THE IMPACT OF COMER’S SCHOOL DEVELOPMENT PROGRAM’S STUDENT STAFF SUPPORT TEAM PROCESS ON HIGH-INCIDENCE SPECIAL EDUCATION REFERRALS IN ONE ELEMENTARY SCHOOL

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ABSTRACT

JOI GIBSON-ROBINSON: The Impact of Comer’s School Development Program’s Student Staff Support Team Process on High-Incidence Special Education Referrals in One Elementary School
Under the direction of Dr. Frank Brown

This study examines whether the Comer (1996) placement model process reduces the overrepresentation of certain student groups into high-incidence disabilities programs. High-incidence disabilities are those disabilities which require an extensive degree of “professional judgment” by the teacher in determining whether or not a disability exists (MacMillan, D. L. & Reschley, D. J., 1998). High-incidence disabilities include: (a) speech and language impairments, (b) specific learning disabilities, and (c) mild/moderate mental retardation. This author conducted this study using semi-structured interviews with school-based administrators and faculty and staff, reviewed and analyzed archival data and observed two School Development Program’s (SDP) Student Staff Support Team (SSST) meetings.

Participants in this study included members of the Comer SDP’s SSST in one elementary school. Team members included the school’s principal, five regular education teachers, two special education teachers, the school’s guidance counselor, a literacy specialist and the school’s psychologist.

The site that was studied is one of four elementary schools located in a rural community in North Carolina. This Title I school serves 462 students in pre-kindergarten through third grade. Overall, 80-percent of the school’s population is comprised of minority students, with 1-percent Asian/Pacific Islander, 28-percent Hispanic and 52-percent African
American. Twenty percent of the school’s population is comprised of White students. Eighty five percent of the student population qualifies for free and reduced lunch and no students are identified by the state as Academically Gifted.

To determine whether a relationship exists between the SDP’s SSST process and a decrease in high-incidence referrals of students for special education services, the author formulated this research question: *Does the School Development Program’s Student Staff Support Team’s process decrease the number of students referred for testing for high-incidence disabilities in one elementary school?* Observations of SDP-SSST meetings and individual and focus group interviews provided a clearer picture of the positive results stemming from the Comer process. Archival data and data from the interviews and observations sustain the premise of Comer’s theoretical framework which states that child centered planning and collaboration among adults foster positive results.
DEDICATION

This dissertation is dedicated to my husband, Wilhelm Russell Robinson, III and my two sons: Wilhelm Russell (IV) and John Christian.
I love you more than you’ll ever know.
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<tbody>
<tr>
<td>CEC</td>
<td>Council for Exceptional Children</td>
</tr>
<tr>
<td>CRESCSRM</td>
<td>Center Report on Elementary School Comprehensive School Reform Models</td>
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<td>CSP</td>
<td>Comprehensive School Plan</td>
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<td>DI</td>
<td>Direct Instruction</td>
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<tr>
<td>EC</td>
<td>Exceptional Children</td>
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<tr>
<td>EBD</td>
<td>Emotional and Behavior Disorders</td>
</tr>
<tr>
<td>ED</td>
<td>Emotionally Disturbed</td>
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<td>EOG</td>
<td>End of Grade</td>
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<td>ESL</td>
<td>English Speaking other Languages</td>
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<td>FAPE</td>
<td>Free and Appropriate Public Education</td>
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<tr>
<td>IAT</td>
<td>Intervention Assistance Team(s)</td>
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<tr>
<td>IC</td>
<td>Instructional Consultation</td>
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<tr>
<td>IDEA</td>
<td>Individuals with Disabilities Education Act</td>
</tr>
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<td>IDEIA</td>
<td>Individuals with Disabilities Education Improvement Act</td>
</tr>
<tr>
<td>IEP</td>
<td>Individual Education Plan</td>
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<tr>
<td>IST</td>
<td>Instructional Support Team</td>
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<td>LD</td>
<td>Learning Disability</td>
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<tr>
<td>Abbreviation</td>
<td>Definition</td>
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<tr>
<td>LEA</td>
<td>Local Education Agency</td>
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<tr>
<td>LRE</td>
<td>Least Restrictive Environment</td>
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<td>MAPS</td>
<td>Measure Academic Performance Summary</td>
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<tr>
<td>MID</td>
<td>Mild Intellectual Disabilities</td>
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<td>MMR</td>
<td>Mild Mental Retardation</td>
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<tr>
<td>MR</td>
<td>Mentally Retarded</td>
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<td>NC</td>
<td>North Carolina</td>
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<td>NCES</td>
<td>National Center for Education Statistics</td>
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<td>OHI</td>
<td>Other Health Impairment</td>
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<tr>
<td>PLUS</td>
<td>Powerful Learning Unlimited Success</td>
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<td>PT</td>
<td>Parent Team</td>
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<td>RTI</td>
<td>Response to Intervention</td>
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<td>SBIT</td>
<td>Student Based Intervention Team</td>
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<td>SLD</td>
<td>Specific Learning Disabilities</td>
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<td>SDP</td>
<td>School Development Program</td>
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<td>SEA</td>
<td>State Educational Agency</td>
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<td>SIP</td>
<td>School Improvement Plan</td>
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<td>SIT</td>
<td>Student Intervention Team(s)</td>
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<td>SPMT</td>
<td>School Planning and Management Team</td>
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<td>SSST</td>
<td>Student Staff Support Team</td>
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TEP Teacher Education Program
CHAPTER I – INTRODUCTION

Background to the Problem

The National Center for Education Statistics (NCES, 2007) reports an increase of at least 100,000 students served under the Individuals with Disabilities Education Act (IDEA) in special education programs for each year from 1990 to 2007. As of 2007, the number of students being served under IDEA had reached 6.6 million (NCES, 2007). Of all the students served under the IDEA in special education programs, African American students are almost three times as likely as White European students to be labeled mentally retarded (MR), two times as likely to be labeled emotionally disturbed (ED), and 1.3 times as likely to be labeled as having a learning disability (LD) (Council for Exceptional Children, 2002). This escalating trend of overrepresentation of minority students placed in special education programs shows no signs of declining, and even more dramatic are the underlying influences that place several minority students in special education programs each year.

The overrepresentation of students with racial, cultural, ethnic and linguistic diversity in special education has been well documented for over 30 years (, 2006). The impetus of elucidating this problem began in 1968 when Lloyd Dunn questioned the justification of placing minority students in special education programs. In his article, he cited the U.S. Office of Education Statistics in reporting that “about 60 to 80 percent of the pupils taught by [teachers in mild retardation or MMR classes] are children from low status
backgrounds—including Afro-Americans, American Indians, Mexicans, and Puerto Rican Americans; those from nonstandard English speaking, broken, disorganized, and inadequate homes; and children from other non-middle class environments (p. 6). Data from the National Research Council (2002) indicates that when compared to White European students, African American students are overrepresented in the categories of mental retardation (MR), emotional disturbance (ED), and multiple disabilities; American Indian/Alaskan Native students are overrepresented in the category of learning disabilities and; Asian/Pacific Islander and African American students have slightly higher rates of identification in autism spectrum disorders. Recent studies suggest that English language learners are overrepresented in districts that serve large populations of English language learners (Artiles, Rueda, Salazar, and Higareda, 2005).

Overrepresentation in special education occurs when a group’s membership or percentage in special education is greater than their percentage in the general education population or within a given disability category (Green, 2005). Overrepresentation affects the high-incidence disabilities, rather than low-incidence disabilities. High-incidence disabilities are those disabilities which require an extensive degree of “professional judgment” by the teacher in determining whether or not a disability exists (MacMillan, D. L., & Reschley, D. J. 1998). High-incidence disabilities include: (a) communication disorders (speech and language impairments), (b) specific learning disabilities (including attention deficit and attention deficit hyperactive disorder), and (c) mild/moderate mental retardation. These categories are referred to as high-incidence categories due to the vast majority of children served in special education are placed in these categories (Harry & Klingner, 2006). In contrast, the following categories are listed as low-incidence categories since the numbers of students in this category are small in number (Harry & Klingner, 2006). Low-incidence
disabilities are those physical disabilities that require a medical diagnosis. Low-incidence disabilities include: (a) blindness, (b) low vision, (c) deafness, (d) hard-of-hearing, (e) deaf-blindness, (f) significant developmental delay, (g) complex health issues, (h) serious physical impairment, (i) multiple disability, (j) autism and (k) emotional or behavioral disorders.

The problem of overrepresentation of minority students does not exist in the diagnosis of low incidence disabilities (Overton, 2000), but instead exists with African Americans in the EMR and ED categories, which are categorized as high-incidence disabilities (Harry & Klingner, 2006). Currently, out of the number of students served under IDEA in North Carolina with high-incidence disabilities 2 percent is Asian/Pacific Islander, 4 percent is White, 4.8 percent is Hispanic, 6.9 percent is American Indian/Alaskan and 7.8 percent is African American (Office of Special Education Programs, 2007). A large number of students referred to and placed in special education programs under high-incidence disabilities are students from low socioeconomic backgrounds. When you combine a student’s low socioeconomic status with other factors such as race and ethnicity, it is highly likely that disproportionality or overrepresentation in special education programs will occur (Losen & Orfield, 2002).

The National Institute for Urban School Improvement (2001) believes that overrepresentation is about students being misdiagnosed as disabled and being placed in special education programs that they do not need. Misdiagnosis happens for a variety of reasons which includes, but is not limited to inadequate professional and instructional practices, bias on the part of the teacher and/or the institution of learning, socioeconomic issues, quality of schooling, school climate, personnel and student demographics and assessment issues (Artiles, Harry, Reschly and Chinn, 2002). In assessing whether misdiagnosis occurs, the placement process has to be investigated which includes evaluating
all phases of the placement process which consists of: (a) early instruction, (b) pre-referral activities, (c) the decision to refer and (d) the process of assessment (Harry & Klingner, 2006). If it is determined that special education placement was not beneficial to the child and bias or inappropriate practice at any phase of the process occurred, then disproportionality or overrepresentation must be treated as a problem (Harry & Klingner, 2006).

Overrepresentation results in: (a) denial of access to the general education curriculum, (b) failure to receive services that meet the student’s specific needs, (c) misclassification or inappropriate labels, often leading families and communities to mistrust the school and the school system and (d) significant racial separation (CEC, 2002; Harry & Klingner, 2006; Losen & Orfield, 2002). The central research question for this study is:

Does the School Development Program’s Student Staff Support Team (SSST) process reduce the number of students referred for testing for high-incidence disabilities in one elementary school?

The participants in this study include members of the School Development Program’s Student Staff Support Team at an elementary school in North Carolina using the Comer (SDP) model. The Team is comprised of the: school administrators, school psychologist, guidance counselor, special education teacher, regular education teacher, and all other appropriate staff persons.

The majority of referrals for special education services take place during the first four years of elementary school and the majority of children who receive referrals prove to be eligible for special education services (White & Calhoun, 1987). Students receive these referrals for a variety of reasons, which include but are not limited to a teacher’s perception of a learning disability, race, socioeconomic status, behavior and instructional practices (Drane, 2002). Drane (2002) further stated that those individuals who comprise the evaluation team (for example teachers, psychologists, and administrators) may look for and
eventually find reasons to support the preliminary referral decisions, thereby confirming the original judgments even if they are flawed. It is of course difficult to calculate the number of students who are misdiagnosed and are thereby deprived of an appropriate education, but misdiagnosis is a widely recognized deficiency in our educational system. Among attempts to answer how misdiagnosis of students for special education services can be eliminated and the likelihood that all students receive an appropriate education increased, the use of student-based intervention team processes shows promise (Logan, Hansen, Nieminen and Wright, 2001).

According to Schrag and Henderson (1996), student intervention teams (SIT) perform three major tasks: (1) a teacher identifies a student with behavior or learning problems who is at risk for being referred to special education and the SIT analyzes the problem with attention to child factors and identifies specific interventions; (2) the teacher identifies the specific intervention(s) and; (3) the effectiveness of the plan is determined. If the first intervention is determined to be successful, the process is ended. Schrag and Henderson (1996) assert that if the first intervention is unsuccessful, then a second intervention is designed by the SIT or a recommendation is made for referral to special education. It is common practice for SITs to employ more than one intervention strategy before referring the child for the initial evaluation to receive special education services. Referring students for special education services is a three-leveled procedure involving the referral, evaluation and individual education plan (IEP) process (Policies Governing Services for Children with Disabilities, 2007).

When a child appears to exhibit a disability, the teacher, a parent or another involved person must first provide in writing the reason for the referral including specific concerns along with the child’s strengths and needs (Policies Governing Services for Children with Disabilities, 2007).
Disabilities, 2007). North Carolina Policy 1503-2 states that such a referral can be submitted to the child’s teacher, the principal of the school, or the appointed official Local Educational Agency (LEA). An LEA is the public board of education or other public authority legally constituted within the State for administrative control or to perform a specific service for public schools in the district or State (NC 1500-2.22).

The second step of this process requires that the LEA conduct an initial evaluation. Under the requirements of NC 1503-1, an LEA or the parent of a child can request an initial evaluation to determine if the child has a disability. According to NC 1503-1, the LEA takes responsibility for providing assistance in completing the written referral if a parent makes an oral request. The initial evaluation determines whether the child has a disability under NC 1500-2.4 and whether the child has the requisite educational needs. This evaluation requires a variety of assessment tools, technically sound instruments, and appropriate strategies for gathering relevant functional, developmental and academic information (NC 1503-2.5). The initial evaluation must be conducted, eligibility must be determined, and the IEP must be developed if the child has a disability, all within ninety days of receiving the initial referral (NC 1503-2.4).

After the initial evaluation, the LEA determines eligibility (NC 1503-2.7). Following the administration of assessments and evaluations, a group of qualified professionals (SIT) along with the parents determine whether the child has a disability as defined in NC 1500-2.4. This decision relies upon information from a variety of sources, including aptitude and achievement tests, parental advice, teacher recommendations, and information about the child’s physical condition, social or cultural background, and adaptive behavior (NC 1503-2.7). If the decision is that the child has a disability and needs special education services, and
parental consent has been obtained, then an Individual Education Plan (IEP) will be
developed for the child in accordance with NC 1503-4.1 through NC 1503-5.1.

The Policies Governing Services for Children with Disabilities (2007) defines an IEP as a written statement for each child with a disability developed, reviewed and revised in a meeting in accordance with NC 1503-4.1 through NC 1503-5.1. North Carolina Policy 1503-4.1 states that the IEP must include: (1) a statement of the child’s present levels of academic achievement and functional performance; (2) a statement of measurable annual goals, including academic and functional goals; (3) a description of how the child’s progress toward meeting these annual goals and more formal periodic reports on the progress the child is making toward goals; (4) a statement of the special education and related services and supplementary aids and services as well as a statement of program modifications or supports for school personnel to be provided; (5) an explanation of the extent to which the child will or will not participate with non-disabled children in the regular class; (6) a statement of any appropriate accommodations necessary to measure the academic achievement and functional performance of the child on state and district-wide assessments as well as the reason for alternative assessments if the IEP team considers the regular assessments inappropriate; and (7) the projected date for the beginning of the services and modifications if any. The IEP team consists of the child’s parents, a regular education teacher, a special education teacher, an LEA, an individual who can interpret the instructional implications of evaluation results, other individuals who have knowledge or special expertise regarding the child at the discretion of the parents or the LEA, and whenever appropriate, the child with the disability (NC Policy 1503-4.2). In developing each child’s IEP, the IEP team must consider: (1) the child’s strengths, (2) the concerns of the parents for enhancing the education of their child,
(3) the results of the initial or most recent evaluation of the child; and (4) the academic, developmental, and functional needs of the child. (NC 1503-5.1)

IDEA stipulates that children with disabilities must receive a “free and appropriate public education” (FAPE) (Boyle & Weishaar, 2001). A FAPE is defined to mean special education and related services that: (1) have been provided at public expense— which is to say at no cost to parents and under public supervision and direction; (2) meet state educational standards; (3) include an appropriate preschool, elementary, or secondary school education in the state involved and; (4) is consistent with the individualized educational program (IEP) (Henderson, 2001). Providing children with a free and appropriate public education is far from a casual undertaking. This course of action— which includes the referral, evaluation and IEP process— requires collaboration on the part of the school-based intervention team that can be extensive because placing students in special education programs may not always present the solution.

The School Development Program and the Comer Approach

The Comer School Development Program (SDP) began in 1968, when four Yale Child Study team members piloted this program in two New Haven Connecticut schools that were performing at low levels in the areas of achievement, attendance, and behavior (Comer, 1992; Haynes, 1998). The program was founded and developed by James P. Comer, a child psychiatrist at Yale University, for the purpose of creating caring, nurturing and challenging learning communities in which all adults could work collaboratively to address all children’s psychosocial and academic development (Haynes, 1998). The SDP does not prescribe specific instructional methods or curricular modifications; instead it relies on multiple pedagogical approaches based on the particular school (Malloy & Rayle, 2000).
There are nine basic components of the SDP, which bring together in a methodical and coordinated way the adult caretakers in children’s lives (Comer, Haynes, Joyner and Ben-Avie, 1996). The nine components are comprised of three guiding principles, from which springs three mechanisms and three operations (Comer et. al, 1996).

The three guiding principles that guide the function of the SDP are: no-fault, consensus and collaboration (Haynes, 1998). No-fault problem solving requires adults to seek the causes of problems, instead of laying blame on others (Squires & Kranyik, 1996). By focusing on solutions rather than blaming others, team members model effective leadership and teamwork that is beneficial to everyone involved (Haynes, 1998). Consensus eliminates voting and relies on honest discussions in an atmosphere of trust and mutual respect (Haynes, 1998). Decisions are carried out only when everyone agrees (Squires & Kranyik, 1995; 1996). Collaboration refers to the teamwork and shared responsibility among all of the teams (Haynes, 1998).

The three mechanisms which stem from the guiding principles include a School Planning and Management Team (SPMT), a Student Staff Support Team (SSST), and a Parent Team (PT) (Comer et. al., 1996). The SPMT, which is also the governance team in a conventional school, establishes policy guidelines to address curriculum, developmental pathways and staff development (Emmons, Haynes, Cook, and Comer, 1995). This team is responsible for identifying the school’s needs, designing a plan to meet them and then measuring progress (Haynes, 1998). This team is comprised of representatives for the school’s staff, parents and other adult stakeholders. The SSST, which in a traditional school is the school intervention team, identifies and addresses school-level and individual student and staff concerns that affect the school’s climate and student adjustment and performance (Haynes, 1998). This team is also responsible for individual student issues. Members of this
team develop intervention strategies, monitor individual student progress along each of the
developmental pathways and offers recommendations in the area of staff development
(Emmons et al., 1995). This team consists of the school’s administrator(s), guidance
counselor, special education teacher, regular education teacher, school psychologist and other
support staff as they are needed (e.g. attendance officer, social worker, school nurse) (Comer
et. al, 1996). The PT exists to ensure that parents actively participate in the school
community (Emmons et. al., 1995). This team supports the general mission of the school
through parent involvement in all aspects of the school (Haynes, 1998).

The three operations of the SDP, which the SPMT is primarily responsible for is (a)
the Comprehensive School Plan (CSP), which is also known as the School Improvement
Plan, (b) staff development, and (C) assessment and modification (Haynes, 1998). The CSP
is the school’s course of action for the year. It outlines the school’s academic, social climate
and community relations goals as well as the activities created to achieve them (Haynes,
1998). Staff development is created and implemented by the SPMT based on the needs
identified by the CSP (Haynes, 1998). The assessment and modification operation enables
the SPMT to gather information to monitor progress and outcomes and make adjustments as
they are needed to strengthen program implementation (Haynes, 1998).

At the heart of the SDP is a focus on understanding child development through a
series of six interconnecting pathways: physical, language, ethical, social, psychological, and
cognitive (Haynes, 1998). The developmental pathways organizes and governs adult support
in meaningful and effective ways ensuring positive outcomes for students by: (a)
maintaining the focus of the adults on children, (b) extending the principle of no-fault
problem solving to the relationships with children, (c) providing a framework for adults to
consider children’s behavior in a larger context, and (d) enabling adults to develop and
implement strategies that promote the health and positive self-esteem of students (Comer, Joyner, and Ben-Avie, 2004, p. 35). All developmental pathways are equally important and must be balanced in order for healthy development to occur (Malloy & Rayle, 2000).

Research findings indicate that the SDP embraces all aspects of diversity, including those students classified as English Speaking other Languages (ESL) and students who are being served in special education programs (Malloy & Rayle, 2000). The SDP (Comer Model) has been credited with raising test scores, increasing attendance and fostering unparalleled levels of parent involvement in some of the nation’s most troubled school districts (June, 2003).

The Study

This study investigates whether the School Development Program’s (SDP) student staff support team process reduces the number of students referred for testing for high-incidence disabilities in one elementary school. High-incidence disabilities were chosen as the area of focus due to the relationship that high-incidence disabilities has with overrepresentation of minority students for special education programs. This study has been designed as an instrumental case study since it seeks to address the issue of high-incidence special education referrals and the impact that the SDP’s student-staff support team (SSST) process on the referral rate over a three-year period. This study is concerned only with the SDP’s SSST in one elementary school during the 2006-2007 school year.

The author collected qualitative data from interviews using open-ended questions and quantitative data. The questions were designed to collect opinions and judgments of the participants which include the school’s administrator, four regular education teachers, one special education teacher, one school psychologist, one guidance counselor and one literacy
teacher. The author assumed that the participants would answer the questions as accurately as possible.

To collect other forms of qualitative data, the author relied on an observation checklist that provides narrative descriptions of the Team’s meetings. The data obtained from both sources (the interviews and observations) provide the information necessary to develop themes or categories that reflect the information inherent in each source.

The population for this study included members of the Team in one such elementary school located in North Carolina. The Team is comprised of the school administrators, the school psychologist, guidance counselor, school nurse, special education teacher, regular education teacher, attendance officer, pupil personnel workers, and any other appropriate staff persons. The author focused on a school that uses the Comer model because of its identification as a Comer (1996) site for more than five years and because the school’s principal approved.

The school under examination is located in a rural community of North Carolina. The student population is diverse in terms of race and learning challenges. The school’s population of students includes Asians (1 percent), Hispanics (26 percent), Non-Hispanic Blacks (52 percent), Non-Hispanic Whites (20 percent) and Other (1 percent). Eighty-five percent of students, who attend the school, receive free or reduced-price lunches.

The site being studied is a primary school serving pre-kindergarten through grade three. The basic curriculum in pre-kindergarten through grade three is presented in a heterogeneous, self-contained classroom. Because of the school’s large population of Hispanic students, English speaking other languages (ESL) is also a component of the curriculum for students whose primary language is Spanish. In accordance with the laws and
mandates governing the identification of high-incidence disabilities, students at this school are referred for special education services by the school’s SSST.

Populations with high-incidence disabilities are more liable to experience such factors as peer rejection, depression, anxiety, behavioral and conduct problems, delinquency, poor academic adjustment and school dropout than students without disabilities (Werner, 1993; Guevremont & Dumas, 1994; Haager & Vaughn, 1995; Manikam, Matson, Coe, and Hillman, 1995; Murray, Goldstein, and Edgar, 1997; Pearl & Bay, 1999). More specifically, children with learning disabilities (LD), emotional and behavioral disorders (EBD), and mild mental retardation (MMR) are at a high risk for experiencing difficulties throughout their lives (Werner, 1993; Pearl & Bay, 1999; Al-Yagon & Mikulincer, 2004). High-incidence disabilities are those disabilities that fall into one of three categories: (1) emotional disturbance; (2) a specific learning disability; or (3) speech or language impairment (Policies Governing Services for Children with Disabilities, 2007). Low-incidence disabilities include: (1) mental retardation, (2) multiple disabilities, (3) hearing impairments, (4) orthopedic impairments, (5) other health impairments, (6) visual impairments, (7) autism, (8) deaf-blindness, (9) traumatic brain injury, and (10) developmental delay (Policies Governing Services for Children with Disabilities, 2007).

This study examines referral rates of high-incidence disabilities, which fall into one of the following four categories:

1. Mild-mental retardation -- a developmental disability marked by lower-than-normal (less than 75) intelligence and limited daily living skills,
2. Learning disability -- a disorder of the basic psychological processes involved in understanding or in using spoken or written language which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or make mathematical calculations,
3. Emotional disturbance (also referred to as behavior disorders) -- a condition exhibiting one or more of the following characteristics over a long period and to a marked degree that adversely affects a child’s educational performance:
(a) an inability to learn that cannot be explained by intellectual, sensory or health factors, 
(b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers, 
(c) inappropriate types of behavior of feelings under normal circumstances, 
(d) a general pervasive mood of unhappiness or depression, and 
(e) a tendency to develop physical symptoms or fears associated with personal or school problems.” [Code of Federal Regulations, Title 34, Section 300.7(c)(4)(i)]; and 

(4) speech and language impairments-- problems in such communication and related areas as oral-motor function. These disorders range from simple sound substitutions to an inability to understand or use language or use the oral-motor mechanism for functional speech and feeding (Reschley, 1988; Reschley, 1997; Harry & Klingner, 2006).

High-incidence disabilities require an extensive degree of “professional judgment,” exercised mainly by a professional, which includes the student’s teacher, in order to determine if an actual disability exists (MacMillan & Reschley, 1998). The risk rate for African Americans and Native Americans to be categorized with one these four disabilities are much higher, possibly because these disabilities rely on clinical judgment rather than on biological data (Harry & Klingner, 2006). Hence, the term “high-incidence” disability is used to categorize the disabilities that fall under these four labels. One detects a likelihood that the “clinical judgment” or “teacher’s judgment” used to refer students for special education services may be biased and therefore skewed or inaccurate. The core of this problem lies in both the referral and evaluation processes used when placing students in special education programs.

To determine if a relationship exists between the Team process and the decrease in the number of students referred for testing for high-incidence disabilities in one elementary school, the author posed this research question:

Does the School Development Program’s (SDP) Student Staff Support Team (SSST) process reduce the number of students referred for testing for high-incidence disabilities in one elementary school?
Theoretical Framework

In the effort to attain a theoretical framework most suitable for this research, the author reviewed other theoretical models considered by Comer (1996). When Comer (1996) formulated his theoretical framework for school reform, he reviewed the following four mental health theories:

(1) Lewin’s (1936) *Social Psychology Theory*, which states that the individual functions in a psychological environment composed of feelings about objects, situations, self, and others and that behavior is an adaptation or reaction to the environment;

(2) Kelly’s (1966) *Human Ecological Systems Theory*, which defines behavior as an interaction and adjustment of human beings with their physical, social, moral and psychological environments;

(3) Becker, Wylan and McCourt (1971) and Hartman’s (1979) *Population Adjustment Model*, which identifies populations at risk for developing mental illness and intervenes by modifying the environment to promote mental health and by providing the identified population with support systems and coping skills to improve their adjustment and;

(4) Reiff’s (1966) *Social Action Model*, teaches that program planning should be a collaborative effort between professionals and community members who have an integral knowledge of the community in which they work in order to bring about societal change for the benefit of the community.

The union of these four theories resulted in “Comer’s Theoretical Framework of Child Development” (Comer et al., 1996, p. 28). This theoretical framework is, in turn, comprised of four components:
(1) a child’s behavior is determined by his or her interaction with the physical, social, and psychological environments,
(2) children need positive interactions with adults in order to develop adequately,
(3) child-centered planning and collaboration among adults facilitate positive interactions, and
(4) all planning for child development should be a collaborative effort between professionals and community members.

This study examines one component of Comer’s theoretical framework which is:
Child-centered planning and collaboration among adults facilitate positive interactions. The author chose this component of Comer’s school reform model as opposed to all four of the above mentioned components of the theoretical framework, because of its particular relevance to the study, focused as it is on child-centered planning and collaboration among adults. In examining whether the Team’s process decreases the number of students referred for testing for high-incidence disabilities in one elementary school, the author found it imperative that her research question elucidate the process that the Team takes in child-centered planning and collaboration among adults to facilitate positive interactions. This research question required the author: (1) to examine how the Team identifies children at risk for school failure; (2) clarify the process the Team follows in problem solving and working as a team; (3) to study modifications made to the environment to promote learning; and (4) to investigate whether the special education referral rate increases, decreases or remains at a constant rate over a three-year period.

When studying a student’s academic state and environmental conditions, Tyack and Cuban (1995) suggested that “analyzing the problem in terms of both the child and the school widens the focus from solutions involving the child alone to solutions in which teachers, administrators, and policy makers assume responsibility for altering their practices” (p. 60). This practice compels educators to broaden their scope by gaining knowledge of those school reform initiatives that not only help the entire body of students, but also involve all
stakeholders connected with the school. School reform programs that meet these standards include such reform models as Success For All (Slavin & Madden, 1992), Levin’s Accelerated Schools Model (Hopfenburg & Levin, 1993), Direct Instruction (Adams & Engleman, 1996), and Sizer’s (1992) Coalition of Essential Schools. These programs allow educators to decide how to put reform principles into practice with the help of consultants to implement instructional programs. Conversely, none of these reforms takes into consideration the social, emotional, and academic composition of the child.

But Yale University’s psychiatrist James P. Comer (1996) created a school model that takes into consideration the social, emotional and academic facets of the child by merging two schools of thought – child psychology and education – into a School Development Program now known as the “Comer School Development Program” (SDP). Deeply concerned about students being excluded from the mainstream (economically and socially) and placed into special education classes, Comer developed a holistic framework for changing schools based on interventions, outcomes, and a developmental theory with the belief that teachers, parents, and administrators could define and pursue shared educational objectives (Comer, Haynes, Joyner, and Avie, 1996). Comer organized his schools around three teams: the Parent Team, the Student Staff Support Team, and the School Planning and Management Team (Comer et. al., 1996).

The Parent Team (PT) encourages parents to become involved with the school and coordinate their volunteer activities there. The Student Staff Support Team (SSST)-- which includes the school psychologist, counselors, regular and special education teachers, and school administrators address issues concerning the school’s climate as well as the problems of the individual students. The School Planning and Management Team (SPMT) -- which includes parents, teachers, administrators, and the support staff -- make the fundamental
decisions that guide the school and develop the School Improvement Plan. The School Improvement Plan includes goals and objectives geared towards student performance, curriculum, and pedagogy.

Because the SDP originally did not represent an instructional scripted program, but rather focused on strategies that addressed school climate, family relationships and society issues, three academic components were added to the SDP: Teachers Helping Teachers, the Balanced Curriculum, and the Essentials of Literacy Program (Comer, 2004). These programs, which now fall under the Comer SDP umbrella, support the No Child Left Behind Act by (a) improving the academic performance of disadvantaged students, (b) boosting teacher quality, (c) moving limited English proficient students to English fluency, (d) promoting informed parental choice and innovative programs, (e) encouraging safe schools for the 21st century, and (f) encouraging freedom and accountability (Bush, 2001).

Comer (1996) believed the development of children begins when they are ready to grasp various concepts along a progression of “pathways”, which include the social, psychological, physical, linguistic, ethical, and cognitive. These developmental pathways serve as benchmarks upon which the Comer SDP relies so as to determine whether a child is developing healthfully. If one takes all of these aspects into consideration when diagnosing a child for a specific program, would fewer special education referrals occur and would misdiagnose of children referred to special education programs decline? This study investigates whether the SDP’s SSST process reduces the number of students who are referred for testing for high-incidence disabilities in one elementary school.
Problem Statement

This study investigates whether the Comer (1996) School Development Program’s Student Staff Support Team process reduces the number of students referred for testing for high-incidence disabilities in one elementary school. It also elucidates underlying motives that influence the recommendation of students for testing for high-incidence disabilities.

This qualitative study examines the question of whether the School Development Program’s SSST process reduces the number of students in pre-kindergarten through the third grade who are referred to be tested for high-incidence disabilities. These are students who (1) score below average on the NC State mandated end of grade assessments in reading, writing and mathematics; (2) have grades below a level 3 on a 4 point scale on their report cards in reading, writing and mathematics; and (3) consistently exhibit behavior patterns that place them in alternative classroom settings. The central research question for this study follows:

Does the Comer School Development Program’s (SDP) Student Staff Support Team (SSST) process reduce the number of students referred for testing for high-incidence disabilities in one elementary school?

This research question required the author: (1) to examine how the SDP’s SSST identifies children at risk for school failure; (2) to analyze the process the SDP’s SSST follows in problem solving and working as a team; (3) to study modifications made to the environment in order to promote learning; and (4) to investigate whether the special education referral rate of high-incidence disabilities increases, decreases or remains at a constant rate over a specified three-year period.

The theoretical framework used to support this study is: Child-centered planning and collaboration among adults facilitate positive interactions (Comer, 1996). This portion of Comer’s theoretical framework stems from the two-part Population Adjustment Model
developed by Becker, Wylan and McCourt (1971) and Hartman (1979), which is a primary prevention model of mental health services stating that organizations should (1) identify populations at risk, and (2) intervene by modifying the environment so as to encourage preventative interventions. In applying Comer’s theoretical framework to this study, two central themes of focus are: child-centered planning and collaboration among adults.

When participating in the child-centered planning process, Comer et al. (1996) asserted that the Team’s first responsibility is to identify students at risk for school failure. After the Team has identified those students at risk, the next step is for the SSST to modify the environment to promote a healthful, safe, caring and stimulating environment in which the at-risk child can function and learn. The final step in the child-centered planning process is to help the student develop coping skills in order to succeed (Comer et al., 1996).

The second theme of relevance, collaboration among adults, is a separate entity interconnected with the child-centered process. Comer et al. (1996) emphasized the importance of parents being involved in the service provided to the student. Collaboration as it applies to this study involves a parent being involved with the designing and implementation of the service as well as those individuals serving on the SDP’s SSST using the consensus, collaboration and no-fault approach to teamwork and problem solving (Comer et. al., 1996).

Significance of the Research

Those stakeholders involved with a Comer School Development Program tend to believe that the number of students being referred to special education programs in the Comer SDP schools is decreasing. While there is no documented proof of this belief, studies conducted by Nelson, Smith, Taylor, Dodd, and Reavis (1991); Nelson, Smith, Taylor, Dodd, and Reavis (1992); Rosenfield (1992); Bay, Bryan, and O’Connor (1994); Kovaleski, Tucker
and Duffy (1995); Schrag (1995); Gravois & Rosenfield, (2002) and; Levinsohn, (2000) all credit student-based intervention team processes responsible for a decrease in special education referrals. This study, which is the first study conducted on the SDP’s SSST process, investigates whether the SDP’s Student Staff Support Team process reduces the number of students referred for testing for high-incidence disabilities in one elementary school. It also provides insight into those underlying rationales for recommending students for special education services.

The qualitative study described here examines the impact the SDP’s SSST process has on the number of students referred to testing for high-incidence disabilities from pre-kindergarten to grade three who (a) score below grade level on the end of grade assessments in reading and mathematics; (b) have grades below a level 3 on a 4 point scale on their report cards in the areas of reading, writing and mathematics-, and; (c) consistently exhibit behavior patterns that would require them to be placed in alternative classroom settings. The school district of the study site requires that students in kindergarten through grade three meet local attendance requirements as well as perform at a level 3 (at grade level) or 4 (above grade level) in reading and mathematics assessments in order to be promoted to the next grade in compliance with the district’s School Board Policy 5.1.5. Students who score below grade level on reading and mathematics grade assessments (level 2) are categorized as performing “below grade level”. Students who exhibit behaviors that have an adverse effect on educational performance and require specially designed instruction under NC policy 1503-2.5 are also referred to the SSST for strategies, interventions or evaluation, or are recommended for special education services. Students who fall under categories (a) through (c), are usually brought to the student intervention team (SIT) or SSST for intervention strategies or evaluations or are referred for special education services.
To determine if a relationship exists between the Comer process and the decrease in high-incidence referrals of students to special education programs, the author posed this research question:

Does the School Development Program’s (SDP) Student Staff Support Team (SSST) process decrease the number of students referred for testing for high-incidence disabilities in one elementary school?

This research question reflects Comer’s (1996) theoretical framework: Child-centered planning and collaboration among adults facilitate positive interactions. In examining whether the SDP’s SSST process decreases the number of students referred for testing for high-incidence disabilities in one elementary school, one should make sure that the research question elucidates the process that the SDP’s SSST follows in child-centered planning and collaboration among adults to facilitate positive interactions. Such a research question requires that the researcher: (1) examine how the SDP’s SSST identifies children at risk for school failure; (2) analyze the process the SDP’s SSST takes in problem solving and working as a team; (3) study modifications made to the environment to promote learning; and (4) investigate if the special education referral rate increases, decreases or remains at a constant rate over a three-year period.

**Limitations of the Research**

This study focuses on the Comer (1996) SDP’s SSST process in one elementary school during the 2006-2007 school-year.

The data derived mainly from interviews, meaning that much of the data took the form of opinions and judgments. The author assumed that the participants (members of the Student Staff Support Team) would answer the questions as accurately as possible, having no real incentive to skew information. Other forms of qualitative data the author collected
included observation checklists, which served to provide narrative descriptions of the SDP’s SSST meetings. Data obtained from both sources (interviews and observations) provide the information necessary to develop themes or categories reflecting the information obtained from each source.

The school selected for this study was not selected randomly, but reflected the willingness of the principal involved to participate in the study. The case study of one school makes it difficult to offer extensive inferences or generalizations beyond this single site.

**Definition of Terms**

**Comer**--The Yale psychiatrist who merged child psychology with education and developed the Comer School Development Program, known as the Comer Model (1996).

**Evaluation**--Procedures used in accordance with NC State Laws (1503-2 through 1505-3) relating to studies of disabilities to determine whether a child has a disability and the nature and extent of the special education services the child requires.

**Free Appropriate Public Education (FAPE)** -- Special education and related services: (a) are provided at public expense, under public supervision and direction, and without charge; (b) meet the standards of the State Education Agency (SEA), including the requirements of IDEIA; (c) include an appropriate preschool, elementary school, or secondary school education; and (d) are provided in conformity with an individualized education program (IEP) that meets the requirements of NC 1504-4 and NC 1503-5.1.
**Individualized Education Plan (IEP)** -- A written statement for a child with a disability that is developed, reviewed, and revised in accordance with North Carolina Policy (NC) 1503-4 through 1503-5.1.

**Least Restrictive Environment (LRE)** -- To the maximum extent appropriate, children with disabilities shall be educated with children who are not disabled; and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature of the disability is such that education in the regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

**Local Educational Agency (LEA)** -- A public board or other public authority legally constituted within the State for either administrative control or direction of, or to perform a service function for, public elementary or secondary schools in a city, county, township, school district, or other political subdivision, or for a combination of school districts or counties as are recognized in the State as an administrative agency for its public elementary schools or secondary schools.

**Parent Team (PT)** -- A three-level team intended to involve parents at all levels of school life. The first level of the parent team involves parents serving in such organizations as the Parent-Teacher Association (PTA), Parent-Teacher Organization (PTO), or the Parent-Teacher-Students Association (PTSA). The second level of the parent team involves parents participating in the school as volunteers or paid assistants in the library, cafeteria, or
classrooms. The third level of the parent team involves parents serving on the School Planning and Management Team.

**Referral**-- The process of requesting a screening (that is, part of the evaluation process used in determining appropriate instructional strategies) to determine if a child should be evaluated to determine if a need exists for special education services, in response to a specific disability.

**School Development Program (SDP)**-- The Comer School Model (1996) is rooted in child development and organized around school teams: the Parent Team, the Student Staff Support Team and the School Planning and Management Team. Comer’s model focuses on both the academic performance of the students as well as the governance in and climate of the school.

**Screening**-- The examination of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation; part of the evaluation process for eligibility for special education or related services.

**Special Education**-- Specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, including (a) instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and (b) instruction in physical education.

**School Planning and Management Team (SPMT)**-- A team that includes school administrators, teachers, parents, and support staff representatives. The purpose of this team
is to develop and monitor a Comprehensive School Plan for the academic, social climate, and staff development goals of students and adults in the school.

**State Educational Agency (SEA)** -- The State board of education responsible for the State supervision of public elementary schools and secondary schools.

**Student and Staff Support Team (SSST)** -- A staff knowledgeable in child development and mental health. Such staff members as the school psychologist, guidance counselor, school nurse, special education teacher, regular education teacher, and school administrators all belong to this team, which addresses the school-wide climate and psychosocial issues likely to affect the students’ adjustment and life path choices.

**High-incidence Disabilities**-- Disabilities that constitute more than 70 percent of all youth with disabilities that fall under the following four categories: (1) emotional-behavioral disorders (EBD); (2) learning disabilities (LD); (3) mild intellectual disabilities (MID); and (4) attention disorders (attention deficit disorder and attention deficit hyperactive disorder).

The five categories of high-incidence disabilities are:

**A. Developmental Delay**-- A child between the ages of three and seven, whose development or behavior is so significantly delayed or atypical that special education and related services are required.

**B. Intellectual Disability**-- A disability that exerts an adverse effect on educational performance and requires specially designed instruction because the child is
functioning intellectually well below the mean on an individually administered standardized intelligence test. Measures below the mean are as follows:

(1) mild or two standard deviations below the mean plus or minus one standard error of measurement.

(2) moderate or three standard deviations below the mean plus or minus one standard error of measurement.

(3) severe or four or more standard deviations below the mean plus or minus one standard error of measure.

C. Other Health Impairment (OHI)-- A chronic or acute health problem resulting in one or more of the following three limitations: (1) limited strength (2) limited vitality (3) limited alertness, including heightened alertness to environmental stimuli that result in limited alertness with respect to the educational environment. This disability has an adverse effect on educational performance and requires specially designed instruction.

D. Specific Learning Disability-- A disability that exerts an adverse effect on educational performance and requires specially designed instruction. To be determined eligible in this disability category, a child must demonstrate inadequate achievement for his or her age or meet state-approved grade level standards in one or more of the following eight areas: (1) oral expression (2) listening comprehension (3) written expression (4) basic reading skills (5) reading fluency skills (6) reading comprehension (7) mathematics calculation or (8) mathematical problem solving. The child must also demonstrate a discrepancy between achievement (as measured by
the educational evaluation) and measured ability (as determined by the intellectual 
evaluation) of at least 15 points. Finally, the child must also exhibit characteristics 
consistent with the definition of specific learning disabilities.

E. Speech or Language Impairment-- A disability with an adverse effect on 
educational performance that requires specially designed instruction. A child must 
meet the criteria listed in one or more of the following areas:

A. Articulation. A child’s speech must have

1. two or more phonemic errors not expected at the child’s age or 
developmental level observed during direct testing or in 
conversational speech, or

2. two or more phonological processes not expected at the child’s age 
or developmental level observed during direct testing or in 
conversational speech.

B. Fluency. A child must demonstrate non-fluent speech behavior 
characterized by repetitions or prolongations or blocks on a regular basis.

C. Language. Two diagnostic measures must occur, one assessing 
comprehension and the other assessing production of language. It is 
required that

1. standard scores on the particular standard evaluation instrument 
suggest a language disorder; or

2. non-standardized or informal assessment indicates that the child 
has difficulty understanding or expressing ideas or concepts.
D. Voice-- A child must demonstrate consistent deviations in vocal production inappropriate for chronological or mental age, gender and ability.

**Low-Incidence Disabilities**-- Low incidence disabilities refers to a collection of disabilities that fall into one of the following five categories: (1) hearing impairments (2) visual impairments (3) traumatic brain injury (4) orthopedic impairments (cerebral palsy, burns, spinal bifida and so forth) and (5) other health impairments. The nine categories of low-incidence disabilities are:

A. **Autism**-- A disability that exerts an adverse effect on educational performance and requires specially designed instruction attributable to (1) impairment in communication (2) impairment in social interaction (3) unusual responses to sensory experiences, or (4) restricted, repetitive, or stereotypic patterns of behavior, interests, or activities.

B. **Deaf/blindness**-- A disability with an adverse effect on educational performance requiring specially designed instruction because of a visual impairment in combination with a hearing impairment that results in severe communication, developmental, and educational needs. This disability cannot be accommodated in a program for a child with solely a visual impairment or hearing impairment.

C. **Emotional Disability**-- A disability that exerts an adverse effect on educational performance and requires specially designed instruction because of: (1) an inability to make educational progress that cannot be explained by intellectual, sensory or health factors; (2) an inability to build or maintain satisfactory interpersonal relationships
with peers and teachers; (3) inappropriate types of behavior or feelings under normal circumstances; (4) a general pervasive mood of unhappiness or depression; or (5) a tendency to develop physical symptoms or fears associated with personal or school problems.

D. Hearing Impairment-- A disability with an adverse effect on educational performance that requires specially designed instruction.

E. Mental Retardation-- A disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills.

F. Multiple Disabilities-- Two or more disabilities occurring together where the combination is so severe, complex, and interwoven that one cannot relegate the student to a single category of disability. This disability has an adverse effect on educational performance and requires specially designed instruction.

G. Orthopedic Impairment-- A disability that exerts an adverse effect on educational performance and requires specially designed instruction because of a severe physical impairment attributable to congenital abnormalities, disease or other causes.

H. Traumatic Brain Injury-- A disability with an adverse effect on educational performance that requires specially designed instruction. Eligibility for this disability
requires written verification by a licensed physician or a licensed psychologist, appropriately practicing in the specialty of neuro-psychology, that the child has sustained an injury from which one can infer brain impairment.

I. Visual Impairment-- A disability that exerts an adverse effect on educational performance and requires specially designed instruction. To be eligible in this disability category, a child must have a visual acuity between 20/70 and 20/200 in the better eye after correction to be classified as visually impaired. The child must also have a visual acuity of 20/200 or less in the better eye after correction or a peripheral field so contracted that the widest diameter subtends an arc no greater than 20 degrees.

Assumptions of the Research

The research population in the study described here consists of members on the SDP’s Student Staff Support Team in one elementary school. Members of the SDP’s SSST at this site include the school’s administrators, regular education teachers, special education teachers, the school’s guidance counselor, literacy teacher and the school’s psychologist. The site and the individuals that were studied were selected intentionally based on the following criteria: (a) the site has been a School Development Program (SDP) school for over five years, (b) the site is comprised of individuals employed by a school district which include the school administrators, school psychologist, guidance counselor, special education teachers and regular education teachers at the school to be studied which is the SDP’s SSST; (c) the SDP’s SSST assists the teacher in identifying students with behavior or learning problems who are at risk for being referred for special education services; (d) the SDP’s
SSST sets up individualized programs for children with special needs, which involve outside services when necessary and possible; (d) the SDP’s SSST is comprised of individuals who refer students to special education programs and; (e) the SDP’s SSST analyzes problems with attention to relative as well as child factors and identifies specific interventions. All of the above mentioned factors are prerequisites for being a member of the School Development Program’s (SDP) Student Staff Support Team (SSST).

The author chose this population after considering how the SDP’s SSST collaborates and facilitates child-centered planning in helping students at risk for being referred for special education services. The school district of the site studied requires that students in kindergarten through grade three meet local attendance requirements as well as perform at a level 3 (that is to say, at grade level) or 4 (above grade level) in reading and mathematics assessments in order to be promoted to the next grade in compliance with Board Policy 5.1.5. Students who score below grade level on reading and mathematics grade assessments (level 2) are categorized as performing “below grade level”. Students who exhibit behaviors that exert an adverse effect on educational performance and require specially designed instruction under NC policy 1503-2.5 are also referred to the SSST for strategies, intervention or evaluation, or they are recommended for special education services. Students who fall under categories (a), (b) or (c) are usually brought to the SIT or SSST for evaluations or intervention strategies, or they are referred for special education services. Before students are recommended to special education, all avenues of intervention should be explored with the school’s Student Staff Support Team. The author assumed that teachers participating in this study were knowledgeable about educational and instructional practices and the methods of instruction offered to this population of students.
The author set out to interview administrators and SSST members, including the school’s administrators, regular education teachers, special education teachers, the school psychologist, the guidance counselor, the social worker, and parents. She expected the subjects to provide valid and accurate information in response to all questions posed. The study is not, however, designed to measure the strengths and weaknesses of the overall Comer school reform program.

Summary

Slavin (2001) stated that the main objective of school reform initiatives is to improve student achievement. In disparate instances, school reform initiatives are selected in response to the needs of students as a group. While such factors as developmentally appropriate curriculum content, research-based instructional methods, assessment, and modes of service delivery have improved practices in education, Comer (2005) maintains that there is insufficient attention focused on child and adolescent development. If all of these characteristics were examined and analyzed when one diagnosis a student for special education services, would fewer special education referrals and less misdiagnose result?

In the context of this case study in one elementary school, the author set out to examine whether the SDP’s SSST process reduces the number of students referred for testing for high incidence disabilities in one elementary school. The research study focuses on high-incidence disabilities: mild mental retardation, learning disabilities, behavior disorders and attention disorders (Reschley, 1988;1997). Because these particular disabilities require an extensive degree of “professional judgment”, primarily provided by the student’s teacher, the possibility arises that these judgments can be skewed, biased or inaccurate (MacMillan &
Reschley, 1998). The crux of this problem lies in both the referral and evaluation processes used when students get referred for special education programs.
CHAPTER II - REVIEW OF THE LITERATURE

Introduction

This study investigated whether the Comer (1996) School Development Program’s Student Staff Support Team process reduces the number of students referred for testing for high-incidence disabilities in one elementary school. Included in this chapter is a review of the literature in regard to child development, collaboration in schools, and the Individual with Disabilities Education Improvement Act’s (IDEIA/IDEA) special education practices as they relate to school reform initiatives.

To determine whether a relationship exists between the SDP’s SSST process and a decrease in high-incidence referrals of students for special education services, the author formulated this research question:

Does the School Development Program’s Student Staff Support Team’s process decrease the number of students referred for testing for high-incidence disabilities in one elementary school?

The research question derives from Comer’s (1996) theoretical framework: Child-centered planning and collaboration among adults facilitate positive interactions. In examining the impact of the Team’s process on the rate of high-incidence special education referrals, the author considered it imperative that the research question bring to light the process the Team follows in child-centered planning and collaboration among adults to facilitate positive interactions. This research question allowed the author to: (1)
examine how the Team identifies children at risk for school failure; (2) study modifications made to the environment so as to promote learning; (3) investigate whether the special education referral rate of high-incidence disabilities increases, decreases or remains at a constant rate over a four-year period; and (4) assess the process the Team takes in problem solving and working as a team.

This study centers on one component of Comer’s school model (SDP): Child-centered planning and collaboration among adults facilitate positive interactions. This portion of Comer’s theoretical framework arose from the two-part Population Adjustment Model developed by Becker, Wylan, and McCourt (1971) and Hartman (1979), which is a primary prevention model of mental health services urging organizations (1) to identify populations at risk, and (2) to intervene by modifying the environment to design preventative interventions. The author chose to adopt this portion of Comer’s theoretical framework in order to determine whether a relationship existed between the SDP’s SSST process and the rate of students referred to special education programs for high-incidence disabilities.

This chapter presents a review of the literature regarding child development, collaboration in schools, and the Individual with Disabilities Education Improvement Act’s (IDEIA) special education practices as they relate to school reform initiatives. The literature pertaining to child development comes first because in order for child-centered planning to occur, educators must know how children develop cognitively, physically, socially and emotionally. The next section discusses collaboration in schools and the chapter concludes with a review of special education as it relates to school reform initiatives.
Child Development

This section focuses on theories that affect children’s development and learning. The author examined only those theories that focus on child development and learning as it pertains to Comer’s theoretical framework-- namely the environmentalist view, the cognitive view, and the psychoanalytic view.

A review of child development theories is an essential component of this study. Comer (1993) believed that education should be rooted in the understanding of child development. All other programs that are developed should grow out of that understanding of how children grow, function and develop (Comer, 1993). When educating the child, the child’s overall development has to be the area of focus because overall child development embraces more than just cognitive or intellectual development. Appropriate child development occurs when educators interact with young people in ways that help them grow socially, psychologically, emotionally, ethically, linguistically, and physically, as well as intellectually (Comer, 2003). For these reasons, a review of multiple theories was reviewed for this study.

In reviewing those theories essential to forming and shaping child development, two earlier schools of thoughts emerged and helped to form the basis of this literature review of child development. The author became reacquainted with the theories of John Locke (1632-1704) and Jean-Jacques Rosseau (1712-1778) both of which served as precursors of more modern theories that have shaped and formed the views regarding child development today.
Environmentalist View of Child Development

In 1690, John Locke, an early educational environmentalist, developed a theory asserting that children are neither inherently good nor inherently corrupt. Locke took this pronouncement a step further by declaring that the child’s mind is initially a *tabula rosa* ("blank slate") and whatever becomes of the mind is the result of a combination of learning and experience because it is the environment that actually shapes the individual both cognitively and socially (Crain, 1980).

Environmentalists believe that individuals develop socially in one of or in a combination of four ways: (1) through the structure and organization of their specific environments, (2) through association, (3) through a combination of practice, repetition, and imitation; or (4) in ways that bring about positive reinforcement while avoiding actions that bring about punishment (Crain, 1980). Watson (1929) maintained that environmental interaction is responsible for such behaviors as how to cope with everyday situations and how to get along with others. B.F. Skinner (1953) who through a series of experiments found that animals could operate mechanisms to receive rewards advanced this school of thought, known as behaviorism, in the 1950’s. His theory became known as “operant conditioning” (Skinner, 1953).

This portion of the literature review focuses on the environmental view of child development and the contributions and theories of Skinner (1953), Bandura (1971) and Bronfenbrenner (1979). The principles of operant conditioning, social learning and the
theory of ecological systems as they relate to child development in controlling and shaping behavior also receives attention in this section of the literature review.

**Operant Conditioning**

Operant conditioning is the belief that the environment (parents, teachers and peers) aids in either reinforcing or eliminating the behavior, which is essentially operant conditioning (Elliott, Kratochwill, Cook and Travers, 2000). Operant conditioning is based on the principle that if a behavior produces a pleasant or rewarding consequence, that behavior is likely to be repeated (Gormly & Brodzinsky, 1993).

Early behaviorists often had difficulty identifying what stimulus produced the various responses they observed. Skinner (1953) suggested the problem lay in the fact that two types of conditioning had been isolated, one deemed classical conditioning, and the other identified as operant conditioning. The premise behind operant conditioning was that instead of looking for behavior (a response) to be elicited by a stimulus, the behavior (response) is expressed without an observable stimulus evoking it. There are eight principles of operant conditioning: (1) reinforcement and extinction, (2) immediacy of reinforcement, (3) discriminative stimuli, (4) generalization, (5) shaping, (6) behavior chains, (7) schedules of reinforcement, and (8) negative reinforcement and punishment (Schunk, 2008).

Bandura’s (1977) views contrasted with those of Skinner (1953) because he believed that human behavior could not be evaluated in the way that Skinner (1953) had evaluated it. Bandura (1977) asserted that humans operate in a more social context where such factors as imitation, modeling, observation learning, motivation, and reinforcement from others guide
and help shape human behavior as well as learning (Turner & Helms, 1995). This form of learning led to the social learning theory (Berger, 1998).

**Social Learning Theory**

Social learning theory first emerged in the late 1930s and early 1940s when a group of psychologists (Sears, Hull and Miller, 1939) attempted to apply behavioral ideas to the study of complex social behavior. According to Cairns (1979), all social learning theories accept the proposition that social behaviors are acquired, maintained, and changed primarily through learning processes. This precept does not negate the biological role that helps to shape behavior, but does affirm the import role experience plays in shaping behavior (Travers, 1982).

The contrast between the two theories of operant conditioning and social learning is that Skinner (1980), who espoused operant conditioning, believed learning to be a gradual process through which stimulations, responses, physical rewards, and punishments guided responses (Cairns, 1979). Bandura (1969), a social learning theorist, argued that in social situations that involve observation and modeling, the observation of both positive and negative behavior leads to more rapid learning. Bandura (1977) further concluded that in daily life people notice the consequences of their actions, such as which actions succeed and fail, and adjust their behavior accordingly. He believed that children learned best by observing the behavior of others and imitating and modeling their behavior (Grusiec, 1992).

One can learn two lessons through observation. First, unlike operant conditioning, no trial-and-error period preceded learning gained through observation. Thus, when learning occurs through observation alone, it can be said that learning is cognitive (Vasta, Haith and
Miller, 1999). Second, we learn through observation the consequences of new behavior and what occurs when others exhibit these observed behaviors (Vasta et al., 1999). This process is called vicarious reinforcement, because others carry out the reinforcement (Crain, 2000).

Not only do we acquire learning through observation, but we also obtain it from models. Models provide information about the likely consequences of actions and motivate observers to act appropriately (Schunk, 2000). Models can be either alive or symbolic. Symbolic models include those observed on television, read about in books, or experienced through verbal instruction (Bandura, 1962). Children identify with and model the behaviors of living people they perceive to be more powerful, nurturing, and knowledgeable than they are (Mischel & Mischel, 1976). The behavior most often observed tends to be the behavior that children imitate the most (Bussey, 1981). Once children model the observed behavior they can strengthen it or be further influenced by seeing others rewarded or punished for imitating the same behavior (Rice, 2001).

How imitation and modeling shape human behavior and how individuals were socialized also interested Bandura (1977). His theoretical contributions include his account of (1) observational learning, (2) the influence of cognitive processes on behavioral acquisition and performance, and (3) the interaction of mind and society in individual development (Green & Piel, 2002).

**Ecological Systems Theory**

Urie Bronfenbrenner (1979) believed that when focusing on a child’s individual growth and behavior, social, political and economic conditions must be considered. He maintained that the family, local social services agencies, schools, state and federal
governments, the media and the political environments must be considered when providing a comprehensive explanation of human development (Bronfenbrenner, 1979). He developed the ecological systems theory, which focuses on child development within the context of the larger world. This theory focuses on the influence of the institutions and settings surrounding the child which includes the child’s community, school and political system (Trawick-Smith, 2000).

The ecological systems theory is comprised of multiple layers that surround and affect the developing human. The first ecological layer, the microsystem, has the greatest affect on the child’s development (Trawick-Smith, 2000). This layer includes all of the child’s institutions, experiences and influences within the child’s immediate environment which is comprised of the child’s family, pediatric services, the school, teachers and peers (Bee & Boyd 2002; Trawick-Smith, 2000). The second ecological layer, the mesosystem, is the interconnections of the microsystem and the exosystem (Bee & Boyd, 2002). According to the ecological systems theory, positive child development is enhanced when strong, supportive linkages exist between the persons and organizations in the microsystem and exosystem (Trawick-Smith, 2000). The third ecological layer, the exosystem, contains those institutions and people who directly affect the child’s experiences, without directly touching them (Bee & Boyd, 2002; Trawick-Smith, 2000). The exosystem is comprised of extended family, neighbors, friends and family and community social services (Bee & Boyd, 2002; Trawick-Smith, 2000). The final ecological system, the macrosystem, contains the overarching values, ideologies, laws, worldviews and customs of a particular culture or
society (Bee & Boyd, 2002; Traiwick-Smith, 2000). This layer, although far from the developing individual, is extremely influential (Traiwick-Smith, 2000).

Two major assumptions surround the ecological systems theory. One major assumption of this theory is that various subsystems (i.e. family, school, economic conditions) change over the course of development (Meece, 2002). Change can originate from within the child, or it can originate outside of the child (Meece, 2002). Another major assumption of this theory is that changes at one level of the context can influence what occurs at other levels (Meece, 2002).

The ecological systems theory accepts cultural differences and integrates them into an explanation of human development. Customs, language, worldviews, and histories of ethnic groups—all part of the micro, meso and exosystems—are viewed as fundamental aspects of the human development process (Trawick-Smith, 2000). This theory is believed to be the most useful in identifying social issues concerning children in poverty or those of historically under-represented groups due to its focus on the social, political, and economic contexts in which development occurs (Trawick-Smith, 2000).

While Bandura (1977), Skinner (1980) and Bronfenbrenner (1979) expressed different views concerning how a child’s behavior is shaped, educators and caretakers of children should realize that these schools of thought can be merged in order to gain a more holistic understanding of how behavior is shaped and how children develop socially.

Cognitive View of Child Development
Jean Jacques Rousseau (1911), the eighteenth century French naturalist, believed a child’s development responded to two influences. First, he reasoned that a child’s development was based on internal influences (maturation) and interactions with the environment (Lawton, 1982). Second, he believed development to be a natural phenomenon that occurred in stages (Lawton, 1982). Rousseau (1911) concluded that the only way adults could help guide the development of children was to understand as much as they could about the stages of child development. Instead of focusing on what he thought children should know Rousseau was more concerned about what children were capable of knowing. Lawton (1982) asserted that Rousseau employed what we call today the constructivist view of development, which encourages children to learn and develop by exploring their environment, developing their own capabilities, and learning in their own ways. Viewing development through the constructivist lens, Rousseau (1911) established a theory of development in which all humans progress through four stages of development: infancy, early childhood, late childhood, and adolescence.

**Cognitive Development Stages**

The Cognitive View characteristically merges biological development with intellectual development. While this was the impetus for further ideas and theories established by more recent theorists like Jean Piaget (1952) and Lawrence Kohlberg (1963) which will be explored during this portion of the literature review, the theory of Lev
Vygotsky (1962) will also be examined due to its relevance and impact on cognitive development.

Piaget (1952) believed that child development occurred in a sequence of stages that unfolded over time and that all children must pass through these sequences of stages in order to achieve adult-level intellectual functioning. According to Salkind (2004, p. 21), these stages included three basic assumptions: (1) development occurs in a series of qualitatively distinct steps; (2) these steps always follow the same sequence though they do not occur at the same time for all individuals; and (3) these steps are hierarchically organized, such that the later ones subsume the characteristics of earlier ones. Piaget (1952) believed that not only all children must go through all four stages of cognitive development in order, but also the approximate ages at which children progress through the stages depends upon the quality of the child’s physical and social environment. According to Singer and Revenson (1983), the sequence of these stages is fixed, unchangeable, and unavoidable. Even as all children pass through the stages in the same order, some will experience these stages at different rates. Piaget (1964) identified the four major stages of cognitive development as sensorimotor, pre-operational, concrete-operational, and formal operational. Only the pre-operational and concrete-operations stages, which occur during the middle to late childhood years, are reviewed in this portion of the literature review because of their direct relevance to this study.

**Pre-operational stage.** The second stage of cognitive development is the pre-operational stage, which generally occurs between the ages of two and seven. According to Ginsburg and Opper (1988), Piaget labeled this stage “pre-operational” because a child is as yet unable to think logically. Gormly and Bordzinsky (1993) saw this stage as the gradual
acquisition of symbol formation, symbolic thinking and play, as well as gesturing, mental imagery and representational drawing. This period also is marked by the child being egocentric, repetitive, and experimental (Clifford, 1981).

**Concrete-operational stage.** The concrete-operational stage commences at the age of seven and lasts until a child is approximately eleven. This stage is labeled “concrete” because the child now uses logical thinking to solve those problems that involve concrete (that is, real or observable) objects and events (Wadsworth, 1971). Through the emergence of an operational cognitive ability, the child acquires cognitive structures that enable him or her to think about the actions of the world without having to experience them (Lerner, 2002).

Questions, of course, arise concerning delays and acceleration at each stage. Elkind (1981) believed that these stages may be delayed or accelerated depending on the stimulation of the child’s environment. Because an individual’s cognitive development is shaped by environmental experiences, the environment most conducive to cognitive growth excites curiosity and inspires children to think, explore, question, make mistakes and monitor their own learning (Valletutti & Dummett, 1992). The next aspect of cognitive development to be reviewed is moral development.

**Moral Development**

Cognitive psychologists believe that morality involves interpreting and organizing experiences into structures of knowledge to help a child understand the world (Lawton, 1982). The essence of this theory is that a child works out a personal sense of morality by actively structuring and restructuring experiences (Windmiller, Lambert and Turiel, 1980). Children develop ever higher standards of morality as they become intellectually ready for
them by interacting with their environment (Zander & Pace 1984). Theorists assume that a critical amount of cognitive and social development has occurred as an essential condition for the later development of moral judgment (Green & Piel, 2002). For these reasons, moral development is considered to be an extension of cognitive development.

Piaget’s (1965) studies suggested that a series of changes in thought occur between the ages of ten and twelve years old. Children undergo major shifts in their moral thinking and development right before they enter the formal operations stage (Crain, 2000). This is where Piaget’s research and studies on children’s moral development ended and where Kohlberg’s (1976) studies of moral development began and continues.

Kohlberg (1976) formulated three levels of morality, which incorporate two stages of moral development at each stage for a total of six stages of moral development. The first three stages of Kohlberg’s (1976) moral development -- obedience and punishment orientation, individualism and exchange, and good interpersonal relationships – mostly correlates with Piaget’s (1964) first three stages of cognitive development: sensorimotor, preoperational thought, and concrete operations. The difference between these two schools of thought is that Kohlberg extended his theory of moral development to include Piaget’s formal operations stage because he believed moral development to be a continuous journey, not merely a process that ends at the concrete operational period.

When one examines rationales for moral judgments or moral actions, significant differences in an individual’s moral outlook become apparent (Duska & Whelan, 1975). Kohlberg’s (1969) interviews led him to posit these three levels of moral development: (1) pre-conventional morality, in which the child sees morality as imposed by those with power;
(2) conventional morality, in which the child sees rules and authority as contributing to the maintenance of social order; and (3) post-conventional morality, in which the young adult sees morality in terms of principles of justice. Kohlberg (1969) suggested that a child experiences each level in order and each is different from and more advanced than the previous one. Only the pre-conventional and conventional stages are reviewed here because of their particular relevance to this study.

**Level I: Pre-Conventional Morality.** Pre-conventional thinking, according to Steinberg and Belsky (1991), is the first level of development at which children make basic decisions about what is right and wrong based not on society’s standards of convention, but on external, physical events (p. 369). During this level of morality, children tend to be concerned with the consequences of actions for themselves rather than whether an act or emotion is right or wrong per se (Eggan & Kauchek, 1977).

**Level II: Conventional Morality.** According to Dacey and Travers (2002), children during this stage of morality desire the approval of individuals and society. They want to be considered “good” by those whose opinions they value (Papalia & Olds, 1998).

Kohlberg posited moral development as a culturally universal invariant sequence of six stages stimulated by promoting thinking and problem solving (Rick & DeVitis, 1994). As with all stages in the context of cognitive development, the child must pass successfully through the preceding stage in order to reach the next stage. In the case of moral development, each successive stage is morally superior to the stage that precedes it (Kohlberg & Kramer, 1969).
In applying the theory of moral development to the field of education, teachers and those working with children should provide conditions and opportunities that involve children in stimulating dialogues in which they confront contradictions in their moral thinking (Kohlberg, 1975). In terms of the moral discussion, Kohlberg (1975) recommended that children be (a) exposed to the next higher stage of moral reasoning; (b) exposed to situations that pose problems and contradictions for the child’s current moral structure, leading to dissatisfaction with the child’s current level of morality; (c) exposed to an atmosphere of interchange and dialogue combining the first two conditions, in which conflicting moral views are compared in an open manner; and (d) provided with opportunities to take different roles and to view circumstances from contrasting perspectives.

**Socio-Cultural Theory**

Like Piaget, Lev Vygotsky’s (1962) interest was cognitive development; however, Vygotsky’s area of focus was on how culture shaped children’s cognitive development, which led him to develop the socio-cultural theory. Socio-cultural theory asserts that complex forms of thinking have their origins in social interactions rather than in the child’s private explorations (Bee & Boyd, 2002). Vygotsky (1962) believed that children are bestowed with basic functions (i.e. memory, perception, language and attention) that are transformed into higher mental functions through interactions with others. As the child gains new skills and knowledge, the adult involved in the interaction adjusts his or her level of guidance and assistance of the learning experience thereby allowing the child to assume more responsibility for the learning experience (Meece, 2002). This is the process that Vygotsky deemed scaffolding.
In order for scaffolding to be effective, the adult must first gain and keep the child’s attention, model the best strategy, and adapt the whole process to the child’s zone of proximal development (Landry, Garner, Swank and Baldwin, 1996). The zone of proximal development represents the gap between what children can do on their own and what they can do with the assistance of others (McDevitt & Ormrod, 2002). When problems or tasks are above a child’s ability level, adults should ask questions or give clues that will allow the child to solve the problem independently. When this type of guidance from adults occurs, intellectual growth occurs (Trawick-Smith, 2000). Vygotsky (1978) assumed that through interactions with adults and peers in the zone of proximal development children would move to higher levels of development. However, when children are faced with problems that they can solve on their own, adults should not interfere. Independent thinking is the ultimate goal.

Intellectual and moral development along with socio-cultural theory creates a more balanced view of cognitive development. While being abreast of how children develop and thrive intellectually is imperative, one should also be abreast of how social factors interact to affect a child’s development. Moral development also plays a key role in the child’s cognitive development. Because learning in both realms -- intellectual and moral -- occurs beyond the scope of the classroom, educators, parents, caregivers must not only know how a child develops intellectually, physically, and morally, but also understand the roles they play because their roles are being analyzed and critiqued by the child.

**Psychoanalytic View of Child Development**
Locke’s (1902) belief about the child’s development being directly influenced by and through the environment gave rise to the environmentalist view while Rousseau’s (1911) perspective of the child developing in stages influenced through innate maturation and the child’s interaction with the environment gave rise to the cognitive view. While these views contribute to a child’s intellectual development and touch on a child’s social development, questions remained as to how a child’s personality and social development occur. These issues pertaining to the child’s personality and social development gave rise to the psychoanalytic view.

In concert with the cognitive view of development, psychoanalysts believe personality development proceeds through a series of stages whereby the child deals with conflicts brought about by biological changes in development (Miller, 1983, p. 108). The psychoanalytic view places equal emphasis on how much the inner world (that is to say, the biological factors) influences the outer world (that is, the environmental factors). This portion of the literature review examines the research pertaining to the psychoanalytic view of child development.

The first psychologist to assert that sexuality commences at the beginning of life and that, therefore, childhood will be dramatic, complicated, and full of psychological conflict was Sigmund Freud (Clarke-Stewart, Perl mutter and Friedman, 1988). While Freud never equated child sexual responses to those of an adult, he did insist upon a direct connection between the behavior of the child in the pre-genital stages and in the genital stages (Watson & Lindgren, 1979).
Freud (1959) proposed that as children grew older, their sexual feelings centered on certain parts of their bodies: first the mouth, then the anus, and finally the genitals. He also suggested that maturation brought about unruly sexual aggressive energy society should harness-- thereby drawing attention to the role social forces play in this theory (Freud, 1959). Freud developed his psychosexual development theory, which sets forth the three now-famous facets to the personality: the id, the ego, and the superego (Lawton, 1983).

**Psychosexual Development**

The psychosexual development theory of personality and personality development includes (a) the id, the unconscious part of the personality which expresses itself as impulses and blind urges seeks immediate satisfaction; (b) the ego, the part of the personality that uses secondary responses, evaluates the present situation, recalls relevant decisions and events in the past, weighs various factors in the present and the future, and predicts consequences of various actions; and (c) the superego, the internal representative of traditional and social values and ideals instilled in the child by his parents and enforced by a system of rewards and punishments (Travers, 1982). According to Freud (1959), these three forces struggle to influence human behavior and interact with each other as the personality develops and functions. In response to these three forces, children proceed from acting on selfish, impulsive desires to actually weighing factors and predicting consequences for their actions (Lawton, 2000). The goal to attain during the continuous development of the personality is the ability to base actions and behaviors on conscious ethical values (Lawton, 2000). To explain the continuous development of the personality, Freud suggested that an individual passes through five psychosexual stages of development.
Psychosexual Stages of Development. Freud’s (1959) five psychosexual stages of development centered to begin with, on the following three regions: the mouth (oral stage), the anus (anal stage), and the genital region (phallic stage). At the time a particular zone is the chief focus for the release of the libido, Freud (1959) asserted, the child not only derives sensuous pleasure from the use of the zone, but the child’s relationships with others are also heavily influenced by the way others respond to the child’s attention to the zone. These regions were labeled “psychosexual” stages from Freud’s belief that the development of the personality was heavily influenced by the manner in which the child learned to expend sexual energy (libido) from one period of life to the next (Thomas, 1996). Freud’s fourth and fifth stages of psychosexual development include a period of latency and genital. Because of its relevance in this study, only the period of latency stage, which occurs during middle childhood, will be reviewed.

Period of Latency. The period of latency takes place generally between the ages of six and twelve and lasts about five or six years. Characteristics of this stage include children sharing, taking turns, and refraining from striking out at others because the child's focus is redirected into channeling their energy into socially acceptable behaviors (Steinberg & Belsky, 1991). According to Steinberg and Belsky (1991, p. 10), “This period is a calm one because sexual urges are placed on the back burner, so to speak, while the child's focus of concentration is placed on controlling impulses and finding appropriate outlets for their sexual drives”.

Erikson's Psychoanalytic Development

Erik Erikson (1950), a disciple of Sigmund Freud, expounded on the more social
aspects of Freud’s theory of psychosexual development. He believed developmental
trends have more to do with our relationships with others and society's demands than
with libidos or instinctual drives (Erikson, 1950). Erikson also thought individuals’
development was influenced by the important people in their lives and the social institutions
they encounter.

Freud’s (1924) psychosexual stages begin at birth and extend throughout the
adolescent period. Erikson (1963) added three additional stages to Freud’s psychosexual
stages taking the adolescent into adulthood and thereby encompassing the entire life cycle.
Erikson's (1963, p. 247) eight stages of psychosocial development are (1) basic trust vs. basic
mistrust, (2) autonomy vs. shame and doubt, (3) initiative vs. guilt, (4) industry vs.
inferiority, (5) identity vs. role confusion, (6) intimacy vs. isolation, (7) generativity vs.
stagnation, and (8) ego-integrity vs. despair. According to Erikson (1950), these eight stages
of psychosocial development imply two assumptions: (1) a child’s personality develops
through interactions with the environment; and (2) society helps to shape the nature of each
stage.

Each stage is characterized by a major crisis, which increases the individual’s
vulnerability as well as the potential for psychological growth (Schickedanz, Schickedanz
and Forsyth, 1982, p. 55). Erikson (1963) believed that as individuals pass through each
stage they stand to enlarge and deepen their personalities to encompass feelings of trust,
imintacy, generativity, and integrity. For the purpose of this study, only the psychosocial
stage industry v. inferiority, which directly affects the child during the middle childhood
years, are reviewed here.
**Industry vs. Inferiority.** During the child’s duration and interactions in the industry vs. inferiority stage, they ideally feel competent and able to master tasks and goals (Steinberg & Belsky, 1991). When they master such goals as reading, writing, and arithmetic and learn how to work and play with their peers, they acquire a sense of accomplishment (Crain, 2000). Children during this stage gain the perseverance that enables them to become productive.

Erikson (1950) disagreed with various aspects of Freud’s (1920) theory of psychoanalysis. He thought that Freud placed too much emphasis on a sexual basis for behavior; gave too little recognition to children’s socialization, particularly to those various patterns of behavior that different cultures considered desirable, where children would have to adopt certain behaviors in order to receive approval by their specific cultural group; and failed to recognize developmental stages after adolescence (Thomas, 1996).

Unlike other stages of development where the individual must resolve conflicts before moving on to the next stage, psychosocial development progresses through maturation. The developing person confronts new tasks whether or not issues or dilemmas got successfully solved at the prior stages (Bee, 1998, p. 28). If these issues or dilemmas go unresolved, they appear at the next stage as “excess baggage”.

The emphasis on the role the environment plays in the development of the child during the early years is the foundation upon which psychoanalytic theories are based. Freud focused on the unconscious as a sexual basis for personality and behavior development; Erikson furthered the psychoanalytic theory by focusing on the conscious, and the social and cultural factors that contribute to personality development. Freud’s (1920) theory extended
from birth to adolescence; Erikson (1950) expanded Freud’s (1920) theory to encompass those stages of development during adulthood and, in fact, through the entire lifespan. Psychoanalytic theories suggest that just as the stages and tasks change with age, caretakers must adapt when change occurs.

The total development of the child in the context of child development includes cognitive, environmental, and psychoanalytic development, which merged, creates a more balanced, holistic view of child development. While the merging of these three schools of thought result in a more balanced view of child development, it remains imperative that such individual factors as the roles that biology, the environment, innate maturation and social and emotional issues play in the development of the child are taken into consideration. When one looks through the lens of child development, one sees children developing through a series of stages reliant upon one another. The passage through one stage depends heavily on a successful passage through the previous stage. It becomes the adult’s responsibility to help the child pass through the stages by remaining alert to how children develop and to be supportive, understanding, and encouraging throughout the child’s development. This approach supports a child’s total development.

**Collaboration and Special Education**

With the reauthorization of the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004 and the Regular Education Initiative (REI), significant changes in classroom and teacher expectations have occurred (Smith, 2005). Both of these initiatives
call for a merger of efforts provided by general and special education teachers because schools can no longer address the complex needs of all students single-handedly (Dettmer, Thurston and Dyck, 1993). These initiatives challenge teachers to provide and differentiate instruction for students working at various levels, including those students with learning disabilities and those from different cultural and linguistic backgrounds (Winn & Blanton, 2005). As schools become more inclusive, effective collaboration becomes a critical factor in determining a school’s success (Walter-Thomas, 2000). This section of the literature review defines collaboration, examines different types of collaboration (both indirect and direct), explores obstacles of collaboration, and analyzes the results of collaboration.

Collaboration

Collaboration has been defined in a number of ways. For example, Mostert (1998, p.16) described it as “a style of professional interaction between professionals, parents and families, and where appropriate, students themselves to share information, to engage in collective decision-making, and to develop effective interventions for a commonly agreed upon goal which is in the best interest of the student”. Pounder and Hart (1998, p. 6), defined collaboration as “a style for direct interaction between at least two coequal parties voluntarily engaged in shared decision-making as they work towards a common goal”. The defining elements of collaboration are (1) collaborators with equal goals (2) a purely voluntary partnership (3) an emphasis on problem solving or planning; and (4) an emphasis typically on long-term outcomes (Aldinger, Warger and Eavy, 1992; Warger & Rutherford, 1996).
Collaboration also involves certain rules of etiquette. First, as group members share their individual perspectives on various situations, all opinions are valued (Risko & Bromley, 2001). As different points of view emerge, individuals may come to question and sometimes change their own perspectives. Second, all parties involved must be of equal standing, meaning that each individual is assumed to possess the expertise to contribute to the collaborative process (Pugach & Johnson, 1995). Next, most definitions identify collaboration as a voluntary action (Risko & Bromley, 2001). Collaboration cannot be coerced. In order for collaboration to be both cordial and effective all parties must want to work together towards a common goal. Additionally, collaboration involves responsibility for shared decision-making that often results in shared recognition (Risko & Bromley, 2001). Collaboration has been synonymous with such terms as “alliance”, “partnerships” and “consortia of individuals” (Fertman, 1993). Last, collaboration tends to take time and cannot be developed overnight, since it involves building trust and fostering relationships and confidence (Creighton, 2005; Corregan, 2001). The common thread in all of these descriptions, definitions and rules is an ability and willingness to work together. When collaboration takes place, all parties are equally involved in the decision making process and everyone takes responsibility for the outcomes, successful or not.

**Indirect Collaboration**

Gable and Manning (1997) identified two types of collaborative arrangements: Indirect Collaboration and Direct Collaboration.

Within the school context, indirect collaboration, which is an informal way of collaborating, can take place before, during, or after school and usually takes the form of
discussions (Gable & Manning, 1997). Indirect collaboration in schools can include intervention assistance and mainstream assistance (Laycock, Gable and Korinek, 1991). Whitten and Dieker (1995) defined intervention assistance as an alternative to traditional referral, assessment and placement practices. Teams and services that fall into the intervention assistance category could also be characterized as “teacher assistance” (Chalfant, Psych and Moultrie, 1979, p. 85), “pre-referral consultation” (Welch, Anderson, Bray, Child and Frankie, 1990, p. 42), “pre-referral” intervention (Pugach & Johnson, 1989, p. 221), “behavioral consultation” (Fuchs, Fuchs, Gilman, Reeder, Bahr, Fernstrom and Roberts, 1990, p. 273) and “mainstream assistance” (Fuchs, Fuchs, Bahr, Fernstrom and Stecker, 1990, p. 501). Fuchs, Fuchs and Bahr (1990) defined mainstream assistance as a consultant-consultee interaction that follows a fixed sequence and relies heavily on the principles of applied behavior analysis. The excessive number of students inappropriately referred to and receiving special education services suggested the need for intervention and mainstream assistance that provides collaboration and consultation services (Safran & Safran, 1996).

**Direct Collaboration**

Direct collaboration, a structured style of collaboration, involves the understanding and participation at all stages of the work process sharing equal responsibility for whatever task is at hand (Pounder and Hart, 1998). Risko and Bromley (2001) identified four models of direct collaboration: (1) collaborative consultation, (2) teacher-to-teacher collaboration, (3) school-wide collaboration; and (4) collaborative teaching. In each collaboration model
one finds the commonality of all parties working together as a team and sharing equal responsibility for the outcome.

**Collaborative Consultation.** Collaborative consultation in schools is a form of direct collaboration stemming from the Education of All Handicapped Children Act of 1975, which called for children with special learning needs to be educated with their non-disabled peers in the least restrictive environment possible. In the effort to best educate students with special needs, the general education teacher works with multidisciplinary teams to identify strategies that work best with learning-disabled and at-risk students (Idol, Paolucci-Whitcomb and Nevin, 1986). This form of collaboration involves members of multidisciplinary teams (for example, specialists, psychologists and special education teachers) in cooperative planning with the general education teacher to formulate practices that best promise to educate students with learning disabilities (Knackendoffel, 2005). This collaborative team is usually categorized as the School Based Intervention Team (SBIT) or Student Support Team (SST). Those who follow the Comer School Development Program call this team the Student Staff Support Team (SSST). This team identifies learning and behavior problems and makes appropriate decisions about the educational programs likeliest serve the students referred to this team. The basic process that teams like these use in problem solving include (1) identifying and defining the problem, (2) generating alternative solutions, (3) evaluating alternative solutions, (4) making a decision, (5) implementing the decision; and (6) following up to evaluate the solution (Gordon, 1977).

**Teacher-to-Teacher Collaboration.** The teacher’s role in teacher-to-teacher collaboration is to share observations and data concerning a child in order to create options
prior to making referrals for special education services (Johnson and Pugach, 1991). In this collaborative model, general and special education teachers with their special training and perspectives are encouraged to become part of an ongoing problem-solving team to help classroom teachers with academically challenged students (Kochhar-Bryant, 2008).

**School-wide Collaboration.** School-wide collaboration, another form of direct collaboration, involves professionals and parents in the decision-making process (Thomas et al., 1995). This collaborative form involves all stakeholders (administrators, educators, support personnel and parents) in making decisions collaboratively on such issues as discipline and curriculum, setting school goals, allocating resources, and encouraging teachers to oversee their own professional development (Smith & Scott, 1990). Parents should be included in the collaborative process because of their ability to view their children from a holistic perspective (Hewit & Whittier, 1997). Parents and families must be urged to share their opinions of what they consider are appropriate or ideal for their children (Buswell & Schaffner, 1990). These teams are usually referred to as School Governance Teams or in Comer’s School Development Program, the School Planning Management Team (SPMT).

**Collaborative Teaching.** Last, collaborative teaching calls for teachers and specialists to work alongside each other in collaboratively planning and implementing lessons stemming from the curriculum (Bauwens, Hourcade and Friend, 1989). The challenge for general and special education teachers is not only to ensure that the curriculum meets the needs of all students, but also to ensure that they use their combined resources to strengthen teaching and learning opportunities for all students (Warger & Pugach, 1996; Ainscow, Booth and Dyson, 2004). Teachers that collaborate find that working together
helps to serve a diverse population of students more effectively (Gable, Friend, Laycock and Hendrickson, 1990).

**Obstacles to Collaboration.**

While collaboration can be beneficial to administrators, faculty members and students, certain obstacles that can arise when collaboration takes place in schools. These obstacles occur in three areas identified as school structure (Cook & Friend, 2001), professional socialization (Cook & Friend, 2001), and belief systems (Bondy & Brownell, 1997).

**School Structure**

The structure of most schools features isolation, which appears when instructors deem themselves experts in their particular fields and choose not to work together with other colleagues. This kind of intellectual isolation gets reinforced in the physical isolation that dominates most school structures, but which appears to be more prevalent in high schools than in middle and elementary schools (Cook & Friend, 2001). The disadvantage of functioning in such isolation is that this individualistic ethos is modeled to students who must otherwise learn to work cooperatively to complete certain tasks and projects.

Administrators should not only encourage collaboration but also provide the resources necessary for collaboration to thrive. These resources includes time and training to ensure that collaboration takes place properly (Paulsen, 2008). Given these resources, collaborative teams can develop positive working relationships, effective roles and
responsibilities, and genuine appreciation for each partner’s contributions (Walther-Thomas, Korinek, McLaughlin and Williams, 1996).

**Professional Socialization**

Many professionals fail to work collaboratively because they are not socialized professionally to do so. They either follow the work ethic they were trained to follow or they maintain the work ethic of their supervisors. Moreover, most school structures separate teachers in ways that discourage collaboration (Bolman & Deal, 1994; Brubaker, Case and Reagan, 1994). When the working environment operates in isolation and problems get handled individually, the culture of collaboration rarely has the opportunity to develop.

Professionals socialized to operate in isolation may do so because they lack the skills necessary for collaboration to take place. But as the leader of the school, the principal generally has the authority to equip the faculty and staff members with the skills they need for collaboration to take place. To bring about collaboration, a school administrator should create time for collaboration to occur. As Wasley (1991, p. 20) observed “Teacher growth and change thrive in an environment where the school community shares values and goals, where teachers are provided the time to reflect and to work together, where people are taught to work collaboratively, and where they are focused on issues of curriculum and instruction”.

**Belief Systems**

Bondy and Brownell (1997) suggested that our beliefs about the roles and responsibilities of our colleagues and parents directly influence our ability to collaborate because we often define our roles in narrowed, specialized terms. In the context of schooling, educators define for themselves what their areas of expertise are and thereafter
decide what roles and responsibilities they will and will not accept. This attitude often leads to isolating the education of students with special needs and rejecting the practice of collaborating with others in educating those students.

The beliefs that we hold about ourselves and our colleagues can discourage effective collaboration (Bondy, Ross, Sindelar and Griffin, 1995). When we assume or realize that others hold different beliefs and values from our own, a tendency to avoid working with them takes hold. These same narrow-minded beliefs get reinforced when assumptions and judgments are made about some of education’s most important partners in education: the parents.

Educators often base their perceptions of and assumptions about parents on what they believe the parents’ priorities to be, the educational level they have attained, their apparent intelligence, and even their socio-economic status (Finders & Lewis, 1994). But the dynamics of the “traditional” family structure has certainly changed and along with that change comes a paradigm shift in educators’ perception of parents. If true collaboration is to occur, educators must first come to understand families and their unique dynamics; there may well include the familiar nuclear family, single-parent families, blended families, extended families and same-gender families raising children (Johnson, Pugach and Hawkins, 2004). When parents feel ignored or undervalued or excluded from the educational partnership involving their child’s school because of predetermined assumptions, they tend to avoid the educational process altogether. This most often limits the students’ educational progress and success. Mostert (1996) considers collaboration with parents imperative, in that parents possess the kind of important information about the student that can expedite decisions for
effective selection, implementation, and evaluation of any specific educational strategy.

Lacey (2001) noted that partnerships between professionals and particular families can be too difficult to achieve, and if the partnership goes unestablished, the correct educational approach fails to become established than used. Conversely, students’ academic performance improves significantly in schools that include parents and families in the collaborative process (Jeynes, 2004).

**Results of Collaboration**

Those who participate in the collaboration process do so either because they have always valued the interpersonal style of collaboration or because they learn to value this style once they have experienced its benefits (Knackendoffel, 2005). Those who collaborate willingly do so believing that their goals can be better met working collectively instead of working individually. The more successful these parties become in collaborating with one another, the more collaboration becomes the norm or “culture” in the work environment. The parties develop a fundamental commitment to work together in view of the established success of the collaborative relationship (Donaldson & Sanderson, 1996). Once the interpersonal style of collaboration is valued, the desire arises to collaborate even more.

Professionals who collaborate develop trust for one another (Donaldson & Sanderson, 1996). By depending on and drawing upon each other’s knowledge and experiences, a bond of trust forms. As Donaldson and Sanderson (1996, p. 12) stated, “Trust develops over a period of time when individuals learn about their colleagues, learn the norms of the group
with whom they are collaborating, and also learn the manner in which to approach the professionals whom they are working with”.

Collaboration builds a sense of community. Friend and Cook (2000, p. 13) expanded on this concept by stating that “for collaboration, a sense of community is the perception that by interacting collaboratively, all participants’ strengths can be maximized, their weaknesses can be minimized, and the result will be better for all”. In creating a sense of community, pernicious individuality decreases while collaborative efforts increase.

While disadvantages to collaboration may occur when it is overused, misused or misinterpreted, definite advantages to implementing collaboration predominate. First, the shared planning and goal-setting process helps participants gain ownership of the instructional process and establish mutually satisfactory goals (Brookhart & Loadman, 1990). Second, collaboration allows participants to learn from one another and establish long lasting and trusting professional relationships (Lieberman, 1992). Third, collaboration gives teachers the opportunity to work together to bring about change (Gable & Manning, 1997). Last, educators can extend this spirit of collaboration beyond school boundaries to alliances with community organizations and social service agencies, leading to numerous other benefits (Gable & Manning, 1997).

**Summary**

Taylor and Adelman (2000), emphasized that for collaboration to be effective, it requires vision, a cohesive policy, and systemic reform. Collaboration entails a relationship among participants with equal goals, a shared and voluntary partnership, a desire that it be
nurtured, and tenacity to see it established among workers bound by a common goal and a belief that problems can be minimized and goals can be met through a culture of community (Warger & Rutherford, 1996). Collaboration takes time to develop, relies on trust and mutual understanding, and arises from both day-to-day and long-term relationships among the participants (Lytle & Fech, 1991). It also requires a shift in thinking that embraces schools and communities working together to reach a common goal. When collaboration is used effectively, schools more adequately meet the needs of an increasingly diverse population, a paradigm shift in inclusion-oriented schools occurs, and students become better prepared for the demands that await them working in the world of the twenty-first century (Thousand, Villa, Paolucci-Whitcomb and Nevin, 1992).

Special Education Placement

This section of the literature review focuses on issues central to special education and general school reform. The first portion of the section focuses on research that documents the overrepresentation of minority students in special education programs. The section ends with a review of comprehensive school reform models that directly or indirectly address the needs of special needs students.

Overrepresentation by Race, Gender, Language and Culture

The year 2000, witnessed a 65-percent increase in students who were eligible for special education services in the last quarter of the century (National Assessment of Educational Progress, 2000). A variety of reasons explain why more children enter special
education programs on a yearly basis; however, these explanations prove to be invalid for placing students in special education.

In today’s classrooms, teachers endure a myriad of responsibilities and must address a wide range of individual differences in their students’ cognitive, academic, and behavioral development (Fletcher & Navarrete, 2003). Many students who enter today’s public schools enter at a disadvantage. Such variables as low socio-economic status, cultural deprivation, dysfunctional family backgrounds, health problems, high absenteeism, and physical and emotional abuse represent some social and personal challenges students face before and shortly after they enter the classroom (Westfall & Pisapia, 1994). Students with these difficulties tend to act out in ways that disrupt the learning environment, and when situations arise in which teachers find themselves unable to accommodate the learning needs of a diverse or unruly population, they often refer the children for special education services. Hallahan and Mock (2003) noted a continuing problem in special education that remains unresolved: overrepresentation in special education. This section of the literature review examines various definitions and characteristics of this overrepresentation. Also included here are contributing factors that result in the overrepresentation of minority students in special education and intervention strategies that reduce special education referrals.

**Race**

Overrepresentation has been defined in several ways. For example, it has been defined as a percentage of minority students in special education exceeding the total
population of students (Zhang & Katsiyannis, 2002). Yates (1998) defined “overrepresentation” as the presence of students from a specific group in an educational program being higher than one would expect based on their representation in the general population of students. Artiles and Trent (2000) identified overrepresentation as “unequal proportions of culturally diverse students in special programs, and [it] is often assessed by calculating a group’s representation in general education or special education in reference to the representation of a comparison group--most often white students” (p. 514).

Meanwhile, categories typically involved in overrepresentation are “high-incidence disabilities”, which include mild mental retardation (MMR), emotional-behavioral disorders (EBD), and specific learning disabilities (SLD) (Rueda & Windmueller, 2006). High-incidence disabilities require an extensive degree of professional judgment in the precise diagnosis (MacMillan & Reschley, 1988). Eads, Arnold and Tyler (1995) observed that the nature of high-incidence disabilities coupled with the frequency with which they occur contributes to errors in the public school referral process.

Groups most commonly susceptible to overrepresentation include African Americans, Chicano and Latinos, Native Americans, and a few subgroups of Asian-American students (Artiles and Trent, 2000). These populations are more liable to experience peer rejection, depression, anxiety, behavior problems, delinquency, poor academic adjustment and school dropout (Murray, Goldstein and Edgar, 1997; Pearl & Bay, 1999). Artiles and Trent (1994, p. 414) noted that when examining overrepresentation (a) the larger the minority population tends to be in the school district, the greater the representation of students in special education classes; (b) the bigger the educational program, the larger the disproportion of
minority students tends to be; and (c) variability in overrepresentation data is a function of the specific disability condition and the ethnic group under scrutiny. African-American students, particularly males, are overrepresented in three categories: (1) learning disabilities (2) mental retardation, and (3) serious emotional disturbance (Cartledge, 1999). If overrepresentation is to be understood and addressed, it must first be defined as a problem and followed by intervention in the schools (Gravois & Rosenfield, 2006).

In identifying overrepresentation, educators and public officials tend to view the problem in two ways: (1) students who perform poorly in school are responsible for their performance, meaning they lack ability, character, or motivation; and (2) families from certain cultural backgrounds fail to prepare their children for school and provide little support for them in school.

Cuban (1989) suggested that one examine, instead, two alternative views pertaining to low achievement. First, he suggested that children often fail because the culture of the school ignores or degrades their family and community backgrounds. He also suggested that the structure of the school is too inflexible to accommodate the diverse abilities and interests of a heterogeneous student body. Programs seldom adapt to children’s individual differences. Instead, schools seek uniformity and define departures from the norm in achievement and behavior as problems.

**Contributing Factors**

Once overrepresentation itself is identified as a problem, one must examine the factors that contribute to it. Gravois and Rosenfield (2006, p. 44) identified three major themes that have developed in the educational literature, generating a hypothesis thereby for
why overrepresentation in special education occurs: (1) cultural variables that affect the initial referral of minority students for special education; (2) bias in the assessment procedures used in determining the eligibility of minority students for special education services; and (3) effectiveness of instruction and intervention (that is to say, pre-referral) in addressing the academic and behavioral needs of at-risk students prior to consideration for specialized services. Fletcher and Naverette (2003) identified an inability to distinguish between learning disabilities and underachievement, as well as the impact of race, socio-economic status and poverty on learning, as other underlying themes in or motives for inappropriately referring students to special education services.

Cultural Variables

The overrepresentation of students from both culturally and linguistically diverse backgrounds in special education raised concerns. When viewing overrepresentation of minority students in special education from a cultural perspective, such factors as diversity in staffing and limited experience with working with students from diverse cultures must be analyzed (Artiles, Atter, Gottlieb and Wishner, 1994). According to the U.S. Department of Education (1998, 2002), 90-percent of teachers today are primarily Caucasian with 66-percent being Caucasian females. While as the proportion of teachers from diverse ethnic backgrounds is increasing, the likelihood of inappropriate referrals of diverse learners for special education assessments increases when teachers are ill prepared to teach culturally and linguistically diverse learners (Hill, Carjuzza, Aramburo and Baca, 1993; Hosp & Reschly, 2003).
Students’ cultural, social, or linguistic characteristics may easily go unrecognized, be misunderstood, or be devalued by teachers who are unfamiliar with working with students of different cultures (Kea & Utley, 1998). Williams-Dixon (1991, p. 44) argued that minority students are placed in special education classes to alleviate teachers’ uncertainties about accommodating culturally diverse children. When teachers become familiar with diverse cultures and can distinguish among such cultural norms and influencing factors as socio-economic status and environment, the overrepresentation of students referred to special education programs will decrease (Dekker, Krou, Wright and Smith, 2002).

**Bias in Assessment**

Bias in assessment procedures also contributes to the overrepresentation of minorities in special education programs. Research indicates that norm-referenced standardized tests are culturally and socially biased and often provide inaccurate measures of students’ abilities and potential, which contributes to a number of students from both culturally and linguistically diverse backgrounds becoming misidentified as having some type of disability (Grossman, 1995; Rueda, 1997). Although educators have long searched for culture-free tests, they have enjoyed very little, if any, success controlling for test bias (Maheady, Towne, Mercer and Ysseldyke, 1983). In the effort to eliminate this bias, Salend, Dahaney and Montgomery (2002) recommended that revisions to assessment practices include (a) using alternatives to standardized testing; (b) distinguishing cultural, linguistic, dialectical, and experiential factors from learning and behavioral difficulties; and (c) diversifying the composition of the multidisciplinary planning team and offering training to team members.

**Ineffective Instruction and Lack of Intervention Services**
Ineffective instruction and lack of intervention services are two more variables that lead to an overrepresentation of minorities referred to special education programs. Kea and Utley (1998, p. 45) proposed that one of the most important strategies for reducing minority referrals to special education programs would be for educators to become knowledgeable about “the underlying theories, approaches, and ideologies of the multicultural education process”. Harry, Klinger, Sturges and Moore (2002) noted that educational theorists rarely take the ecology of the classroom of the referred child into consideration. But Teacher Education Programs (TEP’s) have, in fact, been designed to prepare teachers better to work with diverse populations of students (Artiles, Trent, Hoffman-Kipp and Lopez-Torres, 2000). The goal of TEP’s is to help teachers develop more effective teaching strategies in working with diverse student populations, and the idea of training teachers to develop new perceptions and practices so as to produce greater student achievement and ultimately reduce the number of inappropriate referrals to special education holds great promise (Valles, 1998).

**Intervention Strategies for Reducing Special Education Referrals**

The Individuals with Disabilities Education Act (1997, 2004) emphasizes the need for early intervention in the general education setting before considering students eligible for special education services. This early intervention ensures that the highest quality of instruction is provided before to placing the blame for failure on the student (Gravios & Rosenfield, 2006). A review of the literature finds that systematic interventions-- particularly those that support the delivery of quality instruction and implements early
detection of a child’s problem before it is a matter of referral-- have successfully reduced special education referrals and placements (Serna & Forness, 1988; Fuchs et al., 1990).

The problem of overrepresentation of minority students to special education having been identified and analyzed, the next step is to implement effective strategies to reduce this problem. These strategies include, but are not limited to, (a) increasing family involvement (Dekker, Krou, Wright and Smith, 2000); (b) taking an ecological perspective that recognizes the influence of the learning environment (Burnette, 1998); (c) revising assessment practices (Salend, Duhaney and Montgomery, 2002); and (d) preparing educators to work with diverse learners (Salend et al., 2002).

Schools that have raised the achievement of students tend to be those in which parents and families involve themselves and participate in a variety of ways (Burnette, 1998). The strategy of increasing family support assumes two principles. First, the family is invaluable in helping the school understand the student’s cultural and linguistic background, along with the child’s strengths and needs (Salend et al., 2002). Second, involving family members in the decision-making process builds trust and confers empowerment (Davern, 1999). In many cases, parents who have an imperfect understanding of the disability view both the disability and the school negatively (Dekker et al., 2002). Research shows that many parents whose children are referred for special education services have little formal education and feel unqualified to contribute to their child’s education (Burnett, 1998). These families need help gaining access to medical and social support services to help keep their family functioning satisfactorily (Warger & Burnette, 2000). Negative experiences cause parents in these
situations to feel themselves excluded from the schooling process, which reduces their interest in their child’s education.

In reviewing teachers’ attitudes and beliefs as they relate to the overrepresentation of students in special education, the literature reveals that teachers attend to such specific cues when making judgments about children as determination, carelessness, cooperation, self-confidence, and obedience (Cooksey, Freebody and Davidson, 1986). Teachers’ confidence in their own teaching abilities in relation to their tendency to refer students with mild problems is also a factor of overrepresentation of students receiving special education services (Soodak & Podell, 1993). In fact, research indicated that teachers’ judgments can serve as self-fulfilling prophecies (Saracho, 1991). Teachers respond to children for whom they have low expectations by demanding less from them, giving them less attention, being short with them, and providing them with late or sketchy feedback (Good, 1997). Keough (2000) concluded that these students may be at an increased risk because teachers’ low expectations often reflect their responses to ethnic or cultural factors or behavior styles.

Revising assessment practices is yet another way to reduce the number of students overrepresented in special education programs. Salend, Duhaney and Montgomery (2002, p. 293) suggested revising practices to include (a) alternatives to standardized testing; (b) cultural, linguistic, dialectical, and experiential factors carefully distinguished from learning and behavioral difficulties; and (c) a diversified composition of a thoroughly trained multidisciplinary planning team.

Recruiting and retaining a diverse staff, in addition to preparing educators to work with diverse learners, is yet another key component in reducing the overrepresentation of
students in special education programs. Salend, Duhaney and Montgomery (2002) found that school districts successful in recruiting and retaining educators from culturally and linguistically diverse backgrounds retain them by engaging them in such staff development activities as employing alternative student-centered assessment strategies, broadening the recognition of the educational needs of diverse learners, and designing culturally sensitive programs that promote family involvement and empowerment. Meanwhile, educators should become knowledgeable of theories about approaches and ideologies of the multicultural education process (Kea & Utley, 1998). Cartledge, Kea and Ida (2000) emphasized the need for diversity training to provide educators with opportunities to examine and reflect on their personal cultural perspectives as well as those of others. Once educators become aware of and familiar with various cultures and can distinguish between cultural norms and such influencing factors as poverty or the environment, then one can set realistic expectations for all students (Dekker, Krou, Wright and Smith, 2002).

Another area critical in reducing the overrepresentation of minority students among special education referrals is taking an ecological or holistic view of the student as well as considering the ecology of the classroom and the effectiveness of the instruction delivered there (Burnette, 1998; Harry, Klinger, Sturges and Moore, 2002). One can hardly overlook such variables as instructional practices, teachers’ attitudes and beliefs, and the overall climate of the school when examining the classroom from an ecological perspective. In evaluating the instructional practices of teachers, Keogh (2000) found that teachers differ in their knowledge of subject matter, instructional practices, and how they organize their classrooms. A review of the literature supports systematic interventions, especially those
interventions that support the delivery of quality instruction, as having been successful in reducing overrepresentation in special education programs (Hartman & Fay, 1996). The Individuals with Disabilities Education Act (IDEA, 1997; IDEA, 2004) further supports systematic interventions by emphasizing the need for early intervention in general education before recommending students for special education services as a form of quality instruction.

**School Reform Programs**

Numerous models for school reform have been proposed and implemented over the past two decades, some of which are curriculum-based in that they spell out specific steps for implementing a specified curriculum while others are process-based in nature. Essentially, these models outline frameworks that allow schools to implement specific steps in a collaborative manner that meets the specific school conditions. This section explains the similarities and differences of these models and highlights the fact that the majority of the models are designed to make education more rigorous and competitive within a global society. This literature review section ends with an explanation of the process-components of the Comer School Development Program Model and the literature suggesting its potential for reducing the number of minority students in special education placements.

Throughout history, school reform initiatives have come in the form of what is termed “waves” or “generations.” These “waves” or “generations” advance either external or internal views of what problems fuel the needs of the reform and what solutions promise to cure these ailments. The first “wave” or “generation” of school reform focused on such
external solutions, as more rigorous curricula and higher standards for teachers (Swartz, 1993).

The second “wave” or “generation” of school reform seemed to focus more on the roles of adults (Swartz, 1993). Swartz (1993) asserted that second “wave” or “generation” reform initiatives occasioned considerable gains in student achievement and had a positive impact on the public’s attitude. Throughout every “wave” or “generation” of school reform, in which efforts were made to attempt to prepare America’s students to compete in a global society, restructuring schools to educate students with special needs more effectively hardly appeared to be a priority.

The third “wave” of school reform emphasized the needs of all children and focused broadly on student outcomes (Swartz, 1993). This “wave” of school reform differed from the first and second, in that it not only focused on students in the general education sector, but on students with special needs as well. When students with special needs become part of the equation in restructuring school reform initiatives, the goals of restructuring schools change to include school reform programs that affect every aspect of school functioning, including curriculum, instruction, assessment, organization, support for children with difficulties or special needs, parent involvement, and sustained professional development (Slavin, 2000; 2001). Comprehensive school reform programs take into consideration all of these aspects when addressing the needs of special education students.

**Comprehensive Programs**
Comprehensive school reform is a result of the Federal Goals 2000 (America 2000): Educate America Act (PL 103-227). Due to funding shortages and demands for children to excel academically, this legislation defined specific goals that were to be accomplished by all schools and students, including those students with disabilities, by the year 2000 (Alexander, 1992). The goals that were included in America 2000 included improved graduation rates, mastery of literacy, mathematics, and safe schools (Koh & Robertson, 2003).

Comprehensive school reform programs include those programs adapted to meet local needs with specific components, materials, professional development, and staffing patterns intended to be implemented across a broad range of circumstances (Slavin, 2000). Comprehensive school reform programs should meet the following criteria: (1) use research-based innovative strategies and methods; (2) have a school-wide reform plan that enables students to meet state standards based on a school needs assessment; (3) provide on-going, high-quality professional development for staff; (4) have measurable student goals and benchmarks for meeting those goals; (5) maintain faculty, administrative, and staff support; (6) nurture meaningful parent and community involvement in planning, implementing, and evaluating school improvement activities; (7) use high-quality external technical support and assistance from an external partner with experience and expertise in school-wide reform and improvement; (8) include a plan for evaluating implementation and student achievement annually; (9) identify other resources available and how they can be used to coordinate services to support and sustain the reform; (10) integrate a comprehensive design with aligned components; and (11) demonstrate significant improvement in the academic achievement of students, or demonstrate strong evidence that it will improve the academic
achievement of students (U.S. Department of Education, 2004, Section 1606). Meanwhile, we can identify two categories of comprehensive school reform models: curriculum-based models and process-based models.

**Curriculum-based Models**

Curriculum-based models introduce school-wide changes along with specific curriculum materials, teachers’ manuals, and training procedures (Slavin, 2000). Curriculum-based models center on the students and their needs. This type of model offers specific curriculum and instructional objectives. Rather than broad guidelines, the curriculum-based models lay out instructional techniques and lesson plans (McCollum, 1994).

The Direct Instruction Model (DI) (Engelmann & Carnine, 1982) and Success for All (Slavin & Madden, 1987) are two curriculum-based comprehensive school reform models that show moderately strong evidence of effectiveness according to the Center Report on Elementary School Comprehensive School Reform Models (2008). The DI model, which serves grades K-8, has lessons that are fast-paced, scripted, well-sequenced and rule-based (Swanson, Hoskyn, and Lee, 1999). The DI model has a three step instructional approach which involves modeling (providing the correct response), leading (having students say the correct answer in unison with the teacher), and testing (providing immediate feedback and a delayed probe on the initial attempted task) (Englemann & Carnine, 1982).

Success for All (Slaving & Madden, 1996), which serves grades K-8, is a curriculum-based comprehensive school reform model which has a prescribed curriculum based on homogeneous grouping in the areas of reading, writing, and language arts (Shippen, Houchins, Calhoon, Furlow and Sartor, 2006). The main components of this model are (a)
one-on-one tutoring, (b) a family support team, (c) cooperative learning, (d) an on-site facilitator, and (e) a building advisory team (Borman, Hewes, Overman and Brown, 2003). Success for All also targets non-achievement outcomes in student attendance, retention and promotion, and discipline rates (CRESCSRM, 2008).

Process-based Models


Levin’s (1998) Accelerated Schools PLUS Project model, which serves grades K-12, is a process-based school reform model that operates by the philosophy that the best learning takes place when a school treats all students as gifted and talented, using enrichment strategies rather than lectures, memorization and drill (Lee, Levin, and Soler, 2005). The Accelerated Schools PLUS Model is based on three principles: (1) Unity of Purpose, maintaining that all members of the school community share a vision for the school and work together towards a consensual set of goals that will be conducive to powerful learning for
students; (2) Empowerment with Responsibility, suggesting that every member of the school community should be empowered to participate in the decision-making process, to share in the responsibility for implementing decisions, and be held accountable for their outcomes and; (3) Building on Strengths, asserting that in creating the Accelerated School, the school community recognizes and utilizes the knowledge, talents, and resources of every member of the school community (Levin, 1998).

America’s Choice School Design (National Center on Education and Economy, 1989), which serves grades K-12, is a process-based school reform model that focuses on raising academic achievement through a rigorous standards-based curriculum (Supovitz & May, 2004). The America’s Choice School Design Model operates off of two elements of support: (1) Internationally benchmarked expectations for student performance, which includes examples of student work that meet the standards and; (2) a belief that all students can meet these standards (Supovitz & May, 2004). America’s Choice elementary schools set aside a two and a half literacy block in their daily schedule. Each day students receive intensive instruction in reading and writing during this block of time. The reading instruction concentrates on oral language development, vocabulary instruction, phonemic awareness, phonics, comprehension and the development of fluency in reading (Supovitz & May, 2004).

The SDP created by Comer, which serves grades K-12, is a process-based school reform model that employs a holistic approach to students’ development which includes the six developmental pathways (social, psychological, language, cognitive, ethical, and physical), three guiding principles (collaboration, no fault, and consensus), and three governance teams (School Planning and Management Team, Parent Team, Student, and Staff...
Support Team) (Comer et al., 1996). The author chose this school reform program to examine the rate of high-incidence referrals the SDP’s promise for helping students at risk for failure with its organizational staff structure and its ability to evaluate each student from a holistic perspective. Dealing with students this way has afforded the school being studied opportunities to adopt the preventative measures and design interventions that help families meet success during a child’s academic career. This school reform initiative addresses and helps students who normally face behavioral and conduct problems, poor academic adjustment, and anxiety. By implementing a process-based school reform program that focuses on low-achieving students with special needs, the SDP tends to reduce the number of students who would otherwise be referred to special education programs.

Summary

More than 70-percent of students with disabilities are categorized in one of three groups: emotional-behavioral disorders (EBD), learning disabilities (LD), or mild intellectual disabilities (MID) (Sabornie, Evans and Cullinan, 2006). While most of these students are placed in special education programs with the goal of re-entering the regular education classroom, studies show that many of these students actually receive inferior instruction and fall further behind those students in the regular education classrooms (Kovach & Gordan, 1997). Such influences as test bias, lowered teacher expectations, race, socio-economic status, ineffective teaching strategies, and a lack of communication between parents and teachers are but a few factors that lead students -- particularly minority students -- to become
overrepresented in special education programs for high incidence disabilities (Cole, D’Alonzo, Gallegos, Giordano and Stile, 1992).

In 1975, the Education for All Handicapped Children Act was passed. This act mandated two important requirements of educators: (1) it required the use of multidisciplinary teams in the special education and referral process and; (2) it legally required general education interventions prior to referring students to be evaluated for special education services (Zins, Curtis, Graden, and Ponti, 1989). The multidisciplinary teams would be comprised of a group of professionals who would employ multiple criteria in making less-biased referral decisions (Fuchs & Fuchs, 1989). Members who comprise this team include administrators, regular and special education teachers, the school psychologist, the guidance counselor, and the child’s parent(s). This team also includes the school’s nurse, social worker and the attendance officer as they are needed. This team is recognized by a variety of names which include teacher assistance teams (Chalfant & Psych, 1989), mainstream assistance teams (Fuchs, Fuchs, Bahr, Fernstrom, and Stecker, 1990), instructional consultation teams (Rosenfield & Gravois, 1996), instructional support teams (Kovaleski, Gickling, Morrow, and Swank, 1999), and intervention assistance teams (Whitten & Kieker, 1995).

Before a student can be recommended for special education services, a prereferral process must take place. The intervention assistance team (IAT), which is a prereferral team conducts this process. First, the teacher must bring their concerns about the student to the IAT. Concerns generally range from the student performing low academically to issues pertaining to behavior or attention. The teacher then is scheduled to meet with members of
the IAT to discuss the concerns as well as those interventions which have already been tried and their results (Dodd, Nelson, and Spint, 1995; Harris, 1995; Kruger, Struzziero, Watts, and Vacca, 1995; Rivera & Smith, 1997; Smith, Polloway, Patron, and Dowdy, 1998; Strickland & Turnbull, 1990). The IAT then engages in problem-solving processes to clarify the issue. The problem-solving process leads to the IAT generating intervention strategies for the teacher to implement, assigning a time period to conduct the interventions and assigning a case manager from the IAT to monitor the progress of the assigned intervention (Bahr & Kovaleski, 2006). Research has shown that problem solving prereferral approaches have reduced special education referral rates (Fuchs, Fuchs, Harris, and Roberts, 1996; Pugach & Johnson, 1995). The case manager and the teacher will agree to meet periodically during the interventions to discuss and alter the assigned intervention if it is needed.

Interventions are usually assigned a four to six week period to determine their effectiveness (Smith, Polloway, Patron and Dowdy, 1998). If the intervention is successful, then the student will not be recommended for special education services and will be exited from the IAT. If the intervention is unsuccessful, then the IAT will reconvene after the agreed upon time period, discuss the strengths and weaknesses of the intervention and develop new strategies to employ. There is no prescribed number of times that interventions can be employed before referring a student to be evaluated for special education services. The IAT only recommends a student for evaluation for special education services after all interventions and avenues for improvement have been exhausted. The IAT is also saddled with the responsibility of helping the teacher to identify those students who may need or require special education services.
When the IAT operates with helping teachers with strategies to help students, studies have actually revealed that this leads to a decrease in referrals to special education programs as well as decreasing the amount of students who may be inappropriately placed in special education programs. Researchers have found that the use of student intervention teams can be extremely effective in reducing the number of referrals to special education services (Dodd, Nelson and Spint, 1995; Fuchs, Fuchs, and Bahr, 1990; Kruger, Struzziero, Watts, and Vacca, 1995; Rivera & Smith, 1997; Smith, Polloway, Patton and Dowdy, 1998).

When attempting to decrease the overrepresentation of minority students referred to special education programs, schools must consider innovative school reform programs that are not only research-based as mandated by both IDEA and the No Child Left Behind Act, but also take into consideration the needs of children with disabilities and how their needs will be best served (Swartz, 1993). Practices in special education should be an imperative factor in determining comprehensive school reform programs for schools. In order for educational reforms to be effective, they must enhance the educational opportunities for all students and should adequately deal with diverse students (Cook, 1995). Serna, Forness and Nielson (1998) suggested that schools use such interventions as early detection, primary interventions and pre-referral procedures. In order for schools to use these measures, collaborative decision making and teaming across disciplines must occur (Comer, Haynes, Joyner, and Ben-Avie, 1996) as well as collaborating for special education services planning (Villa & Thousand, 2000). Research indicates that teaming is related to positive student outcomes, including increased student achievement in school (Cook, Murphy, and Hunt, 2000), reduced expulsion (Hallam & Castle, 2001) and special education referral rates.
(Hammond & Ingalls, 1999).

To date, the literature pertaining to the Comer (1996) Model suggests that schools using process-based concepts can expect success in reducing the number of minority students in special education placements. None of the other school reform models directly address this issue. Efforts are more indirect through general strategies with the entire school population. With the focus on “what is best for the child”, the SDP process does not prescribe a particular instructional method or curricular modification, instead it favors a variety of pedagogical approaches (Malloy & Rayle, 2000, p. 13).

This study examines the Comer SDP and its SSST in determining whether or not it reduces the amount of students who are referred for special education programs. Currently, there is no documented study that examines Comer’s SSST. However, the Comer Model has been credited with boosting test scores, increasing attendance and fostering phenomenal levels of parent involvement in some of the nation’s most troubled public school districts (June, 2003). In order to determine whether a relationship exists between the SDP’s SSST process and a decrease in high-incidence referrals of students for special education services, the author formulated the research question:

Does the School Development Program’s Student Staff Support Team’s process decrease the number of students referred for testing for high-incidence disabilities in one elementary school?
CHAPTER III-RESEARCH METHODOLOGY

Introduction

This study examines an innovative method for the placement of students with disabilities in special education programs developed by Comer (1996) in one elementary school in North Carolina.

This study examines whether the Comer (1996) placement model process reduces the overrepresentation of certain student groups into high incidence disabilities programs. These include students who (1) score below average on the state end of grade tests in reading, writing and mathematics; (2) have grades below a level 3 on a 4 point scale on their report cards in reading, writing and mathematics; and (3) consistently exhibit behavior patterns that place them in alternative classroom settings by race, gender and culture. This school uses these criteria in referring students for evaluation for special education services. To determine if Comer’s model decreases the number of students to be tested for high-incidence disabilities, the author posed this research question:

Does the School Development Program’s Student Staff Support Team’s process decrease the number of students referred for testing for high-incidence disabilities in one elementary school?

The theoretical framework underlying this study uses Comer’s (1996) Child-centered model. This chapter reviews the Comer method versus the traditional method,
the research design, the context and sample, and the method of data collection the author adopted.

**Sample Population**

The population for this study includes members of the School Development Program’s Student Staff Support Team at an elementary school in North Carolina using the Comer model. The team is comprised of the: school administrator(s), school psychologist, guidance counselor, school nurse, special education teacher, regular education teacher, attendance officer, pupil personnel workers, and all other appropriate staff persons.

The criteria used for selecting the subjects and the site for this study is based on what Creswell (2002, p. 648) deemed “purposive sampling”, a qualitative sampling procedure in which researchers intentionally select individuals and sites to learn about and understand a central phenomenon. Purposeful sampling is based on the assumption that a researcher wants to gain insight from a sample population in a position to impart pertinent information (Patton, 1990). Patton (2002) pointed out that one uses purposive sampling in case studies because it provides rich information, thereby allowing the researcher to gain more insight about the phenomenon being studied instead of merely gathering empirical information. The individuals at the site studied all met the following four criteria: (1) the selected population is comprised of individuals employed by a school district as the school administrators, school psychologist, guidance counselor, school nurse, special education teacher, regular education teachers, attendance officer, and pupil personnel workers at the school which is the SSST; (2) the selected population assists classroom teachers in developing strategies that prevent minor problems from becoming major problems; (3) the selected population sets up individualized programs for children with special needs, which involve outside services when necessary and
possible; and (4) the selected population is comprised of individuals who refer students to special education programs.

The school studied is one of four elementary schools located in the rural area of North Carolina. Completed in the 1940’s, this full Title I school serves 462 students in pre-kindergarten through third grade. Title I schools are those schools that have large concentrations of low-income students and receive supplemental funds to assist in meeting student’s educational goals. Low-income students are determined by the number of students enrolled in the free and reduced lunch program. For an entire school to qualify for Title 1 funds, at least 40 percent of their students must be enrolled in the free and reduced lunch program. Schools with large concentrations of low-income students, such as the school in this study, receive supplemental funds to assist in meeting student’s educational goals. Title 1 funds assist schools in meeting the educational needs of students living near or at poverty levels.

In addition to the regular education classrooms, this school has two self-contained exceptional children’s classrooms, one preschool classroom and four severe-profound classrooms. The student population is diverse in race and learning challenges. Overall, 80-percent of the school’s population is comprised of minority students, with 1-percent Asian/Pacific Islander, 27-percent Hispanic and 52-percent African American. Twenty percent of the school’s population is comprised of White students. Eighty five percent of the students qualify for free and reduced lunch and no students are identified by the state as Academically Gifted.
Table 1. Demographics of the Site Studied

<table>
<thead>
<tr>
<th>School Overview</th>
<th>Elementary School</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School Level</strong></td>
<td>Primary School</td>
</tr>
<tr>
<td><strong>Grades Offered</strong></td>
<td>Grades PK-3</td>
</tr>
<tr>
<td><strong>Students</strong></td>
<td>414 Students</td>
</tr>
<tr>
<td><strong>%Male/%Female</strong></td>
<td>50%/50%</td>
</tr>
<tr>
<td><strong>Students by Grade</strong></td>
<td></td>
</tr>
<tr>
<td>Pre-K - 49 students</td>
<td></td>
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<tr>
<td>Kind -106 students</td>
<td></td>
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<tr>
<td>Grade 1- 88 students</td>
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<td>Grade 2- 80 students</td>
<td></td>
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<tr>
<td>Grade 3- 91 students</td>
<td></td>
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<tr>
<td><strong>Students by Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>% American Indian – n/a</td>
<td></td>
</tr>
<tr>
<td>% Asian – 1%</td>
<td></td>
</tr>
<tr>
<td>% Hispanic – 27%</td>
<td></td>
</tr>
<tr>
<td>% Black – 52%</td>
<td></td>
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<tr>
<td>% White - 20%</td>
<td></td>
</tr>
<tr>
<td><strong>% Eligible for Free and Reduced Lunch</strong></td>
<td>% Eligible for Free Lunch – 74%</td>
</tr>
<tr>
<td></td>
<td>% Eligible for Reduced Lunch – 11%</td>
</tr>
</tbody>
</table>

In recruiting the participants of this study, a letter (Appendix D) was sent to the principal of the school introducing myself and the purpose of the study and ended with an invitation to participate in the study. After a follow-up conversation with the Principal where the researcher received the principal’s permission to conduct the study, a written invitation to participate in the study (Appendix E) was sent to the SDP’s SSST members by the researcher, via the Principal, describing the purpose of the study, what would be required of the participants if they chose to participate, the length of days and amount of time that the research would take. Also included in this letter to the Team members was detailed information about confidentiality and how this study was strictly voluntary as their choice to participate or not would not in any way jeopardize their careers or provide them with any financial benefits.
When the participants agreed to participate in the study, a follow-up meeting was held with the SDP’s SSST members addressing all questions and concerns of the participants. During this meeting, interview and observation dates and times were discussed and set. Consent forms (Appendix F) were also signed at this time. An e-mail was sent two days prior to the interviews taking place to confirm participation.

A total of seven school professionals are on the Team with more than half of the Team members being either general education or special education teachers. The Team was comprised of predominantly White females. This Team consisted of two minorities, one African-American female and one White male. All Team members were experienced educators, with five members having ten or more years of experience in the field of education. Each referring teacher (e.g. teachers who referred students to the Team) had at least seven years of experience in the field of education.

**Instrumentation**

Instruments used in this qualitative study included open-ended interview questions, meaning that a large amount of the data obtained took the form of opinions and judgments. The interview instrument designed for this study is the School Intervention Team Support Questionnaire. The information that came from the interviews came in four forms: (1) descriptive information regarding the SIT’s organization, procedures and systems of support, (2) a description of the special education referral and identification process, (3) data on the number of referrals to the SIT and to special education, and (4) descriptions of the problems the SIT encounters and the reasons they consider their team either effective or ineffective. This instrument proved to be reliable in that it provided all of the information needed in each of the above mentioned areas for this study. Other forms of qualitative data that was
collected included observation checklists completed by the researcher, which helped to provide narrative descriptions of the SDP’s SSST meetings. This instrument was aligned with Comer’s three guiding principles, the developmental pathways and included each step of a universal problem solving method which student intervention teams use. This instrument proved to be reliable in that it provided the researcher with a format of the SDP’s SSST meetings. The researcher used this observation checklist as a guide in cross referencing data that was collected during the SDP’s SSST meetings. The data obtained from both sources (interviews and observations) provided the information necessary to develop themes or categories and reflected the information obtained from each source. Archival data relevant to the study included public and private records that were made available to the qualitative researcher about the study’s participants. Such documents as students test scores, report cards, attendance records, behavior referrals and the SDP’s SSST’s referral forms are but a few data sources that helped the author gain an understanding of the Team and its relationship to special education referrals.

Data Collection and Analysis

The author collected qualitative data from interviews (see Appendices A and B) meaning that a large amount of data takes the form of opinions and judgments. The author assumed the participants would answer the questions as accurately as possible. The instrument designed for this study is the School Intervention Team Support questionnaire and information came in four forms: (1) descriptive information regarding the SIT’s organization, procedures and systems of support, (2) a description of the special education referral and identification process, (3) data on the number of referrals to the SIT and to special education, and (4) descriptions of the problems the SIT encounters and the reasons they consider their
team either effective or ineffective. The data obtained from the instrument shown in
Appendix A and Appendix B provided the author with the information necessary to develop
themes or categories.

Appendices A and B consists of open-ended interview questions pertaining to the
SDP’s SSST (Team) process and its relation to the decrease in referrals for testing for high-
incidence disabilities to special education programs in the elementary school. Two
interviews were conducted over a two day period which included an individual interview
with the Principal of the school and one focus group interview of the Team. The first
interview conducted was with the Principal. The Principal was interviewed individually, as
to not be interviewed with lower level employees. The second interview included the focus
group which consisted of: the school psychologist, one special education teacher, two regular
teachers, the school’s guidance counselor who also serves as the SSST coordinator and one
special education teacher. Each interview lasted for one hour and the data collected from
these interviews was used to examine multiple perspectives and gain a better understanding
of the Team’s process and its impact.

Appendix C consisted of a Student Intervention Team (SIT) Observation Checklist.
Two observations of the Team’s meetings occurred over a two day period and each Team
meeting lasted for one hour and thirty minutes. Observation checklists, which was another
form of qualitative data that was used for this study was cross referenced by the researcher,
which aided in providing narrative descriptions of the Team’s meetings. The data obtained
from both sources (individual and focus group interviews and observations of the Team)
provided the information necessary to understand and appraise the Comer Team process.

Creswell (2002) identified three factors to consider when choosing the types of data
that best suit a qualitative study: (1) select the types of data that best address the research
question, (2) rely on multiple sources of information and often add new forms of data collection to understand the phenomenon being explored, and (3) engage in extensive data collection (p. 197). Because this qualitative study seeks to determine whether a relationship exists between the Team’s process and a decrease in high-incidence special education referrals at one elementary school using the Comer process, the forms of data collected and used for this study included observations of Team meetings, interviews with members of the Team, and reviews of student records.

Patton (2002) asserted that qualitative data should transport a reader into the time and place of the observations so that the reader knows what it was like to be there. Meanwhile, Creswell (2002) defined observation as the process of gathering first-hand information by observing people and places at a research site. Merriam (1998) recommended using observation to gather data for the following three reasons: (1) an outside observer may notice things that have become routine to the participants and may lead to a deeper understanding of the issue or phenomenon; (2) observations provide specific incidents and behaviors that can serve as reference points for subsequent interviews; and (3) observations can be used when an activity, event, or situation ought to be observed firsthand, when a fresh perspective is desired, or when participants are unable or unwilling to discuss the topic under study (p. 96). For this study, collecting data through observation served the recommended purpose of recording the behavior of individuals, taking field notes, and describing a particular setting.

The author settled on interviews for this study as another means of collecting data anticipating the wealth of information they would provide and also to collect the participants’ various points of view. In the effort to obtain as much information as possible, the author conducted semi-structured interviews, those interviews that employ a combination of open and close-ended questions. Semi-structured interviews, according to deMarrais and Lapan
(2004), tend to elicit useful information to support theories while also inviting the participants to describe personal experiences. The author conducted one-on-one interviews with individuals and with focus groups in the attempt to examine multiple perspectives and to gain a better understanding of the Team’s process and its impact.

Documents relevant to the study included public and private records available to the qualitative researcher about the study’s participants. Such documents as students test scores, report cards, attendance records, behavior referrals and minutes from the Team’s meetings are but a few data sources that helped the author gain an understanding of the Team and its relationship to special education referrals. Such influences upon SDP-SSST referrals as ethnicity and gender are examined for the purpose of identifying trends in student referrals. Sources of the referrals like teachers and outside agencies as well as those categories of concerns (for example, academic achievement, behavior, psychological or emotional behavior, and so forth) were also examined in the determination of the impact the Team has had on the rate of high-incidence special education referrals in the school under study using the Comer model.

In analyzing the qualitative data for this study, the researcher first reviewed all of the information (the documents, transcriptions, and observation field notes) to obtain a sense of an overall “picture.” After reviewing the data in detail, the author coded the information to develop themes or categories in an effort to gain a thorough understanding of the issue and any patterns that emerge. The coding of the themes or categories helped in leading to the answer of the research question.

This study will result in a report to the site that was studied. The researcher will present the findings of this study to the Principal and the SDP’s SSST in a private meeting.
The analysis will also possibly result in published articles and presentations at professional conferences.

**Setting**

This study investigates whether the Comer placement process reduces the number of students to be tested for high-incidence disabilities in one elementary school by race, socioeconomic statues, gender and culture. Participants included members of the school’s placement team as well as students (kindergarten through grade three) who were referred to the team over four (2003-2004, 2004-2005, 2005-2006 and 2006-2007) school years. The Comer model is in its sixth year of implementation at this school.

The Team is a collaborative, multidisciplinary group responsible for developing plans to support and strengthen students through the use of school and community-based strategies (Johnson, 2000). The Comer model views students from a holistic perspective and takes into account the student’s environment (including but not limited to) academics, family, friends, culture, and behavior (Johnson, 2000). Members of the Team include the school’s administrators, regular teachers, special education teachers, the school psychologist, and in some cases, the school’s guidance counselor, nurse and social worker. The Team at each school provides support through collaboration and generates individualized strategies that encourage the interaction of the child’s environment: family, emotions, and the child’s life (Johnson, 2000). The Team follows three guiding practices: individualized interventions, a collaborative team approach, and an emphasis on the student’s strengths (Johnson, 2000).

The Comer Model created the Student and Staff Support Team (SSST) which is similar to the traditional school’s placement model. Members of the SSST include the school psychologist, guidance counselor, school nurse, special education teacher, attendance officer,
pupil personnel workers, and any other appropriate staff persons (Comer et al., 1996). This Team consults with teachers and the governing body in dealing with issues directly affecting the student’s academic and social-emotional well-being and addresses issues pertaining to the school’s climate (Comer et al., 1996).

During the 2002-2003 school-year, this school began using the Comer Model developed at Yale University’s. Before considering the prospect of becoming a member of this project, this school lacked a stable school climate. It experienced the loss of three principals within four years, had an enormously high teacher turnover rate, and housed students with severe behavior issues. Knowledge of the school’s need for a major transformation, the current principal, accepted their neighboring school district’s invitation to participate in a workshop that focused on a school reform initiative. After learning more about the Comer model and its principles and after communicating with schools in other counties that participated in the process, the school’s administrators chose the Comer model as the best fit for their students and faculty members.

This school’s district was not involved with Yale’s project and decided to join that initiative. The participants received their initial training from a neighboring school district, which had enough funds to share in the furtherance of this particular school reform initiative. The school studied has not received extensive training from Yale’s project but has instead relied on their neighboring county for the training needed to operate as part of the project. The school received a grant in January of 2007, which provided the funding needed for the school’s new staff to receive initial training as well as future training designed to sustain the Yale project. This is the first time that this school district has been involved with the SDP. The principal and assistant principal of this school received training from Yale’s SDP’s Principal Academy three years ago.
Limitations of This Study

This study has its share of limitations. First, this study only focuses on Comer’s placement process in one elementary school, so there is not a basis for comparison with schools outside of North Carolina. The school selected for this study was not selected randomly, but reflected the willingness of the principal involved to participate in the study. This study of one school makes it difficult to offer extensive inferences or generalizations beyond this single site.

The study focuses on Comer’s process for the following years: 2003-2004, 2004-2005, 2005-2006 and 2006-2007. These school years were the focus of the study due to the Comer School Development Program being implemented in the school during those years. Another limitation of this study is that there are no archival data records for the 2002-2003 school year, which is the year before Comer’s Model was implemented, which would provide a basis for comparison of special education referral rates for the consecutive school years.

The data derived mainly from interviews, meaning that much of the data took the form of opinions and judgments. The author assumed that the participants (that is to say, members of the Student Staff Support Team) answered the questions as accurately as possible. Other forms of qualitative data the author collected included observation checklists, which served to provide narrative descriptions of the Team meetings. The data obtained from both sources (interviews and observations) provided the information necessary to develop themes or categories reflecting the information obtained from each source.

This is a case study. Marshall and Rossman (1999, p. 61) defined case studies as “focusing on society and culture, whether a group, a program or an organization”. Stake
(1995) described a case study as the focus on a program, event, or other activity. In sum, case studies are intensive descriptions and analyses of a single unit or individual, program, event, intervention, or community (Smith, 1978). Marshall and Rossman (1999) also defined the case study method as a strategy that may include interviews, observations, document analyses, and surveys.

Researchers tend to distinguish three types of case studies: intrinsic, collective, and instrumental (Creswell, 2002). Intrinsic case studies have merit in and of themselves; an intrinsic case study is usually selected because the case itself seems interesting (Creswell, 2002). Collective case studies are multiple cases that are described and compared to provide insight into a broader issue (Stake, 1995). Instrumental case studies serve the purpose of illuminating a specific issue (Creswell, 2002). This study was designed to be an instrumental case study seeking to address the issue of special education referrals and placement using the Comer model over a three-year period. Instrumental case studies focus on one specific issue (Creswell, 2002).

The author chose the case study research method for three reasons. First, to provide the readers with a thorough understanding of the issue being studied (Borg & Gall, 1989). Second, to collect several forms of data (for example, observations, interviews and documents) (Eisenhardt, 1989; Merriam, 1998). Third, to develop issues and themes surrounding the case being researched (Merriam, 1998). Overall, case studies provide a better understanding of issues and events by providing a reader with a narrative that includes personal reflections and past research while revealing opinions and biases (Creswell, 2002).

This study is concerned only with use of the Comer (1996) method of placing students in special education programs in one elementary school over four (2003-2004, 2004-
2005, 2005-2006, and 2006-2007) school years. The elementary school using the Comer model was selected for this study because it has been a Comer site for more than five years.

Summary

This study examines whether the Comer School Development Program’s Student Staff Support Team reduces the number of students in pre-kindergarten through the second grade who are referred to be tested for high incidence disabilities in one elementary school. The following studies yielded results in decreasing the amount of students who would be referred for special education programs with high-incidence disabilities:

1. Bay, M., Bryan, T. and O’Connor, R. (1994) - This study assessed the effectiveness of a prereferral model for urban teachers which fostered reflectivity among teachers as they worked together to generate solutions to student problems. The teacher collaboration team in this study succeeded at meeting the needs of 11 out of 16 students who were at risk for being referred for special education services.

2. Kovaleski, J. F., Tucker, J. A., and Duffy, D. J. (1995) – This study evaluated the first phase of the implementation of the Instructional Support Team (IST) model against schools that did not have IST’s. Data indicated that non-IST schools refer three percent of their population to special education programs versus IST schools who refer two percent or less of their population.

interventions used on students in regular education settings resulted in fewer
referrals to special education programs.

study examined prereferral interventions implemented by multidisciplinary teams.
It was found that the strategies that these teams used included: (1) clearly defining
goals and objectives; (2) selecting educators and others with expertise to
implement specific interventions; and (3) having the resources necessary to
successfully implement the prereferral procedures and interventions. The
prereferral intervention processes that were employed increased the abilities of
teachers to educate students who were experiencing difficulties.

5. Rosenfield, S. (1992) – This study examined the development of the Instructional
Consultation (IC Team) model and its effect on referral rates for special education
programs. In one pilot school prior to implementing the IC Team model, 73% of
special education referrals were placed in special education programs. In the
fourth year of the IC Team implementation, 6 percent of those students referred to
IC Teams were placed in special education programs.

6. Schrag, J. (1995) - This study evaluated the impact of school-based support teams
prereferral interventions on students with academic and behavior problems in
nineteen school districts. Data for this study revealed that approximately 80
percent of students receiving prereferral interventions remained in general
education, while approximately 16 percent were placed in special education
programs.

The studies described determined that student intervention teams may decrease
special education referrals. But while Yale SDP’s University’s staff suggests that this
process decreases high-incidence special education referrals, no research has yet fully substantiated this suggestion. This study is expected to provide clarity on whether this process does or does not reduce high-incidence disability special education referrals.

In seeking to examine this process, the author hoped that this study would bring about positive results by relying on a qualitative study design. In the effort to gain multiple perspectives, the author conducted this study using interviews with school-based administrators and faculty and staff. While she assumed that all participants would be honest and forthright in their responses, she also reviewed and analyzed such complimentary documents as standardized test scores, attendance records, behavior referrals, and report cards.

The researcher is qualified to conduct this study based on educational merits which include a Bachelor of Science and Masters of Arts degree in Elementary Education as well as experience teaching on the elementary school level for six years. Knowledge gained while the researcher served as a research assistant in evaluating the Comer School Development Program also qualifies the researcher to conduct this study. The researcher is currently employed as an Assistant Principal on the elementary level where she has spent five years serving on the Student Intervention Team.
CHAPTER IV – FINDINGS

Introduction

This qualitative study examined the Comer School Development Program’s (SDP) Student Staff Support Team (SSST) process used in the placement of students in special education programs in a pre-kindergarten through third grade school.

The school site that was studied is one of four elementary schools located in a rural community in North Carolina. Completed in the 1940’s, this Title I school serves 462 students in pre-kindergarten through third grade. In addition to the regular education classrooms, this school has two self-contained exceptional children’s classrooms, one preschool classroom and four severe-profound classrooms. The student population is diverse in race and learning challenges. Overall, 80-percent of the school’s population is comprised of minority students, with 1-percent Asian/Pacific Islander, 28-percent Hispanic and 52-percent African American. Twenty percent of the school’s population is comprised of White students. Eighty five percent of the student population qualifies for free and reduced lunch and no students are identified by the state as Academically Gifted.

Participants in this study included the members of the Comer SDP’s SSST in a North Carolina elementary school. The team members included the school’s principal, five regular education teachers, two special education teachers, the school’s guidance counselor, a literacy specialist and the school’s psychologist. A total of seven school professionals are on the Team with more than half of the Team members being either
general education or special education teachers. The Team was comprised of predominantly White females. This Team consisted of two minorities, one African-American female and one White male. All Team members were experienced educators, with five members having ten or more years of experience. Each referring teacher (e.g. teachers who referred students to the Team) had at least seven years of experience.

Qualitative data for this research study was collected through focus group interviews with the Comer SDP-SSST (Team) members, an individual interview with the principal, observations at the Team meetings, and an archival review of the school’s past results. The open-ended focus group and principal interview data provided personal, professional opinions and judgment types of data on the intervention process. The interview data was used to gain a better understanding of the overall Comer SDP’s SSST process and its impact on the number of special education referrals. An observational checklist was designed and then used at Team meetings to yield accurate, narrative descriptions of the intervention process used by the team members. The observational checklist data was used to validate interview data and to assist in the development of the Comer SDP-SSST themes. Finally, an archival data review of the elementary school’s Team results from the 2003-2004, 2004-2005, 2005-2006 and 2006-2007 school years was conducted in order to further identify and validate organizational procedures and other types of themes associated with the team’s Comer process.

**Instrumentation**

The study was designed to be an instrumental case study as it sought to address the issue of overrepresentation of certain student groups in high-incidence special education programs and analyze what kind of an impact the School Development Program’s (SDP)
Student Staff Support Team (SSST) process had on the referral rate over a four year period (2003-2004, 2004-2005, 2005-2006 and 2006-2007). Since this study investigated the impact of the Comer (1996) SDP’s SSST process over four years after the implementation of the Comer process; other factors such as a change in criteria for qualifying for special education programs along with different tests used during this time was also examined. A change in the student population and SSST (Team) members during this four year period was also explored due to the changes that could result in the referral rate of students for special education programs.

As stated in chapter three, the sample for this study included members of the School Development Program’s (SDP) Student Staff Support Team (SSST) at an elementary school in North Carolina using the Comer model. The Team is comprised of the: school administrator, school psychologist, guidance counselor, special education teacher, regular education teachers, and all other appropriate staff persons as they are needed. The strengths of the study population were: 1) the sample population that was studied adopted Comer’s philosophy and principles, 2) the researcher was able to explicate how the Team has evolved in collaborating and facilitating child centered planning practices in developing intervention strategies to help teachers, students and the school on a global scale due to the study site being a Comer school for four years, and 3) a significant number of Team members were employed at the study site prior to the year that Comer was implemented. All but one of the participants in this study (guidance counselor) was employed at the school prior to the implementation of the school reform initiative (Comer). Due to the participants’ years of employment at this site, the researcher was able to gain a better perspective of how the Team’s processes have developed due to the majority of them being employed at this specific site prior to the study site becoming a Comer (SDP) school and the impact this has had on the
students and teachers at the study site. The study population was weak in that they had not received any professional development training in problem solving methods or student intervention team training.

Instruments used in this qualitative study included open-ended interview questions, meaning that a large amount of the data obtained took the form of opinions and judgments. The interview instrument designed for this study is the School Intervention Team Support Questionnaire which provided the researcher with: (1) descriptive information regarding the SIT’s organization, procedures and systems of support, (2) a description of the special education referral and identification process, (3) data on the number of referrals to the SIT and to special education, and (4) descriptions of the problems the SIT encounters and the reasons they consider their team either effective or ineffective. This instrument proved to be reliable in that it provided all of the information needed in each of the above mentioned areas for this study. Observation checklists, another form of qualitative data, helped to provide narrative descriptions of the SDP’s SSST meetings. This instrument was aligned with Comer’s three guiding principles, the developmental pathways and included each step of a universal problem solving method which student intervention teams use. This instrument proved to be reliable in that it provided the researcher with a format of the SDP’s SSST meetings. The data obtained from both sources (interviews and observations) provided the information necessary to develop themes or categories and reflected the information obtained from each source. Archival data relevant to the study included public and private records that were made available to the qualitative researcher about the study’s participants. Such documents as students test scores, report cards, attendance records, behavior referrals and the SDP’s SSST’s referral forms are but a few data sources that helped the author gain an understanding of the Team and its relationship to special education referrals.
Findings

This chapter first unveils the responses provided by the school’s administrator (principal) and the members of the SDP’s SSST (Team) in their individual and focus group interviews based on the student intervention team questionnaire. The chapter will then provide readers of this study with a narrative of two of the Team’s meetings in order to provide the readers of this study with a snapshot of collaboration and child centered planning in action which took place during the researcher’s observation of the SDP’s SSST process. This chapter will then conclude with a focus on an analysis of the interview, observation, and archival review data collected on the Comer SDP’s SSST (Team) process at one elementary school.

The data is used to address the study’s research question: Does the Comer School Development Program’s (SDP) Student Staff Support Team (SSST) process decrease the number of students referred for testing for high-incidence disabilities in one elementary school? This research question was analyzed by using Atlas.ti 6.0 as the software package to organize trends and themes for the researcher. The scripted comments from the open ended questions were grouped into three categories through thematic analysis. The following themes of organization and management, child centered planning through problem solving and collaboration amongst adults emerged from the Comer Team meetings and the school based administrator (principal) and Comer Team’s responses about the Comer process. A review of the archival data as it relates to the decrease in the number of students referred for testing of high-incidence disabilities in pre-kindergarten to the third grade was also examined.
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<tr>
<td>Total number of</td>
<td>385</td>
<td>341</td>
<td>363</td>
<td>369</td>
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<td>students enrolled in</td>
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<td>the school</td>
<td>46 12%</td>
<td>55 16%</td>
<td>37 10%</td>
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<td>Number and percentage of SSST students referred for spec. ed. testing</td>
<td>23 50%</td>
<td>17 31%</td>
<td>20 54%</td>
<td>15 35%</td>
</tr>
<tr>
<td>Number and percentage of students eligible for spec. ed.</td>
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<td>8 47%</td>
<td>12 60%</td>
<td>3 20%</td>
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<td>Number of children who moved to another school</td>
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<td>5</td>
<td>0</td>
<td>1</td>
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<td>Number of students whose parents refused testing</td>
<td>1</td>
<td>0</td>
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Data presented in Table 2 shows a fluctuation in the number of students being referred to the Student Staff Support Team over a four year period, and an inconsistent decline in the number of students referred for testing for high-incidence disabilities and an inconsistent number of students who are eligible for special education services for high-incidence disabilities. The archival data sustains the premise of Comer’s theoretical framework which states that child-centered planning and collaboration amongst adults fosters positive results.

In this study child centered planning, the first theme of Comer’s theoretical framework, refers to educators collaborating with one another to ensure that they are supporting all children in their growth and development across all domains included in Comer’s six developmental pathways—social, ethical, physical, cognitive, language and...
psychological (Comer et. al, 1996). Child-centered planning includes planning for and implementing instructional practices. Child-centered planning involves: 1) taking into account the child’s specific learning style(s) and interests; 2) exploring the child’s history and various events that have shaped and influenced the student throughout his or her life; and 3) making children active participants in their own education and development, both mentally and physically (Morrison, 2009). Collaboration amongst adults, the second emergent theme in this study refers to sharing information, engaging in collective decision-making, and developing effective interventions for a commonly agreed upon goal which is in the best interest of the child (Mostert, 1998).

This chapter will focus on specific data collection strategies as a means of answering the posed research question: Does the SDP’s SSST (Team) process decrease the number of students referred for testing for high-incidence disabilities in this elementary school? Quantitative (archival data) and qualitative (interviews and SDP-SSST meeting observations) data was utilized in order to give the readers of this study a narrative illustration to elucidate how the Comer School Development Program used it’s Student Staff Support Team as a vehicle in reducing the number of students referred for special education services with high-incidence disabilities.

Comer’s (1996) theoretical framework focuses on collaboration amongst adults and child centered planning to foster positive results. Powers’ (2001) theoretical framework identifies three fundamental components to having effective Student Support Teams. Those components are organization and management, teamwork and problem-solving. For this study, both frameworks were integrated to organize the themes in the case study. The analyses of themes generated from both frameworks were organized in the following order: organization and management, collaboration amongst adults and child-centered planning
using problem-solving methods for the individual interview with the school’s principal and the focus group interview with the SDP’s SSST (Team).

The principal’s responses to the School Intervention Team Interview Questionnaire will be presented first, while the Student Staff Support Team’s responses to the School Intervention Team’s Interview Questionnaire will come next. This chapter will conclude with two cases taken from two observations of the Team’s meetings in the effort to provide the readers of this study with an image of how collaboration and child-centered planning occur.

**Principal’s Response to the School Intervention Team Interview Questionnaire**

*Upon entering the school, the first image that appeared to me was a large colorful banner declaring that this school site was a Comer School Development Program School. There were no students in the hallway as school was already in session. As I entered the office area to sign-in, the Principal of the school greeted me with a firm handshake and informed me that she would be giving me a tour of the school before the interview was conducted. She felt that if we took a tour of the school together first, then I would have a better understanding of the school.*

*As we walked through the corridors of the school, the principal informed me that the school had recently been renovated to include a developmental wing for children who were physically impaired. Each corridor was embellished with a picture of a different insect that categorized the various grade levels (i.e. butterflies, dragonflies). I could not help but notice the walls adorned with the children’s prized work which included various works of art. Comments such as “Amazing Work” and “Fantastic Job” were placed at the top of the students work samples.*
As I glanced inside the classrooms, I noticed that no classroom had an atmosphere that was completely quiet. There was definitely a form of “quiet chaos” where children were actively learning as the teachers circulated about the room. In other classrooms, where teachers were facilitating lessons, groups of students engulfed the teachers in a circle while they taught the lesson. I immediately recognized this as being “circle time” and lingered for a couple of minutes to see how the children responded to the instructor. I only witnessed “circle time” being implemented in Kindergarten classrooms. While the Principal and I were visiting the various classrooms throughout the building, the students continued to focus on the teacher, which let me know immediately that the students were accustomed to being observed. Of the classrooms that we entered, teachers had a tendency to speak in moderately low tones and the pace of the instruction appeared to be brisk, as to not allow children to get off task, but not so fast-paced as to lose the child during the course of instruction.

After touring the classrooms, the Principal then took me to tour the cafeteria and media center. The cafeteria was extremely spacious with workers busily preparing for the lunch crowd which was to arrive in the next two hours. The media center was also spacious and quite colorful. The media center was vast enough to include adequate seating for a class of thirty students, a story section, computer stations and offices in the rear of the center that housed specialists and teachers. As we left the media center, I was told that our next destination would be the gymnasium before heading back to the office. As we approached the gymnasium, I immediately heard music blasting and the hubbub that indicates that children are having a great time.

As we entered the gymnasium, I witnessed well-orchestrated physical education stations in action. The students had practiced basketball shots earlier in the week and were
being assessed on how many shots they could score within a one minute period. While a group of students were at one station with the coach recording the students’ progress, three other stations included students practicing various basketball passes and drills. There were four stations with no more than six students to a specific station during this period.

As the principal and I returned to the front office, I immediately asked the Principal to point me into the direction of the conference room, where the interview would be conducted. She asked if we could have the interview in her office, which was smaller. As we entered her office, I instantly knew why she requested this setting for our interview. Her office was extremely warm and inviting with lightly colored walls and two art pieces that showcased diverse children in academic settings. I was so taken by one of the art pieces that I inquired about the artist. I could tell that this principal was an avid Carolina fan by glancing at the wall which was covered with sports paraphernalia. Her office was arranged to include the L-shaped “principal’s” desk, which was adorned with family photographs located to the rear of the office, and a large bookshelf on the left hand side of the room which you pass before approaching the desk. There was also a small oval shaped table that was located in the middle right hand side of the room with a colorful rug placed under the table to complete the room’s décor. She asked me to have a seat at the table, which set the tone for a comfortable and informal interview.

This portion of the case study will focus on the principal’s responses to the school intervention team interview questionnaire, which is comprised of three components: organization and management, collaboration among adults and child-centered planning through problem solving.
Organization and Management

In this study, organization and management refers to the composition of the student based intervention team, which in this study is the School Development Program’s (SDP) Student Staff Support Team (SSST) (Team). Organization and management also denotes how knowledgeable and how well team members function and carry out their responsibilities. This portion of the case study will focus on the composition of the Team, how referrals are made to the Team, the pace and focus of the Team’s meetings and the dissemination of results as it relates to the organization and management.

Composition of the SDP’s SSST (Team)

When asked about the composition of the Team and the roles and responsibilities of each member, the principal stated,

“The SSST has representatives from each grade level….the Team includes the literacy specialist, the speech therapist, an exceptional children’s teacher and an ESL teacher. Other specialists are added as they are needed.”

When discussing the task of making referrals to the Team, which includes the teacher knowing how to make referrals and teachers being knowledgeable of completing the referral paperwork, the principal explained,

“The SSST coordinator plays a dual role in that she also serves as our school’s guidance counselor. As far as teachers knowing how to make referrals…they do. Students are referred to the SSST by teachers because of behavior and academic issues. The mental psyche of the child is also a reason for teachers referring students. Our school accesses different programs that help equip students with the help that they need. The SSST also addresses global issues surrounding the school.”

Making Referrals to the SSST

In this section, the principal was questioned about the teachers’ knowledge of: (1) completing referrals to the SSST, (2) using prevention and intervention methods prior to referring students to SSST; and (3) their knowledge of their being any modifications to the
referral process within the last five years. As far as the teachers knowing how to complete the referral paperwork and the amount of time that the paperwork consumes, the principal responded by commenting,

“The teachers definitely know how to make the referrals. The paperwork is very detailed and takes about one hour to complete if they have all of the information that they are supposed to have.”

When asked if prevention and intervention methods are used prior to referring students to the SSST and who participates in this process, the principal noted emphatically,

“Definitely…..but is seems that we use more intervention methods than we do prevention methods….maybe that’s something that we need to work on. As far as using interventions, our grade level teams collaborate across grade levels to come up with strategies, such as flex reading and math classes as they are needed….if we think that it’ll work, we’ll place students in different reading and math classes.

When questioned about there being any modifications to the referral process in the past five years, she said,

“The form that we used initially when referring students to SSST was more about academics and deficits. I think we’ve evolved in focusing and knowing about the whole child through the developmental pathways...(the principal paused) now we focus on child development and the development process and RTI (Response To Intervention)...five years ago, we just focused on the academic state of the child...now we focus on the whole child due to Comer and RTI.”

Pace and Focus of the SSST Meetings

In this section of the interview, the researcher questioned the principal about factors that sustain the pace and focus of the SSST meetings, such as agendas being at every meeting, time-keeping strategies, Comer’s “no-fault” principle and the team’s ability to focus on one student at a time. When the principal was asked about agendas being visible to all of the participants, the principal stated while chuckling,

“It is mandatory that all SSST meetings have an agenda (shaking her head)…..or else we’d be there all day on just one student.”
When questioned about the role and responsibility of the time-keeper, the principal emphasized,

“We do have a time-keeper for each meeting…that’s the only way that we can stay focused…and whoever it is during that meeting….does a good job keeping us on time.”

In reference to the SSST avoiding admiring a problem, the principal laughed as she reflected,

“The team is still working on the ‘no-fault’ principle. It gets pretty difficult…especially during the times when the parent has chosen not to come to parent conferences and SSST meetings. The facilitator does a good job bringing us back when we begin to lose our focus.”

When the researcher asked about the Team focusing on one student at a time during the SSST meeting, the principal said,

“When we discuss a child, that specific case has our complete focus….we only discuss that child, their situation, and methods to solve their problem or issue.”

**Length of SSST Meetings**

The length of SSST meetings refers to the length of time that is devoted to each student’s case. When asked is there at least twenty five minutes devoted to discussing one student at the SSST meeting, the principal shook her head slowly and replied,

“We actually devote thirty minutes to each student, due to the amount of students who are referred to the SSST……we don’t have the luxury of providing more time…..I wish that we did…..we just don’t.”

**Scheduling SSST Meetings**

The researcher inquired about the scheduling of the SSST meetings in order to gain understand if SSST meetings were scheduled frequently enough to meet the demands of the student population prior to retaining students or referring them for special education programs. The principal reported,

“SSST meetings are held twice a month which allows us to meet the needs of
the students, teachers and the school…..as far as global issues are concerned. We always schedule follow-up meetings for those cases that need them before adjourning the meetings.”

**Dissemination of the Results**

Dissemination of results refers to the decisions that were made and the plan that was developed by the SSST during the SSST meeting. When questioned about the results of SSST meetings being disseminated in a timely-manner, the principal commented,

“We usually take two days to a week to get the information back to the parents, teachers, and case managers…..it takes this long due to everything that the SSST members have on their plates at the given time. Also, there is the issue of some documents needing to be translated for some of our parents who don’t speak English…..so that takes time as well.”

The next section of this case study focuses on collaboration among adults.

**Collaboration Among Adults**

In this study, collaboration among adults refers to the style in which adults voluntarily engage in the shared decision-making process as they work towards a common goal for helping students who are referred to the Team. This portion of the case study will focus on the manner in which the Team engages in the collaborative process.

**Essential People Present**

This portion of the interview centers on key people being present at each SSST meeting, which includes SSST members, parents and administrators, and the teacher who refers the student. When questioned about essential members of the SSST being present at the meetings the principal stated,

“Referring teachers are always present at SSST meetings….it’s mandatory …they have all of the information. The information that they provide has to be firsthand…..and we need to see the problem from their perspective since they’re with the student the majority of the time.”

When the researcher inquired as to what the SSST’s method was for collecting input
from everyone on the team to inform them of the intervention plan, the principal replied,

“Everyone who has any input verbalizes it…and we usually just go around the table brainstorming strategies….you know the great thing about multiple teachers being on this team is that when they brainstorm strategies, they offer strategies that are doable by the teacher…they’re in the classrooms, so they know what is and is not realistic.”

When the principal was asked if parents are present at SSST meetings, she stated,

“As far as parents are concerned, we seem to have more parents attend parent conference meetings, instead of SSST meetings.”

When asked if she attended SSST meetings, she explained,

“I don’t attend every SSST meeting, but I am asked to attend meetings where we have cases of students who need to take meds, or are in danger of being retained…(the principal chuckles) I’m usually called in to get the parent to come to the meeting and to be at the meeting for our more severe cases of students.”

Collaborative Process

This section of the interview focuses on the collaborative process, which pertains to SSST members freely sharing their ideas and resources, supporting teachers and various ways in which they collaborate with teachers and outside agencies to meet the needs of students. During this portion of the interview, the principal was also asked to describe the shared-decision making process that the SSST uses as well as how this team supports the needs of the teachers and students. The principal responded by explaining,

“I feel that members of the SSST definitely share their ideas and resources…but it took time to get to this point. There was a period where relationships had to be built in order for others to be comfortable with sharing ideas and resources…I believe that there was also apprehension about how the ideas and resources that was shared would be received. So, I would definitely say that establishing relationships played a big role.”

When asked to comment about if members of the SSST tend to focus more on the intervention rather than the disability, the principal commented,

“Before Comer, we tended to focus more on the disability and what we as a team could not do. Now, with Comer and the principles of collaboration,
consensus and no-fault, I would say that we actually spend more time focusing on the intervention, instead of the problem.”

When asked to describe the shared-decision making process that the SSST uses, the principal noted,

“All of the team members play a very important role in the decision making process…whether they are helping to design the strategy…intervention, or developing ways to implement the strategies that they create. Uhm…a case manager is assigned to each child and pretty much makes sure that the strategies that was suggested are being used, monitored and working. The process of consensus, collaboration and no-fault are easy to maintain…until there is a case where the team finds out that the teachers are not using the strategies the way they should….then, no-fault is extremely difficult to maintain. Problems usually don’t occur as long as the teacher is implementing the strategies the way the team designed them.”

When the researcher inquired about the support that the SSST provides to the referring teacher, the principal said,

“The referring teacher gets lots of support from the SSST through the case manager. The SSST has a case manager who observes the student and communicates on a regular basis with the regular education teacher……the teacher of the student who is referred. Case managers are beginning to play unique roles in our school. Sometimes the case manager provides strategies for the teacher to help the individual student….and sometimes the case manager will provide strategies that will help the entire class. The SSST has begun to give case managers cases based on their area of expertise…not just by grade levels.”

When we discussed ways in which the SSST collaborates to meet the needs of teachers and students, the principal replied,

“Last year was the first year that the team took a leadership role in helping teachers. They would get a good overview of the situation in the SSST meetings, and would go inside teachers’ classrooms to actually model what some interventions that they suggested looked like to help the teacher. Once the team became comfortable taking this stance with individual cases, they began to take on global issues around the school when teachers came to SSST with various cases. I was so pleased because I knew that it took a lot of caring and courage to support and help the teachers in ways that were needed in order for them to be successful implementing these strategies and interventions in their classrooms. Last year we had some people who were new to the team, but all of the team members have been here for a while. I feel that the team members have a vested interest in the school and know the
importance of Comer…and they take ownership in the school. They want this place to be a community both personally and professionally.”

In reference to special and regular education teachers collaborating to meet the needs of students, the principal commented,

“Our regular and special education teachers collaborate in many ways. One way that they collaborate is that the regular education teachers give special education teachers a curriculum map so that they can follow what they are teaching. Uhm…inclusion has also been implemented in kindergarten and works well with students. It has definitely been insightful because special education sees what the expectations are and regular education teachers in turn see the different kinds of remediation strategies created by the special education teacher that can be used.”

In discussing systems of support that the SSST utilizes with outside agencies, the principal noted,

“The team utilizes the expertise of others which includes (name of county) health department……youth and family services, the Lions Club and other civic organizations….and our psychologist.”

When questioned about any alternative teams used for intervention purposes by the SSST, the principal said,

“Grade level teams are some alternative teams used for intervention. At the end of each nine weeks after we assess students, grade level team members talk about issues.”

The next portion of this case study focuses on child-centered planning through problem solving.

**Child Centered Planning through Problem Solving**

In this study, child centered planning through problem solving refers to educators collaborating with one another to ensure that they are supporting all children in their growth and development across all domains included in Comer’s six developmental pathways—social, ethical, physical, cognitive, language and psychological. Child-centered planning
includes: 1) taking into account the child’s specific learning style(s) and interests; 2) exploring the child’s history and various events that have shaped and influenced the student throughout his or her life; and 3) making children active participants in their own education and development, both mentally and physically (Morrison, 2009). This portion of the case study will focus child centered planning through problem solving and analyzing problems as well as developing, implementing and evaluating intervention plans created by the Team.

**Problem Solving**

The problem solving portion of child-centered planning focuses on how problems are solved, analyzed and how plans are implemented and evaluated. When the principal was asked how the SSST defines problems in specific observable terms, she commented,

“"The team defines problems in measurable terms by the referrals in the different subject areas. In the past 5 or 6 years, we kept hearing children can’t sound out words…..children can’t read words. Through many discussions, the SSST decided to take this on as a global issue and decided to purchase Fundations-a reading program.”

When questioned if multiple data sources were reviewed when defining problems and if concerns were prioritized, she noted,

“"We review multiple sources of data in defining a problem. I would say that concerns are definitely prioritized.”

**Problem Analysis**

Problem analysis consists of the Team having a standardized procedure in analyzing student problems which takes into consideration both academic and environmental factors. When asked if contributing factors such as the curriculum, instruction, classroom environment, home and community environment, and child characteristics are considered when analyzing student problems, the principal said,

“"The developmental pathways are used so that we can view and solve problems from a holistic perspective.”
When questioned if the developmental pathways are used in analyzing student problems and creating intervention plans, the principal responded by commented,

“The developmental pathways are used in analyzing student problems, but I know that they’re not always used in creating intervention plans.”

In reference to the SDP’s SSST’s on-going progress monitoring system which includes whose responsible for collecting data and how often the data is collected, the principal reported,

“Data on the student’s progress is collected by both the teacher and the case manager…they work together in collecting the information. Data is collected during the period that the intervention takes place.”

When the researcher questioned how the SSST develops a plan of intervention, she commented by saying,

“By listening to the teacher’s input. The team looks at the data and the entire history of the child….academics…and family environment…they take a holistic perspective.”

In the effort to discover if prevention and intervention strategies were employed prior to referring a student to the SSST and if pre and post intervention data was used in planning the intervention for the student when asking the principal how the SSST develops a plan of intervention. The principal commented extensively,

“In some cases, prevention and intervention strategies are employed when teachers meet in grade levels to discuss issues. This is not always done and right now this is not a requirement….because we do not have a standard procedure for this. SSST does initiate using various prevention and intervention strategies once children are referred to the SSST. Some strategies have been successful and they always help in that we know to continue what we’re doing or change the intervention totally. Uhm…by the end of the intervention or strategy, we can rule out what some problems are and what some problems are not. Sometimes, the strategy….or intervention may not fix what the problem is entirely, but in many instances it does help the child to be more successful. When strategies are given that may not work, we learn to tweak strategies or completely do away with the ones that don’t work.”
When asked if pre and post intervention data used and if so, how this data helps in planning the intervention for the student, the principal replied,

“At this point we’re not using it like we should, but we definitely will be using it more efficiently in the immediate future.”

When the principal was questioned of the Team’s use of formative and summative evaluation procedures in making future decisions, she explained,

“The team uses formative and summative evaluations when discussing student progress and when making decisions about the students in general.”

**Plan Implementation**

In the effort to gain an understanding of how plans are implemented, modified and monitored, the researcher asked if a consultant was assigned to assist the teacher in implementing classroom based interventions. The principal commented,

“The case manager acts as the consultant in assisting the teacher in implementing classroom interventions.”

In inquiring if intervention plans are implemented, modified and monitored as needed, she noted,

“Intervention plans are implemented and modified as needed…Ongoing progress is monitored weekly…and in some cases daily.”

When asked if any parents refuse interventions or services provided by the SSST, the principal said,

“Oh, now we’ve had parents…even doctors to question some interventions, but we’re talking about only a couple of people to actually refuse services. We’ve had parents to refuse EC (exceptional children’s) services because they didn’t quite understand everything that is involved.”

As the interview came to a close, the researcher questioned the principal about the methods that the SSST took in conducting plan evaluations. This section of the interview included the continuation of monitoring progress, conducting follow-up meetings in the time
that was designated and questioning if closure on each student occurred. The principal commented,

“Progress data is examined until the child’s case exits the SSST. Follow-up meetings are held on each student, but we make sure to schedule them in 4 or 6 week increments...they are never scheduled less than 4 weeks. We feel that the 4 to 6 week period is a good time for the teacher and the case manager to observe, discuss and tweak strategies that are implemented.”

When questioned about discussions held at SSST follow-up meetings, the principal reported,

“The implementation of each intervention and whether it worked or not is discussed at the follow-up meetings. Decisions are made at the follow-up to either continue or modify the intervention. In those cases where multiple interventions have been tried and proven to be unsuccessful and it’s felt that we’ve exhausted all of our resources, then a referral for evaluation for special education services is made.”

In terms of closure on each student referred to the SSST being achieved, the principal responded by saying,

“Closure doesn’t occur with some cases which are in the “grey area”. There’s a challenge presented when these students do not qualify for special education services, so it is always a challenge in getting them the help that they need. We just continue to try every strategy we can. It is always a work in progress, but you can’t give up on them.”

When asked to describe the identification referral process for special education, the principal replied,

“The SSST makes referrals to special education. Interventions are tried and if they don’t work, the SSST goes back and develops more strategies that are extremely specific. If those interventions are still unsuccessful, then interventions are created and tried again. Various strategies are usually given a timeline of four to six weeks to work. If we feel that we’ve exhausted all of our resources, then we will refer a child for special education evaluation. There have been no modifications to the special education referral process that I know of.”
Summary of Findings from the Principal’s Interview

Organization and Management

The first portion of this interview focused on those aspects of the Team’s organization and management which included questions pertaining to the composition of the Team, how referrals are made to the Team, the pace and focus of Team meetings, scheduling and length of Team meetings and how results from the Team are disseminated.

Composition of the SDP’s SSST (Team)

The Principal was knowledgeable of each Team member’s roles and responsibilities. She stated that teachers are skilled in making referrals to the Team which is usually made for academic and behavior issues.

Making Referrals to the SDP’s SSST (Team)

Presently, the Team is employing more intervention methods than prevention methods, which the Principal admits is an area that needs improvement. Grade level teams are collaborating across grade levels to create and implement intervention strategies for students. The Principal noted that the Team has evolved in focusing on the whole child. A modification to the referral process is that Team members are now analyzing student issues more holistically by using the developmental pathways, which is part of the referral application and process.

Pace and Focus of Team Meetings

A discussion pertaining to the logistics of the Team’s meetings revealed that all meetings have an agenda and each Team member is aware of their role and responsibilities in ensuring that the focus of the meeting is kept. The collaboration and consensus principles have been easy to implement, while the no-fault principle proves to be a challenge, particularly when parents choose to not follow through or not attend conferences.
Scheduling and Length of Team Meetings

Team meetings are held twice a month for thirty minutes, which allows the Team to better meet the needs of students and the school on a global scale. Team meetings are held at a brisk pace, which helps keep Team members focused. Notes and intervention strategies created in the meetings are disbursed to Team members and parents within one week. This process takes longer if the results need to be translated for parents who do not speak English.

Collaboration Among Adults

The next portion of the interview focused on the manner in which the Team engages in the collaborative process. The Principal was asked questions pertaining to the collaborative process, how problems are analyzed and how the intervention plan is implemented.

Essential People Present

In reference to key people being present at each Team meeting, it was concluded that referring teachers are always in attendance at Team meetings due to the wealth of information they possess about the referred student. The method for collecting input from everyone involved is done in a round robin fashion, where everyone has an opportunity to brainstorm strategies that are doable and realistic. More parents attend parent conferences than SSST meetings and the Principal only attends Team meetings in extreme cases involving medical issues and retention.

Collaborative Process

This portion of the interview focuses on the collaborative process, which elucidates how Team members share their ideas and resources, how Team members support teachers and collaborates not only with their colleagues, but also with outside agencies to meet the
needs of students. Results from this portion of the interview indicated that members of the Team are able to share their ideas and resources due to relationships that have been fostered amongst staff members. There is now a level of comfort where sharing ideas and creating interventions for colleagues are much easier than they were prior to the implementation of Comer. Due to the relationships that have been fostered and a focus on Comer’s principles of collaboration, consensus and no fault, more time is spent on creating interventions instead of finding fault with others.

Child Centered Planning through Problem Solving

Problem Solving and Problem Analysis

The final portion of this interview centers on child centered planning through problem solving. In regards to the Team’s procedure in analyzing problems and implementing an intervention plan, it was made known during this portion of the interview that the Team utilizes the developmental pathways in viewing, analyzing and solving students’ problems. Multiple sources of data is also collected and used by both the referring teacher and the case manager assigned to the referring teacher. In discovering if prevention and intervention strategies are implemented prior to referring a student to the Team, it was discovered that intervention strategies are not always employed prior to referring a student to the Team, and is not a requirement at this time. At the present time, there is not a standard procedure that ensures that prevention and intervention strategies have been implemented and grade level teams are the only alternative teams used for intervention planning. Although pre and post intervention data is not being used as it should at this time, the Team verifies the use of formative and summative evaluations when discussing students’ progress and developing a
plan of intervention. In developing an intervention plan, all data and information collected pertaining to the student’s academic and environmental history is taken into consideration.

**Plan Implementation**

In respect to implementing the intervention plan, it was revealed during this interview that all Team members share a role in the decision making process and in providing support to teachers. Case Managers play a unique role at this site in that they are assigned cases based on their area of expertise instead of a specific grade level. Case Managers act as consultants in providing support to referring teachers by monitoring the progress of the intervention and meeting with the referring teacher on a weekly basis to discuss students’ progress and to modify the intervention plan as needed. There have been instances where both parents and medical professionals have questioned interventions recommended by the Team, however no more than two parents have refused the Team’s services.

Students are only exited from the Team when interventions have been tried, have proven to be successful and the student is able to function in the regular education classroom without the assistance of interventions from the Team. In those cases where the first set of interventions prove unsuccessful after four to six weeks of implementation, another round of interventions created by the Team are employed. This cycle continues until all intervention strategies and resources have been exhausted. It is then that the Team makes a referral for the student to be evaluated for special education services. In the case where the student does qualify for special education services, an IEP team will write an individualized education plan for the student. The Team as well as the teacher will monitor the student’s progress and will modify the IEP as needed. In those cases where the student does not qualify for special education services, the Team will continue to implement intervention strategies. As long as the student needs intervention strategies, the student will not be exited from the SDP’s SSST.
The Team has had its share of successes through the use of collaboration. Special education and regular education teachers have collaborated through the use of curriculum mapping and inclusion classrooms and the Team has been empowered in taking a leadership role to handle global issues. Due to their vested interest in their school, they feel confident enough to recommend, provide and model intervention strategies that can be used for individual students, classrooms and the school as a whole. This level of collaboration occurs with teachers and outside agencies.

Student Staff Support Team’s (SSST) (Team) Response to the School Intervention Team Interview Questionnaire

On the afternoon of my first observation of the SDP’s SSST meeting, I arrived at the site slightly early so that I could set up for the interview in the school’s conference room located in the front office of the building. The conference room is the size of a standard office, which is inclusive of an oval shaped conference table that seats approximately eight people. After the students were dismissed and teachers were relieved of their afternoon duties, the SSST members begin trickling into the conference room, where the interview was held.

At a swift glance, one could deduce by the facial expressions of the SSST members that they were not exactly thrilled to participate in this interview, although they had volunteered to do so. At the end of a demanding day, with still more work to be done, one could understand their fatigue. Each member was cordial and greeted me with a “hello” and a handshake. Once the Team was seated, the principal came in and quickly made introductions. The SSST members who participated in this interview included: the SSST Coordinator, the School Psychologist, the Literacy Teacher, one special education teacher,
and two regular education teachers. After introductions were made and I explained to the Team the purpose of the research study and all that the focus group interview would entail, the Team members/participants appeared to be more relaxed and the interview began.

This portion of the case study will focus on the SDP’s SSST members responses to the school intervention team interview questionnaire, which is comprised of three components: organization and management, collaboration among adults and child-centered planning through problem solving.

**Organization and Management**

In this study, organization and management refers to the composition of the student based intervention team, which in this study is the School Development Program’s (SDP) Student Staff Support Team (SSST) (Team). Organization and management also denotes how knowledgeable and how well team members function and carry out their responsibilities. This portion of the case study will focus on the composition of the Team, how referrals are made to the Team, the pace and focus of the Team’s meetings and the dissemination of results as it relates to the organization and management.

**Composition of the SDP’s SSST (Team)**

When asked about the composition of the Team and the roles and responsibilities of each member, the SSST Coordinator stated,

“There is a chairperson…one person from each grade level…a representative from the Student Planning Management Team (SPMT) and a speech therapist.”

A regular education teacher chimed in agreeing,

“All of us have different roles…there’s the time keeper, liaison, facilitator, note taker…uhm…the SPMT rep takes global issues back to the SPMT….oh, and the principal is a member of the team.”
Making Referrals to the SSST

When the researcher inquired how referrals are made to the Team, which includes the
teacher knowing how to make referrals and teachers being knowledgeable of completing the
referral paperwork, the SSST coordinator explained,

“Well, students are referred to the SSST by the teachers. They’re usually
referred for academic and behavior issues….we also have students who are
referred for environmental conditions. We also have students referred for
medical reasons.”

The School Psychologist commented,

“The first thing that we do when a student is referred is to look at data on the
student from the previous year…we also look to see if interventions from the
first tier were used before the teacher referred the student.”

The special education teacher noted,

“Sometimes students are referred to this team because of their needs for
services outside of the school. We have parents who have come from other
counties who sometimes need services and don’t know how to get these
services.”

Regular Education Teacher #2 said,

“There is definitely a disconnect in our county. Some of our kids in the
developmental wing are eligible for so many services and cannot get it
because of a long, drawn out process, which is not clearly defined. We help
families get the services that they need….we are advocates for our children.”

When questioned if teachers know how to complete paperwork and the length of time
that it takes to do so, the SSST Coordinator commented,

“Teachers know how to complete the paperwork, but it does take quite a bit of
time…I would say that it probably takes anywhere from an hour to an hour
and a half.”

When the researcher inquired about prevention and intervention processes used prior
to referring a student to the SSST and who is involved in the process, the SSST Coordinator
reported,
“There are many interventions that are tried before referring a student to this team. When we get students, we have found that extra reading time in various classes have been initiated….our school has a peer tutoring program where third graders are paired with students in lower grades that is also one of our interventions.”

Two other SSST members agreed,

**Teacher #2:** “There are usually just discussions had amongst grade level members. Right now it seems as if teachers just come straight to the SSST.”

**Teacher #1:** “…yeh, lot’s of times some things are brought to SSST that do not need to come here. Grade level teams do meet and they just bring the student to SSST.”

When asked if any modifications have been made to the referral process in the past five years, two SSST members replied,

**School Psychologist:** “I would have to say that today we look more at strategies to help the staff instead of the SSST just being an EC (exceptional children) process. We believe that teachers are more open minded about the SSST process, because they now understand that a referral to special education is not the ultimate goal.”

**SSST Coordinator:** “The developmental pathways are now part of the referral process to the SSST…the developmental pathways have played a large role in how we view students….we look at them more holistically.”

**Pace and Focus of the SSST Meetings**

In this section of the interview, the researcher questioned the Team about factors that sustain the pace and focus of the SSST meetings, such as agendas being at every meeting, time-keeping strategies, Comer’s “no-fault” principle being common practice and the Team’s ability to focus on one student at a time.

When the Team was questioned if an agenda is visible to all participants, the SSST coordinator’s response was,

“Every team meeting has an agenda. If we know that a parent does not speak English, we have a teacher who speaks Spanish translate during the meeting and we also will have that teacher translate documents sent home.”

When the researcher inquired if the time-keeper signals the beginning and the end of
the problem solving stages, Teacher #1 responded by stating,

“Our time keeper usually just focuses on the total amount of time that is designated for each meeting which is usually no more than twenty minutes per case.”

When asked if the Team avoids admiring the problem, Teacher #2 replied,

“Before Comer, we didn’t get much accomplished at these meetings. The meetings consisted of just finding faults with the students and their families. Now, we definitely spend more time focusing on intervention strategies.”

When the Team was asked if they focus on one student at a time, Teacher #2 replied,

“We don’t have a lot of time designated for each student, but we do focus on one student at a time during our meetings. We not only focus on students, but we also focus on global issues at these meetings.”

**Length of SSST Meetings**

The length of SSST meetings refers to the length of time that is devoted to each student’s case. When asked if there is at least twenty five minutes devoted to discussing one student, the SSST coordinator stated,

“We only give 30 minutes.”

When questioned if more than forty five minutes is allotted to an individual student, Teacher #1 explained,

“If we spend more than 30 minutes on a student, then we won’t have enough time for other students who are brought to SSST.”

**Scheduling SSST Meetings**

The researcher inquired about the scheduling of the SSST meetings in order to gain an understanding if SSST meetings were scheduled frequently enough to meet the demands of the student population prior to retaining students or referring them for special education programs. When asked if SSST meetings are offered at least once per month the SSST coordinator stated,

“We have two SSST meetings each month.”
When the researcher inquired if SSST meetings are held frequently enough to meet the demands of the student population, two SSST members commented:

School Psychologist: “SSST meetings are held frequently enough to meet the demands of the student population, but it seems as though we have to jam so many students in just to make it.”

Literacy Specialist: “Follow-up meetings are scheduled at the end of every meeting.”

Dissemination of the Results

Dissemination of the results refers to those decisions made and the plan that was created by the Team during the SSST meeting given to all Team members in a timely manner. When questioned about the results of SSST meetings being disseminated in a timely-manner the SSST Coordinator noted,

“We try to get the results of our meeting out in a week, tops. This time includes any translations that need to be made. Usually, if we don’t need to translate, we can get the results out within a couple of days.”

The next portion of the interview will focus on collaboration among adults.

Collaboration Among Adults

In this study, collaboration among adults refers to the style in which adults voluntarily engage in the shared decision-making process as they work towards a common goal for helping students who are referred to the Team. This portion of the case study will focus on the manner in which the Team engages in the collaborative process.

Essential People Present

This portion of the interview centers on key people being present at each Team meeting, which includes SSST members, parents, administrators and the teacher who refers the student. When questioned about essential members of the SSST being present at the meetings the Team members said,
SSST Coordinator: “The referring teacher is always present at the meetings.”

Literacy Teacher: “We use sort of a ‘round robin’ method of making sure everyone has some sort of input. Everyone on the team takes turns throwing out strategies and we discuss as a team if we think that the specific strategy will work.”

Teacher #2: “Once we decide which strategies we’re going to use and how long they’ll be implemented before reconvening, we document the strategies in the plan and make sure that everyone who works with the student receives the intervention plan…and of course we keep a plan for our records.”

When asked if all members of the SSST are present, including the administrator, the Team members said,

School Psychologist: “Our parents generally do not attend our meetings. They are invited, but just choose to not come.”

Special Education Teacher: “There have been more cases now where parents may choose to attend parent-teacher conferences. We have started to use that conference time to tell parents that we will be taking their child to the SSST.”

SSST Coordinator: “We don’t have anymore than ten parents show up for a SSST meeting per year.”

Teacher: “Our principal usually doesn’t come to our meetings. She only comes when we ask her to.”

Collaborative Process

This section of the interview focuses on the collaborative process, which pertains to SSST members freely sharing their ideas and resources, and whether Team members are able to focus more on the intervention rather than the disability itself. This portion of the interview also focuses on the shared-decision making process that the Team uses as well as how they support the needs of the teachers and students. When asked if the Team shares their ideas and resources freely, the SSST Coordinator said,

“I think that the team does a good job sharing their ideas and resources with staff members.”

When the researcher inquired if Team members are able to focus on the intervention
rather than the disability, the Special Education teacher commented,

“I really think that we’re able to focus more so on the intervention because of the way our team is structured… and the diversity of our team in terms of their knowledge and expertise of intervention and strategies helps us to keep our focus.”

As Team members were questioned about the shared-decision making process and what it involves, some members looked at each other and laughed. They commented,

**Literacy Teacher and SSST Coordinator** (in unison): “Collaboration, consensus and no-fault.”

**Teacher #2:** “We have open discussions about cases that come to us and everyone on the team shares in the decisions that are made.”

**Teacher #1:** “We make sure that teachers and parents can live with the decisions that we make.”

When asked about the support that the Team provides to the teacher who refers the student to SSST, the special education teacher responded by stating,

“The Team offers strategies and interventions that really help teachers. One of the ways that we support teachers is through our peer tutoring program. Our peer tutoring program allows older students to help our younger students.”

When the researcher inquired about how this team collaborates to meet the needs of teachers and students, Team members commented extensively,

**Special Education Teacher:** “First of all, we actually talk and listen to each other. SSST was once hated because of everything that was required of a teacher to refer a student.”

**SSST Coordinator:** “SSST is not nearly as stressful as it used to be. At one time SSST could give orders of what would be done versus getting the teachers opinion of what would and would not work.”

**Teacher #1:** “I think that the use of technology is a great source. With various intervention websites, we don’t feel as though we have to reinvent the wheel.”

**Literacy Teacher:** “This team works well together in identifying ‘global issues’ around the school. When we have so many similar cases, we know that a global issue needs to be addressed. For example, we realized that with
our ESL population, there was a problem decoding words. Because we recognized it and treated it as a global issue and we are a Title I school, we as a team were able to initiate strategies for this issue which resulted in ordering specific resources for this problem.”

School Psychologist: “We collaborate with teachers who bring cases to us…and parents who need to help their children. Parents at this school know that if they need anything that they can come to us.”

Teacher #2: “In the past, the strategies that the team made were not realistic to the teacher or the student. Referrals to the SSST were seen negatively. The teachers viewed making referrals to the SSST as simply having to do more paperwork just to get unrealistic strategies thrown at you.”

When asked if special and regular education teachers collaborate to meet the needs of students, the Team members stated,

SSST Coordinator: “Our teachers have collaborated through inclusion.”

Teacher #2: “We collaborate with the ESL teacher when children are pulled for ESL.”

Special Education Teacher: “We collaborate with regular education teachers when writing IEP goals.”

Teacher #1: “Regular ed. collaborates with special ed. through curriculum maps which we use with math, reading and writing. The use of data actually helps us come together to make sound decisions. Regular ed. and special ed. teachers come together at the end of the quarter to review data and make new goals.”

In questioning the Team about the systems of support that the SSST utilizes with outside agencies, the School Psychologist explained,

“We rely on the youth and family services…TEACH which is in Greensboro…the National Autistic Association…and we have a good working relationship with the Community Outreach Coordinator.”

When asked if there are alternative teams used for intervention purposes by the SSST, Team members commented,

School Psychologist: “I would say that grade level teams are considered alternative teams…also observations conducted by other teams is an alternative intervention.”
**Literacy Teacher**: “I have noticed more grade level planning taking place. Grade level teams are being used for intervention purposes.”

The next portion of the case study focuses on the responses of the SSST to questions pertaining to child-centered planning through problem solving.

**Child Centered Planning through Problem Solving**

In this study, child centered planning through problem solving refers to educators collaborating with one another to ensure that they are supporting all children in their growth and development across all domains included in Comer’s six developmental pathways—social, ethical, physical, cognitive, language and psychological. Child-centered planning includes: 1) taking into account the child’s specific learning style(s) and interests; 2) exploring the child’s history and various events that have shaped and influenced the student throughout his or her life; and 3) making children active participants in their own education and development, both mentally and physically (Morrison, 2009). This portion of the case study will focus child centered planning through problem solving and analyzing problems as well as developing, implementing and evaluating intervention plans created by the Team.

**Problem Solving**

The problem solving portion of child-centered planning focuses on how problems are solved, how problems are analyzed, how plans are implemented and how plans are evaluated. When the SSST was asked how they define problems in specific observable terms, the special education teacher noted,

“We use data. We use blue diamond, running records and SRI scores to name a few.”

When the researcher questioned if multiple data sources were reviewed when defining problems and if concerns were prioritized, Teacher #1 said,
“Multiple sources of data are used and concerns are prioritized.”

**Problem Analysis**

The next portion of the interview focused on how the Team analyzes problems, which includes standard procedures for analyzing student problems and how the Team develops a plan of intervention. When asked if the Team has a standardized procedure for analyzing problems, the Team commented,

**SSST Coordinator:** “We rely on the observation form after the first time that a student is referred to SSST.”

**School Psychologist:** “We rely on intervention strategies from the tier one sheet.”

When the researcher inquired if the developmental pathways are used in analyzing student problems and creating intervention plans, Teacher #2 said,

“We use the developmental pathways to examine children through every lens, but we need to use them a lot more.”

When asked if there is a detailed on-going progress monitoring system, the School Psychologist commented,

“Data is collected by both the case manager and the teacher. These two continue to collect data during the entire length of the intervention.”

When the Team was questioned as to how they develop a plan of intervention, Team members reported,

**Special Education Teacher:** “Well, we don’t waist time waiting around for things to get worse, before we attempt to make it better. One thing that has worked for us is flagging students at the end of the school year and bringing them to SSST at the beginning of the following year.”

**SSST Coordinator:** “I’d say that we throw out ideas and talk to teachers.”

**School Psychologist:** “We make sure to choose strategies that are research-based and that work for the population that we are serving.”
When the researcher inquired if prevention and intervention strategies were employed prior to referring students to the SSST, and if so who is involved in this process, Team members reported,

**SSST Coordinator:** “Prevention and intervention strategies that we use are created by teachers, grade level peers, and cross grade level teams. People who are involved in carrying out these strategies are our teacher assistants, the literacy specialist, curriculum facilitators, special education teachers and people who work with the afterschool tutoring program.”

**Teacher #2:** “Teachers don’t always collaborate with grade level team members or other teachers in the school before bringing the child to SSST. There are still some cases brought to us that don’t need to be.”

When asked how pre and post intervention data is used in helping to plan the intervention for the student, Team members replied,

**School Psychologist:** “All intervention plans for students require that we use pre and post intervention data.”

**Special Education Teacher:** “Having a case manager for each teacher increases the likelihood that our intervention plans for students will be successful. When we create our intervention plans, we rely heavily on our case managers. They are the ones who observe classrooms….observing teachers tend to notice things that classroom teachers don’t.”

When the researcher questioned the Team’s use of formative and summative evaluation procedures to make decisions, Teacher #1 response was,

“Yes, we use formative evaluations for decisions. We use MAPS (Measure Academic Performance Summary).”

### Plan Implementation

Plan implementation includes how intervention plans are implemented, monitored and modified. When the Team was asked if a consultant was assigned to assist the teacher in implementing classroom-based interventions, the School Psychologist replied,

“The case manager is the consultant. The case manager helps the teacher implement and monitor the interventions.”
When the researcher asked if intervention plans are modified as needed, the Special Education teacher stated,

“Generally, intervention plans are implemented and modified as needed. But there are times when teachers do not implement intervention plans the way that the Team agreed and this causes delays in progress and the success of the plan. It is so hard to not lay blame when this happens.”

The SSST Coordinator agreed,

“Yeh… I mean what’s the point in coming to SSST and we spend all of this time creating a plan to not have it done. We feel as though a huge portion of our time has been wasted when this happens.”

When asked if any parents have refused interventions or any services provided by the SSST, the Team said,

**SSST Coordinator:** “We’ve had situations where parents have refused services because they do not want their children on medication which is a common association that parents make with this team. Many parents associate intervention teams and medication with special education.”

**Teacher #1:** “Parents have been passive. When you don’t follow through on some things… that’s the same as refusing services.”

**Teacher #2:** “This is part of the challenge of parents not parenting.”

**Plan Evaluation**

Plan evaluation includes examining data, conducting follow-up meetings where the implementation of the interventions are discussed and deciding to continue, modify or discontinue the intervention. Evaluating the intervention plan also includes the Team deciding if all avenues have been exhausted before recommending the student for special education evaluation.

When the researcher inquired if progress data is examined, the SSST Coordinator replied,

“Progress data is examined until the child’s case exits the SSST.”
In regard to follow-up meetings being held six to eight weeks after the initial SSST, the Literacy Specialist responded,

“Follow up meetings are scheduled at initial SSST meetings. We usually allow four to six weeks to implement and monitor the intervention.”

When the Team was questioned about the implementation of interventions being discussed at the follow-up meetings as well as what decisions are made about the interventions at the follow-up meetings, the Team stated,

**Teacher #2:** “We always discuss whether an intervention was successful or not in the follow-up meetings.”

**SSST Coordinator:** “When a child is brought to us we know what has been done and we know what needs to be done because of how closely the teacher and the case manager worked together to make the plan work.”

When the Team was asked how closure on each student brought to the SSST was achieved, the Team members explained,

**Special Education Teacher:** “Closure does not occur with those students who may not qualify for special education services, but still needs intervention strategies. We just continue to try everything that we can to help them.”

**Teacher #1:** “We feel that closure only occurs when we have cases where the student’s intervention plan was successful.”

In those cases where a variety of intervention strategies proved to be unsuccessful multiple times and every resource was exhausted, a referral to be evaluated for special education programs occurs. When the researcher asked the Team to describe the referral process for special education services, the Team’s response was,

**SSST Coordinator:** “When we refer a child to be evaluated for special education services, it has to be done in writing. In those cases where parents want their children evaluated for special education services, they have to provide this request in writing to the SSST.”

**Special Education Teacher:** “…and this Team has exactly ninety days from the date the letter was written to conduct the initial evaluation.”
School Psychologist: “It is determined during the initial evaluation if the child has a disability.”

Special Education Teacher: “The results of the evaluation are shared with the parents and if it is determined that the child has a disability, then a full and individualized evaluation is conducted in determining the child’s specific disability in determining eligibility for special education services.”

Summary of Findings from the SDP’s SSST Interview

Organization and Management

Composition of the SDP’s SSST (Team)

The first portion of this interview focuses on the SDP’s SSST organization and management which emphasizes the composition of the Team, how referrals are made to the Team, the pace and focus of the Team’s meetings and the dissemination of results.

Making Referrals to the SSST (Team)

Students are referred to the Team for academic, behavior, environmental and medical reasons. Teachers are skilled in completing the paperwork for referring students, although it is timely. The Team reviews data from the previous year to see if interventions were implemented prior to referring students to the Team. The Team not only serves students, but advocates for families as well, specifically with obtaining resources that families need from outside agencies.

In reference to prevention and intervention methods being utilized prior to referring students to the Team, it still appears that a significant amount of referring teachers are bringing cases to the Team that should not be brought. There have been modifications to the referral process include teachers being able to bring global issues to the Team, and using developmental pathways to analyze students from a holistic perspective. The Team has tried to impress upon the staff that the ultimate goal of the Team’s process is not to refer students to special education programs.
Pace and Focus of the SSST Meetings

The pace and focus of the meetings is kept by having an agenda at every Team meeting and having resources available to translate documents when needed. Prior to the implementation of Comer, the Team did not accomplish the goals of their meeting. The majority of their meetings were spent finding faults with colleagues and students’ families. More time is now spent focusing on intervention strategies and global issues.

Scheduling and Length of SSST Meetings

The scheduling of Team meetings includes the length of time allotted for each student and the frequency of meetings scheduled to accommodate the amount of students who are referred. The length of time devoted to each student’s case is thirty minutes due to the large amount of students who are referred. The Team feels if more than thirty minutes is allotted, every referred student’s case will not be seen.

Dissemination of Results

Results from the Team meetings are disbursed within one week of the meeting. If results from the meeting do not need translating, the results can be distributed within two days.

Collaboration Among Adults

Essential People Present

The next section of the interview focused on the manner in which the Team engages in the collaborative process. When Team meetings occur, all members of the Team are required to be present and it is essential that the referring teacher is in attendance as well. Parents are a part of the Team; however the majority of parents choose not to attend Team meetings. No more than ten parents attend Team meetings per year. There is a trend that
parents choose to attend parent conferences instead of Team meetings. Referring teachers have begun to use the parent/teacher conference time to explain to the parents the process of referring their children to the Team and what they can expect from this process. The Principal appears to be a de-facto member of the Team, as she only attends Team meetings at the request of the Team.

**Collaborative Process**

The portion of this interview concentrates on the collaborative process pertaining to Team members’ area of focus, their shared-decision making processes and the support they provide to teachers. The Team believes that they do well in sharing resources with staff members. The Team abides by the collaboration, consensus and no-fault rules in their decision making processes. The Team has open discussions about cases that are referred to them and everyone on the Team plays a role in the decisions that are made. The Team’s structure and diversity in the areas of their knowledge and expertise have enabled them to sustain their focus.

The Team that was once hated for the excessive paperwork and unrealistic intervention strategies required when referring students to the Team has gained favor in the eyes of their colleagues. The Team maintains that SSST is not as stressful as it once was prior to Comer, due to them talking and listening to each other, using technological resources to create and implement intervention strategies, and paying close attention to when global issues occur within the school. Although the only alternative team used for intervention purposes at this time is grade level teams, the Team collaborates with teachers, parents and outside agencies in meeting the needs of students, teachers and families.
Child Centered Planning Through Problem Solving

Problem Solving and Problem Analysis

The final portion of this interview focuses on child centered planning through problem solving. The Team defines problems in specific observable terms through the use of multiple forms of data which includes Blue Diamond, Running Records and SRI scores. Both the case manager and the referring teacher collect data on the referred student. The Team also relies on observations of the referred students and attempted intervention strategies utilized from Tier one of their intervention pyramid. Developmental pathways are also another means used by the Team to analyze children, but is not used in every case.

Plan Implementation

Developing a plan for intervention begins by recognizing students who need assistance and planning intervention strategies. The Team flags students at the end of the school year that are not performing at grade level or who are having severe behavior issues that require them to be out of the classroom during instruction. These students are brought to the Team at the beginning of the following school year. The Team then relies upon those intervention strategies that are research-based and work for the population in which they serve. Both prevention and intervention strategies are created by teachers, grade level peers and cross grade level teams. All intervention strategies require that pre and post intervention data is used. Formative evaluations are also used in making decisions about the referred student. Everyone from teacher assistants to afterschool tutors makes certain that the intervention strategies are carried out. Each referring teacher is assigned a case manager who observes and monitors the progress of the intervention.

In implementing the intervention plan, the case manager assists the teacher by monitoring and modifying the intervention plan as needed. There have been cases where
parents have refused services as they associate this Team with medication and special
education, which is a common association that parents make.

**Plan Evaluation**

In evaluating the intervention plan, progress data is examined and follow-up meetings
are scheduled during the initial Team meetings. Four to six weeks are allotted for
implementation and monitoring of the intervention to transpire. At the follow up Team
meetings, discussion of the intervention strategies occurs. At this point, the Team
understands what has been done and what needs to be done based on reports provided by the
referring teacher and the case manager. In those cases where students may not qualify for
special education services, but still needs intervention strategies in order to be successful, the
Team continues to meet and create intervention strategies for the student. Closure only
occurs in those cases where the student’s intervention plan was successful.

In those cases where a variety of intervention strategies prove to be unsuccessful
multiple times and every resource has been exhausted, a referral to be evaluated for special
education programs occurs. When a child is referred by the Team to be evaluated for special
education services, the request must be submitted in writing. The Team has exactly ninety
days from the date the letter was written to conduct the initial evaluation. The initial
evaluation determines if further testing needs to ensue. The results of the evaluation is
shared with the parents and if it is determined that the child has a disability, then a full and
individualized evaluation is conducted in determining the child’s specific disability in
determining eligibility for special education services.

The next segment of this case study includes two narrative illustrations of the SDP’s SSST
meetings that were observed by the researcher.
Two Narrative Illustrations of the School Development Program’s Student Staff Support Team Meetings

This portion of the case study is presented to give the readers an understanding of how child-centered planning and collaboration amongst SSST members facilitate positive interactions. The readers of this study will gain better insight into the challenges and successes that the Team experiences as they work together to provide support to teachers, students and the families of their school.

Observation #1-SDP’s SSST Meeting

On the afternoon of my first observation of the SDP’s SSST Meeting, I arrived early so that I would be ready when the meeting began. When I signed in at the front office, the Principal greeted me and escorted me to the room where the SSST meetings are held. Small talk was made as we ventured outside of the school. The room where the SSST meetings are held is located in a portable behind the school.

The portable’s décor included a rectangular table with chairs in the center of the room. There were two tables located around the perimeter of the room where the Team could place important documents. A whiteboard was visible at the front of the room, but it did not appear to look as if it had been used often.

The SSST Coordinator was the first member of the Team to come to the meeting. She appeared to be a little out of breath, as she was rushing to get to the meeting and set everything up before other members arrived. She was very cordial as she went about her way first placing a bowl of chocolate treats at the center of the table and then distributing agendas in front of the seven chairs at the table.

The Team members began to trickle in. They appeared to be weary from the day and
one teacher in particular seemed to be agitated. All of the members mustered up a cordial hello before the meeting began. The meeting began with the SSST Coordinator reviewing the agenda for the afternoon and reiterating that all referring teachers should be present and there are no cases which will require the Principal’s attendance. You will find that on the day of this SSST meeting, no parents attended the meeting.

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<td>K</td>
<td>Initial Meeting</td>
<td>*Poor Reading Skills</td>
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<td>*Poor Written Expression</td>
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The first meeting began with the Kindergarten teacher providing background information on the student and the reason why she was referred to the SSST.

**Homeroom Teacher:** “(The student) is having difficulties with transitions, rules and procedures. She’s still experiencing difficulties since the beginning of this year. I feel as though I have built a relationship with her and thought things would get better, but they are not. She’s bothering other children…she’s not able to sit in her seat correctly.”

The homeroom teacher then began going through the student’s folder and continued to report,

**Homeroom Teacher:** “She came into kindergarten not able to recognize any sounds and could only identify two letters. Now she can identify fifteen letters and twelve print concepts. Most children at this stage have all 19 print concepts down. She has a very difficult time with rhyming words.”

The homeroom teacher went through the student’s folder and took out three writing samples.

**Homeroom Teacher:** “In the first writing sample, she was able to draw the picture, but couldn’t tell us what the picture was about.”

The homeroom teacher then passed the picture around so that all team members could see the sample. The homeroom teacher then took the second writing sample out of the
Homeroom Teacher: “With this second piece, you can see that the drawing is more colorful than the first sample.”

Teacher #1: “That’s true. In the first sample, she didn’t use any color—just pencil…but in the second sample, she uses color and she utilizes space a lot more. You know, I’m not an artist…but you do notice (she laughs).”

The homeroom teacher then takes out the third writing sample and passes it around, as she comments,

Homeroom Teacher: “This third piece uses color well…but look at the top of the page. She was able to copy her first name from the name tag on her seat. She was not able to do this on the first two pieces.”

Teacher #2: “Was she able to tell you anything about the story with the third writing sample?”

Homeroom Teacher: “No.”

Teacher #1: “What about math?”

Homeroom Teacher: “As far as math is concerned, she loves using manipulatives. The less structured the environment, the more engaged she becomes. She can rote count to twenty…she has a difficult time doing things that we go over everyday like ‘calendar’. We try to work one-on-one with her when we can. Sometimes things work…sometimes they don’t. I just can’t figure out the pattern.”

Teacher #1: “How does she do on the homework assignments?”

Homeroom Teacher: “We don’t get the assignments back…and I know mom has her hands full with three children.”

SSST Coordinator: “O.k. What areas do we want to target?”

Homeroom Teacher: “Right now, math is her strongest subject, but we need to set goals for reading and writing.”

Teacher #2: “A writing goal could be for her to write her name.”

Homeroom Teacher: “That’s good because her name is on her desk…I want her to be able to do that.”

Teacher #2: “What about being able to copy and recognize all 26 letters?”
School Psychologist: “Let me repeat these goals to see if I have them written down correctly. Goal #1: (The student) will be able to recognize and name twenty six letters and be able to create the sounds of each letter.”

The SSST members nod in agreement.

School Psychologist: “Goal #2: (The student) will be able to copy her first and last name, and be able to write her first name independently.”

Special Education Teacher: “So does she know 30 sounds?”

Homeroom Teacher: “Yes, but it’s inconsistent.”

SSST Coordinator: “What are some realistic strategies?”

The Literacy Teacher turns to face the homeroom teacher as she states,

“You could put her with a partner and they can do flashcards. It doesn’t have to be the same one all the time…just someone who knows all of their letters. I’ll give (Teacher Assistant’s) a chart and ask her to mark off what she knows everyday for letter recognition.”

SSST Coordinator: “It would be good if someone could go over this every Friday with her.”

Teacher #1: “How often will the strategy be done?”

Homeroom Teacher: “Twice a week.”

School Psychologist: “Let me make sure that I have all of the strategies down for Reading. Strategy #1: (The student) will work with a partner on flash cards to practice recognizing her letter names. Strategy #2: (The teacher) will do a checklist of sounds at the end of each daily reading lesson.”

The team nodded their heads in agreement.

Homeroom Teacher: “I think it would be good if she would practice copying both her first and last name, but every Friday have to write her first name independently. I’ll send home practice papers for her to practice on. She will also practice in the classroom with paper and pencil and shaving cream during center time.”

SSST Coordinator: “We’ll meet in six weeks and I’ll put this on the calendar immediately.”
SSST Coordinator: “Why are we meeting on this student?”

Homeroom Teacher: “(The student) is a very sweet girl…she tries hard…gives 110%. She has a very difficult time focusing and paying attention. She is working below grade level. The last time that I assessed her she could identify 23 letters and 43 sounds. She knows 12 out of 19 print concepts. She recognizes rhyming words but has a hard time producing rhyming words.”

The homeroom teacher takes out the student’s folder and takes out a writing samples and says,

Homeroom Teacher: “I’m convinced she’s going to be an artist. She likes to draw on the front and back of her paper. As you can see she is writing random letters.”

The homeroom teacher then takes out two other writing samples, passes them around and comments,

Homeroom Teacher: “She’s progressed a great deal verbally in her writing. She is able to tell you what her writing is about…and (chuckles) it is usually about a princess. She still struggles though.”

Teacher #1: “How’s math going?”

Homeroom Teacher: “She can rote count to 12. She struggles with sorting…ordinal numbers are very hard or her. Her parents are very concerned. I had a conference with them yesterday. They know that I’, bringing her to SSST. Although, she has made progress, I have a hunch that her problem may have to do with an auditory processing problem.”

SSST Coordinator: “What areas do we need to concentrate on?”

Homeroom Teacher: “Attention and focus. She also has problems with word retrieval.”

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<tbody>
<tr>
<td>Case #2</td>
<td>F</td>
<td>White</td>
<td>K</td>
<td>Initial Meeting</td>
<td>*Difficulty following directions</td>
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Special Education Teacher: “Let’s get the Speech Teacher to do an observation.”

Homeroom Teacher: “O.k.”

A long pause ensues, approximately 40 seconds, where the participants appear to be thinking while looking at each other before the homeroom teacher laughs and replies,

Homeroom Teacher: “I need some strategies.”

School Psychologist: “What activities is she most inattentive in?”

Homeroom Teacher: “Large group instruction…whole group time. During instruction, the kids are on the floor in a large group and work at the table on their assignments.”

Teacher #2: “What about a focus bear?”

Teacher #1: “What about a jeweled crown that she could get jewels in when she stays focused.”

School Psychologist: “You need systematic observation…but it also needs to motivate her. The teddy bear idea is great, but may need to be changed from week to week. You may want to call on her more often and have a conversation with her about it. After so many on-task behaviors, she gets to go to the treasure or prize box. As she achieves her goals, we’ll up the expectations.”

Teacher #1: “Another strategy would be to give her a spot in close proximity to you as a non-verbal prompt to help her focus. Keep a tally of how many times she is on-task.”

Teacher #2: “I think that you should call on her more…create a personal space for her.”

School Psychologist: “Let’s make sure that we have the goals down. (The student) will remain focused during direct instruction. The teacher will call on (the student) once daily in calendar, and once daily in math. (The student) will be able to go to the treasure box every 5 times she answers correctly. The teacher will create a personal space for (the student) so that she is close to the board and will use a non-verbal prompt when she appears to be distracted or unfocused.”

The SSST members all agree that the goal and both strategies are correct. The SSST Coordinator then replies,
“We’ll monitor this strategy for six weeks and will meet again.”

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<td>Case #3</td>
<td>F</td>
<td>White</td>
<td>3</td>
<td>Follow-Up Meeting</td>
<td>*Poor Math Skills</td>
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**SSST Coordinator:** “This is a follow-up meeting. Let’s hear how everything is going?”

**Homeroom Teacher:** “In terms of academics, (the student) was low across the board and is making great progress. In math, she started out on a level 1 and is now on a level 2. In writing she was at a level 2 and is now at a level 3…and in reading she was a level 2 and is now a level 3.”

The SSST members have sidebar conversations for approximately 30 seconds about how well the student has progressed.

**Homeroom Teacher:** “I paired (the student) with a peer motivator. On a bi-weekly basis I would do a small group re-teach with practice. Almost in every single case, she has improved….for her, this is really working.”

**School Psychologist:** “It sounds like her rate of growth has increased.”

**Homeroom Teacher:** “The next goal is to meet 15 out of 20 goals this quarter for math. Our strategies could be very simple…we’ll do small group re-teach on objectives not passed and allow the student to replace grades of goals not passed with those of the goals that are passed during re-teach.”

**SSST Coordinator:** “Our next meeting is in six weeks.”

**Observation #2 of SDP’s SSST Meeting**

*On the day of my second observation, I went to the front office, signed in and went directly to the portable. By now, I felt as if I had been to this school so many times, I was no longer a visitor. When I arrived at the portable, I set up my materials and waited for the SSST members to arrive.*

*The Literacy Teacher arrived first and greeted me with a warm “hi”. This particular*
Team member has consistently had a warm and bubbly temperament since my first observation. The SSST Coordinator, who also appeared to be in good spirits came into the portable armed with sweet treats and agendas for the meeting. The remaining members of the Team trickled in, greeted me and took their seats. The SSST Coordinator passed out the agendas for all to review and announced that all referring teachers should be present and none of the cases required the principal’s presence today. After the agenda was reviewed, the SSST meeting began.

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<tr>
<td>Case #1</td>
<td>M</td>
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<td>3</td>
<td>Initial Meeting</td>
<td>*Poor Reading Skills</td>
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**SSST Coordinator:** “Let’s hear about (student’s name).”

**Homeroom Teacher:** “(Student’s first name) doesn’t have a stable home life…it’s been chaotic for the past three months. I don’t think this is an issue of intelligence…just extremely environmental. He’s been on and off behavior contracts. They work sometimes…sometimes they don’t.”

**Teacher #2:** “I’m trying to figure out who he is.”

**Special Education Teacher:** “You definitely know him when you see him. He comes down the hall twirling…he never walks…he always twirls.”

The SSST members all laugh in agreement and it is evident that one of the teachers has just realized who this student is.

**Homeroom Teacher:** “He’s a fluent reader…but is very inconsistent. Reading comprehension is going to be my main focus. Whenever his progress went down, something was going on at home.”

**SSST Coordinator:** “So he’s not a case for special education.”

**Homeroom Teacher:** “I’m concerned that he’s not going to pass the EOG.”

**SSST Coordinator:** “What are our strategies…attention…drawing conclusions and making connections?”
Homeroom Teacher: “Do we need to do smaller re-focus groups and study island-once a week…what about putting together EOG packets?”

School Psychologist: “Let me repeat the goal and strategies. (The student) will improve his reading comprehension skills specifically in the areas of drawing conclusions and making connections. The strategies are that (student’s first name) will be in a small re-teach reading group where he will focus on the reading comprehension objectives; (the student) will have a take home practice EOG packet and; (the student) will work with a buddy to take reading comprehension quizzes. How’s that?”

Homeroom Teacher: “That’s it.”

The group agrees that the goal and strategies are appropriate. It is announced that the next meeting will be held in six weeks.

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SSST Coordinator: “Why are we meeting on (student’s first name)?”

Homeroom Teacher: “He is a highly interpersonal child. Our concerns are reading, math and writing. He is below grade level. I picked objectives that he did not pass and re-taught it. He does seem to be improving. I’m still having a problem with homework coming in. He loves to do work out-loud. If he can work through problems out-loud, he does well. We need to get him to a point where he comes in having a can-do and will-do attitude. I feel that this is a behavior issue. He shuts down when I ask him to do something.”

School Psychologist: “Sounds like we should not set behavioral goals.”

Homeroom Teacher: “O.k…the goal that we’ll set is for him to be prepared and focused during reading, writing, and spelling.”

SSST Coordinator: “He would be a good candidate for a checklist (dry-erase) to help his organization skills.”

Homeroom Teacher: “That would work best for math, or anything routine. That would work for spelling too.”

School Psychologist: “Ultimately, you want him to complete his work. Is
there a way when he has assignments daily to know before-hand how many tally marks he should get in one day?”

**Homeroom Teacher:** “Can one of the strategies be to be a helper if he makes his goals?”

**School Psychologist:** “Let’s re-cap. The objective is that (the student) will be prepared and focused during reading, writing and spelling. The strategies are that he will have: 1) a laminated check list that he could check off the steps of being ready for math and writing and; 2) a behavioral contract four days a week where on Fridays he comes to (teacher) class to be a classroom helper. How’s that?”

The team members give their approval of the goals and the School Psychologist announces that the next meeting will be in six weeks.

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**SSST Coordinator:** “Let’s begin on (student name).”

**Homeroom Teacher:** “Grandma had her during her early years up until third grade. (Student’s first name) is really sweet and pretty smart. She used to hang with a click of girls who had behavior issues, but she pulled herself away from them. I would like to do a goal in math…but she’s really low in writing.”

**Teacher #1:** “You could have a goal giving her a story starter, where the teacher starts the story and she finishes it.”

**Teacher #2:** “Maybe a fishbone diagram could help her with the details.”

**Homeroom Teacher:** “Her goal could be to tell a story with a beginning, middle and end. One of the strategies will be a graphic organizer…the fishbone…to give details.”

**Literacy Teacher:** “Shoot Ms. (teacher’s name) an email about some of these graphic organizers. She’s got plenty of them.”

**Homeroom Teacher:** “In language arts, she’s made progress. But with those concepts that she did not pass…we re-taught. She was proficient in the state she was in last year, but she barely scraped by.”
Teacher #2: “Do we have any support at home?”

Homeroom Teacher: “Surprisingly, mom is good at communicating and helping.”

School Psychologist: “So the goals and strategies are: (Student name) will be able to write a story with a beginning, middle and end. The strategies are that (student’s first name) will use a visual organizer, like a fish bone diagram to help plan out her writing, and she will be placed in small group instruction to help with language arts.”

The Team agrees that the goal and strategies are appropriate and the school psychologist announces that the team will meet again in six weeks.

Summary of the Findings of the SDP’s SSST Meetings

Guiding Principles

The summary of the findings from the SDP’s SSST Meeting is presented in order to provide the readers of this study with insight as to how child-centered planning and collaboration amongst Team members occur during SSST (Team) meetings. Two observations of the Team meetings occurred during one school year. Transcriptions of the meetings were cross referenced with the SDP’s SSST Observation Checklist (Appendix C) as a means to investigate if this Team used Comer’s guiding principles and developmental pathways as part of their decision making process when creating, monitoring or modifying intervention strategies as well as referring students to be evaluated for special education services. Other factors that were examined by the researcher during the Team meetings included parent involvement, assessment and modification of intervention strategies and the Team’s processes for comprehensive planning and problem solving.

Collaboration

The first facet of the Team meeting that was observed was the Team’s use of Comer’s
guiding principles. In examining ways in which Team members use the collaborative process in creating and implementing interventions, the researcher had to first observe the Team’s problem solving method for providing students with intervention strategies. First, both meeting began with the referring teacher introducing the referred student to the Team by listing positive traits about the student. The referring teacher then began to discuss the student’s strengths and weaknesses. After describing the problem, the Team analyzed the problem based on the characteristics listed by the referring teacher. Data on interventions that were used prior to referring the student to the Team were then discussed. After the data was reviewed, Team members began to brainstorm intervention strategies. During this time of brainstorming, Team members would give suggestions, ask specific questions about the intervention strategies suggested and hold discussions pertaining to the most realistic way in which to carry the recommended interventions out. The school psychologist always followed up with restating the goals that were created as a means of clarification and gaining consensus before proceeding. Monitoring of the intervention strategies occurred during the six week implementation phase and progress of the recommended intervention strategies were discussed at the follow up meeting. During this segment of the Team’s meeting, the referring teacher reported to the Team the findings on the intervention strategy implemented. The referring teacher also brought data to the meeting to confirm the findings. In the only follow up case that was observed during this meeting, the referring teacher passed around the student’s profile cards to further illustrate how well the intervention strategies worked. The teacher also provided the Team with additional information on what the next goals would be. This was a clear case in which the Team knew what had been done and knew what the next step would be. A consensus was provided by the Team and a follow up date of six weeks was set. In all, the Team collaborates in creating and implementing interventions.
It was unclear during the observation of these Team meetings if referring teachers collaborated with colleagues in creating and implementing intervention strategies prior to referring the student to the Team. There were no discussions during the Team’s meetings that could have alluded to the referring teacher collaborating with an alternative intervention team or with a colleague in creating interventions that had been implemented prior to referring the student.

Parents are an integral part of the Team. They are invited to Team meetings due to their wealth of knowledge and experiences that help Team members create intervention strategies. It is the practice of the Team to send written invitations notifying parents of the meeting two weeks in advance. The results of each Team meeting is shared with all involved parties. In this case, no parents attended the Team meetings that were observed and there were no discussions that alluded to parents meeting with the referring teachers prior to the Team meetings. Collaboration among Team members and parents in creating and implementing intervention strategies is unclear.

**Consensus**

During the observation of the Team meetings, Team members reached a consensus when every goal and intervention was created. Data was used in every student’s case and Team members supported every decision that was made during the Team’s meetings.

**No Fault**

Team members modeled the no-fault principle during the researcher’s observation of the Team’s meetings. Team members did not use fault finding language during the meeting and were aware of their roles and what was expected of them. Team members used data as a means to help diagnose student learning problems.
Developmental Pathways

Developmental pathways allow Team members to view students through the following lenses: 1) cognitive, 2) physical, 3) social, 4) psychological, 5) language, 6) social, and 7) ethical. Although the Team meetings consisted of cases where students’ intervention strategies were being created for students with cognitive, language and social issues, no Comer or developmental pathway language was used in the dialogues that transpired during the Team meetings.

Parent Involvement

Parents are informed of the Team meeting prior to the meeting occurring. It is common practice for this Team to send home a written invitation two weeks prior to the meeting taking place. Although parents are a part of the Team and are invited to participate in the decision making process, no parents attended any Team meetings that the researcher observed. It is clear that parents do not model the guiding principles in their interactions with the Team.

Assessment and Modification

In observing the Team’s meetings, the researcher observed how the Team creates and designs interventions based on research-based instructional practices. The Team draws upon technological instructional resources, such as Study Island for students and testing web sites for teachers to use as teaching tools. The Team draws upon school-linked resources such as teacher assistants, small group instruction and peer tutors in addressing students’ needs. The Team also uses performance assessments such as Blue Diamond to determine students’ strengths and weaknesses
Comprehensive Planning and Problem Solving

During the problem solving process, the Team collaborated to set achievable goals. Thirty minutes was allotted to each referred student. Due to the amount of time provided for each case, the Team’s meetings ran at a brisk pace which required the Team to keep its focus. While the intervention strategies designed by the Team reflected students’ various learning styles and took into account their ability levels, once again no Comer language was used (i.e. developmental pathways, guiding principles). In each case, the Team reached a consensus and created realistic goals. Results from the Team’s meetings were documented and disbursed to all involved parties. Although parents were invited to attend the Team’s meetings, they were not involved in the planning process due to their choice not to attend the Team’s meetings.

The next chapter will discuss the implications of the findings that have been presented.
CHAPTER V-CONCLUSIONS

Introduction

The purpose of this study was to investigate if the School Development Program’s (SDP) Student Staff Support Team (SSST) process reduces the number of students referred for testing for high-incidence disabilities in one elementary school. High-incidence disabilities were chosen as the area of focus due to the relationship that high-incidence disabilities has with overrepresentation of minority students for special education programs. This study was designed as an instrumental case study since it sought to address the issue of high-incidence special education referrals and the impact that the SDP’s Student Staff Support Team (SSST) process has on the referral rate over a four-year period. This study is concerned only with the SDP’s SSST in one elementary school during the 2006-2007 school year.

This study examined one component of Comer’s theoretical framework which is: Child-centered planning and collaboration among adults facilitate positive interactions. The author chose this component of Comer’s school reform model due to its particular relevance to the study, focused as it is on child-centered planning and collaboration among adults.

The population for this study included members of the School Development Program’s Student Staff Support Team at an elementary school in North Carolina using the Comer model. The team is comprised of the: school administrator(s), school psychologist, guidance counselor, school nurse, special education teacher, regular education teacher,
attendance officer, pupil personnel workers, and all other appropriate staff persons. A total of seven school professionals are on the Team with more than half of the Team members being either general education or special education teachers. The Team was comprised of predominantly White females. This Team consisted of two minorities, one African-American female and one White male. All Team members were experienced educators, with five members having ten or more years of experience in the field of education. Each referring teacher (e.g. teachers who referred students to the Team) had at least seven years of experience in the field of education.

The researcher felt that the participants in the study were a good sample population for the following reasons: 1) the sample population that was studied adopted Comer’s philosophy and principles, 2) the researcher was able to explicate how the Team has evolved in collaborating and facilitating child centered planning practices in developing intervention strategies to help teachers, students and the school on a global scale due to the study site being a Comer school for four years, and 3) a significant number of Team members were employed at the study site prior to the year that Comer was implemented. All but one of the participants in this study (guidance counselor) was employed at the school prior to the implementation of the school reform initiative (Comer). Due to the participants’ years of employment at this site, the researcher was able to gain a better perspective of how the Team’s processes have developed due to the majority of them being employed at this specific site prior to the study site becoming a Comer (SDP) school and the impact this has had on the students and teachers at the study site.

In conducting this qualitative study, the researcher collected data from interviews, observations and documents. Members of the Team that participated in the interview process included: the principal, SSST Coordinator (guidance counselor), literacy teacher,
school psychologist, special education teacher and two regular education teachers. As stated
in Chapter three, a total of seven school professionals are on the Team with more than half of
the Team members being either general education or special education teachers. The Team
is comprised of predominantly White females. This Team consisted of two minorities, one
African-American female and one White male. All Team members were experienced
educators, with five members having ten or more years of experience in the field of
education. Each referring teacher (e.g. teachers who referred students to the Team) had at
least seven years of experience in the field of education.

The length of the interviews took one hour and observations of the Team lasted for
1.5 hours. In the effort to obtain as much information as possible, the author conducted semi-
structured interviews, those interviews that employ a combination of open and close-ended
questions. The author also conducted one-on-one interviews with the principal and with
focus groups in the attempt to examine multiple perspectives to gain a better understanding
of the Comer process (Team) and its impact. The School Intervention Team questionnaires in
Appendices A and B, take the form of opinions and judgments. Another form of collected
qualitative data for this study included an observation checklist (Appendix C), which helped
to provide narrative descriptions of the Team meetings. The data obtained from both sources
(interviews and observations) provided the information necessary to understand and appraise
the Comer process. For this study, collecting data through observation served the
recommended purpose of recording the behavior of individuals, taking field notes, and
describing a particular setting. Documents relevant to the study that were collected included
students’ test scores, report cards, attendance records, behavior referrals, minutes from
meetings and conferences kept by individuals of the Team. These data sources helped the
author gain an understanding of the Team and its relationship to special education referrals.
Sources of the referrals like teachers and outside agencies as well as those categories of concerns (for example, academic achievement, behavior, psychological or emotional behavior, and so forth) were also examined in the determination of the impact the Team has had on the rate of high-incidence special education referrals in the school under study using the Comer model.

In analyzing the qualitative data for this study, the researcher first reviewed all of the information (the documents, transcriptions, and observation field notes) to obtain a sense of an overall “picture.” After reviewing the data in detail, the author coded the information to develop themes or categories in an effort to gain a thorough understanding of the issue and any patterns that emerge.

**Findings of the Study**

This section examines the findings of the study which includes the demographics of the population, the instrumentation and the data results.

**Demographics of the Population**

The school studied is one of four elementary schools located in the rural area of North Carolina. Completed in the 1940’s, this full Title I school serves 462 students in pre-kindergarten through third grade. Title I schools are those schools that have large concentrations of low-income students and receive supplemental funds to assist in meeting student’s educational goals. Low-income students are determined by the number of students enrolled in the free and reduced lunch program. For an entire school to qualify for Title 1 funds, at least 40 percent of students must be enrolled in the free and reduced lunch program. In addition to the regular education classrooms, this school has two self-contained
exceptional children’s classrooms, one preschool classroom and four severe-profound classrooms. The student population is diverse in race and learning challenges. Overall, 80-percent of the school’s population is comprised of minority students, with 1-percent Asian/Pacific Islander, 27-percent Hispanic and 52-percent African American. Twenty percent of the school’s population is comprised of White students. Eighty five percent of the students qualify for free and reduced lunch and no students are identified by the state as Academically Gifted.

Table 3. Demographics of the Elementary School Studied

<table>
<thead>
<tr>
<th>School Overview</th>
<th>Elementary School</th>
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<tbody>
<tr>
<td>School Level</td>
<td>Primary School</td>
</tr>
<tr>
<td>Grades Offered</td>
<td>Grades PK-3</td>
</tr>
<tr>
<td>Students</td>
<td>414 Students</td>
</tr>
<tr>
<td>%Male/%Female</td>
<td>50%/50%</td>
</tr>
<tr>
<td>Students by Grade</td>
<td>Pre-K - 49 students</td>
</tr>
<tr>
<td></td>
<td>Kind - 106 students</td>
</tr>
<tr>
<td></td>
<td>Grade 1-88 students</td>
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<tr>
<td></td>
<td>Grade 2-80 students</td>
</tr>
<tr>
<td></td>
<td>Grade 3-91 students</td>
</tr>
<tr>
<td>Students by Ethnicity</td>
<td>% American Indian – n/a</td>
</tr>
<tr>
<td></td>
<td>% Asian – 1%</td>
</tr>
<tr>
<td></td>
<td>% Hispanic – 27%</td>
</tr>
<tr>
<td></td>
<td>% Black – 52%</td>
</tr>
<tr>
<td></td>
<td>% White - 20%</td>
</tr>
<tr>
<td>% Eligible for Free and Reduced Lunch</td>
<td>% Eligible for Free Lunch – 74%</td>
</tr>
<tr>
<td></td>
<td>% Eligible for Reduced Lunch – 11%</td>
</tr>
</tbody>
</table>

**Instrumentation**

Instruments used in this qualitative study included open-ended interview questions, meaning that a large amount of the data obtained took the form of opinions and judgments. The interview instrument designed for this study is the School Intervention Team Support Questionnaire. The information that came from the interviews came in four forms: (1)
descriptive information regarding the SIT’s organization, procedures and systems of support, (2) a description of the special education referral and identification process, (3) data on the number of referrals to the SIT and to special education, and (4) descriptions of the problems the SIT encounters and the reasons they consider their team either effective or ineffective.

This instrument proved to be reliable in that it provided all of the information needed in each of the above mentioned areas for this study. Other forms of qualitative data that was collected included observation checklists completed by the researcher, which helped to provide narrative descriptions of the SDP’s SSST meetings. This instrument was aligned with Comer’s three guiding principles, the developmental pathways and included each step of a universal problem solving method which student intervention teams use. This instrument proved to be reliable in that it provided the researcher with a format of the SDP’s SSST meetings. The researcher used this observation checklist as a guide in cross referencing data that was collected during the SDP’s SSST meetings. The data obtained from both sources (interviews and observations) provided the information necessary to develop themes or categories and reflected the information obtained from each source.

Archival data relevant to the study included public and private records that were made available to the qualitative researcher about the study’s participants. Such documents as students test scores, report cards, attendance records, behavior referrals and the SDP’s SSST’s referral forms are but a few data sources that helped the author gain an understanding of the Team and its relationship to special education referrals.

**Data Results**

This section depicts findings of the study in descriptive, table and figure forms. Table II outlines information about the school over time pertaining to the total number of students enrolled each year, the total number and percentage of students referred to SSST each year,
the number and percentages of SSST students who were referred for special education testing, the number and percentage of students who were eventually eligible for special education services, as well as the number of children who moved to another school or whose parents refused testing for their children.

Table 3.2. Archival Data Over a Four Year Time Span

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total number of students enrolled in the school</td>
<td>385</td>
<td>341</td>
<td>363</td>
<td>369</td>
</tr>
<tr>
<td>Number and percentage of students referred to SSST</td>
<td>46 12%</td>
<td>55 16%</td>
<td>37 10%</td>
<td>43 12%</td>
</tr>
<tr>
<td>Number and percentage of SSST students referred for spec. ed. testing</td>
<td>23 50%</td>
<td>17 31%</td>
<td>20 54%</td>
<td>15 35%</td>
</tr>
<tr>
<td>Number and percentage of students eligible for spec. ed.</td>
<td>17 74%</td>
<td>8 47%</td>
<td>12 60%</td>
<td>3 20%</td>
</tr>
<tr>
<td>Number of children who moved to another school</td>
<td>4</td>
<td>5</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Number of students whose parents refused testing</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
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</table>

Figure 1. The percentage of students referred to SSST over time.
Figure 1 depicts the percentage of students referred to SSST over time. The percentage of students referred for SSST interventions went from 12% of the student body in year one to 16% in year two. In year three, the percentage of referred students decreased to 10% then increased to 12% in year. The trend line for the data indicates a slight decrease in the number of students being referred by school personnel to the Team for intervention assistance over a four year period.
The line graph in Figure 2 displays data pertaining to the research question. Did the Comer intervention model decrease the number of special education referrals over time? Figure 2 indicates an initial decrease in the number of students referred for special education services in the second year of implementation (23 or 50% of the referred students to 17 or 31% in year two). However, this was followed by a strong increase in the following year to 20 or 54% of the students. In the fourth year, the number and percentage of students referred for special education testing dropped again to 15 or 35% of the SSST students. The trend line pertaining to this data suggests a slight decrease in the percentage of SSST students being referred for special education testing over time.
As shown in Figure 3, the percentage of students referred for special education testing who qualified for special education services decreased over the four year period. The percentage decreased from 74% to 47% in year two, increased to 60% in year 3, and decreased dramatically to 20% in year four. The trend line clearly shows a decrease in the number of SST students being referred for special education services who actually qualified for those services.

Limitations of This Study

This study has its share of limitations. First, this study only focuses on Comer’s placement process in one elementary school, so there is not a basis for comparison with schools outside of North Carolina. The school selected for this study was not selected randomly, but reflected the willingness of a principal to participate in the study. The study of one school makes it difficult to offer extensive inferences or generalizations beyond this single site.
The study focuses on Comer’s process for the following years: 2003-2004, 2004-2005, 2005-2006 and 2006-2007. These school years were the focus of the study due to the Comer School Development Program being implemented in the school during those years. Another limitation of this study is that there were no archival data records for the 2002-2003 school year, which is the year before Comer’s Model was implemented. Such records would provide a baseline for the comparison of special education referral rates for the consecutive school years.

The data provided in this study was derived mainly from interviews, meaning that much of the data took the form of opinions and judgments. The author assumed that the participants (members of the Student Staff Support Team) answered the questions as accurately as possible. Other forms of qualitative data collected for the study included observation checklists that served to provide narrative descriptions of the Team meetings. The data obtained from the interview and observation sources provided the information necessary to develop themes or categories about the study content.

**Significance of the Research**

Stakeholders involved with a Comer School Development Program tend to believe that the number of students being referred to special education programs in the Comer SDP schools is decreasing. Prior to this research study, there was no documented proof of this belief. Studies conducted by Nelson, Smith, Taylor, Dodd, and Reavis (1991); Nelson, Smith, Taylor, Dodd, and Reavis (1992); Rosenfield (1992); Bay, Bryan, and O’Connor (1994); Kovaleski, Tucker and Duffy (1995); Schrag (1995); Gravois & Rosenfield, (2002) and; Levinsohn, (2000) all credit student-based intervention team processes responsible for a decrease in special education referrals. This study, which is the first study conducted on the
SDP’s SSST process, investigated whether the SDP’s Student Staff Support Team process reduced the number of students referred for testing for high-incidence disabilities in one elementary school. It also provides insight into those underlying rationales for recommending students for special education services.

Policy makers, educators, researchers and all stakeholders involved with the SDP should find this study to be significant for a number of reasons. First, this study elucidates the ways in which this Team functions in order to better serve students, teachers, and families through their use of the collaboration, consensus, and no fault principles. Next, this study makes readers aware of those collaborative practices that build relationships of trust, foster success among students, and empower the Team to take on leadership roles in schools. Another significant aspect of this study is that it provides readers with an understanding of how the Team in this study analyzes and solves problems. Innovative ways in which staff members are used in creating and monitoring intervention plans are also shown. Finally, this study emphasizes the importance of every member of the Team participating in the problem solving process.

**Summary**

This qualitative study examined the effectiveness of the Comer process in reducing the number of students in grades pre-kindergarten through the third grade, referred for high incidence disabilities testing. These include students who (1) score below average on end of grade assessments in reading, writing and mathematics; (2) have grades below a level 3 on a 4 point scale on their report cards in reading, writing and mathematics; and (3) consistently exhibit behavior patterns that place them in alternative classroom settings. Teachers and Student Based Intervention Teams (SBIT)/Student Support Teams (SST) use these criteria
before referring students for evaluation for special education services. To determine if Comer’s method decreases the number of students to be tested for high-incidence disabilities, the major research question is:

1. Does the School Development Program’s (SDP) Student Staff Support Team (SSST) process decrease the number of students referred for testing for high-incidence disabilities in one (School Development Program) elementary school?

**Significant Findings of the Study**

To determine if Comer’s method decreased the number of students tested for high-incidence disabilities in one (SDP) elementary school, the researcher examined archival data, conducted individual and focus group interviews and observed two SDP meetings. In reviewing the data, it was concluded that Comer’s method did in fact slightly decrease the number of students tested for high-incidence disabilities in one (SDP) elementary school. The archival data found in Table II and Figure 2 provide evidence that the number of students who were referred for testing for high incidence disabilities decreased slightly in an elementary school over time in a school implementing Comer’s principles. The number and percentage of SSST students referred for special education testing who actually qualified for special education services decreased drastically over time. The Figure 3 trend line depicts this clearly. Qualitative data, which includes individual and focus group interviews and observation checklists supports the use of the Comer process as a means to decrease special education referrals.

The theoretical framework underlying Comer’s Model and this study is: Child-centered planning and collaboration among adults promote positive interactions (Comer et al., 1996). In conducting this research, the researcher employed a second theoretical framework in the effort to better organize the themes resulting from the study. Powers’
(2001) theoretical framework identifies three fundamental components to having effective Student Support Teams. Those components are organization and management, teamwork and problem-solving. For this study, both Comer (1996) and Powers’ (2001) frameworks were integrated to organize the themes in the case study.

**Interpretation of the Findings and Relationship to Previous Research**

Observations of SDP-SSST meetings and individual and focus group interviews helped provide a clearer picture of the positive results stemming from the Comer process. Archival data and data from the interviews and observations sustain the premise of Comer’s theoretical framework which states that child centered planning and collaboration among adults foster positive results. Three critical themes emerged in this study:

1. The SDP-SSST (Team) consists of members who are knowledgeable of the Team’s referral process and are skilled in planning and facilitating Team meetings.


3. In order for child centered planning to occur, Team members must be experienced in analyzing student problems through multiple lenses while being adept in creating, implementing and evaluating intervention plans.

**Theme 1: The SDP-SSST (Team) consists of members who are knowledgeable of the Team’s referral process and are skilled in planning and facilitating Team meetings.**

The portion of the first theme required the researcher to first examine those aspects of organization and management that makes Team members skilled in planning and facilitating
Team meetings. Interviews and observations of Team meetings allowed the researcher to gain insight into a) how members of the Team are selected, b) Team members’ attendance at Team meetings, c) scheduling logistics that affect the planning of meetings, and d) roles and responsibilities assigned to Team members that affect how meetings are facilitated. The Team at the study site purposely selected Team members who were knowledgeable in various fields. It was believed that this increased the likelihood that they would be able to handle the cases that were brought to the Team. Thus, the Team was comprised of diverse professionals in terms of their knowledge base and experience in serving on intervention teams. Members of the Team were knowledgeable of their roles and of their responsibilities to the Team.

Attendance at Team meetings by all members was mandatory. Because all members of the Team were part of the decision making process, it was imperative that all members of the team were present to give their input, share their observations with the team, and help to create and implement an intervention plan centering on best research-based practices. A challenge for this study site was that all members of the team did not attend the meetings regularly. The Principal and some of the parents of the referred students did not attend all meetings.

The school’s Principal only attended Team meetings in cases where cooperation from parents was needed in order for the intervention strategies to be successful or if retention was being recommended. A review of the literature states that principals are the most important supporters of intervention assistant teams due to their ability to influence the school’s climate and resources (Beckerman, 2005; Kovaleski, 2002). Principal participation on an intervention assistance team can shape its purpose, ranging in focus from primarily disability screening to providing intervention assistance to all students (Bahr & Kovelski, 2006).
Parent(s) of referred students did not attend Team meetings on a regular basis. The parents did not attend Team meetings for a variety of reasons such as parents not knowing how to advocate for their children, being intimidated by schools due to their negative experiences during their academic career, and not fully understanding what is required of them once their child is referred to the Team. Many parents also equated the Team to special education and medication, which is another reason why numerous parents choose not to attend Team meetings. Parents and families provide valuable information about the social, linguistic, and cultural contexts in which students are being raised (National Alliance of Black Educators & ILIAD Project, 2002). The Team did state that some parents of referred students choose to attend the parent-teacher meetings that occur prior to the student being referred to the Team. These parents usually choose to attend parent teacher meetings due to the low ratio of people in the meeting or because they feel that they have a bond with the teacher versus not knowing everyone on the Team. Garcia (2002) maintains that when working with families, the intervention assistance team must be sensitive to cultural differences in family structures, childrearing practices, and decision making authority, so that family representatives are actively involved in team processes and decision making. Few of the parents at this site who choose to attend teacher conferences and Team meetings were low. This presented a challenge to the Team in terms of quality home-school interventions.

Another facet to the theme of being skilled in planning and facilitating Team meetings involves the logistics of Team meetings. Team meetings should be well planned and the valuable time educators are using for this process must be used effectively (Paulsen, 2008). At the study site, an agenda is sent to all SDP-SSST members prior to the meeting. The agenda includes the names of the referred students, their homeroom teacher, the students’ case manager, the student’s issue(s) and the amount of minutes that will be spent
discussing the student. Team meetings are held twice a month in thirty minute intervals. Thirty minutes is allotted for each student due to the amount of students that are brought to the Team meeting on a bi-weekly basis. The Team members feel that if they allow more than thirty minutes per student they will not be able to serve all of the students who are referred to them. The Team focuses on one student at a time and follows Comer’s collaboration and consensus principles by focusing more time to the intervention to be used instead of admiring the problem. The Team is challenged by the no fault principle during those times when parents and/or teachers do not follow through. By having a time keeper and a facilitator at every meeting, the Team feels as though they are able to keep a brisk, yet effective pace and better focus on intervention strategies and global issues. The results of the Team meetings are disseminated within one week to the student’s teacher, the case manager and the parent. Results are translated to parents who need it.

The third evolving factor of this theme refers to Team members being knowledgeable of the referral process. In being knowledgeable of the SDP-SSST referral process, the teacher must understand the referral process and how to complete the paperwork. Team members at this site knew the steps to the referral process and were adept in completing the Team’s detailed paperwork which usually takes an hour if the teacher has all of the information needed.

One additional aspect of being knowledgeable of the referral process is recognizing that prevention and intervention measures should be employed and evaluated prior to referring the student to the Team. The Team in this study admits that this is still an issue for them as there are limited cases where students are brought to the Team without interventions being attempted. This study site has an issue with teachers not complying with the request of
the Team. When this occurs, it only lengthens the Team process and students suffer by not getting the help that they need.

**Theme #2: Collaboration Amongst Adults Fosters Student Success**

The first theme described in this section is that collaboration amongst adults fosters students’ success. During this study, the researcher was able to gain a perspective of the Team’s collaborative practices within grade levels, across grade levels and multidisciplinary teams. Also observed was the manner in which the Team employs the collaboration, consensus and no fault principles as well as how this Team collaborates with outside agencies.

Collaborative teams function optimally when team members pursue shared goals, have mutual levels of respect for the expertise and input of members, engage in distributive leadership and hold each other accountable (Villa & Thousand, 2000). Team members at this study site collaborated as grade level teams and multi-disciplinary teams in creating intervention strategies and developing intervention plans. This study also involved teachers collaborating with special educators and specialists in making sure that intervention strategies and plans were implemented and carried out successfully. This form of collaboration is known as collaborative consultation, which stems from the Education of All Handicapped Children of 1975, which requires general education teachers to work with multidisciplinary teams to identify strategies that work best with learning-disabled and at-risk students (Idol, Paolucci-Whitcomb and Nevin, 1986). At this study site regular and special education teachers review curriculum maps and assessment data. Team members also collaborate in writing student IEP’s. The Team boasts that this type of collaboration keeps
both regular and special education teachers aware of each others role, which gives both educators a greater appreciation for their perspective jobs.

Another manner in which the Team collaborates to ensure the success of intervention strategies is by meeting on a consistent basis with the Principal’s support to tweak and modify interventions to ensure that they suit the students’ specific need (Bahr & Kovaleski, 2006). Collaborative teams (the referring teacher and the case manager) at the study site meet on a weekly basis to discuss intervention strategies. As a result of the collaboration that has taken place, grade level teams are being used more for intervention planning. The Team also collaborates in solving global issues that arise. Their collaborative efforts have empowered them to embark on a leadership role by venturing inside of the classrooms to model intervention strategies. The Team credits this new found leadership to fostering and sustaining relationships with their colleagues. One participant described the Team as having reached a level of leadership where care and concern have genuinely helped colleagues and students to be successful. The Team feels as though their school has become a community.

An additional theme of collaboration in this section touches on the collaboration, consensus and no-fault rule. This rule requires adults to work together, talk to each other instead of at each other and be on one accord and not waist time laying blame or admiring a problem. Comer (1996) lists four major challenges in conceiving consensus: 1) everyone on the team must be heard, 2) team members must convey to the speaker that they have fully listened to and respect the viewpoint of the speaker, regardless of what it is, 3) team members must transcend their own viewpoints so that they can not only live with the decisions that the team makes but also support them and; 4) the team must achieve consensus despite time restrictions (p.59). It is important to draw on each other’s expertise, realizing that one single person cannot be an expert in all areas (Paulsen, 2008). When collaboration, consensus and
no-fault are implemented, more time is dedicated to solving problems be they student issues or global issues pertaining to the school site. Collaboration, consensus and no-fault allows the Team to create and implement interventions that all involved parties can live with. The study site does admit to having problems abiding by the no-fault rule, especially in cases where the intervention strategies are not being implemented consistently by the teacher or the parent.

The final theme in this section pertaining to collaboration entails Team members collaborating with educators in the school as well as with members of outside agencies. The school intervention team facilitates connections between a school and its students’ other developmental settings which includes the student’s family and the local community (Phillippo & Stone, 2006). This form of collaboration requires that educators foster positive working relationships with colleagues and with members of outside agencies. The Team has had to utilize the expertise of others which includes colleagues at the study site and members of outside community agencies. The school’s multidisciplinary team (intervention team) attempts to bridge school and out-of-school environments, specifically family and social services (Phillippo & Stone, 2006). Due to many families in the school being disconnected when it comes to obtaining services that they qualify for, the Team works hard at coming together and advocating to guarantee families receive the services they are entitled to.

**Theme #3: In order for child centered planning to occur, Team members must be experienced in analyzing student problems through multiple lenses while being adept in creating, implementing and evaluating intervention plans.**

The third theme that emerged during this study focuses on child centered planning. Child centered planning was examined throughout this study through the Team’s process of
analyzing student’s issues through a variety of lenses and the style in which the Team creates, implements and evaluates intervention plans.

The first aspect of this theme clarifies the importance of Team members being trained in problem solving methods. A problem solving model that is commonly used by student intervention teams involves using the following steps: 1) a request for assistance from the teacher, 2) an analysis of the problem, 3) a precise statement of the problem, 4) the setting of a performance goal, 5) the identification and selection of an intervention, 6) the support of the strategy in the classroom, 7) monitoring the student’s progress during the intervention and 8) evaluating the outcomes of the intervention (Bahr & Kovaleski, 2006 p. 3).

Intervention Teams typically use a problem solving process to address referrals through a variety of non-special education means, including instructional modifications (Truscott, Cohen, Sams, Sanborn and Frank, 2005). Team members stated in individual and focus group interviews that the Team did not have a standardized procedure for analyzing problems. However, it was discovered during the observation of the Team meetings that the Team did in fact use problem solving methods in analyzing student problems. This method also includes Team members reviewing multiple forms of data from the previous year to examine if and what interventions were implemented prior to referring students to the Team. Although Team members admit to not having any training in problem solving methods or intervention team development, they rely on observations of referred students and prior intervention strategies from Tier one of their pyramid of interventions. Intervention teams work with teachers to collect information, identify concerns, develop and evaluate interventions, and monitor progress rather than making recommendations that the teacher must interpret, implement, and evaluate alone (Fuchs, Fuchs, and Bahr, 1990; Rosenfield & Gravois, 1996).
Another aspect of this child centered planning theme that helped the Team in viewing children from multiple perspectives was the use of Comer’s developmental pathways. Comer (1996) believes that all children can learn and develop through seven developmental pathways (social, cognitive, physical, psychological, language, moral and ethical). According to Comer (1996) the attitudes, values, and behavior of the family and its social networks strongly affect a child’s development. The overemphasis or underdevelopment of one pathway promotes uneven development in other areas (Comer, 1996). While the Team is knowledgeable of how Comer’s developmental pathways helps in analyzing student issues from multiple perspectives, they did not show that they utilized this component of Comer in their individual and focus group interviews, nor did they demonstrate the use of the developmental pathways in any of the Team meetings that were observed. Although the use of the developmental pathways was not witnessed during the Team’s meetings, Team members did take into account such factors as the curriculum, instructional methods, and the classroom environment and were able to view the student’s home/community from a holistic perspective when examining student problems. The developmental pathways are now a part of the referral application process in recommending students to the Team.

Collaboration with team members was another portion of the child centered planning theme that repeatedly emerged throughout the study. In the context of this study, child-centered planning and problem solving involved being able to analyze a problem from multiple perspectives and collaboratively creating, implementing and evaluating the intervention plan (Marston, 2002). The teacher and the case manager found that collaboration is vital in creating an intervention plan. This included both educators collecting formative and summative data, making observations and developing and sharing strategies with each another. The data collection process involved Team members having a keen eye in
examining interventions that have been employed prior to referring the student to the Team. Once those interventions were reviewed, the Team analyzed those interventions that were research-based and best served their population of students. When various research-based strategies are tried, the Team discovers what does and doesn’t work. In this sense failure of an intervention plan never occurs.

When implementing the intervention plan, the Team does experience challenges with parents and teachers not implementing the plan in the manner in which it was designed. There are times when teachers may alter the intervention plans, be inconsistent with implementing the intervention plan, or may terminate the intervention plan altogether without consulting with the case manager or the Team. When there are cases where the teacher is not consistent in implementing the strategy, the Team comes to a crossroads where an enormous amount of time and effort have been wasted and the student has essentially been neglected.

Parents are saddled with the responsibility of helping to reinforce the intervention plan through helping with homework, providing transportation for after school tutoring and/or communicating with the teacher through telephone conversations, emails and/or conferences. Team members are responsible for helping family members understand the purpose of the intervention meetings, providing them with time to share their perceptions of their children’s performance, and solicit their questions or responses about the information being shared by team members (Garcia, 2002). The Team has made efforts to include parents in the decision making process by inviting them to Team meetings and parent-teacher conferences. When parents and teachers do not follow through with their responsibilities, the Team finds it extremely difficult to get a true depiction of whether the intervention is successful. The Team knows that when there is not support in the home, the school has to
heighten the interventions provided by the school. The Team has had very few cases where parents have refused services.

In evaluating the plan, the Team meets on the student until the student’s case is exited. When evaluating the intervention plan, teachers meet on a weekly basis with the case manager to assess the student’s progress. The teachers and the case manager monitor and at times modify the intervention plan to suit the student who they are serving throughout the four to six week period. Due to both professionals collaborating consistently, Team members understand what has been done and what needs to be done. During the follow-up meeting, the Team discusses the student’s progress and decisions are made during that meeting to continue, modify or terminate the intervention strategy. In those cases where multiple interventions have been utilized and proven to be unsuccessful for a number of weeks, based on the individual student’s case, a referral for the evaluation for special education services is then made. Students who do not qualify for special education services will remain in the Team’s system where interventions will continually be made. Closure only occurs in those instances where intervention strategies are successful.

Strong intervention assistance teams are well trained in quality team consultation practices including instruction in data collection, observation, quality interventions, systematic problem solving, team process and team collaboration (Rosenfield & Gravois, 1996; Rubison, 2002). The wider the variety of professional training and experience the intervention team has, the greater the range of interventions and support that exist for the referring teacher (Bahr, Walker, Hampton, Buddle, Freeman, Ruschman, Sears, McKinney, Miller and Littlejohn, 2006).
Conceptual Frameworks

The theoretical framework underlying Comer’s Model and this study is that child-centered planning and collaboration among adults promote positive interactions (Comer et al., 1996). Power’s (2001) theoretical framework for effective student support teams also was used in this study. Powers’ (2001) theoretical framework identifies three fundamental components to having effective student support teams. Those components are organization and management, teamwork and problem-solving. Comer (1996) and Powers’ (2001) theoretical frameworks were used in developing organizing themes for this case study. Comer’s theoretical framework helped the researcher to better understand the findings in relation to child centered planning and collaboration among adults. Powers’ theoretical framework on effective student support teams served as a thematic organizer in helping the researcher to organize the emerging themes in this study.

The organizing themes in this study were: 1) Student intervention teams should be comprised of members who are knowledgeable of the referral process and skilled in planning and facilitating team meetings; 2) Collaboration amongst adults fosters student success; and 3) In order for child centered planning to occur, team members must be experienced in analyzing student problems through multiple lenses while being adept in creating, implementing and evaluating intervention plans.

While both Comer’s and Powers’ theoretical frameworks supported the findings of this study, there was still the issue pertaining to the results displayed in Figure 3 that showed a decrease in the number of SSST students being referred for special education services who actually qualified for those services. The percentage decreased from 74% to 47% in year two, increased to 60% in year 3, and decreased dramatically to 20% in year four. These results suggested a trend that SSST members were referring students for testing for special
education services who do not qualify at a disturbing rate. In a school that has implemented the Comer process for four years, you would expect a trend indicating a closer match between the team’s referral of students for special education testing and the number of students qualifying for special services. One would also expect the Team to be effective in designing and implementing preventative interventions that would reduce the number of students referred for testing who do not qualify for special needs services. In the effort to address this particular aspect of the study, the researcher found it imperative to research an intervention framework that not only focused on intervention methods, but preventative methods as well. The researcher also found it vital to research a framework that is aligned with Comer in that it prescribes principles for implementation based on the needs of the students served and the available resources that a school has available. The Response to Intervention (RTI) framework encompassed all of these characteristics.

Response to Intervention (RTI) is a promising framework for helping teams indentify and meet the needs of at risk students and has the potential of reducing over referral and identification of minority students for special education. RTI stems from the reauthorization of the Individuals with Disabilities Education Act (2004) which required States to permit the use of a process based on the child’s response to scientific, research based intervention as part of the specific learning disability determination process. Proponents of RTI theorize that the tier model would reduce the number of individuals labeled for special education and demonstrate more clearly that all students are first a part of the general education classroom (Fuchs & Fuchs, 2007; Vaughn & Roberts, 2007).

Response to Intervention (RTI) incorporates three different levels of prevention services (primary, secondary, tertiary prevention) that intensifies the level of instruction and allows flexibility in determining who delivers the instruction (Fuchs & Fuchs, 2009). Within
this multi-tiered system, students are likely to receive help at earlier stages in their learning with the probability of some disabilities being prevented from developing (Stecker, Fuchs and Fuchs, 2008). Like the Comer Model, this intervention framework prescribes principles instead of specific instructional or behavioral components. RTI does not prescribe specific assessments, interventions or specific people to provide instruction, yet relies on high-quality instruction in the general education classrooms, collaboration and dedication among staff members.

RTI differs from the traditional approach to special education identification in that the identification process shifts from an assumption that something is wrong with the individual child to an ecological approach which examines the fit between the child and the environment. This new approach requires intervention teams to further examine the academic instruction that the student receives, which needs to be considered (Batsche, 2006; Witt, 2006). RTI helps in preventing problems before they occur through intensive instruction that is designed to fill in gaps before the small gaps in students’ achievement results in large ones (Bradley, Danielson, and Dolittle, 2007). This approach to prevention requires that teachers instruct all children, rather than waiting for a student intervention team to label a child validating them for special education services. Multiple models of RTI exist is the four-tier model (Vaughn, 2003), the increasing circles of support (Hauerwas & Woolman, 2005), and the most individual problem solving model (Tilley, 2003). The most common model that is supported across the states is the three-tiered model (Fuchs & Fuchs, 2007), which will be the focus for this portion of the study. The three-tiered model consists of the primary preventions (Tier I), secondary preventions (Tier II) and tertiary preventions (Tier III).

Primary prevention, or Tier I, comprises instructional practices regular education
teachers conduct with all of their students. These instructional practices include the core instructional program, differentiated instruction, accommodations for every student, including those students who are disabled and problem solving strategies to address motivational problems that interfere with student performance (Fuchs & Fuchs, 2009). The underlying assumption in Tier I is that all students in the general education classroom are getting quality instruction that is research-based which will be effective for approximately 80-precent of the students (Murawski & Hughes, 2009). Tier I instruction should be designed to meet the needs of a diverse group of students, be research based and be implemented with fidelity (Stecker, Fuchs and Fuchs, 2008). Screening assessments are used in this Tier at the beginning of the school year for all students in order to target students who are at risk for school failure. Benchmark assessment systems are also set up to assess students at several points throughout the school year (Stecker, Fuchs and Fuchs, 2008). This tier aims at preventing 1) inadequate instruction from being implemented over sustained periods of time and 2) disabilities from developing or becoming more severe. Specialists or the school’s psychologist monitors how responsive a student is to core instruction. In cases where a student fails to respond adequately to instruction, teachers need to be certain that their instructional practices did not contribute to the student’s poor learning (Stecker, Fuchs and Fuchs, 2008). If the student is not making adequate progress in Tier I, the student is referred to Tier II, where secondary interventions will be implemented.

Tier II, which is the tier comprised of secondary interventions targets roughly 15-percent of the school’s population. Tier II instruction is empirically validated, relies on adult-led small group instruction and has non-certified teachers and staff members tutoring students (Fuchs & Fuchs, 2009). This instruction is considered short term and is provided through the collaboration between the general education teacher and a specialist who is able
to work with the child intensely for a short period of time (Murawski & Hughes, 2009). It is highly recommended that supplementary assistance be provided by those certified professionals whose expertise is with working with low achieving students (Stecker, Fuchs and Fuchs, 2008).

Progress monitoring data from Tier I and II is critical for determining overall student unresponsiveness to instruction as a contributing factor to the student’s learning problem (Stecker, Fuchs and Fuchs, 2008). When a student’s progress is poor or proceeds at a slow pace in this Tier, students either may receive an additional round of Tier II treatment or move to Tier III, depending on the instruction and time already spent in Tier II (Stecker, Fuchs and Fuchs, 2008). When progress monitoring data suggests that a student is responsive, the student returns to Tier I and is observed for an extended period of time, which is set by the intervention team. In the case where progress monitoring data suggests that a student is not responsive in Tier I or II, it is concluded that the student requires the most intensive, nonstandard instruction available in the RTI framework, which is Tier III, tertiary prevention which means that the student possibly has a learning disability (Fuchs & Fuchs, 2009). Students who receive help in this tier are not only at risk for failure, but may also be candidates for special education referrals.

Tier III, the tertiary prevention tier is the most intensive tier in the RTI model. This tier is also known as the special education tier (Fuchs & Fuchs, 2007). A variety of assessments are conducted including classroom observations, linguistic factors that may serve as the primary cause of learning problems and data from other academic measures help the documentation process (Steckner, Fuchs and Fuchs, 2008). Teachers at this level establish year-end goals in instructional material that matches the student’s needs (which could be below the student’s grade level) and may be eligible to receive individualized
instruction (Fuchs & Fuchs, 2009). Students in this tier are usually receiving special education services. As the student’s progress is being monitored, the teacher will modify the student’s academic or behavioral goals as needed. If a student fails to progress as anticipated, special educators should revise features of their instructional programs, continue to collect data and reevaluate the effects of their instructional changes on student performance (Steckner, Fuchs and Fuchs, 2008). Research confirms significant effects on student achievement when teachers use progress monitoring data to formatively devise instructional programs best suited to the individual needs of students with disabilities (Stecker, Fuchs and Fuchs, 2005).

RTI requires ongoing support, professional development, or coaching (Vaughn & Chard, 2006). An important aspect of RTI is the monitoring of students’ progress. Students are not tracked into a tier. When students are provided with high quality instruction in the first Tier, they do not require supplemental instruction, which occurs in Tier II. Progress monitoring encompasses a system of brief assessments that are given on a monthly basis to determine whether students are progressing through the curriculum in desired fashion and are likely to meet long-term goals (Stecker, Fuchs and Fuchs, 2008). Progress monitoring scores provide teachers with information about both the level of student performance and his or her rate of academic improvement.

The success of RTI depends largely on sound instruction, progress monitoring and data-based decision making. Progress monitoring aids teachers and student intervention teams in making instructional decisions on all levels. If progress monitoring is used with all students, teachers will be able to better determine when instruction is generally effective. When data indicates that most students have made little change across one or two months of instruction, this information may be used to determine which teachers may need additional
help to improve their instructional effectiveness. Benefits of this intervention framework are that 1) it allows for fluid movement in and out of tiers of instructional support and 2) it requires individual teachers and teams to analyze their instructional programs and instructional procedures and the available research-based evidence to support its use (Steckner, Fuchs and Fuchs, 2008).

Implications for Future Research

The results of this study should encourage more research to be conducted on other SDP-SSST’s and pre-referral teams. This study included seven participants who represented one elementary school in a rural region of North Carolina. Additional studies are suggested for other SDP-SSST’s as several states are now housing the Comer School Development Program. It is also recommended that additional studies are conducted on the SDP-SSST’s that are now implementing the Comer School Development Program.

It would be helpful for future studies to investigate pre-referral teams, instructional consultation teams and professional learning communities’ affect on referral rates of high-incidence disabilities in elementary schools. Another future study that educators may find helpful is to study the impact of parents being a part of the student based intervention team process versus parents not being a part of the student based intervention team process.

Final Note

The purpose of this study was to: 1) investigate the impact of a Comer School Development Program’s (SDP) Student Staff Support Team (SSST) process on the rate of high incidence referrals in one elementary school, 2) provide insights into the disproportional amount of students placed into special education programs, and 3) reveal underlying issues
regarding the “professional judgment” used in referring students to special education programs. The following section will highlight each of the aforementioned objectives.

The results of this study revealed that the percentage of SSST students referred for special education services over a four year period decrease slightly. While this is a favorable result for the Comer SDP, it must be noted that the findings of this study also revealed a decrease in the percent of students referred for special education testing who qualified for special education services over a four year period, as revealed in Figure 3. This finding caused the researcher to question the Team’s procedures and processes used to refer and classify students for special education testing and special education services. It must also be noted that while this Team is knowledgeable of multi-tiered interventions, it has not had professional development training in problem solving methods or student based intervention training. Therefore, the Researcher recommends that this Team receives Response to Intervention training, which provides a focus on prevention, early intervention, problem-solving methods and data based decision making which will help the Team’s accuracy in recommending students to be tested for special education services.

The second objective of this study was to provide insights into the disproportional amount of students placed into special education programs. This study did not prove that there was a disproportional amount of students being placed into special education programs at this school. However, the review of the literature uncovered the following reasons for disproportional amount of students being placed into special education. As cited in Green’s (2005) Promising Prevention and Early Intervention Strategies to Reduce Overrepresentation of African American Students in Special Education, “Nine reasons for over-identification for special education pervade the literature: (a) difficulty in constructing
instructional programs that address students’ unique learning strengths and needs; (b) ineffective procedures and processes used to refer and classify students for special education; (c) lack of knowledge that a problem exists and, subsequently, how to resolve it; (d) basic assumptions, beliefs, epistemologies, and worldviews employed by the major “script writers” in the field; (e) teachers’ perceptions and attitudes toward students with special needs; (f) the opportunities students have, or have not had to learn; (g) disconnection in most schools between the race, culture, and class of teachers and that of their students; (h) high reliance on high-stakes assessment; and (i) a great disparity between a cultural/familial interpretation of that behavior.

The third and final objective of this study is to reveal underlying issues regarding the “professional judgment” used in referring students to special education. The “professional judgment” used in this study included reviewing multiple sources of data when defining problems in order to prioritize concerns, as well as implementing a four to six week time period for the teacher and case manager to observe, discuss and tweak research based intervention strategies that are implemented prior to recommending students to be tested for special education services. During this study, the child’s home environment was also an area of focus when using “professional judgment” in referring students for special education testing. In this study, two homeroom teachers made references to the child’s home environment (i.e., “chaotic”, “not receiving homework back due to the mother having three children” and “the child living with the grandmother prior to the child’s mother receiving custody again”) when assessing students’ academic performance. The Team stated in the focus group interview that the developmental pathways are also used as a means for evaluating students for intervention services. However, the researcher did not observe the developmental pathways being used in the two SSST meetings that were observed. The
Researcher recommends that the principal of the school studied recruit and retain a diverse staff and provide this staff with diversity training so that they can be successful in working with students from diverse cultural and linguistic backgrounds. Salend, Duhaney and Montgomery (2002) found that successful school districts broaden the recognition of the educational needs of diverse learners and design culturally sensitive programs that promote family involvement and empowerment. The Researcher also recommends that this school integrates the developmental pathways to the maximum extent when evaluating students, planning interventions, and recommending students for special education testing. Harry, Klinger, Sturges and Moore (2002) recommends taking an ecological or holistic view of the student as well as considering the ecology of the classroom and the effectiveness of the instruction delivered when trying to reduce disproportionate amount of students recommended for special education services.

As a final note to all educators, the following practices identified in this study characterize the work of the SDP-SSST in one Comer elementary school:

1. In order for the SDP-SSST to be effective in helping to solve student problems, the SDP-SSST must consist of members who are knowledgeable of the SDP-SSST referral process and are skilled in planning and facilitating SDP-SSST meetings.
3. Child centered planning requires that SDP-SSST members be experienced in analyzing student problems through multiple lenses while being adept in creating, implementing and evaluating intervention plans.
APPENDIX A
School Intervention Team Questionnaire for Administrators

**Overview of the Elementary School**

1. Describe the school district.

2. What year was the school built? How long has it been in existence?

3. What is the student population? (Give percentage according to race)

4. What percentage of students is on free or reduced-fee lunch?

**Organization and Management**

1. What is the composition of your Student Intervention Team (SIT) and what are the roles and responsibilities of each team member?

2. Making a Referral to the SIT
   a. Is the SIT coordinator identified?
   b. Do the teachers know how to make a referral?
   c. Do the teachers know how to complete the referral paperwork?
   d. Does the referral paperwork take less than 30 minutes to complete?
   e. Are prevention and intervention methods used prior to referring students to the SIT? Who is involved in this process?
   f. Have there been any modifications to the referral process in the past five years?

3. Pace and Focus of the SIT Meeting
   a. Is the agenda visible to all of the participants and translated when necessary?
   b. Does the time-keeper signal the end and the beginning of the problem-solving stages?
   c. Does the team avoid admiring the problem?
   d. Does the team focus on one student at a time?

4. Scheduling
   a. Are SIT meetings offered at least once per month?
   b. Are SIT meetings held frequently enough to meet the demands of the student population: prior to referral to special education, grade retention; and/or disciplinary action?
   c. Are follow-up meetings scheduled at initial SIT meetings?

5. Length of the SIT Meeting
   a. Is there at least 25 minutes devoted to discussing one student?
   b. Is there no more than 45 minutes spent on individual students?
6. Dissemination of the Results
   a. Are the results of the meeting disseminated within two days to all SIT participants?
   b. Are the results translated for the parents as needed?

Collaboration Among Adults

1. Essential People Present
   a. Is the referring teacher present?
   b. Is there a method for collecting input and inform everyone of the intervention plan?
   c. Is the parent present at the SIT meeting?
   d. Are all members of the SIT team present, including the administrator?

2. Collaborative Process
   a. Do members of the SIT freely share their ideas and resources?
   b. Do members of the SIT focus on the intervention rather than the disability?
   c. Describe the shared-decision making process that your team uses.
      • Does this process include the consensus, collaboration and no-fault approach to decision making?
   d. What support does the SIT provide to the referring teacher?
   e. How does this team collaborate to meet the needs of teachers and students?
   f. How do special and regular education teachers collaborate to meet the needs of students?
   g. What systems of support does the SIT utilize with outside agencies?
   h. What, if any, are some alternative teams used for intervention purposes by the SIT?

Child-Centered Planning through Problem Solving

1. Problem Solving
   a. Does the SIT define the problem in specific observable terms?
   b. Are multiple data sources reviewed when defining the problem?
   c. Are the concerns prioritized?

2. Problem Analysis
   a. Does the team have a standardized procedure for analyzing student problems?
      • Are contributing factors such as the curriculum, instruction, school/classroom environment, home/community, peers and child characteristics considered when analyzing student problems?
      • Are the developmental pathways used in analyzing student problems and creating intervention plans?
      • Is there an on-going progress monitoring system which includes who will collect the data and how often it will be collected?
   b. How does the SIT develop a plan of intervention?
• Are prevention and intervention strategies employed prior to referring a student for SIT? Who is involved in this process?
• Is pre- and post-intervention data used and if so, how does this data help in planning the intervention for the student?
• Does this team use formative and summative evaluation procedures to make decisions?

3. Plan Implementation
   a. Is a consultant assigned to assist the teacher in implementing classroom-based interventions?
   b. Are intervention plans implemented and modified as needed?
   c. Is on-going progress monitored weekly?
   d. Have you had any parents refuse interventions or services provided by the SIT? If so, what other options were provided to the student?

4. Plan Evaluation
   a. Is the progress data examined?
   b. Are follow-up meetings held six to eight weeks after the initial SIT meeting?
   c. At the follow-up meeting, is the implementation of each intervention discussed?
   d. Are decisions made to continue the intervention, modify the intervention or refer to special education based on the progress that was monitored?
   e. Is closure on each student achieved?
   f. Describe the identification referral process for special education.
   g. Are prevention and intervention strategies employed prior to referring a student for special education services?
   h. Have there been any modifications to the referral process in the past five years?

Data on Referrals to the SIT and for Special Education Services

1. How many students were referred to the SBIT during the following school years:
   a. 2003-2004?
   b. 2004-2005?
   c. 2005-2006?
   d. 2006-2007?

2. How many students were referred for special education services during the following school years:
   a. 2003-2004?
   b. 2004-2005?
b. 2005-2006?

c. 2006-2007?

3. Is there any information that I did not cover that you would like to discuss?
APPENDIX B
School Intervention Team Questionnaire for SSST Members

Organization and Management

1. What is the composition of your Student Intervention Team (SIT) and what are the roles and responsibilities of each team member?

2. Making a Referral to the SIT
   a. Is the SIT coordinator identified?
   b. Do the teachers know how to make a referral?
   c. Do the teachers know how to complete the referral paperwork?
   d. Does the referral paperwork take less than 30 minutes to complete?
   e. Are prevention and intervention methods used prior to referring students to the SIT? Who is involved in this process?
   f. Have there been any modifications to the referral process in the past five years?

3. Pace and Focus of the SIT Meeting
   a. Is the agenda visible to all of the participants and translated when necessary?
   b. Does the time-keeper signal the end and the beginning of the problem-solving stages?
   c. Does the team avoid admiring the problem?
   d. Does the team focus on one student at a time?

4. Scheduling
   a. Are SIT meetings offered at least once per month?
   b. Are SIT meetings held frequently enough to meet the demands of the student population: prior to referral to special education, grade retention; and/or disciplinary action?
   c. Are follow-up meetings scheduled at initial SIT meetings?

5. Length of the SIT Meeting
   a. Is there at least 25 minutes devoted to discussing one student?
   b. Is there no more than 45 minutes spent on individual students?

6. Dissemination of the Results
   a. Are the results of the meeting disseminated within two days to all SIT participants?
   b. Are the results translated for the parents as needed?

Collaboration Among Adults

1. Essential People Present
   a. Is the referring teacher present?
   b. Is there a method for collecting input and inform everyone of the intervention plan?
c. Is the parent present at the SIT meeting?
d. Are all members of the SIT team present, including the administrator?

2. Collaborative Process
a. Do members of the SIT freely share their ideas and resources?
b. Do members of the SIT focus on the intervention rather than the disability?
   - Describe the shared-decision making process that your team uses. Does this process include the consensus, collaboration and no-fault approach to decision making?
c. What support does the SIT provide to the referring teacher?
d. How does this team collaborate to meet the needs of teachers and students?
e. How do special and regular education teachers collaborate to meet the needs of students?
f. What systems of support does the SIT utilize with outside agencies?
g. What, if any, are some alternative teams used for intervention purposes by the SIT?

Child-Centered Planning through Problem Solving

1. Problem Solving
a. Does the SIT define the problem in specific observable terms?
b. Are multiple data sources reviewed when defining the problem?
c. Are the concerns prioritized?

2. Problem Analysis
a. Does the team have a standardized procedure for analyzing student problems?
b. Are contributing factors such as the curriculum, instruction, school/classroom environment, home/community, peers and child characteristics considered when analyzing student problems?
c. Are the developmental pathways used in analyzing student problems and creating intervention plans?
d. Is there an on-going progress monitoring system which includes who will collect the data and how often it will be collected?
e. Are prevention and intervention strategies employed prior to referring a student for SIT? Who is involved in this process?
f. How does the SIT develop a plan of intervention?
   - Is pre- and post-intervention data used and if so, how does this data help in planning the intervention for the student?
   - Does this team use formative and summative evaluation procedures to make decisions?

3. Plan Implementation
a. Is a consultant assigned to assist the teacher in implementing classroom-based interventions?
b. Are intervention plans implemented and modified as needed?
c. Is on-going progress monitored weekly?
d. Have you had any parents refuse interventions or services provided by the SIT? If so, what other options were provided to the student?

4. Plan Evaluation
   a. Is the progress data examined?
   b. Are follow-up meetings held six to eight weeks after the initial SIT meeting?
   c. At the follow-up meeting, is the implementation of each intervention discussed?
   d. Are decisions made to continue the intervention, modify the intervention or refer to special education based on the progress that was monitored?
   e. Is closure on each student achieved?
   f. Describe the identification referral process for special education.
   g. Are prevention and intervention strategies employed prior to referring a student for special education services?
   h. Have there been any modifications to the referral process in the past five years?

Data on Referrals to the SIT and for Special Education Services

1. How many students were referred to the SIT during the following school years:
   a. 2003-2004?
   b. 2004-2005?
   c. 2005-2006?
   d. 2006-2007?

2. How many students were referred for special education services during the following school years:
   a. 2003-2004?
   b. 2004-2005?
   c. 2005-2006?
   d. 2006-2007?

3. Is there any information that I did not cover that you would like to discuss?

APPENDIX C

SSST Observation Checklist

1) The Guiding Principles
a. Collaboration
   i. SSST members use a collaborative process in creating and implementing interventions.
      1. Description of the problem.
      2. Analysis of the problem
      3. Prior interventions used
      4. Student’s strengths
      5. Brainstorm/Finalize new interventions
      6. Monitor the intervention (Time period)
      7. Follow-up date
   ii. Teachers have taken the opportunity to collaborate with colleagues in creating and implementing (intervention) strategies prior to bringing the student to the SSST.
   iii. Parents are welcome and collaborate with the SSST in creating and implementing intervention strategies for their child (ren).
   iv. SSST members collaborate with outside agencies (i.e. mental health) in creating intervention strategies for the student.
   v. Team outcomes are shared with all involved parties.

b. Consensus
   i. SSST members seek team consensus with teacher support for all decisions.
   ii. SSST members use data to make decisions by consensus.

c. No Fault
   i. SSST members model no-fault problem-solving strategies.
   ii. SSST members do not use fault finding language in the meetings.
   iii. SSST members know their roles and what is expected of them (i.e. facilitator, recorder, time-keeper).
   iv. SSST uses assessments and data as a way to diagnose student learning problems.

2) Developmental Focus (Developmental Pathways)
   a. SSST members are viewing students through the following lenses:
      i. Cognitive
      ii. Physical
      iii. Social
      iv. Psychological
      v. Language
      vi. Social
      vii. Ethical

3) Parent Involvement-Parents are a part of the SSST.
   a. Parents are informed of the team meeting in advanced (preferable 2 weeks)
   b. Parents are actively involved in the SSST and are part of the decision making process for their child.
   c. Parent model the guiding principles in their interactions with the SSST.
4) Assessment and Modification
   a. SSST use research findings to create and design interventions.
   b. SSST incorporates ideas and information from research-based instructional practices to improve teaching and planning programs.
   c. SSST draws on school-linked/based resources to address students’ needs.
   d. SSST uses authentic and performance assessments to determine students’ academic strengths and weaknesses.

5) Comprehensive Planning/Problem Solving
   a. Enough time is allotted per student to focus on concerns/interventions/strategies.
   b. SSST collaborates as a team (including parents) to set achievable goals through interventions.
   c. SSST interventions/strategies reflect the 7 developmental pathways.
   d. SSST members have identified students in the bottom quartile and have developed research-based strategies/interventions to meet their individual needs.
   e. Strategies/interventions designed by the SSST reflect students’ various learning styles and take into account their preferences and abilities.
   f. Team meetings and recommendations are documented.
APPENDIX D

Recruiting Letter to School Site Principal

Principal’s Name
Principal, School’s Name
(City), North Carolina

I am Joi Gibson-Robinson, a doctoral student at the University of North Carolina at Chapel Hill. I am currently completing my dissertation in partial fulfillment of the requirement for the Doctorate in Administration and Supervision. While under the guidance and supervision of Drs. William Malloy, Carol Malloy and George Noblit, I received the opportunity to co-evaluate Yale’s School Development Program as a Graduate Research Assistant. My interest in the School Development Program has extended beyond that evaluation, and I am highly interested in this national school reform initiative that is being implemented in schools where a significant population of students are either recommended for special education programs or would eventually “fall through the cracks” altogether.

The staff of Yale’s School Development Program (SDP) has a strong belief that the School Development Program is responsible for the decrease of students being referred for special education programs with high-incidence disabilities. However, there has been no documentation to lend support to this assertion. The SDP is currently implemented in schools where the academic performance is low and a significant population is subject to being referred for special education programs. I would like to examine if there is a relationship between the SDP’s SSST process and a decrease in the number of students recommended for special education services with high-incidence disabilities at (name of elementary school) for my research study (dissertation).

Members of (school’s name) SDP’s SSST would be asked to take part in this research study. Members of the SDP’s SSST include the school’s administrators, regular education teachers, special education teachers, school psychologist and the guidance counselor. To join this study is voluntary. All who are invited may refuse to join, or may withdraw consent to be in the study for any reason, without penalty.

This study requires a total of three separate focus group interviews with members of the SDP’s SSST, two observations of the SDP’s SSST meetings and one tour of the school and the school’s community. Focus group interviews will take approximately one hour; each participant will be in only one focus interview group. Observations of the SDP’s SSST meetings will take approximately one hour. Collecting data for this study will take three days. The results of this study will be shared with (the school’s administration), (The school’s SSST) and Yale University’s School Development Program’s executive board.

All information collected will be kept confidential, and reports about the inquiry will not identify individuals, names or events. The study will result in a report to Yale University’s Comer School Development Staff, and the analysis will be presented in a dissertation with the possibility of also being published in research articles and presentations at major conferences. The school district will not receive a copy of the answers of your school’s
personnel to the questions asked during the interview(s). Your staff will not be able to be identified personally by the reports or publications resulting from the study.

If you are willing for the Student Staff Support Team members at (school’s name) to participate in the study, the members of the SDP’s SSST will be invited to participate in the study via a written consent letter, with the understanding that they may decline to participate, choose not to answer specific questions, and will be free to withdraw at any time. Participants will not be penalized for withdrawing or declining any answers. There are no rewards for participating in this study. All participants will be informed that participating will involve audio-recording. If participants do not want to be recorded, they will not be able to participate in the study. I ask that you, as their principal, reassure them that their jobs will not be jeopardized if they choose to not participate or withdraw from the study.

If at any time you should have any questions or concerns about the rights of your staff as research participants, you may contact the primary researcher; Joi Gibson-Robinson; (researcher’s address; researcher’s phone number; researcher’s email address). Thank you for your willingness to consider allowing your school to be featured in this study.

I am attaching copies of the letter inviting participation of your staff, and the formal consent forms that I have prepared, so you can see exactly what they would be told. I am also attaching a copy of the interview questions that I would be asking, so you have a thorough understanding of what the study involves. I will be sharing these questions in advance with your staff as they are invited to participate in the study. As the principal and member of the SDP’s SSST, I would be inviting you to participate also.

Please let me know at your earliest convenience if you have any questions (researcher’s phone number and email address).

If you would be willing to allow me to conduct my study at (name of school), please sign and date your response below on one of the copies of this letter, and send this signed copy to me in the self-addressed stamped envelope. Please keep the other copy for your records.

Respectfully,

Joi Gibson-Robinson
Principal Researcher

I hereby allow (school’s name) to be the single participating school in a research study of the
Comer SDP’s SSST. I understand that questions will be asked of the staff regarding the SDP’s SSST in relation to high-incidence referrals to testing and to special education. This study will result in a report to Yale University’s Comer School Development Staff, and the analysis will be presented in a dissertation with the possibility of also being published in research articles and presentations at major conferences. Participants in this study will not be identified personally by the reports or publications resulting from the study.

Principal’s Signature _____________________________________________________

Date____________________________________________________________________

If you have further questions about this study, you may contact the principal investigator, Joi Gibson-Robinson, at (phone number).
Appendix E

Recruiting Letter to SSST Members

To the Student Staff Support Team Members of (school’s name):

I am Joi Gibson-Robinson, a doctoral student in the School of Education at the University of North Carolina at Chapel Hill. While enrolled in the Educational Leadership program at UNC, I was afforded the opportunity to co-evaluate Yale’s School Development Program (SDP), which is a school reform initiative that focuses on school climate and is implemented in schools where a significant population of students are either recommended for special education services or “fall through the cracks” altogether.

The staff at Yale’s SDP has a strong belief that its national school reform initiative is responsible for a decrease in the number of students who are referred for special education programs with high-incidence disabilities. Because this school reform initiative is implemented at (name of school) and this site has been a SDP school for more than five years, I would like to examine if there is a relationship between the SDP’s Student Staff Support Team’s process and a decrease in the number of students referred for special education programs with high-incidence disabilities at (name of school).

Educators, particularly those of the Yale SDP, should find this study valuable. In addition, educators at other schools that may or may not be implementing the school reform initiative (SDP) might find your SDP’s SSST process of interest. This study will help to provide information to determine if the SDP’s SSST process might be responsible, at least in part, for reducing the number of students referred for special education programs with high-incidence disabilities at your elementary school. This study will only be concerned with the SDP’s SSST process in a single (SDP) elementary school during the 2003-2004, 2004-2005, 2005-2006 and 2006-2007 school years. The sources for most of the data will be focus group interviews. This means that some of the data obtained will be opinions and judgments.

In the effort for all participants to answer questions to the best of their ability, interview questions will be given to the participants prior to the focus group interviews once the IRB has approved the study. All information will be kept confidential, and reports about the inquiry will not identify individuals, names or events. As a participant in this study, you will not be identified personally by the reports or publications resulting from this study and you can withdraw from participating in this study at any time. You will not be penalized for withdrawing or declining any answer and you are not rewarded for participating in this study. Your participation in this study is strictly voluntary.

I am the principal researcher for this study. If you should have any questions or concerns, please feel free to contact me via telephone (919-856-7703) or email (Jgibson-robinson@wcpss.net).

Thank you for your time and consideration.

Sincerely,

Joi Gibson-Robinson
REFERENCES


Policies Governing Services for Children with Disabilities (2007), State Board of Education/Department of Public Instruction, Exceptional Children's Division.


