Rowan University
Rowan Digital Works

Theses and Dissertations

5-6-1997

Pre-referral intervention and follow-up: an analysis of the Pupil Assistance Committee (PAC)

Jocelyn Camba
Rowan University

Follow this and additional works at: https://rdw.rowan.edu/etd

 Part of the Educational Psychology Commons

Recommended Citation

Camba, Jocelyn, "Pre-referral intervention and follow-up: an analysis of the Pupil Assistance Committee (PAC)" (1997). *Theses and Dissertations*. 2035.
https://rdw.rowan.edu/etd/2035

This Thesis is brought to you for free and open access by Rowan Digital Works. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of Rowan Digital Works. For more information, please contact graduateresearch@rowan.edu.

PREREFERRAL INTERVENTION AND FOLLOW-UP: AN ANALYSIS OF THE PUPIL ASSISTANCE COMMITTEE (PAC)

by
Jocelyn Camba

A Thesis

Submitted in partial fulfillment of the requirements of the
Master of Arts Degree in School Psychology
of Rowan University
May 6, 1997

Approved by

Professor

Date Approved 5/6/97

Table of Contents

ABSTRACT

Jocelyn Camba
Prereferral Intervention and Follow-up:
An Analysis of the Pupil Assistance Committee (PAC)
1997
John Klanderman, Ph.D.
School Psychology

The purpose of this study is to descriptively analyze the interventions selected and the subsequent follow-up information of the students referred to the Pupil Assistance Committee (PAC).

The sample includes twenty one students from one New Jersey suburban elementary school which consists of kindergarten through grade six. Data was collected from actual referrals to the Pupil Assistance Committee. Additional data was collected regarding current educational placements and the status of the sample. The design of this study is a descriptive analysis. A coding instrument was used to record data from student files. The major method of data analysis is frequencies and percentages.

Results included the following: a variability of interventions was used, most of the cases were resolved, and appropriate referrals for special education services were made by PAC.

MINI - ABSTRACT

Jocelyn Camba
Prereferral Intervention and Follow-up:
An Analysis of the Pupil Assistance Committee (PAC)
1997
John Klanderman, Ph.D.
School Psychology

The purpose of this study is to descriptively analyze the interventions selected and the subsequent follow-up information of the students referred to the Pupil Assistance Committee (PAC). Major findings included the following: a variability of interventions was used, most of the cases were resolved, and appropriate referrals for special education services were made by PAC.

CHAPTER ONE

When students begin to exhibit behavioral or academic difficulties within the public education system, it is the responsibility of the school to intervene accordingly. The rising issue of school accountability was recently demonstrated in the September issue of the *Philadelphia Inquirer* which discussed plans to hold Pennsylvania teachers directly responsible for their students' performance. Upholding the designated standards will result in cash bonuses however, failure allows the Superintendent the right to transfer up to 75% of the faculty (Jones, 1996). While other states may take different measures, there is a clear sense that schools must not only promote a child's academic progress, but also investigate the factors which impede on that progress. Within the state of New Jersey it has been mandated that public schools provide interventions for children who demonstrate behavioral or academic difficulties. Naturally, differences in the intervention process will exist. As a result, school educators and administration need to examine the effectiveness of current intervention practices within their own system.

Examining the strengths and weaknesses of the current pre-referral system provides various advantages. First, the school can build a safety net around the child so that his/her educational experience is not compromised. When a child is referred to the child study team, his/her academic or behavioral difficulties have already significantly impeded on the child's learning. In contrast, the pre-referral process, or intervention occurs when mild or moderate difficulty is manifested. By examining the current pre-referral process, the school system can therefore act proactively and remediate these difficulties rather than

awaiting for the problems to develop fully. Second, the pre-referral intervention also acts as a screening process which prevents inappropriate referrals to the Child Study Team. In this sense, the more effective the pre-referral intervention process, so will be the Child Study Team because the team can concentrate on appropriate referrals rather than wasting time and resources on inappropriate referrals. Moreover, in the event that intervention has been unsuccessful and the child requires a child study team evaluation, the team will already have a baseline of information regarding the child's educational history. Thus, the need to examine the effectiveness of the state mandated interventions exists. Such research will benefit not only the school system in that it will enable the school to modify its current intervention process, but more importantly, it will promote the child's educational experience.

PURPOSE

This research represents an ongoing examination of the intervention process within a suburban public New Jersey school. Accordingly, this study was been divided into various parts, or phases.

In Phase I, the researcher analyzed documentation over the past 4-5 years from the Pupil Assistance Committee (PAC), the intervention program utilized at the above mentioned suburban public New Jersey elementary school. Specifically, in Phase I the researcher collected data from referrals, reviewed the reasons for the referrals, reported any relevant history of similar school problems, documented standardized tests scores, and provided information regarding special services received such as counseling, ESL, speech/language or basic skills.

This study will continue with the next step, or Phase II in which the purpose is to descriptively analyze the interventions utilized and the subsequent follow up information.

RESEARCH QUESTIONS

In an effort to descriptively analyze the interventions utilized and the subsequent outcomes, this study will address the following research questions: What types of interventions were selected for implementation? What is the current status of the students referred? Did

students who received specialized services continue to need these services several years later? Did pre-referral result in an effective hit rate for children who were later referred for Child Study Team evaluation? Hit rate refers to students who qualified for special education services after PAC referral. In answering these research questions, this researcher hypothesizes that the outcomes of interventions will lend support to the effectiveness of pre-referral process.

BACKGROUND

The term consultation programs was introduced in 1966 and was defined as formal procedures whereby consulting services are provided by specialists (i.e. health workers, extension agents, counselors) to individuals or groups (i.e. teachers, students, administrators, parents, communities). Generally, research on consultation programs have produced positive results (Polsgrove & McNeil, 1989 in Mannino & Shore, 1975; Medway, 1982; West & Idol, 1987; Medway & Updyke, 1985). Specific consultations used within school settings have also yielded encouraging outcomes, which will be discussed in the review of research in the next chapter.

In Conoley and Conoley (1982) various consultation models commonly utilized in the educational systems included mental health consultation, behavioral consultation, process, or organizational consultation, and advocacy consultation (Polsgrove & McNeil, 1989). More recently, special education has been particularly influenced by variations in the behavioral model, which attempts to identify and change client's behavior through the use of applied behavior analysis principles and techniques (Nelson & Polsgrove, 1984 in Polsgrove & McNeil, 1989). The use of consultation programs within school populations emerged as a result of students' rising needs.

As student population continued to grow, teachers were left with the challenge of educating a diverse group of students, each with varying behavioral and academic needs. Meeting the demands of students with learning and behavioral problems left several teachers feeling frustrated, isolated, and lacking effective strategies for working successfully with these children the classrooms. Typically, teachers responded to these difficulties by making referrals to special education (Ivarie & Russell, 1992 in Algozzine, Christenson & Ysseldyke, 1982). However, out of the 10% to 25% of the students in American

classrooms experiencing difficulties, only half met eligibility criteria for special education services, thus leaving a significant number of students in mainstream classes (Chalfant & Pysh,1989 in Will,1986). While students failed to meet criteria for special education services, they still demonstrated an array of difficulties such as poor work habits, social skills, conduct/behavior, and low self esteem (Chalfant & Pysh, 1989 in Chalfant,1984).Though such disabilities were mild to moderate, they still placed the students at risk for school failure. Research estimates that 30–40% of the general student population may be at risk for school failure (Walther-Thomas & Carter, 1993 in Williams, 1991). As a result, prereferral interventions were developed to meet the needs of students who did not qualify for special education services, yet required some form of intervention in order to prevent school failure.

As discussed in Phase I of this study, the idea of pre-referral intervention began as early as 1979 with the inception of the pre-referral intervention committees. These committees, which typically included school based staff, were formed to assist the teachers share the responsibility of interventions for difficult to teach students. This goal was realized by offering recommendations before formally referring the student to the Child Study Team using a collaborative consultation approach. Thus, the concept of collaborative consultation as a means of prereferral intervention, was operationalized through the formation of various structures, or teams. Examples of pre-referral teams included School Resource Committee (SRC), Pupil Assistance Committee (PAC), Student Success Team (SST), Mainstream Assistance Committees (MATS), and Intervention Assistance Teams (IATS). Regardless of the names, the purpose of these committees was to screen referrals prior to formal evaluation to the Child Study Team. In this way, inappropriate referrals to the Child Study Team could be prevented while at the same time, measurable changes could be made to enhance the child's academic progress.

Clearly, although the concept of collaboration as a means of prereferral intervention had been operationalized through the creation of teams, or committees, even within the framework of collaborative consultation there was more than one way to implement collaborative consultation. These differences emerged as a result of the component which the committee deemed the most important. For example, while some believe that collaborative consultation should be utilized for prereferral intervention, others contend that co teaching is the most important factor of the collaborative process. Meanwhile, others

stress the importance of a team approach and thus shared responsibility in the formation and implementation of the intervention (Glenn & Randall, 1994, in Evans 1990: Johnson & Pugach, 1991: Yocum, 1990, Friend & Cook, 1992b; Huefner, 1988; Pugach & Johnson, 1990). Despite these differences, according to Glenn and Randall (1994), there are components of collaboration which are common to all consulting models. These aspects include the following:

> "1) voluntary participation, 2)problem solving, 3)working together for a common goal (West & Idol,1987), 4)shared responsibility for the student (Friend & Cook,1992a), 5)prereferral teams (Johnson & Pugach,1991), 6)IEP's development include the classroom teacher (Idol,et al., 1986), 7)special education teacher and classroom teacher do lesson planning and teaching together (Friend & Cook,1992: Glenn, Benning, Marston, & Magnusson,1991), 8) specialists are in the classroom most of the time (Friend & Cook,1992a & b), and 10)minimal pull-out (Friend & Cook, 1992a & b)."

Thus, the complexity of interactional factors in utilizing collaborative consultation is apparent. However, in theory, using collaborative consultation within the prereferral framework serves as a vehicle to assist teachers with difficult to teach students, to decrease inappropriate referrals to the Child Study team, and subsequently enhance the delivery of education services. In the process, it provides difficult to teach students within the least restrictive environment. From the administrative level, reducing the number of formal evaluations saves unnecessary spending and allows the Child Study Team to re-allocate its resources such as time and money to appropriate referrals. From the teacher's perspective, utilizing collaborative consultation provide teachers with strategies to cope with difficult to teach students thereby enhancing their skills as educators, offer a support structure which alleviates feelings of frustration and isolation, and treat the teachers as equal members in the formation of intervention strategies and subsequent implementation.

It is the documentation of the interventions suggested from the collaborative consultation process and the subsequent follow-up information regarding the students referred to the Pupil Assistance Committee (PAC), upon which this study focuses.

DEFINITIONS

The following terms are discussed in this study and should be comprehended by the reader.

Some terms were directly derived from Phase I of this study because they continue to bear relevance to Phase II:

1. Collaborative Consultation: a systematic process of planning and problem-solving that involves team members from diverse backgrounds.
2. Consultation programs: formal procedures whereby consulting services are provided by specialists (i.e. health workers, extension agents, counselors) to individuals or groups (i.e. teachers, students, administrators, parents, communities).
3. Co-teaching: a process in which general educators and special educators share responsibilities for heterogeneous groups of students assigned to mainstream classrooms through equal responsibility in the development and implementation of classroom objectives.
4. Difficult-To-Teach: a pupil who has been identified as having a problem or difficulty in coping successfully with an academic or behavioral demand.
5. Intervention Assistance Team: school based instructional support team utilizing the process of staff collaboration to assist the classroom teacher in the development and implementation of educational strategies for meeting a variety of student needs in regular education classes.
6. Pre-Referral Intervention-refers to a teacher's modification of instruction or classroom management to better accommodate a difficult to teach pupil without disabilities.
7. Section 504 of the Rehabilitation Act of 1973: a law which protects individuals from discrimination in any institution which receives federal funds. Students in regular education who have pre existing physical or mental impairment that substantially limits one or more life activities are entitled to interventions, modifications, and strategies which will continue to enhance the student's academic experience.

ASSUMPTIONS

As stated in Phase I of this study, assumptions include the following:

1. All the data being analyzed was collected in the same, unbiased manner.
2. The regular education teacher making the referral was aware of the pre-referral, PAC, process and understood the process.
3. The sample of pupils was a random sample.
4. The investment level for follow-up and implementation of the recommended interventions was the same for all regular education teachers who made a referral.

Assumptions specific to Phase II of this study include:

5. Not only were the suggested interventions implemented, but they were also applied in a uniform, consistent manner by both teachers and parents.

LIMITATIONS

As stated in Phase I of this study, limitations were as follows:

1. This study specifies a suburban school in New Jersey and thus is not representative of all educational institutions.
2. Another limitation is that all the pupils attend the same public elementary school.

Limitations specific to Phase II of this study include:

3. Results do not account for other factors which can contribute to the student's difficulties such as environmental, social, or individual variables.

OVERVIEW

The state of New Jersey has mandated the implementation of a pre-referral process in an effort to provide intervention for the child who exhibits academic or behavioral difficulties. This study, which was divided into different phases, investigates the pre-referral process in a suburban public school located in New Jersey. Whereas research from Phase I provided analysis of the pre-referral process, this study delves into intervention issues and subsequent follow-up information regarding the students referred to the Pupil Assistance Committee (PAC). For this reason, in Chapter 2 this researcher will summarize pertinent research regarding consultation practices and its application in education. After this review of literature, the methodology, or design of this study will be discussed. Next, analysis of results will be presented in Chapter 4.

A full understanding and appreciation of the contributions which the prereferral process and the subsequent consultation provides, cannot be achieved until the reader fully grasps the concepts of consultations. For this reason, it will be advantageous to begin with reviewing the literature regarding the consultation intervention process.

CHAPTER TWO

The current trend within school systems is to provide prereferral intervention as a means of assisting teachers to accommodate difficult to teach students, to decrease inappropriate referrals to the Child Study Team, and subsequently enhance the delivery of education services. At the same time, the pre referral intervention process provides difficult to teach students with the least restrictive environment. Clearly, the prereferral intervention process possesses the potential of achieving several goals. Now that the theory had been established, educators needed a way to operationalize this concept. Consequently, committees were formed to complete this task. Though committee names and members varied from district to district, a major component of the committees included the use of collaborative consultation. Using the collaborative consultation model, team or committee members created and implemented intervention strategies for children with behavioral or learning difficulties.

COLLABORATIVE CONSULTATION

According to West and Cannon (1988) collaborative consultation is defined as follows:

> Collaborative consultation is an interactive process that enables people with diverse expertise to generate creative solutions to mutually defined problems. The outcome is enhanced, altered, and produces solutions that are different from those that the individual team members would produce independently. The major outcome of collaborative consultation is to provide comprehensive and effective programs for students with special needs within the most appropriate context, thereby enabling them to achieve maximum constructive interaction with their non-handicapped peers"(In Idol, Paolucci-Whitcomb, & Nevin, 1986, p.1).

Thus, the collaborative consultation model enables professionals within the school system to collectively offer solutions to the problems faced by difficult to teach students. Moreover, research has shown that consultation has resulted in teachers' feeling more competent to deal with current and future student problems (Graden, 1989 in Bergan, Byrnes, & Kratochwill, 1979; Curtis & Watson, 1980; Tombari & Bergan, 1978). As cited by Saver and Downes, the collaborative process is based on three assumptions. These assumptions are that teachers have the skills and knowledge to help difficult to teach pupils, problems can be resolved more effectively through a collective effort rather than individual effort, and lastly, that by being part of the process, teachers strengthen their own skills as educators (1991). Furthermore, the solutions, or interventions developed could thereby enable each student to learn in the least restrictive and most appropriate environment without needlessly labeling the child or pulling the child out of mainstream classes. The advantage of a collaborative consultation model was discussed by Wenger, who studied the behavioral and attitudinal responses of teachers after consulting within a collaborative model versus an expert approach. His findings concluded that teachers who consulted with the collaborative consultant received more favorable attitudes about consultant services than those who consulted with the expert consultant. Moreover, the collaborative consultant was rated as being significantly more attentive, successful in the development of intervention strategies, and successful in the development of interventions which were applicable to the classroom situation . However, Wenger failed to find a significant difference in the follow through of the recommendations between the collaborative and the expert approach (1979). In other research conducted by Chalfant, Pysh, and Van Dusen, for the most part teachers were satisfied with the teams and in the process, teacher morale improved and faculty communication was facilitated (1989).These findings imply that while there is a subjective interest in collaborative consultation, more research is necessary to investigate the specific components of the collaborative consultation process.

STAGES OF CONSULTATION

Several collaborative approaches utilize four phases in the consultation process. (Tindal & Taylor-Pendergast,1989; McNeil, 1989; Fuchs et al., 1994; Saver & Downes, 1991)These stages include problem identification, problem analysis, plan implementation, and problem evaluation.

During the first phase, problem identification, information is collected regarding the child's specific problem (Polsgrove & McNeil, 1989). After the problem/issue is identified, the second phase, problem analysis, begins. In this phase, a plan or intervention program is devised and then implemented in consideration with the identified problem. According to Tindal and Taylor-Pendergast (1989), this phase includes three more stages. These stages include assessing the academic and social skills and deficits and identifying variables that can be altered, establishing cooperative working relationships with consultees to devise strategies and plan interventions, and finally, surmounting resistance. The third stage of the consultation process, plan implementation, consists of incorporating the devised strategies into the student's current program. The last stage, problem evaluation, includes monitoring the implementation procedures and evaluating its effectiveness. This stage enables consultants to decide whether to continue, alter, or even abandon the intervention (Polsgrove & McNeil, 1989).

Tindal and Taylor Pendergast (1989) conducted a case study which documented the major activities in which consultants engaged. One finding is specifically noteworthy in relation to the descriptive study of this researcher. Tindal and Taylor-Pendergast found that a predominance of time was spent on problem identification and program evaluation versus a small amount on program implementation and a total absence on program development. Such a finding may have implications on the implementation effectiveness. However, as noted by Wenger (1979), the collaborative consultation process is complex in its interactional nature, thus, weaknesses in the process could be a result of the many factors involved.

Other research has provided different insights into effective collaborative consultation. West and Cannon (1988) identified competencies required by regular and special educators in the collaborative consultation process. Skills receiving the highest ratings included skills in interactive communication, collaborative problem solving, personal characteristics, and evaluation of consultation effectiveness. Furthermore, they stressed the important of pre-service and inservice training curriculum in consultation skills for both regular and special educators. Like West and Cannon, Evans (1990) also stressed the importance of inservice training. Further his research cited five additional components which would result in a successful prereferral consultation. These components included the selection of consultants, training and support for consultants, administrative sanction, parent education,

and start up funding (1990). Evans contended that together, these six elements would better meet the needs of the students (1990).

REVIEW OF RELEVANT RESEARCH

Within the past ten years, variations in the use of collaborative consultations in the form of school based teams have been implemented as a means of prereferral interventions. The concept of collaboration in schools has been operationalized through structures which include the teacher assistance team, the child study/resource team, peer collaboration, behavioral consultation, collaborative consultation, and coteaching. This section will review studies which include these structures. With the exception of the first study , a common thread throughout each study is the use of the collaborative consultation model even though the names of each approach or prereferral intervention may vary. As it is relevant to this researcher's descriptive study, particular attention will be given to problem analysis, the second phase of the process as defined above. Specifically, the remainder of the chapter is subdivided in three sections: interventions chosen to resolve the problem identified, effects upon student performance, and impact upon special education referrals.

Interventions

The first study is an example of an informal attempt by teachers to resolve academic and behavioral problems. In this sense, it is not a reflection of the collaborative consultation, but moreso exemplifies the need for such a structured process. The purpose of the first study was to describe the interventions 109 regular classroom teachers from nine states used prior to formal evaluation. Results from the study indicated that the three top ranking categories of prereferral interventions were those of Methods (29.3%), Behavioral (22.0%), and Structural Change (17.4%). Methods was defined as techniques used to teach an academic lesson or affect behavior. The three most common methods utilized included individual attention (25.0%), curriculum adjustment (19.8%), and orientation to task (18.8%). Moreover, behavioral was defined as a specifically defined approach to change identified behavior using positive or negative reinforcers. Finally, structural change was defined as changes in the amount of structure provided such as seat change, peer tutor, or working with an aide. Furthermore, when asked to note which of the prereferral interventions were implemented as the direct result of conferring with other staff, teachers responses indicated that only 13.4% were the direct result of a conference (1983). These

findings regarding the interventions utilized and the lack of collaborative effort implied a variability in prereferral interventions attempted as well as a great burden of intervention strategies placed upon the teachers. Because this intervention process lacked structured organization, it is no surprise that the outcome results were ambiguous (Yesseldyke, Pianta, Christenson, Wang, & Algozzine;1983).

A collaborative technique used by a school-based team of general and special educators, called Student Assistance Teams, attempted to design interventions which met the individual needs of the students served (McKay and Sullivan,1990). These interventions were broadly divided into three categories: whole school concerns, individual students, and referral to other agencies. The most often category utilized included interventions targeted to individual students. This consisted of

> "matching students with peer and cross-age tutors to remediate specific skill deficits, providing counseling by support and related staff members, providing student readers to tape record reading material to allow low-performing students to do more independent work, charting of grade and behaviors, and monitoring and charting of hygiene practices" (McKay & Sullivan, 1990).

Prereferral practices in Michigan were investigated based on data from a survey competed by the directors of special education(Balu, 1994). In response to one item of the survey which was regarding the nature of the interventions, instructional modifications and behavior management procedures were each identified by 47, or 96% of the directors as the most commonly used intervention. The next commonly used intervention was counseling (71%), followed by placement review/change (63%). In terms of outcomes, respondents were asked to identify how often prereferral intervention was successful based on the following choices: Always, Usually, Sometimes, Rarely, Never, No basis for determining. Thirty six, or 75% of the respondents answered "sometimes" successful. (Bahr, 1994).

Another collaborative approach is coteaching. This method was utilized in a Virginia middle school as an alternative to special education pullout programs. Generally, coteaching involved the emphasis on the development of study skills and learning strategies to help students become more effective learners. According to Walther-Thomas and Carter (1993) the role of the general educator was to provide content instruction and the role of the

special educator was to provide a broad array of direct and indirect support services to meet student needs. Examples of interventions, or responsibilities of the general educator included instruction, monitoring, and performance evaluation. Specific behavioral strategies utilized by the general educator could include additional instruction and supervision to maintain appropriate behavior (i.e. voice level, equipment care, safety recording). Meanwhile, examples of interventions, or complimentary skills as provided by the special educator, included notetaking, homework completion, essay writing. Finally, the integration, or the actual practice of skills would be possible through the development of expanded unit study guides, audio taped textbooks, cooperative learning groups, and computer assisted practice programs (Walther-Thomas & Carter, 1993 in Bauwens, et. al., 1989)

Effects upon student performance

Data summarized from five studies conducted on 96 Teacher Assistance Teams utilized in nine states reported positive impact on student performance as a result of consultative efforts (Chalfant & Pysh, 1989). One research question was "Can student performance be improved by a consultative school-based team model?" Success was measured by three criteria 1) the student achieved the intervention goal 2) the teacher and team agreed that the teacher was coping adequately 3)team support was withdrawn for at least six weeks. Using this criteria, 103, or 88.7% of the 116 students were considered "successful." Meanwhile, 54 students whose case was considered "unsuccessful" were referred to special education for testing and all 54 were found eligible for special education services (Chalfant & Pysh, 1989 in Chalfant & Pysh, 1981). Further, using the same success criteria a later study conducted by Gilmer (1985) found similar results: teams which assisted teachers with 199 students successfully resolved the problems of 143, or 72% of the students (Chalfant & Pysh, 1989).

Like Chalfant and Pysh in the study discussed above, a review of research associated with prereferral intervention was also conducted by Nelson, Smith, Taylor, Dodd, and Reavis (1991). The following studies reflect a review of research on collaborative efforts using the Teacher Assistance Team approach (TAT), the prereferral intervention model, and the Mainstream Assistance Team approach (MAT). Again, research on the effects of the prereferral interventions using a collaborative consultation model yielded positive student performance outcomes. In a case study conducted by Grabner and Dobbs (1984), a teacher

assistance team model was implemented in order to resolve one student's disruptive problem. The teacher reported the behavioral contract implemented under the TAT approach was effective (Nelson, Smith, Taylor, Dodd, and Reavis, 1991). In another case study utilizing the prereferral intervention model, the disruptive and non compliant behaviors of a first grade student was addressed. After implementation, it was shown that the student's weekly occurrences of physical aggression toward others and property were reduced from 4 to 0, spitting declined from 26 to 7, and cursing, from 23 to 13 (Nelson et al, 1991 in Zins, Graden, and Ponti, 1988). Finally, in Fuchs and Fuchs (1989a, 1989b,1990) the effects of the Mainstream Assistance Team approach upon problem behaviors of students was discussed. Results indicated that the occurrences of problem behaviors reduced after the implementation of the interventions (Nelson et al.,1991).

The effects of co-teaching, another collaborative approach, were discussed by Walther-Thomas and Carter (1993). A group of eighth graders with disabilities were selected. Co-teaching was utilized with these students in three activities: civics, foreign languages, and science. In all three activities, the scores of the students were comparable to those earned by general education students after the implementation of the co teaching strategy. In this same study, both general and special educators were also asked to evaluate student performance after the implementation of the co-teaching method. General educators of the students all noted improved class averages. Moreover, generally students in the co-taught classes performed better than students in classes teachers taught by themselves. Finally, general education teachers also noted improvements in behavior, academic performance, and class participation of the special education students over time. Similarly, the special education teachers responded favorably to the results of the co-teaching approach. Special education teachers that classroom behavior (i.e. participation, rule compliance, peer interactions) and written work (i.e. quality, amount) of the students with disabilities improved (Walther-Thomas, and Carter, Kathy, 1993).

Impact on special education referrals

Other outcomes of a collaborative consultation model are provided by Saver and Downes in their research of the School Peer Intervention Team, referred to as the PIT Crew(1991). Consisting of collaborating classroom teachers, specialty area teachers, and support staff, the PIT Crew consulted with one another to develop intervention strategies to assist difficult to teach students. Two significant conclusions were drawn as a result of the

implementation of the PIT Crew as a prereferral intervention method between the years of 1984-1991. First, as PIT Crew referrals increased, formal evaluations for special education services decreased. Secondly, with the decrease in formal evaluation referrals, the placement rate for those children who were actually tested increased dramatically, with the exception of the 1990-91 year. Clearly, the PIT Crew was successful in this elementary school. Moreover, a unique aspect of this collaborative consultation process was that within the school's district, the PIT Crew was not used as a mandatory prereferral service, rather, it was one in which teachers were encouraged to participate. (Saver & Downes, 1991).

One research question in the descriptive study of Chalfant & Pysh (1989) was "What impact do teams have on the referral and identification process for special education?" Data from 42 teams that assisted teachers with 386 students found that 386 (21%) were referred for formal evaluation. Moreover, 76 (93%) were found eligible for special education services, thus only 6 students were found ineligible (Chalfant & Pysh, 1989 in Chalfant & Pysh, 1981, 1985; Gilmer, 1985). In another study, the implementation of teams resulted in a 63.3% drop in the number of inappropriate referrals (Chalfant & Pysh, 1989 in Talley, 1988). Since the average cost of evaluation amounted to $1,200/student, the teacher assistance teams were therefore able to save at least $16,800. Not only was money saved, but so was the time of the special education personnel to work with appropriate referrals (Chalfant & Pysh, 1989 in Talley, 1988).

These results are similar to the review of research conducted by Nelson, Smith, Taylor, Dodd, and Reavis upon pre referral interventions (1991). The following studies reflect a review of research on prereferral interventions using the School Consultation Committee approach (SCC), the prereferral intervention model, and Teacher Resource Teams method(TRT). As mentioned earlier, while the names of the approaches may differ, all methods utilized a collaborative consultation model. First, in the case study conducted by McGlothlin (1981) regarding the effect of the School Consultation Committee, it was reported that there was a 50% decrease in referrals for formal assessment (Nelson, Smith, Taylor, Dodd, and Reavis,1991). Second, the prereferral intervention model in Graden, Casey, and Christenson (1985) resulted in a reduction of formal assessment and special education classification rates for four of the six schools studied. However, there was an increase in the number of students formally assessed and then placed in special education in

the remaining two schools. Finally, the results of the implementation of Teacher Resource Teams (TRT's) in Maher indicated a decrease in the number of referrals for special education from 15.0 to 6.8 in one of the high schools, and a reduction from 13.8 to 5.8 in the other high school in which the TRT's was implemented (Nelson, et al.,1991).

Results from the use of another form of prereferral intervention, Mainstream Assistance Teams, yielded similar findings (Fuchs, Fuchs, & Bahr, 1990). The pupil sample included difficult to teach students without disabilities. Furthermore, staff within the collaborative effort included 60 general educators and 22 consultants. Analysis indicated that referrals for testing decreased and also a possible reduction in special education placement. Specifically, of the 24 students exposed to long-term and short term intervention, respectively, 3 (13%) and 2 (8%) were referred to special education at the end of the school year. Among the 12 control pupils, 6 (50%) were referred to special education (Fuchs, et. al., 1990). Thus, there were less students referred to special education in the group exposed to prereferral intervention, than the control group.

Similarly, a prereferral intervention system was implemented in six schools (Graden, Casey, & Bonstrom, 1985). A primary focus of this research was the evaluation of the effectiveness of the prereferral intervention model. Positive outcomes were determined by the impact on referral rates, testing rates, and placement rates. Across all six schools, overall positive results were seen in Schools 3, 4, 5, and 6. Specifically, testing in School 3 decreased 32% in Year 2 and an additional 24% in Year 3. Meanwhile, in Schools 4, 5, and 6 findings indicated significant decreases in numbers of students tested, and significant decreases in numbers of students placed in special education. Specifically, there was a 66% decrease of number of students tested (from 91 to 31) and a 73% decrease in number of students placed in special education (from 55 to 15). However, it should be noted that in Schools 1 and 2, there was little impact of the prereferral intervention system upon testing and placement (Graden, et. al., 1985).

A presentation at the 68th Annual Convention of The Council for Exceptional Children discussed the collaborative technique called the Student Assistance Teams (McKay & Sullivan, 1990). All eight schools studied demonstrated a decrease of the number of referrals made for special education services. This decrease ranged from 28% to 78% reduction. Secondly, a decrease was also demonstrated in the number of "No

Exceptionality" evaluations. The "No Exceptionality" students represented students who were referred for special education services but did not quality for such services. As a result of the SAT's, the number of "No Exceptionality" evaluations were reduced in all eight schools. This decrease ranged from 10% to 100% (McKay & Sullivan; 1990).

Finally, Ivarie and Russell conducted a study on the impact on referrals to special education when school based teams received training in collaborative consultation and prereferral intervention. One research question posed in this study was "Will the use of a peer collaboration process increase the percentage of 'verifiable' referrals to special education?" Verifiable referrals were defined as referrals, which after case study, qualified for special education services. The collection of data of 20 teams over a two year period indicated that the collaborative consultation increased verifiable referrals and at the same time, provided timely support to classroom teachers with students not qualifying for special education services. In year one of the study, verifiable referrals to special education was at 86%, as opposed to the previous years in which verifiable referrals ranged from 17% to 84%. Moreover, in year two of the study, verifiable referrals reached 92%, as opposed to the 36% to 72% verifiable referrals prior to the implementation of the school based team process (Ivarie & Russell, 1992).

SUMMARY

In this chapter, relevant research regarding prereferral interventions utilizing the collaborative consultation method was presented. Initially, an in-depth definition of collaborative consultation was provided, followed by a discussion of the consultation stages. As discussed, the concept of collaboration in schools was operationalized through structures which included the Student Assistance Team (SAT), co-teaching, School Peer Intervention Team (PIT Crew), Teacher Assistance Team (TAT), prereferral intervention model, Mainstream Assistance Team (MAT), School Consultation Committee approach (SCC), Student Assistance Team (SAT) and the Teacher Resource Team method (TRT). In the review of relevant research, special attention was given to interventions utilized, effects upon student performance, and the impact on special education referrals. Research revealed a variability in interventions used in the collaborative process. However, generally, school based teams were effective in improving students' academic and/or behavioral performance. Furthermore, collaborative teams were also effective in reducing

the number of students referred to special education who were ineligible for special education services. In sum, the review of relevant research revealed that consulting models of various types demonstrated a variability in interventions and resulted in improved student performance, fewer inappropriate referrals for special education, and subsequently reduced formal evaluation costs and the re-allocation of special education resources for appropriate students.

CHAPTER THREE

As mentioned in the first chapter, this research represents an ongoing examination of the intervention process within a suburban public New Jersey school. Accordingly, this study has been divided into various parts, or phases. The current study will continue with the next step, or Phase II in which the purpose is to descriptively analyze the interventions utilized and the subsequent follow-up information regarding the students referred to the Pupil Assistance Committee (PAC). In an effort to descriptively analyze the interventions and outcomes, this study addresses the following research questions, which were considered prior to the development of a coding instrument: What types of interventions were selected by PAC for implementation? What is the current status of the students referred to PAC? Did students who received specialized services continue to need these services several years later? Did prereferral result in an effective hit rate for children who were later referred for Child Study Team evaluation?

This chapter focuses on the design of the study. Specifically, the sample, measures of operation, design, procedure, and hypothesis is discussed.

SAMPLE

Subjects were a total of twenty one students from one elementary school which consisted of grade levels K through 6th. The school was located in an upper middle class area of southern New Jersey. Data was collected from actual referrals to the committee for prereferral intervention within the previous five to six years, the same length of time in which the committee had existed in this elementary school.

Information from phase I of this study provided the following demographic information on the sample (Cruise, 1996). First, student files were from academic years 1992, 1993, 1994, and 1995. Furthermore, there were ten referrals from 1993, ten referrals from 1994, and one from 1992. At the time Phase I began, all referrals from 1995 were still pending the decision of the committee. Next, more male students (57.1%) than female students (42.9%) were referred to the prereferral committee. Third, with the exception of third and fifth grade, an even distribution of students referred between grade levels was demonstrated. In the third and fifth grade, there were no referrals (0.0%) to the committee. Moreover, most of the referrals to the committee occurred in the first grade (28.6%), followed by second grade (23.8%). Fourth, the majority of the referred students received special services for low Reading levels. Specifically, Basic Skills was necessary for 81% in the subject of Reading, while only 52% required basic skills for the subject of math. Finally, a predominance of students were referred to the committee for academic and behavioral reasons.

MEASURES

In an effort to answer the research questions, a coding instrument was developed in order to record relevant data. With the exception of the first research question regarding the interventions utilized, data was collected by a coding instrument developed by the researcher. Interventions were first coded into intervention categories developed by the researcher. Afterwards, the coding instrument developed by Ysseldyke, Pianta, Christenson, Wang, and Algozzine (1983) in their research of prereferral interventions was modified to match the categories developed by the researcher. Then, prereferral interventions were coded into categories developed to reflect specific types of interventions. These categories included: Instructional Modifications, Behavior Management Procedures, Structural change, Specialized Help, Informational, Materials, Child Study Referral, and Miscellaneous. This modified coding instrument has been tested for inter-rater reliability with two raters. Inter-rater agreement averaged 87.8% with 14% of the sample coded. The coding system for the categories of interventions selected for implementation by PAC is indicated in Table 3.1.

Table 3.1 - Intervention Approaches Selected by PAC

(1) Instructional Modifications

Techniques or methods used to teach an academic lesson or affect behavior. Examples include: attention, small groups, curriculum changes, repetition of directions, prompts such as a secret signal, job/chore in school, alternative home/school assignments, affective responses, additional tasks, and a change of expectations regarding performance.

(2) Behavioral Management Procedure

Specifically defined approach to change identified behavior using positive or negative reinforcers. Examples include: use of rewards such as response cost system, encouragement, tangible reinforcers, encouragement of positive behavior and ignoring of inappropriate behavior.

(3) Structural change

Changes in the amount of structure provided for the student. Examples include seat change, peer tutor/buddy system, adult mentor/interaction with adult or older students, private tutor, and homework planner to be signed.

(4) Specialized Help

Additional specialized assistance. Examples include: speech therapy, counseling, and basic skills help or other compensatory assistance.

(5) Informational

Additional information regarding student requested. Examples include: conference with parents, and meeting with teachers or specialists.

(6) Materials

Specifically identified materials. Examples include: tapes, AV materials, use of computer, tactile or manipulative items, tapes with headphones, or other specification necessary.

(7) Miscellaneous **(8) Referral to Child Study Team**

Source: Adapted from Ysseldyke, JE; Pianta, B; Christenson, S;Wang, J; and Algozzine, B. (1983).

The coding instrument to address the remaining research questions is in the format of a questionnaire. This questionnaire makes specific inquiries about the information of students referred to PAC. For example, one inquiry of the questionnaire includes, "What is the current status?" 01 = case closed/no follow-up or evaluation needed; 02 = child moved/ whereabouts unknown; 03 = Child Study Team referral and classification; 04 = Retention; 05 = Case open/Continue with PAC. Current status refers to answering the question "Where are the students now?" and for this reason, focuses upon the immediate status. Consequently, if the child's case was closed in 1994 and the student has moved since then, the status of the student would be coded as 02 = child moved/current whereabouts unknown rather than 01 = case closed.

After all answers from the questionnaire have been coded, frequencies are then processed which will be presented in the next chapter. Furthermore, the Appendix provides a detailed description of the coding instrument.

DESIGN

The design of this study is a descriptive analysis of students referred to the prereferral intervention committee in one elementary school located in an upper middle class area of southern New Jersey. An appropriate coding instrument has been developed to record the information regarding students referred. After all information has been collected, frequencies and percentages will be processed.

PROCEDURE

The consent for this study was obtained from the school board of the school district which gave permission for this study. Afterwards, the actual files of twenty one students referred for prereferral intervention over the past 5 - 6 years were reviewed and the information regarding interventions selected was collected. Then, in order to describe the follow-up information, the same twenty one students were tracked forward and data regarding their current educational placement and status was obtained. Afterwards, a coding instrument was developed in order to record pertinent information. Finally, frequencies and percentages were processed.

HYPOTHESIS

The design of this study is a descriptive analysis of students referred for prereferral intervention. The purpose is to descriptively analyze the interventions utilized and the subsequent follow-up information regarding the students referred to the Pupil Assistance Committee (PAC). In an effort to complete this analysis, this study addresses specific research questions which was previously discussed. In answering the research questions, this researcher hypothesizes that the outcomes of the interventions will lend support to the effectiveness of the prereferral process. Effectiveness of the prereferral process will be based primarily upon results from the fourth research question, "Did prereferral result in an effective hit rate for children who were later referred for evaluation?" Effective hit rate refers to PAC referrals which qualified for special education services after child study team evaluation.

SUMMARY

In an effort to descriptively analyze the interventions and the follow-up information regarding the students referred to PAC, this chapter restates the research questions. In answering the research questions, it is hypothesized that the answers of the analysis will lend support to the effectiveness of the prereferral process. The sample included twenty one students from one elementary school located in an upper middle class area of southern New Jersey. Data was collected from actual referrals to the committee for prereferral intervention over the past 5 - 6 years. Additional data was also obtained regarding the current educational placement and status of the sample. In order to record information, a coding instrument was developed. Frequencies and percentages were then processed.

CHAPTER FOUR

In an effort to descriptively analyze the interventions used and the subsequent follow-up information regarding the students referred to a prereferral committee, this study addresses the following research questions: What types of interventions were selected for implementation by PAC? What is the current status of the students referred? Did students who initially received specialized help or compensatory assistance, continue to receive these services several years later? Did prereferral result in an effective hit rate for children who were later referred for Child Study Team evaluation? Specialized services includes basic skills help, counseling, speech/language, and English as a second language (ESL). In addition, the term hit rate refers to students who were referred for special education services and qualified, or found eligible for special education services. In answering these research questions, it is hypothesized that the outcomes of interventions will lend support to the effectiveness of the prereferral process. Effectiveness of the prereferral process will be based primarily upon results from the fourth research question, "Did prereferral result in an effective hit rate for students who were later referred for evaluation by the Child Study Team?"

Prereferral Interventions

Information regarding interventions used were collected based on the actual files of 21 students referred for prereferral intervention. Responses (N = 88) were coded into the following eight categories: Instructional Modifications, Behavioral Management Procedures, Structural Change, Specialized Help, Informational, Materials, Referral to Child Study Team, and Miscellaneous. Frequencies of the occurrence of these categories

appear in Table 4.1. As indicated, the most common approach used in prereferral interventions included Structural Changes (20.5%), followed closely by Informational (19.3%) and Instructional Modification (18.2%). The remaining categories of interventions occurred with frequencies between 2% and 13.6%.

Table 4.1

Percentages of Prereferral Interventions Selected for Implementation

PREREFERRAL INTERVENTION	N	%
Instructional Modification	16	18.2
Behavioral Management Procedure	12	13.6
Structural Change	18	20.4
Specialized Help	11	12.5
Informational	17	19.3
Materials	6	6.8
Referral to Child Study Team	6	6.8
Miscellaneous	2	2.3
TOTAL	88	100.0

Table 4.2

Percentages of Prereferral Interventions Classified Within the Structural Change Category

STRUCTURAL CHANGE	N	% of Structural Change Interventions	% of Total Interventions
Peer tutor/Buddy system	13	17.2	14.8
Older student/adult mentor	2	11.1	2.3
Homework planner	2	11.1	2.3
Seat change	1	5.5	1.1
TOTAL	18	100.0	20.5

Since the Structural Change category accounted for the most frequently used prereferral intervention category, these responses (N=18) were further categorized into the following: peer tutor/buddy system, older student/adult mentor, homework planner and seat change. As demonstrated by the frequencies and percent occurrence for these categories represented in Table 4.2, the most common Structural Change intervention was peer tutor/buddy system (72.2%), which also accounted for 13, or 14.8% of the total interventions used.

Current Status

The 21 students were tracked forward and data was obtained regarding their current status. The data presented in Table 4.3 indicate that none of the 21 student cases were currently open or continuing with the prereferral intervention committee. In fact, most, or 12 (57.1%) of the cases were closed.

Table 4.3

Current Status of Referrals to Prereferral Intervention Committee

STATUS	N	%
Case Closed/ No follow-up or evaluation needed.	12	57.1
Child Moved/Whereabouts unknown	5	23.8
Child Study Team Referral and Classification	3	14.3
Retention	1	4.8
Case Open/Continue with PAC	0	0.0
TOTAL	21	100.00

Specialized Services

Frequencies and percentages were conducted to determine if students who initially received specialized services continued to receive these services several years later. As indicated in Table 4.3, the current whereabouts of five students were unknown. Because follow-up information was unavailable for those five students, the results which follow in Table 4.4 represent the remaining 16 students. Table 4.4 demonstrates that the majority of the remaining 16 students who initially received specialized services did not continue to receive these services several years later.

Table 4.4

Percentages of students who continued to need specialized services

SPECIALIZED SERVICE	(N) INITIALLY RECEIVED SERVICES	(N) CONTINUED SERVICES	%
Basic Skills Reading	12	4	33.3
Basic Skills Math	9	2	22.2
ESL	2	0	0.0
Counseling	3	0	0.0
Speech/Language	2	1	50.0

Hit Rate

It was hypothesized that the outcomes of the interventions would lend support to the effectiveness of the prereferral process. Effectiveness of the prereferral process was based primarily upon the results from the last research question, "Did prereferral result in an effective hit rate for students who were later referred for evaluation?"

As previously indicated by Table 4.1, six students were initially referred to the Child Study Team for evaluation by the Pupil Assistance Committee (PAC). However, of those six students, three were not evaluated. In one instance, the reason the student was not tested was because the child moved. In the remaining two cases, the parents were not amenable to a Child Study Team evaluation, thus the child was not tested. However, out of the three students who were tested by the Child Study Team, all three were found eligible for special education services. Furthermore, these three students were classified Perceptually Impaired. Because prereferral intervention resulted in a 100% hit rate for students who were later referred for Child Study Team Evaluation after PAC referral, the results do in fact lend support to the effectiveness of the prereferral process.

SUMMARY

This study addressed specific research questions regarding the interventions used by a prereferral committee and the subsequent follow-up information. The results to these

questions include the following. First, the most common prereferral intervention used by the Pupil Assistance Committee was Structural Change which consisted of changes in the amount of structure provided for the student. Second, information regarding the current status of the cases demonstrate that a most of the student files were closed, or did not need further follow-up. Third, a majority of the students who initially received specialized services did not continue to receive these services several years later. Finally, prereferral intervention resulted in a 100% hit rate for students who were later referred for Child Study Team Evaluation after PAC referral, thus lending support to the effectiveness of the prereferral process.

CHAPTER FIVE

The state of New Jersey has mandated the implementation of a prereferral process in order to provide intervention for the child who exhibits academic or behavioral difficulties. This study represented an ongoing examination of the prereferral intervention process of the Pupil Assistance Committee (PAC) in a suburban public school located in South Jersey. Accordingly, this study has been divided into three parts, or phases. In Phase I, the purpose of the research was to analyze documentation over the previous 4 - 5 years from PAC. The current study continued with the next step, or Phase II in which the purpose was to descriptively analyze the interventions used and the subsequent follow-up information of the students referred to PAC.

In analyzing interventions and outcomes, this study addressed the following research questions: What types of interventions were selected for implementation by the Pupil Assistance Committee (PAC)? What is the current status of the students referred? Did students who received specialized services continue to receive these services several years later? Did prereferral result in an effective hit rate for students who were later referred for Child Study Team evaluation? Specialized services included basic skills help, counseling, speech/language, and English as a second language (ESL). In addition, the term hit rate refers to PAC referrals which were found eligible for special education services. In answering these research questions, it was hypothesized that the outcomes of the interventions would lend support to the effectiveness of the prereferral process.

The sample included twenty one students from one elementary school which consisted of grade levels K through 6th. The school was located in an upper middle class area of southern New Jersey. Data was collected from actual referrals to the committee for prereferral intervention from academic years 1992, 1993, 1994, and 1995. Additional data

was also obtained regarding the current educational placement and status of the sample. In order to record information, a coding instrument was developed. This coding device is enclosed in the Appendix. Frequencies and percentages were then processed in order to answer the research questions.

Results of the coded information included the following. First, the most common prereferral intervention category (N = 88) used by the Pupil Assistance Committee was Structural Change (20.4%), which consisted of changes in the amount of structure provided to the student. Furthermore, the most frequent intervention of the Structural Change category was the use of a peer tutor/buddy system, which accounted for 13, or (72.2%) of the category. Closely following the Structural Change category was Informational (19.3%), and Instructional Modification (18.2%). Second, information regarding the current status of the cases demonstrated that most (57.1%) of the student files were closed, or no follow-up or evaluation was needed. Third, the majority of students who initially received specialized services did not continue to receive these services several years later. Finally, out of the three students who were referred by PAC and evaluated by the Child Study Team, all three were found eligible for special education services. Thus, the prereferral intervention process resulted in a 100% hit rate.

DISCUSSION

The results of this study demonstrate that the goals intended regarding prereferral intervention practices and the collaborative consultation process were achieved.

Intervention

Prior to the use of collaborative consultation in the prereferral process, teachers were left alone to deal with difficult to teach students. This burden of responsibility left teachers feeling isolated, frustrated, and lacking effective strategies for working successfully with these children in the classrooms. In contrast, results from this research indicate that the responsibility of the implementation of the interventions did not lie solely upon the teacher. Instead, the variability of the interventions selected demonstrate actions on the part of the students, parents, and teachers. As previously mentioned, the three most common intervention categories were Structural Change, Informational, and Instructional Modification. Structural Change predominantly involved the use of peer tutors/buddy

system, Informational involved meeting with parents and/or specialists, and Instructional Modifications involved the teachers technique to teach an academic lesson. Because the burden of responsibility did not fall solely upon the teachers and instead was shared by others, the intervention process thus reflects a collaborative process.

Current Status

Another purpose of the prereferral intervention process was to meet the needs of difficult to teach students in order to prevent school failure. Similarly, the results regarding the current status of the students referred to PAC indicate that the needs of the students were met.

The majority of the cases, or 12 (57.1%) were closed. Cases were closed by the Pupil Assistance Committee under the premise that no follow-up was needed. Furthermore, six students with significant academic or behavioral problems were later referred to the Child Study Team, and half of those students were tested and classified Perceptually Impaired. These results imply that the Pupil Assistance Committee succeeded in meeting the needs of most of the students because the committee resolved most of the cases. Any cases which were not formally resolved were a result of external factors such as the child moving. Another external factor which interfered with case resolution for students referred to the Child Study Team included parental pressure. Out the three students who were initially referred but were not tested, one case was due to the child moving, and the remaining two cases was because the parents were not amenable to allowing their children to be evaluated. While other arrangements were made to meet the needs of the two children, the effectiveness of the Pupil Assistance Committee was impaired by lack of parental support and permission for testing.

Parental pressure is but one factor which can influence the prereferral intervention process. Other variables which can positively or negatively affect the process include teacher/staff pressure, private clinician pressure, and systemic pressure. The issues raised by the results from the current status reflect that prereferral process does not exist within a vacuum and can be sharply affected by other factors.

Specialized Services

A significant finding regarding the continuation of specialized services was that all students who continued to receive specialized services years later, were currently attending the

elementary school. Of particular point of interest is the fact that there were no students who continued to receive specialized services who currently attended middle or high school. The reason for this discrepancy between elementary school and higher grade levels may be that the elementary school environment is more conducive to providing more supportive programming for its students than the middle or high schools. If this is the case, then educators would need to investigate this matter further to ensure that the middle and high school students are receiving the full education to which they are entitled. Another possibility may simply be that the needs of the students were remediated in the elementary schools and the same students no longer needed supportive programming. If the latter scenario were the reason, then clearly, the prereferral intervention process met the goal of providing difficult to teach students with the least restrictive environment.

The issue of decreased supportive programming in the middle and high schools is not the only factor which muddles conclusions from the results regarding the continuation of specialized services. Another factor is the nature of the specialized services described in this study. For instance, compensatory assistance such as basic skills help in math and reading are designed for younger students. Therefore, it is not expected that the child will continue to need this service in the middle and high school. In fact, ethically, a child should not be granted graduation from elementary school without mastering the basic skills of math and reading. Moreover, there were no more than three children in each category who initially received the remaining specialized services in English as a second language (ESL), counseling, and speech/language. With such a small original number, findings regarding the continuation of these services is limited.

In short, results regarding students who continued to receive specialized services leaves much for speculation.

Hit rate

Another purpose of the prereferral intervention process is to decrease inappropriate referrals and subsequently enhance the delivery of education services. By making appropriate referrals for special education services, the committee saves unnecessary spending and allows the Child Study Team to re-allocate its resources of time and money to appropriate referrals. Similarly, results regarding the hit rate of the Pupil Assistance Committee (PAC) in this study indicates that the committee not only succeeded in meeting this goal, but also compares well to national and state classification trends.

All three students who were evaluated by the Child Study Team were classified Perceptually Impaired and subsequently found eligible for special education services, thus demonstrating a 100% hit rate. According to the 1994-1995 New Jersey School Report Card for this elementary school, the enrollment was approximately 500 students (pg. 4). Consequently, 0.6% of the school's population was classified. This figure falls below national and state figures. The Fall 1994/Winter 1995/Spring 1995 publication of *The New Jersey School Psychologist* cited the following state and national statistics. First, national figures indicated that a few years beforehand, 4% of its youth were identified as handicapped. In contrast, the state of New Jersey was classifying twice the amount, or 8% of its population as being handicapped. Second, this publication cites that currently, even more, or 11% of New Jersey youths are classified as learning disabled. Moreover, of all the students classified, 6.4% are classified Perceptually Impaired. The three students which were evaluated by the Child Study Team in this study were also classified Perceptually Impaired, however, they constituted only 0.6% of the school's population. Clearly, the comparison of students classified in this study as opposed to state and national classification trends indicate that the Pupil Assistance Committee in the elementary school of this study has not fallen prey to overclassification of students.

IMPLICATIONS FOR FUTURE RESEARCH

Due to the descriptive nature of the research design and the small sample size, generalizations regarding collaborative consultation within the prereferral intervention process must be made carefully. Instead, results from this study offer information to the Pupil Assistance Committee of the elementary school which may be helpful in assessing areas which need improvement and areas should be maintained. In this sense, while this study does not offer definitive insights regarding the prereferral intervention process, the information does offer some avenues for further investigation.

One avenue for future investigation includes the "miss rate." Clearly, the results that all three students referred by PAC were found eligible for special education services reflects positively upon the Pupil Assistance Committee. However, it would also be worthwhile to know how many students should have been evaluated, but were not. Second, is a similar concern. Most of the students who initially received specialized services did not continue

to receive these services years later. On one hand, these results can imply that the Pupil Assistance Committee was successful in supporting the needs of the students so that they no longer needed supportive programming years later. At the same time, however, it would again be worthwhile to find out the "miss rate," or the number of students who needed specialized services but did not receive them. Particularly in large schools, students can easily become lost in the system. For this reason, understanding both the "miss rate" integrated with the "hit rate" would be beneficial to schools.

Another improvement which could be made involves assessing student success. This study provides follow-up information and not specific outcomes. This study can be strengthened by conducting future research that measures the effect of student performance as a result of collaborative consultation within the prereferral intervention process. The issue regarding subjective support for the prereferral process versus its actual efficacy remains an issue. However, one approach has already been addressed by Chalfant and Pysh (1989). As described in Chapter 2, their operationalization of the term "success" led to concrete support for the prereferral process. Consequently, future research can integrate the research of Chalfant and Pysh with this study.

Finally, if this study were to be repeated, some modifications would need to be made as a result of the weaknesses which limited this study. First, the most significant limitation in this study was the small sample size which subsequently became smaller when an attempt was made to follow up upon the students. Specifically follow-up information was available for only 16 out of the total 21 students. This problem could be addressed by beginning with a larger sample at the first phase of the study. With a larger initial sample, any subjects of the sample which were unavailable for follow-up would have less of a significant impact than in this study. Naturally, the number of students referred to the Pupil Assistance Committee (PAC) cannot be controlled, however, it would be beneficial if it were possible to begin with a larger sample. Next, a second limitation was the coding instrument for the interventions selected by PAC. Inter rater agreement was tested with only two other raters which subsequently compromised the validity of the instrument. In the future, the tool used to code interventions should be tested with at least six other raters. A final limitation of this study included its descriptive nature which consequently prohibits making causal relationships between factors. As mentioned earlier, the subjective response

for the prereferral process is generally positive, however educators need empirical data which determines effective components of the collaborative consultation process. Such research would not only benefit the school system in modifying its current process, but more importantly, it would promote the child's educational experience.

REFERENCES

Bahr, Michael W. "The Status and Impact of Pre-Referral Intervention: We Need A Better Way to Determine Success." Psychology in the Schools. 31.4 (October 1994): 309-318.

Chalfant, James C. and Pysh, Margaret Van Dusen. "Teacher Assistance Teams: Five Descriptive Studies on 96 Teams." Remedial and Special Education. 10.6 (November/December 1989): 49-58.

Cruise, Kelly A. "A Descriptive Analysis of Students Referred to a Prereferral Intervention Committee." Thesis. Rowan College of New Jersey, 1996.

DeMeritt, Stephen E. "The Overclassification of the American Child." The New Jersey School Psychologist. 13: 1 - 3 (Fall/1994/Winter 1995/Spring 1995): 1-11.

Evans, Robert. "Making Mainstreaming Work Through Prereferral Consultation." Educational Leadership. 48.1 (September 1990): 73-77.

Flugum, Kristi R. and Reschly, Daniel J. "Prereferral Interventions: Quality Indices and Outcomes." Journal of School Psychology. 32.1 (Spring 1994): 1-14.

Fuchs, Douglas, Fuchs, Lynn, S., and Bahr, Michael. "Mainstream Assistance Teams: A Scientific Basis for the Art of Consultation." Exceptional Children. 57.2 (October-November 1990): 128 -139.

Glenn, Cheeri and Randall, Vance. "Collaborative Consultation in a Rural School." Ed. Diane Montgomery. Proceedings of the Annual Conference of the American Council on Rural Special Education (ACRES). "Rural Partnerships: Working Together." Austin, Texas, (14th, March 23-26, 1994).

Graden, Janet L. "Redefining 'Prereferral Intervention' as Intervention Assistance: Collaboration between General and Special Education." Exceptional Children. 56.3 (November 1989): 227-231.

Graden, Janet L., Casey, Ann, and Bonstrom, Orlin. "Implementing a Prereferral Intervention System: Part II. The Data." Exceptional Children. 51.6 (April 1985): 487 - 496.

Ivarie, Judith J. and Russell, Joy. "School Based Teams: Can They Increase 'Verifiable' Referrals to Special Education?" Paper presented at Teacher Education Division of the Council for Exceptional Children Conference "Transactions: Changing and Affecting Change," Cincinnati, Ohio (November 11-14, 1992): 1-16.

Jones, Richard. "In Philadelphia, schools' fortunes will turn on their performance." *Philadelphia Inquirer.* September 10, 1996.

McKay, Bennie and Sullivan, Jackie. "Effective Collaboration: The Student Assistance Team Model." Paper presented at the Annual Convention of the Council for Exceptional Children, Toronto, Canada (68th, April 23-27, 1990): 1-13.

Nelson, J.R., Taylor, L., Dodd, J.M., and Reavis, K. "Prereferral Intervention: A Review of the Research." Education and Treatment of Children. 14.3 (August 1991): 243-253.

" New Jersey School Report Card." (1994 - 1995) : 1 - 12.

Polsgrove, Lewis and McNeil, Mary. "The Consultation Process: Research and Practice." Remedial and Special Education. 10.1 (January/February 1989): 6-13.

Saver, Kerry and Downes, Barbara. "PIT Crew: A Model for Teacher Collaboration in an Elementary School." Intervention in School and Clinic. 27.2 (November 1991): 116-122.

Tindal, Gerald A. and Taylor-Pendergast, Susan J. "A Taxonomy for Objectively Analyzing the Consultation Process" Remedial and Special Education. 10.2 (January/February 1989): 6-16.

Wender, Ralph D. "Teacher Response to Collaborative Consultation." Psychology in the Schools. 16.1 (January 1979): 127-131.

West, Frederick J. and Cannon, Glenna S. "Essential Collaborative Consultation Competencies for Regular and Special Educators." Journal of Learning Disabilities. 21.1 (January 1988): 56-63.

Walther, Thomas, Chriss, S., and Carter, Kathy L. "Cooperative Teaching: Helping Students with Disabilities Succeed in Mainstream Classrooms." Middle School Journal. 25.1 (September 1993): 33-38.

Ysseldyke, J.E., Pianta, B., Christenson, S., Wang, J., and Algozzine, B. "An Analysis of Prereferral Interventions." Psychology in the Schools. Vol. 20. (April 1983): 184-190.

APPENDIX

STUDENT INFORMATION

Student/Case Number

01	08	15
02	09	16
03	10	17
04	11	18
05	12	19
06	13	20
07	14	21

Intervention Category Selected by PAC

01 = Instructional Modification
02 = Behavioral Management Procedure
03 = Structural Change
04 = Specialized Help
05 = Informational
06 = Materials
07 = Miscellaneous
08=Child Study Team Referral

Initial Specialized Services

Did student receive Basic Skills Reading?
01 = Yes 02 = No

Did student receive Basic Skills Math?
01 = Yes 02 = No

Did student receive ESL Services?
01 = Yes 02 = No

Did student receive counseling?
01 = Yes 02 = No

Did student receive Speech/Language Services?
01 = Yes 02 = No

Current Specialized Services

Does student receive Basic Skills Reading?

01 = Yes 02 = No

Does student receive Basic Skills Math?

01 = Yes 02 = No

Does student receive ESL Services?

01 = Yes 02 = No

Does student receive counseling?

01 = Yes 02 = No

Does student receive Speech/Language Services?

01 = Yes 02 = No

Continued Specialized Services?

Did student continue to receive Basic Skills Reading?

01 = Yes 02 = No

Did student continue to receive Basic Skills Math?

01 = Yes 02 = No

Did student continue to receive ESL Services?

01 = Yes 02 = No

Did student continue to receive counseling?

01 = Yes 02 = No

Did student continue to receive Speech/Language Services?

01 = Yes 02 = No

Current Status

01 = Case closed

02 = Child moved/Whereabouts unknown

03 = Child Study Team referral and evaluation

04 = Retention

05 = Case open/continue with PAC

If Child Study Team Evaluation:

Found Eligible for Special Education Services? 01=Yes 02=No

If Determined Eligible for Special Education Services:

Classification date and category of classification