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THE USE OF PREREFERRAL INTERVENTIONS:
THE STUDENT ASSISTANCE TEAM

A Field Project
Presented to the
Department of Educational Administration
and the
Faculty of the Graduate College
University of Nebraska
at Omaha

In Partial Fulfillment
of the Requirements for the Degree
Specialist in Education
University of Nebraska at Omaha

By
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December 1990

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FIELD PROJECT PROPOSAL ACCEPTANCE

Acceptance for the faculty of the Graduate College, University of Nebraska at Omaha, in partial fulfillment of the requirements for the Specialist in Education degree, University of Nebraska at Omaha.

Committee

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CHAPTER ONE

Introduction

The national special education mandate, the Education for All Handicapped Children Act, also known as Public Law 94-142, was enacted by Congress in 1975. Since that time many politicians, education agencies, and taxpayers, as well as some educators, have become alarmed at what has been perceived as the overexpansion of special education services and their skyrocketing costs. Fiscal problems in education account in part for the growing concerns about the expansion of special education. Limited state and federal resources are available for funding special education. Taxpayer revolts, particularly regarding local property taxes, limit the taxation levies available to finance education.

One often-lamented issue is the explosion in the numbers of students identified as learning disabled. It has been contended that many students are being erroneously labeled learning disabled in order to allow them to receive special education services when, in reality, they are not handicapped. Students can be at-risk learners for a variety of reasons other than handicapping conditions.

Several current trends in education have the potential to impact upon the dilemma of how to provide appropriate education for at-risk learners who are not handicapped. Some of these are cooperative learning, peer-mediated instruction, teacher consultation, and prereferral intervention. Another current movement in education, the Regular Education Initiative, goes so far as to recommend that the

special education system be abandoned, with all students, including the handicapped, educated within the framework of regular education.

Use of a prereferral intervention process was adopted by the Nebraska State Department of Education in 1987. Nebraska was facing some of the same issues regarding fiscal conservatism in education and overexpansion of special education as the rest of the nation. The adoption of the prereferral intervention process was an attempt both to reduce costs in special education and to prevent the mislabeling of nonhandicapped students as handicapped.

The prereferral intervention process recommended in Rule 51, Nebraska's interpretation of federal and state special education laws, is called a Student Assistance Team (SAT). The SAT is a derivation of the Teacher Assistance Team concept developed by Chalfont, Pysh, and Moultrie (1979). According to the Nebraska Department of Education (1987), "The SAT or comparable problem solving team shall utilize and document problem solving and intervention strategies to assist the teacher in the provision of general education" (p.21).

The role of the SAT is to facilitate the use of varied teaching techniques and educational adaptations in order to meet students' educational needs within regular education. The assumption is made that through the use of this process more at-risk, nonhandicapped learners will be accommodated within regular education. A two-fold effect of this regular education process related to special education is assumed: 1) fewer referrals of nonhandicapped students will be made to the special education multidisciplinary team (MDT) for evaluation; and 2) fewer nonhandicapped students will be mislabeled as handicapped.

The SAT process therefore becomes the point of interface between

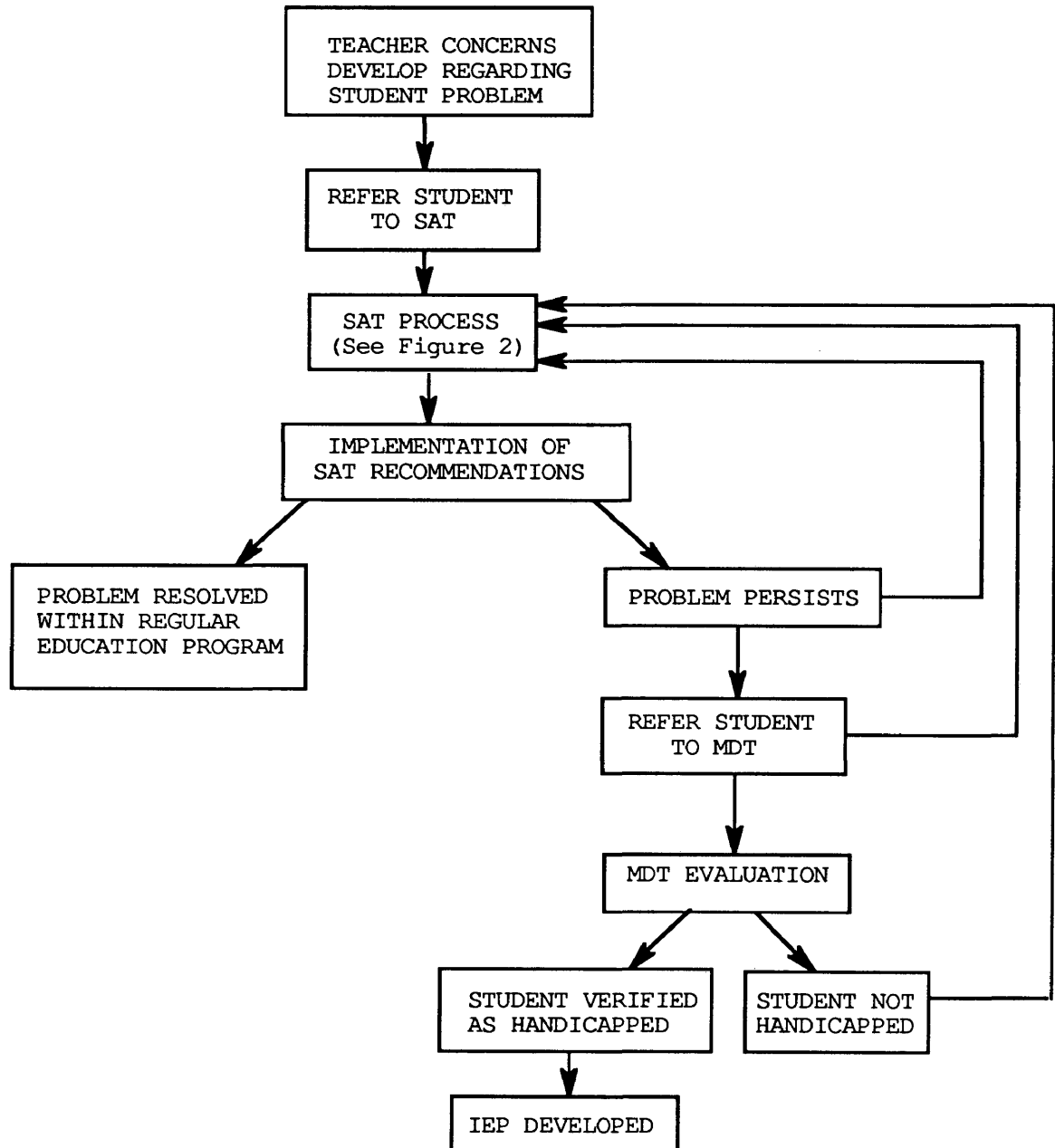
regular education and special education. Figure 1 contains a flow-chart depicting the role of the SAT process as it functions in the Papillion-LaVista Public Schools. If student problems are not resolved within the regular education program using the SAT process, then the student may be referred to the special education MDT. The student may be re-referred to the SAT at several points. The SAT process regarding a student may be re-initiated if the first SAT cycle does not lead to problem resolution. The student may be referred back to the SAT by the MDT if, upon analysis of the referral documentation, the MDT does not find that a team evaluation is appropriate. The student may be referred back to the SAT by the MDT if, upon completion of a team evaluation, the student is found not to be handicapped.

Statement of the Problem

The question of effectiveness of the SAT process must be asked. Are students' educational needs being more adequately met due to educational program modifications made as a result of the SAT prereferral process? Questions regarding the effectiveness of prereferral intervention processes have not been thoroughly investigated. Because of the recent implementation of the SAT mandate in Nebraska, the question of effectiveness can now be investigated. The problem is important in that the SAT process, although required by the state, has not been demonstrated to be effective. This lack of evidence potentially may affect the attitudes toward and commitment to the process by both regular and special educators.

If the SAT process is effective several outcomes should exist. Positive attitudes toward the process should have developed in teachers

FIGURE 1. FLOWCHART DEPICTING SAT - MDT INTERFACE



who have used the process. Students who have been referred to the SAT should demonstrate improved performance in the areas of concern. Parents of students who have been referred to the SAT should have positive attitudes toward the educational program adaptations developed. MDT referral should not be necessary for many students with problems because problem resolution would be made at the SAT level.

If the SAT process is effective more student problems would be resolved within regular education programs without initiating the special education MDT process. A decrease in the number of students erroneously labeled as handicapped should therefore occur as a result of the SAT prereferral process. This would be evident as a reduction in the proportion of the total student population identified as handicapped.

The purpose of this study is to explore the effectiveness of the SAT prereferral intervention process.

Hypothesis

--There is no observable difference in the proportion of students verified as handicapped between pre-SAT implementation and post-SAT implementation periods.

Research Questions

1. Were referring teachers satisfied with the support received from the SAT process?
2. Did teachers report improved student performance in the area of the concern precipitating the SAT referral?
3. Were students' parents satisfied with students' educational

programs?

4. Has teacher re-referral of the students to the SAT or referral to the MDT taken place?

Methodology

The SAT process was explored within the confines of a single public school district in Nebraska, the Papillion-LaVista Public Schools (PLVPS), which is the sixth largest school district in the state. The school district covers twenty-four square miles of urban, suburban, and rural areas and includes two cities, Papillion and LaVista. Because of the proximity of a major Air Force base, the population is diverse, with all regions of the nation represented. The school district serves a student enrollment of approximately 6,500 students. It contains nine elementary schools (grades K-6), two junior high schools (grades 7-9), and one senior high school (grades 10-12).

To test the hypothesis, data were obtained regarding numbers of students verified as handicapped during two periods of time, one pre-SAT implementation and one post-SAT implementation. Because the state-mandated verification criteria may also impact upon these numbers, the time periods chosen were after 1983. In 1983, the Nebraska Department of Education published new verification guidelines which later became, with generally minor changes, the verification criteria mandated in Rule 51. The data from these two periods were compared.

Teachers who utilized the SAT process within PLVPS during two school years, 1988-89 and 1989-90, were identified. A parent name and address for each student referred to the SAT was obtained in as many cases as possible. A survey format was used. Two questionnaires were developed,

a teacher questionnaire and a parent questionnaire, and their validity was determined by exposing them to a jury of peers.

To answer question 1, teachers who used the SAT process were surveyed using a questionnaire. Direct and indirect questions regarding satisfaction issues were asked.

To answer question 2, questions were asked regarding teacher evaluation of student performance in the area of the concern which precipitated the SAT referral.

To answer question 3, a survey of parents of students who had been referred to the SAT was conducted. A questionnaire was used. Direct and indirect questions regarding awareness of use of the SAT process and satisfaction with their children's educational programs were asked.

To answer question 4, teachers who had used the SAT process were surveyed. Questions regarding re-referral of a student to the SAT or referral to the MDT due to unresolved student problems were asked.

Limitations

This study was limited to the Papillion-LaVista Public Schools. Therefore the results cannot be generalized beyond that school district.

Assumptions

The effectiveness of the SAT process may be influenced by the skills and talents of individual teachers. Varying degrees of professional training and competency of the participating teachers may be expected. The application of recommendations derived from the SAT process may be expected to vary accordingly. It is assumed that the compiled results should reflect what is typical, or a middle ground, in the use of SAT.

It is assumed that all respondents will provide honest and accurate responses to the questions asked.

It is assumed that, in a total student population the size of the Papillion-LaVista Public School system, the proportion of real handicapped students will not vary significantly over time. It is also assumed that the years sampled are representative.

Definition of Terms

Student Assistance Team (SAT) - A group of regular education professionals charged with the responsibility to problem solve with peer educators when concerns regarding students arise; assists with defining the problem, developing a variety of strategies to resolve the problem, and evaluating the effectiveness of the strategies selected.

Multidisciplinary Team (MDT) - A group of diversely trained professionals charged with the responsibility to verify the existence of educationally significant handicapping conditions and to develop individual educational plans.

Handicap - Handicapping conditions which are educationally significant; defined by the state of Nebraska in Rule 51, which contains the Nebraska criteria for the definitions and verification of handicapping conditions. The definitions appear in pages 24 through 42 of Rule 51. The reader is referred to those pages for the definitions of specific handicapping conditions.

CHAPTER TWO

Review of the Literature and Related Research

Historical Perspective on Special Education

Through state and federal mandates, the concept of mutual responsibility for the education of the handicapped, involving both regular and special education, began to emerge. Nebraska's Legislative Bill (LB) 403, passed in 1973, and the federal government's Public Law (PL) 94-142, the Education for All Handicapped Children Act of 1975, have mandated that the public school systems of the state and of the nation provide special education services for all handicapped children. These legislative acts have entitled handicapped children to a free, public education in the least restrictive environment. Public school systems, which now serve handicapped children from birth to age twenty-one, have developed programs to provide educational services for this vast population of children. The types of programs vary, but two of the most common are pull-out programs (e.g., learning centers or resource rooms) for children with mild to moderate handicaps and self-contained classes for children with moderate to severe handicaps. Main-streaming of handicapped students into regular education programs for a portion of their educational experience has increased.

Special education services have increased over the last decade and a half; the numbers of students served have grown dramatically. Wang, Reynolds, & Walberg (1988) stated, "In an average week at least 15,000 children across the U.S. are referred for special diagnosis in their schools because of learning and behavioral problems" (p.248). There are

various reasons for this occurrence, including the extensions of the ages of children to be served, a broadening of the range of types of handicaps served through the public schools, and medical breakthroughs which have increased the survival rates of medically at-risk infants and children, many of whom will also be educationally at-risk. The largest and most continuous increase has been in the numbers of children identified as learning disabled. This category of educational handicap has been so broadly defined that abuses have occurred. According to Greenburg (1987), "Given the placement data available for learning disabled populations, it is easy to conclude that many of the hard-to-reach [children] may be identified as handicapped" (p.7). Lieberman (1985), who reported that in some school districts as many as twenty-five percent of their students are receiving special education services, said the following:

There used to be two questions in special education. Upon referral for an evaluation, the first question was, "Is this child handicapped?" The second was, "If he or she is handicapped, does he or she need special education?"...These questions have virtually disappeared and have been replaced by, "Does this child need help?" I believe this shift represents the potential for the demise of special education, which cannot possibly shoulder the responsibility of providing help to every child who needs it in the context of regular education. Special education possibly could, but not without significantly diminishing its ability to meet the needs of real handicapped children (p.515).

Current Trends

New ideas, approaches, and philosophies about special education and its relationship with regular education have emerged out of the natural growth and development within the field of special education as well as out of concern about abuses and misuses of special education services.

Two trends have grown out of concerns about inappropriate labeling of students as handicapped. One major trend, the Regular Education Initiative, is a movement toward total mainstreaming of the handicapped, or abandoning special education and instead making regular education special and individualized for all students. Another trend, the use of prereferral interventions, is a method of interfacing regular and special education more closely in an effort to meet more student needs within the regular education programs and thus reduce inappropriate special education placements of non-handicapped children.

Regular Education Initiative

The Regular Education Initiative (REI), also sometimes referred to as the General Education Initiative, is a reform movement impacting both special and regular education. Madeleine C. Will, former Assistant Secretary for the Office of Special Education and Rehabilitative Services of the U.S. Department of Education during the Reagan presidency, and the mother of a child with Down's syndrome, has been a prominent advocate of REI (Will, 1984, 1986). According to Hallahan & Kauffman (1988), "The goal of the initiative is to make general education be more responsible for the education of handicapped children" (p. 499).

The REI philosophy proposes collapsing special education and regular education into a single system with the focus on serving the specific needs of all students. Some REI advocates recommend changes in service delivery only to students with mild handicapping conditions "but not to programs for children who are deaf, blind, severely disturbed, or deeply retarded in cognitive development" (Reynolds, Wang, & Walberg, 1987,

p. 220). However, some advocate merging all special education services into regular education. Stainback & Stainback (1984) discussed the current educational structure as an antiquated, dual system where there are not two distinct categories of instructional needs. They stated, "While it may be worthwhile from a medical perspective to classify students as having Down's syndrome or autism, there is little educational value to such classifications" (p. 104).

Impetus. Several factors figure prominently in the arguments for REI. The first is the view that there are not discrete groups of children with handicaps, but instead that children differ along a continuum, all children possessing strengths and weaknesses. This is a commonly held view among special educators. Special educators involved in assessment, placement decisions, program planning, or program implementation deal with this reality in the daily exercise of their profession.

A second factor, which flows out of the first, is the lack of validity for the eligibility criteria required for placement, particularly for the mildly handicapped. There is evidence of wide variability in incidence of handicapping conditions from state to state and from year to year (Mesinger, 1985; Reynolds, Wang, & Walberg, 1987). These differences would logically seem to reflect political, procedural, and programmatic differences, rather than true differences in populations of children. According to Shepard (1987), "No one can deny that the children served in special education need help in school, but the fact remains that these mildly 'handicapped' children are indistinguishable from other low achievers" (p. 327). Eligibility criteria have been arbitrarily assigned 'cut-offs' along the continuum

of strengths and weaknesses.

A third factor in the argument for REI is the concept that special education is by its very nature discriminatory (Wood, 1976; Stainback & Stainback, 1984). Proponents of this philosophy would maintain that, unless all students have individual educational plans (IEPs) or programs tailored to meet their unique needs, such plans or programs for the handicapped constitute unequal treatment and discriminate against students in regular education programs.

It is interesting to note that, despite its name, the REI is not a regular education proposal (Lieberman, 1985; Reschly, 1988). It has instead emerged out of the special education arena, "proposed by special educators for reform of general education. Literature showing widespread enthusiasm of regular educators for the REI is nonexistent" (Braaten, Kauffman, Braaten, Polsgrove, & Nelson, 1988, p. 21).

Cautions. During the mid 1980s, several prominent reports on the condition of the national educational system called for educational reform. Two of these reports, The Heritage Foundation Report, published in 1984, and Barriers to Excellence: Our Children at Risk, the report of the National Coalition of Advocates for Students, published in 1985, dealt with the issue of special education. Both of these reports were generally critical of the present special education system.

The other major reports on the status of the educational system in America did not explore special education issues. This omission may have been due to several reasons. First, because excellence was the emphasis, equity in education was deemphasized. Second, special education was perceived by the report authors as an educational framework distinct and different from regular education. Third, the

reports "focus heavily on desired practices in both K-12 education and professional preparation....[Their views of future practices] call for some form of adaptation to individual differences combined with maximum expectations for students" which would serve all children through the regular education programs (Lilly, 1987, p. 326). This focus would seem to be consistent with the REI philosophy. However, the emphasis on excellence needs to be weighed with caution. Excellence in education must be equitably sought for all children at all ability levels, not just for the gifted and talented.

As we look forward to the future of education, one additional caution to consider is the anticipation of larger numbers of educationally at-risk and handicapped children, both literally and proportionally. Due to medical and technological advances, more medically 'at-risk' infants survive, as do more and more children who are trauma victims. Many of these children will have learning problems. Additionally, as the children of the 'baby-boom' generation have children, the school-age population is expected to grow (Reynolds et al. 1987). These population factors must be considered in planning for the future of special education.

Changes. REI calls for at least extensive collaboration between regular educators and special educators and at most for the total dismantling of the current special education system. REI implementation would require extensive individualization of regular education programs. Individualization would be recommended to meet the needs of every student, not just those identified as handicapped. A profile of assessed needs for every student would be necessary to tailor curriculum offerings.

Changes in the regular teaching environment would be necessary for REI implementation. Greater adaptation of instruction in order to meet individual needs would have to occur. Within the field of special education, discussion has long included concern about the lack of propensity or time for adaptation to individual needs within general education. Sapon-Shevin (1987) pointed to "the need to document the adequacy of the regular class environment before removing and labeling a student as 'deficient'. We have erroneously focused on the setting in which instruction happens when research indicates that we should be focusing on features of the instruction that produce improved learning" (p. 303).

The issue of attitudes of regular educators toward serving the handicapped is critical. Are regular educators willing to change the general education system in order to integrate handicapped children? According to Lieberman (1985), "We cannot drag regular educators kicking and screaming into a merger with special education. The daily evidence on mainstreaming attitudes is too overwhelming" (p.513). Research has indicated that some of the most effective teachers are intolerant of handicapped students (Gersten, Walker, & Darch, 1988). An observation, based on personal experience extending over sixteen years with mildly and moderately handicapped students who are all mainstreamed for part of their school day, is that many regular educators become frustrated with and resistant to adaptations for working with handicapped students. Some of the frustration and resistance is legitimate. The demands on regular teachers are great even without including responsibility for the education of handicapped students. One key factor is the significant discrepancy between the orientations of

regular and special educators. From the beginning of their training through their current job descriptions, regular teachers are oriented toward grouping, fitting children into groups of similar peers. However, the orientation of special educators, from training through current job roles, focuses on individualization. Because REI implementation would require individualization in all phases of education, the attitudes and training of regular educators would require extensive modification and the incorporation of the attitudes and approaches of special education.

Lieberman (1985), in a discussion opposing REI, described the issue as follows:

A decent working description of the difference between regular and special education is that in regular education, the system dictates the curriculum; in special education the child dictates the curriculum....The struggle of child versus system cannot be won by merger. If we join them and then fight, the children lose. If we beat them first, morally, ethically, and humanistically, and ultimately show them a better way for all children, and then join them, the children win (p.514).

Prereferral Intervention

Another current trend relating to the regular education-special education interface is prereferral intervention. Perhaps in answer to the REI movement or perhaps in response to the need to educate the many at-risk or hard-to-reach learners who are not handicapped, prereferral intervention has become a tool of choice for many school systems. In fact some states, such as Louisiana, Georgia, and Nebraska, have mandated its use.

When a classroom teacher makes a referral to the special education

multidisciplinary team (MDT), generally that teacher expects the child at least to be tested and, more often than not, also to be placed in a special education program. "Of the 3% to 6% of the school-age population referred for evaluation each year, an average of 92% are tested, and 78% of those tested are declared eligible for special education services" (Harrington & Gibson, 1986, p. 538). Algozzine & Ysseldyke (1981) have found that eligibility decisions were more strongly influenced by referral information than by MDT evaluation data. These findings indicate that the critical point in the process is reached prior to the initiation of the referral-to-placement sequence. Providing intervention at this critical point is called prereferral or preassessment intervention. Greenburg (1987) stated,

The concept of general and special education shared responsibility for services to all students (handicapped and nonhandicapped) embraces the notion of combining resources and expertise for investment in the education of each student served by the schools in allocating resources to each on the basis of need and learning characteristics.... Various models of prereferral intervention encourage making full use of general education resources before considering the necessity for special education services (p.9-10).

There are two underlying intents for the use of prereferral intervention. The first is to provide educational modifications which meet a child's needs in the least restrictive environment: e.g., within the regular classroom or program. According to Graden, Casey, & Christenson (1985), "The goal of prereferral intervention is to implement systematically intervention strategies in the regular classroom and to evaluate the effectiveness of these strategies before a student is formally referred for consideration for special education placement" (p.378). This also points toward the second intent when using the prereferral intervention process, which is to reduce special

education referrals, with consequent reductions in the numbers of diagnostic evaluations and reductions in the numbers of students placed in special education programs.

In a study which surveyed the United States on the use of prereferral intervention approaches, Carter & Sugai (1989) found that prereferral interventions are required or recommended in 34 states. The Nebraska interpretation of state law which governs special education in the state, Rule 51, requires use of a prereferral intervention approach.

Prereferral intervention has been found effective in reducing needless referrals for minor problems and increasing appropriate referrals for significant learning problems when applied in Head Start preschool programs for the socio-economically disadvantaged (Gorny, 1987). The use of prereferral intervention has been recommended by the National Academy of Sciences in its panel report on minority overrepresentation in special education (Reschly, 1988).

Types of Prereferral Intervention Approaches. In discussing prereferral, Vergason, & Anderegg (1989) stated, "Support systems have been operating for some time in regular classrooms in most parts of the country....Pre-referral or assessment team[s are] helping teachers to improve the learning and behavior of students within the regular classroom" (p.62). Types of prereferral intervention approaches may be divided into two basic categories: consultation with specialists and peer consultation. There are multiple variations of these two general approaches. In the consultation with specialists approach, the classroom teacher may consult with appropriate specialists who have expertise in the problem areas, such as a behavior disorders specialist, a learning disabilities specialist, or a school psychologist (Graden,

Casey, & Bonstrom, 1985; Gutkin, 1980; Gutkin, Singer, & Brown, 1980).

In the peer consultation approach, the classroom teacher would consult with a team composed of regular education colleagues. Nebraska's Student Assistance Team (SAT) is an example of a peer consultation approach. Chalfont, Pysh, & Moultrie (1979) developed the first systematic application of the peer consultation team concept, which they called a Teacher Assistance Team (TAT). Their TAT concept is based on five assumptions.

First, in many situations a regular classroom teacher can help a child with learning and behavior problems.

Second, in other instances a regular classroom teacher, with some assistance, can help a child with learning and behavior problems.

Third, teachers learn best by doing, i.e., by actively working with a child who has a problem.

Fourth, there is considerable knowledge and talent among the teachers themselves.

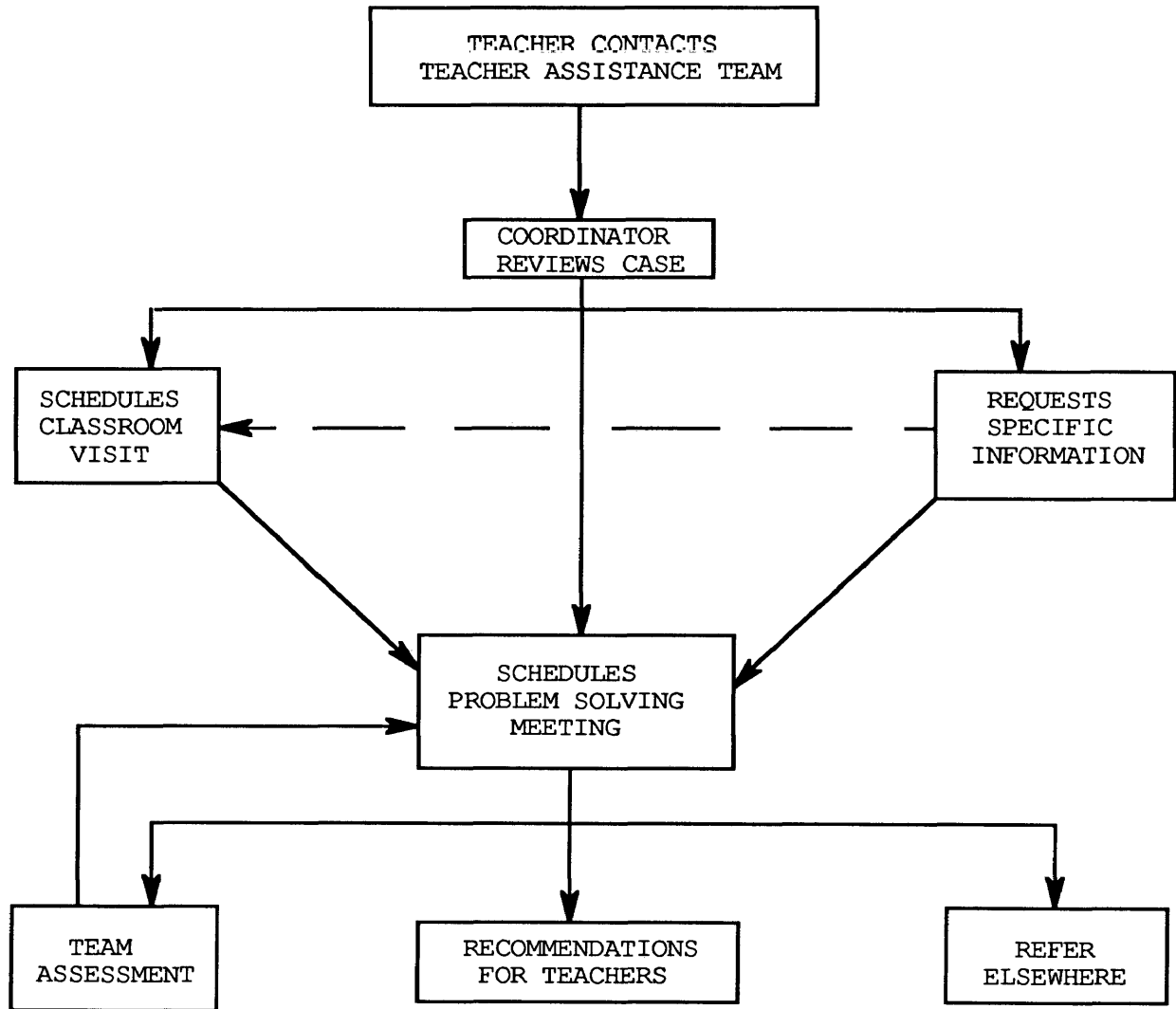
Fifth, teachers can resolve many more problems when working together than by working alone (Chalfont et al., 1979, p.88).

Figure 2 presents a schematic representation of the process to be followed by their TAT.

A team concept is common to both the peer consultation and the consultation with specialists approaches. The prereferral teams have been called a variety of names including teacher assistance team, student assistance team, child study team, and preassessment team. Clarification of the referral problem, rank ordering of operationally-defined problem behaviors, analysis of previously attempted interventions, and development of additional intervention strategies are responsibilities of the prereferral team. "Some classroom observation or other types of informal assessment" may also be required (Harrington & Gibson, 1986, p. 538).

In the consultation with specialists approach, interventions may be

FIGURE 2. THE TEACHER ASSISTANCE TEAM



From: Chalfont, Pysh, & Moultrie, 1979, p. 91.

implemented by the classroom teacher, the specialist, or other school personnel designated to assist with implementation. There may be a combination of implementors, with some interventions implemented by the classroom teacher and some implemented by a specialist, for example, a school psychologist. In the peer consultation approach, interventions are generally implemented by the classroom teacher, sometimes with the assistance of paraprofessionals.

Following an implementation period, the prereferral team also has the responsibility to assess the success of the interventions. If the interventions are successful, further referral to the MDT would be unnecessary. If unsuccessful, then referral to the MDT for an evaluation might be made. In this event, all of the results of the prereferral process would be made available as documentation for the MDT to use in their analysis.

One way to view the prereferral intervention process is as a support system for teachers dealing with student learning or behavior problems. In order to function effectively, Chalfont et al. (1979) presented four roles for a prereferral team to fulfill.

- Help teachers conceptualize and understand the nature of individual children's learning and behavior problems.
- Provide immediate and relevant support to teachers who are trying to individualize instruction.
- Improve followup and evaluation of mainstream efforts.
- Increase attention to referrals at the building level; reduce the number of inappropriate referrals; utilize special education personnel more effectively (p.86).

Issues. Several important issues regarding prereferral intervention approaches need to be addressed. One issue is that of teacher acceptance. For more than a decade, since the passage of PL 94-142, the

implicit message to regular educators has been that "kids with learning problems are special and need something special that you are not trained to provide." Teacher expectations that children with special needs require special instructional techniques that must be delivered by special educators in special programs are well established. Now the message is changing to "accomodate and modify within the classroom because there is nothing mystical about what special educators do and you can do it, too." Teacher resistance should not be surprising. However, research has shown a willingness on the part of regular educators to work with psychologist consultants to develop intervention plans for their students (Gutkin, 1980). Gutkin et al. (1980) reported a tendency for prereferral consultation to be seen by teachers as most appropriate with less severe problems. Regular educators (N = 41) were surveyed regarding their attitudes toward prereferral procedures by Harrington & Gibson (1986). They found that most of the teachers in their study had generally positive feelings about the prereferral team members as well as the process, however about half of the teachers reported that the prereferral team process was unsuccessful.

Sevcik & Ysseldyke (1986) analyzed teachers' prereferral interventions designed for use with students with behavior problems. They found "that teachers both proposed to use and actually did use interventions that involved teacher-directed actions" (p.114). However, only 10% of the interventions used were the result of the prereferral team conference and "only 36% of these interventions involved positive reinforcement" (p.116). Finally, they found that "the interventions attempted in this study were not successful, since these students were referred for evaluation" (p.116).

These survey results suggest another important issue, the question of effectiveness of prereferral interventions, which has not been adequately investigated. In addition to the Harrington & Gibson survey and the Sevcik & Ysseldyke survey mentioned above, a Carter & Sugai (1989) survey of state departments of education asked the question whether prereferral interventions were successful. The responses were: Usually - 2; Sometimes - 24; Rarely - 1; No Basis for Determining - 13. This question could probably have been better addressed to local education agencies rather than state education agencies, however this result suggests that the question of effectiveness of prereferral procedures may not have been carefully examined by the state agencies which are requiring or recommending their use.

One experimental study concerning the use of a prereferral intervention system was found in the literature. Graden, Casey, & Bonstrom (1985) looked at the impact of a prereferral approach using consultation with specialists on the numbers of students referred, tested, and placed in special education programs. In four of their six schools, they found that the numbers significantly decreased using prereferral consultation. They found that the attitudes of and support given by building administrators were key factors in success. Although their study did not specifically examine effectiveness of interventions, the general reductions in the numbers of cases which were sent forward into the referral-to-placement sequence would provide evidence that prereferral procedures were successful in four of their six schools.

One interesting concept emerged as a positive by-product of prereferral consultation with specialists: working with specialist consultants could improve a teacher's professional skills (Gutkin, 1980;

Lilly & Givens-Ogle, 1980; McGlothlin, 1980; Miller & Sabatino, 1978). This increase in skills could then help increase the teacher's ability to deal with children's problems in the future.

Impact in Nebraska

Student Assistance Team. Prereferral intervention procedures are required in Nebraska. In 1987, the Nebraska Department of Education published its revised Rule 51, The Regulations and Standards for Special Education Programs. The new rule mandated the use of prereferral interventions in the regular education program prior to referral of a student for multidisciplinary evaluation. It called for the use of a Student Assistance Team (SAT) or comparable problem solving team. The Nebraska Department of Education (1987) stated, "The SAT or comparable problem solving team shall utilize and document problem solving and intervention strategies to assist the teacher in the provision of general education" (p.21). The SAT approach is very similar to the Teacher Assistance Team approach of Chalfont et al. (1979) and uses peer consultation. It is strictly a regular education process, although the option exists for special educators to be called in for consultation.

Many Nebraska teachers consider the SAT prereferral process a special education delay tactic rather than a viable regular education intervention process. A great deal of public relations work and training needs to be done with regular educators regarding the prereferral intervention process. Most classroom teachers could benefit from and many would respond positively to training in behavior intervention and curriculum modification, as well as other intervention options. Additionally, the outcomes of the prereferral intervention

process need to be examined for short and long term effectiveness.

Nebraska Legislation. The current trends in special education are having an impact in Nebraska at the legislative level as well. Several bills with direct implications for the special education-regular education interface were brought before the Education Committee of the Nebraska Legislature in 1989. They included LB 386 and LB 392. LB 386 was a bill designed to entitle all students with handicaps to be served in their neighborhood schools. The intent of the bill was to decrease the segregation of the handicapped. It was killed in committee; however, the legislature agreed to establish a study committee to further examine the issue.

LB 392, a bill which required that, beginning in 1992, new candidates for teacher's and administrator's certificates from the Nebraska Department of Education will have to complete a minimum of three semester hours or its equivalent in special education coursework, was passed by the legislature and signed by the Governor. The passage of this bill acknowledged that the responsibilities of regular educators and administrators for handicapped children currently exist and are increasing.

Summary

Several states have mandated the use of the prereferral intervention process, the National Academy of Sciences has recommended it, Gorny (1987) reported its effectiveness at the preschool level, Graden et al. (Part II, 1985) described its effectiveness in four of six elementary schools, and Harrington & Gibson (1986) reported that teachers had positive attitudes toward it. However, Sevcik & Ysseldyke (1986)

reported its lack of effectiveness with behaviorally disordered students, and Carter & Sugai (1989) reported that the state departments of education which required or recommended its use did not know in what proportion of cases it was successful. Effectiveness of the prereferral intervention process has not been examined in depth.

CHAPTER THREE

Design of the Study

Overview

This was a descriptive study. It was conducted in a single Nebraska school district, the Papillion-LaVista Public Schools (PLVPS). School district officials gave approval for the study and provided assistance in accessing school district records.

In this study, teacher and parent reactions to the Student Assistance Team (SAT) process, a prereferral intervention process, were investigated using a survey approach. Data from school district records regarding the numbers of handicapped students during two school years were analyzed.

Questionnaires

Two questionnaires were developed to be used as instruments to collect data from teachers and parents of students referred to the SAT. Copies of the two questionnaires may be found in Appendix A.

The teacher questionnaire requested that teachers list areas of concern which precipitated a student referral to the SAT, rate changes in student performance following use of interventions developed through the SAT process, and rate satisfaction with the SAT process. Several questions were also asked about post-SAT actions.

The parent questionnaire asked whether the parent was aware of the SAT process or of recommendations developed by the SAT. Parents were asked to rate their satisfaction with their child's educational program

and the efforts of the school staff to create an appropriate educational program for their child.

Both questionnaires were subjected to a jury of peers, which included three university professors, one elementary classroom teacher, and one parent, in order to determine their appropriateness as well as their clarity. Both questionnaires were submitted to school district officials for approval prior to conducting the study.

Teacher Questionnaire. In the first section of the teacher questionnaire, each teacher was asked to report the grade placement of the student at the time of referral. Grade placement information was requested in order to allow for an examination of the data for differences at the elementary and secondary school levels. The teacher was asked to list the area(s) of concern which led to referral, and to rate changes in the student's performance in each area of concern following the SAT process. The rating scale provided five response options: 1 - problem totally eliminated/corrected, 2 - significant improvement, 3 - some improvement, 4 - no change, 5 - deterioration. The rating of changes in student performance was used to answer the second research question which asked, "Do teachers report improved student performance in the area of the concern precipitating the SAT referral?"

The second section of the teacher questionnaire required factual information in the form of yes/no responses to six questions related to the background and outcomes of the student referral. These reported facts were used to answer the fourth research question which asked, "Has teacher re-referral of the student to the SAT or referral to the MDT taken place?"

The third section asked for teacher opinion in response to two statements. Both statements dealt with the teacher's attitude toward the SAT process for the student referred. The following rating scale was used: 1 - strongly agree, 2 - agree, 3 - no opinion, 4 - disagree, 5 - strongly disagree. This section of the questionnaire was used to answer the first research question which asked, "Are referring teachers satisfied with the support received from the SAT process?"

The fourth section of the questionnaire used the same rating scale used in section three. It asked for teacher opinion in response to statements about the SAT process in general, without regard to its use for any particular student. Teachers were asked to respond to this section of the questionnaire only once to control for situations in which multiple questionnaires were received because of multiple student referrals by a particular teacher. Although beyond the scope of the research questions this study addressed, this section was included in order to obtain information about general teacher attitudes toward the SAT process.

Section five of the teacher questionnaire was optional and asked for comments about the SAT process in order to give teachers an opportunity to offer additional insights or opinions about it.

Parent Questionnaire. In the first section of the parent questionnaire, parents of students referred to the SAT were asked to provide factual information in the form of yes/no responses to four questions. The first three questions related to awareness of and involvement in the SAT process. Although beyond the scope of the research questions this study addressed, these questions were included in order to obtain information about how well informed parents were

about the SAT process.

The fourth question in section one, which asked whether the student was currently receiving special education services, was included in order to allow for an examination of the data for differences based on whether students received special education services.

The second section of the parent questionnaire asked for parent opinion in response to three statements. The statements dealt with the parent's satisfaction with the student's educational program. The following rating scale was used: 1 - strongly agree, 2 - agree, 3 - no opinion, 4 - disagree, 5 - strongly disagree. This section of the questionnaire was used to answer the third research question which asked, "Are students' parents satisfied with students' educational programs?"

Section three requested the student's current grade placement and was included in order to allow for an examination of the data for differences at the elementary and secondary school levels.

Section four of the parent questionnaire was optional and asked for any comments about the SAT process in order to give parents an opportunity to offer additional reactions to the SAT process.

Subjects and Procedures

From each of the three secondary and nine elementary schools in the PLVPS district, a list of all students who had been referred to the SAT during the 1988-89 and 1989-90 school years was obtained.

Two hundred twenty-seven student referrals were made during the two year period by teachers employed by the school district at the time of the study. Two hundred twenty-seven teacher questionnaires were sent to

the referring teachers. Included with the teacher questionnaire was a cover letter explaining the study (see Appendix A) and a pre-addressed return envelope.

Two hundred twenty parent questionnaires were mailed to parents of referred students who resided within the school district at the time of the study. A cover letter explaining the SAT process, inviting participation in the study, and assuring anonymity was included (see Appendix A) as was a pre-addressed, stamped return envelope.

In order to examine the hypothesis that no difference exists between proportions of students verified as handicapped between pre-SAT implementation and post-SAT implementation periods, data regarding numbers of verified handicapped students in the PLVPS school district were obtained from school district records in two school years, 1984-85 and 1989-90.

Method of Analysis

Data from the two questionnaires were analyzed using arithmetic calculations. Data from school district records regarding the numbers of handicapped students during two school years were compared.

CHAPTER FOUR

Presentation and Analysis

Results

Two hundred twenty-seven teacher questionnaires were distributed to teachers who had referred students to the Student Assistance Team (SAT) during the 1988-89 or 1989-90 school year. One hundred eighty-seven questionnaires were sent to elementary grade level teachers and forty questionnaires were sent to secondary grade level teachers. One hundred fifty-two teacher questionnaires were completed and returned, for a total teacher response rate of 67%. The response rates of teachers at the elementary and secondary grade levels were quite different. The teacher response rate at the secondary level was 40%. At the elementary level, the teacher response rate was 72.7%, nearly double that of secondary teachers. Two teacher questionnaires were returned blank with the exception of the last two items. These two questionnaires were excluded from the sample.

Two hundred twenty parent questionnaires were mailed to parents of students referred to the SAT during the same two year period. Of these, ninety-five were completed and returned for a parent response rate of 43.2%.

Research Question One. Are referring teachers satisfied with the support received from the SAT process? The item on the teacher questionnaire which was used to answer this question stated, "I was satisfied with the support received from the SAT regarding this student." Teachers were asked to respond to this item using the

following rating scale: 1 - strongly agree, 2 - agree, 3 - no opinion, 4 - disagree, 5 - strongly disagree. Ratings of 1 and 2 were considered to be positive, ratings of 4 and 5 were considered to be negative, and a rating of 3 was considered to be neutral. Of one hundred fifty teachers, 73.3% (N = 110) responded positively, 9.3% (N = 14) responded negatively, 11.3% (N = 17) were neutral, and 6% (N = 9) did not rate this statement.

Ninety percent of the students (N = 135) about whom teachers were reporting were in the elementary grades (kindergarten through 6th grade) at the time of their referral to the SAT. Only 10% of the students (N = 15) were in the secondary grades (7th through 12th grade).

The teacher ratings of satisfaction with the SAT process were analyzed for differences between elementary and secondary grade levels. There was no observable difference in teacher satisfaction with the SAT process between the elementary grade level and the secondary grade level. A majority of both responded positively, 79.4% at the elementary level (N = 100) and 66.7% at the secondary level (N = 10).

Further comparisons of differences between elementary and secondary were not made due to the small sample at the secondary grade level. Two factors contribute to this small sample size. Fewer questionnaires were sent to secondary grade level teachers compared to elementary and the questionnaire return rate was significantly lower from secondary teachers, as previously discussed.

Of the students about whom teachers reported, the referral-to-placement process which the SAT referral began led to special education services for 30.7% (N = 46). Forty-eight percent of the students (N = 72) were not placed in special education programs; for 21.3% of the

students (N = 32) information about special education services was not provided.

The teacher ratings of satisfaction with the SAT process were analyzed for differences between students receiving special education services and those not receiving special education services. There was no observable difference in teacher satisfaction when these different special education outcomes were considered. Table 1 presents the ratings of teacher satisfaction with the SAT process according to grade level and according to special education outcomes. Although slightly larger numbers of teachers made neutral or negative responses about teacher satisfaction with the SAT process when students were not eventually placed in special education programs, the great majority of teacher ratings were positive about the SAT process regardless of special education placement.

Table 1

Ratings of Teacher Satisfaction with the SAT Process

Rating	Total	Grade Level		Special Education	
		Elementary	Secondary	Yes	No
Positive					
N	110	100	10	40	48
%	78%	79.4%	66.7%	87%	71.6%
Negative					
N	14	10	4	1	7
%	10%	7.9%	26.7%	2%	10.4%
Neutral					
N	17	16	1	5	12
%	12%	12.7%	6.7%	11%	18%

Research Question Two. Do teachers report improved student performance in the area of the concern precipitating the SAT referral?

On the questionnaire, each teacher was asked to list the area(s) of concern which led to the student referral to the SAT. For one hundred fifty students, teachers reported three hundred sixty areas of concern. Teachers were asked to rate changes in student performance in each area of concern following the SAT process. The following rating scale was used: 1 - problem totally eliminated/corrected, 2 - significant improvement, 3 - some improvement, 4 - no change, 5 - deterioration. Ratings of 1, 2, and 3 were considered to be positive and ratings of 4 and 5 were considered to be negative. For the three hundred sixty areas of concern reported, percentages of positive and negative ratings were identical. Teachers reported positive changes in student performance for 48.6% of the concerns (N = 175) and negative results in changing student performance for 48.6% of the concerns (N = 175). In 2.8% of the cases (N = 10), ratings were absent or unusable.

Research Question Three. Are students' parents satisfied with students' educational programs? The item on the parent questionnaire which was used to answer this question stated, "I am satisfied with my child's current educational program." Parents were asked to respond to this item using the following rating scale: 1 - strongly agree, 2 - agree, 3 - no opinion, 4 - disagree, 5 - strongly disagree. Ratings of 1 and 2 were considered to be positive, ratings of 4 and 5 were considered to be negative, and a rating of 3 was considered to be neutral. Of ninety-five parents, 74.7% (N = 71) responded positively, 17.9% (N = 17) responded negatively, 5.3% (N = 5) were neutral, and 2.1%

(N = 2) did not rate this statement.

Of the students about whom parents reported, 84.2% (N = 80) were in the elementary grades (kindergarten through 6th grade) at the time of questionnaire completion. Only 6.3% of the students (N = 6) were in the secondary grades (8th through 12th grade). Responses regarding students in grade 7 (9.5%, N = 9) were not included as elementary or as secondary because it was unclear at which grade level they had been referred to the SAT.

The majority of parents of elementary students rated their satisfaction with their child's education program positively (79.5%, N = 62). Secondary students' parents were equally divided in their ratings of satisfaction with their child's educational program, with 50% positive (N = 3) and 50% negative (N = 3). Although comparisons of the parent ratings of satisfaction with their child's educational program were planned to analyze differences between elementary and secondary grade levels, the small sample size at the secondary level prohibits direct comparison.

Parents were asked to report whether their child received special education services. There were 43.2% (N = 41) of the students receiving special education and 53.7% of the students (N = 51) not receiving special education services. For 3.2% of the students (N = 3), information about special education services was not provided.

The parent ratings of satisfaction with their child's educational program were analyzed for differences between students receiving special education services and those not receiving special education services. There was no observable difference. Table 2 presents the ratings of parent satisfaction with their child's educational program according to

grade level and according to special education placement. Although somewhat larger numbers of parents made neutral or negative responses about satisfaction with the educational program when students were not eventually placed in special education, the great majority of parent ratings were positive concerning their child's educational program regardless of special education placement. When students were placed in special education programs, 85.4% of parents (N = 35) rated their satisfaction with their child's educational program positively. Seventy-two percent of parents whose children were not placed in special education (N = 36) rated their child's educational program positively.

Table 2

Ratings of Parent Satisfaction with their Child's Educational Program

Rating	Total	Grade Level		Special Education	
		Elementary	Secondary	Yes	No
Positive					
N	71	62	3	35	36
%	74.7%	79.5%	50%	85.4%	72%
Negative					
N	17	12	3	4	12
%	17.9%	15.4%	50%	9.8%	24
Neutral					
N	5	4	0	2	
%	5.3%	5.1%	0%	4.8%	4%

Parents were asked to indicate whether they were aware of the SAT process for their child. Of the ninety-five parents responding to the

questionnaire, 63.2% (N = 60) indicated that they were aware of the SAT process and 36.8% (N = 35) indicated that they were not aware of it. At the elementary level, 70% (N = 56) were aware of the SAT process and 30% (N = 24) were not. At the secondary level, 100% of the parents (N = 6) were not aware of the SAT process.

There was a higher proportion of positive responses regarding satisfaction with the educational program among parents who were aware of the SAT process. Of these parents, 88% (N = 51) made positive responses regarding satisfaction with their child's educational program, 9% of the responses (N = 5) were negative, and 3% (N = 2) were neutral. Of the parents who were unaware of the SAT process for their child, 58% (N = 19) responded positively about program satisfaction, 33% (N = 11) responded negatively, and 9% (N = 3) neutral.

Research Question Four. Has teacher re-referral of the student to the SAT or referral to the MDT taken place? Teachers were asked to indicate whether students were subsequently referred back to the SAT due to unresolved student problems. Teachers reported that 12% of students (N = 18) were subsequently re-referred to the SAT and 76.7% of students (N = 115) were not referred back to the SAT. In 11.3% of the questionnaires (N = 17), this question was not answered.

Teacher ratings of satisfaction with the SAT process were compared with SAT re-referral. For seventeen of the students who were subsequently re-referred to the SAT with unresolved student problems, 70.6% of the teachers (N = 12) gave positive responses regarding their satisfaction with the initial SAT process, 17.6% of the responses (N = 3) were negative, and 11.8% (N = 2) were neutral. Therefore, in spite of the failure of the SAT process to lead to complete problem

resolution, teachers reacted positively to the SAT process.

Teachers were also asked to indicate whether students were referred to the special education multidisciplinary evaluation team (MDT). Seventy-two percent of students (N = 108) were referred to the MDT and 22% of the students (N = 33) were not. There was no response to this question on 6% of the questionnaires (N = 9).

Teacher satisfaction with the SAT process was analyzed for the thirty-three students not referred to the MDT. If the SAT process was viewed by teachers only as one step in the special education referral-to-placement sequence, then it would be expected that teachers would be dissatisfied when referral to the MDT for evaluation did not take place. This was not the case. When there was no referral to the MDT, 78.8% of the teachers (N = 26) responded positively regarding satisfaction with the SAT process, 12.1% (N = 4) responded negatively, and 9.1% (N = 3) were neutral.

Hypothesis. The null hypothesis stated that there is no observable difference in the proportion of students verified as handicapped between pre-SAT implementation and post-SAT implementation periods. In order to test this hypothesis, school district records from two school years were compared. The pre-SAT implementation period used was the 1984-85 school year and the post-SAT implementation period used was the 1989-90 school year.

Data from a non-duplicated count of school-age students verified as handicapped in December, 1984 showed a total of 504 students served by the school district. Total student enrollment that same month was 5,851. The percentage of school-age handicapped students compared to total student population was 8.61% in December, 1984.

Data from a non-duplicated school-age handicapped student count in November, 1989 showed a total of 577 students. Total student enrollment that same month was 6,463. The percentage of school-age handicapped students served by the school district in November, 1989 was 8.93%. No inferential tests of data were developed. There is no observable difference between the proportions of handicapped students served pre-SAT and post-SAT, therefore the null hypothesis cannot be rejected, as judged from descriptive statistics.

CHAPTER FIVE

Discussion

Summary

This study investigated several questions related to Student Assistance Team (SAT) effectiveness. A survey approach was used to collect data from teachers and from parents in the Papillion-LaVista Public School district (PLVPS). Responses from one hundred fifty teacher questionnaires and from ninety-five parent questionnaires were analyzed. The majority of teachers reported satisfaction with the SAT process and the majority of parents reported satisfaction with their children's educational programs.

PLVPS records from two school years were analyzed in order to determine whether the use of the SAT process had impacted the proportion of students verified as handicapped. There was no observable difference in the percentages of handicapped students prior to and following implementation of the SAT process.

Conclusions

Teacher Satisfaction with the SAT Process. Seventy-eight percent of teachers reported satisfaction with the SAT process overall. Regardless of whether students were in elementary or secondary grades and regardless of whether students were placed in special education programs, strong majorities of teachers were positive about the SAT process. The highest percentage of negative responses was from teachers at the secondary level. However, the very small sample size at the

secondary level tends to weaken any analysis of secondary teachers' responses.

The small sample at the secondary level may reflect real differences in the use of the SAT process at elementary and at secondary levels. It would be expected that the majority of handicapping conditions would have been identified by the time students reached the secondary grades. This could account for some difference in the use of the SAT process. Another possible explanation for less frequent use of the SAT at the secondary level could be the departmentalization of teaching at that level. In the elementary grades, each student is assigned to a home room teacher and, although through team teaching other teachers may also teach that student, the home room teacher has primary responsibility for that student's educational program. At the secondary level, the curriculum becomes departmentalized. Each student generally has a different teacher every hour of the school day. Many students have six or seven teachers and many teachers have more than one hundred students. Therefore, teachers may not observe a pattern of problems emerging in a student's educational program/performance or, if observed, may not assume the responsibility of addressing those problems.

Another issue related to curriculum which may contribute to differences between SAT use at elementary and at secondary levels is an orientation at the secondary level toward teaching course content as opposed to teaching skills and processes of learning. It is possible that the SAT process is not well understood at the secondary level. The relatively high level of negative responses regarding SAT satisfaction at the secondary level indicates at least a need for teacher inservicing at the secondary level regarding the SAT process and the implementation

of interventions, and at most a re-examination by administrators and secondary teachers of their roles and responsibilities in meeting individual student's needs.

Changes in Student Performance Following SAT. Teacher ratings of changes in student performance were equally divided; half of the ratings were positive and half were negative. Interestingly, regardless of changes in student performance and regardless of special education placement (as previously discussed), high levels of teacher satisfaction with the SAT process were reported. Therefore, it would appear that teacher satisfaction in cases in which the SAT process did not lead to improved student performance may be due to the teacher having taken one additional step in efforts to problem solve. This implies a psychological change in the teacher rather than a performance change in the student.

Re-referral to SAT and Referral to MDT. Both re-referral to the SAT and referral to the special education multidisciplinary diagnostic team (MDT) are reflections of a lack of total problem resolution following the use of the SAT process. The SAT re-referral rate was only 12%. However, referral to the MDT was made for 72% of the students. Although it is unclear how many of these students would have been referred to the MDT in the absence of the SAT process, this result indicates a possible reduction in MDT referrals from what might have occurred without the use of a prereferral intervention process. The question arises whether all or nearly all of the students in this study would have been referred to the MDT in the absence of the option to refer to the SAT.

The fact that 48% of students in this study did not receive special education services implies that over-referral to the MDT continues

despite the use of prereferral interventions.

Parents' Satisfaction with Educational Programs for their Children.

The parent satisfaction ratings were high overall, were high for parents of elementary students, and were high for both those students placed in special education programs and those who were not. However, only 50% of parents at the secondary level made positive responses regarding program satisfaction. The small sample size at the secondary level limits exploration of this difference.

The data collected in this study focused on students referred to the SAT. Only students experiencing problems in school would have been referred to the SAT. Therefore, the high satisfaction ratings by parents indicate that the parents believed that teachers were doing a good job adapting programs to meet individual student's needs. Also implied is effective teacher-parent communication about those programs.

Awareness of the SAT process regarding their child appeared to impact upon the parents' satisfaction ratings. A much larger proportion of parents who were aware of the SAT process (88%) rated their child's educational program positively compared with parents who were unaware (58%). Conversely, negative ratings were higher when parents were unaware of the SAT process, 33% compared with 9% for parents who were aware.

Fewer than two-thirds of the parents surveyed reported awareness of the use of the SAT process for their child. A wide difference between parents of elementary students and secondary students was reported. Seventy percent of parents of elementary students, but zero percent of parents of secondary students, reported awareness of the SAT process. The small sample size at the secondary level obviates analysis of this

difference.

Sound educational practices would behoove teachers to inform parents of students' educational problems and of efforts to resolve them in most circumstances. Effective public relations has become a prominent issue on which education professionals must focus, and a critical component of effective school-community relations is keeping parents informed of their children's educational programs and performance.

Another issue pertinent to the awareness of parents of the SAT process is that of procedural safeguards. It could be argued that, because the prereferral intervention process is a requirement prior to referral for special education diagnostic evaluations, the procedural safeguards which inform parents of their rights as required by special education laws should be in place at the time of referral to the SAT. Although school districts in Nebraska have not been required to inform parents of their rights at the time of the SAT referral, it is warranted that parents be made aware of any formal process, such as the SAT process, used in regard to their child.

Proportion of Verified Handicapped Students. There was no observable change in the proportion of verified handicapped students from pre-SAT to post-SAT implementation. One of the reasons for the development of prereferral intervention processes was to reduce the numbers of students erroneously identified as handicapped. In spite of Nebraska's adoption of more stringent verification criteria concurrent with the SAT mandate, the fact that no change was found in pre-SAT and post-SAT proportions of verified handicapped students indicates that the school district studied had not been over-identifying students as handicapped in the pre-SAT period, at least as compared to the post-SAT

period.

The lack of difference in proportion of handicapped students pre-SAT and post-SAT might also suggest that the SAT process has not been effective in reducing referrals for special education services. However, since only 72% of students referred to the SAT were subsequently referred to the special education MDT, it could indicate that the SAT process was being utilized by teachers as a forum for problem solving regarding students different from those who would have been referred to the MDT. Therefore, it could be concluded that the SAT process is fulfilling a significant role, either as a process to prevent over-referral of nonhandicapped students to the special education MDT or as a vehicle for problem solving regarding students about whom there previously has been no forum.

Recommendations

Further study concerning prereferral intervention is needed. In the current study, a very small sample was elicited at secondary grade levels. Further investigation of the use of prereferral intervention at the secondary level is warranted.

Studies of the effectiveness of SATs or other comparable problem solving approaches need to be conducted across multiple school districts in order to increase the generalizability of these results. School district size is a potential variable in the effectiveness of the use of prereferral intervention processes which bears investigation.

It would be interesting to investigate the impact of the mandate for use of prereferral intervention processes to determine whether the result found in this study indicating no difference pre- and post-SAT

implementation in the proportion of students verified as handicapped is consistent across the state.

A tangential question for future study would be whether the Rule 51 mandate for the use of prereferral intervention processes has resulted in a reduction of referrals to special education MDTs and/or a reduction in the number of MDT diagnostic evaluations conducted state-wide.

Limitations

Although Rule 51 mandates the use of a student assistance team or a comparable problem solving process, school districts in the state other than the one involved in this study may use prereferral intervention processes which differ significantly from the SAT as used in the PLVPS. Therefore, caution should be used in generalizing the results of this study beyond the school district studied. In addition, this study involved the sixth largest school district in the state. Generalization of results to larger or to smaller school districts may be limited.

In contrast to the relatively large sample at elementary grade levels, this study elicited only a small sample at secondary grade levels. The small secondary sample size makes generalization of these results suspect at the secondary level.

REFERENCES

- Algozzine, Bob & Ysseldyke, James E. (1981). Special education services for normal children: Better safe than sorry? Exceptional Children, 48 (3), 238-243.
- Braaten, Sheldon, Kauffman, James M., Braaten, Barbara, Polsgrove, Lewis & Nelson, C. Michael (1988). The regular education initiative: Patent medicine for behavioral disorders. Exceptional Children, 55 (1), 21-27.
- Carter, Jane & Sugai, George (1989). Survey on prereferral practices: Responses from state departments of education. Exceptional Children, 55 (4), 298-302.
- Chalfont, James C., Pysh, Margaret V., & Moultrie, Robert (1979). Teacher assistance teams: A model for within building problem solving. Learning Disability Quarterly, 2, 85-95.
- Gersten, Russell, Walker, Hill & Darch, Craig (1988). Relationship between teachers' effectiveness and their tolerance for handicapped students. Exceptional Children, 54 (5), 433-438.
- Gorny, Bethanie (1987). The improvement of special education services in an early childhood program through a prereferral intervention system. (Ed.D. Practicum I Report, Nova University). (ERIC Document Reproduction Service No. ED 292 284).
- Graden, Janet L. (1989). Redefining "prereferral" intervention as intervention assistance: Collaboration between general and special education. Exceptional Children, 56 (3), 227-231.
- Graden, Janet L., Casey, Ann & Bonstrom, Orlin (1985). Implementing a prereferral intervention system: Part II. The data. Exceptional Children, 51 (6), 487-496.
- Graden, Janet L., Casey, Ann & Christenson, Sandra L. (1985) Implementing a prereferral intervention system: Part I. The model. Exceptional Children, 51 (5), 377-384.
- Greenburg, David E. (1987). A special educator's perspective on interfacing special and general education: A review for administrators. Reston, VA: The Council for Exceptional Children. (ERIC Document Reproduction Service No. ED 280 211)
- Gutkin, Terry B. (1980). Teacher perceptions of consultation services provided by school psychologists. Professional Psychology, 11 (4), 637-642.

- Gutkin, Terry B., Singer, Jack H. & Brown, Robert (1980). Teacher reactions to school-based consultation services: A multivariate analysis. Journal of School Psychology, 18 (2), 126-134.
- Hallahan, Daniel P. & Kauffman, James M. (1988). Exceptional children: Introduction to special education. (Fourth Edition). Englewood Cliffs, New Jersey: Prentice Hall.
- Harrington, Robert G. & Gibson, Edward (1986). Preassessment procedures for learning disabled children: Are they effective? Journal of Learning Disabilities, 19 (9), 538-541.
- Harvard Graduate School of Education (1989). The mainstreaming debate. The Harvard Education Letter, 5 (2), 1-5.
- Heritage Foundation (1984). The education crisis: Washington shares the blame. The Heritage Foundation Backgrounder. Washington, DC: The Heritage Foundation.
- Lieberman, Laurence M. (1984). Preventing special education: For those who don't need it. Newton, MA: GloWorm Publications.
- Lieberman, Laurence M. (1985). Special education and regular education: A merger made in heaven? Exceptional Children, 51 (6), 513-516.
- Lilly, M. Stephen (1987). Lack of focus on special education in literature on educational reform. Exceptional Children, 53 (4), 325-326.
- Lilly, M. Stephen & Givens-Ogle, Louise B. (1980). Teacher consultation: Present, past, and future. Behavioral Disorders, 6 (1), 73-77.
- Lloyd, John W., Crowley, E. Paula, Kohler, Frank W., & Strain, Phillip S. (1988). Redefining the applied research agenda: Cooperative learning, prerefferal, teacher consultation, and peer-mediated interventions. Journal of Learning Disabilities, 21 (1), 43-52.
- McGlothlin, Jane E. (1980). The school consultation committee: An approach to implementing a teacher consultation model. Behavioral Disorders, 6 (1), 101-107.
- Mesinger, John F. (1985). Commentary on "a rational for the merger of special and regular education" or, is it now time for the lamb to lie down with the lion? Exceptional Children, 51 (6), 510-511.
- Miller, Ted L. & Sabatino, David A. (1978). An evaluation of the teacher consultant model as an approach to mainstreaming. Exceptional Children, 45, 86-91.
- National Coalition of Advocates for Students (1985). Barriers to excellence: Our children at risk. Boston: National Coalition of Advocates for Students.

- Nebraska Department of Education (1987). Rule 51: Regulations and standards for special education programs. Lincoln, NE: Nebraska Department of Education.
- Pugach, Marleen C. (1988). Restructuring teaching. Teaching Exceptional Children, 21 (1), 47-49.
- Pugach, Marleen C. & Johnson, Lawrence J. (1989a). The challenge of implementing collaboration between general and special education. Exceptional Children, 56 (3), 232-235.
- Pugach, Marleen C. & Johnson, Lawrence J. (1989b). Prereferral interventions: Progress, problems, and challenges. Exceptional Children, 56 (3), 217-226
- Pugach, Marleen & Sapon-Shevin, Mara (1987). New agendas for special education policy: What the national reports haven't said. Exceptional Children, 53 (4), 295-299.
- Reschly, Daniel J. (1988). Minority MMR overrepresentation and special education reform. Exceptional Children, 54 (4), 316-323.
- Reynolds, Maynard C., Wang, Margaret C. & Walberg, Herbert J. (1987). The necessary restructuring of special and regular education. Exceptional Children, 53 (5), 391-398.
- Sack, Mary M. (1989). Regular education initiative implications for administrators. Nebraska Journal of Special Education, 1 (1), 6-7.
- Sapon-Shevin, Mara (1987). The national education reports and special education: Implications for students. Exceptional Children, 53 (4), 300-306.
- Sevcik, Bonita M. & Ysseldyke, James E. (1986). An analysis of teachers' prereferral interventions for students exhibiting behavioral problems. Behavioral Disorders, 11 (2), 109-117.
- Shepard, Lorrie A. (1987). The new push for excellence: Widening the schism between regular and special education. Exceptional Children, 53 (4), 327-329.
- Stainback, William & Stainback, Susan (1984). A rationale for the merger of special and regular education. Exceptional Children, 51 (2), 102-111.
- Stainback, William & Stainback, Susan (1985). The merger of special and regular education: Can it be done? A response to Lieberman and Mesinger. Exceptional Children, 51 (6), 517-521.
- Taylor, John M., Tucker, James A., & Galagan, James E. (1986). The Luke S. class action suit: A lesson in system change. Exceptional Children, 52 (4), 376-382.

- Vergason, Glenn A. & Anderegg, M.L. (1989). Save the baby! A response to integrating the children of the second system. Phi Delta Kappan, September, 61-63.
- Wang, Margaret C. & Reynolds, Maynard C. (1985). Avoiding the "catch 22" in special education reform. Exceptional Children, 51 (6), 497-502.
- Wang, Margaret C., Reynolds, Maynard C., & Walberg, Herbert J. (1988). Integrating the children of the second system. Phi Delta Kappan, November, 248-251.
- Wang, Margaret C., Reynolds, Maynard C., & Walberg, Herbert J. (1989). A rebuttal to Vergason and Anderegg: Who benefits from segregation and murky water? Phi Delta Kappan, September, 64-67.
- Will, Madeleine (1986). Educating students with learning problems -- A shared responsibility. Office of Special Education and Rehabilitative Services, U.S. Department of Education. Washington, DC: U.S. Government Printing Office.
- Will, Madeleine (1984). Let us pause and reflect -- But not too long. Exceptional Children, 51 (1), 11-16.
- Wood, James M. (1976). Personal communication.

APPENDIX A



7552 South 84th Street

LaVista, Nebraska 68128-2424

(402) 339-3411

ROGER A. MILLER, SUPERINTENDENT

Dear Parent.

You are being invited to participate in an educational research study. The input of parents is important. Your answers to the questionnaire would be greatly appreciated.

Your participation, by way of completing this questionnaire, is voluntary. We want to assure you of confidentiality. Your responses will be combined with those of other parents and will be completely anonymous.

The Student Assistance Team, also called the SAT, is a team of classroom teachers who work with other teachers regarding students experiencing some kind of learning or behavior problems in school. The SAT helps a teacher to develop ways to improve a student's problems. We are investigating the usefulness of the SAT process and your input would assist us.

The SAT has met to discuss problems your child, _____, was having in school at some time during the past two years. Please answer the following questions. Then return the attached questionnaire in the enclosed envelope.

Thank you for your participation.

Sincerely,

A handwritten signature in cursive script that reads 'Joye L. McLeod'.

Joye L. McLeod
Speech-Language Pathologist

A handwritten signature in cursive script that reads 'Leon Dappen'.

Leon Dappen
Assistant Superintendent

PARENT QUESTIONNAIRE

Please complete this questionnaire regarding only your child mentioned in the attached cover letter.

SECTION I

Please CIRCLE YES or NO:

- YES NO 1. Were you aware that one of your child's teachers has met with the Student Assistance Team (SAT) to discuss problems your child was having at school?
- YES NO 2. Were you made aware of any of the recommendations that were developed by the SAT for adjustments in the educational program in order to try to help your child?
- YES NO 3. Were you asked to be involved in any efforts recommended by the SAT to help your child? (For example, signing daily assignment sheets, providing rewards at home, etc.)
- YES NO 4. Is your child currently receiving special education services?

SECTION II

Please rate the following statements using this rating scale:

- 1 - strongly agree
- 2 - agree
- 3 - no opinion
- 4 - disagree
- 5 - strongly disagree

5. _____ I am satisfied with my child's current educational program.
6. _____ I am satisfied with my child's current educational progress.
7. _____ I believe that my child's school and its staff have attempted to create an appropriate educational program for my child.

SECTION III

Please indicate the current grade placement of your child: _____
(For example, Kindergarten, 4th grade, 10th grade, etc.)

SECTION IV (Optional)

Comments about the SAT process:



**PAPILLION
LAVISTA
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SCHOOLS**

7552 South 84th Street

LaVista, Nebraska 68128-2424

(402) 339-3411

ROGER A. MILLER, SUPERINTENDENT

Dear Teacher,

You are being asked to participate in a research study regarding the state mandated Student Assistance Team (SAT) process. This research study is being conducted by Joye McLeod as part of an Educational Specialist degree program. Results of the study will be shared with the Papillion-LaVista Public Schools and the State Department of Education.

You are being asked to participate because SAT records indicated that you have referred a student to the SAT in your building at some time within a two year period (1988-89 and 1989-90).

A questionnaire regarding each student you referred to the SAT is enclosed for you to complete. Completing each questionnaire should not take more than ten minutes of your time. Your responses on the questionnaire will be combined with those of other teachers and will be completely anonymous.

Please complete the enclosed questionnaire and return it to Joye McLeod at Carriage Hill by May 25, 1990.

Thank you for your participation!

Sincerely,

A handwritten signature in cursive script that reads 'Joye L. McLeod'.

Joye L. McLeod
Speech-Language Pathologist

A handwritten signature in cursive script that reads 'Leon Dappen'.

Leon Dappen
Assistant Superintendent

TEACHER QUESTIONNAIRE

Dear Teacher,

You referred _____ to the Student Assistance Team (SAT) at some time during the past two school years. Please complete the following questionnaire regarding THIS STUDENT and the outcome of the SAT process.

Please complete the questionnaire by May 25, 1990. Return it in the enclosed envelope to Joye McLeod at Carriage Hill.

THANK YOU !

SECTION I

What was the student's grade level at the time of referral? _____ (e.g., Kindergarten, 2nd, 10th, etc.)

Please list the area(s) of concern that led to the SAT referral of this student. Beside each concern listed, rate changes in the student's performance following the SAT process. Use this rating scale:

- 1 - Problem totally eliminated/corrected
- 2 - Significant improvement
- 3 - Some improvement
- 4 - No change
- 5 - Deterioration

Concern:		Rating:
(Examples:	math, reading comprehension, handwriting, compliant behavior, completion of assignments, self-esteem, etc.)	

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION II

Please CIRCLE your answer to each of the following questions:

- YES NO 1. Was the student ever referred to the SAT by a previous teacher?
- YES NO 2. Has the student been referred back to the SAT, by you or by another teacher, since YOUR initial referral? (For example: You referred the student to the SAT in September, problems

improved using the interventions, then problems worsened and the student was re-referred back to the SAT later in the year by you or the following year by another teacher.)

YES NO 3. Has the student been referred to the MDT (special education multi-disciplinary team)?

YES NO 4. If so, was the student tested by the MDT?

YES NO 5. If so, was the student identified as handicapped?

YES NO 6. If so, was the student placed in special education?

SECTION III

Please respond to these statements using the following scale:

- 1 - strongly agree
- 2 - agree
- 3 - no opinion
- 4 - disagree
- 5 - strongly disagree

7. _____ I was satisfied with the support received from the SAT regarding this student.

8. _____ The SAT assisted me in developing helpful strategies for use with this student.

SECTION IV

You may receive multiple questionnaires in the event that you have referred more than one student to the SAT since August, 1988. Please COMPLETE THIS SECTION ONLY ONCE if multiple questionnaires are received. (Use the scale from Section III.)

9. _____ I believe that the SAT process is a valuable one for teachers to use regarding students with problems.

10. _____ The SAT has a useful role helping teachers to individualize instruction to better meet the needs of students with problems

SECTION V (Optional)

Your comments about the SAT process:

APPENDIX B



PAPILLION
LAVISTA
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7552 South 84th Street

LaVista, Nebraska 68128-2424

(402) 339-3411

ROGER A. MILLER, SUPERINTENDENT

December 19, 1989

Joye McLeod
Golden Hills Elementary
2912 Coffey Avenue
Omaha, NE 68123

Dear Joye:

The Papillion LaVista Public Schools is very enthused about supporting your research activity in investigating the process and the effectiveness of the student assistance teams. This data should be helpful in assessing where we are with the mandated process and possibly provide some direction for future improvement. The only concerns we would have would be that participation would be voluntary and that individuals would remain anonymous in terms of final summaries or reports.

Please feel free to share this approval in the letters which you are preparing. If you would prefer, I would be glad to countersign in terms of supporting you in any way possible to increase the participation from parents and teachers.

Sincerely,

A handwritten signature in cursive script that reads 'Leon Dappen'. The signature is written in black ink and is positioned above the typed name and title.

Leon Dappen, Ph.D.
Assistant Superintendent
Curriculum

LD/ss