians (M=93.48, SD=6.70) scored higher than the administrators (M=81.82, SD=19.07)). Likewise, there was also statistically significant mean difference found between diagnostician and teacher perceptions on utilization of the standards $p<.02$, diagnosticians (M=93.48, SD=6.70) scored higher than teachers (M=84.39, SD=16.66). There was no statistically significant mean difference found between administrators (M=81.82, SD=19.07) and teachers (M=84.39, SD=16.66) ($p<.52$). Means and standard deviations can be found in Table 5.

Table 5. Means and Standard Deviations: Utilization of Diagnostic Standards, Position

Position	Mean	SD	N
Diagnosticians	93.48	6.70	23
Administrators	81.82	19.07	22
Teachers	84.39	16.66	54

Source	*df*	*MS*	F	*p*	η^2
Between	2	966.86	3.93	.02	.08
Within	93	245.89	245.89		

$H_{05:}$ There is no significant difference among years of experience on the total utilization of the Educational Diagnostician standards.

Levine's test was not significant and therefore homogeneity of variances was met. No significance differences were found among those with 0-15 years of experience (M=86.80, SD=18.13) and those with 16 or more years of experience (M=84.84, SD=13.03) on the perception scores for utilization of competencies, $F_{(1,93)} = .59$, $p = .44$, $\eta^2 = .01$. The effect size is considered small and 1% of the variance of of the implementation of the Educational Diagnostician standards is accounted for by years of experience. Therefore, the null hypothesis fails to be rejected, there are no significant differences among years of experience. Means and standard deviations can be found in Table 6.

Table 6. Means and Standard Deviations: Utilization of Diagnostic Standards, Years Experience

Years of Experience	Mean	SD	N
0-15	86.8	18.13	55
16+	84.84	13.03	44

$H_{06:}$ There is no significant interaction between personnel type (teachers, administrators and diagnosticians) and years of experience on the total utilization of the Educational Diagnostician standards.

Levine's test was not significant and therefore homogeneity of variances was met. There was no interaction between diagnosticians with 0-15 years of experience (M=93.35, SD=7.51) or 16 or more years of experience (M=93.83, SD=4.17) and administrators with 0-15 years of experience (M=72.75, SD=40.73) or 16 more years of experience (M=83.83, SD=11.52). Looking at the graph, there appeared to be an

interaction found between administrators with 0-15 years of experience (M=72.75, SD=40.73) or 16 or more years of experience (M=83.83, SD=11.52) and teachers with 0-15 years of experience (M=85.18, SD=17.63) or 16 or more years of experience (M=83.05, SD=15.21). There was no interaction found between teachers with 0-15 years of experience (M=85.18, SD=17.63) or with 16 or more years of experience (M=83.05, SD=15.21) and diagnosticians with 0-15 years of experience (M=93.35, SD=7.51) or with 16 or more years of experience (M=93.83, SD=4.17). However, the null hypothesis failed to be rejected, there is no significant interaction between position (diagnosticians, administrators, teachers) and years of experience on utilization, $F_{(2,93)} = .92$, $p = .40$ $\eta^2 = .02$. The effect size is considered small and 2% of the variance of of the implementation of the Educational Diagnostician standards is accounted for by position and years of experience. Means and standard deviations can be found in Table 7.

Table 7. Means and Standard Deviations: Utilization of Diagnostic Standards by Position and Years Experience

Position	Years Experience	Mean	SD	N
Diagnosticians	0-15	93.35	7.51	17
	16+	93.83	4.17	6
Administrators	0-15	72.75	40.73	4
	16+	83.83	11.52	18
Teachers	0-15	85.18	17.63	34
	16+	83.05	15.21	20

$H_{07:}$ There is no significant difference among teachers, administrators and diagnosticians on the variable of the total importance of the Educational Diagnostician standards in the field of educational evaluation.

Levine's test was not significant and therefore homogeneity of variances was met. No significant differences were found among the diagnosticians (M=94.61, SD=6.42), administrators (M=93.78, SD=6.63) and teachers (M=91.63, SD=13.16) on the perception of the importance of the Educational Diagnostician standards, $F_{(2,93)} = 1.39$, $p = .26$, $\eta^2 = .03$. The effect size is considered small and 3% of the variance of of the implementation of the Educational Diagnostician standards is accounted for by position. Therefore, the null hypothesis fails to be rejected, there are no significant differences among diagnosticians, administrators and teachers. Means and standard deviations can be found in Table 8.

Table 8. Means and Standard Deviations: Importance of Diagnostic Standards, Position

Position	Mean	SD	N
Diagnosticians	94.61	6.42	23
Administrators	93.78	6.63	22
Teachers	91.63	13.16	54

$H_{08:}$ There is no significant difference among years of experience in education on the total importance of the Educational Diagnostician standards in the field of educational evaluation.

Levine's test was not significant and therefore homogenity of variances was met. No significant differences were found between those with 0-15 years of experience (M=93.87, SD=11.56) and those with 16 or more years of experience

(M=91.45, SD=9.42) on the perception of the importance of the Educational Diagnostician standards, $F_{(1,93)} = .91$, $p = .34$, $\eta^2 = .01$. The effect size is considered small and 1% of the variance of of the importance of the Educational Diagnostician standards is accounted for by years of experience. Therefore, the null hypothesis fails to be rejected, there are no significant differences between years of experience. Means and standard deviations can be found in Table 9.

Table 9. Means and Standard Deviations: Importance of Diagnostic Standards, Years of Experience

Years Experience	Mean	SD	N
0-15	93.87	11.56	55
16+	91.45	9.42	44

H_{09}: There is no significant interaction between personnel type (teachers, administrators and diagnosticians) and years of experience on the total importance of the Educational Diagnostician standards in the field of educational evaluation.

Levine's test was not significant and therefore homogenity of variances was met. An interaction considers the relationship among three or more variables, and describes a situation in which the concurrent influence of two variables on a third is not effective. Looking at the graph, there appeared to be an interaction found between diagnosticians with 0-15 years of experience (M=94.24, SD=7.26) or 16 or more years of experience (M=92.83, SD=6.95) and administrators with 0-15 years of experience (M=98.00, SD=2.31) or 16 more years of experience (M=92.83, SD=6.95). There was no interaction found between administrators with 0-15 years of experience (M=98.00, SD=2.31) or 16 or more years of experience (M=92.83, SD=6.95) and teachers with 0-15 years of experience (M=93.21, SD=13.79) or 16 or more years of experience (M=88.95, SD=11.87). There was no interaction found between teachers with 0-15 years of experience (M=93.21, SD=13.79) or with 16 or more years of experience (M=88.95, SD=11.87) and diagnosticians with 0-15 years of experience (M=94.24, SD=7.26) or with 16 or more years of experience (M=92.83, SD=6.95). The null hypothesis failed to be rejected, there is no significant interaction between position (diagnosticians, administrators, teachers) and years of experience on importance, $F_{(2,93)} = .53$, $p = .59$, $\eta^2 = .01$. The effect size is considered small and 1% of the variance of the importance of the Educational Diagnostician standards is accounted for by position and years of experience. Means and standard deviations can be found in Table 10.

Table 10. Means and Standard Deviations: Importance of Diagnostic Standards by Position and Years of Experience

Position	Years Experience	Mean	SD	N
Diagnosticians	0-15	94.24	7.26	17
	16+	95.67	3.27	6
Administrators	0-15	98.00	2.31	4
	16+	92.83	6.95	18
Teachers	0-15	93.21	13.79	34
	16+	88.95	11.87	20

Conclusions

While an abundance of literature can be found concerning teacher's perceptions on inclusion services and needs regarding special education services (Cassale-Giannola, 2012), there is a lack of such research covering the perceptions of the implementation, utilization, and importance of educational diagnostician's duties and responsibilities on school campuses. Additionally, the depth of the understanding that teachers and administrators have of the day to day activities and undertakings on the campus level is still unknown.

In the process of educating students requiring special education services in the state of Texas, educational diagnosticians play a vital role. Some of the responsibilities of an educational diagnostician include, but are not limited to, assessment professional, meeting facilitator, and legal guide (Kwiatek, 2014; TAC, 2012). In addition to those responsibilities educational diagnosticians must also possess effective communication skills, delegation skills, and collaborative skills to ensure that programming is implemented effectively. However, it is essential that educational diagnostician's duties and responsibilities on school campuses are understood and perceived as critical to the provision of special education services in the campus setting. Without this understanding and positive perception, the collaborative model essential for providing effective services in special education may be compromised.

Once it can be identified which duties educational diagnosticians are spending most of their time completing, and discovering what tasks might require more time, then that information could be vital to not only preparation programs but also for district personnel planning. In addition, because the roles and responsibilities of an educational diagnostician can vary across school districts depending on needs and personnel concerns (De Zell Hall, 2014), understanding the competencies from differing perspectives (educational diagnosticians, administrators, and teachers) may assist in improving competencies.

The results of this study indicate that teachers and administrators do not see competencies utilized by educational diagnosticians on the campus setting to the same degree that diagnosticians report utilizing them, although they agree that they are important in regards to implementation and to the field of educational evaluation. It also was found that years of experience do not significantly affect these perceptions.

The results of this study suggest that teachers and administrators, overall, do not see educational diagnosticians utilizing the diagnostic competencies to the extent that diagnosticians report performing them. This leads to several implications for practice on both local and state levels. Collaboration is required in order to create effective educational programs for students, as well as an understanding of the responsibilities of educational diagnosticians as a way to improve that collaboration (Capps, 2013).

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