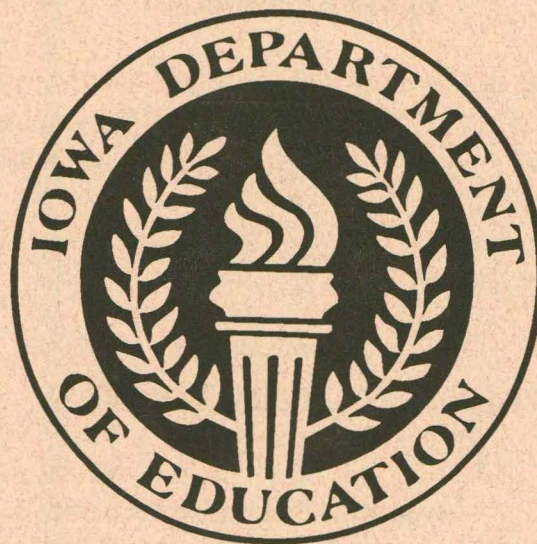


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***Bureau of  
Special Education***

# ***Research Report #3***

***Baseline Comparison of Year 1 &  
Year 2 Renewed Service Delivery  
System Trial Sites***



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# ***Research Report #3***

## ***Baseline Comparison of Year 1 & Year 2 Renewed Service Delivery System Trial Sites***

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This report is the third of a series of reports that provide information on baseline, degree of implementation, and 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). The second report extended the baseline data through inclusion of four additional area education agency trial sites (Reschly, Robinson, Ward, Flugum, Golbert & Yoo, 1990). This report compares the 1989 and 1990 area education agency trial sites. The purposes of these comparisons were:

- 1) Changes in key aspects of service delivery in the current system prior to RSDS implementation;
- 2) Similarity of pre-RSDS services in two sets of trial sites; and
- 3) Generalizability of 1989 baseline data to other area education agencies.

All results reported here are based on the *eight* area education agencies, four that began RSDS implementation in Fall, 1989 and four that began 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 three sections (Themes, Data Collection Instruments, and Evaluation Design) are reproduced nearly verbatim from both Research Report #1 (Reschly, Robinson & Ward, 1990) and Research Report #2 (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 instrument 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, prereferral services, functional assessment, utilization of personnel, parental involvement, and outcomes criteria.
- 3) **IEP AND 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. The content includes 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 18 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. These trial sites include eight of the 15 Iowa Area Education Agencies and constitute approximately 48% of the Iowa school enrollment population.

## **RESULTS**

The presentation of the results is organized around the key themes and the data collection instruments described in the previous section. These results are based on baseline data collected in Spring, 1989 and Spring, 1990.

### **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 here 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 120 regular education teachers in the 1989 trial sites and 109 regular education teachers in the 1990 trial sites. 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 Table 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 kinds of assistance for both samples were "helpful suggestions" and "support and understanding." The choice "consultation" on the 1989 data 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. The results in Table 1 were (except for the consultation item) quite stable between the 1989 and the 1990 trial sites.

**Table 1**  
**Regular Classroom Teachers' Report of the Kind of Assistance Available for Learning or Behavioral Problems**

<u>Kind of Assistance</u>	<u>Percent of Teachers Reporting Availability</u>	
	<u>1989</u>	<u>1990</u>
Helpful Suggestions	83%	79%
Support and Understanding	78%	80%
Consultation (1989)	75%	--
Problem Solving Consultation (1990)	--	55%
Intervention Assistance	45%	51%
Aide	20%	15%
Other	10%	14%

In Table 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. For both sets of trial sites, the results indicate that local building resources are more available and used more often. Of the 12 possible sources of assistance listed on the instrument, school psychologists were the only area education agency services provider that was listed within the top six of the resources that were available and actually used. In the 1989 trial sites, support services from AEA personnel were more available (school psychologist - 70% vs. 47%; school social worker - 58% vs. 40%; and special education consultant - 42% vs. 34%). It is interesting to note that while school psychologists were reported to be the most available AEA

resource for both sets of teachers, this option also had the largest difference between 1989 teachers' and 1990 teachers' reports of availability.

**Table 2**

**Personnel Available to Provide Assistance to Regular Education Teachers and Actual Utilization of Personnel Over Past Year**

<u>Personnel</u>	<u>Percent Indicating Availability</u>		<u>Percent Indicating Use Over Past Year</u>	
	<u>1989</u>	<u>1990</u>	<u>1989</u>	<u>1990</u>
Principal	91%	81%	85%	84%
Special Education Teacher	73%	68%	61%	69%
Parent	72%	54%	61%	50%
Guidance Counselor	65%	72%	52%	77%
School Psychologist	70%	47%	39%	36%
School Nurse	61%	48%	34%	50%
School Social Worker	58%	40%	26%	30%
Special Education Consultant	42%	34%	17%	26%
Teacher Assistance Team	20%	20%	11%	20%
Assistant Principal	18%	20%	15%	23%
Community Agency	18%	17%	6%	17%
Other	8%	16%	6%	13%

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Excluding the AEA personnel, the reported availability and use of personnel was fairly stable between 1989 teachers and 1990 teachers. Based on the results in Table 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 11% within the 1989 trial sites and 15% within the 1990 trial sites reported that such assistance was provided; however, 95% of the 1989 teachers and 94% of the 1990 teachers indicated that they might or would definitely welcome such assistance. Within the 1989 trial sites, 65% 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 (92%). For 1990 trial sites, a higher proportion of teachers (78%) reported established building procedures for dealing with such problems, and 96% suggested that such existing procedures were followed. The 1989 sample of regular education teachers also indicated that there were students in their classroom with problems that were not addressed through current services (48%) and that the percentage of such students was approximately 11% of the classroom enrollment. More regular education teachers from the 1990 sample reported having students in their classroom with problems that were not addressed through current services (62%) resulting in approximately 14% of the classroom enrollment.

The **Intervention Alternative, General Form** was completed by 78 support services providers (school social workers, special education consultants, school psychologists) in 1989 and 256 support services providers in 1990. Information was gathered on the kind of assistance provided to regular education teachers coping with students with learning and behavioral problems. 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 paperwork required by the current system, but those results will be discussed in a later section of this report.

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 (76% in 1989; 81% in 1990) and behavioral problems (95% in both sets of trial sites). However, the frequency with which these services are provided was rather low (see Table 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." In both trial sites, the most frequent assistance was consultation with the teacher, with a mean of 3.65 in 1989 and 3.60 in 1990, indicating that this service is provided "sometimes" to teachers. Other kinds of assistance, such as establishing a behavior modification program or a direct intervention, were provided to teachers only "seldom" or "sometimes." However, there were differences between the samples' reporting of such assistance; 2.29 vs. 2.72 for behavior modification programs and 2.23 vs. 1.98 for direct intervention. Support services personnel from the 1990 sample also indicated a much higher use of child study teams (3.22 vs. 1.93). Despite such differences, 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 in Table 3, Column 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 results indicate that the majority of students' problems might be resolved without special education eligibility determination, if services such as behavior modification programs, direct 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 prereferral 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 placed in special education. These results are clearly supportive of the RSDS efforts to provide more intervention alternatives and better utilization of support services personnel.

**Table 3**

**Frequency and Estimated Effects of Support Services  
Prior To and After Referral for Special Education Eligibility**

	Means Prior to Referral		Means After Referral		Estimate of % of Referrals Prevented	
	1989	1990	1989	1990	1989	1990
Behavior Modification Program	2.29	2.72	2.57	2.66	57%	53%
Direct Intervention (e.g., Social Skills)	2.23	1.98	2.64	2.12	65%	69%
Problem Solving Consultation with Teacher	3.65	3.60	3.50	3.29	59%	53%
Child Study Teams	1.93	3.22	1.68	2.43	68%	49%
Parent Consultation	2.43	2.85	2.73	2.81	71%	64%

Support services personnel are not heavily involved with students after comprehensive evaluations when the outcome of the evaluation determined that the student was ineligible for special education services. Only 47% of the 1989 sample indicated that their services were utilized with such students. However, the 1990 support services personnel reported a higher use of their services (64%). There was also a difference in how often their services were provided. The mean for a simple question of "how often?" was 1.91 for the 1989 trial sites, indicating that post comprehensive evaluation services are provided "seldom" to "sometimes," while for the 1990 sample the mean was 2.74, indicating that services are provided "sometimes." Results from both samples show that post-referral services are not provided as often as needed. Support services personnel ratings of the frequency of the provision of

various services is provided in the middle column of Table 3.

For both samples, consultation was the most frequently reported service, for both pre-evaluation and post evaluation. The consultation, however, rarely led to *systematic* intervention, where target behaviors are defined, careful measurement is used, specific interventions are implemented, and outcomes are evaluated (see next section).

Services to students who were referred, then 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 personnel are quite familiar with a pattern of repeated referrals 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 services personnel. Such continuing involvement is fundamental to the changes anticipated in RSDS.

The **Intervention Alternatives, Specific Form** was completed by 126 support services personnel and 108 regular education teachers in 1989 and 117 support services personnel and 115 regular education teachers in 1990. A specific student was identified with whom both the teacher and support services provider were familiar because the student had been referred by the teacher, evaluated for special education eligibility by a team on which the support services person 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 respondents 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 providers 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 (71% vs. 55% in 1989; 65% vs. 56% in 1990), and less likely to view the problem as behavioral (18% vs. 41% in 1989; 22% vs. 41% in 1990). 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.

Detailed 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 Table 4 appear in context of, "for every 100 referrals receiving comprehensive evaluations." This context appeared to us to be a more meaningful way to evaluate current practices.

**Table 4**  
**Pre-Evaluation Intervention**

For Every 100 Referrals:

<u>Item</u>	<u>Percent Answering Yes</u>			
	<u>Support Services</u>		<u>Regular Teachers</u>	
	<u>1989</u>	<u>1990</u>	<u>1989</u>	<u>1990</u>
Intervention Prior to Evaluations	14%	31%	53%	68%
Assistance From AEA Support Services	19%	34%	--	34%
Assistance with Intervention Implementation	7%	18%	37%	58%
Behavioral Definition	12%	23%	26%	34%
Direct Measure of Behavior	10%	12%	27%	32%
Systematic Intervention Plan	13%	19%	28%	39%
Intervention Implemented as Planned	15%	23%	46%	57%
Results Graphed (1990)	--	3%	--	5%
Results Compared to Baseline (1990)	--	4%	--	9%
Copy of Graph Attached (1990)	--	2%	--	0%

In 1989, only 19% of the support services personnel reported assisting the regular education teacher prior to referral. Regular education teachers did not respond to such a question in 1989. In the 1990 trial sites, both teachers and support services personnel reported low, but similar levels of assistance from AEA personnel (34% for both groups). According to the 1990 teachers, the AEA assistance was most often provided by school psychologists (51%), followed by special education consultants (34%) and school social workers (15%).

AEA support services personnel and regular education teachers in the 1989 sample disagreed over whether an intervention was provided prior to the evaluation (14% vs. 53% answering yes). For the 1990 sample, the percentage reporting intervention prior to evaluation was slightly better for both support services providers and teachers, but there still was disagreement (31% vs. 68% answering yes). For the vast majority of the cases, support services personnel were not involved in designing or assisting with the intervention. Furthermore, the majority of the cases did not receive interventions that included the highly desirable components of behavioral definition, direct measurement, systematic plan, graphed results, and comparison of results to baseline. The results from the 1990 trial sites were slightly better than those of 1989, however they were still quite low.

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 and behavioral interventions. A significant proportion of referring teachers (40% in the 1989 sample and 43% in the 1990 sample) indicated that no one assisted with the *design* of the intervention. Results varied between the two groups of trial sites when assistance was provided. Teachers in the 1989 trial sites reported the most frequent sources of assistance to be the principal (44%), another regular education teacher (33%), a school psychologist (26%), a special education teacher (19%), or a guidance counselor (19%). The most frequently reported sources of assistance for the 1990 teachers were the parent (19%), a guidance counselor (19%), another regular education teacher (17%), a school psychologist (16%), a special education teacher (16%), or the principal (15%). Similar results and differences between the trial sites were obtained on items pertaining to sources of



assistance with *implementation* of pre-evaluation interventions.

The results in Table 4 and 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 27% of 1989 teachers and 21% of 1990 teachers. There was a difference between the groups of support services personnel with at least 61% of the 1989 sample and only 46% of the 1990 sample believing more assistance would have prevented a comprehensive evaluation.

Although the estimates varied, prevention of one-quarter to one-half of the comprehensive evaluations conducted now seems possible; this represents a significant opportunity to shift support services from eligibility determination to interventions. Our speculation is that improving the quality of the interventions, a problem clearly indicated by results in Table 4, would further increase the proportion of cases in which comprehensive evaluations could be prevented.

According to both teachers and support services personnel, parental involvement prior to the comprehensive evaluation was largely restricted to consent and notice, conferences and, to some extent, parental assistance with intervention implementation. 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 in both sets of trial sites disagreed rather significantly over whether an interview was conducted with the teacher to establish specific questions to guide the evaluation (36% of the

teachers vs. 64% of the support services personnel answered "yes" in 1989, while 52% of the teachers vs. 72% of the support services providers answered "yes" in 1990). 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 Table 5 concerning the interventions carried out after the student was determined to be NOT ELIGIBLE for special education.

**Table 5**  
**Post Evaluation Intervention**

For Every 100 Referrals:

<u>Item</u>	<u>Percent Answering Yes</u>			
	<u>Support Services</u>		<u>Regular Teachers</u>	
	<u>1989</u>	<u>1990</u>	<u>1989</u>	<u>1990</u>
Intervention After the Evaluation	59%	51%	55%	62%
Assistance From AEA Support Services	26%	40%	--	33%
Assistance with Intervention Implementation	20%	23%	29%	41%
Behavioral Definition	36%	25%	30%	39%
Direct Measure of Behavior	28%	10%	26%	31%
Systematic Intervention Plan	34%	27%	34%	40%
Intervention Implemented as Planned	48%	31%	47%	54%
Results Graphed (1990)	--	4%	--	3%
Results Compared to Baseline (1990)	--	6%	--	11%
Copy of Graph Attached (1990)	--	1%	--	0%

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The results in Tables 4 and 5 vary slightly concerning the provision of interventions. Support services personnel in 1990 reported a higher incidence of intervention (59% vs. 14% in 1989; 51% vs. 31% in 1990) and greater involvement with assisting teachers (26% vs. 19% in 1989; 40% vs. 34% in 1990) in post evaluation than pre-evaluation interventions. The post evaluation interventions in 1990 were more frequent, but not higher in quality. The 1990

support services providers indicated lower quality (behavioral definition, direct measure, systematic plan, and plan implemented) than 1989 support services personnel. The 1989 and 1990 samples of teachers also reported information suggesting that most post evaluation interventions lacked essential features. Overall, the 1989 to 1990 differences between pre-evaluation 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 evaluation interventions is clear from teachers' and support services providers' estimates of success (71% and 86% in 1989; 70% and 71% in 1990). Teachers estimates of degree of improvement varied. In 1989, only 29% of the teachers reported the degree of improvement as "slight." In 1990, almost half of the teachers indicated "slight" improvement. There was greater agreement among the support services personnel, 36% in 1989 sample and 32% in 1990 sample indicated the degree of improvement was "slight."

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 48% of the 1989 post evaluation interventions and 35% of the 1990 post evaluation interventions. For the teachers in the first set of trial sites, the most frequent providers of assistance were school psychologists (41%), Chapter I teachers (31%), principals (31%), special education consultants (18%), school social workers (18%), and special education teachers (17%). For the 1990 teachers, the most frequently reported sources of assistance were special education teachers (26%), guidance counselors (22%), parents (22%), other regular education teachers (18%), special education consultants (16%), and school psychologists (16%). These differences suggest variations in how support services have been used in the eight AEAs.

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 the development of 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; they certainly are not *behavioral* interventions.

The roles of support services personnel (school psychologists, school social workers, and special education consultants) do not reflect heavy involvement in the development of interventions, either before or after comprehensive evaluations. These data, as well as other existing sources of information, suggest that support services personnel are currently involved primarily with establishing and maintaining eligibility for special education services. The most important goals of RSDS are to improve the availability of interventions for students, to improve the quality of those interventions, and to insure 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 providers, 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 are developed, intervention plans are designed and implemented, and outcomes are evaluated, were typically not provided to students considered for special education classification and placement. Second, problem-solving assessment, wherein specific questions are established and then assessment procedures are developed to address those questions, was not

implemented in the vast majority of these cases. Furthermore, the classroom observation was typically anecdotal, rather than carefully designed and well structured 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.

### **Individualized Educational Programs & Student Outcomes Criteria**

Samples of special education teachers from the eight trial sites provided information concerning the nature of current **Individual Education Programs** (forms completed by 115 teachers in 1989 and 130 teachers in 1990) and the implementation of **Student Outcomes Criteria** (forms completed by 115 teachers in 1989 and 131 teachers in 1990). 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 in this section involve self-report by those teachers 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 (almost 100% of the respondents). Furthermore, 91% in 1989 and 93% in 1990 indicated that a systematic method was established for measuring each objective, typically a direct measure (90% in 1989; only 47% in 1990), a criterion-referenced measure (76% in 1989; only 41% in 1990), a standardized test (68% in 1989; only 32% in 1990), or a nonstandardized test (64% in 1989; 66% in 1990).

**Table 6**

#### **Percent Answering Yes to Questions Concerning Individualized Educational Programs**

	<u>1989</u>	<u>1990</u>
Goals Match Needs	100%	99%
Specific Objectives for Goals	100%	100%
Systematic Measure of Objective	91%	93%
Results Compared to Prior Measures	83%	80%
Was Instruction Changed (1990)	--	37%
Instructional Methods Changed	39%	55%
Instructional Materials Changed	33%	42%
Revision of Goals	25%	26%

According to 1989 teachers, a measure was used to assess the student's progress on a daily or weekly basis (54%), and the results were used to compare the student's performance to prior measures of the skill (83%). Teachers from the 1990 sample agreed with this statement although the percentages were slightly different (68% and 80%, respectively). However, the kind of measure used for both sets of trial sites was rarely a curriculum-based measure 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 instruction were changed (39% in 1989; 55% in 1990), materials were changed (33% in 1989; 42% in 1990), and goals were revised (25% in 1989; 26% in 1990). These later results suggest that the measures of progress are not used very frequently in modifying the instruction received by students. It is also interesting to note that, compared to the 1989 sample, 1990 teachers reported more change in instructional methods and materials yet reported similar proportions regarding revision of goals.

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 teachers: (1) instruction is based on general needs and specific objectives; (2) measures of progress are used; and (3) measures are used on a daily or weekly basis in over half the cases. As noted earlier, 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. Most (85% of 1989 teachers and 79% of 1990 teachers) reported using a systematic method to collect the data, typically, daily work (91% in 1989; 90% in 1990), standardized tests (87% in 1989; 89% in 1990) (most often the Woodcock-Johnson), teacher-made tests (71% in 1989; 78% in 1990), curriculum-based measures (62% in 1989; 70% in 1990), and systematic observations (52% in 1989; 48% in 1990). It should be noted that teachers could indicate use

of more than one method. Results are presented in Table 7 concerning how this information was used in various decisions. Questions pertaining to these items were modified for the 1990 sample, therefore, the results for each sample are presented separately.

**Table 7**  
**Mean Ratings of Kinds of Decisions**  
**Influenced by Outcome Data**

<u>1989 Item</u>	<u>1989 Mean</u>
Special Education Programming	4.09
Goal/Intervention Modifications	4.04
Modifications in Curriculum	3.93
Adjusted Expectations	3.93
Special Education Eligibility	3.71
Behavioral Interventions	3.20
Special Education Referral	3.11
AEA Support Staff Assistance	2.87
Building Team Assistance	2.82
Resource/Chapter I Programming	2.33
Resource/Chapter I Eligibility	2.28
<u>1990 Item</u>	<u>1990 Mean</u>
Modify Teaching Strategies	4.08
Adjust Performance Goals	3.92
Exiting Special Education	3.65
See Greater Support Services	3.33
Consider More Restrictive Special Education	3.26
Add or Modify Behavioral Interventions	3.18

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### 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 integration. The **Progress Monitoring** forms were completed by the student's special education teacher (129 in 1989; 126 in 1990) and/or the regular education teacher (83 in 1989; 124 in 1990). Results for nearly all items will be presented separately for special education and regular education teachers.

Results are presented in Table 8 concerning progress monitoring procedures in academic skill areas and non-academic areas (such as social skills assistance, school survival skills assistance, and support services assistance). The results generally indicate that

somewhat more systematic progress monitoring procedures were used in special education than in regular education. However, the frequency with which a number of procedures were 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 14% of regular education and 42% of special education teachers in 1989 reported graphing student progress, and the frequency with which graphs were updated weekly was only 9% in regular education and 33% special education. In 1990, only 11% of regular education and 44% of special education teachers indicated graphing student progress, and only 9% and 34% of regular education and special education teachers reported updating these graphs at least weekly. Moreover, no regular education teachers from either sample and only 13% of 1989 special education teachers and 7% of 1990 special education teachers provided copies of the graphs that they were using.

**Table 8**  
**Progress Monitoring Procedures**

	<u>Percent Answering Yes</u>			
	<u>Regular</u>		<u>Special</u>	
	<u>1989</u>	<u>1990</u>	<u>1989</u>	<u>1990</u>
<u>Academic</u>				
Graphing Student Progress	14%	11%	42%	44%
Graphing Progress at Least Weekly	9%	7%	33%	34%
Provided Copy of Graph	0%	0%	13%	7%
Pre-Post Test	82%	73%	81%	84%
Permanent Products (e.g., Daily Work)	94%	96%	95%	97%
Permanent Products Collected At Least Weekly	85%	88%	84%	88%
Systematic Checkpoints to Monitor Progress	38%	73%	35%	74%
Other Types of Systematic Progress Monitoring	32%	35%	54%	47%
<u>Non-Academic</u>				
Social Skills Assistance	52%	46%	46%	42%
At Least Weekly Progress Assessment of Social Skills	28%	30%	25%	24%
School Survival Skills Assistance	53%	57%	63%	58%
At Least Weekly Progress Assessment of School Survival Skills	38%	39%	37%	39%
Support Services Assistance	54%	50%	39%	44%
At Least Weekly Progress Assessment of Support Service Assistance	31%	37%	21%	25%



For both samples, the most frequent form of progress monitoring was some kind of permanent product such as completion of daily work assignments (use indicated by 94% of regular education and 95% of special education teachers in 1989, and 96% of regular education and 97% of special education teachers in 1990). The majority ( 84% to 85% for 1989; 88% for 1990) of both regular education and special education teachers indicated that these permanent products were collected at least weekly. However, there was a major difference (38% and 35% in 1989 vs. 73% and 74% in 1990) between samples on the reported use of systematic checkpoints to monitor progress.

As might be expected, not all students received interventions related to social skills (52% and 46% in 1989; 46% and 42% in 1990), school survival skills (53% and 63% in 1989; 57% and 58% in 1990), or other kinds of support services assistance (54% and 39% in 1989; 50% and 44% in 1990). In each of these areas, progress monitoring was considerably less frequent.

Regular education 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 and 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 Table 9 clearly indicate that considerable work is needed regarding the development of appropriate progress monitoring procedures. Please note, however, the major differences between the two samples in use of systematic checkpoints (1990's percentages being much higher), and high quality methods described for systematic checkpoints, social skills, school survival skills, and other support services (1990's percentages being much lower). Further support for the need for more appropriate progress monitoring procedures is provided by responses to the item, "Would you like to learn more about methods

to monitor student progress?", answered affirmatively by 85% and 81% of the 1989 regular education and special education teachers, respectively, and 72% and 82% of the 1990 regular education and special education teachers.

**Table 9**  
**Quality of the Progress Monitoring Procedures**

		1989			1990		
		<u>Yes</u>	<u>No</u>	<u>Unct</u>	<u>Yes</u>	<u>No</u>	<u>Unct</u>
Academic: Systematic Checkpoint	Reg	38%	62%		73%	27%	
	SE	35%	65%		74%	26%	
If Yes, High Quality Method Described	Reg	61%	13%	26%	32%	44%	24%
	SE	72%	11%	17%	8%	46%	46%
Social Skills: Student Receives Services	Reg	52%	48%		46%	54%	
	SE	46%	54%		42%	58%	
If Yes, High Quality Method Described	Reg	42%	22%	36%	9%	47%	44%
	SE	59%	13%	28%	9%	44%	47%
School Survival Skills: Student Receives Services	Reg	53%	47%		57%	43%	
	SE	63%	37%		58%	42%	
High Quality Method Described	Reg	55%	19%	26%	25%	29%	46%
	SE	67%	9%	24%	7%	36%	57%
Other Support Services	Reg	54%	46%		50%	50%	
	SE	39%	61%		44%	56%	
High Quality Method Described	Reg	58%	16%	25%	35%	30%	35%
	SE	69%	24%	7%	10%	45%	45%

Results concerning different methods for progress monitoring in the academic areas of reading, mathematics, spelling and written expression are presented in Table 10. There are slight differences between the two sets of trial sites in the reported use of specific methods. 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 or digits entered correctly in timed samples was relatively low in both regular education 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 individualized 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.

**Table 10**  
**Methods to Assess Progress in Academic Areas**

	<u>Percent Answering Yes</u>			
	<u>Regular</u>		<u>Special</u>	
	<u>1989</u>	<u>1990</u>	<u>1989</u>	<u>1990</u>
<u>Reading</u>				
Words Per Minute	6%	3%	28%	27%
Comprehension	64%	73%	67%	65%
Questions Over Passages	62%	71%	67%	66%
Word Recognition Lists	33%	33%	54%	45%
<u>Mathematics</u>				
Counting Digits Correct	17%	32%	15%	18%
Knowing Math Facts	40%	74%	53%	50%
Operations	47%	77%	63%	50%
<u>Spelling</u>				
Words Spelled Correctly Per Minute	5%	3%	4%	3%
Recognition Lists	23%	38%	20%	26%
Number Count on Spelling Lists	45%	69%	58%	56%
<u>Written Expression</u>				
Gathering Writing Samples	54%	79%	68%	67%
Student Edits (Corrects) Sentences	37%	61%	43%	54%

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

## Staff Development

The results presented concerning intervention alternatives, IEP development, outcomes criteria, and progress monitoring provide ample justification for the RSDS emphasis on staff development. In 1989, the **Staff Development** form was completed by 159 teachers (55 special education, 92 regular education, and 12 Chapter I), 64 support services personnel (22 school psychologists, 19 school social workers, and 23 special education consultants), and 104 principals. In 1990, the **Staff Development** form was completed by 225 teachers (119 special education, 101 regular education, and 2 Chapter I), 251 support services personnel (94 school psychologists, 72 school social workers, and 85 special education consultants), and 120 principals. 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 concerned 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, in both samples, differed significantly concerning whether a comprehensive staff development plan was available in their building/AEA (1989 Chi square = 26.3,  $p < .001$ ; 1990 Chi square = 7.57,  $p < .05$ ). Generally, principals were more likely to report the existence of a comprehensive staff development plan (62% in 1989; 56% in 1990), with considerably lower percentages of teachers (44% in 1989; 49% in 1990) and support services providers (20% in 1989; 41% in 1990) agreed that a plan existed. Please note the only difference between samples was in the support services personnel reports of an existing plan. Similar results were obtained on the item concerning whether the staff development plan was in a written form (1989 Chi square = 10.8,  $p < .01$ ; 1990 Chi square = 18.8,  $p < .001$ ). In 1989, 33% of the principals indicated that there was a written staff development plan, while 20% of the teachers and only 4% of the support services personnel reported a written plan. However, in 1990 the

principals (30%) and teachers (31%) tended to agree that a written staff development plan existed, while only 15% of the support services personnel indicated the existence of a written plan. The establishment of priorities for training needs was also an area of disagreement among the three groups (1989 Chi square = 20.0,  $p < .01$ ; 1990 Chi square = 28.8,  $p < .001$ ). The majority of principals reported that training needs were prioritized (74% in 1989; 73% in 1990) but fewer teachers (51% in 1989; 55% in 1990) and support services personnel (37% in 1989; 39% in 1990) indicated establishment of such priorities.

Results concerning the content of staff development plans are presented in Table 11. These five content areas are critical to RSDS reforms. Percentages of the three groups, for both sample sets, indicating that staff development plans did include content in the five areas listed in Table 11.

**Table 11**  
**Content of Staff Development Plans**

	<u>Percent Answering Yes</u>					
	<u>Teachers</u>		<u>Supp.Svcs.</u>		<u>Principals</u>	
	<u>1989</u>	<u>1990</u>	<u>1989</u>	<u>1990</u>	<u>1989</u>	<u>1990</u>
Students with Learning and Adjustment Problems	49%	60%	61%	71%	67%	78%
Functional Assessment	22%	25%	68%	55%	25%	23%
Intervention Alternatives	49%	50%	62%	53%	41%	62%
Direct and Frequent Monitoring	38%	30%	49%	40%	45%	43%
Outcomes Criteria	32%	30%	43%	23%	42%	41%

An apparent trend in Table 11 is that support services personnel have generally received greater continuing education over the five areas. 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." It is also interesting to note that the most variability was found between 1989 vs. 1990 support services providers' reports of staff development plan content. Both samples of teachers generally reported considerably lower continuing education over the five areas. In 1989, three of the areas yielded statistically significant differences in

the groups; functional assessment (Chi square = 37.7,  $p < .001$ ) where support services reported considerably greater continuing education, outcomes criteria (Chi square = 12.5,  $p < .05$ ) where support services personnel and principals reported greater continuing education, and working with students with learning and adjustment problems (Chi square = 6.4,  $p < .05$ ) where, again, support services personnel and principals reported greater continuing education.

In 1990, four of the areas yielded statistically significant differences among the groups; functional assessment (Chi square = 48.6,  $p < .001$ ) where support services reported considerably greater continuing education, outcomes criteria (Chi square = 10.5,  $p < .01$ ) where principals reported greater continuing education, working with students with learning and adjustment problems (Chi square = 10.9,  $p < .01$ ) where support services and principals reported greater continuing education, and direct and frequent monitoring (Chi square = 6.7,  $p < .05$ ) where, again, support services and principals reported greater continuing education. 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 strategies are presented in Table 12. The groups were asked to respond to three items seeking information on (1) whether mentoring or shadowing procedures were used for new staff; (2) whether experienced staff were able to model effective procedures for other persons; and (3) whether support and information sharing teams were used.

**Table 12**  
**Staff Development Strategies**

	Percent Answering Yes					
	<u>Teachers</u>		<u>Supp.Svcs.</u>		<u>Principals</u>	
	<u>1989</u>	<u>1990</u>	<u>1989</u>	<u>1990</u>	<u>1989</u>	<u>1990</u>
Shadow/Mentor	41%	40%	32%	44%	55%	58%
Model Skills	53%	52%	42%	49%	74%	76%
Information Sharing/Support	58%	62%	50%	62%	69%	69%

The first trend for both trial sites is the clear difference in perception between principals and the other two groups concerning the availability of these strategies. Secondly, these highly desirable strategies appear to be generally more available for teachers than for support services personnel. Finally, 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. It is again interesting to note the greater discrepancy in 1989 vs. 1990 support services providers' reports compared to the other two groups. These results clearly indicate the need for the use of more effective strategies in continuing education efforts directed at teachers and support services personnel.

Further support for this interpretation was apparent from responses to three items concerning 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, also, 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 and across the two samples.

### **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. In 1989, **Building/District** forms were completed by 110 principals and 36 superintendents. In 1990, **Building/District** forms were completed by 124 principals and 48 superintendents. Data were collected from these samples 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 each trial site.

Information in Table 13 summarizes responses to nine 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 from both samples reported the existence of Chapter I services. Apparently, Chapter I is available in the vast

majority of elementary schools in Iowa. In the 1989 sample, written procedures for teachers to obtain assistance (separate from special education), crisis management teams, and building/teacher assistance teams were apparently available in only about one-third of the local attendance centers. However, in the 1990 sample, written procedures for teachers to obtain assistance (45%), crisis management teams (69%), and building/teacher assistance teams (69%) were much more available. A special concern is the low rate of involvement by AEA support staff in building/teacher assistance teams (data not shown).

**Table 13**

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

<u>Item</u>	<u>Percent Answering Yes</u>			
	<u>Principals</u>		<u>Superintendents</u>	
	<u>1989</u>	<u>1990</u>	<u>1989</u>	<u>1990</u>
Written Procedures for Teachers to Follow to Obtain Assistance (separate from special education)	36%	45%	64%	46%
Crisis Management Teams	32%	69%	50%	68%
Building/Teacher Assistance Teams	35%	69%		
Chapter I Services	67%	63%		
Written Guidelines for Chapter I Eligibility	82%	95%	55%	44%
Written Guidelines for Discontinuation of Chapter I Services	55%	74%		
District Guidelines for Provision of Resource Teaching Program Services			69%	64%
Written Guidelines for Discontinuation of Resource Teaching Program Services	46%	58%		
Systematic Method to Evaluate Services for At-Risk and Handicapped Students	17%	49%		

A great deal of work is needed regarding evaluation of students in programs and evaluation programs for both sets of trial sites. However, differences did appear between samples. Written guidelines for discontinuation of either Chapter I or resource teaching program services are available in only about one-half of the buildings in the 1989 trial sites (55% and 46%, respectively). However, these written guidelines for discontinuation were more available in the buildings of the 1990 trial sites (74% and 58%, respectively). Only 17% of



the 1989 principals reported the existence of a systematic method to evaluate services for "at-risk" and handicapped students. Almost half of the 1990 principals indicated the existence of a systematic method to evaluate services for these students.

The fuller utilization of personnel and more complete integration of current programs serving students with learning and behavior problems are critical objectives in RSDS. The results in Table 14 suggest considerable separation between Chapter I and special education services. This separation is due in large part to existing legal regulations. The separation extends to the involvement of AEA support services personnel with Chapter I students (only 21% of the principals in both samples indicated the AEA support services personnel work with Chapter I students). Furthermore, the content or the instruction in Chapter I and special education does not appear to be closely matched to regular education curricular 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** through 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 percentage reported for such procedures in Table 15 indicated that, for the most part, systematic planning for transition is infrequent and 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 in both samples reported standard transition planning at this critical stage. Similarly low percentages were reported on the availability of transition services for other critical changes, such as from preschool to elementary school or with the integration of students from special education to regular education. Please note, however, that the 1990 principals reported slightly more availability of transition services, with the exception of middle school/junior high to high school and senior high to vocational/adult transitions.

Table 14

**Separation of Services to Students with  
Learning and Behavior Problems**

<u>Item</u>	<u>1989</u>			<u>1990</u>		
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>
Separate Referral Procedures for Ch I and Sp.Ed.	94%	6%		99%	1%	
Different Curriculum in Ch I and Reg Ed	87%	13%		93%	7%	
Different Instructional Methods in Ch I and Reg Ed	86%	14%		92%	8%	
Do AEA Support Personnel Work with Ch I	21%	79%		21%	79%	
Different Curriculum in Sp.Ed. than in Reg Ed or Ch I	91%	9%		63%	37%	
Different Instructional Methods in Sp.Ed. than in Reg Ed or Ch I	89%	11%		78%	22%	
Does AEA Support Personnel Work with Sp.Ed. Students (apart from evaluations)	63%	37%		67%	33%	
Do Students Receive Services from Both Ch I and Sp.Ed.	22%	78%		27%	73%	
Do Ch I and Sp.Ed. Share Resources (e.g., materials)	16%	84%		20%	80%	
Planned Consultation - Ch I and Reg Ed	40%	38%	23%	50%	25%	25%
Planned Consultation - Sp.Ed. and Reg Ed	48%	48%	4%	64%	34%	2%
Ch I Assist with Instruction in Reg Ed	25%	58%	18%	17%	60%	23%
Sp.Ed. Assist with Instruction in Reg Ed	31%	66%	3%	42%	58%	0%

The nature of transition services reported across the different age levels varied as should be expected. Reports also varied between samples. The most frequent transition service provided from preschool to elementary school was kindergarten screening activities in 1989 and staffings in 1990. In 1989, the most frequent transition service for students that are placed out of special education was monitoring the student in regular education. The 1990 principals, again, reported staffings as the most frequently provided transition service for these students. For both samples, orientation was the most frequent transition service provided for elementary to junior high/middle school and middle school/junior high to high school transitions. Career exploration in 1989 and counseling in 1990 were the most frequently reported transition

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

**Table 15**

**Transition Services: Written Standard Procedures**

<u>Transition Points</u>	<u>1989</u>			<u>1990</u>		
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>
Preschool - Elementary	8%	61%	31%	17%	55%	28%
Integration from Special to Regular Education	13%	72%	16%	23%	66%	11%
Elementary to Middle or Junior High	14%	67%	18%	26%	65%	9%
Middle/Junior High to High School	14%	63%	24%	15%	64%	21%
Senior High to Vocational/Adult	14%	53%	33%	14%	54%	32%

Principals were requested to provide information concerning the number of students attending educational programs at other schools in order to receive needed services. Some 58% of the 1989 principals and approximately 76% of the 1990 principals reported that at least one student in the attendance district served by their building did attend another school.

A similar item was included on the superintendent form 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, while in large districts a substantial number of students attend another building, outside of the local attendance center but within the district, 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. 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 building (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. **Parent Involvement** questionnaires were completed by parents either through an interview or self-report (79 in 1989; 118 in 1990). 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 (90% in 1989; 86% in 1990). Only 16% of the 1989 parents and 19% of the 1990 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 parents' perceptions of parental influence on staffing and IEP decisions. The response choices ranged from one equal to "very little," three equal to "some," and five equal to "very much." The mean for items on the amount of influence on special education staffings and IEP meetings were 3.53 and 3.78 for 1989 and 1990, respectively, indicating that parents believe they have at least some influence, but, on average, well short of either much or very much influence.

A mean rating of 2.68 for 1989 and 2.57 for 1990 was obtained on the item, "To what extent would you like to have more influence?", suggesting a slight preference toward increasing the amount of influence on critical decisions. 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 47% and 38% of the 1989 and 1990 parent samples, respectively (mean scores were 3.08 for 1989 and 3.45 for 1990). 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 Table 16 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 was 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 concerning at least monthly communication regarding progress. However, some 45% of the 1989 parents and 49% and 43% of the 1990 parents and teachers, respectively, indicated that they preferred more frequent communications. Similarly, high percentages of parents and teachers, with the exception of the 1989 teachers, reported that parents were directly involved with programs for handicapped students, but much lower percentages of both parents and teachers indicated direct parental involvement with carrying out academic or behavioral interventions. Finally, 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. Both samples of teachers reported the average proportion of time devoted to paperwork during a 40 hour week as being 21%. The average proportion of time devoted to paperwork was 25% and 32% for 1989 and 1990 support services providers, respectively.

Table 16

## Parents' and Teachers' Perceptions of Parental Involvement

	Percent Answering Yes			
	Parents		Teachers	
	1989	1990	1989	1990
Parents Involved with Decision-Making at Staffings and IEPs?	83%	89%	92%	88%
Student Progress Measured Weekly, Yes/No?	48%	--	--	--
Progress Measured: How Often?				
1) Daily or Weekly	--	24%	--	--
2) Monthly, Quarterly, Semester	--	52%	--	--
3) Don't Know	--	24%	--	--
Instruction Changed Based on Measures of Progress at Least Weekly?	54%	58%	39%	37%
Prefer More Frequent Communication	45%	49%	--	43%
Parents Direct Involvement with Program	73%	74%	42%	80%
Parents Involvement with Carrying Out Academic/Behavioral Intervention	33%	48%	--	45%
Parents Suggestions Used in Programming	26%	38%	--	32%
Prefer Greater Parental Involvement with Interventions	68%	64%	37%	48%

In Table 17, means for special education teachers and support services personnel are provided concerning ratings of various paperwork activities. There was very little difference between the 1989 and 1990 results. Generally, special education teachers regarded the paperwork as more meaningful and more related to instruction while support services providers indicated lower means for the usefulness of their paperwork activities in designing programs or monitoring and evaluating student progress. Both groups, in both samples, indicated relatively low amounts of time 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 providers is related to eligibility determination, with less time and attention devoted to designing programs, implementing interventions, and evaluating outcomes. The themes in RSDS are expected to produce changes in the type 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.

**Table 17**  
**Special Education Teachers' and Support Services'**  
**Perceptions of Paperwork Requirements**

	Sp.Ed. Teachers <u>Mean</u>		Support Services <u>Mean</u>	
	<u>1989</u>	<u>1990</u>	<u>1989</u>	<u>1990</u>
Meaningfulness of Paperwork	3.46	3.22	2.77	2.85
Relevance to Instruction	3.46	3.24	2.42	2.37
Related to Eligibility Determination	3.07	2.46	4.00	4.01
Related to Designing Programs, IEPs, Annual Reviews Placement	4.34	4.15	3.84	3.45
Related to Designing Instruction /Interventions	4.30	4.27	3.13	2.92
Related to Monitoring, Revising, Evaluating Instruction/ Interventions	4.06	4.06	2.95	2.75
Related to Medicaid	1.10	1.02	1.87	1.42

### SUMMARY

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

Despite slight differences between the two samples, 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 the development of programs only for those students classified as handicapped.

The delivery of the special education programs often occurs 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 assessment 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 individual trial site. 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 the Summer of 1991.



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