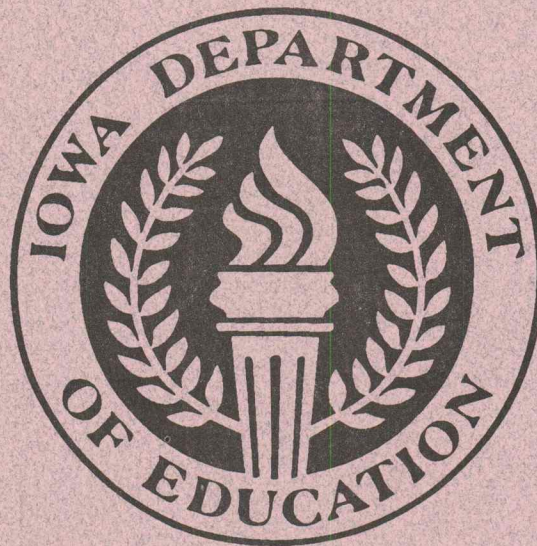


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Bureau of
Special Education

Research Report #2

Evaluation of the Iowa Renewed
Service Delivery System



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Research Report #2

Evaluation of the Iowa Renewed Service Delivery System

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This report is the second of a series of reports that will be published providing information on baseline, degree of implementation, and the outcomes of the Iowa Renewed Service Delivery System (RSDS). The first report in this series provided baseline results for the four initial area education agency trial sites (Reschly, Robinson & Ward, 1990). This report extends the baseline date through inclusion of four additional area education agency trial sites that will begin implementation of RSDS in Fall, 1990. All results reported here are based on the *eight* area education agencies that began RSDS implementation in Fall, 1989, or that will begin implementation in Fall, 1990.

The RSDS evaluation is organized around the critical themes and the implementation strategy adopted by the System Development, Implementation, and Oversight Committee. The following two sections, themes and data collection instruments, are reproduced nearly verbatim from *Research Report Number #1* (Reschly, et al., 1990).

THEMES

The critical themes for RSDS were determined by the System Development Implementation, and Oversight Committee, based on information from hundreds of professional service providers and consumers of special education services. The diverse information regarding problems in the current system was combined into the following key principles that guided the overall effort to improve special education.

1. Expand options for children and youth with learning and behavioral problems.
2. Integrate resources from regular and special education.
3. Achieve better coordination of services and fuller utilization of personnel.
4. Improve the outcomes of special education services.

These principles are implemented through extensive efforts to change the current system toward much greater emphasis on the following operational procedures.

1. Problem-solving oriented assessment, involving less emphasis on standardized testing and eligibility determination and more emphasis on programming.

2. Functional assessment in eligibility determination and programming.
3. Direct and frequent measurement of student progress.
4. Outcomes criteria in decision-making at all phases of interventions.
5. Systematic plans to foster effective transition at all ages, from infant and toddler through young adult.
6. Building level plans to tailor special services to the needs of student populations.
7. Greater involvement of parents in decision-making and in the design, implementation, and evaluation of interventions.
8. Staff development to ensure the acquisition of competencies required to implement RSDS.

DATA COLLECTION INSTRUMENTS

Data collection instruments have been developed and used to collect baseline information in the eight trial sites. The content of the instruments and the respondents are described below.

1. **Intervention Alternatives, General Form:** Completed by a sample of regular education teachers and support services personnel (consultants, psychologists, and social workers). The content includes items on the range and nature of intervention alternatives and the utilization of personnel.
2. **Intervention Alternatives, Specific Form:** Completed by support services personnel and regular education teachers in the context of a specific student who was referred, evaluated for special education eligibility, but not placed. The content includes items on intervention alternatives, pre-referral services, functional assessment, utilization of personnel, parental involvement, and outcomes criteria.
3. **IEP & Student Outcomes Criteria (two separate forms):** Completed by special education teachers in programs for the mildly handicapped, using the context of a specific student currently receiving special education services in a resource teaching program or a

special class with integration. The content includes items on functional assessment, outcomes criteria, direct and frequent progress monitoring, and paperwork.

4. **Progress Monitoring:** Completed by a special education teacher or a regular education teacher, in the context of a specific student receiving special education services in a resource or a special class with integration program. The content includes items on direct and frequent progress monitoring, functional assessment, and parental involvement.
5. **Parental Involvement:** Completed through an interview with parents, using the same student on whom teachers provided information on the *IEP, Student Outcomes Criteria, and Progress Monitoring* forms. The content includes items on utilization of resources (parents), progress monitoring, and outcomes criteria.
6. **District & Building Plans:** Completed by principals and superintendents; with items on range of intervention alternatives, utilization of personnel, transition planning and programming, local attendance center, and outcomes criteria.
7. **Staff Development:** Completed by regular and special education teachers, principals, and support services personnel. The content includes items on district/building plans, continuing education needs, functional assessment, intervention alternatives, direct and frequent progress monitoring, and outcomes criteria.

EVALUATION DESIGN

The overall goals of RSDS evaluation are to:

1. Describe current services and staff characteristics (Baseline Phase);
2. Assess the degree of implementation of alternative services (Implementation Phase); and
3. Appraise student and system outcomes (Outcome Phase).

Data will be collected from each trial site at three periods:

1. Baseline data are collected during the Spring *prior* to RSDS implementation;
2. Implementation data are collected approximately eighteen months after implementation has begun; and
3. Outcome data are collected near the end of the three year period during which trial sites implement RSDS.

Baseline data for the four initial trial sites were collected during April and May, 1989. The same procedures and instruments were used during March to May, 1990 in the second set of four trial sites. *The results reported here are combined for the 1989 and 1990 trial sites.* These trial sites include eight of the fifteen Iowa Area Education Agencies and approximately 47% of the Iowa student population.

INTERVENTION ALTERNATIVES

The expansion of intervention options for students with learning and behavioral difficulties is a key theme in RSDS. The clear intent is to improve services to children experiencing educational problems, including students that might be characterized as "at risk" as well as students classified as handicapped. The results described in the following three sections are based on evaluation instruments designed to describe current practices regarding intervention options for students.

The *Intervention Alternatives - General Form* was relatively brief. This form was completed by 238 regular education teachers in the eight trial sites during Spring, 1989 and 1990. The items on the form sought information on what kind of intervention assistance was available, who was available to provide the assistance, who provided assistance to the teacher during the last year, the kind of assistance that might be provided in the future, and the teacher's estimation of the proportion of students in his/her classroom with learning or behavioral problems who are not currently receiving services that address their problems.

The results in Figure 1 indicate the kind of assistance that was available to the teacher the last time that he/she was confronted with a learning or behavioral problem. The most frequent kind of assistance was "helpful suggestions," followed by "support and understanding." The choice "consultation" on the 1989 data

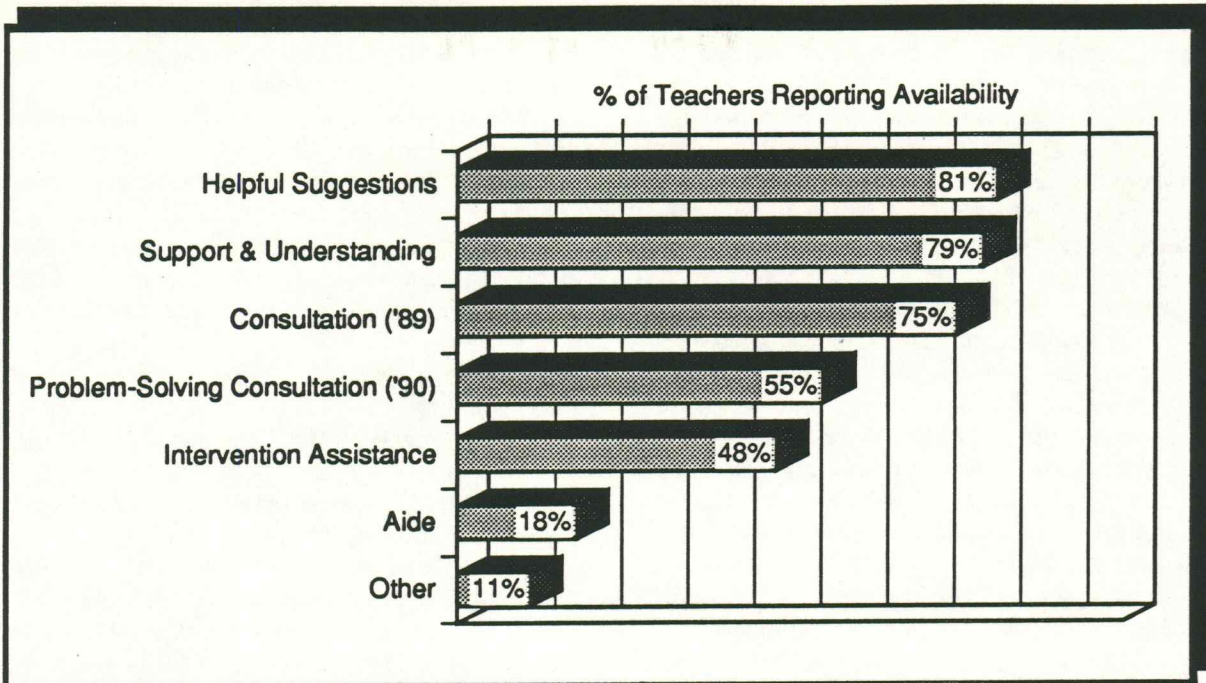


Figure 1. Regular classroom teachers' report of the kind of assistance available for learning or behavioral problems.

collection form was changed in 1990 to "problem solving consultation." This change in the meaning of the consultation option resulted in a decline in availability from 75% to 55%. It appears that "problem solving" consultation is considerably less available than "informal" consultation. The latter may involve little more than helpful suggestions or support and understanding. Only 48% of the teachers indicated

that they received actual intervention assistance. The results reported in Figure 1 were (except for the consultation item) virtually the same for the 1989 and the 1990 trial sites.

In Figure 2 results are presented concerning the persons available to provide assistance and the teacher's report on who provided assistance to him/her over the past year. The results in Figure 2 indicate that local building resources

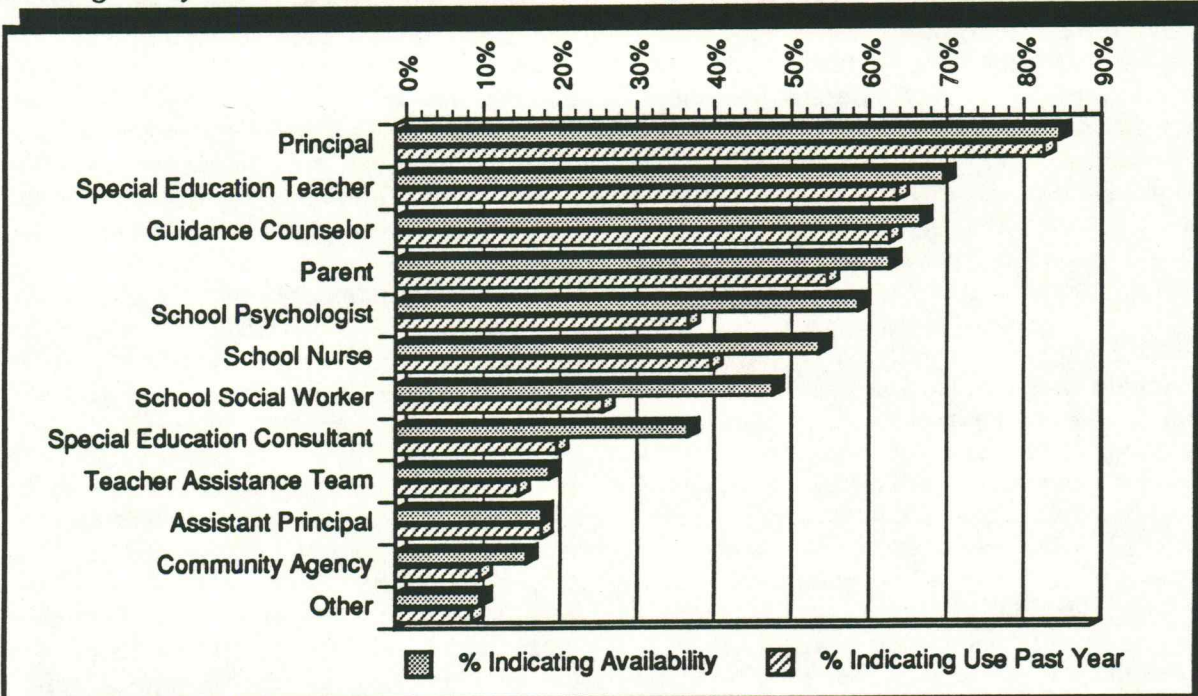


Figure 2. Personnel available to provide assistance to regular education teachers and actual utilization of personnel over past year (specific personnel are listed in order of availability).

are more available and used more often. There were 12 possible sources of assistance listed on the instrument. School psychologists were the only area education agency service provider that was listed within the top six of the resources that were available and the resources that were actually used. Based on the results in Figure 2, the support currently provided to teachers comes primarily from building principals, special education teachers, parents, guidance counselors, and school psychologists. Other sources such as school social workers, special education consultants, and teacher assistance teams have not been as available nor utilized as often by teachers. Particularly surprising was the relatively low availability of teacher assistance teams, and the relatively low utilization of those teams that are available.

The results on kind of assistance provided and the availability and utilization of personnel indicate that most of the assistance is not particularly specialized or targeted toward specific interventions for students, and the assistance is provided, by in large, by persons with many other responsibilities. Furthermore, many of these persons do not have specialized training and experience with intervention procedures designed to resolve classroom learning or behavioral difficulties. Greater availability and utilization of support services personnel is needed, along with greater utilization and availability of teacher assistance teams.

Other items on this form related to the provision of direct assistance to students in the classroom (only 13% indicated that such assistance was provided). Some 94% indicated that they might or would definitely welcome such assistance. Most (71%) indicated that there were established procedures in their building for dealing with learning or behavioral problems, and when such procedures did exist, a high proportion indicated that they were followed (94%). The regular education teachers also indicated that there were students in their classroom with problems that were not addressed through current services (55%) and that the percentage of such students was approximately 14% of the classroom enrollment. On an open ended item asking teachers what those students needed, 25% indicated academic assistance, 21% of the teachers indicated behavioral interventions, and 19% indicated counseling. A number of other needs were identified, but many could not be categorized and none constituted more than ten percent of the teachers' responses.

The *Intervention Alternatives - General Form* was completed by 291 support services

providers (school social workers, special education consultants, school psychologists) in the eight trial sites. Information was gathered on the kind of assistance provided to regular education teachers when the latter are coping with students with learning or behavioral problems. The results provided here are summaries for all support services providers. The items on this form sought information on whether or not assistance was provided prior to referral, the kind of assistance provided, as well as the kind of assistance provided after students have received a comprehensive evaluation and deemed ineligible for special education services. There were also items on the paper work required by the current system, but those results will be discussed in a later section of the report.

Rather large majorities of support services personnel indicated that they do, at least occasionally, provide assistance to regular education teachers in attempts to resolve learning problems (79%) and behavioral problems (94%). However, the frequency with which these services are provided was rather low (see Figure 3). Each of the types of intervention assistance was rated on a Likert Scale anchored by zero equal to never, one equal to seldom, two and three equal to sometimes, and four and five equal to quite often. The most frequent assistance was consultation with the teacher, with a mean of 3.57, indicating that this service is provided *sometimes* to teachers. Other kinds of assistance related to direct interventions, such as establishing a behavioral program or a direct intervention, such as social skills, were provided to teachers only seldom or sometimes. These results indicate that support services personnel are not utilized to a great extent for providing services to students prior to referral. These findings are most likely due to the lack of availability and time pressures on support services personnel. These personnel are currently engaged to a far greater extent in determining eligibility or maintaining eligibility for special education programs, rather than as resources to teachers for resolving problems prior to referral.

The results of the bottom, white line in each category in Figure 3 were obtained in response to the item, "when the following services are provided by you prior to referral, indicate approximately what percentage of students are later referred for a special education eligibility determination evaluation." The responses to this item indicate that the majority of students' problems might be resolved without special education eligibility determination, if services such as behavior modification programs, direct

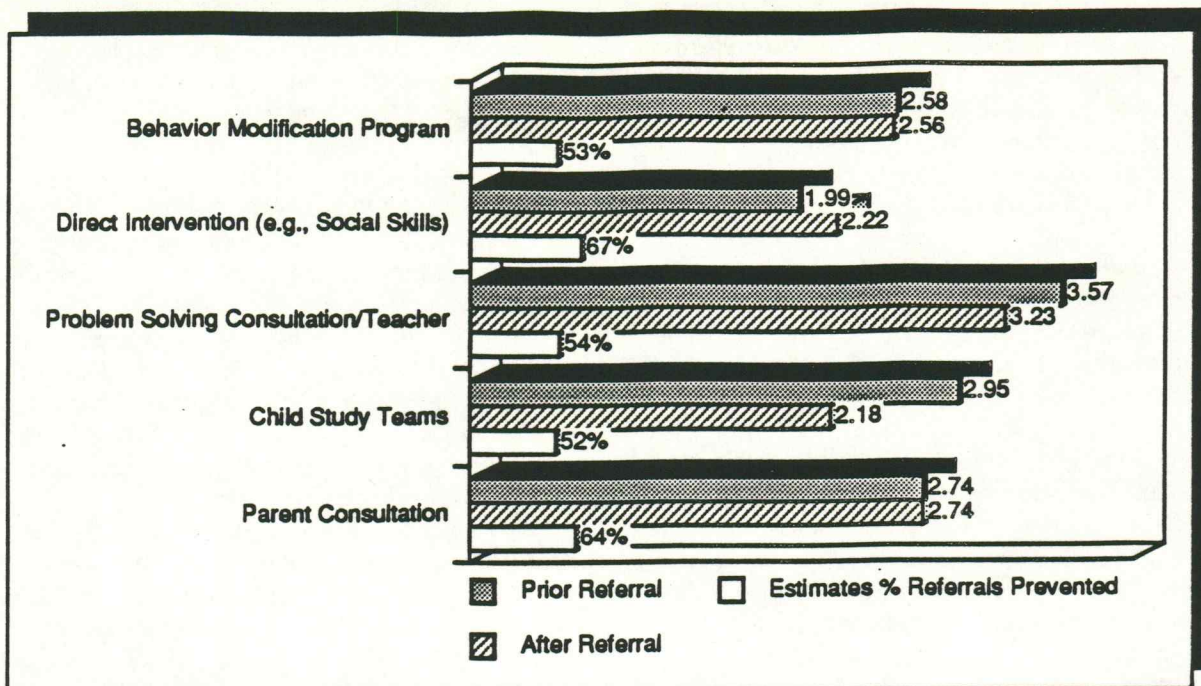


Figure 3. Frequency and estimated effects of support services prior to and after referral for special education eligibility.

Note: 1) The mean data (dark & diagonal slashed lines) were based on a Likert Scale where 0=Never, 1=Seldom, 2 & 3=Sometimes, & 4 & 5=Quite Often.

2) The final line depicted represents the estimates of support services providers concerning the percentage of referrals which would not receive comprehensive evaluations if the pre-evaluation service was provided.

interventions, teacher consultation, child study teams, and parent consultation were provided prior to referral. The views of support services personnel are clear. Greater involvement with pre-referral services holds considerable promise for reducing time involved with special education eligibility determination and, perhaps, for also reducing the classification of students as handicapped and placement in special education. These results are clearly supportive of the RSDS efforts to provide more intervention alternatives and better utilization of support services personnel.

Support services personnel are not heavily involved with students after comprehensive evaluations when the outcome of the evaluation was the determination that the student was not eligible for special education services. Only 56% of the sample indicated that their services were utilized with such students. Furthermore, the services were not provided very often. The mean for a simple question of "how often?" was 2.65, indicating that post comprehensive evaluation services are, at best, provided sometimes. Support services personnel ratings of the frequency of the provision of various services is provided in the middle column of Figure 3.

The most frequently provided service, both

pre-evaluation and post evaluation, was consultation. However, the consultation rarely led to systematic intervention since target behaviors were rarely defined, careful measurement used, specific interventions implemented, and outcomes evaluated (see next section).

Services to students who were referred, and received a comprehensive evaluation, but not placed are particularly important in the prevention of subsequent referral of the same student in later years. Support services providers are quite familiar with a pattern of repeated referral across school grades, finally resulting in placement in special education. Provision of services to these students in earlier grades might prevent the later referrals. Furthermore, the extensive information gathered in the comprehensive evaluation is unlikely to be applied with referred, but not placed students unless there is a continuing involvement of support service personnel. Such continuing involvement is fundamental to the changes anticipated in the Renewed Services Delivery System.

The *Intervention Alternatives - Specific Form* was completed by 236 support services personnel and 222 regular education teachers. A specific student was identified with whom both the teacher and the support services person were

familiar because the student had been referred by the teacher, evaluated for special education eligibility, by a team on which the support services respondent was a member, but not placed in a special education program. The study of the services provided to a specific student provides valuable information on what actually was done, rather than individuals' reports of what is generally available or sometimes provided. Most of the responses were from paired cases where both the teacher and support services provider were involved with the same student.

Extensive analyses were conducted with these data, often comparing the perceptions of teachers and support services personnel. These data reveal several interesting and, in some cases, disturbing trends regarding current practices. First, a difference between support services personnel and teachers emerged regarding the problem that was viewed as being of greatest concern. Teachers, in contrast to support services personnel, were more likely to view the primary problem as academic (69% vs. 56%), and less likely to view the problem as behavioral (20% vs. 41%). Teachers and support services personnel identified the problem as primarily social skills in 7% and 3%, of the cases, respectively. Teachers are more likely to view problems as academic while support services personnel see the majority of problems as academic, but a significantly greater percentage as being behavioral. It is important to note that these data were reported on the same students.

Extensive information was gathered from

teachers and support services personnel concerning the pre-evaluation and post-evaluation services provided to specific students. The results for the pre-evaluation interventions that are presented in Figure 4 appear in the context of, "for every 100 referrals receiving comprehensive evaluations." This context appeared to us to be a more meaningful way to evaluate current practices.

Teachers and support services personnel reported low, but similar, levels of assistance from AEA personnel (26% and 34%). According to teachers, the AEA assistance was most often provided by school psychologists, followed by consultants and social workers.

AEA support services personnel and teachers disagreed over whether an intervention was provided prior to the evaluation (29% vs. 61% answering yes). For the vast majority of the cases, support services personnel were not involved in designing or assisting with the intervention. Furthermore, the vast majority of the cases did not receive interventions that included the highly desirable components of behavioral definition, direct measurement, systematic plan, graph of results, and comparison of results to baseline.

The kind of pre-evaluation intervention was reported through an open-ended item by those teachers where interventions were done. The most frequently mentioned interventions were teacher assistance teams, parental conferences, and behavioral plans. A significant proportion of those teachers (42%) indicated that no one

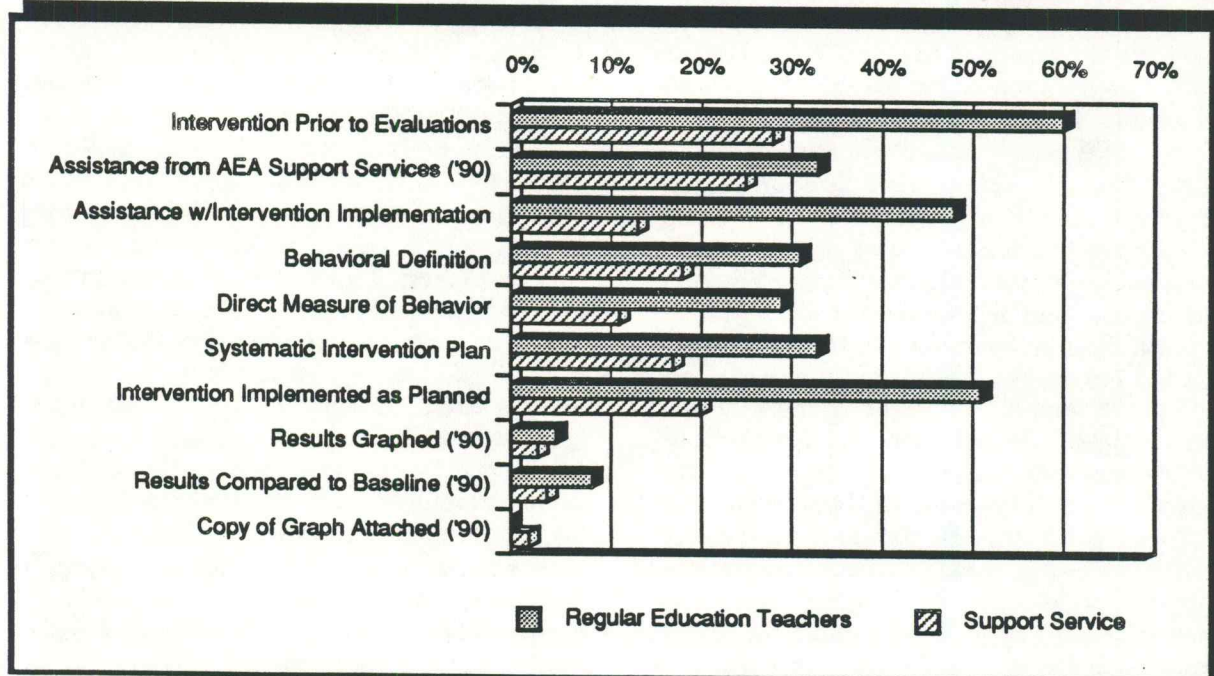


Figure 4. 1989 & 1990 Iowa pre-evaluation intervention data (For every 100 referrals receiving comprehensive evaluations the following percentages would be in effect).

assisted with the design of the intervention. When assistance was provided, the most frequently cited sources were principal (28%), another regular education teacher (24%), school psychologist (21%), and guidance counselor (19%). Similar results were obtained on items pertaining to sources of assistance with implementation of pre-evaluation interventions. The results in Figure 4 and for related items support the following conclusions:

- 1) Most students do not receive systematic pre-evaluation interventions;
- 2) The interventions lack essential features; and
- 3) AEA support services personnel are typically not involved with pre-evaluation interventions.

A major goal of RSDS is to markedly change each of the current patterns related to these conclusions.

When conducted, about half of the teachers and support services personnel judged the interventions to be successful. The comprehensive evaluation in each case might have been prevented if more pre-evaluation assistance had been provided according to 54% of the support services personnel and 24% of the teachers. Prevention of one-quarter to one-half of the comprehensive evaluations conducted now would represent a significant opportunity to reorient support services from eligibility determination to interventions. Our speculation is that improving the quality of the interventions, a problem clearly indicated by results in Figure 4, would further increase the proportion of cases in which comprehensive evaluations could be prevented.

According to teachers as well as support services personnel, the involvement of parents prior to the comprehensive evaluation was largely restricted to consent and notice, informal conferences and, to some extent, parental assistance with intervention implementation (roughly 1/3 of the cases). Both groups also regarded the absence of greater parental involvement as the preference of parents.

Several items were used to assess the nature of the comprehensive evaluation, particularly the teachers' role in assisting with that evaluation. Teachers and support services personnel disagreed rather significantly over whether an interview was conducted with the teacher to establish specific questions to guide the evalu-

ation (44% of the teachers vs. 68% of support services personnel answered "yes" to that question, Chi-square = 9.11, $p < .01$). Most of the participants in both groups indicated that observations were conducted in the classroom but the typical outcome of these observations was general comments about the students rather than specific counts of precisely-defined behaviors. These results suggest that the typical student who is referred and evaluated, is usually not studied through systematic behavioral observations; rather, the observations are more anecdotal in nature.

What happened *after* the comprehensive evaluation? Results are presented in Figure 5 concerning the interventions carried out after the student was determined to be *not eligible* for special education. The results in Figures 4 and 5 vary slightly concerning the provision of interventions. Support services personnel reported a high incidence of intervention (55% vs. 29%) and greater involvement with assisting teachers (42% vs. 26%) in post than pre-evaluation interventions. The post-evaluation interventions were more often reported by support services providers to be higher quality, perhaps due to their greater involvement. Teachers did not, however, report higher quality for post evaluation interventions. Overall, the difference between pre and post-evaluation interventions were rather small. The frequency and quality of those interventions needs to be increased substantially, a key goal of RSDS. The potential of post-intervention evaluations is clear from teachers and support services providers' estimates of success (70% and 81%). However, the degree of improvement was "slight" in about 35% to 40% of the cases. Greater degrees of improvement would likely be achieved if the interventions were improved. One means to improve quality is to provide more assistance to the teachers who are responsible for carrying out the interventions. According to the responses of teachers, no one provided assistance in about 37% of the post-evaluation interventions that were conducted. The most frequent providers of assistance according to teachers were (in order of mention) psychologists, special education teachers, guidance counselors, special education consultants, principals, and school social workers. According to the respondents in 1990, parental involvement after the evaluation was requested in about 65% of the cases with about 35% to 40% of the parents subsequently involved with intervention implementation. Greater involvement of parents with intervention may also lead to improved outcomes.

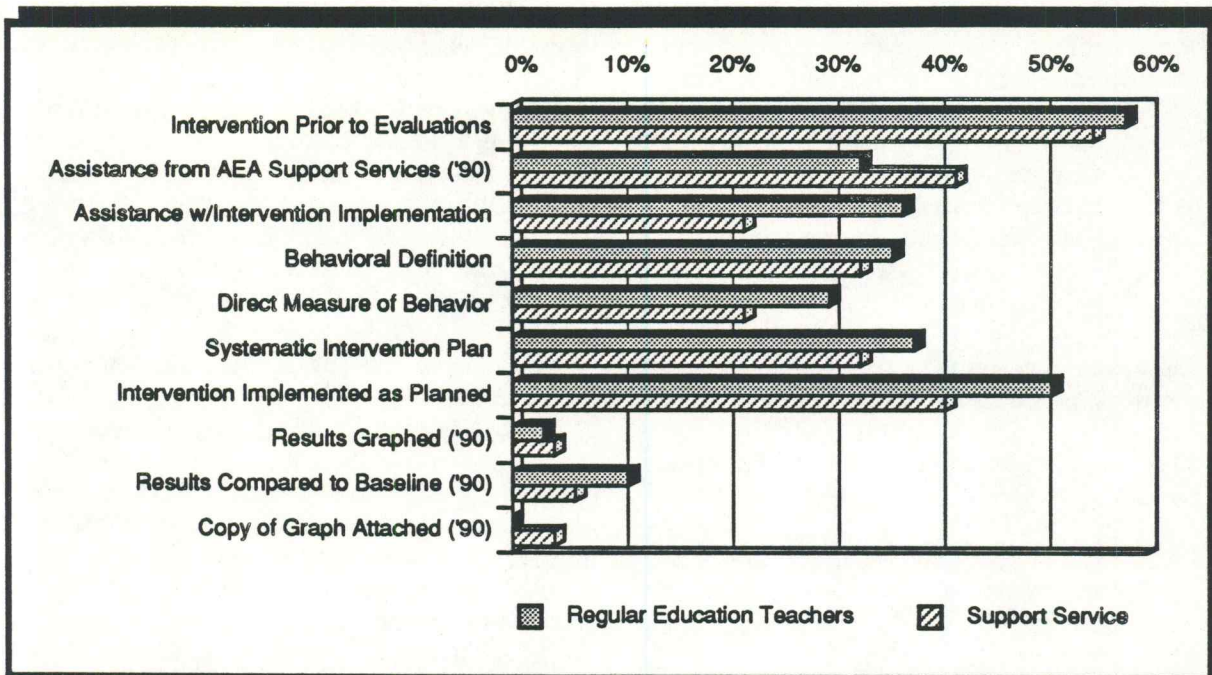


Figure 5. 1989 & 1990 Iowa post-evaluation intervention data (For every 100 referrals receiving comprehensive evaluations the following percentages would be in effect):

The pattern that emerges from these results is disturbing. A significant proportion of students do not receive high quality interventions, either before or after comprehensive evaluations are conducted. Furthermore, there is reason to believe that a significant number (at least 25%) of the comprehensive evaluations could be prevented if greater assistance was provided. Most disturbing is the evidence on quality of interventions. In the vast majority of cases, these students did not receive interventions that reflected widely accepted best practices, such as developing a definition of the target behavior that is measurable and observable, development and implementation of a measure of the behavior, design and implementation of a systematic plan to improve the problem behavior, and systematic evaluation of the effects of the plan. Indeed, efforts to resolve problems that do not reflect these important quality indices can hardly be called interventions, and they are certainly not behavioral interventions. The role of support services personnel, school psychologists, school social workers, and special education consultants does not reflect heavy involvement in the development of interventions, either before or after comprehensive evaluations. These data, as well as other existing sources of data suggest that support services personnel are currently involved primarily with carrying out eligibility evaluations. One of the most important goals of RSDS is to improve the availability of interventions for students, to improve the

quality of those interventions, and to ensure greater availability of support services personnel to assist teachers with the design, implementation, and evaluation of interventions. These baseline data from the eight trial sites unequivocally establish the need for the changes contemplated in RSDS.

The results in this section also clearly reveal certain staff development needs. Although consultation was frequently reported by support services personnel, the vast majority of those consultative services were not problem solving in nature. Problem-solving consultation, through collaborative relationships, wherein problems are defined behaviorally, precise measures developed, intervention plans designed and implemented, and outcomes evaluated were typically not provided to students considered for special education classification and placement. Secondly, problem-solving assessment wherein specific questions are established and then assessment procedures developed to address those questions was not implemented in the vast majority of these cases. Furthermore, the classroom observation was typically anecdotal, rather than well structured and designed so that data on problem behaviors could be developed. Finally, parents often were not active participants in efforts to resolve problems, especially at the pre-evaluation stage. These areas are currently being addressed through efforts to develop training modules, videotapes, and staff development in the trial sites.

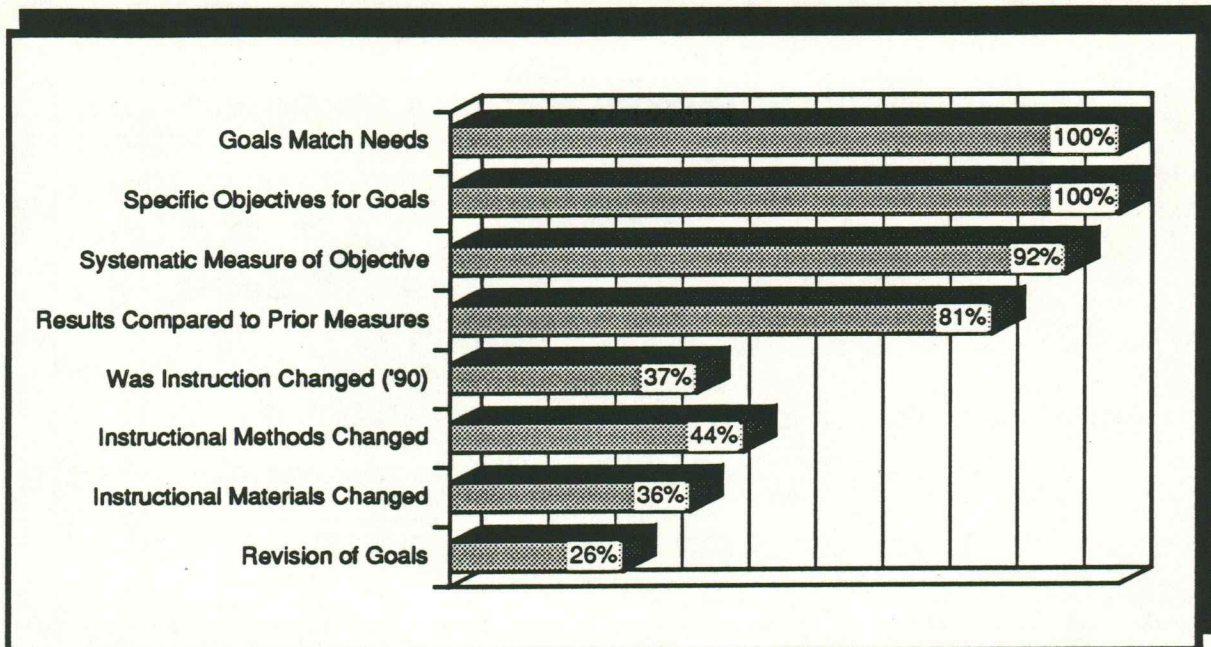


Figure 6. Percent answering yes to questions concerning Individualized Educational Programs.

INDIVIDUALIZED EDUCATIONAL PROGRAMS & STUDENT OUTCOMES CRITERIA

Samples of special education teachers from the eight trial sites provided information concerning the nature of current individualized educational programs (N = 248) and the implementation of student outcomes criteria (N = 234). The content of these forms included items on functional assessment, progress monitoring, outcomes criteria, direct and frequent measurement, and paperwork.

All of the data reported (see Figure 6) in this section involve teacher self-report by those directly involved with resource teaching programs or special classes with integration. Generally, these results indicate that teachers are using IEPs closely matched to general goals and specific objectives and that the objectives are written in behavioral, measurable terms (100% of respondents). Furthermore, some 92% indicated that a systematic method was established for measuring each objective, typically a direct measure of the skill (66%), a criterion-referenced measure (54%), an indirect measure (77%), or a standardized test (44%). The kind of score yielded by the measure was most often reported in 1989 to be a comparison of peers (77%) followed by a behavioral count (58%), a percentage score (44%), comparison to past scores (26%), or a standard score (11%).

According to these teachers, a measure was

used to assess the student's progress on a daily or weekly basis (61%), and the results were used to compare the student's performance to prior measures of the skill (81%). However, the kind of measure used was rarely a curriculum-based measure (10%) or, presumably, another measure that could be represented graphically in order to systematically monitor progress on a frequent basis. As a result of the measures that were used, teachers reported that methods of instructions were sometimes changed (44%), materials changed (36%), or goals revised (26%). These latter results suggest that the measures of progress are not used very frequently in modifying the instruction received by students. Several additional items, to be discussed later, sought information on parental involvement and the kind and nature of paperwork required in the current system. The results from the IEP form suggest that, according to the teachers, instruction is based on general needs and specific objectives, measures of progress are used, and measures are used on a daily or weekly basis in over half the cases. As noted later, the kind of measure typically used is not amenable to systematic progress monitoring. The relatively infrequent use of these results to modify instruction is a further area of concern.

The collection of data in order to implement outcomes criteria decision making was assessed through special education teachers reporting data collection and decision-making procedures with a specific handicapped student for whom they were providing instruction. These self-report data from 1989 indicate that teachers

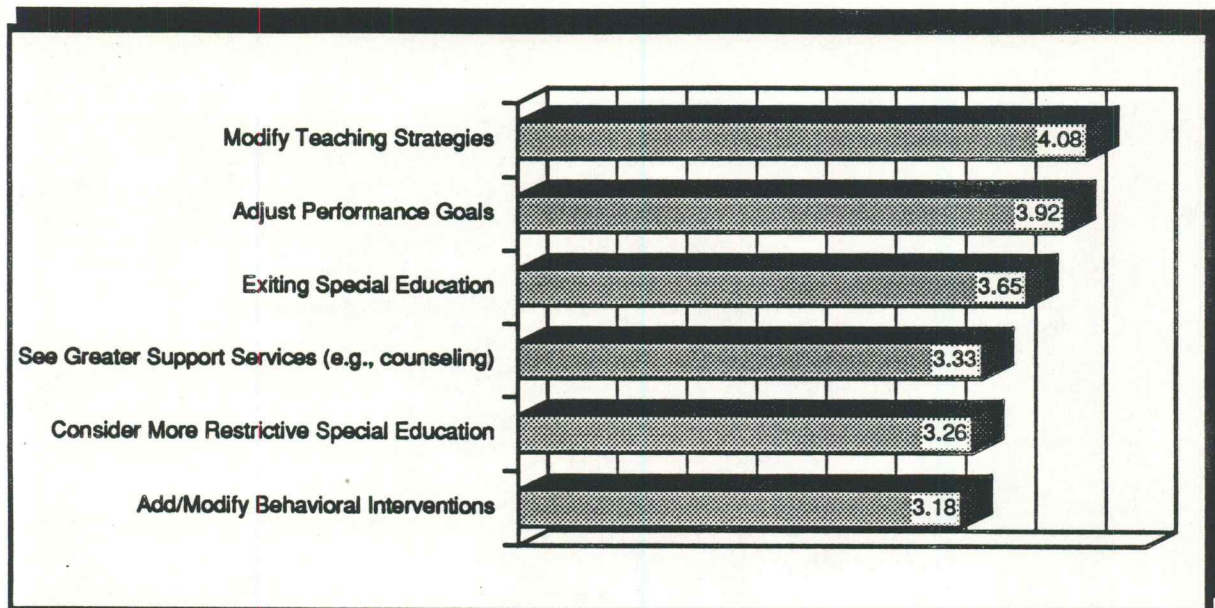


Figure 7. Mean ratings of kinds of decisions influenced by outcome data (Likert Scale 1-5).

collected data regularly (85%) with nearly 80% reporting collecting data at least on a weekly basis. Most (81%) reported using a systematic method to collect the data, typically, daily work (91%), standardized tests (88%) (most often the Woodcock-Johnson), teacher-made tests (74%), curriculum-based measures (65%), and systematic observations (50%). It should be noted that teachers could indicate use of more than one method. Results are presented in Figure 7 concerning how this information was used in various decisions. All responses were on a Likert Scale, where one was anchored by "not at all", three was anchored by "sometimes," and five was anchored by "very much." The 1990 results in Figure 7 indicate that the outcome data collected by teachers were used most often to modify teaching strategies (mean = 4.08), followed by adjust performance goals (mean = 3.92), exiting special education program (mean = 3.65), to seek greater support services involvement (mean = 3.33), to consider more restrictive special education placement (mean = 3.26), and to modify behavioral interventions (mean = 3.18). These data strongly suggest appropriate use of the outcome data being collected by special education teachers, but there is still a relatively heavy reliance on standardized tests that have less usefulness for assessing outcomes of specialized instruction.

PROGRESS MONITORING

Data were collected concerning progress monitoring with a specific student currently receiving special education services in a resource teaching program or a special class with inte-

gration. The progress monitoring items were completed by the student's special education teacher (n = 255) or the regular education teacher (n = 204). Results for nearly all items will be presented separately for special education and regular education teachers. Results are presented in Figure 8 concerning progress monitoring procedures in academic skills areas and in Figure 9 concerning non-academic skills such as social skills assistance, school survival skills assistance, and support services assistance. The results generally indicate that somewhat more systematic progress monitoring procedures are used in special than in regular education. However, the frequency with which a number of procedures are used indicates considerable need for further training and implementation of best practices regarding progress monitoring. A good illustration is the item concerning graphing student progress. Only 12% of regular and 43% of special education teachers reported graphing student progress, and the frequency with which graphs were updated weekly was only 8% and 34% in regular and special education, respectively. Moreover, very few respondents provided copies of the graphs that they were using.

The most frequent form of progress monitoring is some kind of permanent product such as completion of daily work assignments. These permanent products are collected at least weekly (approximately 85% of the time) in regular and special education. Systematic progress monitoring at particular, specified times, occurred slightly over half the time in both regular and special education.

As might be expected, about half of all students with handicaps receive interventions re-

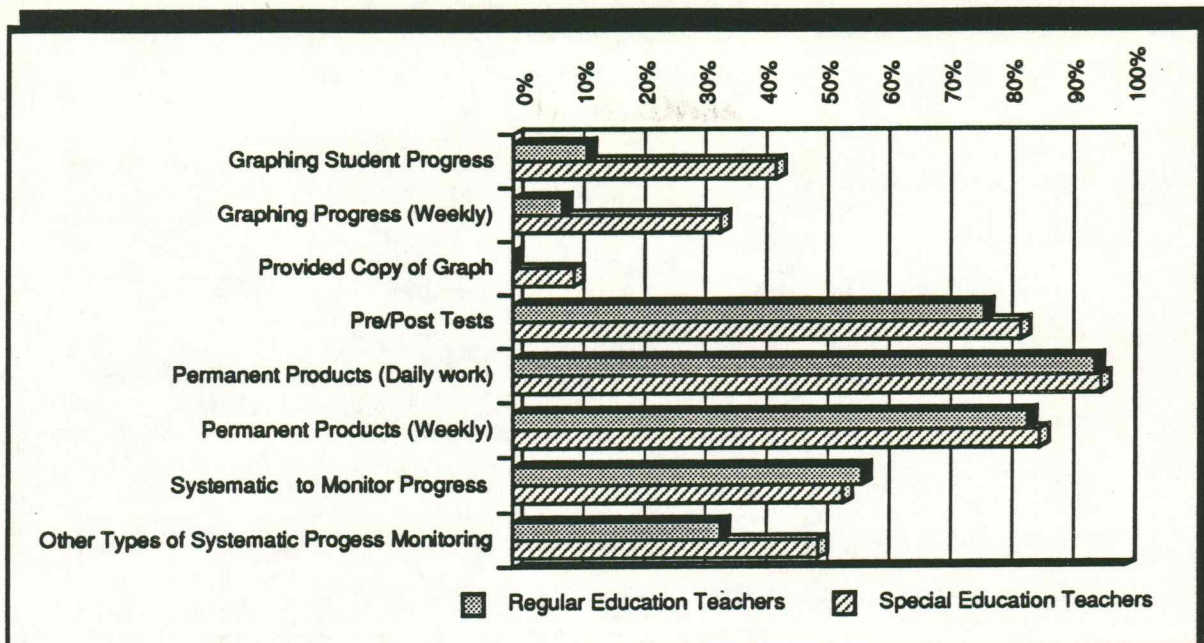


Figure 8. Academic progress monitoring procedures.

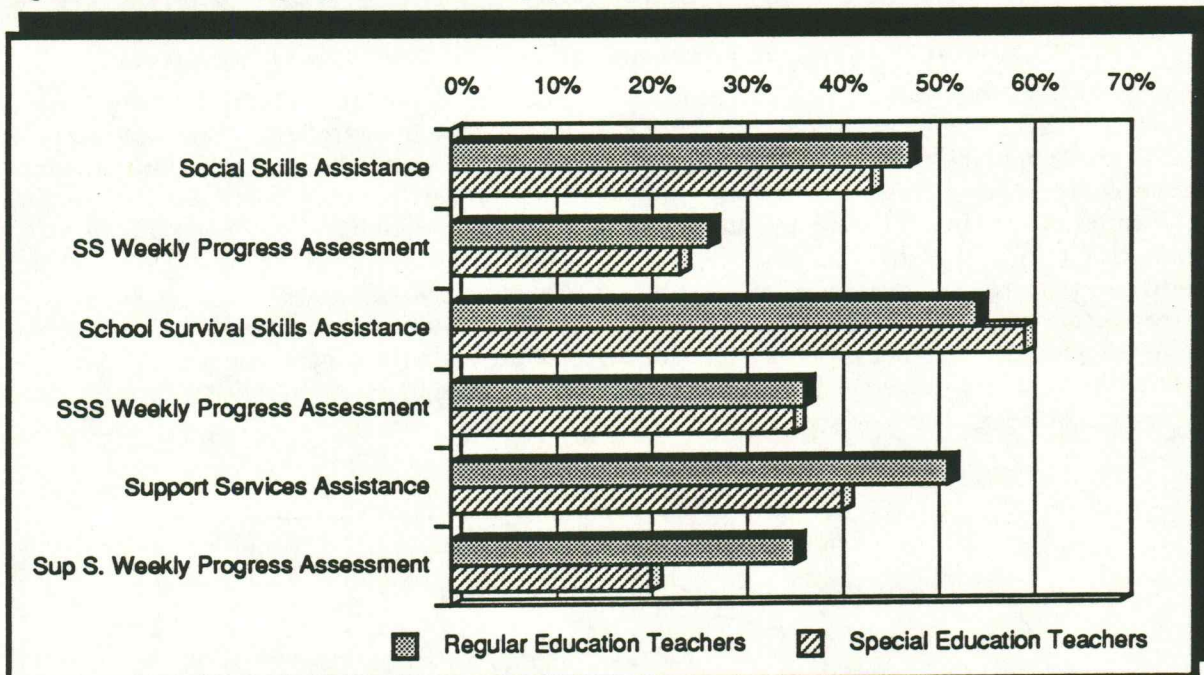


Figure 9. Non-academic progress monitoring procedures.

lated to social skills, school survival skills, or other kinds of support services assistance. In each of these areas, progress monitoring is considerably less frequent than for academic objectives.

Regular and special education teachers were asked to indicate the specific method used to collect data for systematic checkpoints to monitor progress in the following areas: 1) Academic skills, 2) Social skills, 3) School survival skills, and 4) Other support services such as counseling or consultation. The procedures described were then evaluated according to criteria for progress

monitoring measures; specifically, whether specific behaviors were assessed, whether the assessment method could be used repeatedly, whether the assessment method could be used frequently, and whether the results could be represented graphically. The overwhelming majority of the procedures described failed to meet one or more of these criteria. The results in Figure 10 clearly indicate that considerable work is needed regarding the development of appropriate progress monitoring procedures. Further support for this conclusion is provided by responses to the item, "Would you like to

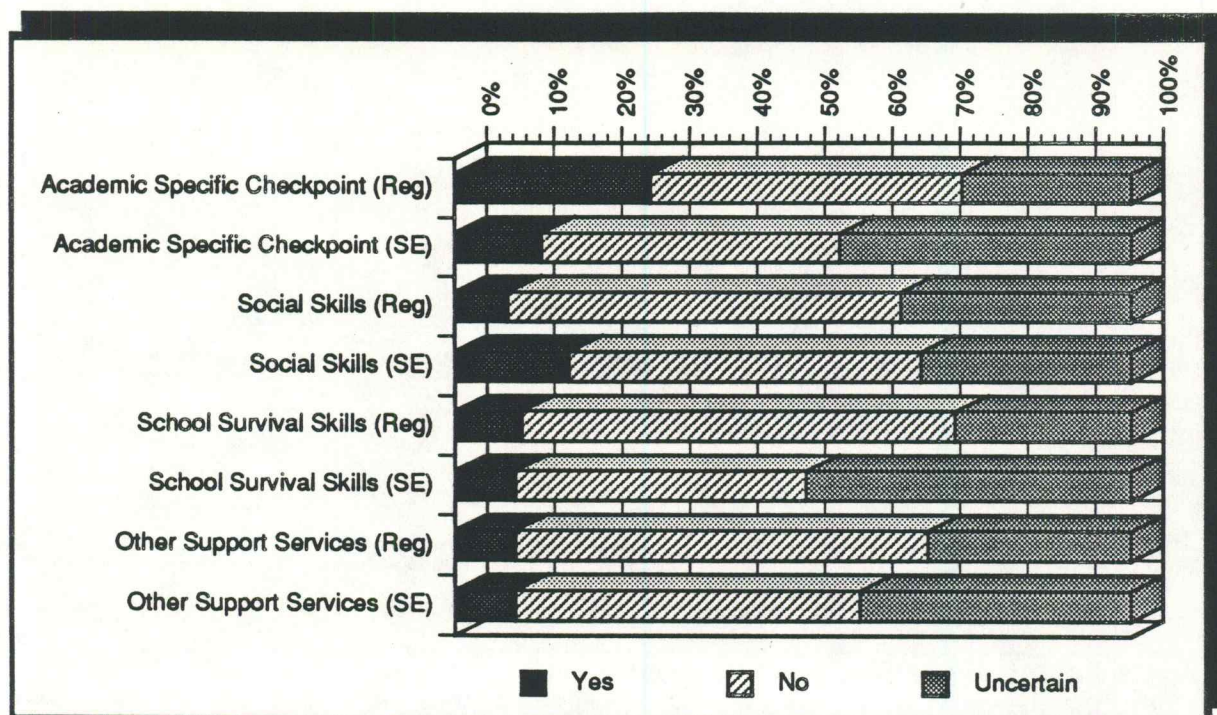


Figure 10. Quality of the progress monitoring procedures (Percent meeting criteria).

learn more about methods to monitor student progress?", which was answered affirmatively by 77% and 82% of the regular and special education teachers, respectively.

Results concerning different methods for monitoring progress in the academic areas of reading, mathematics, spelling, and written expression are presented in Figures 11-14. Generally, the procedures used most frequently are unlikely to be useful in frequent and repeated

assessment, nor do they yield precise behavioral counts that can be graphed as a means to monitor progress. The use of indices such as words read correctly per minute (see Figure 11) or digits entered correctly (see Figure 12) in timed samples was relatively low in regular and special education. These results suggest relatively infrequent use of curriculum-based measures, a finding somewhat inconsistent with results reported in a prior section concerning individual-

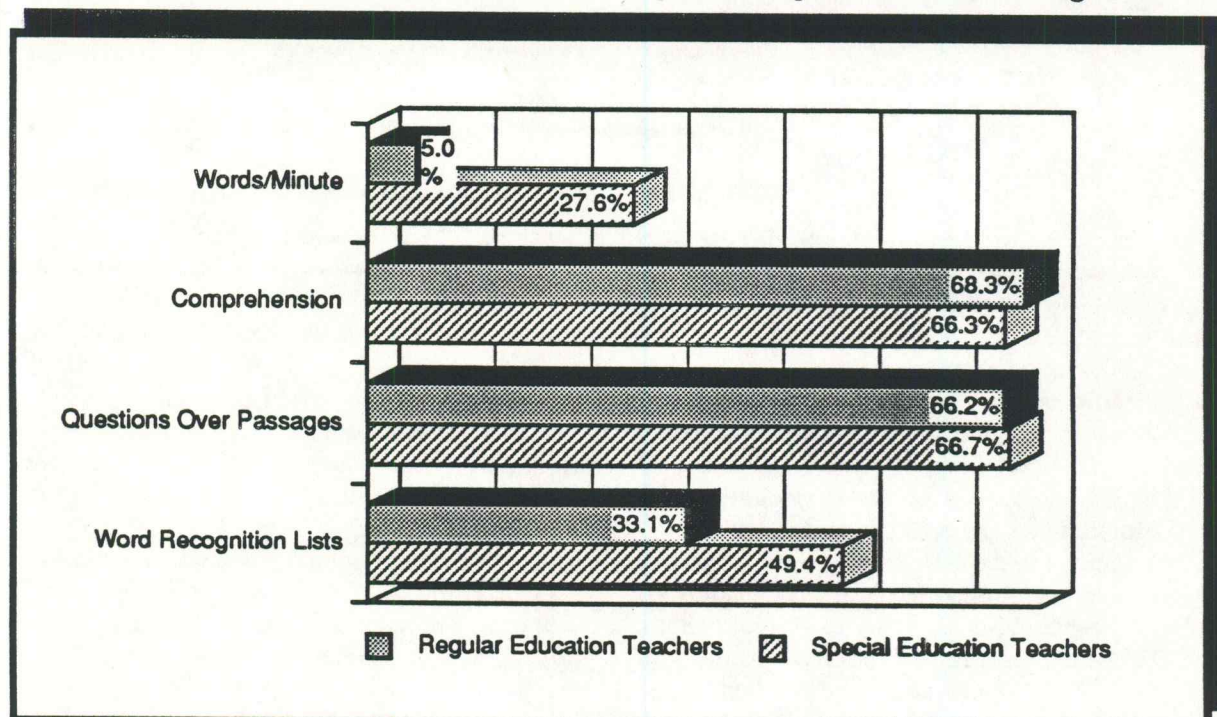


Figure 11. Methods to assess progress in reading.

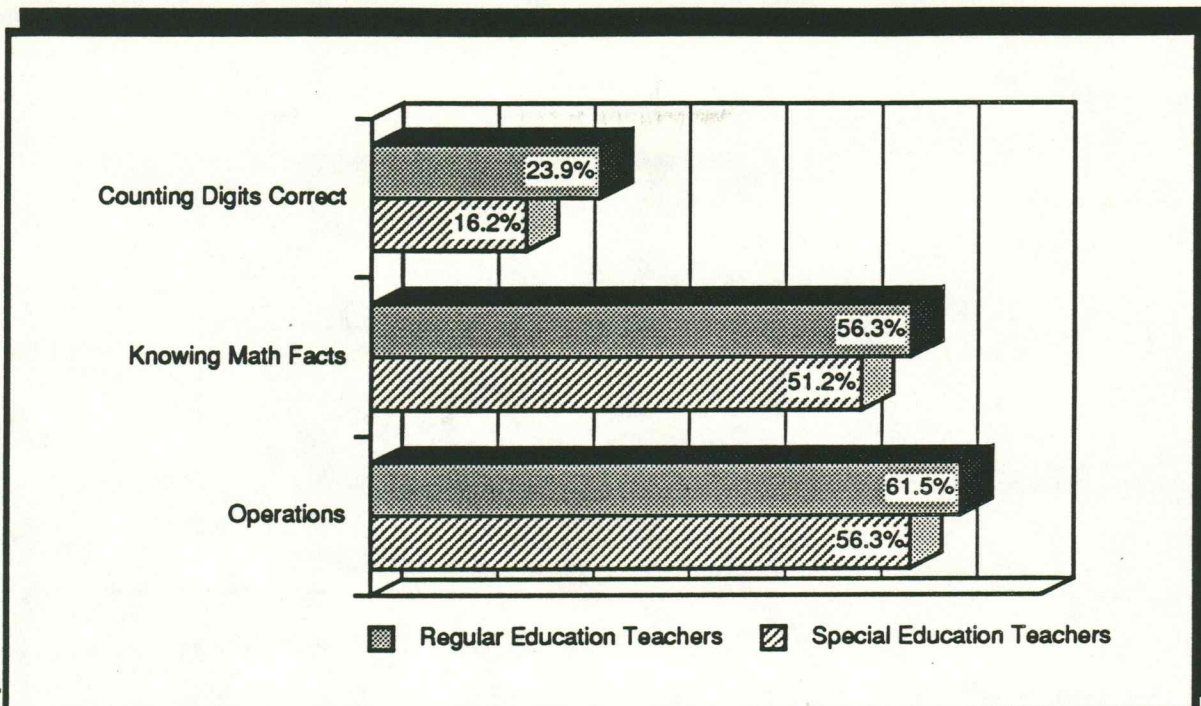


Figure 12. Methods to assess progress in mathematics.

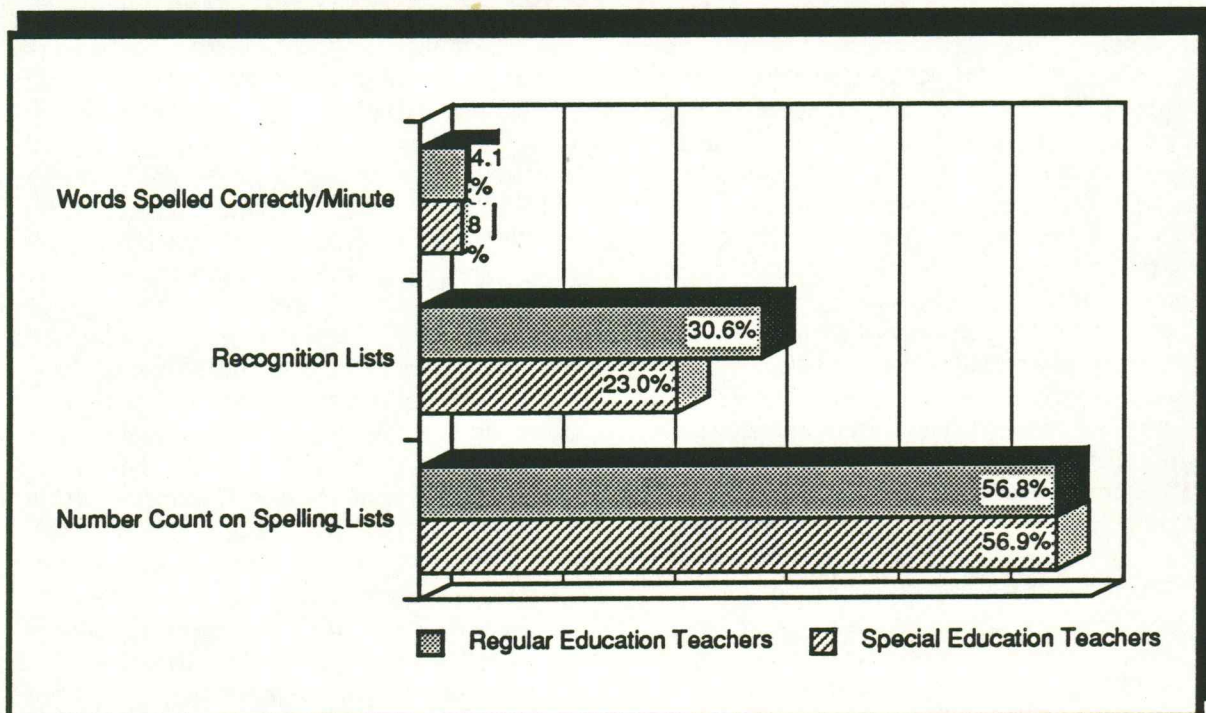


Figure 13. Methods to assess progress in spelling.

ized educational programs. However, this discrepancy may well be explained best by acknowledging the wide-spread lack of information on just what curriculum-based measurement involves. The results on progress monitoring, a critical factor in the delivery of effective specialized instruction and of other interventions, suggest considerable need for staff development and further training of teachers and support services personnel. Progress monitoring procedures that meet reasonable criteria such as di-

rect and repeated measurement, precise behavioral units, and graphing of progress are infrequently implemented in the current delivery system. The RSDS emphasis on improved progress monitoring is strongly supported by these results.

STAFF DEVELOPMENT

The results presented concerning intervention alternatives, IEP development, outcomes
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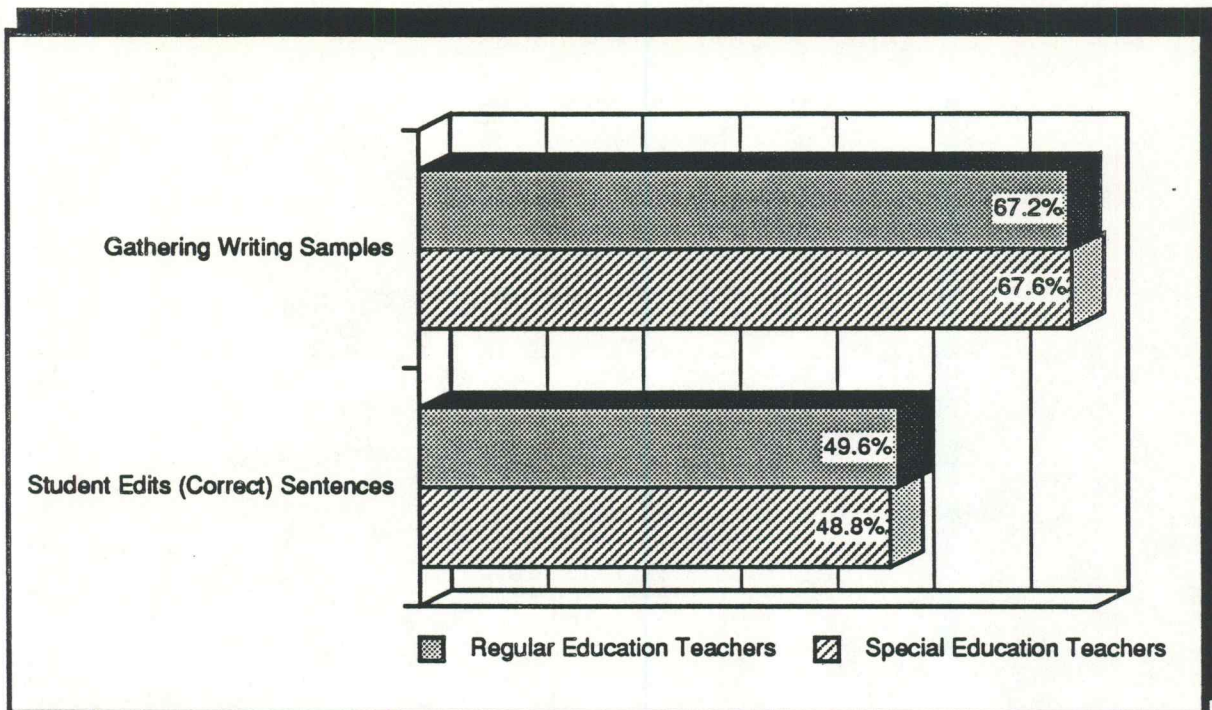


Figure 14. Methods to assess progress in written expression.

criterion, and progress monitoring provide ample justification for the RSDS emphasis on staff development. The staff development form was completed by teachers (n = 381; 173 special education, 191 regular education, and 15 Chapter I), support services providers (n = 276), and principals (n = 224). Items were included on these forms to determine the degree to which staff development is part of the current building plan or in the area education agency professional development plan. Content concerning functional assessment, intervention alternatives, direct and frequent progress monitoring, outcomes criteria, and the kind of support provided for persons attempting to implement new competencies. Many of the items were the same on all three forms, allowing comparisons of the responses by teachers, support services personnel, and principals.

The three groups differed significantly concerning whether a comprehensive staff development plan was available in their building/AEA (Chi square = 26.8, $p < .001$). Generally, principals were more likely to report the existence of a comprehensive staff development plan (59%) with considerably lower percentages of teachers (46%) and support services personnel (34%) agreeing that such a plan existed. Similar results were obtained on the item concerning whether the staff development plan was in a written form (Chi square = 18.9, $p < .01$). The establishment of priorities for training needs was also an area of disagreement among teachers, support services personnel, and principals (Chi square = 51.5, $p < .001$). Principals reported

the training needs were prioritized (74%) but only 53% of teachers and 36% of support services personnel reported establishment of priorities.

Results concerning the content of staff development plans are presented in Figure 15. The five content areas in Figure 15 are critical to RSDS reforms. The first trend apparent in Figure 15 is that support services personnel have generally received greater continuing education over the five themes, but even for this group, less than one-half reported staff development in the critical areas of direct and frequent progress monitoring and outcomes criteria. Teachers generally reported considerably lower continuing education over the five areas. Four of the areas yielded statistically significant differences among the groups: 1) functional assessment where support services reported considerably greater continuing education; 2) outcomes criteria where support services and principals reported greater continuing education; 3) working with students with learning and adjustment problems where, again, support services and principals reported greater continuing education; and 4) direct and frequent monitoring where percentages reported by principals and support services were higher. The overall magnitude of the percentages indicates that considerable continuing education is needed for all groups over each of the areas, particularly in the areas of functional assessment for teachers, direct and frequent progress monitoring for everyone, and outcomes criteria for everyone.

Results concerning staff development strate-

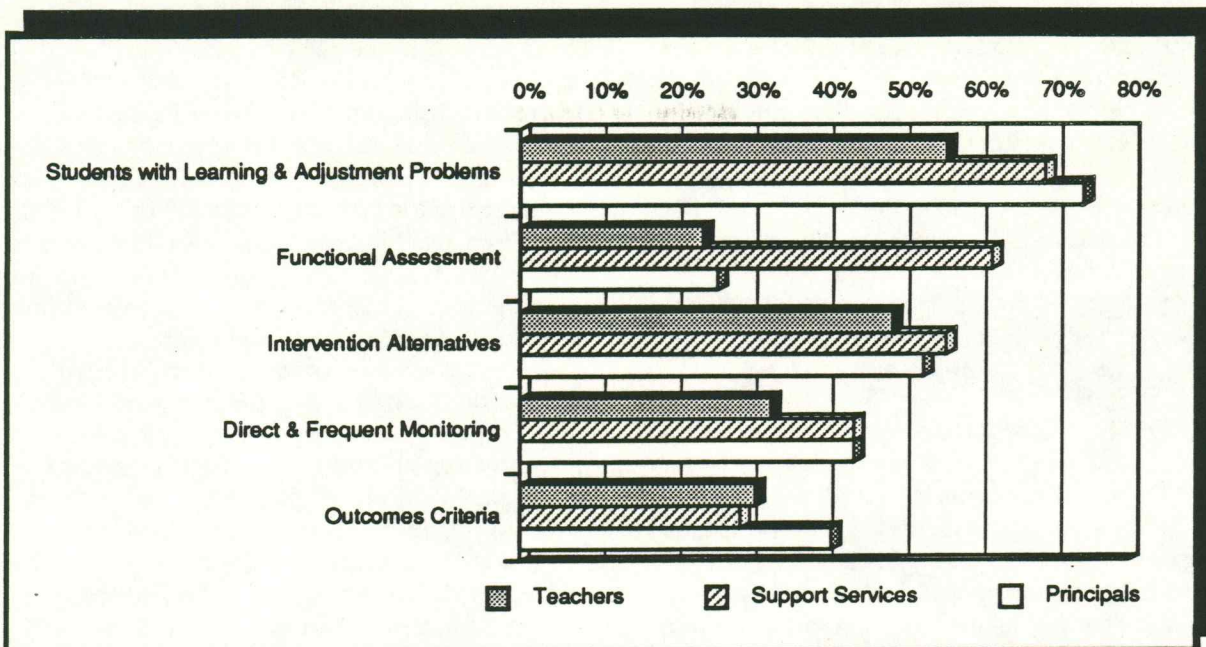


Figure 15. Content of staff development plans (Percentages indicate content areas included in staff development plans of designated groups).

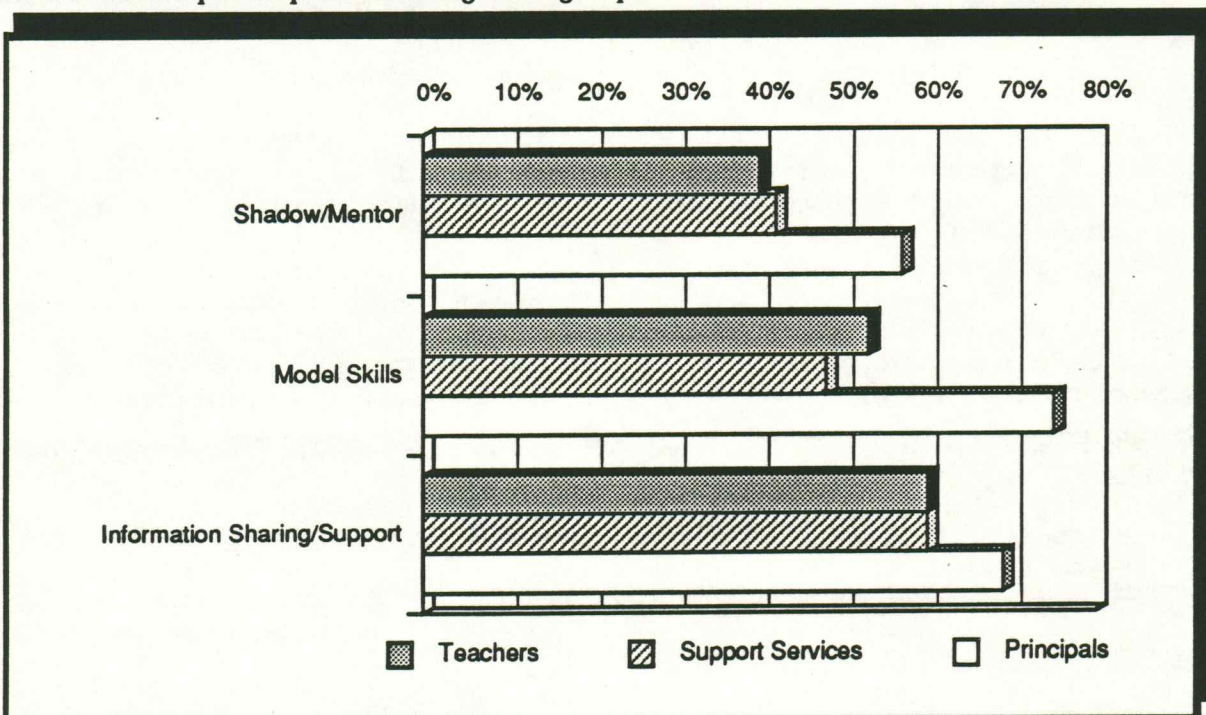


Figure 16. Staff development strategies. Strategies are presented in Figure 16. The groups were asked to respond to three items seeking information on 1) whether new staff were mentored or used shadowing procedures; 2) whether experienced staff were able to model effective procedures for other persons; and 3) whether support and information sharing teams were used. The first trend in Figure 16 is the clear difference in perception between principals and the other groups concerning the availability of these strategies. Secondly, these highly desirable strategies appear to be generally more avail-

able for teachers than for support services personnel. Third, the actual use of these strategies, particularly effective techniques such as mentoring/shadowing and modeling skills, was relatively low, involving less than half of the teachers and support services personnel. These results clearly indicate the need for the use of more effective strategies in continuing education efforts directed at teachers and support services providers.

Further support for this interpretation was apparent from responses to three items concern-

ing the nature of inservice meetings in recent years (data not shown). Generally, inservice meetings have been oriented to a greater extent toward knowledge acquisition than toward the development of skills. Inservice meetings often deal to a significant extent with administrative updates rather than skill development. As might be expected, there were some differences in perceptions across the three groups.

BUILDING/DISTRICT PLANS

Another major focus of RSDS is the development of building level plans that carefully tailor the provision of services to identified needs of students. Data were collected from samples of principals (n = 232) and superintendents (n = 82) concerning the range of intervention alternatives, current utilization of personnel, transition planning and programming, and utilization of the local attendance center. These results provide a valuable baseline to assess the degree to which changes occur over the three-year period of RSDS implementation in the trial sites.

Information in Table 1 summarizes responses to items concerning current Chapter I programs, special education resource teaching programs, and crisis management services. It is significant to note that approximately two-thirds of the principals reported the existence of Chapter I services, which we would interpret as indicating Chapter I is available in the vast majority of elementary schools in Iowa. However, writ-

ten procedures for teachers to obtain assistance (separate from special education), crisis management teams, and building/teacher assistance teams, are apparently available in only about one-half of the local attendance centers. It is interesting to note that principals see teacher assistance teams as significantly more available than do regular education teachers (see Figure 2). A special concern is the low rate of involvement by AEA support staff in building teacher assistance teams (data not shown).

A great deal of work is needed regarding evaluation of students in programs and evaluation of programs. Typically, written guidelines for discontinuation of either Chapter I or resource teaching program services are available in only about one-half of the buildings and only one-third of the principals reported the existence of a systematic method to evaluate services for at-risk and handicapped students.

The fuller utilization of personnel and integration of current programs serving students with learning and behavior problems are critical objectives in RSDS. The results in Figures 17 & 18 suggest considerable separation between Chapter I and special education services. This separation is due in large part to existing regulations. However, that separation extends to the involvement of AEA support personnel with Chapter I students (only 21% of the principals indicated that AEA support services personnel work with Chapter I students - see Figure 18). Furthermore, the content or the instruction in Chapter I and special education does not appear to be closely matched to regular education cur-

TABLE 1

Current Status of Building Plans Concerning Services to Students with Learning and Adjustment Problems

Item	Principals YES	Superintendents YES
Written Procedures for Teachers to follow to obtain assistance (separate from special education)	41%	52%
Crisis Management Teams	52%	60%
Building Teacher Assistance Teams ('89)	29%	
Building Teacher Assistance Teams ('90)	69%	
Chapter I Services	65%	
Written Guidelines for Chapter I Eligibility	88%	47%
Written Guidelines for Exiting Chapter I Services	64%	
District Guidelines for Provision of Resource Teaching Program Services		65%
Written Guidelines for Exiting Resource Teaching Program Services	52%	
Systematic Method to Evaluate Services for Students Who Are At-Risk or Have Disabilities	34%	

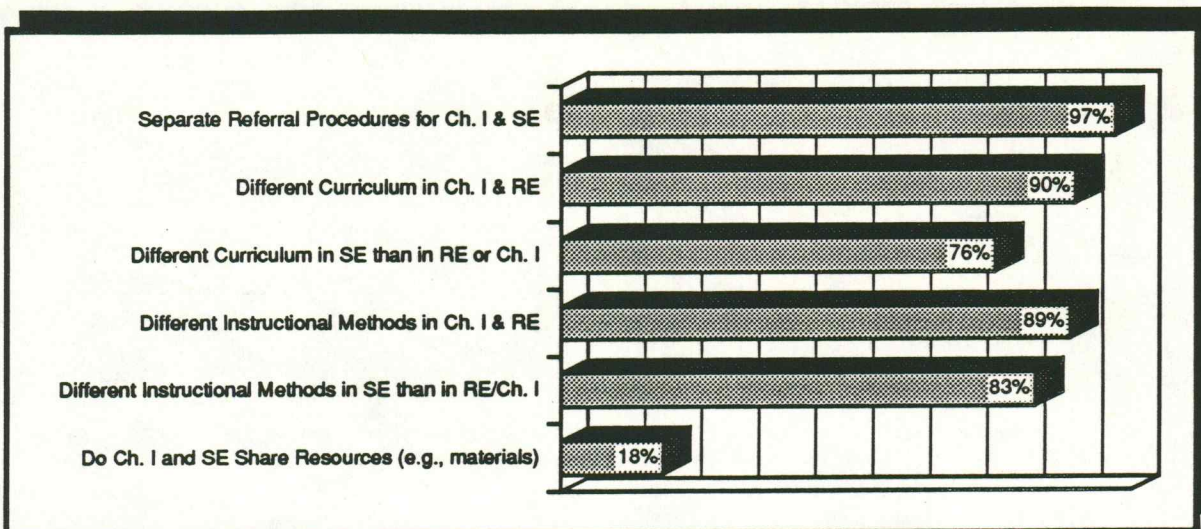


Figure 17. Separation of services to students with learning and behavior problems (Curriculum & methods).

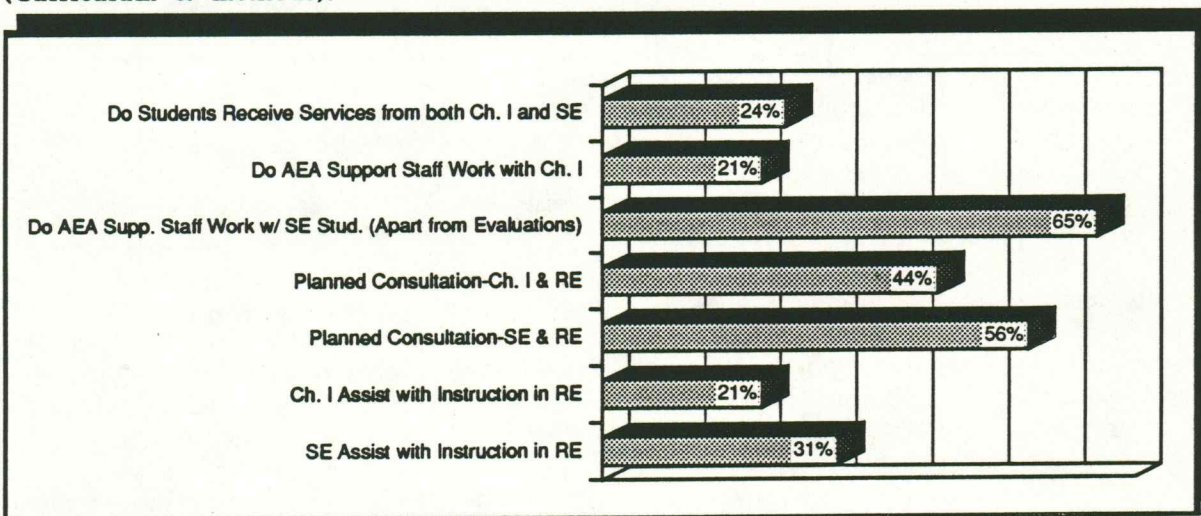


Figure 18. Separation of services to students with learning and behavior problems (Support Services & Consultation).

ricular objectives or instructional procedures despite the fact that resource and Chapter I students spend most of the day in regular classrooms. These results clearly support the RSDS objectives of greater integration of programs that have similar purposes and fuller utilization of personnel to assist regular educators in delivering programs to students with learning and behavioral difficulties.

Transition from various levels of services, at different ages, or across settings, is critical to insuring positive outcomes for at-risk and handicapped students. Principals were asked to respond to items concerning the availability of "written standard procedures regarding transition times." The percentages reported for such procedures in Figure 19 indicate that, for the most part, systematic planning for transition is far from uniform across the state of Iowa. The most frequently cited transition point is from

senior high to vocational training or other adult roles. Only 14% of the principals reported standard transition planning at this critical stage. Similar percentages reported the availability of transition services for other critical changes such as from preschool to elementary school or with the integration of students from special to regular education. The nature of transition services reported across the different age levels varied as should be expected. The most frequent transition service provided from preschool to elementary school was kindergarten screening activities. The most frequent transition service for students that are placed out of special education is monitoring the student in regular education. Orientation was the most frequent transition service reported for elementary to junior high/middle school or middle school/junior high to senior high school. Career exploration was the most frequently reported transition serv-

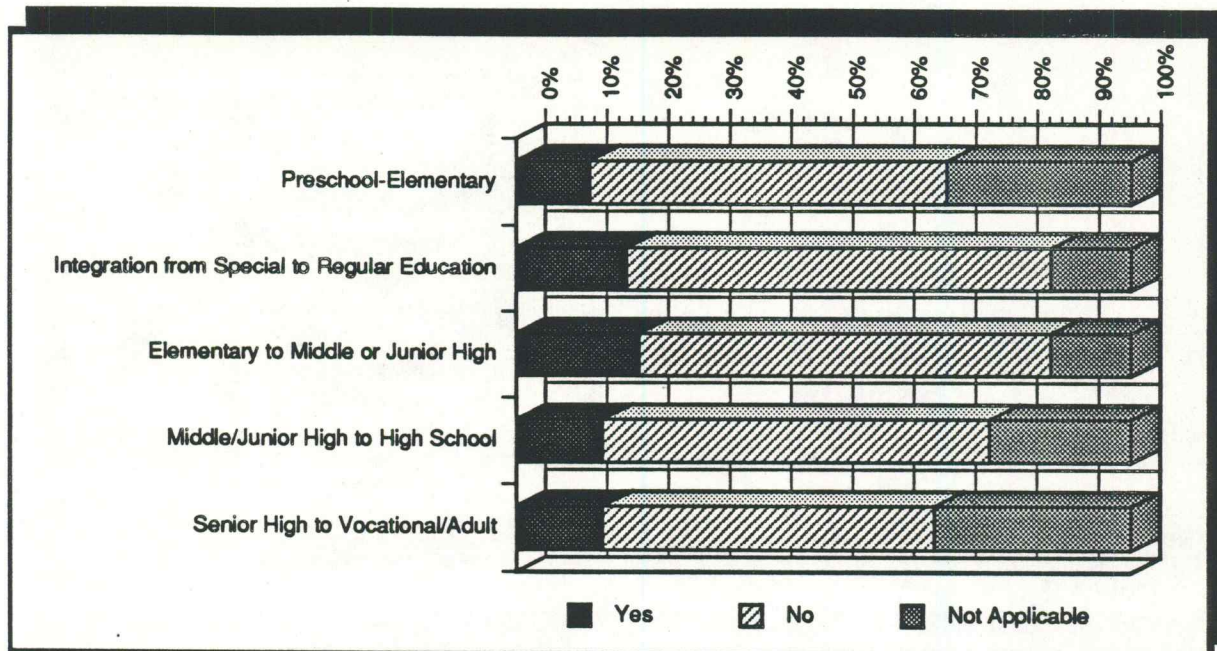


Figure 19. Transition services: Written standard procedures.

ice for students moving from senior high to adult roles. These results suggest the need for greater emphasis on transition services throughout students' school careers, extending to the early adult years. These transition services are largely unavailable now, an area that trial sites are attempting to address through implementation of RSDS.

Principals were requested to provide information concerning the number of students attending educational programs at other schools in order to receive needed services. Some 68% of the principals indicated that one or more students in their building did attend another school. A similar item was included on the form completed by superintendents requesting specific information on the number of students for whom the district was paying tuition in order for services to be provided by another district or another agency. The results varied considerably and need to be interpreted within the context of overall district size. The clear trend in the results was for students in small school districts to be placed in another district in order to receive certain services, e.g., special class programs. In large districts a substantial number of students attend another school building, outside of the local attendance center, in order to receive necessary services. Our impressions of these data are that students receiving resource teaching programs are generally served at the local attendance center, but students needing more intensive special education programming, such as special classes with integration, are frequently placed in another district (small schools) or receive those services at another attendance

center (large school districts).

PARENT INVOLVEMENT

Increased parental involvement in the areas of assessing needs, designing programs, monitoring and assisting with interventions, and evaluating programs are key objectives in RSDS. Questionnaires were completed by parents either through interview or self-report. The respondents were the parents of the students on whom information was provided by teachers on the individualized education program, progress monitoring, and outcomes criteria forms. Several items were identical or parallel, permitting comparisons of the perceptions of teachers and parents on critical issues related to the provision of services to handicapped students.

A very high proportion of the parents reported attending the child's last staffing (88%). Only 18% of the parents indicated that the time scheduled for the staffing was difficult for them. In 1989, most parents (76%) reported that the IEP was written at the time of the meeting. This item was changed slightly for the 1990 baseline data collection. The 1990 sample of parents believed that the IEP was written before the meeting (35%), during the meeting (45%), after the meeting (2%), or some combination of these choices (18%).

Three items organized into a Likert Scale format were used to assess teachers' and parents' perceptions of parental influence on staffing and IEP decisions. The response choices varied from "1" (very little) to "3" (some) to "5"

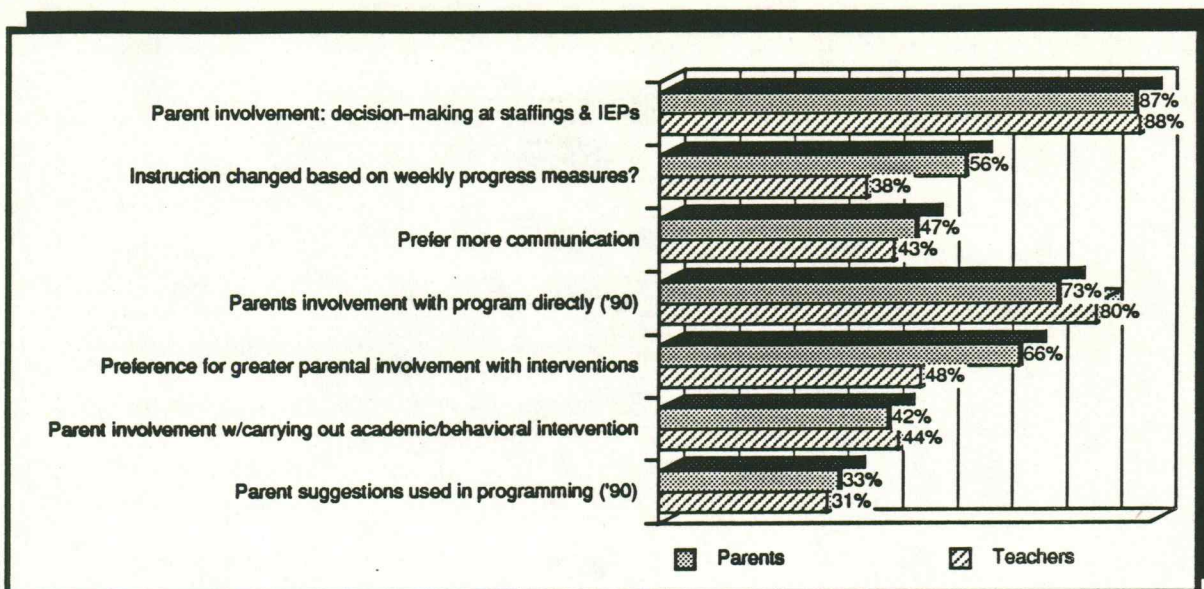


Figure 20. Parents and teachers perceptions of parental involvement.

(very much). The mean for items on amount of influence on special education staffings and IEP meetings were 3.68 and 3.58 for parents and teachers respectively, indicating that both believe that parents have at least some influence, but on the average, well short of either much or very much influence. A mean rating of 2.62 was obtained on an item asked on the parent form, "To what extent would you like to have more influence?", suggesting a slight preference toward increasing the amount of influence on critical decisions. It should be noted, however, that only 33% of the parents selected the response choice of "No greater influence." Apparently, parents do want some more influence, with about 27% indicating that they either want "much" or "very much" more influence. The most frequent response to the item, "How much information have parents been asked to give out at staffings or IEP meetings" was "some," selected by 42% and 37% of the parents and teacher respectively. Equal percentages of parents and teachers indicated that they preferred greater parental involvement with providing information at staffings and IEP meetings. The information reviewed thus far suggests at least a moderate level of satisfaction by parents with their influence and involvement concerning special education staffings and IEP meetings. Clearly, there is sentiment among a substantial proportion, though a minority, of parents for a greater influence and more involvement.

Summary data are provided in Figure 20 concerning parents and teachers perceptions of degree of parental involvement. Please note that the information provided was in relation to the same student. An overwhelming majority

of parents and teachers agreed that parents were involved with decision making at staffings and IEPs. In contrast, there was disagreement between parents and teachers concerning the frequency with which the child's progress is measured at least weekly; this difference was increased in 1990 through revision of the item to provide more specific options. Similar percentages were reported by parents and teachers (32% and 30%) concerning at least monthly communication regarding progress. Some 47% of the parents and 43% of the teachers indicated that they preferred more frequent communications. Similarly, high percentages of parents and teachers reported that parents were directly involved with programs for handicapped students, but only 42% of the parents and 44% of the teachers indicated direct parental involvement with carrying out academic or behavioral interventions and just over 30% of both groups reported that parents exerted a direct influence on designing those interventions. Parents to a much larger extent than teachers, expressed a preference for greater parental involvement with interventions.

PAPERWORK

Special education teachers and support services personnel were asked to provide information concerning the kind and nature of paperwork requirements in the current system. The average amount of time devoted to paperwork was 21% and 30% for special education teachers and support service providers, respectively. In Figure 21 means for special education teachers and support services personnel are provided

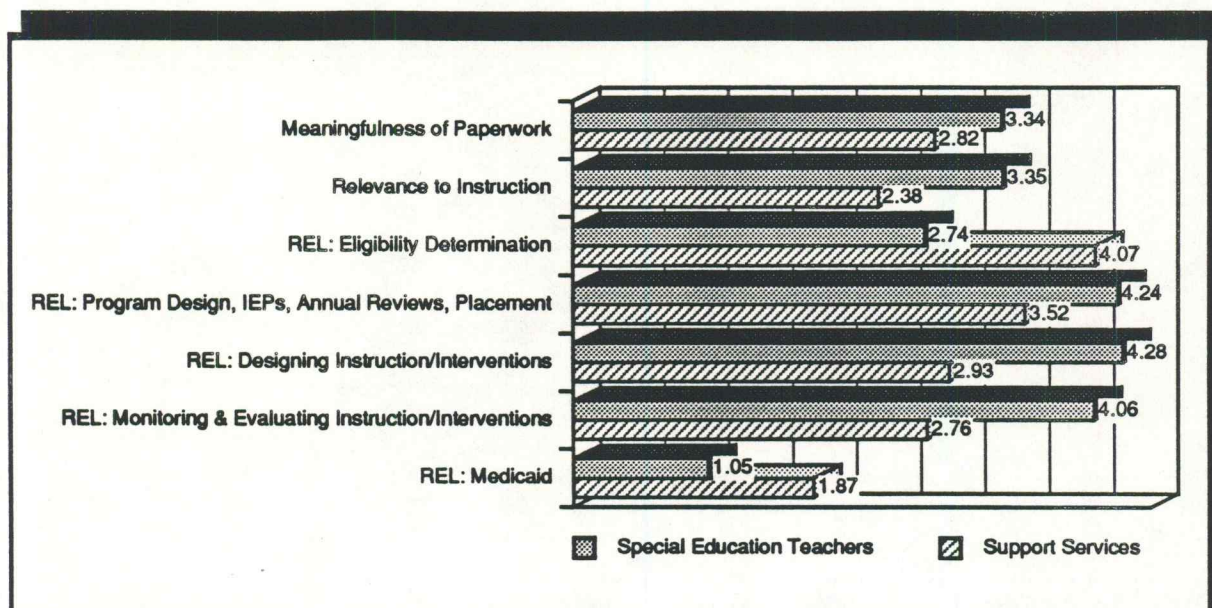


Figure 21. Special education teachers and support services perceptions of paperwork requirements (means graphed are based on ratings using a 5-point Likert Scale).

- Note: 1) Anchor statements for top category were 1=not useful; 3=uncertain; & 5=very meaningful. Second category used anchor statements: 1=not relevant; 3=uncertain; & 5=very relevant. Remaining categories used anchor statements: 0=not at all; 2=relates somewhat; & 4=very much.
- 2) REL = "Related to"

concerning ratings of various paperwork activities. Generally, special education teachers regarded the paperwork as more meaningful and more related to instruction while support services personnel indicated lower means for the usefulness of their paperwork activities in designing programs or monitoring and evaluating student progress. Both groups indicated relatively low amounts of times devoted to paperwork required by Medicaid reimbursement.

The current system requires a considerable amount of paperwork. The meaningfulness of that paperwork is questionable, particularly from the point of view of support services personnel. Much of the paperwork for support services personnel is related to eligibility determination, with lesser time and attention devoted to designing programs, implementing interventions, and evaluating outcomes. The themes in RSDS are expected to produce changes in kind of paperwork, particularly for support services personnel. Although the amount of paperwork required may not change, the kind of paperwork required should change considerably. Paperwork related to interventions can be expected to be regarded as more meaningful and to have a desirable impact on the effectiveness of services for students.

SUMMARY

The results reported here reflect baseline data in the eight initial trial sites in the Iowa Renewed Services Delivery System. These data were collected in the Spring of 1989 and 1990. Comparable data collection efforts will occur in Spring, 1991 for the trial sites that will begin implementation of RSDS in Fall, 1991. It is important to emphasize that these data reflect baseline, i.e., the nature of services prior to efforts to implement RSDS.

The baseline results for the eight initial trial sites indicate, unequivocally, the need for changes in the delivery of services to at-risk and handicapped students in the State of Iowa. The current system places primary emphasis on development of programs for handicapped students and the delivery of those programs in settings outside of regular education classrooms. The efforts of support services personnel are directed primarily toward determination and maintenance of eligibility. Programs such as Chapter I and resource teaching programs are largely separate from each other and from regular education. There is relatively little emphasis on efforts to resolve problems in regular education through utilization of the expertise of support services personnel. Although assess-

ment activities are prominent in the current system, functional assessment procedures leading to interventions as well as to systematic and frequent progress monitoring are secondary to standardized testing and eligibility determination.

Significant changes related to the critical

RSDS themes are anticipated in each of the trial sites. These changes will be assessed through further data collection efforts that will occur approximately 18 months after each trial site initiates the reforms associated with RSDS. The first set of implementation phase results will be available in Summer, 1991.

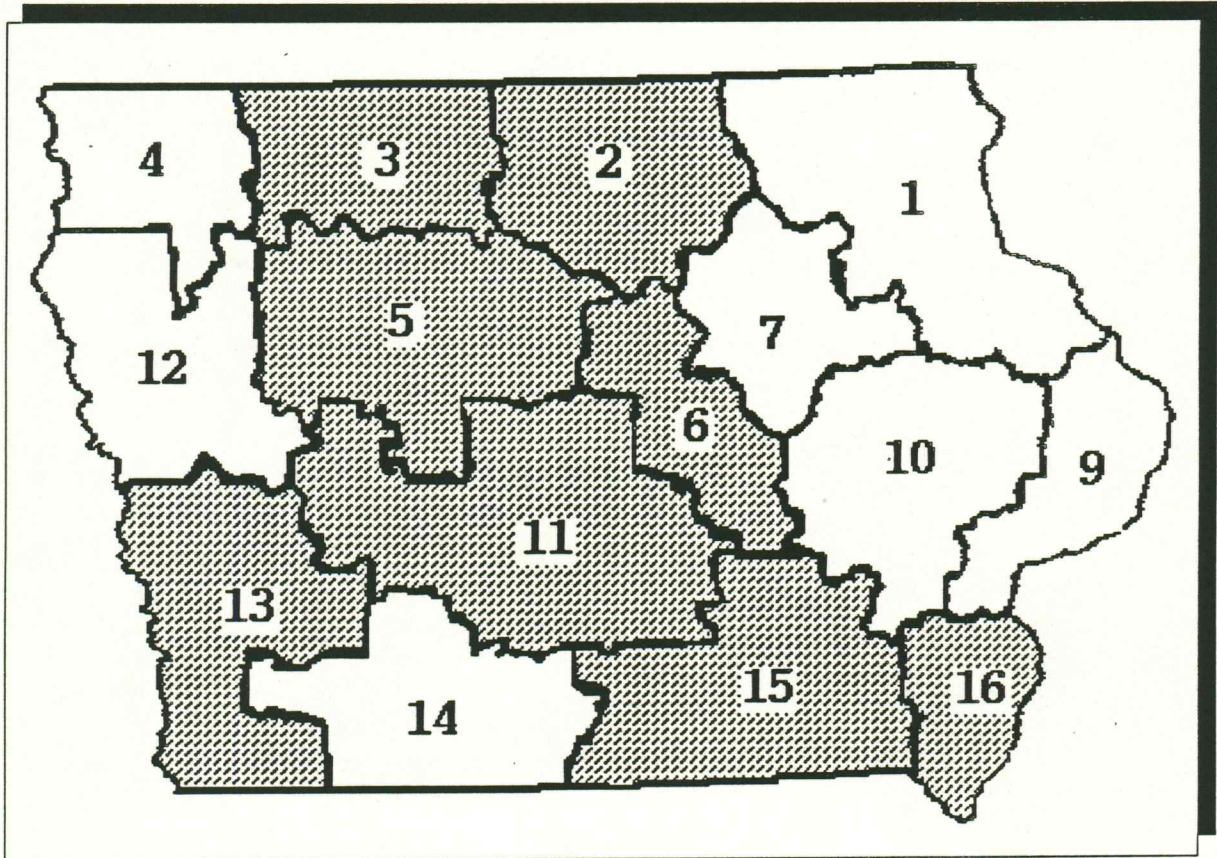


Figure 22. Location of 1990-91 trial sites for the Iowa Renewed Service Delivery System where baseline data for this report were collected.

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