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**AN ASSESSMENT OF LEARNING DISABILITIES TEACHER
CONSULTANT ROLE FUNCTIONS**

By

Jacqueline DeLisi D'Auria

A Thesis

**Submitted in Partial Fulfillment of the Requirements
of the Master of Arts Degree in the Graduate
Division of Rowan University
1998**

Approved by: _____ **Professor**

Date Approved: April 20, 1998

ABSTRACT

Jacqueline DeLisi-D'Auria
Assessment of Learning Disability Teacher Consultant's Role Functions, 1998.
Thesis Advisor: Dr. Stanley Urban
Learning Disabilities

The purpose of this study was to survey currently employed Learning Disability Teacher Consultants in Burlington, Camden, and Gloucester counties for an assessment of their current job priorities, as related to the five role responsibilities, as well as their perceived competencies within their role functions. Thirty-six questionnaires were mailed; a 66 percent return was obtained. Percentages were computed to determine the rank order of importance assigned to the role functions. A rank order of the list of competencies was determined for both the average ratings of importance and the average ratings of proficiency.

The LDT-C ranked the role responsibilities as follows: first, educational diagnostician; second, instructional programmer; third, team member; fourth, educational consultant; fifth, instructional leader. Areas of proficiency included: educational planning through their ability to develop and integrate an educational plan based on diagnostic findings, major aspects and types of learning disabilities in school children. A need for greater proficiency was indicated in conducting clinical observations in various settings and selecting and administering appropriate diagnostic instruments, and understanding rules and regulations for implementing laws governing the handicapped.

Of the 41 skill competencies, the knowledge of various instructional settings and programs to match specific learning styles was ranked first. Final ranking was assigned to the ability to evaluate projects by using statistical methods.

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The purpose of this study was to survey currently employed Learning Disability Teacher Constants in Burlington, Camden, and Gloucester counties for an assessment of their current job priorities as related to the five role responsibilities: educational diagnostician, team member, instructional programmer, educational consultant, and in-service trainer.

Areas of proficiency were found to be educational planning, communication, and theoretical basis of learning. Areas in need of greater proficiency were test administration and interpretation and legal aspects. Of the forty-one skill competencies, knowledge of various instructional settings and programs to match specific learning styles were ranked first. The ability to evaluate projects using statistical methods was ranked last.

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CHAPTER 1
INTRODUCTION TO THE PROBLEM
BACKGROUND

In New Jersey mandatory legislation requiring educational programs for handicapped children has been in effect since 1959. This legislation existed prior to federal act, P.L. 94-142 and provided a model for some of the features incorporated into the federal legislation. With the passing of the New Jersey legislation, commonly referred to as the Beadleston Bill, a new group of professionals was established. At that time they were called Remedial Instructors and their function was to work with other professionals as part of the Child Study Team in determining and planning educational opportunities for children with difficulties in learning.

In 1966, rules and regulations were added to the legislation and Remedial Instructor became known as a Learning Disabilities Specialist. The present day title of Learning Disabilities Teacher-Consultant (LDT-C) did not come into effect until 1971 when certification became a requirement. This new title recognized the importance of the relationship between the teacher and the LDT-C. More importantly, the LDT-C became an integral part of the Child Study Team in that assessment by the LDT-C was required for classification and thus eligibility for special education services.

The recognition of the new profession of LDT-C in 1971 did not eliminate problems or difficulties when determining how they should function. However, the New

Jersey State Department of Education describes the LDT-C's role as "an educational specialist who has the professional preparation and experience to:

- 1) Make assessment of a child's learning characteristics (assets and deficits)
- 2) To design instructional strategies and plan educational programs
- 3) To play an active role on a multi-disciplinary team
- 4) To act as an educational consultant to classroom teachers
- 5) To plan for and provide inservice education" (Rubino, 1971)

The LDT-C also performs other functions not directly stated in the code.

NEED FOR THE STUDY

Since 1980, in the state of New Jersey, there have been increases in the classification rates for the Neurologically Impaired, Perceptually Impaired, Multiply Handicapped, and Preschool Handicapped. While Educable Mentally Retarded classification rates decreased and other classifications stayed about the same. (Molenaar, 1997)

Once parental permission is obtained, classification of these children begins with the evaluation process of the multi-disciplinary Child Study Team. The basic team consists of a School Psychologist, a School Social Worker, and the LDT-C; also this team may request other evaluations as they deem appropriate such as a Psychiatric Evaluation, Neurological Evaluation, Speech Evaluation, Physical Therapy or any other additional evaluations. The increase of referrals and large caseloads make it extremely important that each team member knows the purpose of his/her role.

In the LDT-C's title, the importance of the relationship between the Teacher and the Consultant is acknowledged. But there are many other responsibilities of the LDT-C including being a member of the Child Study Team, educational diagnostician, instructional programmer, and instructional leader. Therefore, in order to be effective in all of these roles, it is imperative that the LDT-C recognize all of his/her functions, the amount of time spent in each, and the importance placed in each.

"The proficiency of the LDT-C is dependent of their professional preparation and practical experience." (DeFrehn, 1976) Whether or not these professionals feel they have been adequately prepared through graduate studies for all functions of their role as LDT-C will be an area of exploration in this study.

PURPOSE OF THE STUDY

The purpose of this study is to survey currently employed LDT-C's for an assessment of their current job priorities, as related to the five role responsibilities, as well as their perceived competencies within their role functions. The study also attempts to elicit how they perceive their graduate training in relation to actual role function.

The goal of the study is to determine which aspects of role functions of the LDT-C occupies most of their time, which aspect of their role function do they feel most competent, and whether or not they feel they were adequately prepared to engage in all aspects of their role.

VALUE OF THE STUDY

A similar study was conducted in 1982 and although there have been no substantive changes in the New Jersey Rules and Regulations for Special Education, it is important to determine if there has been an evolvement of actual role functions based on

practical demands of day to day functioning. In addition, this study will help determine if priorities within the training program are receiving appropriate emphasis in relation to actual role functions.

RESEARCH QUESTIONS

To accomplish the general purposes of this study, the data obtained is used to answer the following research questions:

Research Question 1: What are the most important competencies an LDT-C must possess in relation to the job performed?

Research Question 2. What are the least important competencies in relation to the job performed?

Research Question 3. How adequate do LDT-C's view their professional training programs?

Research Question 4. Are there any role functions for which the LDT-C's do not feel adequately prepared?

Priorities are established within the five LDT-C role responsibilities based on the individual's perception of his/her role. The individual's priorities will directly effect the time given to each role responsibility.

DEFINITION OF TERMS

Terms used in this study which require definition are as follows:

Certification - Granted by the State of New Jersey Department of Education upon completion of prescribed course of study. It is required in order to function as an LDT-C in New Jersey.

Child Study Team - An interdisciplinary group of certified people consisting of a

School Psychologist, an LDT-C, and a School Social worker. (N.J.A.C. 6:28-3.1) The team may be augmented to include School Physician as well as professionals in hearing, speech and language, neurology, psychiatry, and other related areas.

Classification - The identification and categorization by the Child Study Team of children who are handicapped or need special help; 12 categories of handicapping conditions are specified by New Jersey law. (N.J.A.C. 6:28-3.5, 1996)

Educational Assessment - A systematic process of gathering educationally relevant information to make legal and instructional decisions about the provisions of special services. (McLoughlin & Lewis, 1994)

I.E.P. - Individual Education Program that includes annual and short-term objectives, type of special education and related services required, least restrictive environment and transitional services.

Survey - A systematic collection of data most frequently conducted by means of interview, questionnaire, and telephone. (Raube, 1979)

SCOPE AND LIMITATIONS OF THE PROBLEM

This survey is representative of LDT-C's employed in Burlington, Gloucester, and Camden counties.

Inherent in the survey technique is a delimiting factor. (Smith and Glass, 1987) The assumption is made that all recipients will respond and that their responses will be an accurate and honest view of the items given in the survey. Another limiting factor is caused by some of the subjective questions and may produce a variety of interpretations.

The ranking of the five Learning Disabilities Teacher-Consultant role responsibilities is forced, because in reality the roles overlap. There is no empirical evidence that the size of intervals between the numerical ranking is equal.

CHAPTER 2

REVIEW OF THE LITERATURE

The Learning Disabilities field is a relatively young one with all of its history within the 20th century. The only exception was an ophthalmologist's writings in a British medical journal in 1896 about what he called "word blindness". (Johnson, Morasky, 1977)

Important contributions to the field of Learning Disabilities were produced during the 20's and 30's including studies of soldiers of World War I who suffered head wounds as well as studies involving language difficulties in children. Work on cerebral dominance as it relates to learning behaviors was also being explored. In 1934, Fernald began remediation programs for what later became known as Learning Disabilities. (Johnson, 1977)

In the 40's the work of two prominent researchers, Alfred Strauss and Heinz Werner, became the standard for those working in the same area of behavior. During the 40's problems arose pertaining to the use of labeling, descriptive terms, overgeneralization, and misinterpretation. Problems that still exist today.

The 50's and 60's brought new terminology to the field, including the term, neurophenia, used by Doll in 1951, marginal children, used by Johnson in 1962, minimal brain dysfunction, used by Clements in 1966, and central processing dysfunction, used by Chalfant and Scheffelin in 1969. (Johnson & Morasky, 1977)

The early 60's brought about drastic change in both awareness of the existence of learning problems and research, which planning and remediation could be based. Learning Disabilities definitions were beginning to appear in college textbooks. New legislation, the term Learning Disabilities, the Association for Children with Learning Disabilities, and the Journal of Learning Disabilities, all emerged in the 60's. In 1968, Learning Disabilities was recognized as a federally designated handicapping condition. (Moats, Lyon, 1993)

Through the 70's, the Joint Committee on Learning Disabilities, now known as the National Joint Committee on Learning Disabilities, held conferences addressing many topics and issues, some of which included: competencies, teacher training, sharing of communications, and the screening team. (NJCLD, 1994) It was during this same period of time that the landmark legislation of PL 94-142, the Education of All Handicapped Children Act, was passed. This was significant in that it protected the rights of children with disabilities and provided free appropriate public education for all students with disabilities. PL 94-142 was later amended in 1990 and became known as Individuals with Disabilities Education Act or IDEA. According to IDEA, to be learning disabled, a student must have a "disorder in one or more of the basic psychological processes involved in (understanding or using) spoken or written language, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations."

The federal definition further states that Learning Disabilities include "such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. It does not include learning problems that are primarily the result

of visual, hearing, or motor handicaps, mental retardation; or environmental, cultural, or economic disadvantage."

However, each state's definition and description of Learning Disabilities varies. Each school district may interpret the federal and state laws differently which results in local policies and practices. (Black, 1997) It is possible for a student to be considered Learning Disabled in one state but not in another. Considering this, "It is obvious to this date, the field lacks logically consistent, easily operationalized, and empirically valid definitions." (Moats, Lyon, May 1993, P. 284)

A good definition is important because defining Learning Disabilities assists in classifying children. But before a child can be classified as Learning Disabled, educational assessment must occur. The law insures that assessment be made by a team of professionals and an Individualized Educational Program (IEP) be developed. "The five main purposes for educational assessment are screening, determining eligibility, planning a program, monitoring student progress, and evaluating a program." (McLoughlin, 1994, P.6) Screening or prereferral is the first step in the assessment process beginning with awareness of a problem. However, the number of inappropriate referrals to the Child Study Team are increasing yearly. This can be expensive, waste valuable time, and isn't always effective. As a result, committees or programs have been developed to try to alleviate this problem.

Teacher Assistance Teams (TAT) is one such program. It is a teacher-oriented alternative to Child Study Team screening responsibilities. The members include three elected faculty members, the referring teacher, and parent. Sometimes the principal and special education personnel are included but not always. The team provides ways for

teachers to cope with children with learning and behavior problems. The model program proved effective in Highland Park, Illinois by reducing the number of referrals to special education by more than half, thereby allowing more time for special education personnel to spend with handicapped children who really needed assistance. (Chalfant, 1979)

Pupil Assistance Committees (PAC) are similar to Teacher Assistance Teams. It also is intended to cut down on referrals and help teachers help their students. The committee develops interventions so that the students experiencing difficulty may be able to experience success in regular education instead of special education placement. (Ellis, 1992) The member of PAC include the principal or an authorized designee, regular education teacher, and one of the following: guidance counselor, LDT-C, social worker, school nurse, school psychologist, or speech correctionist. PAC's were modeled after the School Resource Committee Pilot which was implemented in New Jersey between 1987 and 1989. Results were positive in reducing the number of child study team referrals.

For those still experiencing learning problems, referral to the Child Study Team is necessary and a formal assessment is made. In New Jersey, the member of the team responsible for the formal educational assessment of the child is the LDT-C. The LDT-C and other members of the child study team work together to evaluate the child and determine eligibility for special education.

This professional group, the LDT-Cs, began in New Jersey in 1959 with the passage of the Beadleston Bill. Remedial Instructors, as they were then known, were hired to work in public schools as part of the child study team in determining and planning the education of children with learning problems due to social maladjustment or emotional disturbance. This member of the child study team took part in the decision

making of the handicapped child. A change in the title to Learning Disability Specialist occurred in 1966. But still more significant to the role responsibility was the change in 1971. It was in 1971 that certification became a requirement that recognized this as a new profession and their titled changed from Learning Disability Specialist to Learning Disability Teacher-Consultant. This acknowledged the importance of a close relationship between this professional and the teacher. Emphasized in the new title was the teacher's need for help in working with children. Still another change and possibly the most significant was the stipulation to the rules and regulations of 1970 that required assessment by the LDT-C as part of the classification process.

Originally the LDT-Cs were classroom and remedial teachers chosen by the superintendent of the school. The growing need of LDT-Cs in schools led to the training program growth in colleges and universities. Presently the New Jersey Department of Education has approved 11 colleges and universities for issuing this endorsement. They are: Fairleigh Dickinson University, Georgian Court College, Jersey City State College, Kean College of New Jersey, Monmouth College, Montclair State College, Rowan University, Rutgers Graduate School of Education, Seton Hall University, Trenton State College, and William Paterson College of New Jersey.

Professional preparation and certification requires one to have a regular New Jersey instructional certificate, three years successful teaching experience, and a master's degree from one of the above approved institutions.

The role responsibilities of the LDT-C are clearly stated in the Learning Disabilities Teacher-Consultant Handbook that the Department of Education developed in the 70's. They follow here:

1. Making an assessment and analysis of a child's learning characteristics (assets and deficits)
2. Designing instructional strategies and planning educational programs;
3. Playing an active role on a multidisciplinary child study team;
4. Acting as an educational consultant to classroom teachers;
5. Planning and providing in-service education.

Decisions regarding classification, placement, and programs is the responsibility of the entire child study team. The child study team includes the School Psychologist, School Social Worker, Medical Examiner, and the LDT-C. When needed, other professionals are included such as; hearing, speech and language, neurology, psychiatry, etc. Each team member's findings are considered and education recommendations are made.

In the United States, there is an over diagnosis and inflated prevalence of learning disabilities. Consequently, those classified as learning disabled make up the largest percentage in special education programs. (Adelman, 1992) In the state of New Jersey the special education classification rate appears to have leveled off. However, of the 12 categories of classification, the rates of four categories have increased since 1978, including the classifications of neurologically impaired, perceptually impaired, multiply handicapped and preschool handicapped. (Molenaar, 1997)

The LDT-C is expected to be proficient in all the roles defined in his/her job description. But the overwhelming demands may make this difficult, if not impossible. Through this assessment of LDT-Cs in three New Jersey counties an attempt will be

made to determine the degree to which perceived proficiency in all aspects of the role of the LDT-C is present.

CHAPTER 3

DESIGN OF THE STUDY

The purpose of this study is to survey Learning Disabilities Teacher-Consultants in three southern counties in New Jersey: Burlington, Camden, and Gloucester. The survey attempts to elicit from Learning Disabilities Teacher Consultants their perception of the five role dimensions as a team member, educational diagnostician, instructional programmer, educational consultant, and instructional leader. The Learning Disabilities Teacher Consultants were requested to evaluate the importance of these competencies and their own proficiency in demonstrating the competencies within their current role functions.

THE SURVEY

SELECTION OF THE SUBJECTS

The survey population will be composed of Learning Disabilities Teacher Consultants in three southern New Jersey counties: Burlington, Camden, and Gloucester. A letter of explanation and the questionnaire will be sent to the Learning Disabilities Teacher Consultants. Because some Learning Disabilities Teacher Consultants may serve more than one school district, it will be necessary to check a current list of Learning Disabilities Teacher Consultants provided by the Office of Special Education at Rowan University. Names will be coded to provide for follow-up of nonrespondents as well as to provide confidentiality for both the school district and respondents.

DATA-GATHERING INSTRUMENTS

Construction of the mail questionnaire was the main task of this study. The questionnaire was modeled after the one used by Rosaleen Pierson in her 1982 project, An Assessment of Learning Disabilities Teacher-Consultant Role Functions.

The questionnaire is composed of four main sections. In the first section, the Learning Disabilities Teacher Consultant will be asked to supply information pertaining to "Professional Preparation and Experience" including graduate level preparation, teaching experience, and certification status.

The second section researches the "Current Status and Present Position of the Learning Disabilities Teacher-Consultant". Information regarding monthly case loads, schools served, and years experience are included in this section.

Section three considers the "Professional Role as Educational Specialist". In this section, the Learning Disabilities Teacher-Consultants will be asked to rank in order of importance, the five role dimensions: Team Member, Educational Diagnostician, Instructional Programmer, Educational Consultant, and Instructional Leader. They will be asked to estimate the percent of time spent within each role, the realistic or actual time versus the idealistic time or time they would like to devote to each area.

In section four, the Learning Disabilities Teacher-Consultants will be requested to rate knowledge and skill competencies according to importance, that is, "Very Important", "Important", "Less Important", "Not Important". Their competencies according to their personal proficiency will also be rated as, "Good", "Fair", or "Not prepared".

PROCEDURES

A total of 36 coded questionnaires with a letter of explanation will be mailed on January 12, 1998, to the Learning Disabilities Teacher-Consultants in three New Jersey Counties. A self-addressed stamped envelope will be enclosed with each questionnaire for the convenience of the respondent.

A second copy of the questionnaire and a self-addressed stamped envelope accompanied by a letter will be mailed to nonrespondents.

Responses to the questionnaire will be checked for correct completion and errors or omissions. Results of the responses will be recorded and tabulated.

For analysis of the section, "Professional Role as Educational Specialist", column one responses will be tallied and percentages tabulated. The greatest percent of responses within a rank order of importance will determine the relative position of the role areas. In the second and third columns, percents indicated by respondents will be averaged and presented in Chapter 4.

Responses to the "Competencies" section of the questionnaire will be recorded and tabulated. The importance for each competency will be computed by multiplying the number of "ones" (Very Important) circled by four, the number of "twos" (Important) circled multiplied by three, and the number of "threes" (Less Important) circled by two, and the number of "fours" (Not Important) circled by one. The results will be added together and divided by the number of responses for that competency. The average proficiency of the Learning Disabilities Teacher-Consultant for each competency will be computed by multiplying the number of "Gs" (Good) circled by three, the number of "Fs" (Fair) circled by two, and the number of "NPs" (Not Prepared) circled by one. These

totals will be added together and divided by the number of responses for that particular item.

Based on the computed scores, a rank order of the list of competencies will be determined for the average ratings of importance and the average ratings of proficiency.

CHAPTER 4
ANALYSIS AND INTERPRETATION OF THE DATA
INTRODUCTION

The purpose of this study was to survey Learning Disabilities Teacher-Consultants currently working in three southern counties of New Jersey: Burlington, Gloucester, and Camden. The survey was conducted by means of a questionnaire mailed to 36 LDT-Cs: a 66 percent return was obtained. An analysis of the distribution and receipt of the questionnaire within the three counties is presented in Table 1.

Table 1: Distribution and Receipt of Questionnaires

County	Total Questionnaires Mailed	Total Questionnaires Returned	Percent of Response
Burlington	12	6	50
Camden	14	12	86
Gloucester	10	6	60

Questionnaire responses were recorded and tabulated. Percentages were determined for the section of the questionnaire that related to the professional role as educational specialist. Rank orders of importance and proficiency were computed for 41 competencies.

RESULTS

Analysis of the data is presented within the format of the mail questionnaire. A copy of the questionnaire is contained in Appendix A.

PROFESSIONAL PREPARATION AND EXPERIENCE

GRADUATE LEVEL

1. Degree:

<u>Degree</u>	<u>Response</u>
M.A.	16
M.Ed.	5
M.S.	2
Defending Dissertation for Ph.D.	1
Ed. Specialist.....	1

2. Date:

<u>Year</u>	<u>Response</u>	<u>Year</u>	<u>Response</u>
1971.....	1	1985.....	2
1972.....	1	1986.....	1
1973.....	1	1987.....	1
1974.....	1	1989.....	1
1977.....	2	1991.....	1
1978.....	1	1992.....	4
1981.....	1	1993.....	1
1982.....	1	1995.....	1
1983.....	2	1998.....	1
1984.....	1		

3. Institution:

Institution	Response
Glassboro State College/ Rowan University	19
Temple University	2
Trenton State College	3

4. Area of Specialization:

Area	Response
Elementary Education	1
Educational Psychology	1
Learning Disabilities	14
Special Education	7
Student Personnel Services	1
No Response	2

TEACHING EXPERIENCE

5. Total Years:

<u>Years</u>	<u>Response</u>	<u>Years</u>	<u>Response</u>
3	2	10	2
4	1	11	3
6	3	12	3
7	2	13	2
8	1	20	2
9	2	32	1

6. Grade Levels: Responses represent areas encountered. These indicate professional experience in more than one area.

Level	Response
Preschool	4
Kindergarten	5
Grades 1-4	16
Grades 5-8	14
Grades 9-12	6
College	1

7. Area of Specialization: Responses indicate experience in more than one area.

Area	Response
Basic Skills	1
Communication Handicapped	1
Hearing Impaired	1
Elementary Education	3
Emotionally Disturbed	1
French	1
Gifted	1
Junior High	1

Multiply Handicapped	1
Perceptually Impaired	2
Preschool	1
Reading	1
Resource Center	2
Special Education	11

8. LD Certification:

Category	Response
Ed. Specialist	2
Master's in LD with Certification	15
Previous Master's, LD Certification only	6
Previous Master's and Master's in LD	2

CURRENT LDT/C STATUS: YOUR PRESENT POSITION

1. Employment:

Status	Response
Full-time basis	20
Part-time basis	4

2. Total Experience as an LDT/C:

Time	Response
1 - 5 years	7
6 - 10 years	4
11 - 15 years	6
16 - 20 years	4
25 years	2
27 years	1

3. Number of Schools Served:

Schools	Response
1-3	17
4-6	3
7-9	2
No Response	2

4. Student Population Within the Schools:

Population	Response
1- 300	3
300- 500	3
500-1000	4
1000-1500	3
1500-2000	4
2000-2500	1
2500-3000	0
3500-4000	2
No Response	4

4. Grade Span Served: Responses indicate experience in more than one area.

Grade	Response
Preschool	15
Kindergarten	20
1- 4	20
5- 8	20
9-12	14
College	1

6. Estimated Monthly Case Load:

a. New Referrals:

Total	Response
0	1
1- 5	20
6-10	1
No Response	2

b. Re-Evaluations:

Total	Response
1- 5	17
6-10	5
No Response	2

c. Teacher Consultations:

Total	Response
1-10	8
11-20	5
30-40	2

Other:	
70	1
85	1
100	1
ongoing, daily	5
No Response	1

d. Parent Consultations:

Total	Response
1- 5	8
6-10	8
11-15	2
16-20	2
30-35	2
No Response	2

e. I.E. P. Formulation:

Total	Response
1- 5	10
6-10	8
11-15	3
No Response	3

PROFESSIONAL ROLE AS AN EDUCATIONAL SPECIALISTS

Each area listed in Table 2 constitutes part of the Learning Disabilities Teacher Consultant's role dimension.

In the first column, the LDT-C assigned a rank order of importance to each listed area. The numerals indicate the order of importance given each area. See Table 3 for a listing of the percentages of respondents that determined this ranking. Note: these figures are based on a total of 20 questionnaire responses; four responses were excluded due to incorrect completion.

Table 2: Learning Disabilities Teacher/Consultants' Perception Of Professional Role As Educational Specialist

Areas	Rank 1-5 in order of Importance (n=20)	Percent of time within role	
		Real (n=13)	Ideal (n=13)
Assessment & analysis of child's learning characteristics	1	41.92	31.54
Active Role on a multi-Disciplinary team	3	19.24	15.38
Design of instructional strategies & programs	2	14.08	20.00
Educational consultant to Classroom teachers	4	21.07	25.00
Provision for in-service Education	5	3.69	8.08
Total Time		100.00	100.00

In the second and third columns, LDT-Cs indicated the percent of time spent within each role, the realistic or actual time versus the idealistic time one would like to spend. Percentages represent an average of those percents indicated by respondents.

Note: these figures are based on a total of 13 questionnaire responses; 11 responses were excluded due to incorrect completion.

Table 3: Percent Of Respondents That Assigned Specific Rank Order Of Importance To Each Of The Six Role Dimensions As Listed In Table 2, Column 1 (N=20)

Areas	Percentage of respondents
Assessment & analysis of child's learning characteristics	60
Active Role on a multi-Disciplinary team	15
Design of instructional strategies & programs	25
Educational consultant to Classroom teachers	20
Provision for in-service Education	85

Sixty percent of all respondents chose the area of assessment and analysis of the child's learning characteristics as the first areas in order of importance. Design of instructional strategies and programs was given second priority by twenty-five percent of the respondents. Third in order of importance was the active role on a multi-disciplinary team; this was determined by fifteen percent of the respondents. Educational consultation to classroom teachers ranked in fourth position as determined by twenty percent of all respondents. The fifth area of importance was that of provision for in-service training; this was determined by eighty-five percent of all respondents.

Each of 41 competencies was rated by participating LDT-Cs for the degree of importance in their present position and for their personal proficiency within the competency. Table 4 represents the rank order of importance and proficiency ascribed to the listed competencies.

Table 4:Relative Importance And Proficiency With Learning Disabilities Teacher/Consultants Ascribed To Each Of Forty-One Competencies (N=24)

Rank Order of Importance	Competencies	Rank Order of Proficiency
	A knowledge or understanding of --	
1	Interpretation and integration of test findings.	4
1	Various instructional settings and programs to match specific learning styles of students.	1
	The ability --	
3	To conduct clinical observation of student in various settings.	12
3	To select and administer appropriate diagnostic instruments.	12
3	To interpret test findings to reach relevant, valid conclusions.	4
3	To integrate or apply data to the needs of the whole child.	4
3	To understand the role and value of other team members and of the team approach.	1

Rank Order of Importance	Competencies	Rank Order of Proficiency
3	To understand the role and interact effectively as a member of the Child Study Team.	1
	A knowledge or understanding of --	
9	rules and regulations for implementing laws governing the handicapped	17
10	the selection of appropriate instruments for diagnostic questions.	12
	The ability --	
10	to understand test findings within reports of other team members.	19
10	to develop and integrate an educational plan based on diagnostic findings.	4
10	to communicate diagnostic data and educational planning to school personnel.	12
10	to communicate data to parents.	4
10	to interpret findings at formal and informal conferences.	12
	A knowledge or understanding of --	
16	Major aspects and types of learning disabilities in school children.	4
16	the use, organization, and interpretation of individual and group standardized tests.	17
18	intellectual, social, emotional and physical variations in students.	19
	The ability --	
18	to provide for periodic evaluation and revise the educational plan accordingly.	4
18	to prepare formal written reports.	4
	A knowledge or understanding of --	
21	Educational programs that consider these variations.	22
	The ability --	
22	to modify testing procedures within various settings.	23
23	to organize and schedule the supplemental services, equipment and facilities with the school curriculum.	27
24	to communicate data to students.	23
	A knowledge or understanding of --	
25	current court decisions as suggestions for interactions with parents and children.	30
26	the development of specific informal measures for diagnosis.	33

Rank Order of Importance	Competencies	Rank Order of Proficiency
	The ability --	
27	to evaluate curriculum classroom procedures and services that exist.	28
	A knowledge or understanding of --	
28	Intervention strategies that affect classroom performance.	33
29	Similarities between exceptionality and normality.	19
	The ability --	
29	to devise own informal measures and checklists.	30
	A knowledge or understanding of --	
31	Development of one's own specific procedures and materials.	38
32	Methods and techniques to use scope and sequence charts to develop basic	36
33	Central nervous system and peripheral nervous system functions, their relationships to learning and behavioral tasks.	30
34	learning theories.	25
34	Selection of appropriate motivation and learning theories, and application to cognitive, emotional, and social needs within a variety of settings.	26
36	Principles of curriculum constructions.	39
	The ability --	
37	to design and implement in-service training for teachers, demonstrate teaching strategies, learning activities and materials.	36
	A knowledge or understanding of --	
38	Commercial programs and materials.	40
38	Agencies and specialists available as sources for additional referral.	33
	The ability --	
40	to research an issue through in-depth readings.	29
41	to evaluate projects by using statistical methods.	41

An examination of the upper and lower 22 percent of the 41 competencies determined comparisons between the rank order of importance and the rank order of

proficiency assigned to those competencies.

Table 5 lists competencies in the upper 22 percent rank order of importance that were not assigned a rank order of proficiency in the upper 22 percent. Listed are skill competencies in the areas of test administration and interpretation and the knowledge competency of legal aspects.

Table 6 lists competencies in the upper 27 percent rank order of proficiency that were not assigned a rank order of importance in the upper 27 percent. Listed are skill competencies in the areas of educational planning and communication, and the knowledge competency of theoretical basis of learning.

There were no competencies in the lower 27 percent rank order of importance that was assigned a rank order of proficiency in the upper 27 percent. Just as there were no competencies in the lower 22 percent rank order of proficiency that were assigned a rank order of importance above 22 percent.

Table 7 lists the competencies that were assigned equal rank orders of importance and proficiency. One competency ranked first. This was the knowledge and competency of remedial procedures. The other competency that was assigned equal rank order of importance and proficiency was the knowledge competency of statistics, research design, and evaluation. It ranked last in order of importance and proficiency.

Table 5:Competencies In The Upper Twenty-Two Percent Rank Order Of Importance That Were Not Assigned A Rank Order Of Proficiency In The Upper Twenty-Two Percent
(n=24)

Rank Order of Importance	Competencies	Rank Order of Proficiency
	AREA: TEST ADMINISTRATION AND INTERPRETATION	
	The ability --	
3	to conduct clinical observations of students in various settings.	12
3	to select and administer appropriate diagnostic instruments.	12
	AREA: LEGAL ASPECTS	
	A knowledge or understanding of --	
9	rules & regulations for implementing laws governing the handicapped	17

Table 6:Competencies In The Upper Twenty-Seven Percent Rank Order Of Proficiency That Were Not Assigned A Rank Order Of Importance In The Upper Twenty-Seven Percent
(N=24)

Rank Order of Proficiency	Competencies	Rank Order of Importance
	AREA: EDUCATIONAL PLANNING	
	The ability --	
4	to provide periodic evaluations and revise the educational plan according.	18
	AREA: COMMUNICATION	
	The ability --	
4	to prepare formal written reports.	18
	AREA: THEORETICAL BASIS OF LEARNING	
	A knowledge or understanding of --	
4	major aspects and types of learning disabilities in school children.	16

**Table 7: Competencies That Were Assigned Equal Rank
Order Of Importance And Rank Order
Of Proficiency
(N=24)**

Rank Order of Importance	Competencies	Rank Order of Proficiency
	AREA: REMEDIAL PROCEDURES	
	A knowledge or understanding of --	
1	various instructional settings and programs to match specific learning styles of the student.	1
	AREA: STATISTICS, RESEARCH DESIGN, EVALUATION	
	The ability --	
41	to evaluate projects by using statistical methods.	41

SUMMARY

Learning Disabilities Teacher Consultants employed within three southern counties in New Jersey may be considered a homogeneous group based on their title alone, but their backgrounds of professional preparation and experience vary.

Teaching experience ranges from three to 32 years. A majority of respondents indicated professional experience in grades 1-8. Smaller numbers worked with preschool, kindergarten, and high school students. Only one LDT-C indicated teaching experience at the college level. 79% of the respondents earned their master's degree at Glassboro State College/Rowan University. Areas of graduate specialization are noted for comparison.

Area	Response
Elementary Education	1
Educational Psychology	1
Learning Disabilities	14
Special Education	7
Student Personnel Services	1

A majority of LDT-Cs are employed full-time. Experience as a LDT-C ranges from one to 27 years with about half of the respondents having experience in the range of 1 - 11 years.

Seventy percent of the respondents indicate serving 1-3 schools. Most LDT-Cs work with a student population less than 2500; however, two LDT-Cs serve in districts with a student population ranging from 3500-4000. The average grade span served is kindergarten through eighth grade. Fewer respondents indicate experience at the preschool or high school levels. Only one respondent indicates experience at the college level.

The greatest number of responses for the LDT-C estimated monthly case load is as follows: 20 individuals process an average of 1-5 new referrals, 17 individuals process approximately 1-5 re-evaluations, while eight individuals process 1-10 teacher consultations as well as 1-10 parent consultations on a monthly basis. One respondent reported approximately 100 teacher consultations a month. 18 individuals indicated between 1-10 I.E.P. formulations a month.

In their professional role as an educational specialist, LDT-Cs ranked areas of importance in this order: educational diagnostician, instructional programmer, team member, educational consultant, and instructional leader. Comparison of the percent of time given within each role, realistic versus idealistic time, indicated that most LDT-Cs would shift proportionate time segments. Idealistically, the actual time given to the area of assessment would be decreased by 10.38 percent. The role of team member would be decreased by 3.86 percent. Time given to instructional programming would be increased

by 5.92 percent. Teacher consultations would be increased by 3.93 percent. Provisions for in-service would be increased by 4.39 percent.

A comparison of the three columns in Table 2 suggests a degree of difference in role priorities. LDT-Cs ranked the areas in the order of importance:

1. Educational diagnostician
2. Instructional programmer
3. Team member
4. Educational consultant
5. Instructional leader

Their responses to the actual percent of time within these roles indicate a change in priority:

1. Educational diagnostician
2. Team member
3. Educational consultant
4. Instructional programmer
5. Instructional leader

LDT-Cs indicated the idealistic interpretation of time segments in each role dimension.

Another slight change of priority is noted.

1. Educational diagnostician
2. Educational consultant
3. Instructional programmer
4. Team member
5. Instructional leader

Interestingly, the role of educational diagnostician remained first priority.

Provision for in-service education consistently received fifth position of important. The roles of team member, instructional planner, and educational consultant shifted in priority depending on the LDT-C's perception of the role dimensions according to order of importance, realistic time given, and idealistic time to be devoted.

Learning Disabilities Teacher Consultants indicated a need for greater proficiency in the area of test administration and interpretation and legal aspects. That is understanding rules and regulations for implementing laws governing the handicapped, and the ability to conduct clinical observations of students in various settings and to select and administer appropriate diagnostic instruments. These competencies received a greater rank order of importance in comparison with the rank order of proficiency.

Learning Disabilities Teacher Consultants responded with feelings of proficiency in the area of educational planning through their ability to develop and integrate an educational plan based on diagnostic findings and to provide for periodic evaluations and revise the educational plan accordingly. They also responded with feelings of proficiency in the areas of communication and theoretical basis of learning. They feel proficient in their ability to communicate data to parents as well as in their knowledge of major aspects and types of learning disabilities in school children. These competencies received a greater rank order of proficiency in comparison with the rank order of importance.

Of less importance were these competencies: the ability to research an issue through in-depth readings, the knowledge of learning theories, and of agencies and specialists available as sources for additional referral; and the knowledge of the selection of appropriate motivation and learning theories, and application to cognitive, emotional, and social needs within a variety of settings. LDT-Cs indicated a slight degree more proficiency with these competencies than the degree of importance ascribed to each.

The ranking of competencies revealed that LDT-Cs felt less proficient with their knowledge and understanding of the principles of curriculum construction, commercial

programs and materials, and the development of one's own specific procedures and materials. These competencies were assigned a slight degree of higher rank order of importance.

CHAPTER 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

SUMMARY

The Learning Disability Teacher Consultant is a professional whose role functions and demands are continually growing and changing; therefore, clarification of their responsibilities, role dimensions, and competencies is necessary. Assessment of educational preparation is important in order to determine if graduate programs are successfully preparing LDT-Cs for their current roles.

THE RESEARCH PROBLEM

The LDT-C currently working in the field is best qualified to assess his current status and evaluate his perception of the five role dimensions of educational diagnostician, team member, instructional programmer, educational consultant, and instructional leader. Important competencies to the LDT-C's proficiency in the field may be ranked in order of importance and adequacy of professional preparation and experience. What are the most important competencies a LDT-C must possess in relation to the job performed? What are the least important competencies in relation to the job requirement? How do LDT-Cs view the adequacy of their training programs and experience? Are there role responsibilities for which LDT-Cs are not adequately prepared?

Are the five role dimensions of educational diagnostician, team member, instructional programmer, educational consultant, and instructional leader given proportionate shares of time? What discrepancy, if any, exists between the time LDT-C's envision as realistic, that is, the time actually given, versus idealistic, the time preferred to be given, within each of the five role areas?

METHODOLOGY

LDT-Cs currently employed in three southern counties of New Jersey: Burlington, Camden, and Gloucester were surveyed in an attempt to elicit their perception of role dimension and responsibilities. A mail questionnaire was the instrument used to gather the information. Dr. Urban provided a list of schools and all personnel employed in the three counties. The questionnaires were mailed to 36 LDT-Cs with a 66 percent return.

The questionnaire was composed of four main sections related to "Professional Preparation and Experience", "Current LDT-C Status", "Professional Role as Educational Specialist", and "Competencies". Forty-One Knowledge and Skill competencies were ranked according to the degree of importance as perceived by the LDT-C in the field and the degree of proficiency the LDT-C felt he was able to demonstrate.

Responses were recorded and tabulated. In some cases percentages were computed to facilitate analysis. A rank order of the list of competencies was determined for both the average ratings of importance and the average ratings of proficiency. The original plan was to examine the upper and lower 25 percent of the listed 41 competencies. However, because of ties in the rankings, this was not possible. Instead, items in the upper and lower 22 percent as well as items in the upper and lower 27

percent were examined to compare the rank order of importance and proficiency assigned these competencies.

FINDINGS

A hierarchy exists within the list of five competencies to be demonstrated by the New Jersey Learning Disabilities Teacher Consultants. Sixty percent of all respondents chose the area of assessment and analysis of a child's learning characteristics as the first area in order of importance. Design of instructional strategies and programs was given second priority by 25 percent of the respondents. Third in order of importance was the active role on a multi-disciplinary team which was selected by 15 percent of the respondents. Educational consultant to the classroom teachers ranked in fourth position as determined by 20 percent of all responses. The fifth area of importance was that of provision for inservice training which was selected by 85 percent of all respondents. Competencies were ranked in order of degree of importance and adequacy of professional preparation and experience.

LDT-Cs indicated a need for greater proficiency in the area of test administration and interpretation, as it applies to the ability to conduct clinical observations of students in various settings and to select and administer appropriate diagnostic instruments. The LDT-C also indicated a need for greater proficiency in the area of legal aspects, that is understanding rules and regulations for implementing laws governing the handicapped. These competencies received a greater rank order of importance in comparison with the rank order of proficiency.

Interestingly, in a 1982 study, the LDT-Cs did not indicate a need for greater proficiency in the area of legal aspects. Perhaps, the LDT-Cs today express a need for

greater proficiency in legal aspects because of the currently changing rules and regulations of the handicapped. In both 1982 and 1998, the LDT-Cs expressed a need for greater proficiency in the area of test administration and interpretation; however, the specific skill competency in that area was different.

The LDT-C responded with feelings of proficiency in the area of educational planning through their ability to provide for periodic evaluation and revise the educational plan accordingly. They also responded with feelings of proficiency in the areas of communication and theoretical basis for learning. They feel proficient in their ability to prepare formal written reports as well as in their knowledge of major aspects and types of learning disabilities of school children. These competencies received a greater rank order of proficiency in comparison with the rank order of importance.

Again it is noted that the areas of proficiencies expressed by the LDT-Cs are not the ones that were expressed by the LDT-Cs in 1982. In 1982, the LDT-Cs expressed proficiency in the areas of test administration and tests and measurements. Although they did express proficiency in the area of communication, the specific skill competency was different.

In Chapter IV, Table 4 illustrated the range of importance and proficiency ascribed to competencies that LDT-Cs are expected to demonstrate. The LDT-Cs in the survey assigned first priority to understanding various instructional settings and programs (i.e. mainstreaming, resource room) to match specific learning styles of students. Inferences may be made that this is a priority due to the state's continually changing laws on classifications and the push for inclusion of the disabled student into the regular classroom. Final ranking was assigned to the ability to evaluate projects by using

statistical methods. A comparison of the percent of time given within each role, realistic versus idealistic time indicated that LDT-Cs would shift proportionate time segments. Idealistically the actual time given to the area of assessment would be decreased from 41.92 percent to 31.54 percent. The role of team member would be decreased from 19.24 percent to 15.38 percent. Time given to instructional programming would be increased from 14.08 percent to 20 percent. Teacher consultations would be increased from 21.07 percent to 25 percent. Revisions for inservice would be increased from 3.69 percent to 8.08 percent.

The results of a 1982 study revealed LDT-Cs indicated a shift in proportionate time segments to increase in the same areas, and to decrease in the same areas.

CONCLUSIONS

This project attempted to survey the current role functions and practices within the Learning Disabilities field. The survey endeavored to reveal the LDT-C's perception of their role responsibilities and thereby provide a better understanding of the needs of the group. The data summarized in this chapter provides valuable information to the nature to the LDT-Cs role dimensions, importance ascribed to the necessary competencies, and proficiency within these competencies.

The data revealed in this project may be helpful to the following groups of people:

To those presently studying in Learning Disabilities Teacher/Consultant programs to define role expectations and responsibilities;

To Learning Disabilities Teacher/Consultants currently practicing in the field, so they may be aware of their colleagues views of the roles dimensions and responsibilities;

To local school administration as guidelines to the function and responsibilities of the Learning Disabilities Teacher/Consultant in the school;

To teachers in the public schools, to help in understanding the roles and responsibilities of their Learning Disabilities Teacher/Consultant;

To instructors in institutions that train individuals to educate learning disabled children, to define areas of emphasis;

To department chairmen and advisors in institutions that offer approved Learning Disabilities Teacher/Consultant programs, as a basis for curriculum development, evaluation, and revision;

To the State Department and all professional personnel interested in the refinement of the learning disabilities field as a profession.

RECOMMENDATIONS

The following recommendations are offered for consideration:

1. A study including the population of non-respondents should be analyzed for basic comparison.
2. A study comparing responses of those who attended Rowan/Glassboro and those who attended other institutions.
3. A study of Learning Disabilities Teacher/Consultants in other states comparing their responses to those in New Jersey.
4. A comparison of responses of Learning Disabilities Teacher/Consultants practicing solely at the high school level and those practicing solely at the grade school level.

5. A future study of the Learning Disabilities Teacher/Consultants to compare responses with this study.

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APPENDIX A

LETTER OF TRANSMITTAL

ROWAN
UNIVERSITY

Special Educational Services/Instruction Department

January 12, 1998

Dear Learning Disability Teacher-Consultant:

As a master's degree candidate in the Learning Disabilities Program at Rowan University, I am conducting a survey of the present roles of LDT-C's and a needs assessment within these role functions. Your professional experience has given you the insight necessary to evaluate current job demands as an LDT-C in relationship to the adequacy of your professional training.

I sincerely ask your cooperation in the completion of the attached questionnaire. The questionnaire forms are coded by number for follow-up purposes only. All responses will remain anonymous in the final report.

Please use the enclosed self-addressed, stamped envelope to forward your response. I greatly appreciate the time and effort you grant this request and I look forward to your prompt reply. It would be deeply appreciated if you could return the questionnaire within one week.

Sincerely,

Jacqueline DeLisi-D'Auria
Graduate Student
Learning Disabilities Program

Approved by: Dr. Stanley Urban
Professor of Special Education

enclosure

201 Mullica Hill Road . Glassboro, New Jersey 08028-1701 . Phone (609) 256-4745 . Fax: (609) 256-4918

APPENDIX B

THE LEARNINIG DISABILITIES TEACHER/CONSULTANT SURVEY

A LEARNING DISABILITY TEACHER-CONSULTANT SURVEY

PROFESSIONAL PREPARATION AND EXPERIENCE

1. Graduate Level

Degree _____ Date _____

Institution _____

Area of Specialization _____

Year Certification was Issued _____

2. Teaching Experience

Total years _____ Grade Levels _____ Specialization _____

3. LD Certification (please check)

Ed. Specialist _____ Provisional _____

M.S. * in LD with certificate _____ a. Currently enrolled _____

Previous M.S., LD certificate only _____ in LD program _____

Previous M.S., M.S. in LD _____ b. Credits earned _____

CURRENT LDT-C STATUS: YOUR PRESENT POSITION

Full-time _____ Part-time _____ Years experience as LD _____

Number of schools served _____ Student population _____

Grade span served _____

Estimated monthly caseload:

new referrals _____ Re-evaluations _____ Teacher consultation _____

Parent consultations _____ I.E.P. formulation _____

PROFESSIONAL ROLE AS EDUCATIONAL SPECIALIST

Each area listed below constitutes part of the LDT-C role dimension. In the first column, rank order each listed area from "1" to "5" in order of importance **AS YOU INTERPRET THEM**. The area of greatest importance will be rated "1", that of second important will be rated "2", etc. Finally the area of least importance will be rated "5".

In the second and third columns, indicate the percent of time spent within each role, the realistic (actual) vs. the idealistic (time you would like to spend).

AREAS RANK 1-5 %REAL. %IDEAL.

1. Assessment & analysis of child's learning characteristics
2. Active Role on a multi-disciplinary team
3. Design of instructional strategies and programs
4. Educational consultant to classroom teachers
5. Provision for in-service education

Total time = 100%

* Used interchangeably with M.S. & M.Ed.

In your present position as a Learning Disability Teacher-Consultant, HOW IMPORTANT are the following competencies? Circle 1, 2, 3, or 4 for each item on the left side. How do you rate YOUR COMPETENCY for each item? Circle G, F, or NP on the right side.

-
-
- 1 = very important
 2 = important
 3 = less important
 4 = not important

COMPETENCIES

- G = good
 F = fair
 NP = not prepared

I. KNOWLEDGE COMPETENCIES

A. Exceptionality

- | | | |
|----------------|---|---------------|
| <u>1 2 3 4</u> | 1. Intellectual, social, emotional and physical variations in students. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 2. Similarities between exceptionality and normality. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 3. Educational programs that consider these variations. | <u>G F NP</u> |

B. Theoretical Bases of Learning

- | | | |
|----------------|---|---------------|
| <u>1 2 3 4</u> | 1. Major aspects and types of learning disabilities in school children. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 2. Knowledge of learning theories, ex: developmental, behavioral, etc. | <u>G F NP</u> |

C. Test and Measures

- | | | |
|----------------|--|---------------|
| <u>1 2 3 4</u> | 1. Use, organization, & interpretation of individual & group standardizes tests. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 2. Selection of appropriate instruments for diagnostic questions. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 3. Development of specific informal measures for diagnosis. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 4. Interpretation and integration of test findings. | <u>G F NP</u> |

D. Learning Theory in the Classroom

- | | | |
|----------------|---|---------------|
| <u>1 2 3 4</u> | 1. Selection of appropriate motivation and learning theories, & application to cognitive, emotional, & social needs within a variety of settings. | <u>G F NP</u> |
|----------------|---|---------------|

E. Remedial Procedures

- | | | |
|----------------|--|---------------|
| <u>1 2 3 4</u> | 1. Various instructional settings and programs (i.e., mainstreaming, resource room) to match specific learning styles of students. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 2. Commercial programs & materials. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 3. Development of one's own specific procedures and materials. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 4. Agencies and specialists available as sources for additional referral. | <u>G F NP</u> |

F. Neurological Bases of Learning and Behavior

- | | | |
|----------------|--|---------------|
| <u>1 2 3 4</u> | 1. Central nervous system and peripheral nervous system functions, their relationships to learning & behavioral tasks. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 2. Intervention strategies that affect classroom performance (megavitamin therapy, psycho-stimulant drugs, behavioral therapy, etc.) | <u>G F NP</u> |

G. Curriculum

- | | | |
|----------------|--|---------------|
| <u>1 2 3 4</u> | 1. Methods and Techniques to use scope and sequence charts to develop basic skills | <u>G F NP</u> |
| <u>1 2 3 4</u> | 2. Principles of curriculum constructions | <u>G F NP</u> |

H. Legal Aspects

- | | | |
|----------------|---|---------------|
| <u>1 2 3 4</u> | 1. Rules and regulations for implementing laws governing the handicapped. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 2. Current court decisions as suggestions for interactions with parents and children. | <u>G F NP</u> |

I. Statistics, Research Design, Evaluation

- | | | |
|----------------|---|---------------|
| <u>1 2 3 4</u> | 1. Ability to research an issue through indepth readings. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 2. Ability to evaluate projects by using statistical methods. | <u>G F NP</u> |
-

II. SKILL COMPETENCIES

Ability to:

A. Test Administration and Interpretation

- | | | |
|----------------|---|---------------|
| <u>1 2 3 4</u> | 1. Conduct clinical observation of student in various settings. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 2. Select and administer appropriate diagnostic instruments. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 3. Devise own informal measures and checklists. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 4. Modify testing procedures within various settings. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 5. Interpret test findings to reach relevant, valid conclusions. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 6. Integrate or apply data to the needs of the whole child. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 7. Understand test findings within reports of other team members. | <u>G F NP</u> |

B. Educational Planning

- | | | |
|----------------|--|---------------|
| <u>1 2 3 4</u> | 1. To develop and integrate an educational plan based on diagnostic findings. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 2. To provide for periodic evaluation and revise the educational plan accordingly. | <u>G F NP</u> |

C. Communication

- | | | |
|----------------|--|---------------|
| <u>1 2 3 4</u> | 1. Communicate diagnostic data and educational planning to school personnel. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 2. Communicate data to parents. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 3. Communicate data to students. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 4. Prepare formal written reports. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 5. Interpret findings at formal and informal conferences. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 6. Understand the role and interact effectively as a member of the Child Study Team. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 7. Understand the role and value of other team members and of the team approach. | <u>G F NP</u> |

D. Coordination and Management

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| <u>1 2 3 4</u> | 1. Organize and schedule the supplemental services, equipment and facilities within the school curriculum. | <u>G F NP</u> |
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E. Consultation, In-Service

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| <u>1 2 3 4</u> | 1. Evaluate curriculum, classroom procedures and services that exist. | <u>G F NP</u> |
| <u>1 2 3 4</u> | 2. Design and implement in-service training for teachers, demonstrate teaching strategies, learning activities and materials. | <u>G F NP</u> |