

THE STORY OF RESTRUCTURING THE INSTRUCTIONAL SUPPORT TEAM

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**Submitted to the Graduate Faculty of the
School of Education in partial fulfillment
of the requirements for the degree of
Doctor of Education**

University of Pittsburgh

2006

UNIVERSITY OF PITTSBURGH
SCHOOL OF EDUCATION

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University of Pittsburgh, 2006

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This study provides the story of one school district's experiences with a mandated program, the Instructional Support Team (IST), which was initiated with external funds. The program was implemented and validated to meet regulatory requirements and designed to provide support services to students in need. Eventually, the funding was removed and the mandate lifted; however, the concept remained. Local Education Agencies were provided the option to sustain the support services as validated or restructure the program. The district in this study restructured the program and sustained many of the support services. The purpose of the study was to provide an in-depth analysis of the accomplishments, obstacles, and future implications of the current screening team that were lifted from the IST concept when funds were removed and what were the implications of the change for student support services.

A major accomplishment was sustaining many of the support services for children even with the elimination of funding and the position of the IST instructor. Other accomplishments included ongoing collaboration with parents, teachers, and outside agencies. This was done in an attempt to meet student needs in the least restrictive environment (LRE). As long as the needs of the student were met, the student was maintained in the general education setting. The continued use of technology and curriculum integration in every elementary classroom provided

classroom provided opportunity for students to work at their own instructional level. A Study Buddy Program was developed in one elementary building to assist in providing individualized student assistance.

The obstacles included expediently fulfilling many of the activities of the IST instructor, time management, and not as much individual student or instructor assistance.

This study illustrates that change is ongoing and redefines many concepts in a system. Successful implementation does not predict the continuation of a program initiated with external funds. However, this district was able to sustain many of the student support services by restructuring the IST.

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ACKNOWLEDGMENTS

It is with sincere gratitude that I express my thankfulness for the efforts of Dr. Charles Gorman, Committee Chair. His patience, expertise, individualized assistance, and student commitment were extraordinary. It has been a privilege to experience the dissertation process with him as Chair.

To Dr. Maureen McClure and Dr. Charlene Trovato who were also members of my committee, thank you. Your suggestions and advice throughout the dissertation process were significant factors in the successful completion of the study.

I am equally thankful to Mr. Robert Nagy. As Superintendent of Schools, mentor, and committee member, Mr. Nagy offered advice and gave of his time without hesitation throughout my graduate studies at the University of Pittsburgh. A sincere thank you is also extended to the participants in this study. They were committed to excellence in education and responded to the needs of all children. Their efforts should not go without mention and are highly commendable.

Most importantly, I recognize the significance of the love and encouragement that my family has provided. To my parents, Albert & Ninetta Firestone, I thank you for providing me with the abilities, attributes and qualities that made reaching this goal possible. Your love and guidance throughout all of my life experiences has made me who I am today. To my husband, Lester, I thank you for your love, support and understanding throughout the many demanding hours that I have devoted to my education.

1.0 CHAPTER

1.1 REVIEW OF LITERATURE

1.1.1 Introduction

As a public educator, the terms general and special education are used frequently, many times daily. A free appropriate public education (FAPE) in the least restrictive environment (LRE) is entitled to all children regardless of their educational needs. Meeting the needs of children in the general education classroom is always the goal; however, the general education setting cannot meet every child's instructional, social and emotional needs. When a child is thought to be in academic or behavioral need, the Pennsylvania Special Education Services and Programs State Board of Education Regulations (Section 14) indicate that a screening team shall meet. Previously, the screening team was the pre-referral team or the Instructional Support Team (IST). The IST recommended instructional or behavioral accommodations for implementation in the general education classroom. In 1998, the Commonwealth of Pennsylvania lifted the IST mandate; however, the concept of the screening team remained. The current Pennsylvania Special Education Services and Programs State Board of Education Regulations (Section 14) mandate a screening team. The Pennsylvania Special Education Services and Programs State Board of Education Regulations (Section 14), also indicate that within 60 school days after initiation, the screening team meets to assess the student's response to intervention. If the

interventions have produced little or no improvement, the student is referred for evaluation under Section 14 (14.123 relating to evaluation). It is the opinion of this researcher that throughout the Commonwealth of Pennsylvania, school systems have systemically restructured screening teams relative to the change in the mandates. Change can create instability in a school system.

This review of literature (See Figure 1.1, Literature Design) will provide background information relative to a program audit and extend current knowledge in the areas of the Commonwealth of Pennsylvania Department of Education, Individuals with Disabilities Education Act (IDEA), the Pennsylvania Special Education Regulations, Section 14 (1990), the Instructional Support Team (IST), Collaboration, Parental Involvement, Administrative Support, Pennsylvania Special Education Regulations, Section 14 (2004) and Educational Reform. The purpose of categorization is 1) to provide knowledge relative to Individual with Disabilities Education Act (IDEA), 2) to present information in regard to the Instructional Support Team (IST), 3) to provide insight into Pennsylvania Special Education Regulations, 4). to provide information relative to collaboration, parental involvement and administrative support, and 5) to present content relative to educational reform.

1.1.2 Individuals with Disabilities Education Act (IDEA)

Over 30 years have passed since President Ford signed into law the Education for All Handicapped Children Act (EAHCA) in November 1975. This Act is also referred to as PL 94-142 and is considered to be one of special education's greatest triumphs, as well as landmark federal legislation for special education. This Act affects millions of children with disabilities in the United States, as well as public school systems. Two pertinent accomplishments of the Act for disabled youth were the guarantee of a free appropriate public education (FAPE) in the least restrictive environment (LRE).

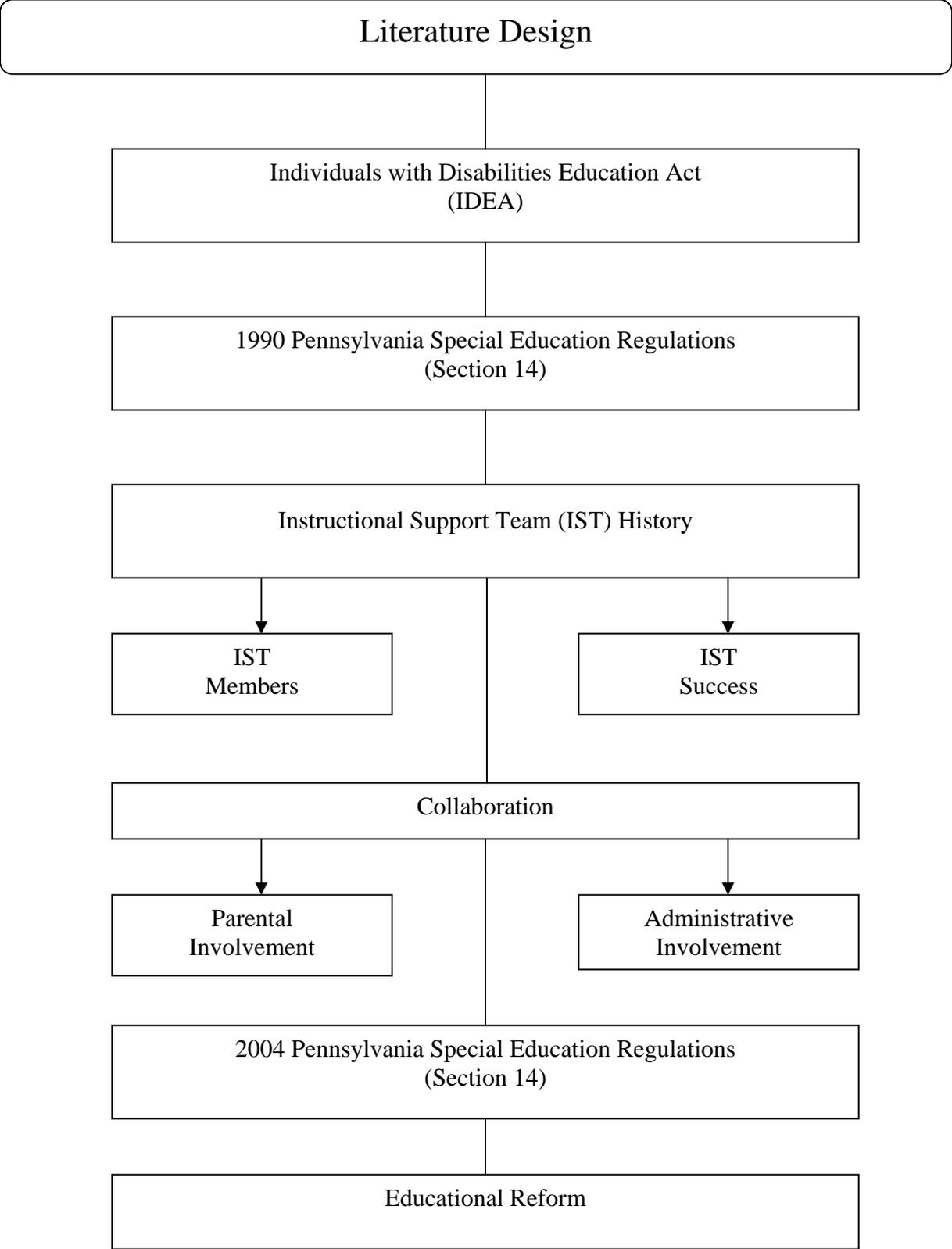


Figure 1-1 Literature Design

The EAHCA required participating states to provide a free appropriate public education (FAPE) by September 1, 1978, for all qualified students with disabilities between the ages of 3 and 18 and by September 1, 1980, for all students between the ages of 3 and 21 (Telzrow & Tankersley, 2000, p. 2).

The EAHCA also mandated that eligible youth be provided the opportunity to have a) a complete and individualized evaluation using nondiscriminatory testing and evaluation procedures, b) a free appropriate public education consisting of special education and related services, and c) educational placement in programs with non-disabled students to the maximum extent appropriate (Telzrow & Tankersley, 2000, p. 2).

The Education for All Handicapped Children Act was reauthorized numerous times and reestablished as the Individuals with Disabilities Education Act (IDEA) in 1990. In 1990, two categories of disability were added to include Autism and Traumatic Brain Injury. Also, the Individualized Education Program (IEP) of students with disabilities (age 16) required the inclusion of transition services. In 1997, the reauthorization included disciplinary changes and a change to the IEP team and document (Telzrow & Tankersley, 2000, p. 3). The most recent reauthorization to IDEA occurred in December, 2004. Signed by President George W. Bush, IDEA is also referred to as the Individual with Disabilities Education Improvement Act (IDEIA) or PL 108-446. The changes were inclusive of evaluations, eligibility determinations, individualized education programs, and educational placements and were effective July, 2005.

For many years, an accepted practice was to refer, evaluate and place children in special education classrooms, where they received specially designed instruction. However, many of the children removed from the general education classroom may have been able to experience success in a general education classroom with non-disabled peers had the opportunity and appropriate pre-referral interventions been in place. This practice led to a steady increase in the number of children identified as exceptional and placed in special education classrooms. This

trend was quite disturbing considering that the goal of special education is least restriction. The screening team is not mandated by federal law; however, it is viewed as a system of child find which is a requirement under federal and state regulation. Also, No Child Left Behind (NCLB), a recent educational initiative and reauthorization of the Individuals with Disabilities Education Act (IDEA) have heightened awareness relative to how educators identify and educate children with instructional, social and emotional needs. (A timeline of major special education and related legislation is included in the Appendix G.)

1.1.3 Pennsylvania School Code 22

1.1.4 1990 Pennsylvania Special Education Regulations Section 14.24

1.1.4.1 Standards Section 342.24

One of the initiatives relative to the 1990 Pennsylvania School Code 22, Section 14.24 and Standards 342.24 was the introduction of an educational concept known as the Instructional Support Team (IST) or pre-referral team. The IST process was mandated from July 1990 through April 1998. A paraphrase of these sections follows:

The IST initiative mandated that each district within the Commonwealth of Pennsylvania establish an IST relative to screening children prior to referral for a Multidisciplinary Evaluation (MDE). The Pennsylvania Department of education provided in-service training relative to each district with the culmination of validation requirements. The 5-year phase-in period was July 1990 through June 1995.

The district ISTs were required to develop teams relative to meeting the appropriate needs of the youth served within the district. The IST was to be chaired by the building administrator or designee from the professional staff and the child's building. It was the responsibility of the principal or designee to convene and supervise the IST. Other members of

the IST included the child's regular classroom instructor, IST instructor, and others as determined by the principal or designee. Other team members could include the parent, speech therapist, guidance counselor, school psychologist, reading specialist, school social worker, school nurse and special education instructor.

The responsibility of the IST instructor was to provide instructional support to instructors at the direction of the IST which was under the supervision of the principal or designee. The support provided by the IST instructor was intended to facilitate the screening of children thought to be in need of special education services. The IST instructor also provided technical assistance, consultation, and training to the parents and instructors of identified children. Direct instructional services were provided to the identified children in the regular classroom environment relative to the determination of the child's instructional level. The IST instructor was not to be utilized for services other than described.

The IST responsibilities included the implementation and management of the screening and assessment process, as well as providing instructional support to the child and the child's regular classroom instructor. The screening and assessment process was a systemic determination relative to the degree of demonstrated student need for instructional support and special education programs. The degree of need was determined by the child's measured instructional level as compared to the functional level of the regular education program relative to measuring individual student performance in the regular education environment. The screening and assessment process could include the activities of the IST, MDT and (IEP) Individualized Education Program teams.

Relative to the determination of the degree of need, the IST made recommendations to the principal or designee in regard to services necessary to meet the identified need. The

principal or designee maintained a comprehensive directory of educational services which were available to students. The services and programs could have included, but were not limited to health services, counseling services, and library services. The instructional support services for instructional personnel included peer support, classroom training, and instructional consultation. Supplementary instructional support services and programs that were within required eligibility and appropriateness included Chapter I, bilingual education, alternative education, student assistance program, vocational education, migrant education, and special education. The continuum of services was determined by priority from minimal to most intensive level of service. These services were determined according to the following priority determination: peer support and exchange for instructional personnel, instructional consultation for school personnel, classroom training for instructional personnel, paraprofessional, and team teacher. A special instructor was consulted on a part-time (for example, remedial teacher, special education teacher) or full time (for example, special education teacher) basis, as well as a specialist such as a therapist.

The IST was to maintain data on the operation of the team at a minimum level. The data included the name of the student, the date of the initial concern, the name of the person expressing a concern, the date of parental contact, and the date and nature of the specific steps taken by the IST.

The activities of the IST did not serve as a bar to the right of a parent to request an MDE of a child, prior to or at anytime during the conduct of the IST. (A full text of these sections is included in the Appendix C).

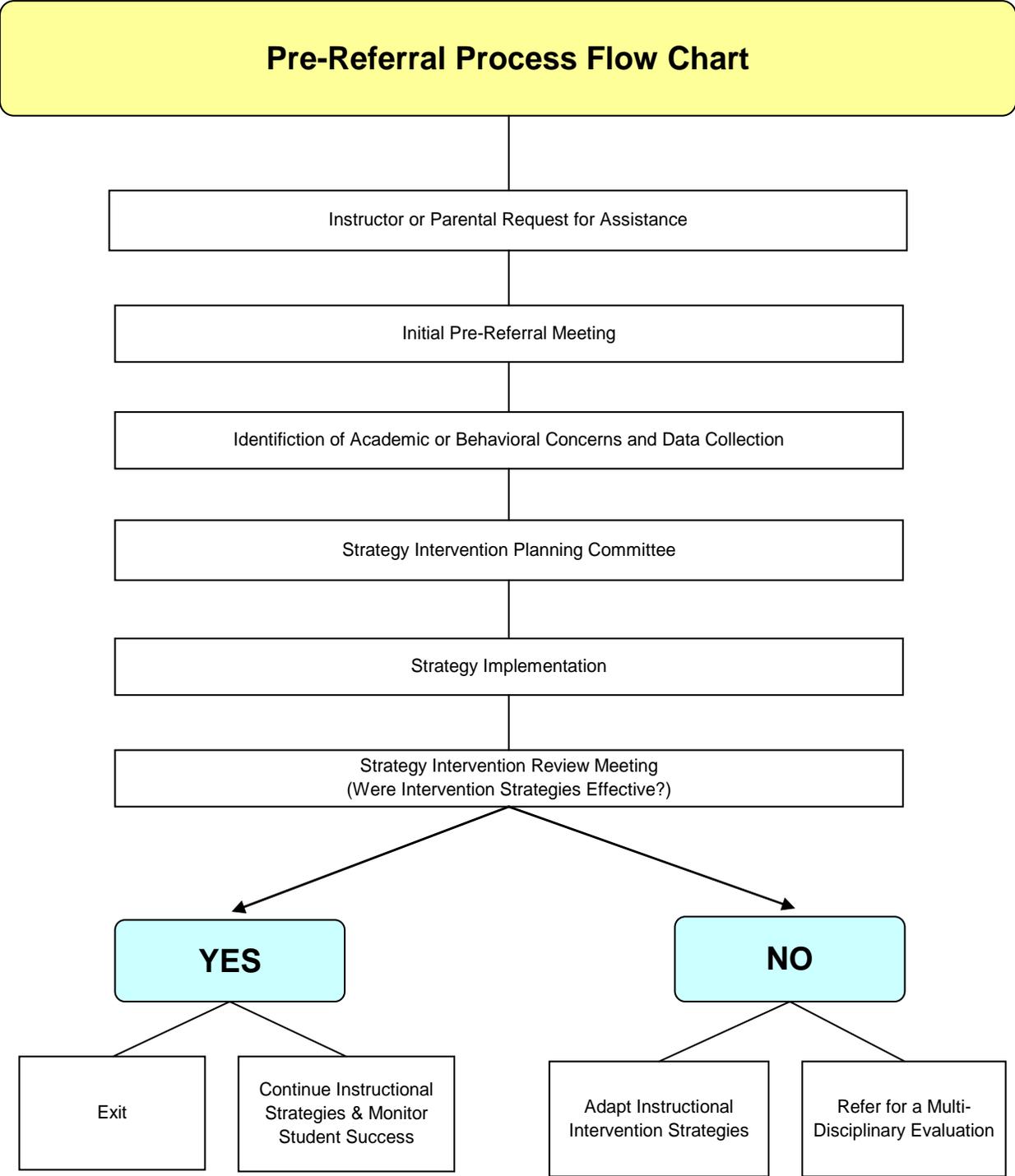


Figure 1-2 Pre-Referral Process Flow Chart

1.1.5 History of the Instructional Support Team (IST)

In 1990, the Commonwealth of Pennsylvania initiated a pre-referral system in public elementary schools (K-6) for children experiencing academic or behavioral difficulties. This mandated pre-referral intervention and screening process for special education was known as the Instructional Support Team (IST). The IST statewide concept was initiated after “traditional special education practices” were challenged on “educational and economic grounds” (Hartman & Fay, 1996, p. 1). The programmatic concerns evolved in regard to historical practices of refer, test, and place while the fiscal concerns evolved relative to the challenges stemming from “the costs involved in providing special education services to a steadily increasing number of students” (Hartman & Fay, 1996, p.1). The thoughts of Hartman and Fay (1996) are reflected by the following:

Pre-referral intervention approaches seek to meet the dual challenges facing special education. They are designed to provide a more appropriate educational program for students at a lower cost. Pre-referral intervention is defined as a regular class teacher’s adjustment or modification of instruction or behavior management before making a request for a formal evaluation. It is preventative in nature and designed to (1) provide early and systematic assistance to students in their regular classroom environment, (2) reduce or eliminate inappropriate referrals for testing, (3) reduce unnecessary placements into special education, and (4) increase the regular classroom teacher’s capacity to deal with the more difficult-to-teach children. (p. 2)

Kovaleski, Tucker and Stevens (1996) purported that conceptually, the IST approach was based on assisting instructors “in meeting students’ increasingly complex academic, behavioral, social, and emotional needs” (p. 44). Through the collaborative pre-referral intervention process, each building’s IST goal was to identify effective intervention strategies for students, assist the general education classroom instructor relative to strategy implementation, monitor and assess individual student progress, and prevent unnecessary placements in special education programs. The IST process assisted school-based teams in the development of a “seamless system of

support” for children and instructors where assistance for the referred child was provided in the general education classroom (Kovaleski, Tucker, & Duffy 1995, p. 4).

As noted previously, the pre-referral intervention system was developed relative to the challenges facing special education. Kovaleski, Tucker, & Stevens (1996) indicated that the IST was perceived as a “bridge” between general and special education programs (p. 45). “The idea was that regular education and special education should be interdependent, overlapping, and cohesive” (Kovaleski et al., 1996, p. 44). Furthermore, D’Alonzo and Boggs (1990) reported that history has evidenced the tendency for special and general education “to move toward a combined educational system” (p.18). Unnecessary referrals for a Multidisciplinary Evaluation (MDE) and inaccurate placements in special education programs are costly. Costly, not only to the district budget, but also costly to a child’s sense of identity and self-concept.

Of the many difficulties that a child with special needs might experience, a primary concern is the concept of building and maintaining a positive self-image. A major factor relative to learning is the concept of self; therefore, it is essential that each instructor assist the child with this conceptualization on a personal level. This concept does not imply expertise by instructors in regard to self-concept; rather it indicates that these problems should attain the concern and attention of the instructor (Lilly, 1975, p. 87).

Special Education Regulations mandated the creation and implementation of the IST process in all elementary schools in the Commonwealth at the K-6 level. There was a five-year (1990-1995) phase-in period where each elementary school participated in a two year training initiative. “During the five-year phase-in period, more than 1,400 elementary and middle schools in all 501 Pennsylvania school districts initiated the IST approach” (Kovaleski, Tucker, & Stevens, 1996, p. 44).

1.1.5.1 Members of the Instructional Support Team

The Instructional Support Team members consisted of a group of instructors and other school personnel who convened in an attempt to brainstorm methods of intervention for children referred to the IST because of academic, behavioral, social, or emotional difficulties. Generally, the mandated team included the building administrator or designee, the child's classroom instructor, the IST support instructor, and the child's parent. Dependent upon the needs of the child, other participants included the Chapter 1 instructors, guidance counselors, speech/language therapist, school nurse, or other professional staff as necessary and appropriate. Collaboration and team planning occurred throughout the IST intervention process. The Instructional Support Team instructor was under the guidance of the building administrator or designee and worked directly with children to assess individual need in the general education classroom. The IST instructor also modeled strategies for instructors and parents, as well as others who might have provided support service to the child. The collaborative planning was intended for the support instructor to phase-out direct intervention with the child relative to general education classroom instructor intervention.

The IST members worked together to identify the child's area of difficulty, formulate goals, and develop intervention strategies. The team members assisted the classroom instructor in searching for what would work for the child by "systematically manipulating instructional variables" and measuring the child's reaction to these changes. Upon strategic intervention selection, the IST assisted the classroom instructor with the incorporation of these strategies into the instructional classroom routine (Kovaleski, Tucker, & Duffy, 1995, p. 5).

Kovaleski, Tucker, and Stevens (1996) indicated that the IST program was designed to accomplish the following:

- Assure that regular education services are used effectively for all students prior to referral for multidisciplinary evaluation;
- Provide peer support and problem solving assistance for teachers through a team-based structure and in-class support;
- Provide initial screening for students who may require multidisciplinary evaluation; and
- Assist teachers who have special needs students in their classrooms. (p. 44)

1.1.5.2 Success of the Instructional Support Team

Kovaleski, Gickling, Morrow, & Swank (1999) conducted a study that reviewed the academic performance of children affected by the IST process as compared to other at-risk youth who did not have an opportunity to experience IST. This study used measures of educational learning time; such as, time on task, task completion, and task comprehension as dependent measures. The results indicated that the “students supported by ISTs had greater levels of academic performance only when their schools implemented the IST process to a high degree” (p. 170). Low IST implementation did not produce differences in academic performance relative to the schools which had not implemented IST (Kovaleski, et al., 1999, p. 170).

The findings of Kovaleski, et al., (1999) were relevant to school districts that wanted to implement effective pre-referral intervention practices. The question of which program features were most important was not addressed in this study; however, the findings concluded that “overall high implementation of the features of ISTs was necessary for improved student performance” (p. 180). All schools in the study had implemented ISTs and had regular meetings; therefore, it was suggested that “basic collaborative team structures may be necessary but not sufficient to realize desired student outcomes” (p. 182). The schools that had high levels of implementation had the basic features of IST in place. A strong administrative leader, an extensive data collection to inform IST decision making, and the involvement of an instructional support teacher were also in place (Kovaleski, et al., 1999, p. 182).

Relative to the success of the IST initiative, Hartman & Fay (1996) conducted a study that reviewed the challenges facing special education which stemmed from fiscal and programmatic concerns. Special education services were being provided “to a steadily increasing number of students” (p.1). This study examined the cost-effectiveness of ISTs in Pennsylvania. The study reported that fewer children attending schools with an IST were referred for a MDE; fewer received specially designed instruction in special education classrooms; fewer returned to the general education classroom (without supportive intervention in the general education classroom) following an MDE; and fewer were retained (p. 31).

Furthermore, Hartman & Fay (1996) reported that the effectiveness of the IST was much greater than the traditional program (refer, test, place) and IST was able to reduce the number of children placed in special education. IST also provided extensive and successful instructional strategies to more students in the general education setting. The conclusion was that the IST program was cost-effective. Costs were approximately equal to the traditional program and overall, it was more effective for children (p. 32). The success rate indicated that 85% or more of the children who were screened by the IST were successful in general education programs (p.15). Also, up to 46% fewer children were referred for an MDE (p. 16).

Kovaleski (2002, p. 1) indicated that regardless of the success of the IST initiative and documented support, the requirement of implementing an IST was being questioned. Hartman & Fay (1996) indicated that ISTs were decreasing referrals for an MDE while Kovaleski, Gickling, Morrow, & Swank (1996) reported the effectiveness of the IST relative to improving individual student performance on measures of educational learning time. ISTs were being referenced as an “unfunded mandate” and “in 1997, in a rather quiet and unpublicized act of the State Legislature, ISTs were rendered optional” (Kovaleski, 2002, p.1). Later, in the 2001 State Special Education

Regulations, Kovaleski further reported that “school districts were required to conduct specific screening techniques, and ISTs were identified as the default procedure for screening”(Kovaleski, 2002, p. 2). Noteworthy, districts had the option to adopt other models of screening considering published criteria (p. 2). (IST to RtI flow chart included in the Appendix B).

1.1.6 Collaboration

Many educators consider the collaborative consultation relationship as one that is working toward a common goal relative to meeting the needs of the youth served. In regard to the IST process, collaborative consultation is a necessary component relative to the conceptual IST goal: the success of the student. The parent is a very important member of this team, as well as the building principal or designee. Both are viewed as advocates for the child. The parents work with the professional staff from the school in regard to finding innovative instructional strategies to assist in the educational success of the child. The building principal or designee leads the IST and provides guidance and direction relative to strategy implementation and collaboration.

On a daily basis, the classroom instructor faces ongoing challenges of meeting the instructional, social, and emotional needs of all students. Instructors and parents are encouraged to request instructional support for those children thought to be at-risk. Once a screening referral is received, the IST members work with the classroom instructor, seeking ways in which instructional variables could be altered to meet the needs of the child. An appraisal of student achievement is also obtained. The collaborative team approach provides opportunity for the general education classroom instructor to brainstorm in regard to strategic individualized instructional implementation, and address the social and emotional concerns within the

classroom. Whitten & Dieker (1995, p. 41) noted that the pre-referral consultation team is one type of collaborative model that is an alternative to the traditional refer, assess, and place practice. “Through a process combining consultation and collaboration, these teams of professionals contribute their knowledge individually to solve problems so that teachers meet the needs of all students” (Whitten & Dieker, 1995, p. 41).

The collaborative consultation based effort also promotes generalization of strategies for implementation with the other children or the class as a whole. The IST also attempts to use supportive services in regard to students who have met special education eligibility requirements and have an IEP. Many times the academic, social, and emotional needs of children are served more appropriately through alternative modes of instruction in the general education classroom. One alternate mode of instruction which can be implemented in the general education setting is differentiated instruction. The concept of differentiated instruction will be further developed in Chapter 4.0.

A critical component relative to the success of the IST is communication. “The basic listening and communication skills of the helping process are known to facilitate clear communication in consultation” (Rosenfield & Gravois, 1996, p. 25). These skills are essential among IST members relative to maintaining student success, as well as identifying effective strategies. The IST collaborates on four basic stages which include goal setting, problem identification, intervention recommendations, and implementation of recommendations.

IST was intended to be a collaborative effort implemented in the general education setting with on-going screening, academic monitoring, and the assessment of individual needs. Children thought to be at-risk for academic failure were provided an opportunity to experience specific instructional accommodations for a 60 day period by regulation. The children, who did

not experience meaningful instructional gains and appeared unresponsive to accommodations during the 60 day intervention, as measured by performance and rate of learning, were candidates for a Multidisciplinary Evaluation (MDE) referral.

The collaborative team approach is also applicable to the Multidisciplinary Team (MDT) who conducts the Multidisciplinary Evaluation (MDE). The Multidisciplinary Team can be described as an interdisciplinary group of individuals who evaluate and participate in the eligibility determination of students relative to Section 14, Pennsylvania Special Education Regulations. The MDT reviews data from the screening team and gathers additional educational data pertinent to the determination of individual student need. The data is analyzed, synthesized, and interpreted by various members of the team as applicable to individual expertise. Of the most valuable and important people on the MDT are the parents or guardians. The MDT may consist of the building administrator, guidance counselor, speech/language therapist, general education instructor, special education instructor, school psychologist, occupational therapist, physical therapist, Title I staff and school nurse. Other members of the MDT might include varying members of school personnel as determined necessary and appropriate relative to the determination of eligibility and individual student needs.

1.1.6.1 Parental Involvement

Michael Fullan's words (as cited in DuFour & Eaker, 1998) provide a profound perspective relative to parental involvement.

The research is abundantly clear: nothing motivates a child more than when learning is valued by schools and families/community working together in partnership...These forms of [parent] involvement do not happen by accident or even by invitation. They happen by explicit strategic intervention (p. 235).

The goals of educators are many; however, a primary emphasis should be placed on the relationship between the home and school. Parents and families are instrumental to a child's capacity to learn, build academic skills and experience success in the educational setting. Henderson and Berla (as cited in DuFour & Eaker, 1998, p. 236) indicated the following relative to parental involvement: When parents are involved in the education of their children, students achieve more, regardless of socioeconomic status or the parent's educational experience. Students also exhibit more positive attitudes which lead to better behavior and students are more likely to graduate. The most accurate predictor of student achievement is the extent to which a family is able to create a home environment conducive to learning and communicate reasonable expectations relative to achievement (DuFour & Eaker, 1998, p. 236).

Regardless of the importance of parental involvement in a child's educational experience, both educators and parents struggle with defining what the role should be. Many instructors in urban and rural areas are likely to be disheartened and "complain of parental indifference" while teachers in suburban areas may "complain of parental overzealousness" (DuFour & Eaker, 1998, p.237). The creation of an effective partnership between the parent and school is likely to enhance a relationship to which each party brings specific skills and expertise; therefore, facilitating a supportive network and a mutual goal: the success of the child (DuFour & Eaker, 1998, p. 238).

The Center on Families, Communities, School and Children's Learning (as cited in DuFour & Eaker, 1998, p. 237) reported that in a survey, 90% of instructors felt that parental involvement was important, 32% of the instructors indicated that it was their responsibility to get parents involved, and 50% agreed that they did not have enough time to seek parental involvement. Interestingly, Gutman found (as cited in Dufour & Eaker, 1998, p. 237) that 90% of

parents indicated that the lack of time was a primary obstacle relative to becoming more involved.

Sattler (1992, p. 782) indicated the importance of assisting parents in viewing the assets, as well as the limitations of their children. Collaborative parental involvement should encourage the sharing of information relative to the educational gains that the child has obtained, as well as additional expectations concerning continued academic progress and instructional intervention strategies. As noted previously, parental involvement is critical to increasing the likelihood that a child will experience success in school. Many times, parents offer pertinent developmental or background information that may impact the success of intervention strategies in the classroom. Relative to providing background information about the child, the parent might convey information about their parenting style. “Parenting style is associated with increased parental competence in understanding children’s development, resulting in positive effects on their learning” according to Pratt et al., (as cited in Christenson & Buerkle, 1999, p. 717).

The importance of parenting style lies in the theory that the parent-child relationship is a critical component relative to the growth and development of the child. The parents’ life experiences, values, perceptions and expectations for the child, as well as temperament and intellectual capacity of both parent and child, influence this crucial relationship. Cultural influences, religious traditions, family values, socialization skills, divorce rates, and research all have an effect on the way perceptions of parental roles are viewed. Administrators, instructors, schools, and community can benefit from information relative to parenting styles, because it assists in the understanding of the socialization of the child in the context of family. This information is advantageous in promoting collaborative efforts between the home and school (Keith & Christensen 1997, p. 559).

1.1.6.2 Administrative Involvement

A principal with strong leadership skills is crucial to the creation of learning communities, reported DuFour and Eaker (1998, p.183). The conceptual framework of the pre-referral or screening team could be considered as one learning community within an educational framework. Principals can play a major role in the creation of conditions that are reflective of effective leadership strategies, collaborative skills, positive working relationships and educational reform. Rosenfield and Gravois (1996, p. 40) reported that the building administrator or someone designated by the administrator is a critical member of the instructional consultation team. The principal should be knowledgeable of the decisions made at the screening team meetings, as well as the process by which instructional strategy intervention is determined. Administrative support that enhances the decision making process of the screening team, encourages collaborative problem solving strategies, and strives to build positive working relationships that involve parents as collaborative team members are likely to develop learning communities that enhance the success of all children.

According to Fullan (2001a, p. 51), relationships are what make the difference. The relationships between the administrator, teachers, and students impact the climate of the building and the performance of the persons within that climate. Goleman (as cited in Fullan 2001b, p. 148), examined the relationship between leadership style, organization climate, and performance. One leadership style identified to positively affect climate is the affiliative leadership style. Goleman (as cited in Fullan, 2001b, p. 148) described the affiliative leader as one who creates harmony and facilitates emotional bonds. It is further denoted that the affiliative leadership style has a positive impact on climate and organization. Regardless of leadership style, a culture of change can cause stress, anxiety, and ambiguity; however, the most effective leaders are not the

smartest relative to intellectual capacity but those who combine “intellectual brilliance with emotional intelligence,” reported (Fullan, 2001a, p. 71).

In comparison to the authentic leader, Evans (1996) reported that “transformation begins with trust” (p. 183). Trust is the essential link between the principal and those whom he leads and is vital to the stability of the organization, as well as job satisfaction and loyalty. Trust is as fragile as it is precious, Evans further noted that it is almost impossible to repair; once damaged. When school leaders are seeking change, they need to begin by thinking of what will assist in the development of trust among their constituents (Evans, 1996, p.184).

Both authors reflected the importance of having a building administrator that is perceived as an individual that values relationships, and trust. Therefore, one can assume that an effective leader maintains a style of leadership that facilitates trust and loyalty through quality relationships of collaboration. In turn, these relationships have a positive impact on climate, performance, job satisfaction, and most importantly student success. “Relationships are paramount” reported Fullan (2001a, p. 76).

1.1.7 2004 Pennsylvania Special Education Regulations

1.1.7.1 Pennsylvania School Code 22 Section 14

14.22 Screening

A paraphrase of these sections follows:

Currently, each school district is required to establish a system of screening to identify and provide initial screening for children prior to referral for a MDE. Peer support for instructors and other staff members is required to assist in effectively working with children within the general education curricula. Hearing and vision screenings according to section 1402

of the Public School Code of 1949 are to be completed for the purpose of identifying children with hearing or vision difficulty so that they can be referred for assistance or for an evaluation for special education. It is necessary to identify children who may need special education services and programs.

The implementation of a comprehensive screening process is required in each school district within the Commonwealth. Local education agencies may implement IST according to department guidelines or they may develop an alternative screening process. School districts which elect to not implement IST for screening can develop and implement a comprehensive screening process that includes the aforementioned components, as well as an assessment of the child's response to intervention, a determination as to whether the child's assessed difficulties are due to a lack of instructional or limited English proficiency, and activities designed to gain parental participation. An assessment of a student's functioning level in the curriculum which includes curriculum or performance based assessment will be completed for children experiencing academic difficulty. A systemic observation in the classroom or area in which the student is displaying difficulty is required for those children with behavioral concerns. An intervention based on the results of the assessments is required for those students exhibiting academic or behavioral difficulties. A determination as to whether the student's needs exceed the functional ability of the general education program relative to maintaining the student at an appropriate instructional level is also required.

If the screening activities have produced little or no improvement within 60 school days of initiation, the child will be referred for an evaluation under Section 14.123 (relating to evaluation). The screening activities do not serve as a bar to the parental right to request an

evaluation, at any time, including prior to or during the conduct of screening activities. (A full text of these sections is included in the Appendix F).

1.1.8 Educational Reform

Change can be described as unnerving, frightening, chronic, anxiety provoking, and complex. Many times, change is not planned nor is it welcome, but change encompasses the lifespan. One social institution that evidences past experience and frequent pressure relative to change is an educational system. Rosenfield and Gravois (1996, p.1) indicated that innovative practices are not readily introduced into the daily lives of educators and the literature on the dissemination of innovation is filled with tales of failed implementation. However, educators need to develop a mindset relative to becoming “agents rather than victims, of change,” reported (Fullan, 1993, p. ix). “Two aspects in organizations are key for change facilitators: the goals of the organization and the means to reach those goals” (Rosenfield & Gravois, 1996, p. 86).

Change can also threaten one’s sense of competence, and create feelings of anxiety, ultimately leading to frustration. As a result of change, one might experience feelings of ineffectiveness and incompetence. Relative to a human resource perspective, organizational change, staff development, and morale are dependent upon the response to the needs and feelings of personnel. An alteration in procedures, practices, processes, and routines hamper one’s ability to perform tasks with confidence and success, resulting in feelings of inadequacy and insecurity. As individuals, we construct an occupational identity based on accumulated wisdom which is drawn from our own life experience, colleagues, parents, spouses, and members of the community. Change often discredits one’s identity, challenging individual purposes, and devaluing individual skills. This natural human occurrence assists in accounting for many implementation difficulties in educational reform (Evans, 1996, p. 32).

John Kotter (as cited in Dufour & Eaker, 1998, p. 51) reported that there are eight common mistakes in the change process while Fullan (1993, p. 21) indicated that there are eight lessons of change. Two of the eight from each author will be discussed comparatively. “Failing to create a sufficiently powerful guiding coalition” is denoted by individuals working alone, regardless of competency or charisma, those who work in isolation will never know all that is needed to overcome the powerful forces of tradition, according to John Kotter (as cited in DuFour & Eaker, 1998, p. 51). One key to guiding successful change is the creation of a guiding coalition and the critical number of people within the organization who will strive for a successful change together (DuFour & Eaker, 1998, p. 51).

Fullan (1993) purported that “every person is a change agent: change is too important to leave to the experts” (p. 22). No one person has the capacity to understand all of the complexities of change in dynamically complex systems; such as a school system. With this in mind, one should strive to be part of the team and not leave the responsibility to others. Change cannot be established by administrators in school systems working in isolation. Every person within the educational system has the responsibility to assist in creating an organization capable of a continuous search for new information and a quest for renewal (Fullan, 1993, p. 39).

The authors contend that an organization cannot experience change through one individual’s attempt to control or implement change in isolation. A successful change requires leaders who have a level of commitment to the people and the relationships within the system, collectively. Change occurs when individuals work together through collaborative efforts toward a common goal. The success of the change experience is the responsibility of the individuals within the system.

Moral purpose needs an engine, and that engine is individual, skilled change agents pushing for changes around them, intersecting with other like minded

individuals and groups to form the critical mass necessary to bring about continuous improvements (Fullan,1993, p. 40).

Dufour and Eaker (1998, p. 51) and Fullan (1993, p. 28) reviewed the concept of vision. “Underestimating the power of vision” is a common error relative to educational reform (DuFour & Eaker, 1998, p. 51). The concept of vision indicates directing, aligning, and inspiring the actions of the members within a system. The vision must also be communicated credibly by the leaders of the organization. Without the clear sense of direction that a shared vision provides, individuals within the organization might decide to do whatever they want, consistently seek reassurance from administrators relative to decisions or be in a state of continual debate (Dufour & Eaker, 1998, p. 51).

“Visions are necessary for success but few concepts are as misunderstood and misapplied as in the change process” (Fullan, 1993, p. 28). First, in order to form a realistic plan for change, one needs to acquire a great deal of reflective experience. “Vision emerges from, more than it precedes action” (Fullan, 1993, p. 28). Second, a shared vision is essential for the success of the organization and transpires through interaction. It must evolve through the collaborative interaction of members and leaders within the organization (Fullan, 1993, p. 28).

The authors indicated that a shared vision is a necessary component relative to the process of a successful change. Both authors contend that the vision must be shared collectively among leaders and members of the organization. It is also a collaborative effort. The shared vision facilitates ownership and accountability which assists in ensuring a successful change.

1.1.9 A View of Co-Construction Change

Co-construction is particularly helpful for the investigation of educational reform. This concept assists educators reflect upon the relationship between social interactions in schools and the effect of major structural forces that characterize, and contribute to, the reproduction of society (Datnow, Hubbard, & Mehan, 1998, p. 3).

Neither human social life in general nor school reform in particular takes place automatically, in isolation, or in discrete, autonomous situations. At the same time, social actions are not generated entirely and spontaneously in locally organized contexts. To capture the interrelations among social contexts, we treat the reform process as a conditional matrix” (Datnow et al., 1998, p. 2).

When educational reform is expressed as a conditional matrix it avoids the definition of social life as uni-directional. Educators in school systems do not simply respond to mandates; they are active participants, implementing, responding, and enacting policy (Datnow, et al., 1998, p. 2).

Cole (as cited in Datnow, et al., 1998, p. 3) depicted reflexive relations among structure, culture, and agency. Applicable to the current study, it is the opinion of this researcher that structure refers to the process of the screening team instituted to replace IST, culture refers to the broader school community, and agency refers to the school district. Any change to the dimension of any one of these concepts creates the conditions for the others.

1.1.10 A View of the Rand Change Agent Study

From 1973 through 1978, the Rand Corporation conducted a national policy study of four federally funded programs under the sponsorship of the United States Office of Education. These innovative change agent programs typically offered temporary federal funding to local education agencies as seed money to support new programs. If the educational innovation was

successful, it was assumed that the local education agencies would continue the program by utilizing necessary resources from other allocations. The Rand Change Agent Study reviewed four programs: 1) the Elementary and Secondary Education Act of 1965 (ESEA) Title III, Innovative Projects; 2) the Elementary and Secondary Education Act Title VII, Bilingual Projects; 3) the Vocational Education Act, 1968 Amendments, Part D, Exemplary Programs; and 4) the Right-To-Read Program. The results of the Rand Change Agent Study assisted educators in gaining insight relative to the comprehension of each area of innovation: the adoption process, implementation and incorporation of the innovation (Berman, Greenwood, McLaughlin, & Pincus, 1975).

The Rand Change Agent Study was conducted in two phases and provided a theoretical perspective of each of the four areas mentioned previously. The study examined a sample of 293 local innovations funded by the four federal programs in 18 states. Rand found that the adoption of a program by regulation did not ensure successful implementation. Furthermore, successful implementation did not predict the continuation of projects initiated with federal funds. The study concluded that the “net return to the general investment was the adoption of many innovations, the successful implementation of few, and the long-run continuation of fewer” (McLaughlin, 1990, p. 12). What emerged from the Rand Change Agent Study and remains constant is evidenced by the following conclusions:

1. Implementation Dominates Outcome- The Rand Change Agent Study conclusively indicated that how the local education agency chose to implement a policy had a greater significance on the outcome of the policy as compared to such features as technology, program design, funding, or governance requirements (McLaughlin, 1990, p.12).
2. Policy Cannot Mandate What Matters-What influenced policy outcomes the most were local capacity and will. The routine of organizations, general expertise, and availability of resources to support change efforts generated distinct differences in the ability of practitioners to plan, execute

or sustain an innovative effort. The presence of motivation to embrace policy objectives was crucial in order to generate the energy necessary for project success (McLaughlin, 1990, p.12).

3. Local Variability is the Rule; Uniformity is the Exception-All classrooms, schools, and local education agencies share common features; they have curriculum and grade structures, as well as student placement policies. They are also different in fundamental and consequential ways. Local policies and practices continue to vary among locality and throughout time (McLaughlin, 1990, p.12).

“We have learned that we cannot mandate what matters to effective practice; the challenge lies in understanding how policy can enable and facilitate it” (McLaughlin, 1990, p. 15).

Signed into law in November 1975 by President Ford, the Education for All Handicapped Children Act is considered one of special education’s greatest triumphs and landmark federal legislation for special education. Two pertinent accomplishments of the Act were the guarantee of a free appropriate public education and education in the least restrictive environment. Presently, this Act is referenced IDEA. In 1990, the Pennsylvania Special Education Regulations mandated the development of the Instructional Support Team (IST) throughout the Commonwealth. The responsibilities of the Instructional Support Team included instructional or behavioral accommodation implementation within the general education setting for 60 days per regulation. ISTs were rendered optional in 1997.

The 2004 Pennsylvania Special Education Regulations mandate a screening team. Local education agencies may implement IST according to regulation or develop an alternative screening process. If the screening activities have produced little or no improvement within 60 school days, the child will be referred for an evaluation under Section 14.

Educational reform is complex, not usually planned and often not welcome. One social institution that evidences frequent pressure relative to change is an educational system. A co-constructive process of change incorporates a triangulation of the local education agency, the

culture, and the system. Any change to one of these creates the conditions for the others. The Rand Corporation conducted a national policy study of four federally funded programs from 1973 to 1978. The Rand Change Agent Study concluded that the adoption of a program by regulation did not ensure successful implementation. Furthermore, successful implementation did not predict the continuation of projects initiated with federal funds.

2.0 CHAPTER

2.1 METHODOLOGY

2.1.1 Introduction

Change encompasses the lifespan; it is most often not welcome and not usually planned. Change can be described as unnerving, frightening, anxiety provoking, chronic, and unpleasant. One social institution that evidences past experience and frequent pressure in regard to change is an educational system. Rosenfield and Gravois (1996, p.1) indicated that innovative practices are not readily introduced into the daily lives of educators and the literature on the dissemination of innovation is filled with tales of failed implementation. However, educators need to develop a mindset relative to becoming “agents rather than victims, of change,” reported (Fullan, 1993, p. ix).

Co-construction, as denoted by Datnow, Hubbard, and Mehan (1998) is particularly helpful relative to the investigation of educational reform. This concept assists educators reflect upon the relationship between social interactions in schools and the effect of major structural forces that characterize, and contribute to, the reproduction of society (p. 3).

Datnow et al. (1998) reported that

neither human social life in general nor school reform in particular takes place automatically, in isolation, or in discrete, autonomous situations. At the same time, social actions are not generated entirely and spontaneously in locally

organized contexts. To capture the interrelations among social contexts, we treat the reform process as a conditional matrix, (p. 2).

Cole (as cited in Datnow, et al., 1998, p. 3) depicted reflexive relations among structure, culture, and agency. It is the opinion of this researcher that co-construction refers to what happens during implementation. Furthermore, the co-construction concept sets the framework which provides opportunity for a deep analysis of what is actually present and occurring. Applicable to the current study, this researcher indicates that structure refers to the process of the screening team instituted to replace IST, culture refers to the broader school community, and agency refers to the school district. Any change to the dimension of any one of these concepts creates the conditions for the others.

Another perspective of educational reform generated from the Rand Corporation. From 1973 through 1978, the Rand Corporation conducted a national policy study of four federally funded programs under the sponsorship of the United States Office of Education. These innovative change agent programs typically offered temporary federal funding to local education agencies as seed money to support new programs. If the educational innovation was successful, it was assumed that the local education agencies would continue the program by utilizing necessary resources from other allocations. The Rand Change Agent Study reviewed four programs: the Elementary and Secondary Education Act of 1965 (ESEA) Title III, Innovative Projects; the Elementary and Secondary Education Act Title VII, Bilingual Projects; the Vocational Education Act, 1968 Amendments, Part D, Exemplary Programs; and the Right-To-Read Program. The results of the Rand Change Agent Study assisted educators in gaining insight relative to the comprehension of each area of innovation: the adoption process, implementation and incorporation of the innovation (Berman, Greenwood, McLaughlin, & Pincus, 1975).

It is the opinion of the researcher that the Rand Corporation research is important to the current study for two reasons: First, the IST framework was initiated with federal seed money which is comparative to what Rand researched. Second, adaptation is a major strategy that is reported in the Rand study. Programs are designed and adopted; however, upon implementation, adaptations occur.

2.1.2 Background

A free appropriate public education (FAPE) in the least restrictive environment (LRE) is entitled to all children regardless of their educational needs. Meeting the needs of children in the general education classroom is always the goal; however, the general education setting cannot meet every child's instructional, social and emotional needs. When a child is thought to be in academic or behavioral need, the Pennsylvania Special Education Services and Programs State Board of Education Regulations (Section 14) indicate that a screening team shall meet. Previously, the screening team was the pre-referral team or the Instructional Support Team (IST). The IST recommended instructional or behavioral accommodations for implementation in the general education classroom. In 1998, the Commonwealth of Pennsylvania lifted the IST mandate; however, the concept of the screening team remained. The current Pennsylvania Special Education Services and Programs State Board of Education Regulations (Section 14) mandate a screening team. The Pennsylvania Special Education Services and Programs State Board of Education Regulations (Section 14), also indicate that within 60 school days after initiation, the screening team meets to assess the student's response to intervention. If the interventions have produced little or no improvement, the student is referred for evaluation under Section 14 (14.123 relating to evaluation). It is the opinion of this researcher that throughout the

Commonwealth of Pennsylvania school systems have systemically restructured screening teams relative to the change in the mandates.

2.1.3 Statement of the Problem

What are the accomplishments, obstacles, and future implications of the current screening team framework that were lifted from the IST concept when funds were removed and what are the implications of the change for student support services?

2.1.4 Research Questions

The study of restructuring the screening team presents many questions, that, when answered, may offer insight into the accomplishments, obstacles and future implications of the framework of the screening team. This story will provide significant knowledge in an area that we do not know enough about, educational reform. The portrayal of this district's experience may offer insight into future change initiatives within this or other educational systems.

1. How did one school district restructure the processes of the IST that was once funded and mandated by an outside agency? The conceptual framework of IST was lifted; however, the concept of the screening team remained by mandate.
2. How did the change in the mandates effect the conceptual framework of the screening team in this district?
3. How does the screening team assist in meeting the needs of the children in the general education classroom in this district?
4. How does the educational reform co-construction theory relate to changes experienced relative to restructuring the IST in this district?
5. How do the findings of the Rand Change Agent Study relative to the implementation of educational initiatives relate to the restructuring of the IST in this district?

2.1.5 Procedures

This study is a single case study of a mandated concept and will provide an in-depth analysis of the organization of the screening team framework within one school district. Permission was granted from the superintendent of the district to conduct the study. The names of the school district, schools and participants inclusive of the study were withheld to maintain privacy and confidentiality.

Regulations on the current screening team mandate and the previous IST mandate are included because they initiated educational reform. The literature review provided information and detail into these areas. The information obtained from the interviews as reflected in the researcher's interpretation will connect to the literature.

The primary source of data will include interviews with members of the active screening team participants, many of which were members of the previous IST. Participants include principals, guidance counselors, and other staff members. The participants will be provided with a list of questions regarding the restructuring of the screening team. The researcher will conduct the interviews in a conversation type setting. An audio recorder will also be used with participant permission and knowledge of recording. If the participants prefer that no recording be made, the researcher will honor the request.

Following the analysis of the interviews and completion of the written accounts, the interviewees will be asked if they wish to read the completed document. The purpose of this is to provide an opportunity for the interviewees to read the analysis and refine statements.

The interview questions consist of the following as per participant:

1. What is the description of your role as a member of the screening team?

2. How has the pre-referral process and forms manual provided assistance in the implementation of the screening team process?
3. How were the responsibilities of the IST instructor position disseminated after position elimination?
4. What is the scope of the referrals and how does the screening team collaborate in addressing the referrals?
5. How is parental involvement initiated and sustained?
6. What resources can be used to increase a child's chance for academic success?
7. What timelines are followed?
8. What other information would you like to share about this change in addition to the information shared through the questions?

2.1.6 Organization of Data

The Instructional Support Instructor position was eliminated in the summer of 2003 in the district. In the fall of 2003, this researcher was approached by the superintendent of schools and the supervisor of special education relative to assisting district staff in the development of a pre-referral process which would meet regulatory screening team guidelines.

In collaboration with colleagues from various districts within the Commonwealth of Pennsylvania, this researcher assisted district staff in the development of a comprehensive screening process and forms manual. After refining the process and manual, staff meetings were held with each building administrator and guidance counselor to review the manual and to provide clarity for implementation, prior to commencing the 2004 school year. The information reviewed at the staff meetings was to be shared with the professional staff at the building level. Implementation date was August 2004.

This study will be conducted in a school district in Southwestern Pennsylvania. As of February 2006, the student population was approximately 2883. There were also 173 instructors and 10 administrators. This study will provide the story of one district's response to restructuring the Instructional Support Team to meet regulatory screening team guidelines. The researcher will organize the data in a comparative four column format to include IST regulations, interview questions, previous IST operations, and the current screening team operations.

The operations of the previous IST in this study screened children and provided interventions prior to referral for an MDE. The IST met validation requirements set forth by the Commonwealth of Pennsylvania and determined appropriate intervention strategies as per individual need. The building administrator or designee was responsible to chair, convene, and supervise the implementation of student services recommended by the IST. An IST teacher provided instructional support to the regular education teacher at the direction of the IST, as well as consultation to parents, instructors of referred students and other staff members. Other members of the IST included, as determined by individual need, the student's parent, regular education teacher, school nurse, physical therapist, occupational therapist, school psychologist, speech therapist, guidance counselor, reading specialist, and special education teacher. The IST also provided services to exceptional learners if noted in the individual's IEP. Intervention and assessment were determined by individual instructional or behavioral need. If the instructional support services produced little or no improvement within 60 school days after initiation the youngster was referred for an MDE. Parents maintained the right to request an MDE at any time, prior to or during the IST activities.

The operations of the current screening team in this study include identifying and providing a comprehensive screening for children prior to referral for an MDE or special education evaluation. The screening system is to accomplish the following: identification and initial screening prior to an MDE referral, peer support for instructors and other staff so they can effectively assist children in the general education curriculum, conduct hearing and vision screenings for the purpose of identifying children with hearing or vision difficulty, and identify students who may need special education services. For children experiencing academic difficulties, an assessment of functioning within the curriculum which includes curriculum or performance based assessment is conducted. For behavioral difficulties, an observation of the child's behavior in the area in which the child is having difficulty is completed. Interventions and assessments are completed relative to the referral reason and assessment results. The determination of whether the child's assessed difficulty is due to a lack of instruction or limited English proficiency is made. The team determines if the child's needs exceed the functional ability of the general education classroom and activities to gain parental participation are designed. If the screening activities produce little or no improvement within 60 school days after initiation, the individual is referred for an MDE. Parents maintain the right to request an MDE, at any time, prior to or during the screening activities.

Table 2.1 Data

IST Regulations	Interview Questions	Previous IST Operations	Current Screening Team Operations
The development of an IST according to regulatory framework.	What is the description of your role as a member of the screening team?	The development of an IST by regulation.	The development of a comprehensive screening process by regulation.
The building principal or designee is chairperson of the IST and supervises implementation of recommendations made by the IST.	How has the pre-referral process and forms manual provided assistance in the implementation of the screening team process?	The building principal or designee is chairperson of the IST and supervises implementation of recommendations of the IST.	The building principal or designee is chairperson of the screening team and supervises implementation of recommendations of the screening team.
An IST instructor is a member of the IST. The IST instructor provides consultation, technical assistance, and training to instructors and parents of referred students. The IST instructor can provide direct instructional service to referred children in the general education classroom to determine individual instructional need.	How were the responsibilities of the IST instructor position disseminated after position elimination?	An IST instructor is a member of the IST. The IST instructor provides consultation, technical assistance, and training to instructors and parents of referred students. The IST instructor can provide direct instructional service to referred children in the general education classroom to determine individual instructional need.	Members of the screening team provide consultation and work collaboratively with parents and general education instructors.
Initial screening and intervention is provided for students prior to referral for an MDE.	What is the scope of the referrals and how does the screening team collaborate in addressing the referrals?	Initial screening and intervention is provided for students prior to referral for an MDE.	Initial screening and intervention is provided for students prior to referral for an MDE.
Parents are members of the IST and maintain the right to request an MDE, at any time, prior to or during the IST activities.	How is parental involvement initiated and sustained?	Parents are members of the IST and maintain the right to request an MDE, at anytime, prior to or during the IST activities.	Parents are members of the screening team and maintain the right to request an MDE, at anytime, prior to or during the intervention activities.
Members of the IST include the building administrator or designee, parents, IST instructor, and the general education instructor. Other members are included as deemed necessary and appropriate to individual student need.	What resources can be used to increase a child's chance for academic success?	Members of the IST include the building administrator or designee, parents, IST instructor, and the general education instructor. Other members are included as deemed necessary and appropriate to individual student need. The IST instructor provides consultation, technical assistance, and training to instructors and parents of referred	Members of the screening team include the building administrator or designee, parents, guidance counselor, general education instructor, school nurse, title one staff, and school psychologist. Other members are included as deemed necessary and appropriate to individual student need, such as the mental health liaison, learning support instructors, ESL

IST Regulations	Interview Questions	Previous IST Operations	Current Screening Team Operations
		students. The IST instructor can provide direct instructional service to referred children in the general education classroom to determine individual instructional need.	instructor, instructor of the visually impaired, instructor of the hearing impaired, occupational therapist, Intermediate Unit staff, and physical therapist..
Within 60 school days of IST initiation if there is little or no improvement, the student is referred for an MDE.	What timelines are followed?	Within 60 school days of IST initiation if there is little or no improvement, the student is referred for an MDE.	Within 60 school days of screening initiation if there is little or no improvement, the student is referred for an MDE.
	What other information would you like to share about this change in addition to the information shared through the questions?		

In order for the researcher to answer the research questions, a matrix will be used.

Table 2.2 Organizational Matrix

The research questions are as follows:

	Interview Question #1	Interview Question #2	Interview Question #3	Interview Question #4	Interview Question #5	Interview Question #6	Interview Question #7	Interview Question #8
Research Question #1	x	x	x	x	x	x	x	x
Research Question #2	x	x	x	x	x	x	x	x
Research Question #3	x	x	x	x	x	x	x	x
Research Question #4	x	x	x	x		x		x
Research Question #5	x	x	x	x		x		x

The research questions are as follows:

1. How did one school district restructure the processes of the IST that was once funded and mandated by an outside agency? The conceptual framework of IST was lifted; however, the concept of the screening team remained by mandate.

2. How did the change in the mandates effect the conceptual framework of the screening team in this district?
3. How does the screening team assist in meeting the needs of the children in the general education classroom in this district?
4. How does the educational reform co-construction theory relate to changes experienced relative to restructuring the IST in this district?
5. How do the findings of the Rand Change Agent Study relative to the implementation of educational initiatives relate to the restructuring of the IST in this district?

The interview questions are as follows:

1. What is the description of your role as a member of the screening team?
2. How has the pre-referral process and forms manual provided assistance in the implementation of the screening team process?
3. How were the responsibilities of the IST instructor position disseminated after position elimination?
4. What is the scope of the referrals and how does the screening team collaborate in addressing the referrals?
5. How is parental involvement initiated and sustained?
6. What resources can be used to increase a child's chance for academic success?
7. What timelines are followed?
8. What other information would you like to share about this change in addition to the information shared through the questions?

2.1.7 Limitations of the Study

The following limitations are noted:

1. This study will be limited to one school district. It is a single case study and the application of a single experience is not applicable to other districts, but may offer insight into future implications of educational initiatives.

2. The story in the study is a reflection of a previously mandated educational initiative, IST. The mandate for IST was lifted; however, the conceptual framework of the screening team remained. Many of the screening processes had been previously framed.
3. Personal familiarity with the participants may cause some responses to be based upon perceived expectation.

A benefit of the study is that it will illustrate the story and experiences through the perceptions of the active screening team participants. This study could be viewed as a valuable tool which will offer insight into sustaining educational initiatives and meeting the diverse needs of students in the least restrictive environment.

2.1.8 Definition of Terms

In this study, **Agency** can be described as the school district.

In this study **Change** is an alteration to a process, organization or system.

In this study, **Chapter 14** can be described as the **Pennsylvania Special Education Services and Programs State Board of Education Regulations** implementing the federal IDEA.

In this study, **Child Find** can be described as a practical means that school districts use to identify children who are in need of special education services implementing the federal IDEA.

In this study, **Collaboration** can be described as a process by which a group of individuals work together toward a common goal of assisting children in need.

In this study, **Culture** can be described as the broader school community.

In this study, **Differentiated Instruction** can be described as any instructional variance that the classroom teacher provides relative to the diversity among learners in the classroom optimizing the learning experience.

In this study, **FAPE** can be described as a **Free Appropriate Public Education**. FAPE is mandatory by regulation for all eligible students relative to IDEA.

In this study, **IDEA** can be described as the **Individuals with Disabilities Education Act**. IDEA is considered to be a federal statute which governs special education and related services for students determined to meet eligibility.

In this study, **IDEIA** (2004) can be described as the **Individuals with Disabilities Education Improvement Act**.

In this study, **IEP** can be described as an **Individualized Education Program**. A program developed to address and meet the needs of a student identified for the receipt of special education services.

In this study, **IST** can be described as the **Instructional Support Team**. A school based intervention team who designs and implements modifications of instruction to accommodate children experiencing academic or behavioral difficulty. This is done prior to referral for a multidisciplinary evaluation and/or possible special education placement.

In this study, **LRE** can be described as the **Least Restrictive Environment**. This environment is a preference as an educational placement option in regard to children who are identified to be eligible for special education services. LRE is guaranteed under IDEA.

In this study, **MDE** can be described as a **Multidisciplinary Evaluation**. This is a full range of evaluations conducted within the scope of assessing individual student need. The purpose of the multidisciplinary evaluation is to assist in the determination of student eligibility relative to Section 14, Pennsylvania Special Education Regulations for the receipt of specially designed instruction.

In this study, **MDT** can be described as the **Multidisciplinary Team**. A qualified group of professionals, inclusive of the parent who conduct an evaluation of individual student needs who are thought to be eligible for special education services.

In this study, **NCLB** can be described as **No Child Left Behind**.

In this study, **Parental Involvement** can be described as engaging and sustaining collaborative parental relationships with district personnel relative to meeting the individual educational needs of the student.

In this study, **RtI** can be described as **Response to Intervention**.

In this study, **Structure** can be described as the process of the screening team instituted to replace IST

3.0 CHAPTER III

3.1 THE STORY OF RESTRUCTURING THE INSTRUCTIONAL SUPPORT TEAM

3.1.1 Introduction

Kovaleski (2002, p. 1) indicated that regardless of the success of the IST initiative and documented support, the requirement of implementing an IST was being questioned. Hartman & Fay (1996) indicated that ISTs were decreasing referrals for an MDE while Kovaleski, Gickling, Morrow, & Swank (1996) reported the effectiveness of the IST relative to improving individual student performance on measures of educational learning time. ISTs were being referenced as an “unfunded mandate” and “in 1997, in a rather quiet and unpublicized act of the State Legislature, ISTs were rendered optional” (Kovaleski, 2002, p.1). Later, in the 2001 State Special Education Regulations, Kovaleski further reported that “school districts were required to conduct specific screening techniques, and ISTs were identified as the default procedure for screening”(Kovaleski, 2002, p. 2). Noteworthy, districts had the option to adopt other models of screening considering published criteria (p. 2).

In the summer of 2003, the Instructional Support Instructor position was eliminated in the district. In early fall 2003, this researcher was approached by the superintendent of schools and the supervisor of special education and asked to assist district staff in the development of a

comprehensive screening team process which would meet regulatory guidelines for district implementation.

In collaboration with colleagues from various districts within the Commonwealth of Pennsylvania, this researcher assisted district staff in the development of a comprehensive screening process and forms manual. After refining the process, manual, and forms, staff meetings were held with each building administrator and guidance counselor to review the manual and process and to provide clarity for implementation, prior to commencing the 2004-2005 school year. The information reviewed at the staff meetings was to be shared with the professional staff at the building level. In this district, the screening team implementation date was August 2004.

3.1.2 Background

This study was conducted in a school district in Southwestern Pennsylvania. The district is comprised of five school buildings, approximately 2883 students in grades K-12 and one administrative building, as of February 2006. Noteworthy, there are approximately 173 instructors and 10 administrators. The primary source of data included interviews with members of the active screening team participants, many of which were members of the previous IST. Participants included principals, guidance counselors, and other staff members. The participants were provided with a list of questions regarding the restructuring of the screening team. This researcher conducted the interviews in a conversation type setting. An audio recorder was used with participant permission and knowledge of recording. There were 12 interviewees who participated in this study.

The interviewees were asked the following:

1. What is the description of your role as a member of the screening team?
2. How has the pre-referral process and forms manual provided assistance in the implementation of the screening team process?
3. How were the responsibilities of the IST instructor position disseminated after position elimination?
4. What is the scope of the referrals and how does the screening team collaborate in addressing the referrals?
5. How is parental involvement initiated and sustained?
6. What resources can be used to increase a child's chance for academic success?
7. What timelines are followed?
8. What other information would you like to share about this change in addition to the information shared through the questions?

3.1.3 Participant Interviews

The interviews were conducted in the school setting during the late summer/early fall in 2006. The initial participant interviews were approximately 15 to 25 minutes while the second participant interviews were approximately 5 to 10 minutes.

During the second interview, this researcher stated that this was the researcher's interpretation of the first interview. This was done to ensure accuracy of participant thoughts. In this study, the participants are referenced A through L. During the second interview, each participant was asked the following questions as applicable:

1. Are there parts of the written statements that you do not believe are accurately reported?
2. Are there changes that you would make in the written report?
3. Why do you believe that these are more accurate reflections of our interaction during the interview?

3. Are there questions that you think the researcher should have asked during the interview that they did not?

Following the analysis of the interviews and completion of the written accounts, the 12 participants were asked if they wished to read the completed document. The purpose was to provide opportunity for the interviewees to read the analysis of their thoughts and refine statements. The 12 participants validated the accuracy of written accounts during the second interview.

3.1.4 Participant Data A through L

3.1.4.1 Participant A Data

This researcher conducted the first interview with Participant A on August 7, 2006, and on September 22, 2006 the second interview was completed. The following is a written account of the thoughts conveyed:

From an administrative perspective, Participant A viewed their **role** as the facilitator of **the screening team** and process. Essentially, this participant “ensures that the screening process transpires and that the team meetings occur”. This administrator attended the screening team meetings and explained the purpose for the meeting, as well as introduced all parties to one another and ensured that all the necessary information was gathered. Participant A defined the roles of each screening team member and ensured that the data was collected and scheduled a time for the next **collaborative** screening team meeting. Participant A said, that the **scope of screening team referrals** has been multi-faceted in that the referrals included behavioral, academic, social, and emotional issues. Most of the referrals have been academic in nature,

followed by behavioral issues and “the scope is actually what is present and occurring”, reported Participant A.

Participant A noted that “**the pre-referral process and forms manual** actually made the implementation of the screening process easier for the professional staff”. All screening team members were identified and the significant people involved with the referred child gathered the data necessary for the screening team to meet and focus on the identification of need. “The screening process is explained step by step and the elementary guidance counselors remain focused on assisting staff members in the collection of data”, noted Participant A. Overall, the manual assisted in making the process easier to follow and implement.

When asked about **the dissemination of the responsibilities of the IST instructor**, Participant A reported that they were absorbed by members of the professional staff such as the elementary guidance counselors, and the Title I personnel. The IST instructor worked individually with children and remained as responsive to the faculty and parents as possible. Currently, the guidance counselor initiated a Study Buddy system for tutoring assistance and the Title I staff and guidance counselors completed the curriculum based assessments (CBA). Many classroom instructors used time at recess or in homeroom to provide additional assistance to youngsters other than what had been provided in the classroom setting. Overall, the responsibilities of the IST instructor were disbursed among the members of the screening team in an attempt to fulfill the role and activities of a full-time instructional support staff member.

Participant A reported that **parental involvement was most often initiated** by the classroom teacher. There were times when parental involvement was initiated by the guidance counselor or the administrator in the building. Parental involvement was **sustained** through intermittent face to face meetings, as well as telephone conversations and daily and weekly

written correspondence. Written, telephone, and face to face communication were the modes commonly used in the building in order to sustain parental involvement.

As the interview progressed, Participant A indicated that **the resources available to increase an individual's chance for academic success** included the Study Buddy tutoring program, consultation with learning support staff relative to instructional accommodations and the use of technology. "Our increased use of computer systems such as Compass Learning provides opportunity for students to be accelerated and for the remediation of children in need. The children love it", reported Participant A. The Compass computer program supplemented every subject being taught. The instructional staff also provided additional one to one assistance when time was permissible. The Elementary Student Assistance Program (ESAP) team members and school psychologist were resources used on a consultative basis. The **timelines** that were followed had been dependent upon the demonstrated need of the child. Each referral was case sensitive and as long as the needs of the child were met in the general education classroom, we maintained the individual in that setting.

When asked **what other information you would like to share about this change in addition to the information shared through the questions**, Participant A indicated that the information shared was adequate.

3.1.4.2 Participant B Data

This researcher conducted the first interview with Participant B on August 7, 2006, and on September 21, 2006, the second interview was completed. The following is a written account of the thoughts conveyed:

From an administrative perspective, Participant B viewed their **role** as an informative contributor to **the screening team**. The contribution was information that had been shared about referred children through collaboration, discussion and interaction with instructors throughout the building. The **scope of the referrals** included academic, behavioral, social, and emotional concerns. Probably, the most referrals were academic in nature followed by behavioral, reported Participant B. An exact intervention **timeline** was not noted by Participant B; however, this participant indicated that timelines were case sensitive. The **timelines** were dependent upon the observable need of the child.

Participant B indicated that **the pre-referral process and forms manual** provided clarity to the current screening process and assisted in the implementation. The screening process and forms manual served as a guide for the collection of data in a succinct step by step process. The manual designated team members responsible for the collection of data necessary to assist in meeting the needs of the referred child.

As the interview progressed, Participant B reported that **the responsibilities of the IST instructor position** were divided among members of the current screening team. The IST teacher position was considered a full-time position. The IST teacher provided intervention services to referred individuals in two elementary buildings in the district. The responsibilities of the IST instructor had been divided among various members of the current screening team. Presently, the principal conducted the classroom observations and the curriculum based assessments were conducted by the elementary guidance counselor.

Participant B said, "**Parent involvement** is important in our building". The classroom instructor was usually the first person to initiate **parent contact** in regard to an academic or behavioral concern. The guidance counselor or the administrator in the building ensured that

follow-up communication was completed. If the child was referred to the ESAP team, the mental health liaison from the local mental health agency was an additional person who initiated and assisted in sustaining parental involvement. Many times the students that were referred to the ESAP team paralleled service through the screening team. The ESAP team was also considered to be a significant **resource**, reported Participant B.

Further elaboration indicated that **the resources used to increase a child's chance for academic success** included: the Title I reading and math staff and services, PSSA tutor, mental health liaison, learning support instructors and a plethora of instructional accommodations available to students. Many instructional accommodations and adaptations were also individually tailored according to demonstrated need. Other members of the professional staff viewed as resources included the school psychologist, behavior specialists, supervisor of special education, teacher of the hearing impaired, teacher of the visually impaired, and occupational and physical therapists.

When asked **what other information you would like to share about this change in addition to the information shared through the questions**, Participant B noted that “the IST teaching position was viewed as a valuable position and the IST instructor provided assistance in many areas. The IST teacher worked with the children individually and in a group setting, such as the classroom. The IST instructor acted as a resource to the general education classroom teacher in regard to brainstorming ideas and intervention strategies to meet the needs of the diverse population found in a general education setting”. The IST instructor also completed classroom observations and conducted the curriculum based assessments which were part of the whole IST process. Gaining parental involvement was a key role to the IST position. Participant

B noted that there were students that needed specific academic accommodations provided by the IST instructor in order to meet with success in the general education setting.

3.1.4.3 Participant C Data

This researcher conducted the first interview with Participant C on August 6, 2006 and on September 19, 2006, the second interview was completed. The following is a written account of the thoughts conveyed:

Participant C described their **role as a member of the screening team** as a primary elementary instructor. This participant also described their role as one who sought solutions and services to assist youngsters meet with success in the general education classroom. Areas of concern included academic and/or behavioral difficulties, medical or familial concerns, social and /or emotional issues or personal problems. Participant C viewed the role of classroom instructor as one who provided intervention strategies and support for the child and the parent. The overall health and well being of the children in the classroom was critical to this participant. It was further noted that “anything that affects the child’s performance in the classroom is important” to this instructor.

Participant C indicated that **the process and forms manual** provided assistance in the clarity and implementation of the screening team process. The forms were helpful in providing useful data to the screening team and were not as repetitive as the IST forms. As a member of the previous IST, Participant C viewed the current forms as a tool to provide information and guide the screening team to assess and intervene with children in need.

When asked **how the responsibilities of the IST instructor position were disseminated after position elimination**, Participant C noted that the guidance counselor absorbed most of the responsibilities of the role of the IST instructor in the building. The Title I staff completed some

of the curriculum based assessments and the guidance counselor completed the remainder. The classroom observations were completed by the elementary guidance counselor. Participant C indicated that as a member of the screening team, probably, we could have helped more, but the timing factor of the instructor schedule did not permit. Participant C indicated that having the classroom observations completed by a classroom teacher would have been advantageous in that the student would have been viewed through the perspective of another instructor. “There just isn’t the time”, reported Participant C. The guidance counselor did consult with the instructional staff as much as possible, but the IST instructor was able to collaborate with staff more regularly because that was one the roles of the IST instructor. Previously, that central person was the IST instructor and the IST room and presently it was the guidance counselor and the guidance counselor office.

As indicated previously, **the scope of the screening team referrals** included academic and/or behavioral difficulties, medical or familial concerns, social and/or emotional issues or personal problems. Participant C indicated that the screening team worked **collaboratively** in regard to the particular needs of the referred student. Dependent on identified need, the screening team members included the school psychologist, guidance counselor, principal, mental health liaison, parent, classroom teacher, and the school nurse. Other members of the screening team may have included the learning support instructor, occupational therapist, physical therapist, instructor of the visually impaired, instructor of the hearing impaired and the English as a second language (ESL) instructor. Brainstorming and intervention strategies were discussed and instructional accommodations were implemented as deemed by the screening team members.

Participant C indicated that parents were notified immediately, usually by the classroom teacher, in regard to any concerns about the student’s classroom performance. Sustaining

parental involvement was done through follow-up communication by the building principal, mental health liaison, classroom instructor, or guidance counselor. Telephone conversations, written communication, parent conferences, and open house were ways in which we encouraged and maintained **parent involvement**, reported Participant C.

As the interview progressed, Participant C noted that **the resources used to increase a child chance for academic success** were basically anything that assisted the child meet with success. Participant C indicated that as a classroom instructor, one should have done “whatever works for the child”. “Accommodate, adapt, adjust and intervene on a daily basis” was the theory of Participant C. The **timelines** that were followed were dependent on demonstrated and observable need. The screening team tried to do everything immediately in order to keep the process flowing smoothly and it appeared to be quicker than the IST process. An open line of communication with the parents actually provided an indication of what resources were needed to assist the student in the classroom, reported Participant C. The Study Buddies program, Intermediate Unit professional staff, learning support instructors, and Title I personnel were considered to be additional resources, noted Participant C.

When asked if there was any other information that Participant C would like to share in **addition to the information shared through the questions**, Participant C indicated a need for more people to take advantage of the program, as well as the services that were available to the youth served in the district.

3.1.4.4 Participant D Data

This researcher conducted the first interview with Participant D on August 9, 2006 and on September 18, 2006, the second interview was completed. The following is a written account of the thoughts conveyed:

Participant D described their **role as a member of the screening team** as the elementary guidance counselor and facilitator of data collection. Further description indicated that Participant D distributed and collected the necessary documents from members of the screening team for data collection. This participant also completed the classroom observation and at times, the curriculum based assessments. Some of the curriculum based assessments were completed by the Title I staff if the student received Title I services and if not; the guidance counselor completed the curriculum based assessments.

As the interview progressed, Participant D reported that the **pre-referral process and forms manual** provided assistance in the implementation of the screening team process. All necessary screening components were identified in a step by step manner in the manual. The manual served as a tool in gathering data necessary for the screening team to review and assisted team members in making individual student recommendations. The manual also included a section in regard to Chapter 14 which provided the professional staff with the basis for the development of the screening team in the district. The forms were generated to assist in meeting the needs of the students, gain insight into individual student need, and maintain compliance within the state regulations, Chapter 14.

When asked **how the responsibilities of the IST instructor position were disseminated after position elimination**, Participant D indicated that the responsibilities were divided among screening team members. These members included the Title I staff, elementary principal, classroom teacher, mental health liaison, school psychologist, and others as deemed necessary and appropriate to the referral reason. “The elementary guidance counselors absorbed many of the responsibilities of the IST instructor”, noted Participant D. Many of these responsibilities included the dissemination of forms to the appropriate professional staff, completion of the

curriculum based assessments and classroom observation, maintaining parental involvement, and assisting the classroom teachers in regard to instructional intervention strategies. Participant D conveyed that this thinking was actually logical in that the guidance counselors were centrally located in the building and had access to much of the necessary screening team information.

Participant D indicated that **the scope of the referrals** included academic, behavioral, social, and emotional concerns. Basically, anything that had a negative impact on the educational success of the student was a reason for referral. The data was collected from team members and the screening team met to discuss options and accommodations. “Instructional accommodations are implemented for about a month”, noted Participant D. The team met again and determined whether to continue the present accommodations, refer for an MDE or make different educational accommodations. **Collaboration** and instructional adjustment according to demonstrated and observable need were the focus of the screening team meetings. Participant D reported that the screening team generally met twice for each student referred for screening. Dependent upon the need of the child, all referrals were processed as quickly as possible.

This participant noted the importance and impact of **parental involvement** in regard to a child’s chance for educational success. Parent contact was usually initiated by the classroom teacher or the guidance counselor. There were times that the parent contacted the guidance counselor or school staff to ensure the awareness of parental concerns in regard to their child. Participant D indicated that the parents were involved in the screening team meetings. Some of the ways in which the teachers, guidance counselor, and the principal attained parental involvement was through telephone conversations, face to face meetings, conferences, written communication, and at open house. Participant D noted that “an open line of communication is critical to sustain the involvement of the parents in a child’s educational experience”.

When asked about **the resources that could be used to increase a child's chance for academic success**, Participant D reported that the resources used to increase a student's chance for academic success included all professional staff, the use of technology such as Compass Learning, outside agency involvement, and the family. Consultation with Intermediate Unit professional staff was also viewed by Participant D as a resource, as well as the Study Buddy program at the elementary school. Participant D noted that they matched older students who were strong in a particular subject with younger students who were experiencing difficulty in the same subject area. Some of the Intermediate Unit professional staff included the supervisor of special education, vision teacher, English as a second language teacher (ESL), learning support teachers, behavior specialists, school psychologist, occupational and physical therapists, and the instructor of the hearing impaired. The **collaboration** and consultation were dependent upon the needs of the child. Sometimes, the ESAP team was involved and services were accessed through the local mental health center.

Relative to the **timelines**, Participant D indicated that the role of the guidance counselor on the screening team involved constant monitoring of individual student progress because of need and timelines. The referrals were processed and the screening team met and accommodated the child within the 60 day timeline; however, Participant D noted that "the screening team in the building attempts to process the referrals as quickly as possible and that meeting the needs of the children is always the priority".

When asked **what other information you would like to share about this change in addition to the information shared through the questions**, Participant D reported that other than being done by different team members, the process was pretty much the same. Further explanation conveyed "when the district had an IST instructor, there was more individual student

assistance such as tutoring. The children still receive some individual tutoring with the current screening concept, but not as much as the position of the IST instructor allotted”.

3.1.4.5 Participant E Data

This researcher conducted the first interview with Participant E on August 16, 2006 and on September 27, 2006, the second interview was completed. The following is a written account of the thoughts conveyed:

Participant E described their role as **a member of the screening team** as a primary elementary instructor and the initiator of the **screening team process**. Participant E noted that they “are probably the first person to identify a child’s learning or behavior problem and individualize instruction”, as well as initiated **parental involvement**, and started the screening process. “The first step is to always involve the parent”, noted this Participant. The preferred method of **parental contact** was by telephone. Face to face discussions with parents were also preferred and from time to time these occurred as follow-up to telephone conversations. Further discussion indicated that sometimes, written communication might have been misinterpreted and this Participant chose parent meetings or telephone conversations in regard to conveying accurate information. Data collection began immediately when a need was identified and **the scope of screening team referrals** included academic and behavior concerns. Participant E noted that the screening team **timelines** were thought to be 30 to 60 days.

Participant E indicated that they were not aware that there was a **pre-referral process and forms manual**. Upon identification of an area of difficulty in regard to the student’s educational progress, Participant E noted that they contacted the guidance counselor. At that point, the guidance counselor disbursed the forms to be completed and they consulted in regard to what was present and occurring.

As the interview progressed, Participant E noted that most of **the responsibilities of the IST instructor** were absorbed by the elementary guidance counselor. A little more responsibility was given to the classroom teacher. When we had an IST instructor, this individual came into the classroom and worked with the student. Participant E conveyed that the IST teacher provided ideas and **collaborated** with the teacher and other staff members in regard to meeting the needs of the child. The IST teacher provided support to the student and the classroom teacher. Presently, without the IST instructor, the classroom teachers consulted with the elementary guidance counselor instead of the IST instructor for remediation ideas. Participant E reported that there were situations in which the teacher, guidance counselor, and parent discussed remedial options and made recommendations for implementation in the classroom, as well as at home.

Participant E viewed **parental involvement** as an important factor in a child's chance for academic success. **Collaboration** with parents and members of the screening team were viewed as abundant **resources** by Participant E. Many times, the parent, guidance counselor, and the classroom teacher collaborated in order to gain insightful information relative to a behavior or academic concern. Sometimes, it was difficult to get everyone together as a team and the guidance counselor met with the parent and sustained the interactive relationship. Dependent upon the need of the child, Participant E indicated that there were telephone calls home weekly, daily, or monthly, or a note sent at the end of the week or another quick telephone call. These were all done in an attempt to maintain parental interaction and assisted in the academic success of the child.

Participant E noted that the **resources** used to **increase a child's chance for academic success** included a smaller class size. "A smaller class of students provides opportunity for the

classroom teacher to individualize instruction. The class size is paramount to individualizing instructional techniques and meeting the diverse needs within a general education classroom setting”. Another resource included the parents. “Parental involvement is always encouraged”, reported Participant E. Parents were very resourceful when it came to helping identify what did or did not work with their child. This was one reason why it was helpful to build and establish a relationship with the child’s parent, reported Participant E. A parental seminar at each grade level to assist parents and educators in regard to how they could have worked together to enhance the academic success of the child was noted by Participant E as a future initiative worthy of investigation. An important resource, as reported by Participant E, included building a strong collaborative network of individuals who worked together to assist the children in meeting with success. Collaborative resources included learning support teachers, Intermediate Unit staff, administrators, the guidance counselor, the school psychologist, and gifted support teachers. Participant E reported that the development of an after school tutoring program should have been developed and implemented to assist children attain some academic success.

When asked if there was **other information that the participant would like to share in regard to the change in addition to the information shared through the questions**, Participant E noted that the members of the screening team needed help. We needed another person such as an IST person who came into the classroom and worked with children, as well as assisted students individually. The classroom instructors also needed this person to provide more collaboration and support than time allotted the elementary counselor. More help on the screening team would have made it more effective.

3.1.4.6 Participant F Data

This researcher conducted the first interview with Participant F on August 16, 2006 and on September 27, 2006, the second interview was completed. The following is a written account of the thoughts conveyed:

As the medical professional on **the screening team**, Participant F viewed **their role** as health related. Participant F viewed the **screening team** as a group of professionals inclusive of the parents who removed barriers to learning for referred children. Participant F perceived their role as a person who added input to the team that assisted in the removal of or modification of health related barriers in the education of children.

Participant F was not aware of a **process and forms manual**, but indicated that the forms that were received for the health related information were helpful. The forms acted as a tool for conveying medical information whether it was specific or basic medical screening. The forms also provided an area where this participant could add information specific to the referred individual.

When asked **how the responsibilities of the IST instructor position were divided after the position was eliminated**, Participant F noted that to their knowledge, “the guidance counselor absorbed a majority of the responsibilities of the IST teacher”. The guidance counselor was the person from whom Participant F obtained the input form. The guidance counselor also distributed the other data collection forms to the individuals on the screening team. The classroom teachers were responsible for the identification of individual need in regard to learning. It did not appear to Participant F that there was a core person who coordinated the activities of the screening team.

As the interview progressed, Participant F noted that **the scope of the referrals** appeared to be pretty broad and included academic, behavioral, social, and emotional concerns. Many

times, when completing the form, there were “minimal medical concerns to more severe” dependent upon the need of the child, reported Participant F. Many times there were safety concerns in the classroom setting, hallways, cafeteria, gymnasium, and outdoors at the playground, that this Participant needed to discuss with members of the screening team. Information shared through **collaborative** meetings included recommendations relative to adaptive physical education, safety for others, as well as the referred student, allergies, asthma, bee stings, diagnostic information and medications. Participant F indicated that “the health related concerns of children have become much more complex throughout the years”.

Participant F reported that **parental involvement** was initiated dependent upon health related circumstances. It was usually initiated by the classroom teacher and followed-up by a member of the screening team. If it was a health related issue, many times Participant F would make the follow-up communication attempt. The behavioral issues were usually followed-up by the guidance counselor. In regard to health related issues, one had to be extremely cautious and respectful of confidentiality. Participant F reported that an open line of communication was always encouraged and supported through written communication and telephone calls. Face to face meetings were also a way of communicating with parents and obtaining their involvement, reported Participant F.

When asked **what resources could be used to increase a child’s chance for academic success**, Participant F noted that it depended upon the referral issue. “There are many resources available to a student who has been referred. Many of the resources include the Intermediate Unit staff, classroom assistants, school nurse, colleagues, administrators, school psychologist, and the ESAP team members”. The resources basically depended on the referral reason. Sometimes, a resource might have included the family physician, mental health liaison,

behavioral specialist, physical therapist, occupational therapist, teacher of the visually impaired or teacher of the hearing impaired. Participant F was not aware of what **timelines** were followed and noted that dependent upon severity of need, the referrals were handled as quickly as possible.

The last question that was asked included **what other information would you like to share about this change in addition to the information shared through the interview questions** and Participant F reported that “overall there are so many children who enter public school with an unbelievable scope of difficulties. At times, it appears as if it is overwhelming for the general classroom teacher to educate so many children with so many needs”. One would think that there would be a more expedient manner in which to attain services for children in need, noted Participant F.

3.1.4.7 Participant G Data

This researcher conducted the first interview with Participant G on August 18, 2006 and on September 27, 2006, the second interview was completed. The following is a written account of the thoughts conveyed:

Participant G described their role **as a member of the screening team** as the Title I reading specialist. If a Title I reading student was referred to the screening team, Participant G offered input at the screening team meetings through the written form, as well as verbally. Many times observations were made in the classroom or in the Title I setting and were also offered to the screening team as part of the data collection. As a member of the screening team, Participant G worked **collaboratively** with the parents in order to brainstorm and obtain ideas to help remediate youngsters in academic or behavioral need. Participant G indicated that they **collaborated** with the classroom instructor many times, in regard to instructional strategies and

accommodations for those children identified as Title I students. It was through this collaboration that the classroom teacher decided to refer the individual to the screening team. Sometimes, the classroom teacher needed that extra support and **collaborative** effort to initiate a referral to the screening team. Most referrals to the screening team included academic and behavior concerns; however, there were some **referrals** that involved social and emotional issues. Many times there were various informal **collaborative** meetings between staff members.

Participant G indicated that **the pre-referral process and forms manual** provided assistance in the gathering of pertinent data from the significant members of the screening team. The forms acted as a guide for data collection from each team member. Participant G was not aware of the **timelines** of the screening team or that a process and forms manual existed.

As the interview progressed, **when asked how the responsibilities of the IST instructor position were divided after position elimination**, Participant G indicated that they were not really sure how the responsibilities of the IST instructor were divided when the position was eliminated.

Participant G noted that **parental involvement was initiated and sustained** through the classroom teacher. Usually, the teacher initiated parental contact through a telephone call, or conferences, and sent home the work and the activities, as well as the behavior models if these were applicable. The guidance counselor kept the parents actively involved and updated on the progress of the student. At times, there were face to face meetings, parent teacher conferences, open house meetings, and formal and informal meetings to sustain parental involvement.

Participant G reported that all available **resources were used to increase a child's chance for academic** success. "First and foremost we need to try and assist the families to become pro-active", noted Participant G. Further elaboration indicated that "an open line of

communication is so important in assisting all parties involved help the child”, reported Participant G. Secondly, it was the school staff. This included everyone from the principal, to the teachers and the support staff to the maintenance and the cafeteria staff. Participant G noted that “it is instrumental to the success of the child that the parent and the school staff work together”. As the discussion progressed, Participant G indicated that there were many times that parents wanted to help, but were not sure how. It would have been helpful to many children, if we as educators could have assisted parents in regard to how to help us help their children. Other resources that were available included outside agency involvement, the ESAP team, therapists, Big Brother-Big Sister, and after school programs at the YMCA.

When asked **what other information you would like to share in regard to the changes in addition to the information shared through the questions**, Participant G indicated that “a position similar to the IST instructor position is needed and should be reinstated. Currently, all of the members of the screening team already have full-time jobs. An IST instructor could adapt, instruct, gather data, complete the curriculum based assessments, provide individual student assistance, provide classroom teacher consultation, complete the observations and be the glue that holds the team together”. Actually, this person would have been a liaison for all of the members of the screening team inclusive of the outside agencies and tied to a role like that of a literacy coach. “This person could ensure that the screening process is completed in an expedient manner and be yet another resource for sustaining parental involvement”, noted Participant G. It would have been really wonderful to have had such as person in each building in the district.

3.1.4.8 Participant H Data

This researcher conducted the first interview with Participant H on August 23, 2006 and on September 28, 2006, the second interview was completed. The following is a written account of the thoughts conveyed:

Participant H described their **role as a member of the screening team** as that of an elementary instructor in a self contained classroom. Actually, Participant H noted that they were “the first person to notice difficulties and identify a problem effecting student performance”. After the identification of demonstrated need, Participant H made the referral to the elementary guidance counselor to initiate the screening process and also to **collaborate**. The **scope of the referrals** included academic, social, emotional, or behavioral concerns. “Any problem that the child is experiencing that has a negative effect on daily classroom performance would be the **scope of the referral**”, reported Participant H.

Participant H indicated that they were not aware of **the process and forms manual**, but was aware of the process and that the forms were obtained from the elementary counselor for referral completion. The referral forms that were completed by Participant H were found to be somewhat repetitive, but Participant H noted them to be “helpful”. The forms provided the screening team with the information and data collection of the referring instructor and “guide every step of the way”.

As the interview progressed, Participant H noted that **the responsibilities of the IST instructor position** were basically absorbed by the elementary counselor. The classroom teachers were still adapting and accommodating to meet the needs of the students; however, the IST teacher came into the classroom and provided support to the individual student, as well as the instructor. In regard to the current screening team process, individual student and classroom teacher support was not happening. The students also left the classroom with the IST teacher for

individualized assistance as necessary. “The guidance counselor is on overload”, noted Participant H.

Parental involvement was initiated by the classroom teacher immediately. This occurred by telephone call, written communication, and face to face conference. The elementary guidance counselor followed-up with a telephone call. At this point, we tried to meet with the parents **collaboratively** to discuss what needed to be done to increase the child’s chance for academic success. Participant H was not sure of the **timelines** of the screening team, but indicated that it seemed like it took awhile to get everything in place and accomplished. However, it also depended upon the severity of demonstrated need.

When asked **what resources could be used to increase a child’s chance for academic success**, Participant H indicated “any resource possible should be used”. These **resources** included the professional teaching staff, Title I teachers, guidance counselor, principal, and school psychologist. However, “the parents are one of the best **resources** that should always be involved”, noted Participant H. Also, community and outside agency involvement were noted to be **resources** that provided support, according to Participant H.

When asked **what other information you would like to share about this change in addition to the information shared through the questions**, Participant H reported that “the extra support that the IST instructor provided was great and a tremendous help to the classroom instructor”. Having an academic assistant, like the IST instructor provided the classroom teacher with the additional support needed for many of the children. The IST person was trained in making recommendations and accommodations and assisted the general education teacher by indicating what worked with a particular student. The IST instructor position was viewed as a “great resource” by this Participant. Having someone in the IST position was viewed by

Participant H as another resource who provided a child with a chance for academic success, provided assistance to the classroom teacher in regard to meeting the identified needs of the child, and maintained parental involvement.

3.1.4.9 Participant I Data

This researcher conducted the first interview with Participant I on August 23, 2006 and on September 25, 2006, the second interview was completed. The following is a written account of the thoughts conveyed:

Participant I indicated that their **role as a member of the screening team** was Title I math teacher. Participant I reported that they were responsible for the math curriculum based assessments for Title I math students only. Participant I administered diagnostic grade level tests, recorded the percentage score, and documented student behavior and skills that were observed in the general education classroom or Title I setting.

Participant I noted that **the pre-referral process and forms manual** assisted in organization of thought and information and provided a step by step guide for the gathering of student data. Additional information and observations were added to the form as deemed necessary and appropriate to the referral reason, reported Participant I. Participant I was not aware of **the timelines** as indicated by the state; however, screening team input was needed as quickly as possible in order to expedite service to the child.

Participant I reported that they were not aware of **the division of the IST teacher responsibilities**. This participant was not employed when the district had an IST instructor.

As the interview progressed, Participant I reported that **the scope of the referrals** included behavior, academic, social or emotional concerns. The screening team **collaborated** in addressing the referrals relative to what had been observed and what data had been collected. At

the screening team meetings, Participant I indicated that brainstorming and attempting to determine particular strategies for implementation were dependent on the need of the referred student.

Participant I was not sure **how parental involvement was initiated**; however, noted that “parental knowledge and consent is a must”. Participant I further elaborated that parental involvement was seen as a **resource** and home activities that reinforce what was taught at school were encouraged. The Title I programs and Study Buddies were viewed as **resources** by Participant I. Other **resources to increase a child’s chance for academic success** included the administration, guidance counselor, learning support teachers, colleagues, Title I staff, and the ESAP team.

When asked if there was **other information that you would like to share in addition to the change shared through the questions**, Participant I indicated that there was no additional information.

3.1.4.10 Participant J Data

This researcher conducted the first interview on August 28, 2006 and on September 26, 2006, the second interview was completed. The following is a written account of the thoughts conveyed:

Participant J described **their role as a member of the screening team** as Title I reading specialist. Participation on the screening team involved Participant J providing data and information relative to “the academic performance of children who have been referred for screening and enrolled in the Title I program”. Specifics of the academic difficulty could have included phonetic skills, comprehension, or written expression. The instructional material included the same instructional material that the general education classroom instructor was

using, noted Participant J. Upon further elaboration, Participant J reported that curriculum based assessments were completed, and information relative to observable behavior was provided and dependent upon Title I enrollment. The curriculum based assessment provided information to the screening team in regard to rates of acquisition and retention using the curriculum in the district. Observations transpired while the student was in the Title I reading setting, general education classroom setting, or during the completion of the curriculum based assessment. Mainly, the **scope of the referrals** included “academic and behavioral issues”.

The information provided to the screening team was conveyed in verbal and written form. The **pre-referral process and forms manual** provided a guide for the members of the screening team in regard to the compilation of data. It also acted as a tool in the facilitation of discussion and collaboration at the screening team meetings. The compilation of data provided the screening team with a view of individual strengths, weaknesses, needs, and deficiencies. Participant J noted that the screening team **collaborated** relative to options and instructional strategies that were to be implemented in the classroom. The goal was to assist the student meet academic success in the general education setting.

It was the understanding of this Participant that **the responsibilities of the IST instructor** were divided among members of the professional staff. Dependent upon the referral reason, the members of the screening team assessed student need and gathered data. The classroom teacher usually initiated the referral, the guidance counselor completed the classroom observation, and the principal was the chairperson of the team. The parents were members of the team and provided valuable information about the student. The reading and math specialists provided information in regard to the students who received service through the Title I program, as well as completed curriculum based assessments. The school psychologist provided

information in regard to assessment and instructional options. The recommendations were generated from the members of the screening team through open communication, collaboration, and brainstorming, noted Participant J.

Parental involvement is initiated immediately when a need is apparent. The classroom teacher is usually the first person to make the contact with the parent and identify the need”, reported Participant J. Contact by telephone, written form or daily booklets were used, as well as face to face meetings in order to obtain parental involvement. Open house and parent teacher conferences were additional ways in which to gain and sustain parental involvement, reported Participant J.

As the interview progressed, Participant J noted that **the resources available to increase a child’s chance for academic success** included **collaborating** with the members of the screening team, making curricula adaptations, using the ESAP services, gaining outside agency involvement, obtaining parental involvement, and utilizing Title I services and Study Buddies. When asked about the **timelines** for a referral, Participant J noted that the staff in the building processed them as quickly as possible and according to severity of need.

When asked **what other information you would like to share about this change in addition to the information shared through the questions**, Participant J indicated that the screening team process was more effective when there was an IST instructor.

The IST instructor provided support to the students referred, as well as the classroom teacher on a daily basis. Evaluation and monitoring were continuous until the appropriate instructional strategies and accommodations were found to meet the needs of the student. If this did not occur, the student was referred for a special education evaluation.

3.1.4.11 Participant K Data

This researcher conducted the first interview with Participant K on August 30, 2006 and on September 26, 2006, the second interview was completed. The following is a written account of the thoughts conveyed:

Participant K described their **role as a member of the screening team** as the elementary guidance counselor and facilitator of the screening team data collection. This participant conducted the curriculum based assessments in math and reading and compiled an educational history of the referred student for the screening team.

It was the opinion of this Participant that the **pre-referral process and forms manual** assisted in providing a framework and process, and it organized the collection of data necessary for the screening process. However, “the majority of the **IST instructor responsibilities** were absorbed by the school counselors in the district after that position was eliminated”. Participant K indicated that the elementary principal completed the classroom observations.

When asked **what is the scope of the referrals and how does the screening team collaborate in addressing the referrals**, Participant K reported that the scope included mental health difficulties, behavioral concerns, academic difficulties, and medical, psychiatric, social, and emotional issues. In regard to **collaboration**, this participant noted that there were not usually team meetings; however, there were individual meetings which occurred to discuss student referrals. **The resources used to increase a child’s chance for academic success** included the principal, special education supervisor, mental health liaison, PSSA tutor, classroom teacher, school nurse, librarian, learning support teachers, and the school psychologist. There were also various instructional adaptations and intervention strategies that were implemented in the general education classroom according to identified need. The **timelines** that were followed were dependent on the need of the child.

As the interview progressed, Participant K reported that **parental involvement** was usually initiated by the classroom teacher. In **collaboration** with the elementary counselor, the classroom teacher was advised to document what instructional strategies and accommodations had been attempted, as well as what attempts had been made to **involve and sustain parental involvement**. The mode of communication that was used most frequently and successfully by the guidance counselor and the teacher included telephone calls, written communication, behavior charts and booklets, a daily communication booklet, homework journals, parent teacher conferences, and face to face meetings.

When asked **what other information you would like to share about this change in addition to the information shared through the questions**, Participant K viewed

the IST teacher position as a key element in creating and maintaining the whole IST process. The elimination of the IST teacher position and the services provided by the IST instructor appear to have created a gap in expedience and service delivery relative to the pre-referral process.

Participant K reported that the IST teacher collected the pre-referral data, worked with the students individually and in the classroom, assisted the classroom teacher in developing instructional strategies and accommodations, maintained parental contact, completed the curriculum based assessments, and was considered a valuable resource. The elimination of the position was viewed by participant K as a “disservice to the district and the youth served”.

3.1.4.12 Participant L Data

This researcher conducted the first interview with Participant L on August 30, 2006 and on September 26, 2006, the second interview was completed. The following is a written account of the thoughts conveyed:

Participant L described their **role as a member of the screening team** as the Title I math instructor. This participant indicated that their role included “assessing and collecting data” relative to students who were referred to the screening team and received Title I math services. As far as **the timelines** of the screening team, Participant L noted that they were not aware of what **timelines** were followed. This participant noted that it appeared as though the forms were dispersed in a timely manner; however, the screening was completed when time permitted.

Participant L indicated that they did not have a **pre-referral process and forms manual**. This participant indicated that they received forms from the guidance counselor relative to students referred for screening that were Title I math students. The forms were helpful; however, Participant L created their own forms to include other pertinent Title I math data. Some of the additional data included proficiencies in different areas such as computation, concepts (measurement), and applications (word problems and open ended questions).

As the interview progressed, Participant L reported that “most of **the responsibilities of the IST instructor** were assigned to the elementary guidance counselor”. The guidance counselor enlisted assistance as needed. This participant noted that they were not aware of which member of the screening team completed the classroom observation, currently. This participant also noted that some of the responsibilities of the IST instructor appeared to be no longer in existence.

When asked **what is the scope of the referrals**, Participant L reported that most of the referrals were made by the classroom teacher. Some of the referrals were also made by the Title I staff or the ESAP team. The **scope of the referrals** included academic, behavioral, social or emotional concerns. As far as **collaboration, the screening team** did not meet like the IST met to **collaborate**. This participant reported that they met with the classroom teacher, parent and

sometimes the guidance counselor to **collaborate** or make instructional recommendations. There were several small informal meetings that included various members of the screening team, but were not considered formal meetings such as the IST meetings that were previously held, noted Participant L.

As we continued the interview, Participant L reported that most of the time, “the classroom teacher initiates **parental involvement**”. Sometimes, the parent initiated contact through the guidance department or through the psychology office. Parent conferences and face to face communication were used to **sustain parental involvement**.

This participant shared the thought that sometimes it was easier to convey ideas and messages through telephone conversations or face to face meetings with parents.

Participant L noted that **the resources used to increase a child’s chance for academic success** included instructional accommodations, preferential seating, adapted curricula, reduced assignments, and one to one assistance when necessary. Participant L reported that collaboration with Title I staff, learning support teachers, the PSSA tutor, and the ESAP team were other resources that had been used to increase a child’s chance for academic success.

When asked **what other information you would like to share about this change in addition to the information shared through the questions**, Participant L reported that it appeared as though there was a gap in the delivery of services as compared to when there was a person leading the team; the Instructional Support Teacher. When the Instructional Support Team was in place and we had an IST instructor, services appeared to be delivered more expediently.

3.1.5 Summary of Interviews and Questions

Table 3.1 below includes a summary of the information shared through the interviews with the researcher. The interview questions are as follows:

1. What is the description of your role as a member of the screening team?
2. How has the pre-referral process and forms manual provided assistance in the implementation of the screening team process?
3. How were the responsibilities of the IST instructor position disseminated after position elimination?
4. What is the scope of the referrals and how does the screening team collaborate in addressing the referrals?
5. How is parental involvement initiated and sustained?
6. What resources can be used to increase a child's chance for academic success?
7. What timelines are followed?
8. What other information would you like to share about this change in addition to the information shared through the questions?

In summary, as reflected in the 12 interviews, the first question sought the participant's description of their role as a member of the screening team. The participants in this study held a variety of roles in the school district and as members of the screening team shared their insight based on their professional capacity. The professional roles included school nurse, primary elementary instructor, elementary guidance counselor, Title I reading specialist, Title I math specialist, and building administrator. The members of screening team brought their knowledge, experience, and certified expert opinion to the screening team meetings. The knowledge, experience, and certified expert opinions of these professionals was shared, considered, and applied in regard to individual instructional strategies for referred children. The referral reason

Table 3.1.1 Summary of the Information Shared Through the Interviews with Researcher

Participant	Question 1	Question 2	Question 3	Question 4	Question 5	Question 6	Question 7	Question 8
A	Principal/ Facilitator of screening team	Assisted staff step by step	Absorbed by members of Professional Staff	Present and occurring Collaborative meetings	Most often teacher initiated	Technology/ Study Buddy tutoring/ Consultation with various professional staff/Parents	Dependent upon demonstrated need	Adequate information shared
B	Principal	Succinct step by step	Divided among members of screening team	Academic/ Behavioral/ Social/ Emotional Collaboration	Most often teacher initiated	Consultation with various professional staff/Parental Involvement	Case sensitive	The IST position viewed as valuable
C	Elementary Instructor	Tool and guide screening team	Guidance counselor absorbed most responsibilities	Academic/ Behavioral/ Social/ Emotional/ Medical/ Personal Collaboration	Most often teacher initiated	Whatever works for the child	Dependent upon demonstrated need	More people need to take advantage of programs/servi ces
D	Guidance Counselor and Screening Facilitator	Tool and step by step screening team	Divided among members of screening team	Academic/ Behavioral/ Social/ Emotional Collaboration	Most often teacher initiated	Technology/ Study Buddy tutoring/ Consultation with various professional staff/Parents	60 days/ quickly as possible	More individual student assistance with an IST teacher

E	Elementary Instructor and Screening Initiator	Not aware of manual/forms from counselor	Guidance counselor absorbed most responsibilities	Academic or Behavioral Collaboration	Most often teacher initiated	Smaller class size/Parental involvement/ Collaborative network of professionals/ The development an after school tutoring program	30 to 60 days	Another person such as an IST teacher who could work with students and instructors is needed/More collaboration
F	Medical Professional	Not aware of manual/forms act as a tool	Guidance counselor absorbed most responsibilities	Academic/ Behavioral/ Social/ Emotional Collaboration	Most often teacher initiated	Consultation with various professional staff/Parental involvement	Dependent upon demonstrated need	A more expedient manner to attain services for children is needed
G	Title 1 Reading Specialist	Guide for data collection	Not sure	Academic/ Behavioral/ Social/ Emotional Collaboration	Most often teacher initiated	Families and ALL school staff working together	Not sure	A position similar to an IST teacher could be the glue that holds the team together
H	Elementary Instructor	Not aware of manual/forms from counselor	Guidance counselor absorbed most responsibilities	Academic/ Behavioral/ Social/ Emotional Collaboration	Most often teacher initiated	Any resource possible/Parental involvement	Not sure	The IST teacher was viewed as a great resource
I	Title 1 Math Specialist	Step by step guide	Not sure	Academic/ Behavioral/ Social/ Emotional Collaboration	Not sure	Professional staff/Parental Involvement/Study Buddy tutoring	Not sure/As quickly as possible	No additional information

J	Title 1 Reading Specialist	Tool/ Facilitation/ Collaboration	Absorbed by members of Professional Staff	Academic or Behavioral Collaboration	Most often teacher initiated	Screening Team Collaboration/ Curricula adaptations/ Parental Involvement/ Study Buddy program	Dependent upon demonstrated need	The process was most effective when there was an IST teacher
K	Guidance Counselor and Screening Facilitator	Framework/ Organization/ Process	Guidance counselor absorbed most responsibilities	Academic/ Behavioral/ Social/ Emotional/ Psychiatric/ Medical Collaboration	Most often teacher initiated	Consultation with various professional staff/ Parental involvement	Dependent upon demonstrated need	The IST position was key in creating and maintaining the whole process
L	Title 1 Math Specialist	Forms from counselor	Guidance counselor absorbed most responsibilities	Academic/ Behavioral/ Social/ Emotional Collaboration	Most often teacher initiated	Instructional accommodations/ Collaboration with professional staff	Not sure	IST teacher/service appeared to be delivered more expediently

was the focus of discussion at the screening team meetings and as Participant A said on August 7, 2006, “the scope is actually what is present and occurring”.

The second interview question sought to gain insight relative to restructuring the processes of the IST through the use of the pre-referral process and forms manual. The administrators in the study revealed that the process and forms manual assisted staff step by step through the screening process. Similarly, the reading specialists noted that the manual acted as a tool and guide for data collection. Two of the three classroom instructors, as well as the medical professional reported that they were not aware of a manual, but obtained forms from the counselor when a child was in need. One instructor described the manual as a tool and guide for the screening team. One guidance counselor reported that the manual provided a framework and organized the process while the other counselor viewed the manual as a tool. One math specialist reported that the manual acted as guide and another math specialist reported that forms were generated from the counselor.

To the contrary, this researcher notes that there were three participants who indicated that they were not familiar with a pre-referral process and forms manual, but were aware of the forms used to collect data from screening team members. These Participants noted that the necessary forms for data collection were obtained from the elementary guidance counselor upon the identification of student need. Noteworthy, Participant L reported the creation of a form in addition to the one in the manual to include other pertinent Title I math data; although, the form in the manual was viewed as “helpful”.

The third interview question prompted the Participants to share their perspectives of the division of the IST instructor responsibilities after the position was eliminated. The responses varied. Six of the participants reported that the guidance counselors absorbed most of the

responsibilities of the IST instructor. Four of the Participants indicated that the responsibilities of the IST instructor were absorbed by the members of the screening team, and two of the Participants noted that they were unsure how the responsibilities of the IST instructor were divided.

Question four asked for thoughts relative to the scope of the referrals and collaboration. There were seven participants that noted academic, behavioral, social, and emotional concerns as the scope of the referrals. While one Participant reported the scope to be what was present and occurring. One Participant noted the referrals to include academic, behavioral, emotional, social, medical, and personal. Another Participant described the scope of the referrals to include academic, behavioral, social, emotional, psychiatric, and medical concerns and two Participants reported academic or behavioral concerns as the scope of the referrals. Collaboration was reported by all Participants.

Initiating and sustaining parental involvement was the focus of interview Question five. One of the Participants was unsure how parental involvement was initiated or sustained; however, viewed parents as a resource in regard to reinforcing instructional concepts. Most often the teacher initiated parental involvement was the response of 11 Participants.

Interview Question six, prompted interviewees to share perceptions relative to the resources used to increase a child's chance for academic success. All participants reported collaboration or consultation with professionals as resources and the importance of parental involvement. Four of the Participants reported the Study Buddy tutoring program and two of the four reported an increased use in technology relative to increasing a child's chance for academic success. One Participant noted that a smaller class size was paramount in regard to the

individualization of instructional techniques and the need to develop an after school tutoring program. Whatever works for the child was the response of one Participant.

Question seven was intended to provide insight in regard to the timelines of the screening team. A variety of Participant responses were given. The responses indicated that six of the 12 Participants viewed the timelines as dependent on the need of the child. Furthermore, four of the Participants reported that they were not sure of the timelines, and one of the four noted that the referrals were processed as quickly as possible. One Participant noted the timelines to be 30 to 60 days and as quickly as possible and one Participant reported that the timelines were 60 days.

The last interview question provided opportunity for the interviewees to share other information in addition to the information shared through the questions. The responses varied. There were eight participants who indicated that the screening team was more effective when there was an IST teacher, while one Participant indicated the need for more people utilizing the services available to the youth served and one Participant noted that a system that was more expedient in obtaining services for students was needed. Two participants reported that the information shared through the questions was adequate.

Overall, the generalization of Table 3.1 is reflective of an instructional support system that was downsized. To a credit, the system was able to maintain some of the support services that were in place before this occurred. The pre-referral process and forms manual is viewed by the majority of the Participants as a tool and it provided step by step guidance for members of the screening team. The responsibilities of the IST teacher were divided among members of the screening team; however, many Participants viewed the majority of responsibilities of the IST instructor to have been absorbed by the elementary counselors. The majority of the Participants indicated that the role of the support instructor assisted in the expedience of service delivery and

was viewed as a valuable resource. Several Participants indicated the development of a peer tutoring program, Study Buddies. The development of the equivocal in the other elementary building was not evident. The Participants were in agreement in regard to using the many resources available to assist a student in meeting academic success..

3.1.6 Summary

3.1.6.1 Research Question #1

How did one school district restructure the processes of the IST that was once funded and mandated by an outside agency?

The conceptual framework of IST was lifted; however, the concept of the screening team remained by mandate.

When the IST mandate was lifted in 1998 and the IST instructor position was eliminated in 2003, this district began restructuring the framework of the pre-referral process or the IST. In other words, the conceptual framework of IST was lifted; however, the concept of the screening team remained by regulation. It was the intent of this researcher that the development of the screening process and forms manual assist children meet with instructional success in the least restrictive environment (LRE) and assist in providing clarity of professional expectations of screening team members. The thinking also included providing district personnel with a useful tool which would assist the screening team gather necessary information in regard to making data driven decisions. The manual was also intended to provide a written document from which members of the screening team could refer (forms and processes are included in the Appendix D).

3.1.6.2 Research Question #2

How did the change in the mandates effect the conceptual framework of the screening team in this district?

One major restructuring endeavor of the screening team in this district was the disbursement of the responsibilities of the IST instructor. Conceptually, the screening framework had been established by the Instructional Support Team; however, with the elimination of the IST instructor position, a decision had to be made relative to the fulfillment of the activities and responsibilities of a full-time person. Noteworthy, a paraphrase of the Pennsylvania School Code 22, 1990 Pennsylvania Special Education Regulations Section 14.24, Standards Section 342.24 indicates that the responsibility of the IST instructor was to provide instructional support to instructors at the direction of the IST which was under the supervision of the principal or designee. The support provided by the IST instructor was intended to facilitate the screening of children thought to be in need of special education services. The IST instructor also provided technical assistance, consultation, and training to the parents and instructors of identified children. Direct instructional services were provided to the identified children in the regular classroom environment relative to the determination of the child's instructional level. The IST instructor was not to be utilized for services other than described. Administratively, the decision was to divide the responsibilities of the IST teacher among members of the current screening team.

3.1.6.3 Research Question #3

How does the screening team assist in meeting the needs of the children in the general education classroom in this district?

The conceptual framework of the screening team was intended to assist students meet academic success in the general education setting. Noteworthy, the goal of special education is

the least restrictive environment (LRE). For many years, an accepted practice was to refer, evaluate and place children in special education classrooms, where they received specially designed instruction. However, many of the children removed from the general education classroom may have been able to experience success in a general education classroom with non-disabled peers had the opportunity and appropriate pre-referral interventions been in place. The screening team is not mandated by federal law; however, it is viewed as a system of child find which is a requirement under federal and state regulation.

Collaboration and instructional adjustment according to demonstrated and observable need were the focus of the screening team meetings, reported Participant D. Similarly, Participant C indicated that the screening team worked collaboratively in regard to the particular needs of the referred student. Dependent on identified need, the screening team members included the school psychologist, guidance counselor, principal, mental health liaison, parent, classroom teacher, and the school nurse. Other members of the screening team could have included the learning support instructor, occupational therapist, physical therapist, instructor of the visually impaired, instructor of the hearing impaired and the English as a second language (ESL) instructor. Brainstorming and intervention strategies were discussed and instructional accommodations were implemented as deemed by the screening team members. Noteworthy, Participant E reported abundant collaborative resources to include parents and members of the screening team. Many times, the parent, guidance counselor, and the classroom teacher collaborated in order to gain insightful information relative to a behavior or academic concern, reported Participant E.

Interview question six was intended to prompt interviewees to share perceptions relative to the resources used to increase a child's chance for academic success. The resources available

to increase a child's chance for academic success were viewed collectively by the Participants as dependent upon reason for referral to the screening team. Participant F reported that "there are many resources available to a student who had been referred. Many of the resources include the Intermediate Unit staff, classroom assistants, school nurse, colleagues, administrators, school psychologist, as well as ESAP team members". Participant B reported that the Title I staff, PSSA tutor, mental health liaison, and learning support instructors were included in a plethora of resources available to students. Participant A indicated "consultation" with colleagues in regard to the accommodation and adaptation of instructional strategies as paramount to the academic success of all students. "Our increased use of computer systems such as Compass Learning provides opportunity for students to be accelerated and for the remediation of children in need. The children love it", noted Participant A. This Participant also indicated that the Compass computer program supplemented every subject taught.

Participant H noted that "any resource possible should be used" to increase a child's chance for academic success. "The parents are one of the best resources that should always be involved", reported Participant H. Participant G conveyed thoughts that were similar, "first and foremost we need to try and assist the families to become pro-active".

3.1.6.4 Research Question #4

How does the educational reform co-construction theory relate to changes experienced relative to restructuring the IST in this district?

Co-construction is particularly helpful for the investigation of educational reform. This concept assists educators reflect upon the relationship between social interactions in schools and the effect of major structural forces that characterize, and contribute to, the reproduction of society (Datnow, Hubbard, & Mehan, 1998, p. 3).

It is the opinion of this researcher that co-construction refers to what happens during implementation. Cole (as cited in Datnow, et al., 1998, p. 3) depicted reflexive relations among structure, culture, and agency. Furthermore, the co-construction concept provided the framework which gave opportunity for a deep analysis in regard to what was actually present and occurring. In this study, structure referred to the process of the screening team instituted to replace IST, culture referred to the broader school community which was the present screening team, and agency referred to the school district. Any change to the dimension of any one of these concepts created the conditions for the others. Relative to this study, the agency initiated the change with the elimination of the IST instructor position. This change affected the structure in that time does not permit the various members of the screening team to fulfill many of the roles and activities of a full-time instructional support staff member. Therefore, time affected the culture or the roles of the current screening team by incorporating many of the routines and responsibilities of the IST instructor.

3.1.6.5 Research Question #5

How do the findings of the Rand Change Agent Study relative to the implementation of educational initiatives relate to the restructuring of the IST in this district?

The Rand study found that the adoption of a program by regulation did not ensure successful implementation. Furthermore, successful implementation did not predict the continuation of projects initiated with federal funds. The study concluded that the “net return to the general investment was the adoption of many innovations, the successful implementation of few, and the long-run continuation of fewer” (McLaughlin, 1990, p. 12).

The Rand Corporation research was important to the current study for two reasons: First, the IST framework was initiated with federal seed money which was comparative to what the

Rand study researched. Second, adaptation was a major strategy that was reported in the Rand study. Programs are designed and adopted; however, upon implementation, adaptations occur. In this study, the IST was adopted and validated according to regulation. Adaptation occurred with the elimination of the IST instructor position and restructuring the framework of the IST. In other words, the conceptual framework of IST was lifted; however, the concept of the screening team remained by regulation. Upon implementation of the screening team process various members of the screening team fulfilled many of the roles and activities of a full-time instructional support staff member.

3.1.7 Research Processes

Reflecting on the research process used in this study, several issues came to mind. As a school psychologist, much of the data that I analyze and synthesize daily is empirical. The study that I have conducted included qualitative data that involved the feelings, and perceptions of professionals with whom I work. The data was presented in a narrative form where meaning was derived from words, not numbers.

When conducting a study which includes qualitative data there is usually a large amount of information to process, organize, analyze and synthesize. I did not experience difficulty organizing, analyzing or synthesizing the qualitative data in this study. I attributed this to my professional experience working with large amounts of individual student information, whether it is qualitative or empirical data.

Conducting this study in the district in which I work was a concern in regard to researcher bias. My concern was personal familiarity with the Participants causing some responses to be based upon perceived expectation. The process that I implemented to guard

against this was to provide the Participants opportunity to review my summary of the written account of their thoughts.

4.0 CHAPTER

4.1 SUMMARY, CONCLUSIONS AND IMPLICATIONS

4.1.1 Summary

This study was conducted to review how one school district implemented a program that was once fully funded and later made an option. The current screening team framework was lifted from an established concept; the instructional support team. The statement of the problem addressed in this research is as follows:

4.1.2 Statement of the Problem

What are the accomplishments, obstacles, and future implications of the current screening team framework that were lifted from the IST concept when funds were removed and what are the implications of the change for student support services?

4.1.3 Findings

4.1.3.1 Research Question #1

How did one school district restructure the processes of the IST that was once funded and mandated by an outside agency?

The conceptual framework of IST was lifted; however, the concept of the screening team remained by mandate.

When the IST mandate was lifted in 1998 and the IST instructor position was eliminated in 2003, this district began restructuring the framework of the pre-referral process or the IST. A comprehensive screening process and forms manual was developed and the process was implemented commencing the 2004-2005 school year. The activities and responsibilities of the full-time IST instructor that were lifted from the conceptual framework of the IST were disbursed among members of the current screening team. The members of the current screening team already had full-time positions.

4.1.3.2 Research Question #2

How did the change in the mandates effect the conceptual framework of the screening team in this district?

A major restructuring endeavor of the screening team in this district was the disbursement of the responsibilities of the IST instructor. Conceptually, the screening framework had been established by the Instructional Support Team; however, with the elimination of the IST instructor position, a decision had to be made relative to the fulfillment of the activities and responsibilities of a full-time person. Administratively, the decision was to divide the responsibilities of the IST teacher among members of the current screening team.

4.1.3.3 Research Question #3

How does the screening team assist in meeting the needs of the children in the general education classroom in this district?

The screening team assisted in meeting the needs of the children in the general education classroom in this district by working collaboratively with parents and colleagues. Many of the

colleagues were from outside agencies. Instructional accommodations were developed and implemented to assist the student meet with success. A Study Buddy program was implemented in one of the elementary buildings. The increased use of technology was noted to assist in meeting the instructional needs of the children in the district.

4.1.3.4 Research Question #4

How does the educational reform co-construction theory relate to changes experienced relative to restructuring the IST in this district?

The educational reform co-construction theory related to the changes experienced in this district. In this study, structure referred to the process of the screening team instituted to replace IST, culture referred to the broader school community which was the present screening team, and agency referred to the school district. Any change to the dimension of any one of these concepts created the conditions for the others. Relative to this study, the agency initiated the change with the elimination of the IST instructor position. This change affected the structure in that time does not permit the various members of the screening team to fulfill many of the roles and activities of a full-time instructional support staff member. Therefore, time impacted the culture or the roles of the current screening team members by incorporating many of the routines and responsibilities of the IST instructor.

4.1.3.5 Research Question #5

How do the findings of the Rand Change Agent Study relative to the implementation of educational initiatives relate to the restructuring of the IST in this district?

The findings of the Rand Change Agent Study relative to the implementation of educational initiatives related to the restructuring of the IST in this study in that adaptations occurred that were not anticipated by those who invented the concept of IST. The IST framework

was initiated with money from an outside agency and implemented as mandated. When the IST mandate was lifted in 1998, the district maintained the IST instructor position until elimination in 2003. The concept of the screening team remained by mandate; however, the guidelines provided the district with the option to maintain IST as validated or develop a screening system to meet regulatory requirements. It is the opinion of this researcher that the current study is indicative of an attempt to make the idea (IST) fit the context (screening).

4.1.4 Conclusions

A major accomplishment evident in this study was the sustainability of many of the student support services that were initiated and funded by an outside agency. Although the funding was removed and the mandate for IST lifted, this district maintained many of the student support services. Other accomplishments of the current screening team included ongoing collaborative relationship with parents, colleagues, and outside agencies. As long as the needs of the child were met in the general education classroom, the child was maintained in that setting. The continued use of technology and curriculum integration was used in every elementary classroom and the development of the Study Buddy tutoring program in one elementary building were also viewed as accomplishments by this researcher.

The obstacles of the current screening team included expeditiously fulfilling the activities of the instructional support teacher by members of the current screening team, time management by members of the screening team in order to fulfill additional activities, not as much individual general education teacher consultation, and not as much individual student assistance.

Time is a major factor to be considered for any system initiating change. As the initiative becomes integrated into the roles, responsibilities, and activities of the professionals within the system, it becomes apparent that time is a major obstacle of any initiative.

4.1.5 Implications for Policy and Practice

This case study illustrates that while federal or state funded programs come and go this is one example of how one school system sustained some of the supports of IST through the screening team. Initially, the funding served as an incentive to initiate support services for children thought to be in need. This case study also illustrates that change is an ongoing process redefining many things in a system and successful implementation does not predict the continuation of a program initiated with external funds.

The MDE referrals in the district have stayed about the same which indicates that the restructured screening team concept is working. Each referral is case sensitive and as long as the needs of the child are met in the general education classroom, the child is maintained in that setting. However, if this is not apparent, the child is referred for an MDE. Meeting the needs of the student is always the priority.

In general, there is likely to be an increase in the special needs population in districts due to heightened awareness of diagnostic criteria, medical conditions, and early identification of need. With this in mind, educating a child in the general education setting is always the goal. Therefore, intervention strategies such as differentiated instruction and a recent educational initiative, RtI should be utilized in general education settings. Noteworthy, both of these instructional strategies can be implemented in general education or special education settings.

The screening team is not mandated by federal law; however, it is viewed as a system of child find which is a requirement under federal and state regulation. Also, a recent educational initiative, Response to Intervention (RtI) is not mandated. However, it is referenced in No Child Left Behind (NCLB), and in the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA) which are closely aligned. Hopefully, this alignment will continue to increase awareness in regard to the education and identification of children with instructional, social and emotional needs and ensure accountability, equity, and excellence in education for all children.

4.1.6 Differentiated Instruction

As this researcher noted previously, each screening team referral is case sensitive and as long as the needs of the student can be met in the general education classroom, the student is maintained in that setting. A free appropriate public education (FAPE) in the least restrictive environment (LRE) is entitled to all children regardless of their educational needs. Children with disabilities are to be educated with non-disabled youth to the maximum extent appropriate within the general education classroom.

Children with disabilities are removed from the general education setting only if the nature or severity of the disability is such that instruction in the general education classroom with the use of supplementary aids and services cannot be achieved satisfactorily. Differentiated instructions is one instructional technique that could be implemented in the general education setting and provide information for data driven decision making of the comprehensive screening team. The integration and implementation of inclusionary instructional techniques can provide children opportunity to meet academic success in the least restrictive environment with non-disabled peers.

According to Tomlinson (2000, p.2),

. . . at its most basic level, differentiation consists of the efforts of teachers to respond to variance among learners in the classroom. Whenever a teacher reaches out to an individual or small group to vary his or her teaching in order to create the best learning experience possible, that teacher is differentiating instruction.

Instructors can differentiate at least four elements in the classroom based on individual readiness, interest, or learning profile. The four areas include: 1) content—what the individual needs to learn or how the individual will gain access to the information; 2) process—activities in which the individual engages in order to make sense of the content; 3) products—culminating projects that ask the individual to rehearse, apply, and extend what has been learned in a unit; and 4) learning environment—the way a class works and feels (Tomlinson, 2000, p.2).

The most important factor in differentiation that helps students achieve more and feel more engaged in school is being sure that what teachers differentiate is high quality curriculum and instruction (Tomlinson, 2000, p. 3).

Differentiated classrooms feel right to individuals who learn in diverse ways and at different rates and who bring to the learning environment different talents and interests. More importantly, such classrooms work better for a full range of students as compared to one-size-fits-all settings. Instructors who differentiate are more in touch with their students and approach instruction more as an art than a mechanical exercise (Tomlinson, 1999, p. 8).

4.1.7 Response to Intervention

The screening team is not mandated by federal law; however, it is viewed as a system of child find which is a requirement under federal and state regulation. Also, a recent educational initiative, Response to Intervention (RtI) is not mandated. However, it is referenced in No Child Left Behind (NCLB), and in the Individuals with Disabilities Education Improvement Act of

2004 (IDEIA) which are closely aligned. Hopefully, this alignment will continue to increase awareness in regard to the education and identification of children with instructional, social and emotional needs and ensure accountability, equity, and excellence in education for all children.

The current Pennsylvania Special Education Services and Programs State Board of Education Regulations (Section 14) mandate a screening team. The Pennsylvania Special Education Services and Programs State Board of Education Regulations (Section 14), also indicate that within 60 school days after initiation, the screening team meets to assess the student's **response to intervention**. If the interventions have produced little or no improvement, the student is referred for evaluation under Section 14 (14.123 relating to evaluation).

Response to intervention (RtI) is the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals and applying child response data to important educational decisions. RtI should be applied to decisions in general, remedial and special education, creating a well-integrated system of instruction/intervention guided by child outcome data. Child outcome data are essential to:

- making accurate decisions about the effectiveness of general and remedial education instruction/interventions;
- making early identification/intervention with academic and behavioral problems;
- preventing unnecessary and excessive identification of students with disabilities;
- deciding eligibility for special programs, including special education; and
- determining individual education programs as well as delivering and evaluating special education services". (Batsche, Elliott, Graden, Grimes, Kovsleski, Prasse, Reschly, Scharg, & Tilly III, 2005, p.1).

There are three main components to RtI: high quality instruction, frequent assessment, and data-based decision making. High-quality instruction is based on the idea that all children deserve effective instruction that leads to achieving functional skills. Frequent assessment is based on the idea that continuous assessment leads to skill improvement. Instructional decision making relates to the idea that adjustments to instruction must be based on data (Brown-Chidsey & Steege, 2005, p. 11).

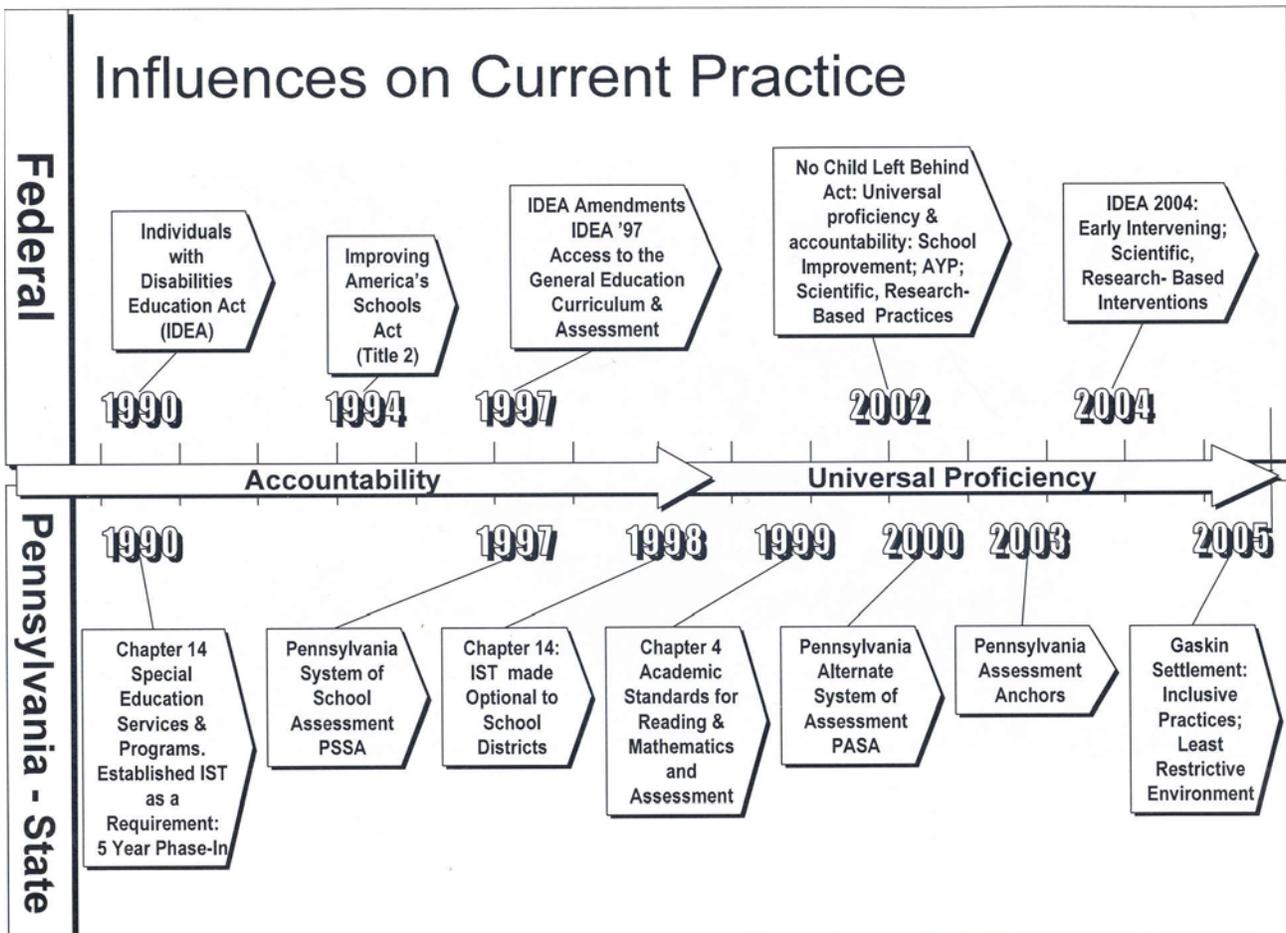
RtI can be incorporated into general and special education settings.

Specifically, it is mentioned in IDEIA 2004 as one of several assessment tools that can be combined to determine whether a student has a learning disability. The nature of the RtI wording in IDEIA documents a strong message that the least restrictive environment (LRE) is an important aspect of educational planning for all students. A similar emphasis is found in the No Child Left Behind Act. Both IDEIA (2004) and NCLB include language requiring that schools do everything in their power to provide all students with high-quality scientifically based effective instruction. Legislative mandates requiring certain procedures are not the same thing as the actual application of the procedures (Brown-Chidsey & Steege, 2005, p. 161). (Influences on Current Practice timeline included in Appendix A).

APPENDIX A

INFLUENCES ON CURRENT PRACTICE

(Retrieved November 14, 2006 from the Pennsylvania Training and Technical Assistance Network Website: www.pattan.k12.pa.us)



APPENDIX B

IST TO RTI

Where we have been...Where we are going...

(Retrieved November 14, 2006 from the Pennsylvania Training and Technical Assistance Network Website: www.pattan.k.12.pa.us)

IST to Rtl Where we have been ... Where we are going...

Instructional Support Team	Resources Gained 1990-2006	Response to Intervention
Request for assistance by teacher or parent	<ul style="list-style-type: none"> • Academic Standards • PSSA/PASA • Access to General Education Curriculum • Curriculum Aligned with Academic Standards • Scientific Research Base • State-wide Emphasis on Data-Informed Decision-Making • PVAAS • State-wide Dibels Training & Support for All Students • State-wide Positive Behavior Support Training • State-wide Progress Monitoring Training • Tutoring & Extended Learning Opportunities • Assessment Anchors • Focus on All Students-All Subgroups • School Improvement Model • Inclusive Practices 	Identification of need by universal screening for all students
Student specific team		School, grade, group and, student specific flexible and fluid teams
IST (support) teacher coordinates process		Coordination required for each team and between teams across the school
Standards-based core curriculum presumed		Requires research-based core curriculum for reading and math
Implemented customized effective instruction for students at-risk		Requires effective instructional practices for all students
Student specific targeted 'strategies'		School, grade, group and student specific interventions for all students
Targeted instructional 'strategies' (with available research-based interventions)		Scientific research-based interventions and standard protocol interventions
Implications for whole group instruction		Systematic changes in whole group instruction – differentiated instruction
Behavior problems addressed through "Valentine" model and "Initial Line of Inquiry"		Behavior problems addressed through positive behavior supports
Progress monitoring for students at-risk		Progress monitoring for all students at varying intensity
Pre-referral system-led to evaluation if needed		Data from process can be used as part of primary SLD diagnostic criteria
Parent awareness		Extensive parent involvement & reinforcement between home and school
Elementary student assistance program (ESAP) embedded in IST functions		Schools decide on relationship of three-tier process and ESAP
Teams use problem-solving format		Teams use problem-solving format with scientific base and consistent data

APPENDIX C

STATE AND FEDERAL REGULATIONS

Pennsylvania Regulations-Chapter 14.24 Instructional Support

Pennsylvania Standards-Chapter 342.24 Instructional Support

Pennsylvania State Board of Education Regulations-Chapter 14

Federal Regulations-Procedures for Evaluation and Determination of Eligibility

Pennsylvania Regulations-Chapter 14

Chapter 14.24 Instructional Support

- (a) This section does not apply to students who are thought to be gifted, to students beyond the sixth grade who are thought to be eligible, to students attending non-public schools who are thought to be exceptional or to young children not yet of kindergarten age or not enrolled in a public school program.
- (b) Each school district shall establish a system of instructional support to accomplish the following:
 - 1) Assure that a continuum of services is available and used effectively in each public school building.
 - 2) Provide peer support for teachers and other staff members to assist them in working effectively with students under subsection (d).
 - 3) Provide initial screening and direct intervention for those students prior to referral for a multidisciplinary evaluation under 14.25 (relating to multidisciplinary evaluation).
 - 4) Provide services to individual exceptional students if required by the students' IEPs under 14.31-14.39 (relating to IEP).

- (c) Instructional support shall be provided through ISTs designated by the school district. School districts may determine the number and structure of the teams and their methods of operation, within the requirements of this chapter and Chapter 342 (relating to special education services and programs). The IST serving a school building shall be chaired by the principal of that building or by the principal's designee from the professional staff of the building.
- (d) Parents of a student or a member of the professional staff of the student's school may request IST assistance in meeting a student's educational needs.
- (e) It is the responsibility of the building principal to supervise the implementation of the services recommended and provided by IST.
- (f) A continuum of services as set forth in Chapter 342 shall be available to and provided through the IST to meet the specific needs of students brought to the attention of the IST.
- (g) The following timeline applies to instructional support activities under this section:
 - 1) This IST shall review a student within 10 school days after a concern has been expressed to the IST by a person qualified to do so under subsection (d). The principal shall record the expression of concern and shall notify the student's parents of the IST review and encourage them to participate.
 - 2) Within 10 school days after the ISTs review of the student, a modification of the student's instruction shall be implemented in accordance with procedures provided in Chapter 342 unless modification is not needed.
 - 3) If instructional support activities have produced little or no improvement within 30 school days after their initiation, the IST shall inform the student's principal, who shall refer the student for additional evaluation. Additional evaluation may include formal referral for multidisciplinary evaluation for special education services and programs under 14.25.
 - 4) If instructional support activities have produced little or no improvement within 60 school days after their initiation the student shall be formally referred for multidisciplinary evaluation under 14.25.
 - 5) Instructional support activities do not serve as a bar to the right of a parent to request at any time, including prior to or during the conduct of instructional support activities, a multidisciplinary evaluation of a child under 14.25 (b).

Title 22 Pennsylvania Standards Chapter 342

Chapter 342.24 Instructional Support

- (a) Instructional support shall be provided by school districts through the State according to a phase in schedule beginning July 1, 1990, and ending June 30, 1995. A district is not required to fulfill the requirements of this section and 342.23 (relating comprehensive screening) prior to receiving the inservice training provided for that purpose by the Department, or prior to receiving validation of the district's instructional support system. Inservice training in the operation of instructional support services shall be provided by the Department to school districts under a 5-year phase-in schedule. Districts shall receive training or validation prior to June 30, 1995.
- (b) Under 14.24 (relating to instructional support), a school district shall designate appropriate ISTs to meet the needs of the district's students. IST assistance may be provided only to students for whom the assistance is requested under 14.24 (d). The IST shall be chaired by the student's building principal, or the principal's designee from the professional staff of the student's building, and shall include the following:
 - 1) The student's regular classroom teacher.
 - 2) The support teacher assigned to the student's building.
 - 3) Others as appropriate and designated by the principal- for example, parent, speech correctionist, guidance counselor, reading specialist, school psychologist, school social worker, school nurse or special education teacher.
- (c) It is the responsibility of the building principal to convene and administer the IST.
- (d) It is the responsibility of the support teacher to provide instructional support to teachers. The support teacher shall provide instructional support at the direction of the IST and under the supervision of the principal. The purpose of the instructional support provided by the support teacher is to facilitate the screening of students suspected of being eligible for special education services. The support teacher may provide consultation, technical assistance and training to the teachers and parents of identified students. The support teacher may also provide direct instructional services to identified students in regular education environments for the purpose of determining the student's instructional level. The support teacher may not be used to provide services other than those described in this section.
- (e) It is the responsibility of the IST to :

1. Implement and manage the screening and evaluation process under subsection (f).
 2. Provide instructional support in the student's school to the student and the student's regular classroom teacher.
- (f) The screening team and evaluation process shall be the systemic determination of the degree to which a student needs instructional support and special education services and programs. The degree of need is the student's measured instructional level compared to the functional ability of the regular education program to maintain that level in the student's regular class. The screening and evaluation process may include the activities of the IST, the MDT and the IEP team. Refer to Department Guidelines for further information.
- (g) Based on the degree of need determined, the IST shall recommend to the principal the services needed to meet the identified need. The principal of each public school building shall maintain a comprehensive directory of educational services and programs available to students in that building.
- (1) The services and programs may include, but are not limited to, the following:
- (i) Student services, including the following:
 - a. Health services.
 - b. Counseling services.
 - c. Library services.
 - (ii) Instructional support services for instructional personnel, including the following:
 - a. Peer support and exchange.
 - b. Instructional consultation.
 - c. Classroom training.
 - (iii) Supplementary instructional support services and programs as appropriate within required eligibility, including the following:
 - a. Chapter I.
 - b. Bilingual education.
 - c. Alternative education.
 - d. Student assistance program
 - e. Vocational education.
 - f. Migrant education.
 - g. Special education.

- (2) The continuum of services represents an ordered priority from minimal to most intensive level of service. Services shall be deployed according to the following priority determination:
 - (i) Peer support and exchange for instructional personnel.
 - (ii) Instructional consultation for school personnel.
 - (iii) Classroom training for instructional personnel.
 - (iv) Paraprofessional.
 - (v) Team teacher; for example, additional teacher in the classroom.
 - (vi) Special Teacher.
 - a. Part-time; for example, remedial teacher, special education teacher.
 - b. Full time; for example, special education teacher.
 - (vii) Specialist, for example, therapist.
- (3) One or more of the levels of service delivery listed in paragraph (2) may be applied at any location of service delivery.
- (h) The IST shall maintain minimal data on the operation of the team. The data shall include the following:
 - 1) The name of the student.
 - 2) The date of initial concern.
 - 3) The name of the person expressing concern.
 - 4) Then date of parent contact.
 - 5) The date and nature of the student-specific action taken by the IST.

Special Education Services and Programs

Pennsylvania State Board of Education Regulations (Chapter 14-May 1, 2004)

14.122 Screening

- (a) Each school district shall establish a system of screening to accomplish the following:
 - 1) Identify and provide initial screening for students prior to referral for a special education evaluation.

- 2) Provide peer support for teachers and other staff members to assist them in working effectively with students in the general education curriculum.
 - 3) Conduct hearing and vision screening in accordance with section 1402 of the Public School Code of 1949 (24 P.S. chapter 14-1402) for the purpose of identifying students with hearing or vision difficulty so that they can be referred for assistance or recommended for evaluation for special education.
 - 4) Identify students who may need special education services and programs.
- (b) Each school district shall implement a comprehensive screening process. School districts may implement instructional support according to Department guidelines or an alternative screening process. School districts which elect not to use instructional support for screening shall develop and implement a comprehensive screening process that meets the requirements specified in subsections (a) and (c).
- (c) The screening process shall include:
- 1) For students with academic concerns, an assessment of the student's functioning in the curriculum including curriculum-based or performance-based assessment.
 - 2) For students with behavioral concerns, a systemic observation of the student's behavior in the classroom or area in which the student is displaying difficulty.
 - 3) An intervention based on the results of the assessments under paragraph (1) or (2).
 - 4) An assessment of the student's response to intervention.
 - 5) A determination as to whether the student's assessed difficulties are due to lack of instruction or limited English proficiency.
 - 6) A determination as to whether the student's needs exceed the functional ability of the regular education program to maintain the student at an appropriate instructional level.
 - 7) Activities designed to gain the participation of parents.
- (d) If screening activities have produced little or no improvement within 60 school days after initiation, the student shall be referred for evaluation under Chapter 14.123 (relating to evaluation).

- (e) Screening activities do not serve as a bar to the right of a parent to request an evaluation, at any time, including prior to or during the conduct of screening activities.

14.123 Evaluation

- (a) The group of qualified professionals, which reviews the evaluation materials to determine whether the child is a child with a disability under 34 CFR 300.534(a)(1)(relating to determination of eligibility), shall include a certified school psychologist when evaluating a child for autism, emotional disturbance, mental retardation, multiple disabilities, other health impairments, specific learning disability or traumatic brain injury.
- (b) In addition to the requirements incorporated by reference in 34 CFR 300.531-300.535, the initial evaluation shall be completed and a copy of the evaluation report presented to the parents no later than 60 school days after the agency receives written parental consent.

Federal Regulations (IDEA)

Procedures for Evaluation and Determination of Eligibility

CFR 300.531 Initial Evaluation

Each public agency shall conduct a full and individual initial evaluation, in accordance with CFR 300.532 and CFR 300.533, before the initial provision of special education and related services to a child with a disability under Part B of the Act.

CFR 300.532 Evaluation Procedures

Each public agency shall ensure, at a minimum, that the following requirements are met:

- (a) (1) Tests and other evaluation materials used to assess a child under Part B of the Act (i) Are selected and administered so as not to be discriminatory on a racial or cultural basis: and (ii) Are provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so; and
- (2) Materials and procedures used to assess a child with limited English proficiency are selected and administered to ensure that they measure the extent to which the child has a disability and needs special education, rather than measuring the child's English Language skills.

- (b) A variety of assessment tools and strategies are used to gather relevant functional and developmental information about the child, including information provided by the parent, and information related to enabling the child to be involved in and progress in the general curriculum (or for a preschool child, to participate in appropriate activities), that may assist in determining—
 - (1) Whether the child is a child with a disability under CFR 300.7; and
 - (2) The content of the child’s IEP.
- (c)(1) Any standardized tests that are given to a child—(i) Have been validated for the specific purpose for which they are used; and (ii) Are administered by trained and knowledgeable personnel in accordance with any instructions provided by the producer of the tests. (2) If an assessment is not conducted under standard conditions, a description of the extent to which it varied from standard conditions (e.g., the qualifications of the person administering the test, or the method of test administration) must be in the evaluation report.
- (d) Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient.
- (e) Tests are selected and administered so as best to ensure that if a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child’s aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child’s impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure).
- (f) No single procedure is used as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child.

CFR 300.534 Determination of Eligibility

- (a) Upon completing the administration of tests and other evaluation materials-
 - (1) A group of qualified professionals and the parent of the child must determine whether the child is a child with a disability, as defined in CFR 300.7; and The public agency must provide a copy of the evaluation report and the documentation of determination of eligibility to the parent.
- (b) A child may not be determined to be eligible under this part if—
 - (1) The determinant factor for that eligibility determination is—(i) Lack of instruction in reading or math; or (ii) Limited English proficiency; and
 - (2) The child does not otherwise meet the eligibility criteria under CFR 300.7(a)

- (c)(1) A public agency must evaluate a child with a disability in accordance with CFR 300.532 and 300.533 before determining that the child is no longer a child with a disability.
- (2) The evaluation described in paragraph (c) (1) of this section is not required before the termination of a student's eligibility under Part B of the Act due to graduation with a regular high school diploma, or exceeding the age eligibility for FAPE under State law.

CFR 300.535 Procedures for Determining Eligibility and Placement

- (a) In interpreting evaluation data for the purpose of determining if a child is a child with a disability under CFR 300.7, and the educational needs of the child, each public agency shall—
 - (1) Draw upon information from a variety of sources, including aptitude and achievement tests, parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior; and
 - (2) Ensure that information obtained from all of these sources is documented and carefully considered. (b) If a determination is made that a child has a disability and needs special education and related services, an IEP must be developed for the child in accordance with CFR 300.340—300.350.

APPENDIX D

PROCESS AND FORMS

1. Screening Team
2. Multidisciplinary Process for Instructor/Staff initiated Referral
3. Multidisciplinary Process for Parent initiated Referral
4. Parent Questionnaire
5. Request for Academic/Behavioral Assistance
6. Elementary Instructor Questionnaire
7. Elementary Librarian Input Form
8. Elementary Art Instructor Input Form
9. Elementary Physical Education Instructor Input Form
10. Elementary Music Instructor Input Form
11. Counselor Questionnaire
12. Principal Questionnaire
13. School Nurse Questionnaire
14. Speech/Language Questionnaire
15. Observation Summary
16. Math Curriculum Based Assessment Summary
17. Reading Curriculum Based Assessment Summary
18. Title I Reading Questionnaire
19. Title I Math Questionnaire
20. Parent Cover Letter

School District
Street Address
City, State Zip Code
Telephone Number

Dear Parent/Guardian,

Enclosed is your copy of the procedural safeguards and a parent input form. The parent input information is included in the evaluation of your child. Your input is vital to the identification of your child's educational needs. As you review the questions, please answer only those questions that are applicable to your child. Please feel free to add any additional information, which might be helpful in facilitating your child's educational success.

As a member of the multidisciplinary team, parents play a crucial role in the evaluation and educational planning of their child. I look forward to working with you throughout this process. If you have any questions or concerns, please contact me at the Administration Office at telephone number and extension.

Sincerely,

Tammy Cavanaugh
School Psychologist

School District
Instructional Support Team/Multidisciplinary Team
Process for Instructor/Staff Initiated Referral

1. The principal or counselor is approached by instructor/staff relative to beginning the instructional support/multidisciplinary evaluation process.
2. The counselor has “Request for Academic/Behavioral Assistance Form” completed by the instructor/staff of the referred individual. The counselor completes the top portion of the request and the instructor completes the remainder. Upon instructor completion, the form is returned to the counselor.
3. If the referral is for the instructional support team, a multidisciplinary evaluation or a referral for evaluation under Chapter 15 (504) Protected Handicapped Plan, the counselor gives the “School Nurse Questionnaire” to the school nurse, the “Principal Questionnaire” to the principal, and the “Instructor Questionnaire/Itinerant Instructor Questionnaires” to the student’s appropriate instructor(s).
4. The counselor completes the “Counselor Questionnaire”, and disperses the “Curriculum Based Assessment Form”. The counselor or the Title I instructor(s) will complete the curriculum based assessment data relative to services received.
5. The counselor assures that the “Observation Summary” is completed.
6. The counselor collects the completed packet, making sure that ALL information is inclusive. The bottom portion of the request form is a checklist for the counselor. This checklist ensures that ALL information has been obtained.
7. ***Once A Packet Is Completed***, the screening team (principal, school psychologist, counselor, referring instructor, and when appropriate the Title I staff and school nurse) review the referral and make a decision to refer instructional support or SAP, refer for a multidisciplinary evaluation (Chapter 14), or refer for evaluation under Chapter 15 or 504 Protected Handicapped Plan or monitor.
8. Upon the decision of the screening team (to go to IST), the instructor initiates the thirty day goal and intervention strategy process. The process follows:

PROCESS:
 - A. Instructor discusses with the parent the 30-day goal and strategic process.
 - B. Instructor initiates 30 day process by implementing strategies to meet the measurable goal (data collection should include pre and post testing).

9. The *Progress Review Meeting* will be scheduled by the counselor. The counselor will contact all parties, including the parent and bring the student's cumulative folder. The referring instructor will bring ALL necessary documentation: parent contact log, intervention documentation, grade book, daily intervention strategy log, and pre and post test data. The principal serves as the chairperson.
10. The student exits IST and the instructor continues successful strategies or the student is referred to MDE.
11. If the screening team believes that the student is in need of an MDE for possible special education placement the LEA/Principal/Designee explains the MDE process to the parent.
12. The *COMPLETED PACKET* is forwarded to the administration office to the special education department and the "Permission to Evaluate", "Parent Questionnaire", and "Procedural Safeguards" are sent to the student's parent or guardian.
13. The special education department will add the parental questionnaire to the school data (packet) and the "Informed" parental consent. This packet is then dispersed to the school psychologist.
14. Once the MDE has occurred, the multidisciplinary team will convene to discuss the results of the multidisciplinary evaluation. The school psychologist or the special education secretary will telephone the counselor to schedule the multidisciplinary team meeting. The counselor will consult with the respective members of the multidisciplinary team relative to a time and day that are conducive to the majority of the team and schedule the meeting. The counselor will notify each member of the team relative to the date, time, and location of the multidisciplinary team meeting.
15. At the multidisciplinary team meeting, ALL signatures of attending persons will be obtained. However, if ALL members of the multidisciplinary team cannot be present, the counselor will obtain the remaining signatures. This ensures that each member of the team has had an opportunity to adequately review the evaluation report.
16. The original evaluation report with attached signature page is forwarded to the district administration office to the attention of the special education secretary.

NOTE: TIMELINES BEGIN WHEN "INFORMED" PARENTAL CONSENT IS OBTAINED. ALL DATA MUST BE COLLECTED AND SUBMITTED AS SOON AS POSSIBLE!!!!

**School District
Multidisciplinary Evaluation Input
Parent Questionnaire**

STUDENT: _____ **PARENT/GUARDIAN:** _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS TO ASSIST IN DETERMINING AND MEETING THE EDUCATIONAL NEEDS OF YOUR CHILD.

Why is your child being referred for a multidisciplinary evaluation (be as specific as possible)? _____

Was there anything noteworthy about your child's birth or development? YES NO

If yes, please explain. _____

At what age did your child begin?

Walking _____

Talking _____

Toilet Independently _____

Is there a significant health history? YES NO

If yes, please list any serious illnesses, injuries, or medications. _____

How does your child get along with other children as well as adults (in school and at home)?

Please indicate if your child participates in any particular sports, hobbies, games, etc. Does your child excel in any of these areas? _____

Please indicate your perception of your child's areas of difficulty or strength where applicable:

AREA	DIFFICULTY	STRENGTH
Oral Expression		
Listening Comprehension		
Written Expression		
Fine Motor Skills		
Gross Motor Skills		
Basic Reading Skill		
Reading Comprehension		
Mathematics Calculation		
Mathematics Calculation		
Mathematics Reasoning		
Attention		
Memory		
Logical Reasoning		
Impersonal Skills		
Study Skills		
Organizational Skills		
Other (SPECIFY)		

Has your child received any special programming or help? (i.e., Title I Math or Reading, Speech/Language Services, Early Intervention, etc.)? _____

What do you see as your child's special learning needs? _____

What suggestions can you give regarding effective instructional and/or behavioral strategies? _____

Does your child see a therapist or psychiatrist? If yes, please explain. _____

Are there any other aspects of your child's life that you feel may have an impact upon his/her current educational status? If yes, please explain. _____

Does your child bring assignments home to complete? ____ YES ____ NO

Please check the following areas which apply to your child in relationship to homework completion:

- starts homework on own
- needs prompted to do homework
- does homework at a designated time
- does homework in a designated area
- puts forth sufficient effort
- does not appear to apply him/her
- does not comprehend instructions
- accepts redirection
- does not accept redirection
- asks for help
- does not ask for help
- is careful in completion of homework
- is careless in completion of homework
- does his/her homework but does not turn the assignments in to the instructor

Comments in regard to homework: _____

Relative to Positive Reinforcement:

What does your child like to eat or drink? _____

What does your child enjoy doing in his/her spare time? _____

What types of games or toys does your child enjoy? _____

Please indicate any additional comments and/or concerns:

Parent's Signature: _____ Date: _____

**School District
Instructional Support Team/
Multidisciplinary Evaluation Input
Principal Questionnaire**

Student: _____

Please write a statement relative to your contact with this student. _____

Relative to this student are there behavioral concerns and/or a history of disciplinary concerns?
__Y __N If yes, please explain. _____

Please write a brief statement relative to any contact that you have had with this student's
parent(s)/guardian(s). _____

Please write a statement relative to any contact that you have had with this student's instructor(s)
regarding this student. _____

Please list additional comments/concerns: _____

Signature: _____ Date: _____

**School District
Instructional Support Team/
Multidisciplinary Evaluation Input
Counselor Questionnaire**

Student: _____

Please write a statement relative to this student's educational history. (PLEASE include schools student has attended, as well as current daily classroom performance, and the most recent group achievement and ability indicators:) _____

Please write a statement relative to your contact with this student. _____

Please write a statement relative to any contact you have had with this student's parent(s)/guardian(s) regarding this student. _____

Please write a statement relative to any contact that you have had with this student's instructor(s) regarding this student. _____

Attendance: _____ Good _____ Satisfactory _____ Problematic (explain)

Social Development: _____ Age appropriate
 _____ Immature for age
 _____ Advanced for age

Peer relationships: _____ Good
_____ Adequate
_____ Problematic (explain) _____

Please comment about the student's academic and social/emotional functioning within the educational setting (social interaction, attitude, motivation): _____

Please comment about the student's behavior within the educational setting (suspensions, detention): _____

Please list any additional comments/concerns:

Signature: _____ Date: _____

**School District
Instructional Support Team/
Multidisciplinary Evaluation Input
Speech/Language Questionnaire**

Student: _____ Grade: _____

Please indicate the date that the student began receiving speech/language services: _____

How often does the student receive speech/language services?

Please write a brief statement relative to your contact with this student. Indicate the student's strengths and weaknesses:

Please indicate the student's current functioning level in speech/language. **Include any tests that have been administered** (i.e., name of the instrument, date, and results as reported in standard scores, national percentiles, and age equivalents). _____

Please indicate any relevant observations when working with this student

Please list any additional comments/concerns:

Signature: _____ Date: _____

**School District
Instructional Support Team/
Multidisciplinary Evaluation Input
School Nurse Questionnaire**

Student name: _____ Grade: _____

Homeroom Instructor: _____

Please describe the general physical condition of this student. _____

Is this student taking medication? _____ YES ___ NO If yes, for what reason?

Please list any side effects which could affect school performance. _____

Please note any additional health concerns. _____

Please list the results of vision testing, as well as the date administered. _____

Please list the results of hearing testing, as well as the date administered. _____

Please note any additional limitations and/or recommendations resulting from the physical condition of this student. _____

Please write a statement regarding your contact with this student during his/her time at school:

Signature _____ Date _____

**School District
Instructional Support Team/
Multidisciplinary Evaluation Input
Observation Summary**

Student: _____ Date: _____
 Observed by: _____ Time of observation: _____
 Instructor: _____ Number of Students: _____
 Subject/topic observed: _____

PLEASE check all that apply relative to the student and the activity of the class during this observation:

- Instructional activity involved the class as a whole
 - Students working in small group activity
 - Independent practice activity
 - Other _____
-
- | | | |
|---|---|---|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Writing answers to questions | <input type="checkbox"/> Instructor demonstration |
| <input type="checkbox"/> Verbal Instruction | <input type="checkbox"/> Essay writing | <input type="checkbox"/> Visual aides |
| <input type="checkbox"/> Student discussion | <input type="checkbox"/> Creative writing | <input type="checkbox"/> Videotape/film |
| <input type="checkbox"/> Instructor led instruction | <input type="checkbox"/> Role-play | <input type="checkbox"/> Board work |
| <input type="checkbox"/> Oral reading | <input type="checkbox"/> Silent reading | <input type="checkbox"/> Use of manipulatives |
| <input type="checkbox"/> Oral practice | <input type="checkbox"/> Writing responses to questions | <input type="checkbox"/> Lab work |
| <input type="checkbox"/> Oral presentation by student | <input type="checkbox"/> Written exercises | <input type="checkbox"/> Other _____ |

What was the student's location in the classroom relative to instructor proximity?

- | | |
|--|--|
| <input type="checkbox"/> adjacent to the instructor's desk | <input type="checkbox"/> back of the room |
| <input type="checkbox"/> middle row | <input type="checkbox"/> middle row |
| <input type="checkbox"/> near the front of the room | <input type="checkbox"/> front of the room |
| | <input type="checkbox"/> other _____ |

Did the student comprehend and complete the task at hand? YES NO /PLEASE describe:

PLEASE describe the student's actions/behavior during the observation (check all that are applicable to this observation):

The student's materials were:

readily available difficult to find not present other _____

The student began task(s):

promptly, but soon lost interest after getting settled other _____
 after instructor assistance after prompting

The student stayed on task:

throughout observation less than half time more than half time hardly at all

The student followed individual instructions:

without hesitation with clarification rarely other _____

The student made transition from one activity to another:

easily with direct instructor assistance some difficulty other _____

The student asked for assistance from the instructor:

frequently several times once not observed

The student participated in:

	Actively	Passively	Not Observed
Oral tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE check all that apply to this observation and the classroom environment:

relaxed, comfortable assertive
 compliant confident about his/her ability
 focused on task self-directed
 appeared socially alert thought before responding
 sat straight other _____

worked quietly worked slowly
 worked at a moderate rate other _____

disorganized action/response before thinking
 external structure required excessive random movement
 demands instructor attention seeks attention from peers

**School District
Instructional Support Team/
Multidisciplinary Evaluation Input
Elementary Music Instructor Input**

Student name: _____ Date: _____

Itinerant Instructor Name: _____ Homeroom Instructor: _____

I. Please check **ALL** appropriate behaviors observed:

- | | |
|---|---|
| <input type="checkbox"/> Works independently | <input type="checkbox"/> Pays attention |
| <input type="checkbox"/> Participates in activities | <input type="checkbox"/> Respects property of others |
| <input type="checkbox"/> Stays on task | <input type="checkbox"/> Asks questions |
| <input type="checkbox"/> Follows oral instruction | <input type="checkbox"/> Cooperates |
| <input type="checkbox"/> Answers questions | <input type="checkbox"/> Makes an effort to comply |
| <input type="checkbox"/> Remains in his/her seat | <input type="checkbox"/> Socializes /interacts with peers |
| <input type="checkbox"/> Enters room quietly | <input type="checkbox"/> Follows rules |
| <input type="checkbox"/> Communicates with peers/adults | |

II. Please check **ALL** interfering behaviors:

- | | |
|---|---|
| <input type="checkbox"/> Talks without raising hand | <input type="checkbox"/> Is impulsive |
| <input type="checkbox"/> Displays out of seat behavior | <input type="checkbox"/> Exhibits destructive behavior |
| <input type="checkbox"/> Argues/talks back | <input type="checkbox"/> Has difficulty following direction |
| <input type="checkbox"/> Has a short attention span | <input type="checkbox"/> Refuses to cooperate |
| <input type="checkbox"/> Is physically aggressive | <input type="checkbox"/> Is easily distracted |
| <input type="checkbox"/> Gives inappropriate answers | <input type="checkbox"/> Lacks communication skills |
| <input type="checkbox"/> Demonstrates lack of participation | <input type="checkbox"/> Other: _____ |

III. What are the student's strengths?

IV. What are the student's **SPECIFIC NEEDS** in your class? _____

V. Please check any adaptations that are being implemented for this student:

___ Alternative activities

___ One-to-one assistance

___ Audio tapes

___ Visual materials/pictures

___ Manipulatives

___ Small group instruction

___ Special seating

___ Extra time for tasks

___ Positive reinforcement

___ Physical prompts

___ Para-professional support

___ Modeling

___ Timer

___ Verbal prompts

___ Repeated practice

___ Assistive devices

___ Buddy system

___ Simplified directions

___ Redirection

___ Other: _____

VI. Additional Comments (PLEASE add any other pertinent information):

Itinerant Instructor's Signature

Date

**School District
Request for Academic/Behavioral Assistance**

Student Name _____ DOB _____ Date of Request _____

School _____ Grade _____ Instructor _____

Was this child retained? If yes, when? _____

Person initiating referral _____

Was a psychological evaluation ever completed on this student? ____ (If yes, attach report)

Does student receive speech/language services? _____

Parent/Guardian Name _____ Phone _____

Address _____

Specific Problem Initiating Referral:

Strengths:

Specific Steps Taken to Meet Student's needs in the General Education Classroom (address each of the following areas):

As per Chapter 14- 14.122 –

- 1) For students with academic concerns, an assessment of the student's functioning in the curriculum including curriculum-based or performance-based assessment
- 2) For students with behavioral concerns, a systematic observation of the student's behavior in the classroom or area in which the student is displaying difficulty

- 1) An intervention based on the results of the assessments under paragraph (1) or (2).
- 2) An assessment of the student's response to the intervention.
- 3) A determination as to whether the student's assessed difficulties are due to a lack of instruction or limited English proficiency.
- 4) A determination as to whether the student's needs exceed the functional ability of the general education program to maintain the student at an appropriate instructional level.
- 5) Activities designed to gain the participation of parents.

1) **If academic referral**, describe student's functioning in the curriculum, including academic performance levels:

2) **If behavioral referral**, describe student's behavior in structured environments as well as nonstructural environments:

- a. Accommodations/strategies used to meet student's needs:

- b. How have you involved the parent(s) in making accommodations for this student?

- c. Results of accommodations/strategies used:

- d. Are student's difficulties due to lack of instruction or limited English proficiency?

- e. In your opinion, do the student's needs exceed what can be provided in the general curriculum?

Following documentation is attached:

- | | |
|---|--|
| <input type="checkbox"/> Title I Input (if applicable) | <input type="checkbox"/> Counselor Questionnaire |
| <input type="checkbox"/> Recent Group Achievement Tests | <input type="checkbox"/> Instructor Questionnaires |
| <input type="checkbox"/> Recent Report Card | <input type="checkbox"/> School Nurse Input |
| <input type="checkbox"/> Attendance Record | <input type="checkbox"/> Principal Input |
| <input type="checkbox"/> Speech & Language Input (if applicable) | <input type="checkbox"/> Previous ER/IEP (if applicable) |
| <input type="checkbox"/> Classroom Observation | <input type="checkbox"/> Summary ER (if applicable) |
| <input type="checkbox"/> Disciplinary Referrals | <input type="checkbox"/> Curriculum Based Assessment |
| <input type="checkbox"/> Behavior Intervention Plan (if applicable) | |

**School District
Curriculum Based Assessment
Math Summary**

Student name: _____

Grade: _____

On _____ (date), a curriculum-based assessment was conducted by
_____ (instructor), at _____

(School), to ascertain _____ (student name) level of performance.

_____ (student name) demonstrated skill in counting by 1's-2's-5's-10. Recall of number facts was satisfactory up to _____ (#) in _____ (operation). The highest level of operational skill demonstrated was _____.
Regrouping was/wasn't evident in addition-subtraction-multiplication-division-any-all-of the of the operations.

Additional
Comments: _____

Signature: _____ Date: _____

**School District
Instructional Support Team/
Multidisciplinary Evaluation Input
Elementary Art Instructor Input**

Student name: _____ Date: _____

Itinerant Instructor Name: _____ Homeroom Instructor: _____

I. Please check **ALL** appropriate behaviors observed:

- | | |
|---|---|
| <input type="checkbox"/> Works independently | <input type="checkbox"/> Pays attention |
| <input type="checkbox"/> Participates in activities | <input type="checkbox"/> Respects property of others |
| <input type="checkbox"/> Stays on task | <input type="checkbox"/> Asks questions |
| <input type="checkbox"/> Follows oral instruction | <input type="checkbox"/> Cooperates |
| <input type="checkbox"/> Answers questions | <input type="checkbox"/> Makes an effort to comply |
| <input type="checkbox"/> Remains in his/her seat | <input type="checkbox"/> Socializes /interacts with peers |
| <input type="checkbox"/> Enters room quietly | <input type="checkbox"/> Follows rules |
| <input type="checkbox"/> Communicates with peers/adults | |

II. Please check **ALL** interfering behaviors:

- | | |
|---|---|
| <input type="checkbox"/> Talks without raising hand | <input type="checkbox"/> Is impulsive |
| <input type="checkbox"/> Displays out of seat behavior | <input type="checkbox"/> Exhibits destructive behavior |
| <input type="checkbox"/> Argues/talks back | <input type="checkbox"/> Has difficulty following direction |
| <input type="checkbox"/> Has a short attention span | <input type="checkbox"/> Refuses to cooperate |
| <input type="checkbox"/> Is physically aggressive | <input type="checkbox"/> Is easily distracted |
| <input type="checkbox"/> Gives inappropriate answers | <input type="checkbox"/> Lacks communication skills |
| <input type="checkbox"/> Demonstrates lack of participation | <input type="checkbox"/> Other: _____ |

III. What are the student's strengths? _____

IV. What are the student's SPECIFIC NEEDS in your class? _____

V. Please check any adaptations that are being implemented for this student:

- | | |
|--|--|
| <input type="checkbox"/> Alternative activities | <input type="checkbox"/> Para-professional support |
| <input type="checkbox"/> One-to-one assistance | <input type="checkbox"/> Modeling |
| <input type="checkbox"/> Audio tapes | <input type="checkbox"/> Timer |
| <input type="checkbox"/> Visual materials/pictures | <input type="checkbox"/> Verbal prompts |
| <input type="checkbox"/> Manipulatives | <input type="checkbox"/> Repeated practice |
| <input type="checkbox"/> Small group instruction | <input type="checkbox"/> Assistive devices |
| <input type="checkbox"/> Special seating | <input type="checkbox"/> Buddy system |
| <input type="checkbox"/> Extra time for tasks | <input type="checkbox"/> Simplified directions |
| <input type="checkbox"/> Positive reinforcement | <input type="checkbox"/> Redirection |
| <input type="checkbox"/> Physical prompts | <input type="checkbox"/> Other: _____ |

VI. Additional Comments (**PLEASE** add any other pertinent information):

Itinerant Instructor's Signature

Date

**School District
Instructional Support Team/
Multidisciplinary Evaluation Input
Elementary Librarian Input**

Student name: _____ Date: _____

Itinerant Instructor Name: _____ Homeroom Instructor: _____

I. Please check **ALL** appropriate behaviors observed:

- | | |
|---|---|
| <input type="checkbox"/> Works independently | <input type="checkbox"/> Pays attention |
| <input type="checkbox"/> Participates in activities | <input type="checkbox"/> Respects property of others |
| <input type="checkbox"/> Stays on task | <input type="checkbox"/> Asks questions |
| <input type="checkbox"/> Follows oral instruction | <input type="checkbox"/> Cooperates |
| <input type="checkbox"/> Answers questions | <input type="checkbox"/> Makes an effort to comply |
| <input type="checkbox"/> Remains in his/her seat | <input type="checkbox"/> Socializes /interacts with peers |
| <input type="checkbox"/> Enters room quietly | <input type="checkbox"/> Follows rules |
| <input type="checkbox"/> Communicates with peers/adults | |

II. Please check **ALL** interfering behaviors:

- | | |
|---|---|
| <input type="checkbox"/> Talks without raising hand | <input type="checkbox"/> Is impulsive |
| <input type="checkbox"/> Displays out of seat behavior | <input type="checkbox"/> Exhibits destructive behavior |
| <input type="checkbox"/> Argues/talks back | <input type="checkbox"/> Has difficulty following direction |
| <input type="checkbox"/> Has a short attention span | <input type="checkbox"/> Refuses to cooperate |
| <input type="checkbox"/> Is physically aggressive | <input type="checkbox"/> Is easily distracted |
| <input type="checkbox"/> Gives inappropriate answers | <input type="checkbox"/> Lacks communication skills |
| <input type="checkbox"/> Demonstrates lack of participation | <input type="checkbox"/> Other: _____ |

III. What are the student's strengths? _____

IV. What are the student's SPECIFIC NEEDS in your class? _____

V. Please check any adaptations that are being implemented for this student:

- | | |
|--|--|
| <input type="checkbox"/> Alternative activities | <input type="checkbox"/> Para-professional support |
| <input type="checkbox"/> One-to-one assistance | <input type="checkbox"/> Modeling |
| <input type="checkbox"/> Audio tapes | <input type="checkbox"/> Timer |
| <input type="checkbox"/> Visual materials/pictures | <input type="checkbox"/> Verbal prompts |
| <input type="checkbox"/> Manipulatives | <input type="checkbox"/> Repeated practice |
| <input type="checkbox"/> Small group instruction | <input type="checkbox"/> Assistive devices |
| <input type="checkbox"/> Special seating | <input type="checkbox"/> Buddy system |
| <input type="checkbox"/> Extra time for tasks | <input type="checkbox"/> Simplified directions |
| <input type="checkbox"/> Positive reinforcement | <input type="checkbox"/> Redirection |
| <input type="checkbox"/> Physical prompts | <input type="checkbox"/> Other: _____ |

VI. Additional Comments (**PLEASE** add any other pertinent information):

Itinerant Instructor's Signature

Date

**School District
Instructional Support Team/
Multidisciplinary Evaluation Input
Elementary Physical Education Instructor Input**

Student name: _____ Date: _____

Itinerant Instructor Name: _____ Homeroom Instructor: _____

I. Please check **ALL** appropriate behaviors observed:

- | | |
|---|---|
| <input type="checkbox"/> Works independently | <input type="checkbox"/> Pays attention |
| <input type="checkbox"/> Participates in activities | <input type="checkbox"/> Respects property of others |
| <input type="checkbox"/> Stays on task | <input type="checkbox"/> Asks questions |
| <input type="checkbox"/> Follows oral instruction | <input type="checkbox"/> Cooperates |
| <input type="checkbox"/> Answers questions | <input type="checkbox"/> Makes an effort to comply |
| <input type="checkbox"/> Remains in his/her seat | <input type="checkbox"/> Socializes /interacts with peers |
| <input type="checkbox"/> Enters room quietly | <input type="checkbox"/> Follows rules |
| <input type="checkbox"/> Communicates with peers/adults | |

II. Please check **ALL** interfering behaviors:

- | | |
|---|---|
| <input type="checkbox"/> Talks without raising hand | <input type="checkbox"/> Is impulsive |
| <input type="checkbox"/> Displays out of seat behavior | <input type="checkbox"/> Exhibits destructive behavior |
| <input type="checkbox"/> Argues/talks back | <input type="checkbox"/> Has difficulty following direction |
| <input type="checkbox"/> Has a short attention span | <input type="checkbox"/> Refuses to cooperate |
| <input type="checkbox"/> Is physically aggressive | <input type="checkbox"/> Is easily distracted |
| <input type="checkbox"/> Gives inappropriate answers | <input type="checkbox"/> Lacks communication skills |
| <input type="checkbox"/> Demonstrates lack of participation | <input type="checkbox"/> Other: _____ |

III. What are the student's strengths? _____

IV. What are the student's SPECIFIC NEEDS in your class? _____

V. Please check any adaptations that are being implemented for this student:

- | | |
|--|--|
| <input type="checkbox"/> Alternative activities | <input type="checkbox"/> Para-professional support |
| <input type="checkbox"/> One-to-one assistance | <input type="checkbox"/> Modeling |
| <input type="checkbox"/> Audio tapes | <input type="checkbox"/> Timer |
| <input type="checkbox"/> Visual materials/pictures | <input type="checkbox"/> Verbal prompts |
| <input type="checkbox"/> Manipulatives | <input type="checkbox"/> Repeated practice |
| <input type="checkbox"/> Small group instruction | <input type="checkbox"/> Assistive devices |
| <input type="checkbox"/> Special seating | <input type="checkbox"/> Buddy system |
| <input type="checkbox"/> Extra time for tasks | <input type="checkbox"/> Simplified directions |
| <input type="checkbox"/> Positive reinforcement | <input type="checkbox"/> Redirection |
| <input type="checkbox"/> Physical prompts | <input type="checkbox"/> Other: _____ |

VI. Additional Comments (**PLEASE** add any other pertinent information):

Itinerant Instructor's Signature

Date

**School District
Curriculum Based Assessment
Reading Summary**

Student name: _____ Grade: _____

On _____ (date), a curriculum-based assessment was conducted by _____ (teacher), at _____ (school), using the _____ (#) Level/grade _____ (subject) text _____ (name), using pages _____.

_____ (name of student) read _____ (#) total words per minute (benchmarks / _____). This indicates a level of performance which is at the _____ (independent/instructional/frustrational) level. _____ rate of acquisition is assessed to be _____ and his/her rate of retention is assessed to be _____%. Reading comprehension is assessed to be _____%.

Additional
Comments: _____

NOTE: Independent: 97%-100%
Instructional: 93%-97%
Frustrational: <93%

Signature: _____ Date: _____

School District
Instructional Support Team/ Multidisciplinary Evaluation
Re-evaluation Input
Elementary Instructor Questionnaire

REASON FOR REFERRAL:

- _____ Parental request due to academic difficulties
- _____ Parental request to determine eligibility for gifted program
- _____ Instructor referral due to academic difficulties
- _____ Instructor referral to determine eligibility for gifted program
- _____ Instructor referral due to behavioral difficulties
- _____ Re-evaluation

Name: _____
Date of Birth: _____ Age: _____
School: _____
Grade: _____ Instructor: _____
Parent(s): _____
Address: _____
Telephone Number: _____

Reason(s) for Referral:

Please list and describe the reason(s) for referral (i.e., duration, frequency, and intensity of need)

School attendance: _____ Good _____ Fair _____ Poor

If poor, give reason: _____

What grade(s) is this student earning currently in your class (Please, list subject and grade)?

Socially, how does this student interact with peers, as well as adults? _____

What other programs does this student participate in?

- _____ Speech/Language
- _____ Instructional Support
- _____ Occupational Therapy
- _____ Physical Therapy
- _____ Other: _____

Have you shared your concerns about this student's progress with the parent(s)? When? _____

Please indicate the student's strengths /weaknesses (Indicate problem areas with a W and particular strengths with an S):

- _____ Independent reading assignments
 - _____ Oral reading
 - _____ Completing homework assignments
 - _____ Following oral instructions
 - _____ Test taking skills
 - _____ Following written instructions
 - _____ Note taking skills
 - _____ Grasping new skills presented
 - _____ Mastery of prerequisite skills
 - _____ Attendance
 - _____ Behavior (Please explain): _____
- _____

List any additional strengths: _____

Student performance (Please check appropriate level for each):

Student is performing _____ at _____ expected level.
_____ above
_____ below

Student is working _____consistently in academic efforts.
_____inconsistently

Student's motivation is _____average compared to age mates.
_____high
_____low

Is the student meeting success in the general curriculum? _____YES _____NO

Please list specific subjects in which this student is not meeting success: _____

What are the student's unique educational needs? _____

To what degree are the student's instructional level/needs different from that of a typical student in this grade placement? _____

Please list modifications that you have tried to accommodate the unique needs and/or strengths of this student and their results: _____

Do you feel that this student is in need of specially designed instruction? ___YES___NO
Please explain: _____

School District Screening Team

When a request for academic/behavioral assistance is completed, a screening team must meet. The members of the screening team include the following: school principal, counselor, school psychologist, referring individual, and the school nurse and Title I staff are inclusive as needed. The principal serves as the chairperson of the team. The purpose of the team is to review the data presented and to make a decision relative to the course of action. The screening team may decide to (1) make a referral to instructional support or S.A.P., (2) make a referral for a Multidisciplinary Evaluation (MDE) Chapter 14, (3) make a referral for evaluation under Chapter 15 (504) Protected Handicapped Plan, or (4) monitor the progress of the student.

School District Multidisciplinary Process for Parent Initiated Referral

1. The parent initiates the Multidisciplinary Evaluation process by approaching the principal or the counselor.
2. The principal or his designee explains the instructional support team and Multidisciplinary Evaluation (MDE) processes to the parent.
3. The counselor has the “Request for Academic/Behavioral Assistance Form” completed by the instructor of the referred individual. The counselor completes the top portion of the request and the instructor completes the remainder. Upon instructor completion, the form is returned to the counselor.
4. If the referral is for the instructional support team, a multidisciplinary evaluation or referral for evaluation under Chapter 15 (504) Protected Handicapped Plan, the counselor gives the “School Nurse Questionnaire” to the nurse, “Principal Questionnaire” to the principal, and the “Instructor Questionnaire/Itinerant Instructor Questionnaires” to the student’s appropriate instructor(s).
5. The counselor completes “Counselor Questionnaire”, and disperses the “Curriculum Based Assessment Form.” The counselor or Title I instructor(s) will complete the curriculum based assessment data relative to services received.
6. The counselor assures that the “Observation Summary” is completed.
7. The counselor collects the completed packet, making sure that ALL information is inclusive. The bottom portion of the request form is a checklist for the counselor. This checklist ensures that all information has been obtained.
8. The screening team reviews the referral and makes a decision to refer to instructional support or SAP, refer for a Multidisciplinary Evaluation (Chapter 14), refer for an evaluation under Chapter 15 (504) Protected Handicapped Plan, or monitor.
9. The COMPLETED PACKET is forwarded to the district administration office to the special education supervisor and the “Permission to Evaluate”, “Parent Questionnaire”, and the “Procedural Safeguards” are sent to the student’s parent or guardian.
10. The special education department will put the parental information together with the school information to form the packet, which is then forwarded to the school psychologist.

School District
Instructional Support Team/Multidisciplinary Evaluation
Title I Math Instructor Questionnaire

Student Name: _____

Title I Instructor: _____

Homeroom Instructor: _____

Date Title I Participation began: _____

Please write a brief statement relative to your contact with this student. Please include student strengths and weaknesses, as well as current functioning levels: _____

Please list the most recent achievement test scores and date when the test was administered. Please include **standard score, grade equivalents, and percentile** ranks: _____

_____ (name of student) does-not display knowledge of skill dealing with place values-the rules for decimal point placement -for addition -subtraction-multiplication-division (**Cross out those that do not apply**).

_____ (name of student) displays an understanding of the concepts of time-money-linear measurement-solid measurement-liquid measurement-standard-metric (**Cross out those that do not apply**).

Please note additional comments relevant to the academic success of this student: _____

Signature: _____ Date: _____

School District
Instructional Support Team/Multidisciplinary Evaluation
Title I Reading Instructor Questionnaire

Student Name: _____

Title I Instructor: _____

Homeroom Instructor: _____

Date Title I Participation began: _____

Please write a brief statement relative to your contact with this student. Please include student strengths and weaknesses, as well as current functioning levels: _____

Please list most recent achievement test scores and the date when the test was administered. Please include **standard scores, grade equivalents, and percentile** ranks: _____

_____ (student name) demonstrates basic sight vocabulary that is weak-average-strong-superior. His/her word attack skills are weak-average-strong-superior. Vocabulary is weak-average-strong-superior (**Circle underlined areas that apply to this student**).

Please note additional comments relevant to the academic success of this student: _____

Signature: _____ Date: _____

APPENDIX E

LETTER FROM THE SUPERINTENDENT OF SCHOOLS

March 15, 2006

To Whom It May Concern,

Please accept this letter as an indication of my approval for Tammy Cavanaugh to conduct a study within the Belle Vernon Area School District. The title of the study is "A Case Study of a School District's Response to Restructuring the Instructional Support Team". I am knowledgeable of Tammy's enrollment at the University of Pittsburgh in the School of Education, Administration and Policy Study Department. I have consulted and collaborated with Tammy throughout her educational experiences at the University of Pittsburgh.

If further clarification is needed or I may be of further assistance, please do not hesitate to call 724-929-5262x305.

Sincerely,

Robert J. Nagy
Superintendent of Schools

APPENDIX F

LETTER TO MEMBERS OF THE SCREENING TEAM

March 15, 2006

Dear Screening Team Member,

The intent of this letter is to request your voluntary participation in a face to face interview with myself. I plan to conduct a study within the district relative to the experiences of restructuring the screening team. The results of the study are intended to provide an in-depth analysis of the organizational framework of the screening team within this district. I am asking for your participation because of your experience as a member of the screening team.

The study of restructuring the screening team presents many questions, that, when answered, could offer insight into the accomplishments, obstacles and future implications of the framework of the screening team. The significance of the study is relative to providing knowledge about something that we do not know enough about; educational reform. The portrayal of this district's experience may offer insight into future change initiatives within this or other educational systems.

All notes from the interview will be kept anonymous. No identification will be made to the interviewee. I will share a written summary with the interviewee for review and refinement. This will ensure an accurate reflection of the thoughts shared through the interview. If you are willing to participate, please contact me at 724-929-5262x308. Thank you in advance for your participation.

Sincerely,

Tammy Cavanaugh

APPENDIX G

TIMELINE OF MAJOR SPECIAL EDUCATION AND RELATED LEGISLATION

Timeline of Major Special Education and Related Legislation

(Retrieved June 16, 2006 from www.ulend.org/Documents)

- 1965 PL 89-10 Elementary and Secondary Education Act (ESEA)**
Under Title I of this Act, school districts were provided with federal financial assistance primarily intended to assist in the education of children who were economically disadvantaged. Four other Titles provided funding for other aspects of education but children with handicaps were not specifically mentioned.
- 1965 PL 89-313 Elementary and Secondary Education Act Amendments of 1965**
Established grant programs for state run schools and institutions for children with disabilities.
- 1966 PL 89-750 Elementary and Secondary Education Act Amendments of 1966**
Amended PL 89-10 to include a Title VI to assist states in developing programs for students with disabilities.
- 1970 PL 91-230 Education of the Handicapped Act (EHA)**
Replaced Title VI of ESEA. Provided grant programs for states to provide services to children with disabilities.
- 1973 PL 93-112 Vocational Rehabilitation Act of 1973**
Included Section 504 which prevents discrimination by public agencies based on a disability. Mandates that schools provide free, appropriate education to students with disabilities. No funding attached to this mandate.
- 1974 PL 93-380 The Education Amendments of 1974**
Reauthorized ESEA and EHA. Increased financial assistance to states to provide services to children with disabilities. Federal aid for programs for students with disabilities was dependent on states enacting plans to educate students with disabilities.

- 1974 PL 93-380 The Educational Rights and Privacy Act (FERPA)**
Protects the privacy of children's educational records. (Part of Education Amendments of 1974.)
- 1975 PL 94-142 The Education for All Handicapped Children Act**
The landmark federal legislation that guaranteed children with disabilities the right to a free appropriate public education.
- 1986 PL 99-457 The Education of the Handicapped Act Amendments of 1986**
Mandated special education services for children ages 3-5 with disabilities and provided financial incentives for states to provide services to children with disabilities ages birth-3.
- 1990 PL 101-476 Individuals with Disabilities Education Act (IDEA)**
Amendment and reauthorization of EHA. Name changed to IDEA. Mandated transition services. Added Autism and Traumatic Brain Injury as disability conditions.
- 1990 PL 101-336 Americans with Disabilities Act (ADA)**
Prohibited discrimination against individuals with disabilities by public and private organizations.
- 1997 PL 105-17 Individuals with Disabilities Education Act**
Amendment and reauthorization of PL 101-476 (IDEA). Strengthened rights of parents.
- 2001 PL 107-110 No Child Left Behind Act**
Reauthorization of ESEA. Increased school accountability.
- 2004 PL 108-446 Individual with Disabilities Education Improvement Act**
Amendment and reauthorization of IDEA.

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