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## **How is special needs status assigned? : a study of the decision making processes surrounding eligibility requirements for special needs placements within the Salem public schools.**

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HOW IS SPECIAL NEEDS STATUS ASSIGNED?  
A STUDY OF THE DECISION MAKING PROCESSES SURROUNDING  
ELIGIBILITY REQUIREMENTS FOR SPECIAL NEEDS PLACEMENTS  
WITHIN THE SALEM PUBLIC SCHOOLS

A Dissertation Presented

by

JAMES DRISCOLL O'CONNOR

Submitted to the Graduate School of the  
University of Massachusetts in partial fulfillment  
of the requirements for the degree of

DOCTOR OF EDUCATION

MAY 1990

School of Education

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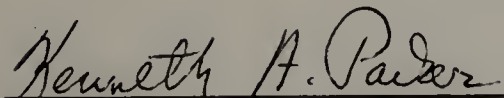
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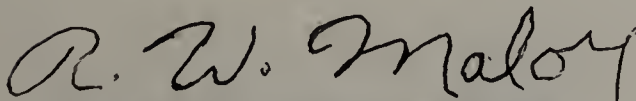
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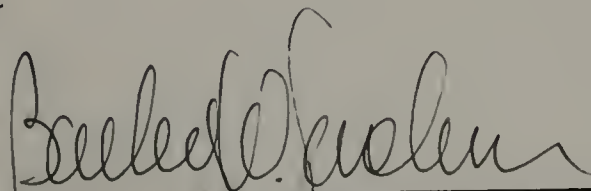
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ABSTRACT

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The purpose of this study was to describe and document those criteria utilized by TEAM members to determine which students receive special education service within the Salem, Massachusetts Public Schools. The central question inherent in this study was "How is special needs status assigned, through the TEAM evaluation process, to children within the Salem Public Schools?" The focus of this study was to describe how members of a special education evaluation TEAM, in one suburban community, went about determining which students were deemed eligible to receive special education services.

The process for determining who is eligible for special education services is a source of concern and discussion at all levels of public education. The

incidence of special needs placements increases throughout the Commonwealth of Massachusetts and the Salem Public Schools is no exception to this trend. The commonly held admission criteria to special needs programs include lack of student progress combined with a handicapping condition. Both criteria, however, are not defined and are subjective in nature.

The design of the study was descriptive research in which the investigator was a participant observer in TEAM meetings scheduled during October and November of 1989. The focus was to record TEAM dynamics and student assessment data to identify and define criteria which impact on the decision making processes at seventeen TEAM meetings. Taped transcriptions were analyzed individually in keeping with content analysis as a prescribed research methodology using simple frequency counts and cross-tabulations. The results of this investigation showed, clearly, that students receive special education service more as a direct result of TEAM dialogue than any concrete entrance criteria or diagnostic findings. This dialogue confirmed five wide-spread assumptions.

Pre-determination, Itinerant Services, Parents as Advocates, Somebody to Care, Special Education: A Remedial Program were found to be the predominant attitudes of TEAM participants in deciding who assigns special needs status.

## TABLE OF CONTENTS

	<u>Page</u>
ACKNOWLEDGEMENTS.....	iv
ABSTRACT.....	v
Chapter	
I INTRODUCTION TO THE PROBLEM.....	1
Introduction.....	1
Background of the Problem.....	3
Research Problem.....	9
Purpose of Study.....	12
Importance of Study.....	13
Definition of Terms.....	15
II REVIEW OF THE LITERATURE.....	18
Eligibility Models.....	23
III METHODOLOGY.....	27
Pilot Study.....	27
Study Design.....	36
Selection of Subjects.....	38
Instrumentation.....	39
Data Analysis.....	39
Limitations of Study.....	40
IV ANALYSIS OF DATA.....	41
Introduction.....	41
The Children.....	42
Pre-Determination.....	53
Itinerent Services.....	55
Parents as Advocates.....	56
Somebody to Care.....	58
Special Education:A Remedial Program?.....	60
V SUMMARY, CONCLUSIONS, RECOMMENDATIONS.....	63
Introduction.....	63
Synthesis of Findings.....	63
Conclusions.....	66
Recommendations.....	68

## APPENDICES

A	STATE SUMMARY NUMBER OF STUDENTS.....	71
B	STATE SUMMARY HEADCOUNT BY PROTOTYPE.....	72
C	STATE SUMMARY SPECIAL EDUCATION CENSUS.....	73
D	INFORMED CONSENT FOR RESEARCH TEAM MEMBERS	74
E	INFORMED CONSENT FOR RESEARCH PARENT.....	75
F	DIRECTIVE TO TEAM CHAIRPERSONS.....	76
REFERENCES CITED.....		77
SELECTED BIBLIOGRAPHY.....		78

## CHAPTER I

### INTRODUCTION TO THE PROBLEM

#### Introduction

The process for determining how special needs status is assigned is a source of concern and discussion at all levels of public education. Policy makers are concerned with establishing parameters which are broad enough to include all legitimately handicapped students yet narrow enough to exclude students for whom a certification as handicapped would be inappropriate. As the number of students decreases at the state level, the incidence of special needs students increases at an alarming rate. In 1981 special needs placements, statewide, approached 12 percent. In 1987 that figure increased to nearly 23 percent of the total enrollment. (Appendices A, B) Like many of the surrounding school districts, the special education enrollment of the Salem Public Schools exceeds 20 percent of the overall school population. (October 1 School Summary Report, 1989) In the opinion of some school and city administrators the school district is slowly becoming a "special needs" school system.

The Massachusetts Chapter 766 regulations, which govern the procedures for the implementation of the special education law within the Commonwealth are both

comprehensive and exact with respect to due process and the responsibility of each local educational agency (LEA) in the implementation of the referral, evaluation, and placement of identified youngsters. However, the definition offered in the regulations of eligibility for special education services appear vague and often subjective. For example, Massachusetts Chapter 766 regulations defines a child in need of special education as one who, because of a handicapping condition, is unable to progress effectively in school. It would appear, therefore, that both a handicapping condition and effective school progress should be the determiners of eligibility for special education. (Chapter 766 regulations; section 103.0) One could infer that eligibility is quite broad.

Parent involvement, additionally, can add a socioeconomic aspect which will effect eligibility. The relative efficacy of parent involvement is directly related to their socioeconomic status. (Weatherly, 1979) Studies conducted in the Commonwealth of Massachusetts since the inception of Chapter 766 indicate that the more affluent and professional the parent, the more likely are school personnel to pay attention to them and to adhere to procedural requirements. Affluent parents are more likely than poor parents to posses the resources, self-assurance,

time, money, knowledge and advocacy group support necessary to influence school decisions. There are, of course, exceptions to such a generalization.

Thus it is also important to see how the actual processes of Chapter 766 work to understand how the intent of the legislation is being realized in the Salem Public Schools.

### Background Of The Problem

Prior to the passage of Massachusetts Chapter 766 of the Acts of 1972, there were a limited number of state and locally supported programs for handicapped students. Potential students were required to meet a stringent set of eligibility criteria that had been established for entering specific programs. Such criteria often included specified bands of IQ scores and a list of behavioral and learning characteristics. Parents of students who did not fit the criteria were often given the responsibility of creating private alternative arrangements. In some cases, handicapped students received no public education services what-so-ever. (Bander, 1981)

Massachusetts Statute 71. B and its resulting regulations, Chapter 766, was developed in part because "past methods of labeling and defining the needs of children have had a stigmatizing effect and have caused special education programs to be overly narrow and

rigid, both in their content and their exclusion policies". (Chapter 766 regulations, September 1986)

As a result, legislators determined that eligibility guidelines needed to be broad and flexible. Educational decisions in such matters as programs and related services were to be made on a case by case basis, looking at the needs of individual students rather than matching labels of handicapping conditions with pre-existing program characteristics.

Seventeen years have elapsed since the passage of Chapter 766 resulting in an ever-growing population of children who are able to meet the broad requirements for special education services. Children who present with learning problems to include, but not limited to, emotional, physical, psychological, language and behavioral impairments combined with issues related to truancy, are candidates for a Chapter 766 TEAM evaluation.

The concept of eligibility criteria implies a continuum of need on which a portion of those students who might benefit from specialized help become entitled to the programmatic guarantees and procedural safeguards provided by state and federal regulations governing the education of the handicapped. Such a continuum requires policy makers and teachers to ask the question, "What happens to the student who isn't

progressing effectively, but fails to be deemed eligible to receive special education services?" While public schools are required to provide services to those students deemed eligible, alternative regular education services, such as remedial reading instruction and computer based instruction, are not required nor guaranteed to students who are identified to need them. This poses a serious dilemma for local school systems in the decision making process as they attempt to determine who should be eligible for special education services, which, in some cases, may be the only available and mandated source of remedial instruction for students experiencing academic difficulty.

According to a January, 1989 report by the Associate Commissioner's Action Group on Special Education Issues within the Commonwealth of Massachusetts, fifty-five school districts had special education enrollments of twenty percent or higher. These percentages have steadily increased as regular education enrollments and services decreased. Given the fiscal crisis currently being experienced within the Commonwealth of Massachusetts, more dollars are allocated to special education, a state mandated program, and less to regular education programs. The print media describes how communities are cancelling

regular education activities, such as sports, in order to pay the costs of educating students placed in special education.

Within the Commonwealth of Massachusetts local school systems reflect widely varied approaches in establishing eligibility criteria for special education programs. Some local systems rely entirely on the discretion of the evaluation TEAM to determine eligibility; other school systems have adopted criteria which is based entirely on student performance, while still others, such as the Wilmington, Massachusetts Public Schools, have developed formulas which include developmental factors, results of standardized tests, and evidence of classroom performance. The vast discrepancy among various school districts in determining the method of eligibility raises the question, "How can a student be considered a special needs student in one community and not in another?". There appears to be a misconception that children who receive special education services are provided with those services based on evaluation and diagnosis.

Such variations in the identification and treatment of special needs students are by no means unique to Massachusetts. During the 1976-77 school year children serviced under United States Public Law 94-142 range from a low of 4.55 percent of school age

children in Mississippi to a 11.4 percent in Utah.  
(Wilken and Callahan, 1976)

Such inconsistency has prompted a serious analysis by this investigator as to what criteria, if any, are used as the basis for special needs placements within the Salem, Massachusetts Public School System.

An analysis of Massachusetts practice as discussed in the professional literature indicates there is a wide variation of approaches to establishing eligibility criteria, not only among school districts north of Boston, but also on the national level. In a number of Massachusetts communities, including Marblehead, Beverly, Danvers, Peabody, Lynn, and Woburn, a student is eligible for special education services only when evidence of a handicapping condition can be proven through formal assessments and it has been demonstrated that the student is unable to make effective progress in a regular education program. Neither Massachusetts Chapter 766 nor the Department of Education has defined, in a regulatory sense, exactly what constitutes effective progress. School Psychologists, for example, define effective progress as "little or no variability between one's cognitive potential and achievement" as determined by intelligence and achievement testing. (Anastasi, 1988)

The Woburn, Massachusetts Public Schools defines inability to make progress as:

1. At the elementary level, danger or fact of non-promotion.
2. At the secondary level, failure of two or more non-elective subjects.

In the Medfield, Massachusetts Public Schools, on the other hand, the criteria for identifying learning disabled students, which is the largest population of students serviced in special education and the category of handicapping conditions with the greatest variability in definition and eligibility criteria, is quite complex. The school system decided that the process for identifying the learning disabled should include evidence from several varied evaluative techniques to support the existence of a severe discrepancy. These techniques should include, but are not limited to the following;

1. Observation of school performance and behavior including timed observations, completion of a checklist on behavior and learning problems, and a gathering of work samples.
2. Informal educational assessment.
3. Responsiveness to different instructional approaches.

4. Scores from individually administered norm-referenced educational tests.
5. The use of standard score comparison between intellectual ability and achievement taking regression toward the mean into consideration.
6. The criteria for documenting the severe discrepancy between intellectual ability and achievement shall be no less than 1.5 standard deviations.

#### Research Problem

The Salem Public Schools, of which this investigator is the administrator of special education, currently faces an extraordinary challenge in determining the criteria, as well as the dynamics, currently utilized by TEAM evaluators resulting in a finding of special needs. The Salem Public Schools is an urban middle class school system with an overall enrollment of 4,387 children during the 1988-89 school year. The operational budget for F.Y. 1989 is \$16.5 million, compensated by various state and federal grants. As reported in the October 1, 1989 School System Summary Report, 736 children were identified as "special needs" ranging throughout a number of program prototypes. (Massachusetts October 1 report) The incidence of special needs certification had risen by

thirty-one students between the period October 1, 1988 and February 10, 1989.

In the spring of 1988, the Massachusetts Department of Education, Division of Special Education from the Northeast Regional Educational Center, conducted a compliance review to assess the way the Salem Special Education Department complied with state statute and Chapter 766 implementations. A comprehensive file review coupled with teacher, parent, and administrative interviews, in addition to a thorough analysis of the special education budget, resulted in a report published in December, 1988 by the Massachusetts Department of Education. The results outlined in the report concluded that the Salem Public Schools, Department of Special Education, has earned a commendable rating in its efforts to comply with all state regulations. The report, accepted by the Salem School Committee on February 6, 1989, failed to address the concern regarding the ever increasing special education enrollment.

In compliance with Chapter 766 regulations governing the eligibility of children to receive special education services, the Salem Public Schools adheres to a revised Procedures and Services Manual within the special education department. The manual clearly defines Salem's enactment of federal and state

regulations. For example all assessments have to be conducted in the child's native language...no TEAM can meet without the presence of a parent...TEAM chairpersons must schedule the meeting to comply with parental needs...assessments must be completed within thirty working days...parents must sign a "Parent Rights Form" in which they state that they were made aware of their rights in the Chapter 766 process. Additionally the manual directs that all TEAM members are not to discuss any child referred for an evaluation prior to the TEAM meeting in order to avoid discrimination. All discussions are to take place at TEAM and conclude at TEAM.

The infrastructure is comprised of an administrator of special education and four coordinator/school psychologists who are assigned to nine school buildings within the city. The primary responsibility of the coordinator/school psychologist is to represent the administrator of special education in accepting referral requests for evaluation, arranging for appropriate assessments pertinent to the referral question(s), and acting as TEAM chairperson following a thirty school day period of assessment. Critical decisions regarding the results of evaluations conducted and whether or not a handicapping condition exists which precludes efficient learning is the

central role of each TEAM member who participates in a TEAM evaluation meeting. A consensus, per Massachusetts Chapter 766 regulations, make a recommendation for a finding of special needs as a result of individual assessments and the recommendations of personnel conducting the assessments. During the 1987-88 school year, records indicate that 284 referrals for evaluations were made to the Department of Special Education. Of that number, all but 16 students were deemed appropriate and eligible to receive special education services.

#### Purpose of Study

The purpose of this study was to isolate and define those criteria utilized by TEAM members in determining which students should receive special education services within the Salem Public Schools.

The central question inherent in the study was, "How do students become eligible to receive special education services within the Salem Public Schools?".

Subquestions include:

1. Are evaluation results the major factor in determining eligibility?
2. Do TEAM dynamics and interactions promote special education services?
3. How do TEAMS define and relate to the requirement of lack of student progress?

4. Does each TEAM participant, including the parent, have an equal voice in decision making?

#### Importance of Study

This study is of significance to the Salem Public Schools for a variety of reasons, paramount among them, budgetary issues. The F.Y. 89 Budget for special needs students who required private day or residential treatment was \$783,000. That line item budget provided services to 4.7 percent of the special education enrollment. As of February 1, 1989, that line item exceeded appropriated funding in the amount of \$305,000. Other special education budgetary line items such as instructional supplies and materials, teacher salaries, and special education transportation was also in deficit, even though projected line items were increased by twenty percent for the F.Y. 89 budget. In the event supplementary requests for funding were denied by the Salem City Council, cutbacks in regular education programs, textbooks and personnel were inevitable in order to fund an ever expanding and state mandated special education program.

The TEAM evaluation process, a central component of Chapter 766, offers an opportunity to examine the impact of both increased and altered work load demands on decision making by school personnel. It also

provides a setting in which to explore the dynamics of how specialists and administrators relate to parents, teachers, and one another while deciding the fate of individual children. The responsibility of the TEAM members is to make its plans unconstrained by cost or even current availability of services, as it is the responsibility of the special education administrator to see that the plan is implemented.

This study has also less subtle implications. As soon as a child is certified by the TEAM evaluation members as "special needs" a plethora of parental rights is enacted provided by the Chapter 766 regulations. These include, but are not limited to, the right of a parent to accept the TEAM's recommendation, reject the TEAM's recommendation, reject in part the TEAM's recommendation, request an independent evaluation at school department expense, postpone a decision or refuse a recommendation for a finding of no special needs. (Parental Options, Individual Education Plan, Department of Education)

The vast majority of special education students placed initially in a program remain in a given program for three or more years. (Appendix C) Eighty-three percent of students who remain Salem residents and were originally placed in special education in 1985 remain in special education as of February 1, 1989. The

tendency seems to be to increase special education services rather than to decrease or eliminate services. This trend is confirmed by the incidence of parents who consistently oppose removing services from their children, even though TEAM recommendations suggest that the child has met the goals and objectives for the placement. The Chapter 766 regulation provide for an appeals procedure pending the rejection of an Individualized Educational Plan. During the past three school years, the Salem Public Schools have participated in the appeals process eighteen times when parents rejected the TEAM's recommendations. In each case parents were requesting a more restrictive special education placement, specifically a self-contained program, private day or residential program. Therefore it becomes critical that, upon referral, the TEAM evaluation members complete an exhaustive study of the child before recommending any special education services.

#### Definition of Terms

Assessments: Any and all evaluations to document the absence or presence of a specific learning handicap. These include but are not limited to standardized tests administered by licensed, certified or otherwise approved professionals in the areas of psychology, education, speech/language pathology, occupational

therapy, physical therapy, medicine, and social history.

Coordinator/School Psychologist: A certified school Psychologist, herein referred to as the coordinator, responsible to chair TEAM Evaluation meetings as the designee of the Administrator of special education, .

Individualized Educational Plan (IEP) The plan containing the elements described in the Chapter 766 regulations (paragraph 322.0) which outline the results of TEAM assessments.

Program Prototype: The general program category that, to the maximum extent appropriate, allows a child to be educated with children who are not in need of special education. Program prototypes range from 502.1 through 502.9. One prototype is less restrictive than another in descending order.

TEAM Evaluation Meeting: A meeting held, in compliance with the 766 regulations, following a 30 day assessment period; in which results of testing conducted by each participant, herein referred to as the TEAM, is analyzed and discussed. Recommendations are made at the conclusion of the meeting to appropriately program for the student's needs, herein referred to as the TEAM.

Massachusetts Chapter 766: The comprehensive Massachusetts special education law of the Acts of 1972, providing due process and the right to a free,

and appropriate education. Chapter 766 regulations were originally promulgated on May 28, 1974, in compliance with all statutory requirements.

United States Public Law 94-142: A federal law governing all states to provide a free and appropriate educational program for handicapped children.

Learning Handicap: Any diagnosed condition, through assessment, which precludes efficient learning.

## CHAPTER II

### REVIEW OF THE LITERATURE

Many researchers have endeavored to determine how children receive special education services. It appears children have received services on a wide variety of existing conditions.

In a recent study conducted in Vancouver, British Columbia, three hundred forty-seven teachers from twenty nine elementary schools completed a questionnaire covertly assessing bias toward visible ethnic minority groups in special education referral groups. Data analysis revealed that many teachers (57 percent) demonstrated a positive bias toward a child fictitiously described as caucasian or oriental and a negative bias if described as native Indian. (Myles, Ratzalaff, 1988)

Lance L. McIntyre conducted a study in June of 1988 in which teacher gender was used to predict special education referrals in an urban school setting. Crossbreak analysis showed that, when teachers consider children with high levels of problem behavior for special education referral, male teachers are much more likely than female teachers to decide not to refer. (McIntyre, 1988)

In a position paper published in the Journal Of Learning Disabilities, June/July 1988, Maynard C.

Raynolds responded to previous articles about the regular education initiative in servicing all children and concluded that there is little evidence to justify present practices of student categorization of the mildly handicapped in special education. Additionally Raynolds asserted that the major reform in special education entrance criteria is great. The major thrust of this position paper is the lack of consistency among cities towns and states in defining criteria for the provision of special education services. (Raynolds, 1988)

Research conducted in California during 1987 examined the implementation of California's mandate that the simple different score distribution model be used as part of state learning disabilities eligibility criteria in six California school districts. Results revealed that placement decisions were influenced by students discrepancy scores and by TEAM dynamics more than by simple standard scores. (Furlough, 1988)

The dynamics between the parent and the school can easily make for confrontation. Often the parents want special help or individual help for their youngsters. School members, conversely, are concerned over the increase in special education enrollments and the decrease in regular education enrollments. (Weatherly, 1979)

Parents enter a meeting, often in an unfamiliar room where they are outnumbered by a group of people, many of whom they are meeting for the first time. The TEAM members, on the other hand, have generally met together as a group during previous assessments and members work together on a continuing basis. Often there are status differences where a poor or working class parent faces a group of middle class professionals, presumed experts in their respective fields, who dress differently and speak a different language. Conversely, school members are often intimidated by independent evaluators, paid for through parental funding and child advocates who are often perceived as "interfering" in the process.

A study of the TEAM evaluation process in Connecticut Schools offers additional evidence on this dynamic. Researchers observed and recorded actions taken at TEAM meetings, and afterward, asked participating parents what had taken place. They found that parents' versions of each decision component (eligibility, placement, program goals and review date) were clear and accurate no more than fifty percent of the time for any of the four components even though the parents were present at the TEAM meeting where these decisions were rendered. Conflicts between schools and parents may have been camouflaged in the lack of

clarity about both the process and the conclusions that had been reached. (Hoff, 1980)

In a study conducted by Allan Orenstein of two Boston, Massachusetts area school districts, during the 1975-76 school year, results revealed starkly contrasting patterns of advocacy employed by parents in a well-to-do suburb and in a working class community. The former school district's Office for Children received less than three calls per month for advocacy services whereas the latter found the need to train lay advocates due to the incidence of calls for help in dealing with that school district. (Orenstein, 1976)

In a 1977 Massachusetts study, the assessment information provided by teachers for 165 children was compared with the educational plans recommended by TEAM evaluation members for these same students. Data analysis revealed no meaningfully significant relationships between any of the problem categories specified by teachers and the TEAM's placement decisions. In other words, teacher assessments bore no observable relation to the decisions made by the evaluation TEAM even though the teachers were supposed to be equal members of the TEAM. What was related to the assessment outcomes was the IQ test. The results of a standard measure, like the Wechsler Intelligence Scale for Children- Revised, seemed to be the

overriding reason to place a child in special education. (Jankala, 1977)

An article appearing in the Spring, 1988 issue of the Journal of Social Issues, reviews the roles of various professionals who provide services to people with disabilities. The hypothesis in this study was that professionals servicing this population do so from a clinical perspective. Yet in areas such as public education, clinical judgment, it was found, is limited by the influences of non-clinical forces such as economics, bureaucratic exigency, politics, service availability, and teacher prejudice. (Bilken, 1988)

Another survey examined the effects of a child's sex and socio-economic status on referral, assessment, and decision making surrounding special education placements. In this study thirty-eight hypothetical cases were presented to undergraduate speech and language pathology students for evaluation. The results suggested that many referral and assessment decisions may be biased solely by the child's sex and socio-economic status. (Grossman; Franklin, 1988)

Virtually every child placed in a special education setting is administered a battery of psychoeducational assessments, the results of which are usually the basis for special education services. Analyzing 1,377 first grade children in the Chicago

Public School system, research was conducted using the Meeting Street School Screening Test, a widely used primary learning disabilities screening instrument. The validity of using an analysis of patterns of performance on this test versus using the composite cutoff score for the identification of learning disabilities was the basis of a descriptive study. Use of test results predicted later learning disability placements less accurately than chance. (Rafath, 1988)

Citing reports issued by the National Academy of Sciences on ability testing, listing of handicapped people in placement of children in special education, a paper by Nadine Lambert reviewed the role of psychological tests in assessments, bias inherent in test scores, factors affecting the test scores, and placement considerations. This study pointed to interactional factors among TEAM members as being more influential in recommending special education placements than duly conducted psychological testing. (Lambert, 1988)

#### Eligibility Models

One of the most promising sets of eligibility criteria was developed by the City of Minneapolis, Minnesota for the identification of learning disabled students. The sophistication and technical accuracy of the Minneapolis model insures that a balanced and

thorough evaluation of each potential candidate for special education is completed. Such specific criteria guarantees consistency across the school system even as it maintains the safeguards of Federal Law P.L. 94-142. The Minneapolis model of entrance/exit criteria for students with learning disabilities covers grades K-12 and was initially developed in 1983. Significant components of the Minneapolis criteria include:

1. The criteria considers developmental issues throughout, altering criteria according to age and grade placement.
2. There is a clear standard of effective progress identified so that a comparison can be made with individual student performance at the point of referral.
3. Regular education and non-special education services, are considered before the special education screening and assessment steps occur.
4. Initial referrals are processed by a screening committee which accumulates data about student performance in order to screen out inappropriate referrals.  
Required screening information includes;
  - a. classroom observation data
  - b. pertinent educational history
  - c. health information

5. The referral committee receives all data accumulated by the screening committee which is then reviewed to determine the existence of a significant discrepancy between student ability and performance. If such a discrepancy is identified, permission is sought from the parent for formal assessment.
6. Upon receipt of parent permission, a six week assessment plan is implemented and includes the following components;
  - a. assessment of student skills is completed which must include norm referenced test, criterion referenced test, and curriculum based assessment. A list of preferred standardized assessment tools is provided to the diagnostic personnel conducting the assessment.
  - b. a student is observed at least once in the environment in which the referring problem occurs.
  - c. the level of student skills is contrasted with the curriculum demands of the student's regular education grade placement.

- d. additional assessment data may be obtained through teacher or parent interviews, work samples, and/or a full psychological evaluation.
- e. direct and systematic measurement of the student's progress in regular education is to be taken by the special educator at least three times per week throughout the six week assessment period. If a youngster achieves 15 percent or more growth per week, progress is deemed adequate. If achievement is less than 15 percent of growth, At Least Two alternative instructional approaches must be implemented and assessed for effectiveness before the student can be considered eligible for special education.
7. All results of the six week assessment plan are incorporated into the decision making process. Results are contrasted to the specific discrepancy formula utilized to determine the existence of a learning disability and, if such a disability is identified, then and only then are special education services provided. (Minneapolis Public Schools, 1987)

## CHAPTER III

### METHODOLOGY

#### Pilot Study

In an effort to determine the feasibility of a formal research study, this researcher conducted a pilot study during a nineteen day period in the month of January, 1989. This time period was selected specifically because the TEAM chairpersons, coordinator/school psychologists, had completed all assessments on a sample of children who had been referred for evaluation during the month of December, 1988.

The pilot study intended to address the following question: How do children, referred for evaluation, receive special education services?

The design of this study was descriptive research which was conducted within the Salem Public School System in which this investigator is currently employed as the administrator of special education. The administrator has the responsibility, according to the Massachusetts Chapter 766 regulations, to participate in all TEAM evaluation meetings in which decisions are made relative to the placement of students in special education. Despite the statutory right, consent was obtained from the parents of affected students in each case. The accessible sample for the pilot study

consisted of five children whose TEAM evaluation meetings were scheduled for the time frame of the study. The following characteristics describe the sample:

1. Three year old, white pre-school male, named John who is not currently enrolled in an educational setting. John was referred for evaluation by his mother who questioned his developmental language acquisition skills. She considered her son's abilities to be "below other kids his age". A speech and language evaluation was conducted by a speech and language pathologist, a psychological evaluation was conducted by a licensed clinical psychologist and a developmental history was conducted in the home by a licensed social worker.
2. Eight year old white male, named Tommy, enrolled in a grade two regular education setting. Tommy is currently receiving special education services, one period daily, due to a formally diagnosed perceptual/motor learning disability. The parents and school requested an early

re-evaluation due to observable increasing aggressive behavioral problems.

3. Two middle school students; Jonathan a fourteen year old grade eight white male was referred for evaluation by his mother due to "a lack of spelling skills which will prevent him from being successful at the high school level". A full battery of learning disabilities assessments and a comprehensive psychological evaluation were conducted within the prescribed 30 working day period. The second middle school student, Sally, is a twelve year old grade six female, who was referred by her father in grade five because he felt that his daughter had "a significant learning disability". Comprehensive evaluations were conducted during the 1987-88 school year. Results indicated that Sally had a minimal disability. It was further concluded that the student's home environment was not conducive to effective learning in school. Special services, thirty minutes daily, were provided in grade five and family therapy was recommended. The parents subsequently

rejected this special needs placement in favor of an alternative private day program in an alternative school. The evaluation TEAM conducted an updated assessment and met to discuss results and suggest any necessary modifications to the existing and implemented individual education plan.

4. Carlos is a fifteen year old hispanic male who is limited English proficient and enrolled as a freshman at the secondary school level. He was referred by the school faculty due to "continued unexcused absences". Requested assessments included a comprehensive psychological evaluation and a family history.

This administrator participated in each of the TEAM evaluation meetings for the accessible sample. All records pertinent to this study were sanitized in keeping with Human Subject Guidelines. Data was collected through a process of extensive note taking which reflected comments, opinions, and recommendations generated by each of the five TEAM evaluation members. This data was then collated and sequentially organized to reflect the actual process in decision making reflected by each TEAM. Logs were kept to delineate the duration of each TEAM meeting in forming a

recommendation, the results of which are herein summarized.

John, a three year old, referred for language acquisition delays, was the subject of a TEAM meeting held on January 3, 1989. The speech and language evaluator indicated that John functioned four months below his chronological peers with respect to his receptive and expressive vocabulary. Speech and language therapy was recommended. The psychological evaluation concluded that John functions within the Average range of cognitive potential with a significantly depressed score on items which measure his knowledge of his own environment. The family history concluded that the dynamics within the home provided little in the way of language stimulation, for example, John was seldom read to by his mother a single parent with a tenth grade education. Both the psychologist concluded that John would benefit from a special education preschool program. Following a description of the program by the preschool teacher a recommended preschool setting in special education was proposed and implemented for John.

Tommy, eight year old special needs student, who was referred for increasingly aggressive behavioral problems, had a TEAM evaluation meeting convened on January 9, 1989. The home assessment indicated that

the parents were in the process of a divorce and that financial problems impinged on a previously child centered family environment. Tommy's mother was forced to secure employment and worked as a medical clerk on the 3 p.m. to 11 p.m. shift. No significant changes were noted in Tommy's updated psychological evaluation. TEAM members indicated that "Tommy's placement is inadequate...he needs a more structured environment...he has become the worst kid in the class". The consensus of the TEAM was to recommend Tommy for a self-contained special education alternative program which services youngsters with behavioral and emotional disabilities.

Of the middle school students in the pilot study, Jonathan age fourteen, who was referred for spelling difficulties, was reported by the psychologist to be functioning in the Above Average to Superior range of intellectual ability. Achievement testing placed this eighth grade student at the overall 10th grade equivalent in language arts and math areas. TEAM discussion revealed that Jonathan was recently accepted to a private preparatory high school, having successfully passed the entrance examination. Teachers reported that Jonathan does well academically, but is often careless in his written work. The parent wanted Jonathan to get "extra help in special education for

the remainder of the school year". Additionally the parent wanted special education to prepare an individual education plan and provide a "Spellcheck" computer program to assist John in word processing. To that end, the mother engaged the services of a child advocate to foster the implementation of her requests. The consensus of the TEAM was that Jonathan was not handicapped and that a finding of no special needs was a prudent recommendation. The parent has not exercised her option as of this writing.

Sally, a twelve year old grade six student, re-evaluated at parent request and a result of a previously rejected IEP, was discussed at a TEAM meeting held on January 19, 1989. Teachers felt that academically Sally was quite capable despite a "minimal learning disability". They felt that her consistent refusal to complete required homework assignments as well as some probable family emotional problems (the family includes a severely retarded older sibling who has been placed in a private residential facility for several years) precluded Sally from completing school requirements. A recent evaluation confirmed the teacher's and TEAM member's observation. The TEAM recommended no changes in Sally's special education services at this time. The father indicated that he would "reject the plan again". Subsequently, the plan

was rejected and has triggered the special education appeals process.

Carlos, a bilingual hispanic high school freshman referred for lack of attendance was fully evaluated, the results of which were reported at his TEAM meeting held on January 20, 1989. The evaluation concluded that Carlos possessed Average cognitive ability but was underachieving due predominantly to several years of inconsistent school attendance both in Santo Domingo and the United States. It was further revealed that Carlos works seven days weekly in order to support his mother and five younger siblings. Teachers on the TEAM wanted to provide special education services because they felt that "in special ed, someone will always be there for him". The bilingual counselor and coordinator/school psychologist argued that Carlos was not handicapped but rather needed support from other human service agencies. A lengthy discussion followed resulting in a finding of no special needs. This was not without much outcry on the part of teachers who appeared unable to accept the results of the psychological evaluation. TEAM members were assigned to make appropriate referrals to the Department of Social Services for family intervention.

As each of the five cases included in this pilot study sample were reviewed collectively, it appeared

that TEAM dynamics and participant interactions precluded an objective analysis of evaluative assessments and took precedence over any apparent criteria for entrance into special education. Moreover although the evaluations were conducted by certified, licensed or otherwise approved personnel, the results seem to impact less on the decision making than did the desire to avoid confrontation. Overall impressions revealed that participants saw special education services as the only viable existing mandated program that could really make a difference in the lives of the students contained in the sample. Factors such as the education level of the parent (Jonathan), the fear of discrimination (Carlos), the presence of a child advocate (Jonathan), the availability of a day care setting (John) each seemed to take precedence over the assessments conducted.

This investigator found, through a pilot study, that data analysis might include a quantitative construct. For example, results of any and all evaluations conducted should be compared and contrasted to norm referenced standards in order to determine how students referred for evaluation deviated one from another. Therefore, TEAMS should discuss IQ bands, curriculum achievement scores, norm referenced behavioral checklists, and a rating scale which would

accurately reflect the social and family history summary reports. TEAM dynamics and interaction, when taped, transcribed and analyzed qualitatively, will produce insight into the informal and formal dialogue which may play a major role in the decision making process.

### Study Design

The design of the study is descriptive research, which was conducted within the Salem Public Schools where this investigator holds the position of Administrator of Special Education. According to the Massachusetts Chapter 766 regulations, the Administrator of Special Education, and or a designee, is required to conduct all TEAM evaluation meetings. Additionally, upon verbal consent by both TEAM chairperson and parent or guardian, the regulations allow for the use of a tape recorder. This investigator was a participant observer for the purpose of data collection only and did not impact on decisions made by the TEAM. The focus was to record TEAM dynamics and student assessment data to identify and define criteria which impacted on the decision making process at the TEAM meeting.

Student confidentiality was maintained in that no surnames were used in respective TEAM meetings. The role of the participants, only, was recorded.

The following directive was forwarded to each of the four coordinator/psychologists on September 6, 1989:

"During October and November of this school year, I shall be a participant observer in all scheduled TEAM evaluation meetings for the purpose of data collection in order to determine how special needs status is assigned in the Salem Public Schools. This effort is in partial fulfillment of my doctorate degree. Parents and or guardians were asked to consent to the use of a tape recorder in each meeting. In order to protect the identity of affected students, you are directed to refrain from using the child's surname throughout these meetings. Further, please avoid using last names of TEAM participants. Only the participants role or position on the TEAM will be recorded.

During each TEAM meeting, in accordance with Massachusetts Chapter 766 regulations the following issues were discussed:

Reason for Referral

Current academic/behavioral progress

Assessment results

Placement Determination

The TEAM meetings were conducted in the respective school, which is the neighborhood school of each referred student.

#### Selection of Subjects

Massachusetts Chapter 766 regulations require that a TEAM evaluation meeting be conducted within 30 working days from the date of referral. All children between the ages of 3 and 22 referred for evaluation and whose TEAM meeting was scheduled prior to December 1, 1989, became the accessible sample for this study. Based on statistical data prepared by the Salem Special Education Department for the 1988-89 school year, it was anticipated that approximately 20 TEAM evaluation meetings would be conducted within the time frame, which represents approximately 15 percent of anticipated TEAM meetings for the entire school year. The actual sample consisted of seventeen TEAM evaluation meetings. Consent was obtained from both parents and TEAM members in accord with University of

Massachusetts guidelines governing the use of Human Subjects, all student names appearing in this study have been changed and are offered as references.

(Appendices D, E, F)

### Instrumentation

All TEAM meetings were recorded and then transcribed as a method of data collection. The only method of effective data collection appears to be the use of an audio tape recorder. Other instruments, such as questionnaires have produced, in the opinion of this investigator, personal perspectives or assumptions as reflected by each participant and would, therefore, be inappropriate in investigating TEAM dynamics.

### Data Analysis

Taped transcriptions were analyzed individually in keeping with content analysis as a prescribed research methodology. Content analysis is a research technique for the objective, systematic and quantitative description of the evident content of communication. It is characterized by simple frequency counts and cross tabulations between words or themes. This method was selected because it is well suited to small scale research, the material is easy to obtain, and there is less opportunity to bias data collection. One trained observer, David Terjanian, M.Ed., was selected to assist in data analysis. Analysis focused on the above

mentioned issues, specifically, reason for referral, current academic/behavioral progress, assessment results and placement determination. Pertinent variables are diagnosis and placement as well as TEAM dynamics and placement. In light of the theoretical framework of Massachusetts Chapter 766 regulations, specifically, that each child should exhibit a handicapping condition which precludes effective progress, data analysis included isolation of specific handicapping conditions as well as statements pertaining to the child's current progress in the regular education setting.

#### Limitations of Study

A possible limitation to this study appeared to be the effect that the presence of this investigator had on the interaction of TEAM members. All attempts were made to minimize investigator bias. This limitation, however, did not appear to have a negative bias during a pilot study previously conducted in the same setting.

CHAPTER IV  
ANALYSIS OF DATA

Introduction

The data in this research is organized according to reason for referral for evaluation, quantitative diagnostic information, recommended service delivery and the TEAM dynamic which supported the recommendations for special needs placement. In accord with Chapter 766 regulations, the accessible sample was determined by those referrals accepted by the Department of Special Education from September 6, 1989. The end product of these referrals was the TEAM evaluation meeting which was scheduled thirty working days after the receipt of the referral. The research focused exclusively on initial TEAM meetings which numbered seventeen during the first semester of the 1989-90 school year. According to statistics recorded during the prior five school years, the department processes an average of one hundred seventy-five initial requests for evaluation per year. Therefore, this sample reflects 9.7 percent of the average numbers of referrals processed annually. The chronological age of the sample ranged from 2.5 years through 16.7 years which spans preschool through secondary level educational programs.

Data was gathered by recording each individual TEAM meeting having previously obtained written permission by the parent and all TEAM participants. Transcriptions were produced from the recorded tapes which provided quantitative information relative to the child's cognitive achievement and emotional makeup. Additionally, the transcripts provided qualitative information, as each TEAM member reacted to the evaluative data and offered recommendations. The purpose of analyzing the data was to answer the primary question posed in the research, specifically, "How Is Special Needs Status Assigned?". Common themes, words and phrases emerged which characterized the evaluation process within the Salem Public Schools. Specific and definite patterns surfaced which can be generalized to reflect the TEAM process in all referrals made throughout a school year.

A background sketch of each child is presented at the beginning of this chapter. These are offered to personalize the data and demonstrate the common reasons why each child was referred and who ultimately shared a common experience.

### The Children

1. Mark, age 2.5, was referred by United Cerebral Palsy (UCP) with a diagnosis of cerebral palsy, legal blindness in one eye, and speech, hearing, and gross

motor difficulties. Mark had been receiving services through UCP as well as medical supervision provided through the parents health insurance. He became eligible for referral and evaluation when he reached age 2.5 and would become eligible for special education services when he reached age 3. Mark is the youngest of three children born to an intact family. He has two older siblings who attend public schools and do not present with learning problems.

Mark was born prematurely at seven months, and had intestinal surgery performed the day of his birth. Vision problems were evidenced at five days and he remained hospitalized for a series of medical problems for six months following his birth.

2. Amy, age 7.5, is repeating grade one. In accord with Chapter 766 regulations, Amy was referred during this fall because it was determined by the school and the parents that Amy "was not ready for second grade". Her prior experience in grade one reflected a child who was immature, refused to complete homework assignments, and lacked the fundamental reading abilities to proceed to grade two. Amy is a member of an intact family and has one infant sibling. Her father has significant vision loss in both eyes and Amy is monitored by an ophthalmologist on a routine basis.

3. Brian, age 5.3, attended a private pre-school program prior to attending entering kindergarten in September, 1989. He was referred by the private school due to an overall short attention span, receptive language difficulties, and gross motor inadequacies. Brian is the product of an intact bi-lingual family and is the oldest of three children.

4. Robert, age 7, is a first grade student referred in October, 1989 by his teacher due to a short attention span and "no listening skills". Additionally, Robert presented as a behavioral problem. He lives at home with his mother and father and 4 year old sister. Robert's mother works in Boston arriving home daily after 8:00 P.M.. Robert attends day-care after school five days a week.

5. Kim, age 7, was referred by teachers at her school due to severe articulation problems as well as potential emotional issues. She presents as introverted, and rarely engages in play with her peers. She lives at home with her mother who is legally separated from Kim's father. Kim is the youngest of four children and her mother works as a para-professional in the same school Kim attends.

6. Albert, age 6, is repeating kindergarten. He attended a different elementary school last year in Salem, his mother chose to send him to a different

Salem elementary school this year under the voluntary transfer policy of the school district. He was referred for evaluation due to continued academic difficulty and significant behavioral problems. Albert is the product of a single working mother who also experienced difficulty managing his behavior at home. He was administered Ritalin for hyperactivity on a trial basis and this medication was discontinued after a three day period.

7. Richard, age 16, was referred for evaluation because he was repeating grade 9 at Salem High School for the third consecutive year. Richard has yet to achieve the minimum number of credits to place him in a sophomore homeroom. Richard is reported to lack motivation, is frequently tardy, and displays little effort. Richard presents with behavioral problems when he is in school and often is seen walking very slowly. Speech and oral communication is also reported to be slow. Richard was fourteen when his parents were divorced. His father physically abused the mother and was a frequent user of cocaine. Presently, Richard's mother lives at home with her boyfriend with whom Richard experiences an on-going hostile relationship.

8. Meghan, age 8, attends a grade 1/2 combination class and was referred by her grade one teacher last year because she appeared "unmotivated". She is

reported to be an impulsive, disorganized, careless learner who failed to adequately meet minimum requirements in grade one. Her teacher, this year, reports no problems and seems to have tapped her interest in school. Meghan is the only child in a single parent family. She attends day-care and is reported to have few neighborhood friends.

9. Sammy, age 15, was referred for evaluation by the high school administration due to escalating behavioral problems. Sammy is reported to have verbally assaulted teachers, is the product of numerous suspensions, and is currently on probation by the Juvenile Court for truancy. Sammy has seven step-brothers and step-sisters born to her mother by a previous marriage. Her mother had Sammy and a younger sibling as a result of a second marriage. Sammy's family background is significant. She was kidnapped by her biological father at age 6 and remained with him for six months. He was unable to control Sammy's violent behavior and surrendered Sammy to her mother. Sammy is currently in counseling through the Department of Social Services but is reported to attend sessions only sporadically.

10. Matthew, age 14, attends middle school and was referred because his teachers felt he had a learning disability. He presented as one who was below grade

level and had a difficult time "keeping up with his peers". Matthew is the older of two children and lives at home with his parents. His younger brother receives special education services at the elementary level.

11. Jason, age 13, was referred by the department of social services who presently has custody under a care and protection order issued by the district court. Jason was included in this sample because of his significant history. Jason lived in Salem with his father and step-mother and was placed in residential treatment at age 9 due to significant behavioral and emotional problems. After two years in residential treatment he was placed in foster care in a nearby community. That school district fully mainstreamed Jason and provided school counseling. He was returned to the Salem Public Schools by the Department of Social Services and was referred because of his significant behavioral problems in school.

12. David, age 7, was referred by his third grade teacher in September after having transferred from New Hampshire to Salem. The referral was made due to "significant learning and behavioral difficulties". The teacher reported that David was functioning far below other children in her class and was "the worst behavioral problem I have experienced in years". David was not referred for evaluation while residing in New

Hampshire. During the course of his evaluation his single mother moved to a new school attendance area in Salem where he was placed, again, in grade three.

David is the only child born to his divorced mother who currently resides with her boyfriend in Salem.

13. Jason, age 8, attends grade three and was referred by his parents after having been evaluated by a nearby hospital facility. Jason's mother reported that he was diagnosed as having a learning disability and that it was recommended that he attend a private, Chapter 766 approved day school in order to maximize his potential. The referral was made in order to gain funding for this private school placement. Jason lives directly across the street from his neighborhood school and is an only child, the product of an intact family.

14. Rachel, age 3, was referred by her parents due to an articulation problem. Rachel does not attend preschool and is in day care as both her parents work. Rachel's mother suggested that she needed a special needs preschool placement and indicated such on the referral forms prior to evaluation. A speech and language assessment only was authorized by the parent. Rachel is an only child.

15. Carlos, age 9, attends a bilingual education program, having transferred to the Salem Public Schools from the Dominican Republic. His prior academic

history is significant in that he sporadically attended school and had only sparse exposure to formal education in his homeland. Carlos was referred by his bilingual teacher due to poor academic difficulty and difficulty managing his aggressive behavior. Carlos lives with his mother and several cousins in an apartment in Salem. He has attended school since September and was referred two weeks into the school year.

16. Lisa, age 15, attends Salem High School and was referred by the child study TEAM for consistent truancy. She has attended only forty-two days of school during the period September 6 through December 1, 1989. Teachers and counselors report that when she does attend, she fails to participate in classes and that her first semester grades are either incomplete or failing. Lisa lives in Salem with her older sister and her sister's husband. Her parents are divorced and each lives in separate states. Lisa is in the care of her sister who is the custodial parent.

17. Jimmy, age 13, attends middle school and was referred by his mother due to poor grades gained during the first quarter of this school year. His report card indicates that he passed all subjects but was performing inconsistently.

TEAM meetings were generally scheduled within the thirty working day period as prescribed by the

Massachusetts Chapter 766 regulations. Parents and TEAM participants were notified in advance of the TEAM meeting schedule and location. TEAM meetings were held in the child's local district school, generally in a quiet room reserved for meetings. The coordinator/school psychologist acted in a dual capacity. He/she was the chairperson for the TEAM as well as the certified school psychologist who conducted the psychological evaluation.

The composition of the TEAM consisted of the chairperson, one or both parents, a learning disabilities specialist, the school adjustment counselor, the child's regular education teacher(s), and, in some cases, itinerant service providers as well as the building administrator.

TEAM format was generally informal, a forum in which TEAM participants appeared to feel comfortable in expressing ideas, concerns, and feelings. The chairperson facilitated the discussions which were infused with both seriousness as well as humor. In random order participants were asked for a summary report of each evaluation conducted. Members freely questioned these evaluators in order to gain a full and complete understanding of some of the technical language included in reports. Participants were polled at the conclusion of each meeting for recommendations

regarding special education services in order to generate a consensus required by Chapter 766 regulations. Meetings generally were concluded within one hour and the consensus of opinions and recommendations were then incorporated into an individualized educational plan. This plan was then completed and forwarded, by mail, to the parent in order for the parent to exercise one of several signature options regarding the proposed plan.

Each of the seventeen TEAM evaluation meetings was analyzed in keeping with the theoretical foundations specified in Chapter II. Specifically, as in the case of other public schools, including Woburn and Wilmington, Massachusetts among others, this researcher looked at the TEAM's determination of a handicapping condition which precluded efficient progress in school. The development of an individual educational plan is the sole determinant as to how special needs status is assigned.

In this sample, all but two or 88.2 percent of all referrals processed during the first semester of the 1989-90 school year resulted in a finding of special needs, or, in the development of an IEP. Few TEAMS, however, base their findings and recommendations on written evaluative material. The TEAM dynamic or individual comments of TEAM members had a greater

effect on the end result. The phrase "could benefit" was repeated several times in every TEAM meeting by teachers, parents and therapists in reference to special education services. At least one individual on each TEAM came to the TEAM meeting with a predetermined special needs placement without benefit of evaluation results. Additionally, TEAM members had a working knowledge of what special needs programs and services were available. Analysis of the TEAM dynamic reflects the prevailing attitude that special education is the only "mandated" program complete with legal rights and privileges (Weatherly, 1979).

The prevailing reason for referral for each of the seventeen children included behavioral problems. Questions including the presence of a learning disability, fine motor problems, as well as overriding emotional concerns were also seen as other reasons for referral. TEAM members tended to view special education as being the only alternative service for children whose behavioral and emotional problems impeded instruction in the regular classroom. Virtually all of the children referred for behavioral problems required, according to school personnel, "small, structured classes". This theme was repeated at each TEAM meeting.

In order to isolate and define the results of this study, the independent reader and this researcher focused on five prevailing communication and dialogue patterns which consistently appeared in reviewing the typed transcriptions. An analysis of each of these five concurrent patterns are herein reviewed.

### Pre-Determination

Two groups of TEAM participants, namely the regular education teachers and the school counselor, came to the TEAM evaluation meetings with a pre-determination that, not only was the child one with special needs, but also each knew what specific program would "meet the child's needs". In a majority of cases (67%) these participants were adamant that children who were referred for evaluation by them required specific services regardless of what other TEAM members felt and regardless of testing results. For the most part, these members were vocal, articulate and determined in TEAM discussions. For example, Tommy's regular education teacher stated that, in her view, "Tommy is the perfect child for your self-contained behavior program at Carlton. I've known this since September". The TEAM meeting, therefore, became nothing more than an exercise to placate the bureaucracy and satisfy Chapter 766 regulations. Since those same regulations require that the TEAM form a consensus regarding the

educational needs of the child, most TEAM meetings resulted in being a mere "rubber stamp" which affirmed the reason the child was originally referred for evaluation. Regular education teachers devoted much time at TEAM meetings discussing the child's academic, social and behavioral patterns with the clear intent that the child should be removed from his/her classroom, thus shifting ownership and responsibility from regular to special education. Parents, on the other hand, were generally less verbal, placing trust in the opinion of those they knew best which were the teacher and counselor. Other TEAM members, specifically those who conducted psychological and learning disabilities testing were unknown to the parent prior to the TEAM meeting. So the trust factor remained constant with those on the TEAM known by the parent, specifically the child's teacher and counselor. For example, Richard, age 16, was told prior to his TEAM meeting by his mother that he would receive special education services after the TEAM meeting because the counselor had assured her that the TEAM meeting was merely a formality. Richard was placed in a special education program for students with emotional and behavioral problems, not based on any "handicapping condition" but rather due to the TEAM dynamic both prior to and during the TEAM meeting.

Pre-determination, therefore, is one prevailing reason which purports, through this study to begin to answer the question how do children receive special education services in the Salem Public Schools?

### Itinerant Services

The Salem Public Schools contracts with an independent agency to provide physical and occupational therapy services to those youngsters found through evaluation to be in need. These therapies are considered to be special education services and are provided through an IEP. Prior to 1980 occupational therapy and physical therapy services were seen as being medical in nature and therefore, not part of the plethora of services offered to children with special needs (Weatherly, 1979). Gradually both services began to fall under the aegis of special needs. Occupational therapy is described in the Procedures and Services Manual, (1988) as being an itinerant service for children whose fine motor and perceptual motor functioning interferes with efficient learning in the classroom. Itinerant simply implies that services are provided to children on a pull-out basis one or more times weekly. Physical therapy is described by the same source as being an itinerant service for children whose gross motor functioning seriously effects his/her ability to both compete and to learn. Should a TEAM

determine that a child requires therapy in one or both disciplines, an IEP must be developed and the child is then identified as being one with special needs. In six of the seventeen cases under investigation, TEAM evaluators, with the exception of occupational and physical therapists, had findings of no special needs. That is to say, that the psychologist, learning disabilities teacher, and in some cases the school counselor determined through assessment that no condition existed which would preclude efficient classroom learning. However, in these six cases, the TEAM recommended further evaluation in one or both itinerant service areas. This researcher followed these cases and found that after evaluation, and another TEAM meeting, one or both services were offered the child through an IEP. Therefore, all six children became special needs students. Interestingly, prior to 1980, these students would not have been carried as special needs students because these services were considered to be medical in nature. However the working definition of a learning disability is any condition which precludes efficient learning (Anastasi, 1988).

#### Parents As Advocates

A generalization appears to be in order, specifically, parents want the most for their kids.

This phrase heard and spoken so often both in the media and society at large seems to have no greater impact than when spoken by parents at Chapter 766 TEAM meetings. It is fair to report that in the entire sample parents expressed the need for assistance: in some cases for their child, in other cases assistance was being sought both for the child as well as for the parent. A common phrase repeated in TEAM meetings by many parents was "I want my child to get special help". One parent stated that she knew her legal rights and declared "I know he should be in special ed". An analysis of this statement is in order. The average class size in the Salem Public Schools approximates twenty-six children staffed by one teacher. In certain schools, based on federal income guidelines, Chapter I services are offered to children who qualify. However, there is no contract or agreement under Chapter I regulations which mandates that children receive specific assistance as is the case with Chapter 766. Again, special education services emerge as the only contractually mandated program (Weatherly, 1979). Based on taped conversations at TEAM meetings, the parental view of the school is that the child will benefit from help outside of the regular classroom regardless of the type of service being offered. Parents are looking for someone to care about their

particular child. The thinking on the part of the parent seems to advance geometrically if one additional person who provides services to my child is good, two is better and so on. TEAM meetings, therefore, are seen as the only educationally legitimate forum which has the sole authority to provide additional people to assist children. Additionally, those people become contracted through the implementation of the IEP. For example, Matthew, age 14, received special services following his TEAM meeting because his younger brother was receiving special services at the elementary level. Mother was pleased with her younger son's progress and felt that her older son needed "somebody to help him too". It is important at this juncture to recall that counseling services in the Salem Public Schools are offered to all children and are not controlled by special education. No IEP is needed for a child to receive short-term counseling and later to have that counseling terminate. Parents were very vocal at TEAM meetings in their quest for individual help for their children; and that the help be guaranteed through the implementation of an individual education plan.

#### Somebody To Care

Most compelling in examining the data collected were the results in analyzing the TEAM meetings of two children, Amy, age 7.5, and Robert, age 7. These

youngsters were the only two in the sample population who had a finding of no special needs. Both children presented through evaluation as functioning in the Low Average to Average range of cognitive abilities. Both youngsters were repeating grade one and both were referred by their former grade one teachers, as required by law when a child is recommended for retention. An analysis of the TEAM dynamic for these children is both striking and most revealing.

Each meeting began with a description as to the reasons for referral as well as the behaviors and skill development which warranted retention in grade one. In each case the teacher was not aware of the pre-existing conditions prior to the TEAM meeting. Next, the teacher described in detail her efforts in meeting the child's needs thus far into the school year. By her own admission this teacher invested much time, effort and energy in making each child feel very special, commenting, "I know I can continue to make a difference with Amy. She's done so well with me. I don't want to see her leave my room". She evidenced a thorough working knowledge of the child's relative strengths and weaknesses and implemented an instructional approach to focus on those defined strengths. She explained how her self-challenge was to make learning fun and exciting and therefore improve child behavior and

attention. Both TEAM meetings resulted in a finding of no special needs. The teacher, or the person who assumed the role of "somebody to care" made all the difference in these two cases. The teacher was, in fact, the "gatekeeper" for the educational process for these youngsters. She took ownership and responsibility which, in all other cases, was freely bequeathed to special education. She in fact fought against a label and a placement.

#### Special Education: A Remedial Program?

Analysis of the quantitative data provided through evaluation for this sample revealed that each child functioned academically below the actual grade placement to which he/she was assigned. The psychological evaluation, for example, clearly defined both cognitive potential as measured by an individual intelligence test and grade level equivalents as measured by a variety of standardized instruments. In the majority of cases there was not statistically significant difference between ability and achievement. Jason, age eight, exhibited overall cognitive ability in the Low Average range and was reading less than one year below his assigned grade three placement. Jason received special education services because of the diagnosis of a learning disability and yet he was, in fact, learning to his potential as measured by

standardized tests. Jason had acquired those skills necessary to achieve despite the presence of his disability. The staff and parent, however, were adamant that he was not reading at grade level and should be reading at grade three. TEAMS consistently failed to describe the gap between a child's overall cognitive potential and his or her academic achievement. The prevailing assumption appears to be that children should test at or above their grade placement. If not, then special education services seem appropriate as a remedial measure. The prevailing sentiment as demonstrated by the sample TEAM meetings seemed to be that special education is the only mandated program which can remediate a child's overall learning deficits. One parent stated "I want my son to get an ed plan because I know that he will definitely get special help if I sign it". If a handicapping condition exists and is defined through evaluation, special education services cannot remove nor remediate that handicapping condition. Rather, the goal of chapter 766 services is to equip the child to maximize his potential in the least restrictive environment (Chapter 766 regulations 1986). Often it is the case, as noted in this study, that children are in fact achieving at a level commensurate with their ability.

Special services are offered simply to placate TEAM participants and shift ownership.

A review of the quantitative data for this sample indicated that thirteen of the seventeen children demonstrated cognitive abilities, on standardized intelligence tests, solidly within the Average to Above Average range. Three were found to function within the Low Average range and only one fell within the Borderline range of cognitive potential. Achievement testing, when administered to children of school age, reflected skill acquisitions generally one year below age or grade placement in reading, arithmetic and language arts. However, it should be noted, that the achievement tests selected were normed on a national sample and did not necessarily reflect the curriculum requirements as implemented within the Salem Public Schools. Itinerent evaluations including occupational therapy, physical therapy, and speech and language therapy demonstrated some weaknesses in six of the seventeen children. Personality or projective testing effectively outlined the emotional profile for each child. In the majority of cases, nine out of the seventeen, the child's behavior and emotional functioning was viewed as a direct result of acute family issues rather than school related issues.

CHAPTER V  
SUMMARY, CONCLUSIONS, RECOMMENDATIONS

Introduction

The purpose of this study was to isolate and define those criteria utilized by TEAM members in determining which students should receive special education services within the Salem Public Schools. Seventeen children comprised the sample population of students who were referred for evaluation during the first semester of the 1989-90 school year. In the preceding chapter these were presented in order of the TEAM meeting date. Five overall reasons which determine the need for special education services are given below in summary form to provide some closure to the narrative.

Synthesis of Findings

The central question inherent in this study is "How do students become eligible to receive special education services within the Salem Public Schools?" This study concluded that students receive special educational services based on one or a combination of qualitative factors. Pre-Determination, Itinerant Services, Parents as Advocates, Somebody to Care, and Special Education: A Remedial Program are the major themes featured in this study. Each theme or in combination with another became a major part of the

TEAM dynamic leading to placement in special education. No TEAM meeting in the sample failed to incorporate one or more of these inherent themes. School staff and parents are quite familiar with existing special education programs and often pre-determine the appropriateness of a child for a particular program long before an evaluation occurs. In cases where a learning problem is not evident, an itinerant service such as, speech and language, occupational therapy and physical therapy, are often suggested to help remediate an apparent area of weakness. The parent community in Salem and generally parents in every school system look for one individual to care about his or her child in a manner that will make a real difference. The individual education plan presents as that one legally binding document which will not only designate that one individual whose capacity is as liaison but also designates that individual by name.

Parents are made fully aware of their rights prior to evaluation. Unlike regular education where rights are alleged rather than specified, parents of children referred for evaluation know that every step of the process is carefully legislated up to the TEAM meeting where there is little, if any, legislative guidelines in promoting the dialogue. Parents, as revealed in this study, are becoming much more informed and realize

that to have special services, in many cases, far exceeds the alternative as to the benefits it provides to their children. Finally, TEAM members view special education as a remedial program which can, indeed, correct minor learning problems and transfer responsibility from the regular classroom teacher to a special education program. The special education enrollment continues to increase in Salem as in many other communities due, it appears, to TEAM member dialogue and interaction in light of the above mentioned themes.

Four subquestions were also considered as part of this study.

1. Are evaluation results the major factor in determining eligibility?
2. Do TEAM dynamics and interactions promote special education services?
3. How do TEAMS define and relate to the requirement of lack of student progress?
4. Does each TEAM participant, including the parent, have an equal voice in decision making?

The findings conclude that quantitative data such as IQ bands and assessment results have little impact on the decision making process. Rather, as posed in subquestion two, TEAM dynamics and interactions

combined to provide special education services. Additionally, this study found, as posed in subquestion three, that children are not generally viewed as individual learners with separate, distinct, and unique learning styles. Conversely, TEAMS define and relate lack of student progress to a specific grade level curriculum requirement. Hence, if a child presents with a different learning style from the norm, then a determination is made that there is lack of student progress. Finally, this study found that parents generally accepted the findings and recommendations of the school professionals on the TEAM. Parents, however, were encouraged to actively participate in decision making and were consistently asked for input.

### Conclusions

It is coincidence that each of the seventeen subjects in this study was referred by a female teacher, counselor or parent and no referrals were made by a male authority figure. Entrance criteria to special education programs seem based more on dialogue than any existing criteria. Additionally, students who enter the Salem Public Schools from other cities or towns are more likely to receive special education services in Salem than any other city or town (Jason, age 13). This pattern seems to concur with Reynolds (1988) in which he holds that there is lack of

consistency among cities and towns in determining entrance criteria for special needs placements. Placement decisions in Salem were influenced by student discrepancy scores and by TEAM dynamic more than by simple standard scores (Furlough, 1988). The dynamic between parent and school seemed to refute the notion that a confrontation can exist between parents who want individual help for their youngsters and school members who are concerned over the increase in special education enrollments (Weatherly, 1979). In this study, school members appeared unconcerned about the growing increase in special services. The attitude appeared to be that itinerant services were not really special education services. The following comment was repeated consistently: "There is no special needs; only speech and language will be offered". TEAM participants seem to be unaware that any service provided through the IEP constitutes an increase in enrollment.

Decisions to offer special education services were often made on the basis of IQ (Jankala 1977) when a child's cognitive potential was less than average. TEAM members took this information to mean that the child was cognitively handicapped and services were therefore warranted.

Service availability (Bilkin, 1988) played a vital role in placing children in special education. School staff are most familiar with existing programs throughout the school system and often make clinical judgements about a child's eligibility for a program based solely on the child's presenting behaviors.

### Recommendations

The decision to provide special education services to children enrolled in public education is a much more complex phenomena that appears to be recognized, except perhaps theoretically in the current literature. This continued expansion of special education services warrants on-going, systemic inquiry, especially in light of the fiscal crisis experienced within the Commonwealth of Massachusetts.

The information presented in this study, it should be stressed, is highly subjective and exclusive, its purpose descriptive and exploratory rather than explanatory. The researchers identity as a special education administrator impacted on the way in which data was collected. Although this researcher made no comment, what-so-ever, his presence at TEAM meetings surely impacted on the dynamic to some unknown extent. The presence of the researcher must also have influenced the manner and extent to which relevant information is shared in many cases, no other

administrator was present. The results of this study, therefore, should be viewed with these facts in mind, and accordingly, with reserve.

This study's findings provide an initial excursion into the dynamic of TEAM evaluation meetings and its impact on decision making within the Salem Public Schools. It contains important implications for the development of specific entrance criteria guidelines in determining how special needs status is assigned.

Given the incidence of increased special education enrollments within the Commonwealth of Massachusetts, it appears particularly crucial that the Salem Public Schools implement procedures to provide services to the truly needy child as determined by the results of a thorough, interdisciplinary evaluation rather than TEAM dynamic.

Some other areas explored in this study which would merit further examination and policy review are: the structure of TEAM meetings and comments of TEAM participants which describe programs rather than the child's individual learning style. Procedures should be reviewed and appropriate changes made to ensure that TEAMS do not recommend a particular service, but rather adhere to the spirit of Chapter 766 regulations and prioritize specific needs. Further, it is recommended that no discussions occur without benefit of TEAM in

order that all information is heard at the same time. School personnel need to recognize that each child exhibits a particular learning style which does not automatically mean that if a child learns differently, or at a different rate than average, he/she is a candidate for special education services.

It is true that special education services must be provided to those children who need them. The challenge is to establish specific criteria upon which reasonable people can reasonably agree to implement. We have only to seek them.

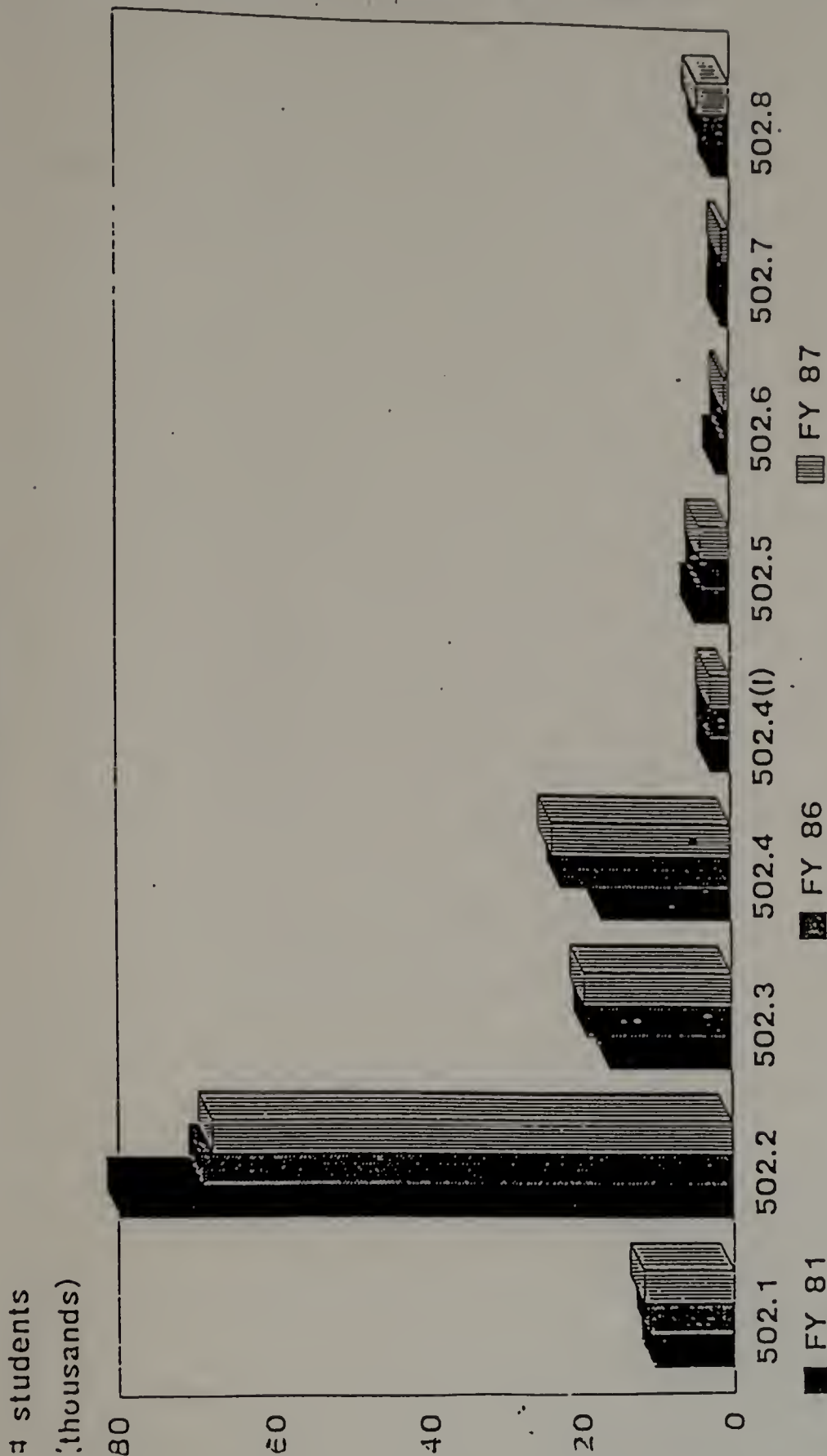
Finally, as a result of this study, it is recommended that the Massachusetts Department of Education, Division of Special Education, redefine existing legislation to include specific criteria for entrance into special education programs. Student labeling need not be included in the revisions. However, as with Federal special education laws, eligibility criteria needs to become the major role in student placement

APPENDIX A

STATE SUMMARY NUMBER OF STUDENTS

SPECIAL EDUCATION CENSUS BY PROTOTYPE

STATE SUMMARY

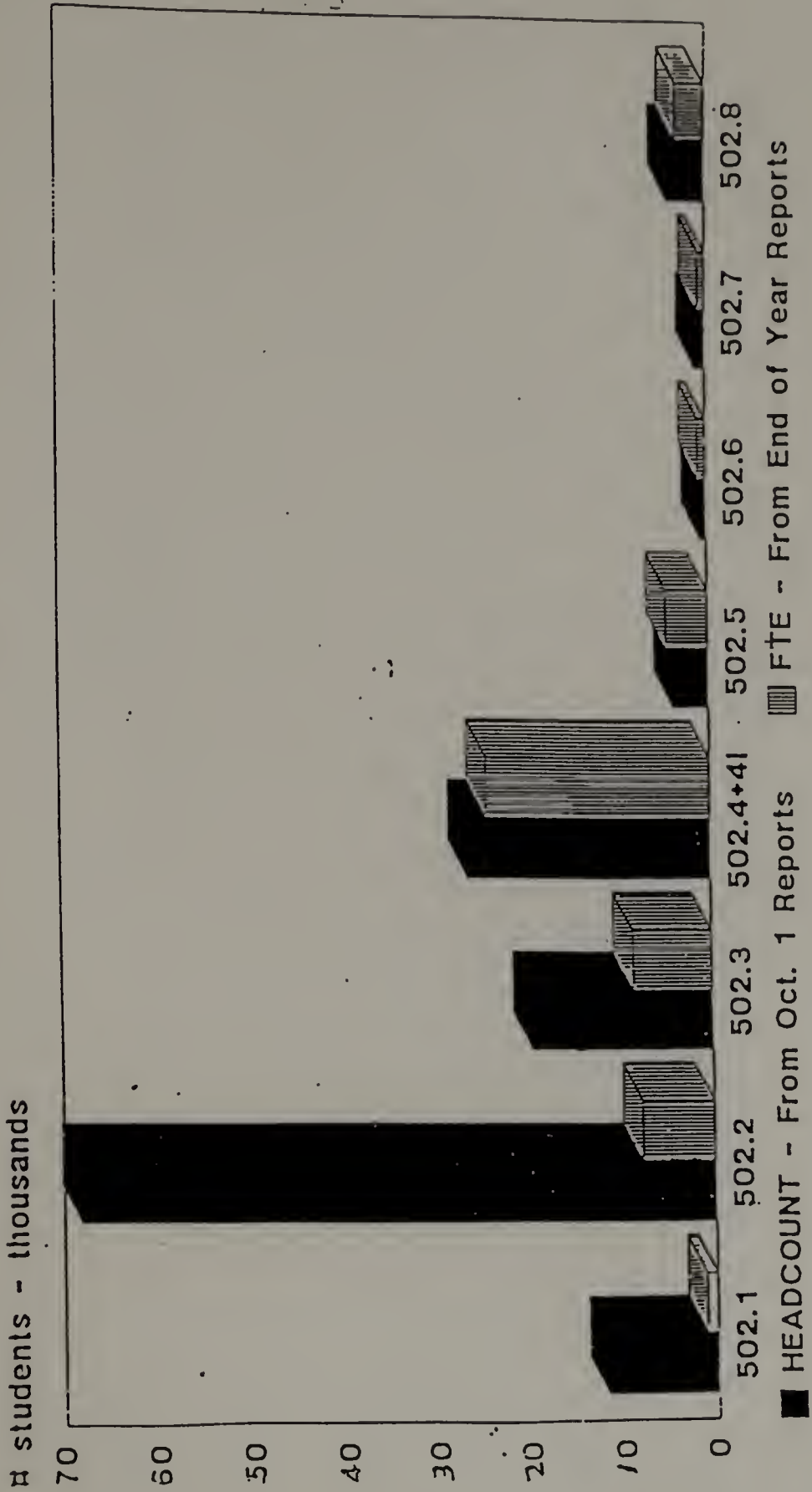


APPENDIX B

STATE SUMMARY HEADCOUNT BY PROTOTYPE

HEADCOUNT VS. FTE BY PROTOTYPE

FY 87 STATE SUMMARY

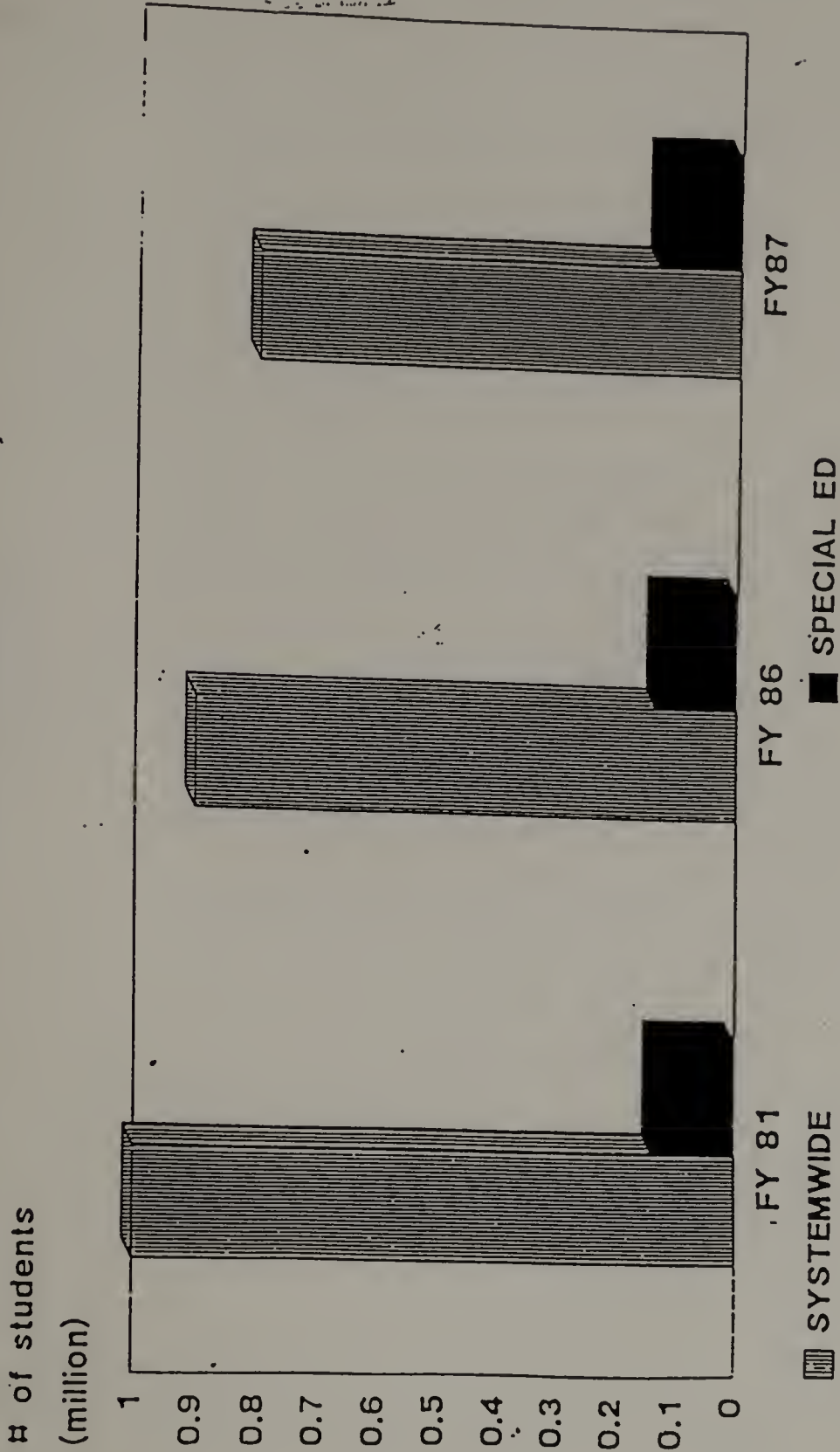


APPENDIX C

STATE SUMMARY SPECIAL EDUCATION CENSUS

NUMBER OF STUDENTS - OCTOBER 1 CENSUS

STATE SUMMARY



APPENDIX D

INFORMED CONSENT FOR RESEARCH TEAM MEMBERS

PLEASE POST

TO: ALL TEAM EVALUATION PARTICIPANTS  
FROM: JAMES D. O'CONNOR  
RE: TEAM MEETING RESEARCH  
DATE: SEPTEMBER 6, 1989

Please be informed that I shall be a participant observer in all initial TEAM evaluation meetings held during the period, October 2, 1989 through December 15, 1989.

As a doctoral candidate at the University of Massachusetts at Amherst I shall be recording the TEAM discussions and transcribing the tape in an effort to determine, for research purposes, how children receive special education services within the Salem Public Schools. Every effort has been taken to ensure your anonymity. Coordinators will refrain from using your last names and only your position on the TEAM will be referenced. The parent will have given informed consent prior to the meeting.

In analyzing data I shall be looking for themes, differences or similarities in the TEAM dynamic. As individual TEAM meetings are analyzed I may even disguise the TEAM meeting in an effort to ensure and protect your privacy.

The results of this research will be included in my dissertation, will be shared with the superintendent and school committee, with other professionals and may appear in professional media and journals.

IF, FOR ANY REASON, YOU CHOOSE NOT TO PARTICIPATE  
IN  
A TAPED TEAM MEETING, PLEASE NOTIFY ME IN WRITING  
AND  
I SHALL EXCLUDE THIS MEETING FROM THE ACCESSIBLE  
SAMPLE.

Thank you in advance for your assistance.

cc. IEP cover sheet

APPENDIX E

INFORMED CONSENT FOR RESEARCH PARENT

Code# \_\_\_\_\_

Hello,

This is (chairperson name), chairperson for your child's upcoming TEAM evaluation meeting.

Jim O'Connor, the administrator of special education, is a doctoral candidate at the University of Massachusetts and is currently conducting research to determine how children receive special education services within the Salem Public Schools.

Mr. O'Connor will be sitting in on your child's TEAM meeting and would like your permission to record the discussions in order for him to determine common themes, differences and similarities among all TEAM meetings. Every measure has been taken to ensure your anonymity and in some instances, as each case is reviewed, the TEAMS will be disguised.

The results of this research will be part of Mr. O'Connor's dissertation. It will have no impact on your child. At some point results will be shared with the superintendent, school committee, other professionals in the field as well as professional media and journals.

Will you allow Mr. O'Connor to record your child's TEAM meeting? If so, I shall sign this statement on your behalf indicating that you have given consent.

Do you have any questions? Record questions and your response

---

TEAM Chairperson

cc. student folder

APPENDIX F

DIRECTIVE TO TEAM CHAIRPERSONS

TO: Special Education TEAM Chairpersons

FROM: James D. O'Connor

RE: Dissertation Informed Consent

DATE: September 30, 1989

During the period October 2, 1989 and extending through December 15, 1989, all initial TEAM evaluation meetings will be recorded and later transcribed for the purpose of measuring TEAM dynamics as part of my dissertation research.

In an effort to maintain student confidentiality as provided by state law, while simultaneously ensuring that parents provide informed consent, I am asking that you adhere to the below listed procedures.

1. Send written notice of TEAM meeting as prescribed in the regulations 8 days prior to the date of the TEAM meeting. Please send me a copy of the notice.

2. I shall forward to you a coded "Informed Consent" form which you are asked to read to parent over the telephone prior to the date of the meeting.

3. If the parent authorizes consent, sign the form as chairperson and include in the student folder.

Thank you for your assistance.

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