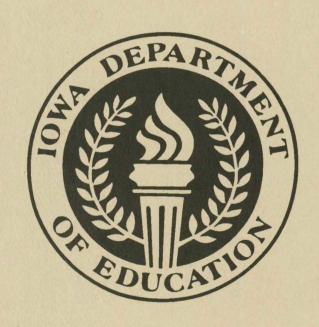
Bureau of Special Education

Research Report #22

Building Assistance Teams: Interventions and Outcomes



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BUILDING ASSISTANCE TEAMS: INTERVENTION AND OUTCOMES

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Iowa Renewed Service Delivery System
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Building Assistance Teams: Interventions and Outcomes

The enduring challenge of the American educational system is to provide effective learning experiences for all students. However, this mission is often thwarted by an array of factors detracting from students' success. There is a growing concern about the quality of the educational system and the need for comprehensive reform designed to improve student outcomes (United States Department of Education, 1991; Spady & Marshall, 1991).

Over the past 30 years, specialized programs have been created to meet the unique needs of students. Despite efforts to provide direct assistance through specialized programs such as special education, at-risk programs, and Chapter 1, remedial programs have not been successful in fully meeting the needs of students experiencing learning and behavior problems. The creation of more programs, however, is neither a likely nor a desirable solution.

The alternative to more specialized programs is to provide better assistance to students by using the capabilities of existing personnel in a consultative capacity (Graden, Casey and Bonstrom, 1985). In Iowa, an initiative entitled the Renewed Service Delivery System (RSDS) calls for educators to explore more effective means of meeting students' educational and behavioral needs. A frequent practice has been the use of building assistance teams (BATs), a model where teachers provide consultation to colleagues as a means of developing interventions to assist students. Preliminary results from a statewide survey of innovations implemented in Iowa schools found that building assistance teams were present in over 50% of the schools.

As just one innovation supported by RSDS principles, it may help to put the BAT concept into a larger perspective of problem-solving activities. The process of assessing students' needs and planning interventions occurs with different levels of intensity based on the nature of a student's difficulty. Problem analysis and interventions can be considered to occur on four different levels, as shown in Figure 1.

Level 1 refers to problem solving that occurs in the classroom where the teacher, parents, and student attempt to resolve the student's difficulties. Level 2 is often equated with the BAT, where the teacher collaborates with colleagues in an effort to resolve the student's difficulties. Level 3 involves a problem-solving team in which AEA support service providers help design intervention plans to resolve students' difficulties. Level 4 is a problem-solving effort that may lead to the development of a special education intervention.

The guiding belief in this arrangement is that all students should receive intervention assistance at the earliest point after the need is detected, and the ongoing educational process should utilize the least amount of human resources necessary for problem resolution. Level 2 introduces a consultation process that may have different names, such as building assistance team, teacher assistance team, mainstream assistance team, or child study team. The process generally involves defining the problem, considering factors that contribute to the problem, examining the success of past efforts, and designing and implementing remedial interventions and procedures for evaluating outcomes.

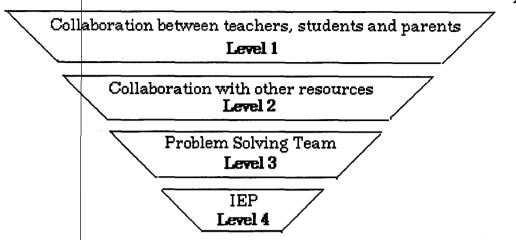


Figure 1. Problem-solving levels.

Although the BAT process is in wide use and generally thought to be effective, the impact that BATs are having in Iowa needs to be clarified. Consequently, this study of the Building Assistance Teams in Iowa is designed to establish descriptive information about the nature of the students' difficulties, resources used to assist students, and the effectiveness of this process. The present study investigated four basic areas: (a) characteristics of BAT referrals; (b) services students receive prior to, during, and after BAT involvement; (c) structure and location of BAT interventions; and (d) outcomes of BAT involvement.

Method

Participants

Each of the 14 Area Education Agencies (AEAs) participating in RSDS were invited to participate in the current study, 13 agreed. Participating AEAs were asked to identify five school buildings that had active building assistance teams. Administrators at each of the identified buildings were contacted by phone, provided an overview of the purpose of the study and data collection procedures, and asked to participate. A letter of confirmation and a packet of materials were mailed to those who agreed. A total of 32 schools provided data for the current study. Compared to the other AEAs, one AEA collected data from a large number of schools. In this AEA, seven buildings provided information on 176 students.

Materials and Procedures

Key areas of data collection were initially identified by an RSDS research committee comprised of Bureau of Special Education instructional and support service consultants and Iowa State University personnel. A proposal then was presented to AEA research coordinators for feedback and suggestions regarding format and content. Suggestions were incorporated into a one-page scale that was used to collect data from participating BATs. The following information was collected on each BAT case: (a) descriptive data about the referred student; (b) the extent to which the student was involved in the general-education classroom and

other assistance programs; (c) which personnel were involved in implementing interventions; (d) whether the intervention developed was informal or structured, and the location of the intervention; and (e) the status of intervention outcome at the point the student exited the BAT process.

Participants were provided a packet of materials that included the data collection instrument, written instructions for completing the instrument, and a case illustration demonstrating how data would be recorded for a hypothetical student (see Appendix A). Teams were directed to record data for all students referred to the BAT between February 17, 1992 and May 30, 1992. AEA research coordinators were directed to make contact with participating BAT personnel two weeks after data collection began for the purpose of offering assistance in cases where expectations were not clearly understood. Information sheets were collected by AEA research coordinators at the conclusion of the data collection period.

Results

Results from the BAT study will be presented in four sections. First, characteristics of BAT referrals are examined. Second, the services that students receive prior to, during, and after BAT involvement are described. Third, the nature of BAT interventions is examined. Last, BAT outcomes are described.

BAT Referrals

To examine characteristics of BAT referrals, an analysis of the types of problems BATs addressed was conducted. Participating BATs in Iowa provided information on 478 cases. After an initial analysis, it was observed that interpretability of findings was obscured due to the lack of outcome data reported for a large number of cases ($\underline{n} = 154$). These omissions may have occurred because many BATs were continuing interventions at the time when data forms were due. Consequently, all cases that did not have data for the "Exit" column of the data sheet were deleted from the analysis. This procedure significantly increased the interpretability of the results.

After removing cases with no "Exit" data, 324 cases remained: 210 (64.8%) males and 114 (35.2%) females. To determine the types of referrals that BATs receive and whether there were differences in problem type by gender and grade level, a contingency analysis was conducted. Table 1 contains a breakdown of the type of referral by gender and grade. In general, a larger percentage of male students than females was referred for behavior problems. Additionally, more males than females were referred for a combination of behavior and academic problems.

Table 1

Reasons for BAT Referral by Gender and Grade

| | A 1 · D 1 · | | | | 4 1 15 1 | |
|--------------|------------------|-------|------|-------------|----------|----------|
| | Aca | demic | Beh | avior | Acad. a | and Beh. |
| Grade | rade Male Female | | Male | Male Female | | Female |
| Kindergarten | 5 | 8 | 5 | 0 | 7 | 0 |
| First | 10 | 10 | 5 | 2 | 6 | 4 |
| Second | 12 | 12 | 8 | 0 | 6 | 3 |
| Third | 13 | 14 | 9 | 0 | 9 | 4 |
| Fourth | 7 | 5 | 4 | 1 | 9 | 4 |
| Fifth | 2 | 10 | 1 | 0 | 6 | 2 |
| Sixth | 3 | 3 | 4 | 1 | 5 | 4 |
| Seventh | 4 | 4 | 7 | 1 | 5 | 3 |
| Eighth | 5 | 7 | 5 | 2 | 18 | 3 |
| Ninth | 6 | 2 | 0 | 0 | 9 | 1 |
| Tenth | 3 | 1 | 1 | 0 | 3 | 0 |
| Eleventh | 1 | 1 | 0 | 0 | 3 | 0 |
| Twelfth | 1 | 2 | 1 | 0 | 0 | 0 |
| Total | 72 | 79 | 50 | 7 | 86 | 28 |

Note. The number of schools at each educational level was not controlled during sampling. For that reason, inferences comparing referral rates at different grade levels cannot be made.

Services Provided to Students

To examine the types of services that students received as a result of BAT involvement, a contingency analysis was conducted of services provided prior to, during, and after BAT involvement. BATs were directed to list all programs where each student received support. Results of this analysis are presented in Table 2.

Table 2

<u>Program Services Provided Before, During, and After BAT</u>

<u>Intervention</u>

| | Before | During | After |
|-------------------------|--------|--------|-------|
| General education only | 213 | 163 | 142 |
| General education plus: | | | |
| Chapter 1 | 78 | 83 | 67 |
| Special education | 64 | 76 | 97 |
| "At Risk" program | 28 | 43 | 38 |
| Other program | 15 | 32 | 34 |

Note. The number of services provided is greater than the number of cases because some students received multiple services.

Before BAT involvement, two thirds of the students were served in the general-education classroom only, though one fourth of the students received Chapter 1 help as well. During BAT involvement, half the students received services in the general-education classroom only; approximately one-quarter of the students received services in Chapter 1 or special education programs in addition to general education. After BAT involvement, less than half the students were served only in the general-education classroom, while almost one third of the students received a combination of general and special education.

To examine which school professionals were engaged most frequently with the students, a contingency analysis was conducted on personnel involvement across time. The different professions involved in interventions at each stage (i.e., before, during, and after) were identified. Results of this analysis are presented in Table 3.

Not surprisingly, the most frequent participants in BAT interventions were general-education classroom teachers and parents. Three other types of local education agency (LEA) personnel were frequently involved in BAT interventions: special education teachers, guidance counselors, and Chapter 1 teachers. For these three professions, it is interesting to note that Chapter 1 teacher involvement and guidance counselor involvement decreased after the BAT intervention, while special education teacher increased both during and after the BAT process. It is possible that some students who were served in Chapter 1 programs or by guidance counselors during BAT intervention were subsequently served in special education, resulting in the termination of the other services.

Of support-service personnel, school psychologists were most often involved in BAT interventions, followed by speech-language pathologists, school social workers, and special education consultants. In comparison to LEA personnel, AEA personnel were less frequently involved in BAT interventions. If these data accurately represent the BAT process, this scenario represents a significant increase in service provision prior to special education evaluation. External resources are

engaged only when needed, thereby using resources more efficiently than in the traditional system.

Table 3
School Personnel Involvement Before, During, and After BAT
Intervention

| | Number providing service | | | |
|-------------------------------|--------------------------|------------|-------|--|
| Service provider | Before | During | After | |
| Parent | 129 | 181 | 168 | |
| General Class Teacher | 257 | 271 | 277 | |
| Teacher Aide | 53 | <i>5</i> 8 | 48 | |
| Peer Tutor | 29 | 45 | 38 | |
| Principal/Assistant Principal | 67 | 69 | 66 | |
| Special Education Teacher | 73 | 94 | 114 | |
| Chapter 1 Teacher | 81 | 87 | 66 | |
| Guidance Counselor | 90 | 132 | 118 | |
| School Nurse | 14 | 16 | 15 | |
| Speech-Language Pathologist | 26 | 47 | 42 | |
| School Psychologist | 26 | 87 | 48 | |
| School Social Worker | 22 | 37 | 32 | |
| Educational Strategist | 2 | 4 | 3 | |
| Special Education Consultant | 15 | 41 | 23 | |
| Tutor (not peer) | 10 | 18 | 21 | |

Nature of Interventions

After identifying the nature of BAT referrals, the program services provided, and the personnel involved in BAT interventions, an analysis of the nature of the interventions provided to students was conducted. The first question examined whether students typically received interventions based on structured plans or if interventions were based on helpful suggestions. The difference between structured and unstructured interventions was described in the survey definitions, and BATs were asked to indicate the nature of the intervention provided in each case. A frequency count was conducted to identify the number of students who received each type of intervention. Approximately 60% of BATs reported providing structured interventions to students. Approximately 56% reported providing interventions based on informal suggestions. As can be inferred from the

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percentages reported, approximately 16% of BATs reported providing both informal and structured interventions to students.

Further analysis examined the location of BAT interventions. Results of this analysis are presented in Table 4. The majority of intervention activities occurred in the school. Of these school interventions, the majority occurred in the context of the general-education classroom; the number of school-based interventions increased both during and after BAT involvement. Similarly, school interventions outside the general-education classroom increased during and after the BAT process. Additionally, BATs reported increased involvement in interventions in home environments, both during and after BAT involvement.

Table 4
Location of Intervention Activities

| | Frequency of Use | | | | |
|---------------------------|------------------|--------|-------|--|--|
| Location | Before | During | After | | |
| In school | | | | | |
| Within general-education | 242 | 282 | 283 | | |
| classroom | | | | | |
| Outside general-education | 107 | 169 | 178 | | |
| classroom | | | | | |
| Outside school | | | | | |
| At home | 51 | 89 | 87 | | |
| In community | 19 | 31 | 34 | | |

BAT Outcomes

The final area examined was the outcome of BAT involvement. Two methods of analysis were used. First, student placement after BAT intervention was examined by type of problem. Second, the differences in BAT ratings of student performance before and after intervention were examined.

Table 5 shows the number of students receiving different program plan options after BAT involvement. Programs are presented by type of referral problem. Results indicate that over three fourths of the students were maintained in the general-education classroom after BAT involvement. The majority of these students received additional help through an intervention plan or a non-special education program. Less than ten percent of the students either received no intervention assistance within the general-education classroom or were referred for special education.

Table 5
Program Plan After Student Received BAT Assistance

| Program plan | | Behavior problems | Academic problems | Both | Total |
|---------------------------|------------------------------|-------------------|-------------------|------|-------|
| Student mainta education: | ined in general | | | • | |
| Without in | ervention | 7 | 15 | 5 | 27 |
| With interv | | 29 | 5 6 | 54 | 139 |
| | or non-special on program | 13 | 58 | 38 | 109 |
| Student not ma education: | intained in general | | | | |
| Referred for | r special education | 6 | 14 | 10 | 30 |
| Student mo | ved | 1 | 6 | 2 | 9 |

The second method of documenting BAT outcomes was to examine pre- and post-ratings of individual students' performance. BATs rated each referred student in both academic and behavior performance before and after BAT intervention. A 5-point scale was used, with the following anchors: 1 = bottom 10% of students, 2 = next highest 20% of students, 3 = middle 40% of students, 4 = next highest 20% of students, and 5 = top 10% in the class. To determine if there was a difference between pre- and post-ratings, each student's pre-rating was subtracted from their post-rating and then these differences were averaged across all students. Differences between both academic and behavior performance ratings are contained in Table 6 and are broken down by problem type. Positive numbers denote positive gains in student rating, while negative numbers represent a decrease in rating.

Table 6

<u>Differences Between Outcome Performance and Entry Performance</u>

| Student referred for | N | Mean Diff.a | Std. Dev. | Min. | Max. |
|----------------------------|------------|-------------|-----------|------|------|
| Academic | | | | | |
| Pre-post gain in academics | 145 | 0.36 | 0.66 | -2 | 2 |
| Pre-post gain in behavior | 137 | 0.06 | 0.66 | -4 | 1 |
| Behavior | | | | | |
| Pre-post gain in academics | 5 6 | 0.20 | 0.68 | -3 | 2 |
| Pre-post gain in behavior | 55 | 0.85 | 0.83 | 0 | 3 |
| Both | | | | | |
| Pre-post gain in academics | 108 | 0.47 | 0.63 | -1 | 2 |
| Pre-post gain in behavior | 107 | 0.60 | .73 | -1 | 2 |

^aPositive values denote improvement.

The final analysis examined changes in teacher rating at a group level (see Table 7). Essentially, these are the same data as presented in Table 6. In Table 7, however, we are not only able to see the difference in pre-post rating, but we can also see the final level of performance for students who exit BAT interventions. It is important to note that prior to BAT involvement, many of the average ratings fall in the range of 1 to 2 (roughly the 1st to the 30th percentile). After BAT intervention, however, all of the average ratings fall in the range of 2 to 3 (roughly the 10th to the 70th percentile). While the exact meaning of these increases is unclear, it is possible that increases of this magnitude may be educationally important. Teachers may be more comfortable working with students who perform in the exit range and less comfortable serving students in the entrance range.

Table 7

<u>BAT Ratings of Student Performance Pre- and Post Intervention</u>

| | Academic ratings for students referred for | | | behavioral ratings for students referred for | | |
|----------|--|------|------|--|------|------|
| | Aca. | Beh. | Both | Aca. | Beh. | Both |
| Pre-BAT | 1.81 | 3.17 | 1.88 | 3.40 | 1.58 | 1.92 |
| Post BAT | 2.19 | 3.41 | 2.30 | 3.46 | 2.41 | 2.53 |

Discussion

Numerous programs have been designed to assist students with learning and behavior problems. Unfortunately, these specialized programs have been limited in the populations they serve, and have been unwilling to serve students not meeting their entrance criteria. This situation has resulted in what Reynolds & Wang (1983) have called "disjointed incrementalism," a system wherein the only way to serve students who do not meet certain arbitrarily-defined criteria is to create a new category. As an alternative to the creation of still more specialized programs, Iowa educators participating in the Renewed Service Delivery System (RSDS) have implemented Building Assistance Teams (BATs) on a wide scale. Relying on the capabilities of existing personnel and available resources, BATs provide specific, problem-centered interventions to students. In BATs, teachers meet and provide consultative services to one another for the purpose of developing these interventions. All students in a school building are eligible for these services, regardless of educational placement.

Despite these positive characteristics, few empirical data regarding Iowa BATs are available. It is not known what types of problems BATs typically address, nor whether they are effective in solving problems. The current study was designed to provide general information concerning the nature of student problems, resources used to assist students, and the effectiveness of the BAT process. Specifically, four areas were addressed: characteristics of BAT referrals; services to students before, during, and after BAT involvement; structure and location of BAT interventions; and student outcomes after BAT intervention.

Characteristics of BAT referrals. Results of the survey indicate that generally, more males than females are referred for BAT involvement. This discrepancy resulted from the large number of males referred for behavior problems, including a combination of behavior and academic problems. The number of cases seen for behavior problems appears to be stable across the elementary and junior high/middle school years. In high school, the number of behavioral referrals drops significantly. Data regarding this phenomenon are unavailable, however, a number of explanations are possible. For example, it is possible that high school teachers do not refer students with behavior problems to BATs. There may be other mechanisms for dealing with behavior problems in high schools (e.g., suspension, detention, expulsion) that result in fewer referrals to BATs. Similarly, high school teachers may simply use BATs less frequently than elementary or junior high teachers. Caution must be exercised in drawing this conclusion, however, because this study did not control for the number of different types of schools included in the sample (i.e., there may have been fewer referrals from high schools because there were relatively few high schools in the sample).

A different pattern of results was observed for students who were referred for academic problems. The largest group of academic-only referrals occurred during first, second, and third grades. In fact, at these grade levels, the number of students referred for academics only was greater than all other categories combined. Slightly more females than males were referred for academic problems during the elementary-school years, with the gender difference disappearing through the junior high/high school years. As was the case for behavior problems, fewer referrals were made to BATs in tenth, eleventh, and twelfth grade. This pattern of results

could be interpreted in one of two ways. First, it is possible that a majority of problems are resolved by ninth grade, thereby decreasing the need for BAT referrals. On the other hand, it is also possible that there are other systematic reasons that high school students with significant learning and behavior problems are less frequently referred to BATs (e.g., students with problems drop out before grade ten, high school teachers are less comfortable with the BAT process, etc.). Clearly, more research in this area is warranted.

Services provided to students. Before involvement with a BAT, the majority of students received only general-education services. During BAT involvement, the number of students served only in the general-education classroom fell to approximately half of the sample, and declined further after BAT involvement. This result indicates that although a majority of BAT interventions used resources outside the general-education classroom, a large group of students received intervention assistance within the general-education classroom after BAT involvement. Although a causal relationship cannot be inferred, it is likely that BAT interventions/involvement influenced the willingness of general educators to maintain primary responsibility for the education of a majority of BAT-referred children. Stated plainly, only 26 percent of the students in this sample were ultimately declared eligible for special education practices. This rate compares favorably to the roughly two-thirds placement rate for students in Iowa who are evaluated for special education eligibility (Reschly, Wilson, & Pierce, 1992).

Beyond this policy-level analysis, an analysis was conducted to determine which professionals were most involved in BAT interventions. As expected, professionals employed by LEAs were the most involved. General-education teachers were the primary participants in BAT interventions at all three stages of involvement (before, during, and after). Guidance counselors, special education teachers, and Chapter 1 teachers also were frequently involved. Moreover, parents were often involved with intervention plans.

AEA staff also provided consultation to BATs as necessary, but to a lesser extent than LEA staff. School psychologists were consulted most frequently, followed by speech pathologists, school social workers, and special-education consultants. This lower frequency of involvement was both expected and desirable. BATs were developed for teachers to collaboratively solve problems with other teachers. External resources are called in for consultation on an asneeded basis, thereby utilizing resources most effectively by focusing on problems with most significant need.

Nature of the interventions. A majority of the interventions designed by the BATs in this study included systematic plans for implementation, with less than half of the interventions using only informal suggestions. This finding is encouraging, since the clarity of intervention plan may be related directly to the outcome observed. If the implementor of an intervention has a clear, step-by-step plan, it is more likely that the intervention will be implemented as planned and, therefore, the likelihood of success will be maximized.

A large majority of BAT interventions occurred in school settings, with about two-thirds of the in-school interventions taking place in the general-education classroom. This finding is consistent with the result that general-education teachers were the most frequent implementor of BAT interventions. During and after intervention implementation, students increasingly received services in more than

one place, including the general-education classroom, the school building (other than the general-education classroom), the home, or elsewhere in the community. This findings supports the idea that BATs are successful at engaging external resources for the purpose of remediating problems. When coupled with the previous finding, the current results support the idea that BATs in this study have been successful at systematically identifying and using resources both in and beyond the general-education classroom to resolve school-based problems.

If this interpretation is correct, then BATs in this study have successfully reorganized the flow of resources to students problems. The traditional refer-test-place sequence has been replaced with a more efficient, problem-sensitive sequence that determines the nature of the problem and provides the resources needed to resolve the problem. Moreover, students receive services based on need rather than eligibility. This shift represents a major change in the way that students receive services. Students receive supportive assistance without having to meet certain "eligibility criteria" and they receive the support immediately, rather than waiting for the results of an eligibility evaluation.

BAT outcomes. While findings to this point have been positive regarding the nature of services provided by BATs, they would all be for naught if students did not benefit. To examine the question of whether student performance improved as a result of BAT intervention, changes in BATs' perceptions of student ranking in their class were examined. While perception data may be limited in their accuracy in measuring changes in student performance, they are crucial in determining whether the results of an intervention have changed teachers' perceptions of problem severity. If teachers perceive that a problem has lessened in severity, or that their skills have increased sufficiently to address the problem in general education, then a referral to special education is less likely.

On the average, BAT interventions appear to be successful in improving perceptions of student performance. Behavior problems appear to be the most amenable to BAT intervention. Two groups' behavior changes resulted in the largest changes in teacher perception: students referred for behavior problems and students referred for both academic and behavior problems. Smaller, though significant, gains in perceived student performance were observed in the area of academics for students referred for academics and for students referred for both academics and behavior. This difference in magnitude between behavioral gains and academic gains might be expected, given the nature of the behaviors that were targeted for intervention. Certain types of behavior problems can be addressed effectively using relatively short treatment periods (e.g., 3 or 4 weeks, a realistic time span for a BAT intervention). Academic problems, on the other hand, usually are more intractable. For example, it may be unrealistic to expect a student with a severe reading problem to resolve that problem in the scope of 3 or 4 weeks. Thus, it makes sense that BATs report somewhat larger gains for behavior problems than for academic deficits.

It should be noted that significant gains were observed on the average for BAT interventions in all referral areas. This finding is particularly important in supporting the efficacy of this new flow of resource allocation. A consistent concern expressed about extensive use of BATs is that they may result in unnecessary delays in students receiving appropriate services. The current data set should allay some of this concern. While there were a few students who did not

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profit from BAT interventions, the average effect in all referral areas was positive. Not only did students benefit from the services provided, but the services were provided much sooner than would be the case in a traditional eligibility model.

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APPENDIX A

| | Building | Assistance | Team I | information | Sheet |
|------------|--------------------------------------|---------------|--------|--|--|
| | Student Information | | | 1 | District Name: |
| | Student's initial/confidential code: | | | • | |
| 1A | Entry of BAT date (Mo/Dy/Yr) | 7 | / 92 | - | |
| 1B | Exit of BAT date (Mo/Dy/Yr) | / | / 92 | _ | Building Name: |
| 1C | Sex (M=male, F=Female) | | | - | |
| 1D | Age (whole years) | | | - | Key for Coded items: |
| IE | Grade level (K, 1-12) | | | - | red for coded items: |
| iF | Problem area (code: A, B or C) | | | - | Problem Area Code (Item 1F) |
| 1G | Academic Performance (code 1-5) | | | - | A= Academic |
| 1H | Classroom Behavior (code 1-5) | | | - | B= Behavioral |
| | • | | | _ | C= Academic and Behavioral |
| | Regular Education | | | | |
| | Involvement (√ one) | Entry | During | Exit | |
| 2A | Reg Educ Program 100% | 1 | | | |
| 2B | Reg Educ Prog+Other Program | | | | Academic Code (items 1G & 6B) |
| | If 2B then, what Prog? (√all) | | | | Compare the academic performance |
| B1 | Help in Chapter 1 Prog | 1 | | 7 | of this student to other students in the |
| B2 | Help in SE Teacher Prog | i | | 1 | Class: |
| B3 | Help in "At Risk" Program | | | 1 | 1= Bottom 10% |
| B4 | Help in Other Prog | | | 1 | 2= 11% to 30% |
| 5 4 | ricip in Culci 1 log | 1 | | | 3= 31% to 70% |
| | People Implementing | | | • | 4= 71% to 90% |
| | Interventions (√ all) | Entry | During | Exit | 5= Top 10 % |
| 3A | Parent | - Lady | During | T ZAIL | 3= 10p 10 % |
| 3B | Regular class teacher | | | 1 | |
| 3C | Teacher Aide | | | + | Classroom behavior (1H & 6B) |
| 3D | Peer involvement | | | 1 | Compare the classroom behavior |
| 3E | Principal/Assist Principal | | · | | of this student to other students in the |
| 3F | Spec Educ Teacher | 1 | | | Class: |
| 3G | Chapter 1 teacher | | | | 1= Bottom 10% |
| 3H | Guidance Counselor | | | | 2= 11% to 30% |
| 31 | School Nurse | | | | 3= 31% to 70% |
| 3J | Speech-Language Pathologist[| | | | 4= 71% to 90% |
| 3K | School Psychologist | | | | 5= Top 10% |
| 3L | _ School Social Work | | | | |
| 3M | Educational Strategist | | | | |
| 3N | Spec Education Consultant | | | - | |
| 3O 3P | Tutor (not peer) | | | | |
| 3Q | Other: | | | + | |
| JŲ | Ouler | | | | |
| | BAT Intervention (√ one) | Entry | During | Exit | |
| 4A | Informal suggestions offered | | During | 7 | i |
| 4B | Structured plan offered | | | \dashv | Outcome after BAT (item 6A) |
| | 02002 | | | | A= Successful, student is in the regular |
| | Location of Intervention | | | | class without interventions |
| | Activities (√ all) | Entry | During | Exit | B= Successful, continue in regular |
| 5A | In School: Within Reg Classrm | Dad y | During | | class with interventions |
| 5B | In School: Outside Reg Classrm | | | | C= Refer for special education |
| 5C | Outside School: Home | | | | consideration |
| 5D | Outside School: Community | | | | D= Refer for other program consid- |
| | | | | <u> </u> | eration (not special education) |
| | BAT Outcome (code) | Entry | During | Exit | E= Student moved |
| 6A | Outcome after BAT effort (code A-E) | į | | | |
| 6B | Academic Performance (code 1-5) | | | | |
| 6C | Classroom Behavior (code 1-5) | | | | |

