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# Intervention and Referral Services: student and teacher support team or roadblock to special education?

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**INTERVENTION AND REFERRAL SERVICES: STUDENT AND TEACHER  
SUPPORT TEAM OR ROADBLOCK TO SPECIAL EDUCATION?**

by  
Joshua W. Brown

A Thesis

Submitted to the  
Department of Learning Disabilities  
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In partial fulfillment of the requirement  
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## **Abstract**

### INTERVENTION AND REFERRAL SERVICES: STUDENT AND TEACHER SUPPORT TEAM OR ROADBLOCK TO SPECIAL EDUCATION?

2011

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Master of Arts in Learning Disabilities

The purpose of this research study was to investigate the effect of the Intervention and Referral Services (I&RS) process in a pre-kindergarten through 3<sup>rd</sup> grade elementary school in Southern New Jersey. In an attempt to identify student outcomes, as well as teacher and team member perceptions of the process, a log of I&RS meetings was reviewed. The resulting data suggested that slightly less than half of the students referred through the process over the 2009/ 2010 school year were either retained the following school year or eventually found eligible for special education. Results of a survey given to team members showed that most feel as though the process itself is a formality taken prior to retaining a child or receiving special education and slightly more than half of team members perceived the process as an effective means of improving student performance in the classroom. Results of a teacher survey mirrored these aforementioned results. While team members' responses reflected a lack of training regarding research-based interventions in regard to both academic and behavioral instructional strategies, each member was open to receiving more training and support in this area. Further, while teachers' perceptions reflected a lack of trust in the interventions being offered, many were open to receiving a greater amount of follow-up support in the form of classroom demonstrations and monitoring student progress.

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## **Chapter 1**

### **Research Question**

The question of whether or not to evaluate a particular child to be eligible for special education services has tremendous implications for multiple parties: the teachers involved, school administrators, and the family of that child. More significant than the impact on each of these parties, however, are the implications for the child himself. His educational and social well-being depends on the decisions and actions of a number of professionals in the school setting. For that reason, it is critical that any evaluation of a child who is experiencing difficulties in regard to academic or social behavior be extensive and comprehensive. A thorough explanation of the types of strategies and interventions that have already been implemented to address the concerns should be part of the evaluation process. With effective interventions, educators would be better able to attain a greater idea of whether or not a child's struggles are due to a disability or lack of effective instruction. Consequently, this might prevent many children from being classified.

School districts across the state of New Jersey are required to implement a type of prereferral process in which professionals and parents utilize specific strategies for a particular child in the general education setting prior to evaluating him for special education. Theoretically, this system referred to through the use of various terms such as "intervention and referral services (I&RS)," "prereferral intervention teams (PIT)," "teacher assistance teams (TAT)," and others keep general education consistent with the idea of Least Restrictive Environment in Special Education in that a child should be

given as much of an opportunity to participate in school with his regular education peers to the greatest extent possible. The prereferral process was designed so that students having difficulty in their general education classrooms would be given a sufficient degree of support prior to being referred for special education evaluation. Some of the obstacles to this process, however, deal with whether or not the actual implementation of the strategies will produce positive outcomes for the students.

Somewhat synonymous with the concept of the prereferral intervention process, the objective of the Response to Intervention (RTI) model is to differentiate between struggling students: does a student have a learning disability or is he simply having difficulty with the instruction being provided for him. It is important to note, however, that although RTI is theoretically similar to that of a prereferral intervention process, the RTI concept is much more developed and detailed. A more common model of RTI would include three tiers. In the first tier, curricular programs and classroom strategies would be research-supported in terms of their effectiveness. In turn, all students are theoretically given effective instruction in the general education setting. While instruction is being offered, students are assessed through the use of curriculum-based assessment and data collection. It is anticipated that a portion of students might not respond to the instruction being offered, and those students will transition into the second tier of RTI. In the second tier (not necessarily special education yet), those students who are found through data collection to be having difficulty learning the objectives being presented would receive more intense instruction. The increase in intensity would be a result of interventions such as increasing the amount of time the student is engaged in the instruction, as well as, providing consistent opportunities to work in smaller groups,



enabling more teacher attention. Data is continuously collected in order to measure whether or not a student is responding to this increase in intensity regarding the instruction. In the event that a student still does not demonstrate a specified response during instruction in the second tier, he would transition into the third tier. The third tier is often times the tier in which a student is officially evaluated for special education services.

I recall a specific instance when a Kindergarten student was referred to the I&RS team in my school district as a result of behavioral and academic concerns from his teacher and parents. During the first meeting, the student's classroom teacher painted the picture of a student who was defiant. Further, it was stated that the child would often refuse to do work when asked. As a result, he was not progressing in the kindergarten curriculum and the teacher thought that the student might be in need of some type of special education services. One of the ideas presented to the teacher was that of implementing some type of an individualized behavior modification strategy that entailed the student keeping a daily chart that included the student's schedule. Throughout the day, the student was to keep track of his own behavior and earn an incentive at the end of the day if he met the criteria set by his teacher. It seemed as though the teacher was somewhat reluctant to implement the behavior program and she mentioned that she did not think it would help the student make progress. As an incentive, the student asked if he could play basketball in the gym as a reward for meeting the criteria. In turn, a school administrator who was available during the last period of the day agreed to pick up the student and take him to the gym for basketball if the criteria was met. On the first day of the intervention, the student expressed some interest in the idea and completed each of

his assignments throughout the day. When it came time to reward him with the incentive, the administrator was not available due to an unexpected responsibility. Although it was not the intention of the teacher and administrator involved to unsuccessfully implement the intervention that certainly was the result. Further, this particular student was soon after evaluated by the Child Study Team and found eligible under the category of “Emotionally Disturbed” three quarters of the way through his Kindergarten year.

It is important to note that the same student entered a self-contained setting, received multi-sensory phonics instruction (which was not one of the interventions offered during the I&RS process), and worked in the exact same behavior modification program as the one offered through the I&RS process (except he did receive incentives when criteria was met). As a result, the student progressed from refusing to complete assignments on a daily basis to refusing to complete an assignment only twice over the course of an entire marking period. This incident combined with many other instances in which I&RS meetings have seemed to have taken place to fulfill a type of paperwork formality have led me to believe that the process is not consistently implemented as it was intended. Instead of legitimately offering students effective instructional and behavioral strategies that are research-based and proven effective through people that have training and experience with implementing these strategies, it often times seems as though less intense strategies are offered in hope that some type of quick fix will occur or that the requirements of I&RS will be fulfilled so that the child can be evaluated.

As a professional in education, I have had the opportunity to work with students with special needs in various settings: a self-contained classroom in a separate school setting; a self-contained classroom in a public school setting; a learning resource center in

a public school setting; and inclusion classrooms in the public school setting. In addition to working in several settings, I have also worked with students in multiple grade levels including preschool through middle school. In each of those experiences, I observed a consistent type of controversy among teachers, administrators, parents, and other professionals regarding the prereferral process: are research-based strategies and interventions being offered by prereferral team members, and are these recommendations consistently and accurately being implemented by teachers in the classroom?

The prereferral intervention process was intended to address a lack of student achievement. If educators implemented it inconsistently, however, the process would actually create a greater need for special education services. If the strategies being offered to teachers were not research-supported, teachers would not necessarily be giving the child the opportunity to really succeed in the regular education classroom. On the other hand, if effective prereferral intervention programs can be identified, those structures can act as a guide to others, ultimately assisting teachers with their students' issues and helping more children succeed in the classroom. This would inevitably result in a clearer picture of students with special needs because those who ultimately do not respond to effective instruction would be in need of the even more intense interventions offered through special education services.

This research study will examine the functioning of a prereferral intervention team in one elementary school in southern New Jersey. The research questions to be examined are:

- Does the prereferral intervention process improve student behavior and academic achievement in the general education setting?

-Are those involved in the prereferral intervention process genuinely perceiving their actions as a legitimate construct for change or is the process a mere road block on the road to classification?

In order for an intervention to work, it is important that the person providing the idea of the strategy have a clear understanding of the steps involved in implementing the strategy at hand. It is also critical that the person implementing the intervention be willing to honestly use the strategy and collect the data. Because of various federal laws concerning special education, there seems to be a push in the direction of using research-based strategies, however, I do not believe that the bulk of strategies offered by prereferral intervention team members will be based on research. As a result, I believe that teachers will most often not consider these strategies to be effective and will fail to implement them appropriately. This will create many referrals containing very little substance in regard to specific data on effective interventions that were attempted.

Some of the aforementioned terms as well as more that will be mentioned in this research thesis include the following: “prereferral” refers to the time period prior to a child being evaluated to determine whether or not a type of disability is present. Various names are used in reference to a prereferral intervention team that includes “Intervention and Referral Services (I&RS),” “Prereferral Intervention Teams (PIT),” “Teacher Assistance Teams (TAT),” “Prereferral Intervention Programs (PIP),” and “Instructional Support Teams (IST).” A “strategy” is a term used to describe a way to teach a child either an academic, adaptive, or social skill. An “intervention” is a term used to describe some type of a plan or method that is offered by a prereferral intervention team to the teacher that he/she might implement in hoping to alter the child’s academic, adaptive, or

social behavior. “Indirect Service” differs from “Direct Service” in regard to prereferral intervention in that direct service consists of various professionals offering strategies to teachers for “at risk” students in a more hands-on fashion. “Indirect Service” would consist more of offering the strategies but not necessarily modeling those strategies in the classroom or assessing the child first hand. “Students with special needs” refers to students who have been evaluated and considered eligible for special education services. “Self-contained in a separate school” refers to those students whose disability is so severe that their school district feels their needs can be accommodated in a setting that has more of a specialization in the area of a particular disability/ disabilities. In this particular setting, students are separated from their regular education peers for the entire school day in a separate building. “Self-contained setting in a public school” refers to the setting for those students whose disability is severe enough that they require the structure of a separate classroom for all subjects and extra support for lunch and specials. “Learning Resource Center” refers to the placement on the continuum of services in special education where the student's disability is severe enough that he has a need for receiving instruction in a separate classroom, however, can participate in the regular education setting for other activities other than those particular subjects of need. “Inclusion” refers to the classroom in which a special education teacher and regular education teacher are present in one classroom with both students with special needs and students who are not classified. The “Least Restrictive Environment” is the phrase used in special education that refers to a child’s appropriate placement along the continuum of services. In short, a child is to be educated in the setting as close to his regular education peers as is appropriate for him. The “Child Study Team” in New Jersey refers to the team of

professionals that includes a social worker, school psychologist, learning disability teacher consultant, and can include a speech pathologist, occupational therapist, and physical therapist. During “Special Education Evaluation,” these aforementioned team members administer a battery of standardized tests, informal measures, interviews, and observations in order to determine whether or not a child has a particular disability.

“Learning Disability” can best be defined using the same description used in the New Jersey Administrative Code: A disorder in one or more of the basic psychological process involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia (NJAC, 58). “Emotionally Disturbed” refers to the special education classification that is defined as a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a student’s educational performance due to an inability to learn that cannot be explained by intellectual, sensory or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behaviors or feelings under normal circumstances; a general or pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems (NJAC 57).

“Behavior modification” is derived from the theories of behaviorism and is often times a strategy implemented to increase appropriate behaviors and decrease inappropriate behaviors through a systematic process of offering incentives and rewards, as well as, manipulating environmental factors to change behavior. The Individuals with Disabilities

Education Act (IDEA) is the Federal legislation originally signed into law in 1975 that established the guidelines for providing all students with disabilities "a free appropriate public education." The term, "at-risk" refers to those students in the general education population who are exhibiting behavioral and/ or academic difficulties in the classroom. "Curriculum-based assessment" is a term that pertains to assessing a child on his knowledge of the everyday skills he is instructed in the classroom using tools that are similar to the curriculum in which that child is working. "Performance Feedback" refers to the practice of members of a prereferral intervention team providing feedback to the teacher in regard to that teacher's implementation of various strategies. A "support teacher" would be an ideal member to offer this performance feedback because this team member would be one to model strategies in the classroom, assist in analyzing data, and provide feedback to the teacher. "Time on task" refers to the amount of time a student is actually focusing on an assigned task; "task completion" refers to the percentage of work a student completes; and "task comprehension" refers to a child's understanding of a task. "Treatment integrity" and "program fidelity" are phrases used to describe the act of implementing a program as it was intended. For example, if a teacher failed to implement a behavior program as it was intended, the treatment integrity or program fidelity would be questionable. Lastly, "direct instruction" is an approach to teaching in which instruction is explicit and guided.

In summary, the prereferral intervention process was set up to act as a regular education initiative in providing regular education teachers with strategies and interventions that would help children who are exhibiting difficulties in the classroom succeed. With that in mind, the process, as it was formulated in theory, may not

necessarily take place in practice. Often times, children are referred to the prereferral intervention process and strategies are offered to the teacher as somewhat of a formality. The teachers do not necessarily receive training with these strategies nor do those who offer the strategies. In turn, the child might continue to struggle in the classroom due to an inability of the teacher to properly implement an intervention rather than a disability that the child may possess. In turn, the process needs to be examined more closely looking at the types of strategies being offered, identifying whether or not the teacher understands how to implement the strategy, and finally insuring that the strategy was implemented as intended. If corrections can be made to those schools that experience breakdowns in any one of the aforementioned components of the I&RS teams, teachers will become more well-equipped to deal with the deficiencies that their students are bringing to the classroom.



## **Chapter 2**

### **Literature Review**

Current prereferral intervention teams under which many schools operate today emanated from two sources: Teacher Assistance Teams and Prereferral Intervention Programs. During the late 1970's, the idea of Teacher Assistance Teams was introduced (Safran and Safran, 1996), emphasizing the maintenance of a somewhat informal approach to assisting teachers with the education of students in need. These teams typically consisted of other teachers acting as a support for classroom teachers by indirectly offering ideas as potential solutions to specific behavioral and academic concerns. On the other hand, prereferral intervention programs (Safran and Safran, 1996) consisted of a more formal process required in determining a student eligible for special education. This team, which usually consisted of specialists such as special education teachers and school psychologists, was designed to reduce the number of students referred for special education.

Today, various legal requirements found in both federal and state laws mandate that some form of prereferral intervention process take place in schools prior to referring a child for special education. Focusing on the reduction of referrals for special education, the Individuals with Disabilities Education Act (IDEA) Amendments of 1997 stressed the importance of a system that provides interventions in the general education classroom prior to evaluating a child for special education (Kovaleski, Gickling, Morrow, and Swank, 1999). More recently in 2002, the President's Commission on Excellence in Special Education identified a need for this same type of preventive team that focused on

student outcomes in response to effective interventions (Truscott et. al., 2005). In the state of New Jersey's administrative code (6A: 16-8), the rationale for Intervention and Referral Services is offered explaining that a system must be established in all schools providing support for students with difficulties and the teachers of those students. The objectives offered include identifying the specific academic or behavioral difficulties each referred student is having. The problem is identified through a variety of methods of data collection including feedback from a child's teachers and parents. Once interventions are offered, it is the responsibility of the team to assess the effectiveness of the offered interventions and make any necessary changes based on the data. Lastly, each school district is mandated to come up with written guidelines outlining responsibilities of team members and procedures of the process.

It may not be enough, however, to simply instill a pre referral intervention system in a given school district. In many cases, the system is in place, however, the team members do not have the adequate training to appropriately organize and structure the process. In turn, professionals may end up brainstorming for ideas to use that are not research-based. This process of brainstorming for ideas could be deemed a pre-referral intervention team even though the ideas are not supported by data and the fidelity of the process is questionable. In turn, training of staff members and maintaining a somewhat uniform structure to the process is at the head of effective problem solving teams. Kovaleski and Glew (2006) discussed the problem-solving team component of a typical three-tiered response to intervention (RTI) model. They explained that in the early 1990's, there was a significant increase in the amount of students identified as being learning disabled in Pennsylvania. In response to this increase in classified students,

Pennsylvania's state department of education mandated instructional support teams (ISTs) in a selected number of elementary schools across the state. These ISTs were synonymous with prereferral intervention teams in that their primary role was to implement a team-based approach to identifying students who were "at risk," and provide effective interventions for teachers working with these students prior to referral for special education. Integral components to the IST model included the use of curriculum-based assessment throughout the intervention process, the addition of a support teacher to help teachers with interventions, and the supply of extensive training for team members. Data regarding the effectiveness of the ISTs was collected in schools implementing the program during the years in which it was first being established (1,401 schools). The conclusion was drawn that schools that utilized a type of prereferral intervention team generated fewer referrals for special education evaluation than those schools that did not utilize a team. Results also indicated that those schools with prereferral intervention teams in place demonstrated an increasing number of referrals to the team over the course of four years. Teachers utilizing the process as a tool for assisting students with behavioral and academic difficulties reflected the need for intervention and assistance teams. Overall, the study suggested that the number of referrals for special education services would be greatly decreased with the use of a prereferral intervention team.

Kovaleski conducted an additional study (1999) regarding Instructional Support Teams (IST's) that was directly related to the same mandate in Pennsylvania in the early 1990's. In the study, Kovaleski discussed the idea that a decrease in the number of referrals for evaluation for special education services and students found eligible for special education services was irrelevant in comparison to the question of whether or not

those students who were not referred were actually making progress in their classrooms. In turn, he looked to compare the long-term academic performance of students referred to an IST team in a random sample of schools to students who were considered to be “at risk” in schools who had not yet implemented the use of a prereferral intervention team. Student performance was assessed by measuring time on task, task completion rate, and task comprehension. Assessment was conducted before, during, and after the interventions were implemented. Inherent to the study was a shift from focusing on whether or not a school district had implemented pre-referral teams to whether or not those pre-referral teams were actually resulting in greater student achievement. Most of the schools implementing the IST process generally maintained basic structures such as varieties of professionals involved in the team (special education teachers, regular education teachers, administrators, etc.), group procedures, interpersonal communication skills, and effective meeting logistics. In addition to these aforementioned qualities, those schools implementing the process to a high degree also possessed strong principal leadership, informative and on-going data collection, and the involvement of a support teacher to assist teachers in implementing recommended strategies. Kovalski et al. found that when IST programs were implemented to a high degree, students consistently exhibited a more positive response in regard to time on task, task completion, and comprehension. The findings, however, also revealed that implementing an IST process in a school did not necessarily mean that progress would be made concerning students who went through the IST process but were not referred for further evaluation. The research suggested that when the IST was implemented to a high degree, progress was made. On the other hand, when the IST was implemented to a low degree, results

mirrored those of schools who had no prereferral intervention team at all. This lack of progress could have been the result of several different factors including the effectiveness of the interventions being offered by the team, teacher understanding of the interventions, and the teacher's delivery of the interventions. Kovaleski felt that legally requiring school districts to implement a form of prereferral intervention was not enough. Rather, legislation needed to be specific regarding this topic, being sure to require the appropriate type of data collection and assessment, as well as a type of support teacher to assist with the strategies being offered.

Because teachers are the direct link to the students, a significant part of the prereferral process resides in their ability to implement interventions effectively. Lane, Mahdavi, and Borthwick-Duffy (2003) discussed the problems involved with many of our current prereferral teams. The issue of treatment integrity was discussed in that often times the interventions that are proposed during a prereferral meeting are not necessarily implemented with accuracy in the classroom. In turn, the fidelity of the program is compromised. The article points out that treatment integrity, also known as program fidelity, depends on whether or not those implementing the interventions (most often the classroom teachers) have an adequate understanding of the intervention that was offered to them by the team. A lack of understanding could be the result of a particular teacher not having the background to have seen a certain type of intervention being implemented. The article discussed the current format of many prereferral intervention teams as being an indirect delivery of service. This refers to the entire prereferral intervention process in that most often times the teacher first identifies the problem and relays it to the team verbally. Next, the team analyzes the problem and offers strategies to counter the

problem. At this point, the teacher is expected to implement the strategies in the classroom, and finally the team reconvenes to evaluate the interventions and the progress of the student. This is deemed indirect because at no point does a team member assess the student or implement the intervention in the classroom himself. In addition, there are often times no follow up procedures during the implementation of the interventions to assess whether or not the intervention is being accurately implemented or to simply address any concerns of the teacher. The purpose of the Lane et al. study was to gather an understanding of teachers' perceptions of a more direct prereferral process in which team members provide the teacher with direct assistance in the area of assessing the problem, implementing the intervention, and following up with the teacher to assess results throughout the process. The study found that, overall, teachers expected to learn more from the prereferral team about the interventions they were instructed to use in the classroom. In addition, teachers expected to both receive support from professionals on the prereferral team regarding the interventions and to utilize the process as a means of informing parents of their concerns. Further, approximately 58% of the 80 teachers involved in the study expressed a willingness to receive greater and more intense program support (which included in-class demonstrations of the interventions, as well as, follow up assistance).

A similar study was conducted by Lane, Pierson, Robertson, and Little (2004). This study looked more closely at how the teachers generally felt about the prereferral team in their respective schools. Did they feel as though the interventions and goals set by their teams were relevant? Was the implementation of these interventions procedurally acceptable? Were the interventions implemented with a high degree of

integrity? And were the teachers pleased with the outcomes of the process? This article also discussed the idea of many pre-referral teams operating under the confines of an indirect service delivery model. To contrast this model, the incorporation of direct instruction characteristics such as modeling, coaching, and corrective feedback into the traditional approach resulted in greater results. The findings suggested that approximately 62% of the teachers involved in the study felt as though the interventions “targeted important goals;” approximately 58% found the procedures involved in implementing the interventions were acceptable; and approximately 55% felt they implemented the interventions accurately with a high degree of integrity. Teachers’ perceptions on the outcomes differed, however, in that only about 47% of the teachers involved felt the outcomes of the process were positive. In regard to teachers receiving follow-up assistance, the teachers who received modeling of the intervention generally believed it to be helpful. On the other hand, those who did not receive modeling of the intervention typically felt that it would not have been helpful anyway. The outcome was the same when asked about follow-up support: those who received it viewed it in a positive light, while those who had not, viewed it negatively. The study revealed that a more direct system of prereferral team interventions might increase the fidelity of the program. When a teacher is given the support of someone clarifying the proposed interventions through modeling and demonstration, as well as, following up with that teacher throughout the implementation of these interventions, there is a more positive outlook on the entire process as a whole.

Hall’s findings (2007) were similar in a review of empirical research dealing directly with general education teachers’ perception of the prereferral intervention

process. In attempting to identify the social validity of such a process, it was important that perceptions of the most common consumer (the general education teachers) of the process be identified. Social validity referred to the acceptability, use, implementation, and effectiveness of the process. Overall patterns to the results reflected that teachers generally rate the process as mediocre, meaning that they do not necessarily support or reject the process. Teachers maintained a slight support for the purpose of the process, as well as, the treatment they received from those involved in the process. Teachers, however, generally felt slightly dissatisfied with the overall process, the quality of interventions being offered, and the overall outcomes for their students. They typically wanted more direct support and assistance for themselves and their students such as helping with the interventions in the classroom. They also felt as though the process was redundant and time consuming in that many of the strategies being offered were many of those already attempted. In regard to time, many teachers explained some hesitancy to refer a child due to the amount of paperwork entailed in the process. Because teachers generally questioned the effectiveness of the prereferral intervention program, the idea of social validity was brought into question. As a result of questionable social validity, the integrity of the programs had to be uncertain in that the likelihood of interventions being accurately implemented would naturally decrease if the people implementing those interventions questioned their effectiveness.

Many professionals involved in the prereferral intervention process feel as though the process is simply a formality before classifying a student. In addition, teachers who are involved in the process sometimes feel as though the recommendations given during team meetings are not effective and the process simply prolongs needed services for



struggling students. Slonski-Fowler and Truscott (2004) studied the perception of kindergarten through fourth grade teachers on the prereferral intervention team process in their respective school. The article discussed the presence of prereferral intervention teams across the country, however, questioned their implementation. Are prereferral teams typically implemented as the literature intended? The article points out studies that have discussed the importance of providing extensive training for members of the prereferral intervention team, however, those studies never really addressed the significant role of the classroom teacher in the process as the person who implements the interventions. The results of the study revealed that teachers withdrew from the process when they felt their input was devalued by team members, perceived the interventions being offered as lacking significant value toward the goal of effective intervention, and when they felt team members were not accountable for the results (which would include direct follow up with the teachers). More specifically in regard to these aforementioned perceptions of the regular education teachers involved in the study, feeling that their input was devalued by team members dealt specifically with the prereferral intervention team failing to take into account data that was collected in terms of student work samples and not listening to descriptions of the problems described by the teachers. Interestingly, the study found that teachers often times responded to this treatment by not accurately implementing the interventions described to them because of a belief that the idea would not work. In regard to the cases in which students referred to the prereferral intervention teams resulted in a referral to be evaluated for special education, those teachers still expressed dissatisfaction with the process. This might suggest that the ultimate goal of these particular teachers was not necessarily to have a student classified for special

education but rather to legitimately gain better insight as to how to deal with a problem. In addition to feeling devalued throughout the process, teachers also reported that most of the recommendations from the team were redundant and generic such as moving the child's seat; reducing the amount of work; and recommending the child for counseling. That being said, Slonski-Fowler and Truscott inferred that this might be an explanation of why teachers do simply perceive the process as a formality before classification.

Offering recommendations and advice to teachers during the prereferral intervention process differs from the practice of restructuring their classrooms to offer more intense instructional programs for students. In a survey of 200 elementary schools (four per state), Truscott, Cohen, Sams, Sanborn, and Frank (2005) found this practice was in the minority. First, remedial educational specialists were not often included as team members even with the large amount of referrals at the elementary level. In terms of typical goals that were identified by the various teams, many identified one goal: to increase academic performance (28%). The goal of decreasing special education referrals was identified by only 21% of those involved in the study, while 10% identified the goal of providing intervention in the general education classroom. The most alarming results dealt with the actual interventions being offered. Truscott et al. discussed the need for teachers to rethink how they are instructing students who are at risk and struggling. They explained that "easy" interventions such as moving a student's seat, or decreasing the amount of work are most often attempted prior to referring him to the prereferral intervention team. The response to the survey of most frequent interventions revealed that changing the child's seat (32%) and decreasing the amount of work (22%) were two of the most often recommended strategies. One out of the 170 schools surveyed

identified curriculum-based assessment and 6% of schools identified progress monitoring as interventions being offered.

Logan, Nieminen, Hansen, and Wright conducted a similar study (2001) in which they analyzed general education teachers' views of the typical prereferral process in a typical school. They claimed that many of the studies demonstrating positive effects of the prereferral process dealt with schools in which university personnel provided assistance. Because most schools did not receive this type of assistance from those professionals possessing a higher understanding of the theory behind prereferral intervention teams, the authors felt the need to survey teachers from everyday schools who were implementing the process without such intense assistance. In their study, they looked at general education teachers' beliefs and perceptions of the prereferral intervention teams in their respective schools. What did those teachers feel was the purpose of the team? What types of students did those teachers refer to the team and why? What were the benefits of referring a child to the team and what types of interventions were offered? What was the protocol for referring a child to the prereferral intervention team? What was the role of the administrators involved in these schools? What would the ideal process look like to these general education teachers? The results of the study revealed that teachers did not typically refer a child because he wanted to receive advice as to how to better assist the child in the regular education classroom. Teachers generally felt that by the time they referred a child to the prereferral intervention team, they had already discussed the issues with their general education and special education peers, who provided recommendations. When referring a child to the prereferral intervention team, it meant the teacher generally felt as though the child

needed special education services. In turn, interventions that were offered by the team were typically believed to have already been implemented, or that those suggestions were not practical for the classroom. Teachers perceived themselves as having the child's best interest at heart and that the overall prereferral process was time consuming, redundant, and frustrating. Further, teachers perceived the process as secretive in that they believed administrators were using the process to covertly evaluate teachers' abilities in their respective classrooms.

Bahr, Whitten, Dieker, Kocarek, and Manson (1999) analyzed various prereferral intervention teams across the states of Illinois, Wisconsin, and Michigan. Their research focused on several factors including consistency within the structures of each team, how those members rated their own teams in terms of efficiency and effectiveness, what professionals made up those teams, and how those teams measured success of the interventions being offered. At the time of the study, Illinois was a state in which a prereferral intervention process was legally mandated; Wisconsin required minimal documentation of interventions prior to referral for special education; and the state of Michigan did not require the presence of a prereferral intervention process in its schools. The findings revealed that team members felt positively about the efficiency and effectiveness of their teams. On the other hand, follow-up procedures were not consistent with research that suggests written follow-up and performance feedback is much more effective than verbal follow-up. Instead, many team members identified verbal follow up as a much more common team practice. Further, when measuring the success of a particular intervention, a large majority of those involved in the study identified teacher judgment on the outcome as the primary means of monitoring effectiveness of the

intervention. In contrast, the least identified methods of measurement included more objective and data-based practices like graphing results, pre testing and post testing, and using systematic classroom observation. In comparing each state, Illinois and Wisconsin reported an overall more positive outlook on their prereferral intervention teams. Illinois, in particular, reported more reliable practices in regard to follow up procedures of interventions being implemented in the classroom. Further, the state used a greater amount of methods to determine success of the interventions being offered. Bahr et al. suggest that Illinois' superiority in the aforementioned areas might be a direct result of the state mandating the presence of prereferral intervention teams, as well as, supplying a greater amount of fiscal support for those teams.

In various studies concerning teachers' perceptions of the prereferral intervention process, the positive effects of the prereferral intervention team having more direct interaction with the teacher and student being referred, as well as, some type of follow up procedure is consistent. In cases in which follow up procedures are in place, teachers generally perceive the process to be more effective. On the other hand, if those procedures are absent, teachers tend to devalue the process. Mortensen and Witt (1998) discuss the importance of treatment integrity in that the pre referral intervention process needs to be one in which each member including the teacher is implementing the necessary procedures to the best of their ability. Treatment integrity is critical because it helps to legitimately educate the child in his least restrictive environment, it ensures that a referral for additional special education services is not the result of a lack of effort on the part of the instructor, and it ultimately accumulates data on a particular child that, if not necessarily resulting in success in the regular education setting, will minimally help

that child in the referral for special education process. Lack of treatment integrity in the prereferral intervention process can be problematic because it makes it difficult to identify whether an intervention is ineffective or the implementation is not accurate. The challenge then becomes how to promote treatment integrity. Performance feedback, as it pertains to the prereferral process, can be defined as a team member or consultant providing explanations of various strategies to classroom teachers to be used for a student who might be at-risk for behavioral or academic issues; observing while the teacher implements those strategies; and providing reinforcement when the strategy is effectively implemented while constructive criticism is offered when the strategy is not correctly implemented. In turn, the study sought to identify the effect of performance feedback on the pre referral process by measuring the treatment integrity of the program. For practical purposes, performance feedback was delivered on a weekly rather than daily basis. Even though daily performance feedback was proven to be more effective, the practice of delivering this would not necessarily be able to take place consistently in the school setting. Teachers involved in the study received training in regard to the specific interventions being offered. The training consisted of providing the rationale for the steps involved in the intervention, as well as, assistance and feedback in the classroom while the teacher implemented the intervention. The results revealed that even when given verbal and written instructions as to how to implement an intervention, it was not consistently followed. They found that when performance feedback was given to teachers, the implementation of the strategies increased in intensity and accuracy. When performance feedback was not given and the teachers were given no assistance, the

protocol as to how to implement the interventions was not carried out at an acceptable level.

Noell et al. (2000) conducted a study in which they implemented a performance feedback process that was more frequent. Instead of being implemented on a weekly basis, this model was implemented on a daily basis (although the meetings themselves were brief in duration). The study focused on identifying the effects of this performance feedback model on the implementation of specific interventions provided to teachers. The results revealed that interventions were implemented at low levels (50% of school days) prior to receiving follow-up consultation and performance feedback. Once in place, performance feedback increased implementation of interventions to 93% of school days. In this specific study, teachers were simply given the resource of consultation. There were not authority figures such as principals and vice principals attempting to hold teachers accountable for accepting or rejecting certain interventions (which is most accurate to today's schools). More experienced teachers were more likely to omit specific components of offered interventions and were less responsive to follow up meetings than teachers with less experience. This speaks directly to consistency with interventions across various schools. The study also found that student rewards were not consistently given even when the student earned the reward suggesting that teachers may not have believed the rewards aspect of the interventions to be as significant or as acceptable as the instructional components.

Burns, Peters, and Noell (2008) conducted a study to find out whether or not the implementation of performance feedback during the prereferral intervention process would increase the likelihood and accuracy of the implementation of offered

interventions. Performance feedback was based on a 20-item checklist that was implemented across three schools. There was an immediate change in levels upon implementation of the performance feedback checklist for each of these schools. The specific areas that improved were in the fact that prereferral intervention teams more frequently made decisions and developed interventions based on data. Further, the process of pre referral intervention and various meetings were both scheduled and documented with a greater consistency when performance feedback was instilled in the process.

Although many of the theoretical traits to the pre referral intervention team deal with supplying research-based interventions and strategies to the general education teacher's classroom, the overall objective for many is to reduce the number of students being referred to special education. Just because a student is not referred for special education services, however, does not mean that he/ she is necessarily making progress in the classroom and improving academically. Rock and Zigmond (2001) conducted a study in which they examined students who were referred to the prereferral intervention teams of their schools. In the event that those students were not referred, the study focused on the academic improvement two years later for those students. The overall question of the study was whether the prereferral intervention team was effective in improving student performance or if it simply delayed referral to special education services. Their findings conclude that although referrals to special education seem to decrease in those schools that incorporate a prereferral intervention team process, the outcomes are not necessarily positive. Long term, two years after students have received these interventions, more than half are either retained or in special education. For those



students placed in special education, 22% of them are delayed placements (one year after the pre-referral process took place). With this in mind, many students who were referred through the process did not experience an improvement academically. Instead, their right to a free and appropriate education was simply delayed.

To summarize, various legal mandates require that students who are considered to be “at risk” receive a sufficient amount of research-based interventions prior to being evaluated for special education. The answer to these mandates is the establishment of a prereferral intervention team in which various team members act as consultants for teachers of students exhibiting academic and/ or behavioral difficulties. Numerous findings of the aforementioned research suggest a desperate need for greater uniformity and structure among prereferral teams in each of our schools. Specific studies have found that only when a process is structured and implemented to an intense degree will it be effective for struggling students. This lack of uniformity is perhaps part of the reason for many teachers viewing the process in a negative light. Various studies identified teachers’ perceptions on the prereferral process. Overall, teachers feel as though they are devalued in the process. Some believe they have already attempted numerous interventions prior to seeking assistance, and as a result, they view the process as a formality in the process of having a student classified under special education. This sacrifices the integrity of the program in that the people implementing the interventions in the classroom (the teachers) do not believe in what it is that they are doing. Ultimately, studies have demonstrated the importance of having a team of knowledgeable professionals who can assist the teachers in a more direct capacity: coming into classrooms; modeling the interventions; and assisting in the analysis of data. Further, it is

critical that the team provide research-based strategies proven to be effective so that students can demonstrate progress. Last, the team should provide the service of a follow-up procedure in which feedback is provided to the teachers and modifications to the interventions are made on an as needed basis.

### **Chapter 3**

#### **Research Design**

Across various school districts, many factors play a part in the implementation of pre-referral intervention teams. These factors include:

- The type and degree of training of those professionals involved
- How the process is perceived by community members including teachers and parents

This research study will focus on one elementary school in southern New Jersey. Overall, the entire school district facilitates instruction for students in grades preschool through 12<sup>th</sup> grade. There are approximately 7,900 students in the school district. Approximately 35% of those students come from low income residency (calculated by students who receive “free and reduced lunch”). As a result of this percentage, the school district is considered a Title I school district. Of those 7,900 students, approximately 11% are receiving special education and related services. The district is comprised of eight schools: three elementary schools for students in preschool through 3<sup>rd</sup> grade; one elementary school for students in 4<sup>th</sup> and 5<sup>th</sup> grade; two middle schools for students in 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade; one high school for 9<sup>th</sup> through 12<sup>th</sup> graders; and one alternative school for middle school and high school-aged students.

The specific elementary school involved in this research study is composed of students in grades preschool through 3<sup>rd</sup> grade. Ages range from three years to approximately ten years old in some cases. The physical layout of the school consists of two buildings: one building allotted for preschool through 1<sup>st</sup> graders and the other for 2<sup>nd</sup>

through 3<sup>rd</sup> graders. There are a total of 863 students in the entire school. Of those 863 students, 420 of them receive some form of free or reduced lunch and 95 receive special education services. Of those 95 students receiving special education services, 39 receive their services in the “self-contained” setting, 12 receive their services in the “Learning Resource Room,” and 44 receive instruction in the “Inclusion” setting. Teaching staff members consist of predominantly female teachers, teachers’ aides, and specialists (approximately 97%). The buildings are composed of one principal, one vice principal, two guidance counselors, one reading specialist, one adaptive physical education instructor, one bilingual teacher, three instructors of English Language Learners (ELL), five Title I basic skills teachers, a behavior specialist, and a Child Study team.

The Child Study team is composed of a social worker, a school psychologist, a learning disability teacher consultant, four speech pathologists, an occupational therapist, and a physical therapist. The “Intervention and Referral Services” team is composed of the vice principal, the reading specialist, one guidance counselor, the learning consultant, the school psychologist, and a general education teacher. Although the school offers both Kindergarten and pre school programs, full day programs are only offered to students who are eligible for special education and related services and whose disability is severe enough to warrant a full day pre school or Kindergarten program. Aside from those identified students, Kindergarten and pre school students attend school for two hours and 30 minutes per day. Identified Kindergarten and pre school students, as well as 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> grade students each attend school for approximately six hours per day (9:30-3:30).

The overall purpose of the research study was to identify the effectiveness of the school’s I&RS process. This process is organized and implemented by a team that

schedules meeting times for various students who are referred by their teachers as a result of concerns regarding behavior and/ or academics. Depending on the number of students referred, meetings can take place ranging from one time per day to ten times per day. The duration of each meeting is approximately 30 minutes. To begin each meeting, the meeting's spokesperson provides a brief synopsis of background information regarding the student. At this time, the referring teacher may elaborate further on the background and/ or provide additional information that might be relevant to the case. The teacher then provides an updated description of the strengths and weaknesses of the student being sure to address her main concern. After the problem is identified, the team offers strategies to attempt in an effort to improve that student's performance in the classroom. The agreed upon strategies are formally written into an "Action Plan" as documentation of the interventions being implemented. The team then determines the amount of time to take place prior to the next meeting, where they will reconvene and review the student's progress and response to the offered strategies. Once those interventions are offered, it is critical that the teachers of these identified students implement the interventions accurately with fidelity. Because of this, it is important to get an idea of the knowledge and training that each team member has received, as well as, how teachers actually feel about the process.

In an attempt to identify the functioning of the I&RS team, two surveys were created. One of the surveys was designed for various teachers in the building ("Educational Staff Survey") and its main objectives were to provide information as to what teachers feel is the purpose of the process; gain teacher perspective regarding the effectiveness of the process; measure the teaching staff's overall understanding and views

of the interventions being offered by team members; and gain a sense of teacher fidelity in terms of implementing the strategies as they were intended. Is the process simply a deterrent to keep teachers from referring too many students for Child Study Team evaluations, a constructive process that ultimately improves student achievement in the classroom, or both?

The entire survey consists of 11 statements and the responses for nine of them consist of a Likert scale format with responses, “Strongly Agree,” “Agree,” “Disagree,” “Strongly Disagree.” The statements on the survey were designed to measure teachers’ perceptions in multiple areas including the purpose of the I&RS process; the quality of the interventions being offered to them; the practicality of those interventions in the sense that can they be implemented in a general education environment; whether or not the teachers generally feel qualified to implement the strategies that are being offered; do teachers feel a need for additional training and in-class demonstrations; do they feel as though the I&RS team is providing enough follow-up and performance feedback to them; are the teachers accurately implementing the strategies in the classroom; and do the teachers feel the need for additional training in order to accurately implement the recommended strategies.

The second survey was administered to and completed by those members on the I&RS team (“Intervention and Referral Services Team Survey”). A similar Likert scale was utilized for many of the statements on the survey. A few of the statements were the same as those on the aforementioned survey such as those measuring perceptions on the purpose and productivity of the process. On the other hand, many questions differed as a result of an effort to measure team members’ perceptions on whether or not staff

members are given the proper training to accurately implement interventions offered by the team; the team's background, training, and knowledge of research-based strategies; and the team's background, training, and knowledge of the I&RS process as a whole. Lastly, team members were provided with the opportunity to comment as to whether or not they felt the need for additional training in these aforementioned areas.

Some statements were included on the staff survey, but excluded on the team survey, and vice versa. Those included only on the staff survey focused mostly on teacher perceptions of the team and the process, as well as, teacher fidelity in terms of implementing the program in their classrooms. Those statements that were present only on the team survey were designed to gain perspective as to how team members feel regarding their own personal training and productivity in regard to the I&RS process; and strategies to help teachers effectively provide interventions to struggling students.

The "Educational Staff Survey" was sent to various staff members through utilization of electronic mail. These staff members included all general education and special education teachers, special area teachers such as art and physical education, and Child Study Team members who are not on the I&RS team. The I&RS team survey was sent to each member of the I&RS team via electronic mail. Recipients were offered two methods in returning the survey as to allow for both efficiency and anonymity. In the interest of time efficiency, one could return the survey via electronic mail, however, one could also print a copy of the survey and anonymously place the completed survey in a mailbox located in the main offices of each building. There were a total of five team surveys administered to the I&RS team members and 100% of them were returned.

There were a total of 75 “Educational Staff Surveys” administered to the aforementioned teachers and staff members and 41% of them were returned.

The ultimate goal of the I&RS process should always be to improve student achievement in the classroom. Are the students referred through the process achieving academic and behavioral progress as a result, or is the process simply prolonging the inevitable referral for special education and related services. In an attempt to identify outcomes for students who were referred through the process during the 2009-2010 school year, analysis of the form, “I&RS Calendar” was necessary. Located on this form was each I&RS meeting that took place listed in chronological order from September 27, 2009 through June 22, 2010. For each meeting, the date, student name, grade, and homeroom teacher are all listed. The last, and perhaps most telling section of data on the form, is the table column labeled, “Problem; Disposition.” This area indicates the reason for the student being referred to the I&RS team, as well as, actions and interventions that were taken as a result of the meeting. On an annual basis, the school’s chairperson of the I&RS team compiles this information as a summary of the students who were referred through the I&RS process and what their outcome was in terms of progress or lack thereof.



## **Chapter 4**

### **Results**

The purpose of this research design was to identify whether or not the Intervention and Referral Services (I&RS) process being implemented in a specific elementary school in Southern New Jersey was effective in terms of improving student academic and social behavior in the general education classroom. As a result, three types of data were collected:

- An educational staff survey designed to measure and identify common perceptions of the I&RS process by those teaching staff members who are involved with implementing the strategies being offered.
- An I&RS team member survey designed to measure and identify team members' perceptions of the effectiveness of the process, as well as, their own ability to offer research-based support to these teachers working with various "at-risk" students.
- Meeting log that documented each I&RS meeting that took place over the course of the 2009/ 2010 school year and what the documented outcomes were of each meeting.

After examining the meeting log that documented each I&RS meeting from the 2009/ 2010 school year, many common outcomes were identified from the numerous meetings. Those outcomes included adding Title I services to a child's program (Basic Skills [Title I] or English Language Learner [ELL]). Title I basic skills instruction is administered by a general education teacher and is composed of a variety of interventions

that include small group instruction and utilizing a multi sensory approach to instruction. A child who is placed in the Title I basic skills program might participate in either math or reading, however, often times the child received both subjects as extra intensive periods. ELL instruction was similar in that multi sensory instructional programs were utilized in teaching reading and math, however, instruction was delivered by an ELL instructor.

Other offered interventions included both group and individual counseling services to students who were having difficulty with social behavior and coping strategies in regard to school; retaining the child to repeat the same grade the following year; and creating a 504 plan that included accommodations and modifications pertaining to test-taking and small group instruction. For a portion of the students involved in the I&RS process, it was determined that referral to the Child Study Team was necessary and warranted. Finally, it was identified how many of those students actually were determined, through Child Study Team evaluations, to be eligible for special education and related services.

When itemizing the aforementioned interventions (see Table A), the most common initial interventions were to utilize Title I basic skills instruction in reading, math, or both. Out of 109 total students referred to the I&RS team during the 2009/2010 school year, 44 were placed in Title I basic skills instruction to some capacity. In addition, 11 students were placed in Title I ELL instruction. The I&RS team recommended that counseling be added for five students, while seven students received a 504 plan based on various types of diagnoses from their pediatricians. Each student identified in the meeting log was ultimately either promoted to the next grade level at the

end of the school year or retained in his/ her current grade level to repeat the specified grade level curriculum. Out of 109 total students, 21 were recommended to be retained. Out of those 21 students, 13 were actually retained. For the other eight, it was indicated that the parents of those children disagreed with the intervention. In turn, it was recommended that 88 out of 109 students be promoted to their next grade level. 19 students were referred to the Child Study Team. While 14 of those students were found eligible for special education, five were not found eligible.

**Table A: Intervention and Referral Services 2009-2010 Documented Interventions**

	Kindergarten (16 students)	1 <sup>st</sup> grade (30 students)	2 <sup>nd</sup> grade (35 students)	3 <sup>rd</sup> grade (28 students)	Totals (109)
1. CST Referral	3	6	7	3	19
2. Add Title I	7	7	12	12	38
3. Add Title I Reading Only	0	0	3	1	4
4. Add title I Math Only	0	0	2	0	2
5. Add ELL	0	6	2	3	11
6. Add Counseling	0	0	1	4	5
7. Retention	0	3	7	3	13
8. Retention but parents disagreed	0	5	2	1	8
9. Create a 504	0	2	3	2	7
10. Possible Homebound Instruction	0	1	0	0	1
11. Classified	2	5	5	2	14
12. Parent requested CST evaluation	0	0	0	1	1

The educational staff survey was designed to gain a greater understanding of how teachers in the school perceived the I&RS process and the team. The questions focused on perceptions regarding the quality of the interventions being offered; the training provided in implementing the interventions; the follow up and performance feedback provided during the implementation of the interventions; the overall effectiveness and purpose of the program; teachers' willingness to accept support, training, and feedback regarding the implementation of interventions; and the accuracy with which teachers were implementing the offered interventions (program fidelity).

As reflected in Table B, 89% of responding teachers felt that the I&RS process was a formality taken prior to retaining a child or referring him to the Child Study Team to be evaluated for special education. In regard to the actual interventions being offered and their effectiveness, 86% indicated that the ideas were easily understandable, however, only 50% believed that they were practical for a general education classroom. In all, 54% believed the offered interventions to be effective and helpful.

In regard to the I&RS team providing training, follow-up support, and performance feedback to the teachers during the process of implementing various interventions, 76% of responding teachers felt that sufficient training is not provided, and 64% believed that the I&RS team does not provide feedback and follow-up support once the interventions are offered. That being said, 90% expressed that training, follow-up support, and performance feedback would be helpful. In terms of program fidelity, 68% of responding teachers agreed that the offered interventions were accurately implemented in their respective classrooms, while 32% disagreed. In terms of the overall effectiveness, 63% of the teachers involved believed that the process improves student

performance in the classroom. In regard to the comments that were written, 35% of surveys had additional commentary suggesting that the process either takes too long or requires too much paper work. 51% of staff members expressed that “Necessary Documentation” was the top priority of the I&RS process, while 42% believed that reducing referrals to the Child Study Team was the least in terms of priority.

**Table B: 2010/ 2011 Educational Staff Survey Responses**

Comment	Strongly Agree/ Agree	Disagree/ Strongly Disagree
The I&RS process is a formality taken prior to retaining a child or referring a child to be evaluated for special education.	25 (89%)	5 (11%)
The suggestions and interventions offered by the I&RS team are usually understandable.	26 (87%)	4 (13%)
The suggestions and interventions offered by the I&RS team are practical for the general education classroom.	13 (50%)	13 (50%)
The interventions offered by the I&RS team are effective and helpful.	15 (54%)	13 (46%)
Classroom staff members are provided with sufficient training prior to and during implementation of an intervention that was offered by the I&RS team.	7 (24%)	22 (76%)
Once interventions are implemented, the I&RS team provides feedback throughout the process.	10 (36%)	18 (64%)
In-class demonstrations and assistance with the interventions offered by the I&RS team would help to insure more accurate implementation of the interventions.	26 (90%)	3 (10%)
The interventions offered by the I&RS team are fully implemented in my classroom.	17 (68%)	8 (32%)
The I&RS team is an effective means of improving student performance in the classroom.	19 (63%)	11 (37%)

The “Intervention and Referral Services Team Survey” was designed to gain a better understanding of the perceptions of the school’s I&RS team on various topics such as the overall purpose of the program. Further, the instrument measured the overall team’s feelings about their own ability to understand the process and inform teachers of research-based interventions, as well as, their need for additional training. Finally, team members were given the opportunity to express their personal beliefs of the overall effectiveness of the program. As reflected in Table C, 80% of team members believed the I&RS process to be a formality taken prior to either retaining a child or referring that child to the Child Study Team to be evaluated for special education and related services. 20% of team members believed that teachers are provided with sufficient training as to how to implement the more commonly offered strategies. 80% of team members feel that they have a strong foundation of training regarding the actual process of Intervention and Referral Services, however, the same amount of team members were open to additional training in this area. In regard to research-based strategies and team members’ knowledge of them, 60% believed that the offered strategies are research-based, while 40% felt as though they had sufficient training regarding research-based strategies. Each of the team members felt it was important for them to receive additional training regarding research-based strategies. Finally, 60% of team members believed that the I&RS process was an effective means of improving student performance in the classroom.

**Table C: 2010/ 2011 I&RS Team Member Responses**

Comment	Agree/ Strongly Agree	Disagree/ Strongly Disagree
The I&RS process is a formality taken prior to retaining a child or referring a child to be evaluated for special education.	4 (80%)	1 (20%)
Classroom staff members are provided with sufficient training prior to and during implementation of an intervention that is offered by the I&RS team.	1 (20%)	4 (80%)
I have received sufficient training pertaining to the purpose and procedures of the I&RS process.	4 (80%)	1 (20%)
More training regarding the purposes and procedures of the I&RS process would be helpful.	4 (80%)	1 (20%)
The interventions discussed and implemented during the I&RS process are research-based interventions.	3 (60%)	2 (40%)
I have received sufficient training and am familiar with various research-based strategies that can be offered to teachers during the I&RS process	2 (40%)	3 (60%)
More training regarding research-based strategies that can be offered to teachers during the I&RS process would be helpful.	5 (100%)	0
The I&RS team is an effective means of improving student performance in the classroom.	3 (60%)	2 (40%)

## **Chapter 5**

### **Discussion**

This research study focused on the Intervention and Referral Services (I&RS) process in one school in Southern New Jersey. The main questions posed were:

- Does the prereferral intervention process improve student behavior and academic achievement in the general education setting?
- Are those involved in the prereferral intervention process genuinely perceiving their actions as a legitimate construct for change or is the process a mere road block on the road to classification?

In attempting to identify outcomes for students referred through the I&RS process, analysis of a 2009/ 2010 meeting log was conducted. From this, it was identified that 21 out of 109 students (20%) were recommended to be retained; while 19 out of 109 students (17%) were referred to the Child Study Team to be evaluated for Special Education. Overall 36% (39 out of 109 students) of students involved in the I&RS process were either recommended to be retained in their grade level or referred to the Child Study Team. In addition to these outcomes, other actions were taken in the form of offering a variety of programs to these specified children in the I&RS process such as adding Title I services to a child's program; adding individual and/ or group counseling to a child's program; and creating 504 plans that include accommodations and modifications pertaining to test-taking and small group instruction.

An educational staff survey revealed that a majority of responding teachers felt the process was simply a formality taken prior to retaining a child or referring him to the



Child Study Team. Many also believed that the ideas and strategies offered by the I&RS team were easily understandable, however, only half of those responding teachers believed the strategies to be practical for the general education classroom. Consequently, about half of the responding teachers believed the process to be helpful in terms of improving student performance in the classroom. While many teachers believed that there is not enough training and follow-up support offered by the I&RS team, most seemed open to the idea of receiving this training. In regard to program fidelity, approximately seven out of ten teachers expressed that they accurately implemented the offered strategies in their classrooms. Many additional comments expressed in the surveys suggested that paperwork and the overall length of time deter and prolong implementation of the process. The “Intervention and Referral Services Team Survey” gained perspective of the various team members of the I&RS team. The results suggested that a large majority of the team viewed the process as a formality taken prior to either retaining a child or referring that child for special education evaluation. Although team members felt as though they had received extensive training in regard to the process itself, its purpose, and the steps involved, less than half of the team members felt as though they had a strong understanding of various research-based interventions.

These results demonstrate a variety of implications regarding the aforementioned research questions. In regard to improving student performance in the classroom, it can be inferred that if a child is either retained to repeat his grade or referred to the Child Study Team to be evaluated, then his performance must not have improved enough to be considered successful. In this particular case, 36% of the students over the course of the 2009/ 2010 school year were either recommended for retention or referred for special

education evaluations. These results prompt the question: Should a 64% promotion without referral for special education rate for at-risk students be considered a success in terms of the I&RS process improving student performance? Further, the limitations of this study must be considered in regard to tracking long-term student performance. In looking at the 2009/ 2010 log of I&RS meetings, only those students retained or referred for special education evaluation for that specific year can be identified. Will those promoted students eventually be retained during another school year? Will any of those students ultimately be evaluated by the school's Child Study Team resulting in classification under the umbrella of special education? If so, did the process simply prolong the obvious services that these children needed? Obviously, if a child was referred to the I&RS team, then the problem was identified early, however, the process may have been a roadblock in the way of much needed services resulting in a waste of critical time.

With that said, the action of implementing effective services to help a child succeed in his respective classroom should not be perceived as a negative. The implementation and effect of the process, however, depends on team members and teachers of those students involved. In order to improve student performance, each of these involved members must do their part. Hence, if a large portion of those involved perceive the process as a paperwork formality, then it would be fair to suggest that the fidelity of the program might be in jeopardy. While approximately nine out of ten teachers express that the process is a "formality taken prior to retaining a child or referring a child to be evaluated for special education," almost seven out of ten teachers indicated that they implement the offered strategies in their classroom. Disregarding

those teachers (three out of ten) who do not fully implement the offered strategies, it would be difficult for the others to fully implement the strategies when many of them do not perceive the process as being focused on improving student performance. Further, if 80% of team members perceive the process to be a formality, then most of those involved might seem to be intent on allowing for the process to take place but not necessarily believing in its purpose. At the same time, many teachers (63%) expressed that the process is an effective means of improving student performance in the classroom indicating many perceive the overall outcomes of the process as positive. More than half of team members (60%) felt similarly.

Regarding research-based interventions and strategies, a majority of team members felt as though they were not familiar with a variety of research-based interventions and strategies, however, were very open-minded to receiving more training in this area. These results correlate to the teachers' perceptions in that although most teachers find the offered interventions and strategies to be understandable, only half of them perceive the interventions as being practical and effective in the general education classroom. One can infer that if efforts were focused in this area (more training and greater supply of research-supported programs and strategies), team members would be able to offer more strategies with a greater effect. In turn, teachers might perceive the process as having a greater effect. This idea would go hand in hand with follow up support and accountability for all professionals involved in that if team members received more extensive training in regard to offered interventions, they would be better able to offer in-class demonstrations and assistance with the implementation of these interventions.

This study was consistent with previous studies of teacher perceptions of the pre-referral intervention process. Similar to this study, Lane et. Al. (2003) found that a large majority of teachers were open to receiving follow up assistance and in-class demonstrations. Lane et. Al.'s (2004) study also revealed similar findings in that a slight majority of teachers expressed that they implemented offered interventions to a "high degree." In regard to support for the purpose of the process, Hall (2007) also identified slight support. And similar to a majority of the comments shared in this study's "Educational Staff Survey," Hall found that many teachers felt the process was redundant and time consuming. In focusing on the actual interventions being offered to students, Slonski, Fowler, and Truscott (2004) determined that many teachers felt they accurately implemented the offered interventions. In regard to the actual interventions being offered, Logan, Nieminen, Hansen, and Wright (2001) found similar results in that teachers generally felt the suggestions offered by the pre-referral intervention teams were not practical for the classroom. This research study differed from Lane et. Al.'s (2003) study, however, in finding that 63% of teachers viewed the process as producing positive outcomes. Lane et. Al.'s study found that 47% of teachers felt the outcomes of the process were positive.

Limitations to this study would have to include the detail provided in the I&RS meeting log. Although, each meeting date was documented, the actions taken were somewhat vague. For the most part, specific strategies were not documented but rather placements into programs. Although these programs (Basic Skills, ELL, etc.) were documented, it was somewhat difficult to determine the specific strategies (other than small group instruction) that were being implemented in these settings. Future studies

would be able to identify more detailed and accurate results with a greater and more detailed account of the specific strategies being offered and their direct effect on each individual child. Another limit to this study dealt with the time period in which outcomes for students were monitored (one school year). Rock and Zigmond (2001) brought up the idea that two years after receiving pre referral interventions, more than half of the students were either retained or in special education. Further 22% of the special education placements were delayed placements. While this study found that only 36% of the students were either recommended for retention or placed in special education, the study only monitored these students over the course of one year. In order to determine the final outcome for each of these students, including a greater amount of time to monitor student progress would provide greater accuracy in determining the success in terms of student outcomes. With his findings, Kovaleski et. Al. determined that student performance improved when pre referral teams were implemented to a high degree, however, little effect was identified if implemented to a low degree. A critical component to those being implemented to a high degree would be the quality of interventions being offered. This study focused mostly on perceptions and outcomes of the I&RS process, however, it did not include research and strategies to improve I&RS processes that are being implemented to a low degree. Future studies should focus more on identifying the types of training and support needed to allow team members to be more effective in terms of offering strategies and providing follow up support to teachers in classrooms.

## **Chapter 6**

### **Summary**

In this research study, the Intervention and Referral Services (I&RS) process in a pre Kindergarten through 3<sup>rd</sup> grade elementary school in Southern New Jersey is analyzed in regard to student outcomes, as well as, teacher and team member perceptions. The findings indicate that slightly less than half of the students referred through the process over the 2009/ 2010 school year were either retained the following school year or eventually found eligible for special education. In regard to team member perceptions, it was revealed that most team members feel as though the process itself is a formality taken prior to retaining a child or receiving special education and 60% of team members perceived the process as an effective means of improving student performance in the classroom. Teachers' perceptions mirrored these aforementioned results suggesting that slightly more than half of those professionals involved believe the process to be effective. Consistent sentiments that the process takes too much time and is excessive in regard to paperwork reflect the need for a change. While team members' responses reflected a lack of training regarding research-based interventions in regard to both academic and behavioral instructional strategies, each member was open to receiving more training and support in this area. Further, while teachers' perceptions reflected a lack of trust in the interventions being offered, many were open to receiving a greater amount of follow-up support in the form of class demonstrations and monitoring student progress. These results reflect a willingness from staff members to both improve in regard to providing and implementing effective, research-based strategies and ultimately improve the results for students referred through the I&RS process.

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