School-based prereferral intervention practices

D. Elizabeth Crockett

William & Mary - School of Education

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SCHOOL-BASED PREREFERRAL INTERVENTION PRACTICES

A Dissertation

Presented to

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The College of William and Mary in Virginia

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Of the Requirements for the Degree

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by

D. Elizabeth Crockett

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SCHOOL-BASED PREREFERRAL INTERVENTION PRACTICES

by

D. Elizabeth Crockett

Approved April 2005 by

James Patton, Ed.D.
Chairperson of Doctoral Committee

Brenda Williams, Ed.D.

Lori Korinek, Ph.D.

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Here’s to anyone reading this acknowledgement...it probably means you are trying to figure out how to get through your own dissertation! Good luck! You can do it!
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Abstract

Widespread concern over students who are struggling to succeed in schools has prompted researchers, politicians, and scholars to investigate practices that maximize opportunities for all students to learn. Overreferral to special education, misclassification of students, and the growing financial burden on public schools are at the heart of studies that try to identify practices that address students’ needs in the general education classroom prior to referral and placement in special education. Prereferral practices have been reported to be successful in identifying student weaknesses, providing teacher support, and implementing appropriate educational interventions.

This study focused on obtaining information from schools in Virginia to determine the extent to which a prereferral intervention process is required or recommended prior to formal referral to a Child Study Team, what professional development is offered to those participating in the process, and the perceived results from the process. The research design included collecting of qualitative and quantitative data from surveys and interviews, and a content analysis of documents.

Results indicate that among participating schools, 53.4% either required or recommended the use of a prereferral intervention process prior to formal referral to a Child Study Team. Participation in this process varied with respect to the individuals involved and the professional development available for those individuals. The interventions most widely recommended as a result of utilizing a prereferral intervention
process were instructional modifications, behavioral management procedures, and student
counseling. Furthermore, an overwhelming majority of participants (90.8%) indicated
that they perceived the prereferral intervention process as successful. The findings
provide additional support for continued research of current prereferral intervention
practices in school districts across the United States.
CHAPTER I

Introduction

In today's schools too many students struggle to learn. As recently as February 2002, the National Assessment of Educational Progress (NAEP) provided data revealing that approximately 30% of students across the nation could not read at a basic level (Porter, 2003). This statistic has far-reaching effects in terms of children's development of self-confidence, motivation to learn, and their desire to become life-long learners.

Historically, research begun by Chalfant, Pysh, and Moultrie in 1979 called for educational reform that stressed instructional intervention and collaborative problem solving to address the needs of students facing academic failure in the general education setting. The term *prereferral intervention* began to appear in the literature as a result of two articles published in 1985 describing the implementation of a prereferral intervention system (Graden, Casey, & Bonstrom, 1985; Graden, Casey, & Christenson, 1985). The definition for this process included "a systematic utilization of intervention strategies in the general education classroom before a student was formally referred for special education placement" (p. 378).

Concerns about overreferral rates, misclassification of students, financial responsibility, and a need to maximize opportunities for all students have been the focus of the U.S. Department of Education (USDOE) Task Force since 1986. Its recommendation to establish support systems for teachers has been echoed in subsequent...
calls for school reform (Fuchs, Mock, Morgan, & Young, 2003; Gravois & Gickling, 2002; Kovaleski, Lowery, & Gickling, 1995; National Joint Committee on Learning Disabilities, 1995).

On January 8, 2002, the revised Elementary and Secondary Education Act (ESEA) was signed into law. The revised ESEA, now referred to as the No Child Left Behind (NCLB) Act, requires all states to demonstrate considerable progress in raising the percentage of students who are proficient in reading and math and in narrowing the achievement gap between advantaged and disadvantaged students.

Congressional involvement in the reauthorization of the Individuals with Disabilities Act (IDEA) played a significant part in efforts to align the principles of IDEA with NCLB. Former U.S. Secretary of Education Rod Paige urged those involved with the reauthorization to look closely at including an emphasis on programs that lead to appropriate identification of students with disabilities. Specifically, in a released statement on February 25, 2003, he said, “IDEA should ensure the revision of outdated regulations that result in the misidentification of students as having disabilities because they did not receive appropriate instruction (in areas such as reading) in their early years” (USDOE Press Release, 2003). Paige called for schools to focus on practices that promote earlier intervention to reduce misidentification.

This study examined the extent to which such early interventions are being implemented in one state. Furthermore, it examined aspects of the process itself, such as identifying individuals involved in the process, recommendations made as a result of the process, and perceived results of utilizing a prereferral intervention process.
Statement of the Problem

The principles of IDEA call for assessment that is validated by previous attempts to address student needs as set forth in IDEA §614 (b) (5). Addressing school reform, Kovaleski, et al. (1995) stated:

The provisions of IDEA clearly indicate that *bona fide* attempts to intervene with a student in a regular classroom program are required prior to further psycho-educational assessment for special education eligibility. Special education services can be considered only when appropriate interventions have been attempted and found to be unsuccessful within the scope of the regular classroom. (p.16)

Beginning with the 1997 reauthorization of IDEA, advocates proposed that federal funds be earmarked to support early intervention programs (National Association of School Directors of Special Education, 1995). Amendments included in the 2004 IDEA reauthorization also propose that funds be made available for “early intervening services”.

Growing concern over how learning disabilities are defined and identified has also directed more attention to the interventions provided for students who are at risk for failure. Programs that provide effective instruction by classroom teachers, where student progress is closely monitored, evaluated, and adjusted accordingly to students’ responsiveness to intervention (RTI) are a current focus of numerous groups. Thus, professional groups including the Division for Learning Disabilities of the Council for Exceptional Children (2002), the International Dyslexia Association (2002), and the
National Association of School Psychologists (2002) continue to support research that examines practices used by schools prior to formal referral for testing and/or eligibility for special education services. In particular, increased effort is being made to identify those practices that result in appropriate identification of students with disabilities.

The traditional special education process has consisted of three principal steps: referral, evaluation, and placement (Hartman & Fay, 1996). A number of researchers (e.g., Bangert & Baumberger, 2001; Fuchs et al. 2003; Gravois & Gickling, 2002) have suggested the need for a process that provides additional support to the general education teacher in hopes of ameliorating academic difficulties before they become so severe that special education services are necessary. The aim of this process is to identify and implement interventions that enable students to remain in the general education classroom with support provided by general education staff. Such interventions would facilitate access, participation, and progress within the general education curriculum.

As early as 1989, Carter and Sugai conducted the first national survey of prereferral intervention practices. The results indicated that only 23 states required any form of prereferral intervention. Great variances were also found in the interventions implemented and the staff utilized in the prereferral intervention process. Similarly, an updated version of that survey conducted by Buck, Polloway, Smith-Thomas, and Cook (2003) revealed “the manner in which the prereferral process is applied across states and districts could be one of the most inconsistently applied processes in education” (p 350). Inconsistent application of the prereferral intervention process across states and local
school districts has been documented. How will we know if this process produces positive results for students if we cannot even determine that it is being applied?

With passage of the NCLB Act, the federal government renewed its commitment to providing the opportunity for a valuable education for all students. With this new commitment came a call for further research and study of educational programs and practices created to provide school-based interventions for students who are experiencing academic difficulties prior to formal referral to the Child Study Team for testing and possible placement in special education programs. “It is time to do away with the ‘refer, classify and place’ mentality” that has been the band-aid to addressing the needs of students who are not successful in their academic settings” (Algozzine, 1993, p. 463).

The prereferral intervention process is an effort to avoid the “wait to fail” approach that has been characteristic of special education for too long.

Significance of the Study

The reauthorization of IDEA ’97 included the mandate that students cannot be classified as disabled primarily due to “lack of instruction.” The reforms put forth in the reauthorization called for a problem-solving model of service delivery and assessment practices that “yield classroom based instructionally relevant academic and behavioral interventions” (Prasse & Schrag, 1999 p.89). Although IDEA does not explicitly mandate prereferral interventions, most states either require or recommend some form of prereferral assistance prior to a multidisciplinary evaluation for a suspected disability (Buck et al., 2003).
Regulation §300.543 of IDEA indicates that a multidisciplinary evaluation must determine if there is a severe discrepancy between achievement and ability, that is not correctable without special education and related services. This raises a number of questions, such as how do we know the severe discrepancy is not correctable if there has not been an effort to correct it through a general education process or what has been done prior to the request for a full evaluation to identify a disability? What strategies have been implemented? Who was responsible for their implementation and what training did they have in order to identify and implement these strategies? The rationale for this study is a search for answers to these questions.

When IDEA '97 was originally drafted, the subcommittee from the House of Representatives Committee on Education and the Workforce reported that, “There are substantial numbers of children who are likely to be identified because they have not previously received proper academic support. Such a child is often identified as learning disabled because the child has not been taught in an appropriate or effective manner for the child” (House Report No. 105-95, 105th Congress 1st Session, 1997). How can we provide the assurance that schools are offering this academic support? “A thoroughly conducted prereferral intervention is one structure that can be used to provide specific interventions in the general education classroom” (Kovaleski, et al., 1995, p.15). This practice involves the use of intervention strategies implemented immediately when students begin to experience academic difficulties (Graden, Casey, & Christenson, 1985). Prereferral interventions that provide immediate assistance to classroom teachers in an
effort to modify their instruction and/or classroom management are an effective means for providing the support that many struggling students require.

Purpose of the Study

A review of relevant literature suggests a strong link between implementation of quality prereferral intervention practices and a decrease in inappropriate special education referrals (Graden, Casey, & Bonstrom, 1985; Hartman & Fay, 1996; Kovaleski, & Prasse, 2003; National Joint Commission on Learning Disabilities, 1998). A correlation between these practices and the reductions in the percentages of students referred for special education have also been substantiated (Chalfant & Pysh, 1989; Fuchs, Fuchs, & Bahr, 1990; Graden, Casey, & Bonstrom, 1985; Gutkin, Henning-Stout, & Piersol, 1988; Hartman & Fay, 1996; Vaughn, Linan-Thompson, & Hickman, 2003). In a 2003 study of state practices utilizing a prereferral intervention process, Buck and colleagues found that “when prereferral intervention procedures are most effective, the number of inappropriate referrals to special education is reduced and consequently potential cost-savings due to fewer inappropriate placements may occur” (p. 358).

Three of the principal goals of prereferral intervention practices are (a) accurate identification of student strengths and weaknesses, (b) teacher support, and (c) implementation of child-specific educational practices in the general education setting to address student concerns. In theory, if intervention practices can provide these constructs before students experience long-term failures, referrals and misclassifications for special education will decrease and academic achievement will increase. The purpose of this study was to examine the process and practices for prereferral interventions utilized in
schools across Virginia. Additionally, it provides support for continued research of
current prereferral intervention practices in school districts across the United States.

Surveys conducted by Carter and Sugai (1989), Nelson, Smith, Taylor, Dodd, and
Reavis (1992), and Buck et al. (2003) indicate a state department trend toward requiring
school districts to utilize a prereferral intervention process. It is important to know how
school districts are responding to mandates at the federal, state, and local levels. This
study collected and examined information concerning the following questions:

1. To what extent is a prereferral intervention process required or recommended by
local school divisions across Virginia prior to formal referral to the Child Study
Team?

2. Who are the primary participants in the prereferral intervention process and what
is the nature and extent of professional development for these individuals?

3. What types of interventions are most frequently recommended as a result of the
prereferral intervention process?

4. What are the perceived positive and negative effects of utilizing a prereferral
intervention process prior to formal referral to the Child Study Team?

Definitions of Terms

The following definitions are fundamental in understanding school-based
prereferral intervention practices.

The *prereferral intervention process* is defined as the utilization of a school-based
intervention team consisting of a core of educational personnel representing various
grade levels and disciplines who problem solve collaboratively to assist teachers and students who are experiencing difficulties resulting in poor student academic performance (Fuchs, Fuchs, & Bahr, 1990). This process occurs prior to formal referral to the Child Study Team (CST).

A *prereferral intervention* refers to “a teacher’s modification of instruction, or some aspect of the learning environment, to better accommodate a difficult-to-teach student prior to a formal referral of the student for testing and possible Special Education placement” (Fuchs, Fuchs, & Bahr, 1990, p.128). This intervention is commonly the result of the prereferral intervention process. An intervention consists of appropriate assessment of the student’s strengths and weaknesses followed by modification of instruction or classroom management to better accommodate their needs. Prereferral interventions place an emphasis on appropriate and authentic assessment of the student’s abilities and the utilization of effective instructional practices in the general education setting in an effort to capitalize on what the student already knows in order to address identified weaknesses (Kovaleski et al., 1995). Strategies commonly used include individualized instruction, consultation, collaborative problem solving, behavior management, and parent participation (Brown, Gable, Hendrickson, & Algozzine, 1991; Walther-Thomas, Korinek, McLaughlin, & Williams, 2000). Prereferral intervention is based on the premise that instructional assessment guides instruction within the general education curriculum (Kovaleski et al., 1995). This formative type of evaluation is designed to
provide classroom teachers with the strategies and the support needed to meet the needs of students who are at risk for academic failure.

*School-based intervention teams* are problem-solving units usually consisting of a core of teachers and other educational personnel representing various grade levels and/or disciplines, who work collaboratively to assist teachers and students who are experiencing difficulties resulting in poor student academic performance (Chalfant & Pysh, 1989). These teams often include general and special education teachers, counselors, psychologists, social workers, administrators, and other individuals who may contribute to the process. Teams commonly problem-solve using practices based on behavioral or collaborative consultation. These intervention teams may be categorized under a number of titles. These include, but are not limited to, Teacher Assistance Teams (TATs), Prereferral Intervention Teams (PITs), Mainstream Assistance Teams (MATs), and Instructional Support Teams (ISTs). Providing instructional support activities within the general education setting is the aim of each of these models (Fuchs, Fuchs, & Bahr, 1990; Graden, Casey & Bronstron, 1985; Kovaleski et al., 1995; Sindelar, Griffin, Smith & Watanabe, 1991).

In contrast to a prereferral intervention process, the use of a Child Study Team is a more traditional approach used with students who are experiencing academic difficulties. This approach relies heavily on referral, assessment, and placement (Salvia & Ysseldyke, 1991; Whitten & Dieker, 1995). Research indicates that in many instances minimal effort is made to investigate why the individual student is experiencing difficulties in the classroom (Bahr, 1994). The Child Study Team characteristically served
a very restricted role governed by specific legal procedures and safeguards. The
traditional Child Study model has been criticized as an approach that waits for children to fail before providing prevention or intervention programs. Child Study Teams have sometimes been referred to as the “gatekeepers” for Special Education. Students who are found ineligible become the sole responsibility of the classroom teacher, who is left with few suggestions for alternative interventions (Walther-Thomas et al., 2000).

Delimitations of the Study

Delimitations address issues of external validity or generalizability of research to a larger population. They include any factor within the researcher’s control that may affect external validity. Concerns over where, when, and with whom a study is conducted form a basis for delimitations. Thus, interaction effects of selection biases and reactive effects to participating in the study (the Hawthorne effect) must be considered (Gall, Borg, & Gall, 1996). For this current study interaction effects and reactive effects were addressed through the use of random selection of the sample and triangulation of multiple data-collection methods.

The random sample included assistant principals throughout Virginia. In some cases, smaller school divisions do not have an assistant principal position. In such instances, information was accepted from other individuals who had knowledge of student intervention procedures in their school. A survey was sent to the attention of assistant principals in 200 schools. Of these, 100 were sent to elementary schools, 50 to middle schools, and 50 to high schools. The survey was designed for use with school-based personnel, specifically assistant principals. The survey was designed to gain
information on the prereferral intervention process used prior to referral to Child Study Team.

In many schools the assistant principal is responsible for supervising student services. As such, they are often involved in the Child Study Team process. Child Study Teams are concerned with the events that have led to the referral of a student for evaluation of a suspected disability. The delimitations of this study address the participants, their knowledge of the prereferral process utilized in their building, the training for, or lack of, implementing a prereferral process, and their participation in the process. An effort was made to retrieve data from individuals who are knowledgeable about the prereferral intervention process utilized in their buildings.

Interviews with survey participants and an analysis of documents used in the prereferral intervention process were also a part of the data included in the study. This triangulation of multiple data-collection methods was incorporated in an effort to support the validity and reliability of the study.

Limitations of the Study

Limitations of research relate to internal validity. Internal validity refers to the credibility or believability of the findings and results (Gall et al., 1996). Limitations of this study were due to conditions that restrict the scope of the study and therefore may affect its outcomes. Three limitations of this study were instrumentation, differential selection of subjects, and nonresponse error.

The instrument used for this research was based on two previous studies, one conducted by Carter and Sugai in 1989 and an updated version of that study conducted by
Buck et al. (2003). No information is available on the reliability or validity of the instrument used in these studies. The present study focused on gathering similar information at the local level with a similar instrument. A first draft of the instrument was field-tested in the fall of 2003 in nine schools in one local school division in Virginia. The field test used a much smaller sample than recommended for scientific study. Therefore, the data must be regarded with caution.

School divisions in Virginia do not require that assistant principals take the primary responsibility for supervising Child Study Teams or prereferral intervention practices. Some schools enlist other personnel for this purpose. Therefore, there was no control for the knowledge and training of the assistant principals selected to answer the survey instrument or for those who completed the survey who were not assistant principals.

A prereferral intervention process is aimed at early identification and implementation of strategies to address the needs of students who are experiencing academic difficulties. Therefore, the random sample included a greater number of surveys from elementary assistant principals than from higher grades. Given that the groups of elementary, middle, and high school assistant principals participating in the study were not equivalent, differential selection of subjects was considered.

The responses to the surveys provide data based on the best knowledge of the individuals who participated. However, without actual observation of these practices, the responses can only be considered an estimated assessment of what actually may be
occurring. The interviews and the analysis of selected documents added additional support to the accuracy of the survey results.

Criticism in the literature on prereferral intervention practices has generally been related to the manner in which the process is operationalized. For example, Flugum and Reschly (1994) stated, "Prereferral interventions will not be effective until they are provided on a regular basis and meet reasonable standards of quality" (p. 12). A survey was developed to ascertain specifically if a prereferral intervention process is used in local school divisions throughout Virginia and what types of interventions are most frequently implemented as a result of the process.

The current study provides a foundation for further research of prereferral intervention practices. The literature review that follows cites numerous studies that indicate a direct correlation between the use of prereferral intervention practices and an increase in academic achievement, thus reducing the need for special education services.
CHAPTER 2
Review of the Literature

Prereferral intervention practices have been studied since the late 1970s. They represent one response to concerns over misidentification of students in special education programs, the ever-widening achievement gap of minority students, and the prevailing public opinion that schools are not meeting the needs of many of today’s diverse learners.

Researchers have studied the effectiveness of prereferral and intervention assistance programs since 1979. Prereferral intervention as defined by Fuchs, Fuchs, and Bahr (1990) refers “to a teacher’s modification of instruction or classroom management to better accommodate a difficult-to-teach pupil without disabilities” (p. 128). Studies conducted by Chalfant et al. (1979) suggest that daily, ongoing teacher support, rather than traditional resource or pullout models, most appropriately meets the needs of students who are experiencing academic and/or behavioral difficulties. Further, Tucker (2001) noted, “Instructional support is an application of collaborative learning in the search for more effective instructional strategies” (p. 49).

Much of the early research prompted those involved with the Regular Education Initiative of 1986 and the reauthorization of the Individuals with Disabilities Act of 1997 (IDEA) to include in their proposals an emphasis on early intervention in the general education setting prior to formal referral to the Child Study Team (Bangert & Baumberg, 2001). The preamble to the 1997 Amendments to IDEA addressed the problem of overidentification of students with disabilities, identifying prereferral intervention as an effective way to reduce the number of students misidentified as needing special education...
services. A core issue addressed during the deliberations of the reauthorization was the delay in the onset of intervention services for students struggling in reading and math. More recently, the reauthorization of IDEA 2004 (now IDEIA) includes provisions for local education agencies (LEAs) to use some of their IDEA grant funds for “early intervening services” aimed at reducing the future need for special education services for children with educational needs who do not qualify under the 1997 IDEA.

The literature continues to abound with discussions of past models for prereferral intervention programs. These include Teacher Assistance Teams (Chalfant et al., 1979), Prereferral Intervention Teams (Graden, Casey, Bonstrom, & Christenson, 1980), and Mainstream Assistance Teams (Fuchs, Fuchs, & Bahr, 1990). New intervention programs such as Instructional Support Teams are built on practices from the past blended with the knowledge gained on how to best meet students’ needs. Figure 1 represents a framework of the process utilized in the major prereferral intervention models discussed in this chapter.

Prereferral has its roots in legislation such as IDEA and NCLB, and the U. S. Department of Education (USDOE). The beginning of the process is to identify students who are experiencing academic difficulties. Preventive interventions are determined by the prereferral intervention team, who recommends specific strategies for identified students. These interventions are implemented and monitored to assess if the student is responding positively to the changes. If positive results are produced, the student continues to be monitored in the general education class with no need for further evaluation. If the student fails to respond to the interventions, he or she may be referred
for a multidisciplinary evaluation to determine if a disability exists. While there is a variety of prereferral intervention models with different characteristics, each model follows basically the framework presented in Figure 1.

![Figure 1. Framework for a prereferral intervention process.](image)
Historical Models

Studies of prereferral interventions practices appeared in the literature as early as 1979. These studies fell into four lines of inquiry: Teacher Assistance Teams (Chalfant et al., 1989; Chalfant, Pysh, & Moultrie, 1979; Chalfant, Pysh, & Miros, 1991); Mainstream Assistance Teams (Fuchs, Fuchs, Bahr, Fernstrom, & Stecker, 1990; Fuchs, Fuchs, & Bahr, 1990); Prereferral Intervention Teams based on a consultative model (Elbaum & Vaughn, 2001; Flugum & Reschly, 1994; Graden, Casey, & Bonstrom, 1985; Graden Casey, & Christenson, 1985; Ponti, Zins, & Graden, 1988), and more recently Instructional Support Teams (Fuchs et al., 2003; Hartman & Fay, 1996; Kovaleski, Gickling, Morrow, & Swank, 1999; Kovaleski et al., 1995).

The questions researchers have tried to resolve are the following:

- How effective are prereferral and intervention assistance programs? (Chalfant & Pysh, 1989)
- Do prereferral and intervention assistance programs reduce inappropriate special education referrals? (Hartman & Fay, 1996)
- Do prereferral and intervention assistance programs enhance the quality of general education instruction to improve student learning? (Kovaleski et al., 1999)
- What factors are related to intervention effectiveness? (Flugum & Reschly, 1994)
- What kinds of interventions are most productive? (Fuchs et al., 1990)
- Is students’ academic self-concept and/or achievement positively affected through the use of school-based intervention teams? (Fuchs et al., 2003)
The sections that follow address each of the major lines of inquiry based on the literature.

*Teacher Assistance Teams (TATs)*

The Teacher Assistance Team (TAT) model developed by Chalfant and colleagues (1979) is based on collaborative consultation. The model stresses collaborative problem solving, general education ownership, and immediate classroom assistance by colleagues. It is designed to address students' needs by providing preventive interventions and determining appropriate referrals to special education.

The 1979 study by Chalfant and his colleagues of 96 intervention teams in seven states over a decade examined teachers' perceptions of interventions and their success. They were encouraged to find that teachers requested assistance with, not just information about, difficult-to-teach children. The TAT approach is described as one "of teachers and for teachers" (Fuchs et al., 2003, p. 161). Teachers on TATs reported that the positive aspects of this model were group problem solving and moral support from peers.

More recent data collected by Chalfant et al. (1991) on TATs in Arkansas reinforced the results of their previous research. Specifically, they determined that TATs can support and enhance the collaboration and empowerment of teachers, address student and school-wide problems, provide preventive intervention for 'at risk' students, and identify appropriate referrals to special education" (p. 90). Members of collaborative intervention teams, such as TATs, have reported that serving on intervention assistance teams expands their repertoire of skills, ideas for interventions, multidisciplinary
perspectives, and appreciation for their colleagues (Walter-Thomas et al., 2000).
However, it was noted that teachers were concerned with the lack of team training,
insufficient time to learn and practice new strategies, and an absence of data on actual
changes in student performance.

Consultative Model of Prereferral Intervention Teams

Prompted by an increased number of students being referred and tested for special
education, Graden, Casey, and Christenson (1985) focused on a prereferral intervention
model based on consultation with an emphasis on the use of school resource personnel,
specifically school psychologists. Of particular concern was the inconsistent use of the
referral, assessment, and decision-making process for identifying students in need of
special education services. Results indicated a number of variables that directly affected
successful implementation of programs. Of these, the expertise of the consultant and the
proficiency of the teacher implementing the interventions were key factors.

A major difference between the prereferral intervention model and the assistance
team approach is the use of consultation by prereferral intervention teams in determining
practices to be implemented by the classroom teacher. These practices focus on
prevention rather than identification (Graden, Casey, & Christenson, 1985). In this
model interventions are provided at the point of initial referral rather than being deferred
until after exhaustive testing can be completed. The consultant and referring teacher work
together to target specific weaknesses for remediation. These are analyzed and an
intervention plan is developed with an emphasis on maintaining students in general education programs (Sindelar et al., 1992). Hence, implementation of the intervention plan is the responsibility of the classroom teacher, whereas the consultant acts as an indirect agent for providing assistance. This model is used predominantly with students who may have mild academic or behavioral concerns (Bahr, 1994).

Graden, Casey, and Bronstom (1985) also evaluated the effectiveness of prereferral interventions that utilized the consultation model of service delivery for the purpose of identifying specific components. The results of one of their studies was a 66% decrease in referrals for special education testing after a two-year use of the consultative model for student assistance. Five key elements of successful prereferral intervention efforts were identified: administrative support, availability of resources, sufficient time for consultation, openness to change, and consultant expertise.

In similar studies of prereferral interventions, Gutkin and colleagues (1988) examined the results of using trained school psychologists in the consultation model. Their results were similar to those of Graden, Casey, and Bronstrom (1985). Specifically, they found an increase in the number of students achieving their educational objectives and a significant drop in evaluations for special education eligibility when school psychologists provided the assistance needed by the general education teacher. Critics of this model purport that it relies too heavily on specialized personnel. While money may be saved because additional training is not required for entire “teams” of teachers, there is the risk of teachers not implementing suggested interventions due to a lack of ownership in the process (Ponti et al., 1988).
Mainstream Assistance Teams (MATs)

In 1985 the Office of Special Education Programs (OSEP) of the USDOE sponsored an Enhancing Instructional Programs Options research initiative. A project to study MATs was developed, implemented, and validated over a three-year period. As part of the study Fuchs, Fuchs, and Bahr (1990) conducted a comprehensive field-based analysis of prereferral consultation and the effectiveness of "inclusive" interventions used by general education teachers. Their model of teacher intervention was based on behavioral consultation. This research indicated that the use of behavioral consultation as an intervention tool utilized by MATs was a viable approach to addressing the needs of students who are experiencing academic and/or behavioral difficulties. The researchers concluded that student social behaviors and academic learning could be improved measurably through effective instruction utilizing the behavioral consultation framework.

Nevertheless, problems with this model were also evident. Teachers were concerned that improved student behavior and academic gains did not generalize to other settings, the treatments suggested by the consultants were too complex, and the interventions demanded too much time for the general education teacher to implement.

Instructional Support Teams (ISTs)

Perhaps the best known of the more recent models of intervention programs is the Instructional Support Team (IST). Begun by Jim Tucker, director of the Bureau of Special Education in the Pennsylvania Department of Education, in 1990 and used extensively throughout Pennsylvania and New York, the IST is an example of a
collaborative problem-solving approach to providing prereferral intervention (Fuchs et al., 2003).

Advocates for the IST model explain the differences between this approach and other intervention models (Kovaleski et al., 1995). The IST model heavily emphasizes instructional evaluation as the basis for deciding effective classroom interventions. They suggest that the instructional evaluation should not “consist of a static testing situation, but should be based on an on-going analysis of the student’s actual response to effective instruction, usually in the context of an instructional support process” (p. 14).

Instructional Support Teams use curriculum-based assessment for academic concerns in order to accurately describe a student’s problems in measurable terms. The intervention team, led by the Instructional Support Teacher, works with students in the general education classroom. A primary goal is to determine intervention effectiveness (Kovaleski, Tucker, & Stevens, 1996). Students who show little responsiveness to intervention are referred for a more formal multidisciplinary evaluation for possible special education placement.

Instructional evaluation has its foundations in provisions set forth by IDEA. It emphasizes that students must be provided with learning experiences that are appropriate for their age and ability. The principal function of an instructional evaluation is to collect assessment data, analyze it, and set conditions for optimal learning, thereby improving the quality of teaching and learning (Gravois & Gickling, 2002).

Kovaleski and colleagues (1999) concluded that students who received services from Instructional Support Teams characterized by high implementation of interventions
displayed significantly higher gains in reading comprehension, task completion, and time on task than did students served by teams identified by the researchers as low implementation teams. They urged practitioners to focus on gathering information about what learning actually occurs when the results from instructional evaluations are used in choosing appropriate interventions.

In 1996 the Center for Special Education Finance (CSEF) funded a study on the cost-effectiveness of using instructional support teams in Pennsylvania. The report, written by Hartman and Fay (1996), revealed that while there was little difference in the cost of implementing the IST approach compared to traditional special education approaches, 85% of the students who were referred to the IST were able to remain in the general education setting. “Because of the stringent monitoring of student progress in the IST process, it was assumed that the instructional services these students received were effective, maintained them in the regular classroom, and kept them out of special education” (p. 31). In a report to the Association for Supervision and Curriculum Development (ASCD), James Tucker noted that, “By introducing a simple collection of proven educational practices under the rubric of instructional support, schools in at least four states have systematically and significantly reduced the number of referrals to special education while at the same time seeing an increase in academic achievement” (2001, p. 47).

As recently as 1999, the state of Virginia began its IST initiative. Backed by support from the governor and the Virginia Department of Education, Virginia included the IST initiative as a component of its Special Education State Improvement Grant,
which was partially funded by the USDOE from 1999 to 2004. The Virginia IST program began by developing four cohorts that received training over a five-year period. Within the first three years of implementation, multidisciplinary evaluation referrals were reduced an average of 47% to 63% (deFur, 2000; Werner, 2001). Additional data indicated that 79% of reading goals written for students receiving the early intervention were fully or substantially met (Werner, 2001). Finally, data presented to the State Board of Education in October 2002 indicated a grade retention reduction of 72% to 89%, and 96% of teachers involved in the process reported implementing newly learned strategies with other students (deFur, 2000). Of particular interest to researchers of the IST model was the contribution of ISTs to the reduction of overrepresentation of African American students in special education programs (National Alliance of Black School Educators & ILIAD Project, 2002).

While there are numerous titles for prereferral intervention models, the four previously discussed models appear most frequently in the literature. A comparison of prereferral intervention models can be seen in Table 1.

Recurring Problems Noted in the Research

Major limitations to prevailing prereferral intervention models were discussed in an article written by Safran and Safran (1996) entitled *Intervention Assistance Programs and Prereferral Teams*. The three most prevalent limitations were an absence of direct measures of student learning, data gained as a result of teachers' opinions, and an inflated report of achievement or halo effect.
SCHOOL-BASED PREREFERRAL INTERVENTION PRACTICES

A Dissertation

Presented to

The Faculty of the School of Education

The College of William and Mary in Virginia

In Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

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Table 1

*A Comparison of Major Prereferral Intervention Models*

<table>
<thead>
<tr>
<th>Model</th>
<th>Major Researchers</th>
<th>Practices Based On</th>
<th>Major Features of Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher Assistance Teams (TATs)</td>
<td>1979-Chalfant, Pysh, &amp; Moultrie</td>
<td>Collaborative consultation</td>
<td>Stresses general education ownership “of teachers, for teachers”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Interactive process between teachers</td>
</tr>
<tr>
<td>Consultative Model of Prereferral</td>
<td>1985-Graden, Casey, Bonstrom,</td>
<td>Consultation based on the use of the</td>
<td>Emphasizes the use of the school psychologist and/or special education teacher</td>
</tr>
<tr>
<td>Intervention Teams</td>
<td>&amp; Christenson</td>
<td>school psychologists</td>
<td>Provides indirect services to classroom teachers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mainstream Assistance Teams (MATs)</td>
<td>1990-Fuchs, Fuchs, &amp; Bahr</td>
<td>Behavioral consultation</td>
<td>Team identifies specific behaviors in terms of frequency, intensity, and duration</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Relies on inclusive interventions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Consultant monitors implementation and provides feedback</td>
</tr>
<tr>
<td>Instructional Support Teams (ISTs)</td>
<td>1995-Kovaleski, Lowery, &amp; Gickling</td>
<td>Collaborative problem-solving approach</td>
<td>Utilizes the services of additional Instructional Support Teacher</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Curriculum-based assessment</td>
<td>Interventions driven by curriculum based assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Interventions delivered in the general education classroom</td>
</tr>
</tbody>
</table>

Other researchers concur with Safran and Safran’s evaluation. For example, Kovaleski et al. (1999) reported that differences in outcomes across models might occur as a function of differences in model implementation, commonly known as treatment fidelity. Buck et al. (2003) describe prereferral intervention programs as “the most inconsistently applied process in education” (p. 350). The extent to which a teacher is capable of implementing an intervention plan can positively or negatively affect the outcomes for individual students (Chalfant et al., 1989).

All prereferral intervention practices are based on the ability of teachers and other educational professionals to work together to identify and solve problems for
students who are experiencing academic difficulties. *Collaborative problem solving* is one method. In the past the skills needed to collaborate were not part of formal training for either general or special education teachers. Many teachers have not had the experience of working with their colleagues in an effort to improve their educational practices. This lack of training in collaborative problem solving can lead to low implementation of intervention practices (Kovaleski & Prasse, 2003). This, in turn, negatively affects the outcomes for students.

*Consultation* is another style of service delivery recognized as an effective intervention strategy that requires additional training. Through the consultant-consultee model intervention plans can be developed and implemented. Students are helped indirectly through assistance provided by the consultant to the general education teacher in an effort to identify and improve instructional practices targeted to meet specific student needs. The training and expertise of the consultant is a major factor in determining the successfulness of the intervention process (Bahr, 1994).

In addition to the expertise of the consultant, the education of intervention teams in productive collaborative or consultative prereferral strategies is essential for accurate identification and intervention of students' needs. Some studies suggest that unsuccessful interventions are often the result of inadequate training of teams in these processes (Ponti et al., 1988).

In the IST model, staff development and the individual training of the IST leader is a large component of the model. For training to take place time, money, and a
commitment to the process must be available. Recent information concerning the Pennsylvania IST project reveals that in 1997 the state legislature changed regulations requiring schools to employ the IST model to render it optional. To some it was seen as "another unfunded mandate" (Kovaleski & Prasse, 2003). The history of the Pennsylvania IST project is one example of how reduction of state support can negatively affect the implementation of prereferral intervention programs. In discussing this aspect of programs, Kovaleski stated, "As we have known throughout this process, the critical variable in the effectiveness of any program is whether it is implemented at a sufficient level of fidelity" (p. 2).

Each model of prereferral intervention has its unique emphasis on the process. According to the literature, each model places high importance on the training of individuals involved in identifying student needs, implementing educational practices, and providing collaborative support for one another.

Flugum and Reschly (1994) found that nearly all of the research concerning prereferral interventions fails to evaluate the interventions through the use of "quality indicators." These indicators used to identify characteristics that differentiate successful from unsuccessful prereferral interventions, include a behavioral definition, collection of baseline data, an intervention plan, treatment integrity, analysis of intervention results, and assessment of change. The authors noted that the presence of these quality indicators correlated with positive student outcomes. However, they warned that even quality prereferral interventions are not effective until they are used on a regular basis and adhere to defined standards.
Fuchs et al. (1990) called for the use of “packaged” intervention models in an effort to maintain the integrity of intervention practices. By “packaged” they mean a “multifaceted intervention that has been preassembled through efforts (a) to validate empirically each constituent part and (b) to describe these parts, and their interrelations, with sufficient clarity so that practitioners may replicate them” (p. 138). They noted that the success of MATs was directly related to the consistency of those facilitating the intervention strategies.

Finally, Sindelar et al. (1992) concluded that preliminary findings from studies on prereferral intervention teams were encouraging and that implementation should be continued. However, they also called for more in depth investigations of strategies used for classroom interventions and the development of proactive practices. “At best this infrequent research is only suggestive of the importance of prereferral intervention” (p. 256). Few data-based investigations on the effectiveness of specific prereferral practices exist.

Results from Current Research

A review of the literature on school-based prereferral intervention practices indicates three specific areas that are positively impacted by this process: (a) an increase in student achievement and academic self-concept, which often leads to a decrease in student retentions; (b) a reduction in inappropriate referrals for special education; and (c) an increase in educational practices in the general education classroom that benefit all students.
When a highly structured, behavioral consultation approach is utilized, increases in student achievement have been documented (Fuchs, Fuchs, & Bahr, 1990). Three studies conducted by Chalfant and Pysh from 1981 to 1988 concluded that the amount of progress a student made was directly related to the severity of the student’s problem, the intervention strategies chosen, and the extent to which teachers successfully implemented the intervention strategies. These researchers documented an 88.7% success rate for nonhandicapped students who were served by assistance teams in an effort to improve academic achievement. Similarly, a study conducted by Gilmer (1985) revealed that 72% of students receiving assistance from TATs successfully resolved the problems for which they were initially referred. In addition to these findings, a meta-analysis conducted by Elbaum and Vaughn (2001) showed a significant positive effect on student’s self-concepts when selected school based interventions were targeted to address specific needs.

Several researchers have called for more evidence to show that intervention teams affect academic performance over an extended period of time. Unfortunately, to date studies have failed to track individual students who received prereferral intervention. Most of the research has been directed at teacher satisfaction with the intervention team approach. Efforts to study specific cases in a qualitative manner are rare.

Prereferral intervention practices that incorporate a high degree of training for the teams have proven to consistently reduce the percentage of students referred for special education (Chalfant & Pysh, 1989; Fuchs, Fuchs, & Bahr, 1990; Graden, Casey, & Bonstrom, 1985). Talley’s report (1988) of school psychologists in Kentucky disclosed a
63.6% reduction rate for student referrals in schools using TATs. This was accomplished through the use of teams that had previously been trained by Chalfant and Pysh in the identification and implementation of intervention practices.

Low student achievement sometimes reflects inappropriate or poor teaching practices rather than a student disability. The use of prereferral intervention programs has been documented as a tool that provides classroom teachers with program considerations that address specific needs of students in the classroom setting. This differs from the typical referral for special education evaluation, which is often criticized as a "wait to fail" approach (Fuchs et al. 2003). These additional program considerations can often be utilized with other students who struggle to make academic gains and, therefore, result in overall improvement in classroom instructional practices.

Schrag and Henderson (1996) prepared a meta-analysis of the literature on school-based intervention assistance teams for Project Forum. They analyzed articles, documents, reports, and books related to assistance teams and their impact on special education. Categories included changes in special education referrals, impact on the number of students appropriately referred for special education, impact on attitudes of team, teacher, and students regarding satisfaction of the intervention provided, impact on teachers’ attitudes, tolerances, and skills toward diverse students, and changes in student academic or behavioral performance (p. 17). The findings showed that of the 31 studies reviewed, 21 examined referral rates, 17 examined appropriate referrals, 22 examined participants’ satisfaction with the process, 21 examined the change in attitudes of participants, and 16 examined changes in student academic and behavioral performance.
These and other findings give educators enough evidence that the use of prereferral intervention programs is warranted. The implementation of identified practices tailored to meet the needs of specific educational settings and student populations will undoubtedly be the focus of future studies.

Implications for Effective Practices

Educational leaders are responsible for determining best practices for their specific learning environment. For prereferral intervention programs to be effective, they must have the support of administrators. Indeed, such support is a critical factor in successfully changing existing teaching practices (Chalfant & Pysh, 1989; Ponti, Zins, & Graden, 1988; Kruger, 1997). One major element of this support is providing the necessary resources to implement new practices. One resource that is often overlooked is the provision for sufficient time for developing and maintaining prereferral intervention teams. To establish effective teams a minimum of three years must be devoted to the process (Chalfant, Pysh, & Miro, 1991). In addition to such long-term commitment, administrators must also provide release time for teachers throughout the school year to give them the opportunity to problem-solve with their colleagues.

Providing a network for collaborative support is another responsibility of effective school leaders. Such a network often includes personal support, special education support, special needs support, interagency/community support and primary support (Laycock, Gable, & Korinek, 1991). When educators encounter challenges that
require skills or knowledge they are not familiar with, additional support is often necessary. School climates built on trust and openness lead to an environment where teachers can plan and problem-solve based on collegiality. By working together collaboratively, teams can better provide interventions to address the unique needs of diverse learners.

One way to develop trust is through positive feedback. When school leaders acknowledge the efforts of classroom teachers, they encourage them to continue to seek new ways to improve their teaching practices. Not surprisingly, studies on effective organizational support, positive feedback was found to be one of the critical factors in maintaining teacher satisfaction with the TAT approach (Krueger, 1997).

Most prereferral intervention programs are considered “bottom-up”, that is the process is initiated at the classroom level. It is the responsibility of administrators and educational leaders to promote and maintain programs that incorporate best practices by providing staff development and support to teachers in the general education setting. Part of the preparation necessary should include an understanding the consultative and/or collaborative problem-solving process.

Teachers must also understand the principles and function of accurate student assessment. Accurate student assessment is the cornerstone of providing appropriate instructional opportunities. Experts in evaluation suggest a move away from assessments that identify student deficiencies to assessments that lead to an instructional match between what the student already knows and what the student needs to know in order to be successful in the classroom (Gravois & Gickling, 2002). When teachers receive
training in how to identify and implement practices that support the individual needs of
children, the need for additional services is diminished.

Classroom teachers are the direct link between students and the curriculum. Most
of the intervention strategies suggested by prereferral teams are implemented directly by
classroom teachers, therefore, these teachers must receive the preparation and support
necessary for continuous implementation. Long-term, ongoing staff development is
critical (Safran & Safran, 1996). Teachers need sufficient time to plan and practice new
strategies.

Further, participation in prereferral intervention programs must be voluntary to be
successful (Chalfant, 1991). Teachers need to believe that the strategies suggested by
their colleagues are worthwhile, practical, and innovative. In a study by Inman and
Tollefson (1988), 90% of teachers who were asked to try intervention strategies
suggested by prereferral teams said they had previously tried identical interventions
without success. Without novel practices provided by the support team, dissatisfaction
between classroom teachers and intervention teams may surface. When teachers’ efforts
are recognized as being effective by their colleagues, a sense of accomplishment is
promoted. Teacher efficacy is important for strategies to be successful.

Data indicate that the number of students with disabilities (specifically learning
disabilities) has risen from 3.7 million to 5.3 million in the last decade (Fuchs et al.,
2003). Educators must find a more effective way to address students’ needs above and
beyond identification and placement. A review of prereferral intervention models, such as TATs, MATs, and ISTs, emphasizes the importance of providing quality programs based on instructionally relevant practices.

Past educational reforms have relied on special education to provide support for students who were experiencing difficulties in the classroom. The concern that students must first be identified as having a disability to receive additional services is one that policy makers have begun to address. There are many strong advocates for using prereferral intervention practices to provide appropriate academic and behavioral support to students and teachers. The following quote from Kovaleski et al. (1995) provides a new paradigm to consider:

Whenever student progress is sufficiently maintained in the regular classroom through instructional support so that the rates of acquiring and retaining skills and information meet the goals set by the intervention team, the student is not in need of special education services since the student does not display the need for special education to achieve success. (p.16)

The goals of prereferral intervention programs are threefold: to reduce the number of inappropriate referrals for testing, reduce inappropriate placement in special education programs, and, most important, to provide appropriate assistance to students and teachers in the general education setting. Proponents of school reform see prereferral intervention programs as a viable answer to this challenge. The success or failure of prereferral intervention programs depends not on the model itself, but the nature and appropriateness of the interventions and the quality of their implementation (Sindelar et al., 1992).
The hypothesis that prereferral intervention programs can have a positive effect on educational outcomes is supported by the findings from numerous studies (Chalfant & Pysh, 1989; Elbaum & Vaughn, 2001; Flugum & Reschly, 1994; Kovaleski et al., 1999). Future research must aim at identifying those characteristics that differentiate successful from unsuccessful programs. Specifically, gaining information on the personnel involved in implementing practices, identifying the primary focus of the practices, and determining the degree of training received prior to implementing these practices can give us more insight into the characteristics of prereferral implementation practices.
CHAPTER 3

Methodology

The major purpose of this study was to examine the utilization of prereferral intervention practices in schools across Virginia. Prereferral intervention practices usually involve a prereferral intervention process. For this study, a prereferral intervention process was defined as the utilization of a school-based intervention team prior to formal referral to the Child Study Team. Unlike the Child Study Team, the prereferral intervention team generally consists of a core of educational personnel representing various grade levels and disciplines, who problem-solve collaboratively to assist teachers who are experiencing difficulties resulting in poor student academic performance. Prereferral interventions, therefore, are strategies suggested by the team for use with identified individuals prior to formal referral to the Child Study Team. This study involved collecting data from surveys and interviews, and document analysis in an effort to gain more information regarding these practices.

Research Questions

This study examined the following questions:

1. To what extent is a prereferral intervention process required or recommended by local school divisions across Virginia prior to formal referral to the Child Study Team?
2. Who are the primary participants in the prereferral intervention process and what is the nature and extent of professional development for these individuals?
3. What types of interventions are most frequently recommended as a result of the prereferral intervention process?

4. What are the perceived positive and negative effects of utilizing a prereferral intervention process prior to formal referral to the Child Study Team?

Procedures

*Sample*

This study surveyed 200 assistant principals from a random selection of school sites across Virginia to determine if prereferral intervention practices were being used and to identify what the process was for interventions that take place prior to referral to a formal Child Study Team. A second random sample was identified to divide the original sample into three subgroups: elementary, middle, and high schools. Surveys were sent to 100 elementary assistant principals, 50 middle school assistant principals, and 50 high school assistant principals.

Respondents were also asked to participate in face-to-face interviews. A convenience sample of 10 participants was chosen. This sample represented schools in locations that were within a three-hour drive of the researcher. Five schools were located in the northern Piedmont region and five were located in the Tidewater Region of Virginia. They included schools in rural, suburban, and urban areas. The size of the school divisions ranged from having a total of 4 schools to a total of 86 schools served by the local education agency. The sample represented a diverse sample and was a fair representation of schools across Virginia.
Participants were also asked to provide a sample of forms or written policies and procedures used in their prereferral intervention process. Forms were collected from 14 participants.

Instrumentation

The design of the survey was based on one conducted nationally by Buck and colleagues (2003). Their survey was revised, with permission of the previous researchers, to reflect a collection of information from school-based personnel across Virginia. This permission was gained though e-mail correspondence and consent. Revisions were also made in order to gain specific information about the processes schools use to intervene with students who are experiencing academic difficulties. The definitions of prereferral intervention process and prereferral intervention used in this study were given both in the cover letter and at the beginning of the survey. Specific questions on the survey were designed to gather information concerning the previously stated research questions.

The survey was field tested with a much smaller sample in the fall of 2003 as part of a pilot study on the prereferral intervention process. The sample included 13 schools in one Virginia school division. Representatives from nine of those schools responded to the survey. The results indicated that, of the schools that participated in the field test, 77.7% either required or recommended a prereferral intervention process. The title used for the members involved in the process was either Child Study Team or Teacher Assistance
Team. All but two schools included general education teachers on their teams. The majority of recommendations for interventions were instructional modifications and behavior management procedures. All participants responded that they perceived the recommended interventions were “sometimes” or “usually” successful. Responses also indicated that 88.8% of the schools utilizing the process did not provide professional development for individuals involved in the prereferral intervention process. A ranking of the order of importance of the focus of the prereferral intervention process was completed. Teacher support of instruction in the general education classroom was ranked as most important, followed by accurate identification of student weaknesses and implementation of child-specific educational practices.

The field test did not include interviews or document analysis. Interviews and document analysis were added as part of this current study to gain additional information from participants regarding perceived positive or negative affects of the process.

The final survey instrument was based on the results of the field test to gain more in-depth information about the extent to which a prereferral intervention process is utilized in schools across Virginia. Questions were also designed to ascertain information on specifics about the composition, recommendations and perceived outcomes of using such a process.

The survey consisted of two parts. The first part contained 11 close-ended questions. For all questions the respondents had an opportunity to add clarifying information by selecting the “Other” response. The second part of the survey was designed to collect information about written policies and procedures, length of time the
participant had served in his/her current position, and if he/she would be willing to participate in an interview. The survey followed the guidelines set forth by Gall and colleagues (1996). Finally, respondents were asked to share any documents they used during their prereferral intervention process. These were subsequently subjected to content analysis.

The survey, document analysis, and category systems analysis of the interviews made triangulation of this study feasible. A copy of the survey and interview questions may be found in Appendices A and D. A description of the procedures follows in Table 2.

Data Collection

A multistep systematic random sample was used for this project. Utilizing the Virginia Department of Education website, which lists 134 school divisions. First, a random sample of 100 of the school divisions was drawn. Of these, three separate groups were randomly identified, 50 elementary schools, 50 middle schools and 50 high schools. The next step consisted of randomly identifying two elementary schools from each division. A larger sample of elementary schools was identified purposefully. The concept behind prereferral intervention practices is to identify students and intervene during the early stages of academic failure to improve classroom success. Therefore, it was suspected that the prereferral intervention process is more widely used in elementary schools.
Table 2

*Description of the Research Procedures*

<table>
<thead>
<tr>
<th>Questions</th>
<th>Data Collection</th>
<th>Data Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1. To what extent is a prereferral intervention process required or</td>
<td>Survey Items 1 &amp; 2</td>
<td>Descriptive analysis to yield frequencies and percentages</td>
</tr>
<tr>
<td>recommended by local school divisions throughout Virginia prior to</td>
<td>Interview Question 1</td>
<td>Content analysis of open-ended survey and interview questions</td>
</tr>
<tr>
<td>formal referral to the Child Study Team?</td>
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<tr>
<td>Q2. Who are the primary participants in the prereferral intervention</td>
<td>Survey Items 3, 4, &amp; 7a, b, &amp; c</td>
<td>Descriptive analysis to yield frequencies and percentages</td>
</tr>
<tr>
<td>process and what is the nature and extent of professional development for</td>
<td>Collection of forms or written policies and procedures used during the</td>
<td>Content analysis of documents collected classified by content and analyzed</td>
</tr>
<tr>
<td>these individuals?</td>
<td>prereferral intervention process</td>
<td>Content analysis of open-ended interview questions</td>
</tr>
<tr>
<td></td>
<td>Interview Questions 2, 3, &amp; 7</td>
<td></td>
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<tr>
<td>Q3. What types of interventions are most frequently implemented as a result</td>
<td>Survey Item 6</td>
<td>Descriptive analysis to yield frequencies and percentages</td>
</tr>
<tr>
<td>of the prereferral intervention process?</td>
<td>Collection of forms or written policies and procedures used during the</td>
<td>Content analysis of documents collected classified by content and analyzed</td>
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<td>prereferral intervention process</td>
<td>Content analysis of open-ended survey and interview questions</td>
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<td></td>
<td>Interview Questions 6 &amp; 7</td>
<td></td>
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<tr>
<td>Q4. What are the perceived positive and negative effects of utilizing a</td>
<td>Survey Items 5, 6, 8, 9, &amp; 10</td>
<td>Descriptive analysis to yield frequencies and percentages</td>
</tr>
<tr>
<td>prereferral intervention process prior to formal referral to the Child</td>
<td>Collection of forms or written policies and procedures used during the</td>
<td>Content analysis of documents collected classified by content and analyzed</td>
</tr>
<tr>
<td>Study Team?</td>
<td>prereferral intervention process</td>
<td>Content analysis of open-ended interview questions</td>
</tr>
<tr>
<td></td>
<td>Interview Questions 5, 6, &amp; 7</td>
<td></td>
</tr>
</tbody>
</table>

A minimum of 100 surveys was used for data collection and analysis in accordance with Gall et al. (1996), who suggest a minimum of 100 subjects with 20-50 in each minor subgroup. The surveys included a cover letter explaining the project and an informed consent letter pre-approved by the William and Mary Protection of Human Subjects Committee.
Surveys were collected over a three-month period from November to January 2004. A second follow-up letter and survey were sent at the beginning of January to non-responding participants emphasizing the importance of the study and the value of the participant’s contribution. A third follow-up letter and survey were sent at the end of January to specific individuals. This individual was identified through information obtained from school websites. In schools that did not have an assistant principal, the survey was sent to the guidance counselor. A continuous effort was made to collect at least 100 surveys as suggested by Gall et al. (1996).

Once surveys were collected, the answers to Part Two of the survey were analyzed, and assistant principals who agreed to participate in interviews were identified. A convenience sample of 10 participants was chosen. “The decision to use a maximum variation strategy perhaps would require ten or more cases, even if the study was an initial exploration into the phenomena of interest” (Gall et al., 1996, p. 237). This sample included locations that were within a three-hour drive of the researcher: Five in the northern Piedmont area and five in the Tidewater region. Schools in rural, suburban, and urban areas were included. The size of the school divisions ranged from those having a total of 4 schools to a total of 86 schools served by the local education agency. The sample represented a diverse sample and was a fair representation of schools across Virginia.

The interview was highly structured so that interviewee time was used efficiently (Patton, 2002). Interview questions were shared with the participants prior to the interview in an effort to maintain the quality and accuracy of responses. Finally, the
sessions were taped and transcribed in an effort to maintain reliability of the interpretation by the interviewer. “The quality of the information obtained during an interview is largely dependent on the interviewer” (Patton, 2002, p. 341). Participants were also asked to provide any documents or written policies and procedures used in the prereferral intervention process.

Data Analysis

Surveys. Once the surveys were received, the data were entered into a database and analyzed to yield frequencies and percentages of the responses to the close-ended questions. Additional content analysis of responses to open-ended portions of the surveys were compiled through the use of a category systems approach and presented with the frequencies. The category systems approach involves discovering patterns, themes, and categories in the data (Patton, 2002). The results of the closed-ended questions will be presented in tables, whereas the findings of the analysis of the open-ended questions, interviews, and document analysis will be presented in narrative form. An analysis of between-group responses of elementary, middle, and high school participants was conducted to determine if there was any statistical difference between those groups’ responses to questions regarding the utilization of the prereferral intervention process.

Interviews. The interviews were conducted in person, recorded, and then transcribed for coding. The interviews were conducted using the same set of questions for each participant. The interviews were conducted to gain qualitative information regarding three major areas: the training that was provided for participants in the prereferral intervention process, the perceived positive and negative aspects of utilizing the
prereferral intervention process, and recommendations for those just beginning to utilize a prereferral intervention process in their schools. (Interview questions may be found in Appendix B.) In analyzing the results of the interviews, an effort was made to determine relationships between training and the perceived positive and negative results of the interventions utilized.

As part of the survey, participants were asked to share any documents or written policies and procedures they use to facilitate the prereferral intervention process. These documents were collected, classified, and tabulated for specific information, and analyzed. The content analysis of documents adds further information to that collected through the surveys and interviews.

Ethical Safeguards

The procedures used in this study adhered strictly to policies set forth by the College of William and Mary with regard to the selection of subjects, informed consent, and privacy and confidentiality. The Chair of the Protection of Human Subjects Committee for the College of William and Mary approved a pilot study using an earlier version of the survey instrument in November 2003. A research project was conducted and accepted by Dr. James Stronge as part of coursework required by the college. No further research was conducted until this proposal was approved by the dissertation committee and accepted by the Chair of the Protection of Human Subjects Committee for the College of William and Mary. Participants were notified in writing that their involvement in this study was completely voluntary and refusal to participate would not result in any penalty. Participants in this study will remain anonymous and any obtained

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information remains confidential. A coding system was used to guarantee anonymity and confidentiality. A summary of results and findings will be sent to those participants who requested it.

Summary

The current study provided information about the use of prereferral intervention practices in local school divisions in Virginia. Prereferral interventions have been described as an inconsistently applied process (Rock & Zigmond, 2001). It is hoped that the information gained by this study can be shared with educational leaders in Virginia in an effort to increase their awareness of the processes that are being practiced across the state, the personnel involved in implementing these practices, and the need for continued training of school personnel in the implementation of prereferral intervention practices. It is also hoped that this study may prove useful to other researchers and provide a basis for data collection from other school divisions across the country on prereferral intervention practices.
CHAPTER 4

Findings and Results

Widespread concern over students who are struggling to succeed in school has prompted researchers and scholars to investigate practices that maximize opportunities for all students to learn. One practice that continues to be investigated is the use of a prereferral intervention process to address the needs of students who are experiencing academic difficulties prior to formal referral to a Child Study Team for evaluation. The aim of this study was to obtain information from schools across Virginia to determine if a prereferral intervention process was being implemented prior to a formal referral to the Child Study Team. Assistant principals from a random sample of schools across Virginia were surveyed to determine to what extent a prereferral intervention process was utilized in their schools. Both qualitative and quantitative data were gathered using surveys, interviews, and document analysis. This chapter will present the findings of these efforts. The chapter is organized into five sections. The first section discusses the survey, return rate, and description of the respondents. The following sections correspond to the four research questions.

1. To what extent is a prereferral intervention process required or recommended by local school divisions across Virginia prior to formal referral to the Child Study Team?

2. Who are the primary participants in the prereferral intervention process and what is the nature and extent of professional development for these individuals?
3. What types of interventions are most frequently recommended as a result of the prereferral intervention process?

4. What are the perceived positive and negative effects of utilizing a prereferral intervention process prior to formal referral to the Child Study Team?

Surveys

The design of the survey was based on one conducted nationally by Buck et al. (2003), which was a follow-up to a similar one conducted by Carter and Sugai (1989). Both studies tried to determine what prereferral practices were being required by State Education Agencies (SEAs). The survey for this project was revised, with permission of the previous researchers, to collect information from school-based personnel across Virginia. Permission and consent were obtained through e-mail communication. Revisions were also made in order to gain specific information about the interventions used by schools to address the needs of students who are experiencing academic difficulties. A field project was conducted in the fall of 2003 with a similar survey using a smaller sample.

The first item on the survey (see Appendix A) was designed to ascertain to what extent a prereferral intervention process was required or recommended by local schools across Virginia. If the process was neither required nor recommended, respondents were asked to return the survey without further input. The next 10 items contained closed-ended questions structured to obtain specific information about the prereferral intervention process utilized at randomly selected school sites. For this survey, a
prereferral intervention process was defined as the utilization of a school-based team prior to formal referral to the Child Study Team, consisting of a core of educational personnel representing various grade levels and disciplines, who problem-solve collaboratively to assist teachers and students who are experiencing difficulties resulting in poor student academic performance. For survey items 2 through 11, the respondents had the opportunity to add clarifying information by selecting the “Other” response category. Part two of the survey was designed to obtain information about written policies and procedures, length of time participants had served in their current position, and if they would be willing to participate in an interview. The survey followed the guidelines set forth by Gall et al. (1996). The Statistical Package for Social Sciences (SPSS 11.5) was used to analyze and describe the information gained.

Return Rate

This study collected information from a random sample of school personnel across Virginia. A total of 200 surveys were sent to 100 school divisions: 100 to elementary schools, 50 to middle schools, and 50 to high schools. A total of 101 surveys were returned, for an overall response rate of 50.05% (N=101). According to Diem (2003), a response rate of 50 to 60% is considered an acceptable return rate for survey research. He does, however, caution that whenever a 100% return rate is not achieved, care should be exercised in generalizing the results to a given population. The frequency of responses may be seen in Table 3.
Table 3

*Number of Respondents at Elementary, Middle, and High Schools*

<table>
<thead>
<tr>
<th>School Level</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary</td>
<td>51</td>
<td>50.5</td>
</tr>
<tr>
<td>Middle</td>
<td>24</td>
<td>23.8</td>
</tr>
<tr>
<td>High</td>
<td>26</td>
<td>26.2</td>
</tr>
<tr>
<td>Total</td>
<td>101</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Description of Survey Respondents

Data from the completed surveys were collected and analyzed in an effort to answer the research questions underlying the study. The survey included two questions to identify the general characteristics of the participants, including current position and length at current position. All surveys were sent to the attention of the current assistant principal; however, some schools surveyed did not have an assistant principal position. Therefore, in some cases, individuals other than assistant principals completed the survey. Of the 101 respondents, 72 were assistant principals, 10 were principals, 8 were special education teachers, 5 were school counselors, and 1 was an instructional support facilitator. Five did not list their positions. The average length of time at their current position for those who responded was 4.76 years. Thus, the majority of the respondents had been at their respective schools at least one full school year. This would have given them the opportunity to see the process implemented over time and under various
conditions and, therefore, be capable of reporting reliable data concerning the utilization of a prereferral intervention process in their buildings.

Interviews

As part of the study respondents were asked if they would be willing to participate in face-to-face interviews. Seventeen agreed to the interview. Of those, a convenience sample of 10 was chosen. This sample represented school locations within a three-hour drive of the researcher, five were located in the northern Piedmont region of Virginia and five were located in the Tidewater region. Schools in rural, suburban, and urban areas were included. The size of the school divisions ranged from those having a total of 4 schools to a total of 86 schools served by the local education agency. The sample included six elementary schools, two middle schools, and two high schools. The participants represented a fair representation of schools across Virginia.

Interviewees were sent the interview questions in advance, and the same questions were used with each. Responses were audiotaped for later transcription. The questions were as follows:

1. How long has your school used a prereferral intervention process?

2. What training was provided for participants in the process? How long did the training last? Who provided the training? How do you address continued or long-term training?

3. What is your opinion of the training for participants in the prereferral intervention process?

4. How are the results from prereferral interventions shared with you? Is data kept?
5. What do you perceive as the positive and/or negatives effects of utilizing a 
prereferral intervention process?

6. How do you feel about the prereferral intervention process as it is utilized in your 
school?

7. What would be your recommendation to schools just starting to utilize a 
prereferral intervention process?

A written summary of responses to each question was completed and emergent 
themes were coded for analysis. Themes were determined a priori due to the nature of the 
interview and the standardization of the questions asked. Themes fell into seven 
categories: length the process had been utilized, details of training provided, opinion of 
the process, collection and dissemination of data, perceived results, perceptions of the 
process, and recommendations. Within each theme, recurring statements determined the 
codes used for analysis.

This information added data from a more personal perspective. Specifically, Patton 
(2002) noted that the inclusion of interviews helps to answer the following:

- What does the program look and feel like to the people involved?
- What thoughts do people knowledgeable about the program have 
  concerning program operations, processes, and outcomes?
- What are their expectations?
- What changes do participants perceive as a result of their involvement in 
  the program? (p. 341)
Document Analysis

Part Two of the survey asked respondents to include specific forms or written policies and procedures utilized with regard to their prereferral intervention process. Additional attempts were made to procure these from interview participants. A total of 14 forms were collected. However, none of the participants in this study provided any written policies or procedures.

An analysis of written documents associated with the prereferral intervention process provides clues about how the program is intended to be perceived, how services are intended to be provided, and what individuals participate in the process. Miller (1997) has studied the use of documents in qualitative research. He states, “They are socially constructed realities that warrant study in their own right” (p. 77).

In qualitative research, “the analysis of documents typically involves content analysis” (Gall et al., p. 357). For this study 14 documents were analyzed and each document was searched for recurring words or themes, which were subsequently coded and served as categories. Each category represents a variable that is seen as relevant to those teams utilizing a prereferral intervention process. The content analysis may be found in Appendix E.

Research Question 1

**Surveys.** Information regarding the extent to which a prereferral intervention process is required or recommended by local school divisions across Virginia prior to formal referral to the Child Study Team was gained by analyzing Items 1 and 2 from the survey. The first question was designed to ascertain the number of schools that utilize a prereferral intervention process. Participants were given the choice of indicating that
prior to referral to the Child Study Team their school (a) required a prereferral intervention process; (b) recommended a prereferral intervention process; (c) neither required, nor explicitly recommended a prereferral intervention process; or (d) other. Table 4 provides the results.

Table 4

Prereferral Intervention Process

<table>
<thead>
<tr>
<th>Status of Prereferral Intervention Process</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>26</td>
<td>25.7</td>
</tr>
<tr>
<td>Recommended</td>
<td>28</td>
<td>27.7</td>
</tr>
<tr>
<td>Neither</td>
<td>36</td>
<td>35.6</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>10.9</td>
</tr>
<tr>
<td>Total</td>
<td>101</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Of the 101 surveys collected for this research, a total of 54 (53.4%) indicated that they either required or recommended the use of a prereferral intervention process prior to formal referral to the Child Study Team. Further, 36 respondents (35.6%) indicated that their schools neither required nor recommended a prereferral intervention process. Those participants returned the survey without further response.

Item 1 also included an “Other” option, which asked for an explanation of this response. Eleven respondents (11%) chose this option, included an explanation and returned the rest of the survey unanswered. These explanations revealed that seven respondents used their Child Study Team for interventions, two used grade-level teams.
for interventions, one had no formal team, and one utilized a checklist of expected and suggested steps to visit prior to the referral. Since the definition given on the survey for this process was "the utilization of a school-based intervention team prior to formal referral to the Child Study Team, consisting of a core of educational personnel representing various grade levels and disciplines," those 11 surveys were not included in further analysis.

A cross-tabulation analysis was also completed to show the relationship of school levels with utilization of a prereferral intervention process. As shown in Table 7, 56.8% of the elementary schools required or recommended a prereferral intervention process, 62.5% of middle schools required or recommended the process, and 38.5% of high schools required or recommended the process. In short, a prereferral intervention process was required or recommended to a greater extent at the elementary and middle school levels than at the high school level.

On four of the five surveys that indicated a prereferral intervention process was neither required nor recommended, the following statements were added.

- "Why go through another formal step? I cannot see the benefit especially in relationship to the cost of personnel time!"
- "Somewhere along the way it seems to me that going outside of a CST to identify additional interventions/strategies may actually delay the process under IDEA and children really needing special education may be deterred from getting those services."
• "We no longer have a prereferral team, previously called Child Support. Our special education supervisor ‘disbanded’ this committee—we go directly to Child Study."

• "We used to use a Child Support team meeting prior to Child Study—but our county stated that we were/are only to use the Child Study Team as defined by the VAC regulations." (Respondents from the same school division made the last two statements.)

Table 5

Prereferral Intervention Process: Crosstabulation by Level

<table>
<thead>
<tr>
<th>Level</th>
<th>Required</th>
<th>Recommended</th>
<th>Neither</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary</td>
<td>15</td>
<td>14</td>
<td>15</td>
<td>7</td>
<td>51</td>
</tr>
<tr>
<td>Middle</td>
<td>4</td>
<td>11</td>
<td>8</td>
<td>1</td>
<td>24</td>
</tr>
<tr>
<td>High</td>
<td>7</td>
<td>3</td>
<td>13</td>
<td>3</td>
<td>26</td>
</tr>
<tr>
<td>Total</td>
<td>26</td>
<td>28</td>
<td>36</td>
<td>11</td>
<td>101</td>
</tr>
</tbody>
</table>

Current literature suggests that the prereferral intervention process can take many forms. In the summary of their study of states utilizing a prereferral intervention practice, Buck and colleagues (2003) stated “the manner in which the prereferral process is applied across states and districts could be one of the most inconsistently applied processes in education” (p. 350). Most studies have found that the process tends to use a team approach. Numerous names and titles have been used to describe their work. Some of the most common in the literature are Teacher Assistance Teams, Prereferral Assistance
Team, and Instructional Support Teams. Participants who indicated that their schools did use a prereferral intervention process also answered Question 2. Information presented in Table 6 supports the literature.

Table 6

<table>
<thead>
<tr>
<th>Title for the Prereferral Intervention Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>CST</td>
</tr>
<tr>
<td>TIT</td>
</tr>
<tr>
<td>TAT</td>
</tr>
<tr>
<td>IST</td>
</tr>
<tr>
<td>SAT</td>
</tr>
<tr>
<td>OTHER</td>
</tr>
<tr>
<td>NONE</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>

Note.
CST-Child Study Team
TIT-Teacher Intervention Team
TAT-Teacher Assistance Team
IST-Instructional Support Team
SAT-Student Assistance Team

Other titles included Student Study Team (SST), Student/Teacher Assistance Team (STAT), Child Alternatives in Regular Education (CARE), Student Support Team (SST), Student Intervention Team (SIT), Behavioral Intervention Team (BIT), Student Services Management Team (SSMT), ABC Team, Strategies of Success (SOS), TLC Team, and Grade Level Team.
It should be noted that in the 2002 *Regulations Governing Special Education Programs for Children with Disabilities in Virginia*, the definition of a Child Study Committee is “a committee that enables school personnel, and non-school personnel, as appropriate, to meet the needs of individual children who are having difficulty in the educational setting. The committee reviews existing data to make recommendations to meet children’s needs and reviews the results of implementation of the recommendations. The child study committee may refer for evaluation for special education and related services” (p. 8). From this definition, a Child Study Team may be utilized as both a prereferral intervention process and a process for referring students for evaluation to determine if a disability exists. The responses from Table 8 show that 15 participants indicated they used a Child Study Team as a prereferral intervention process. Thus, confusion over how school divisions use their Child Study Team is apparent.

**Interviews**

Additional data were collected from interviews with 10 participants. The first question was designed to ascertain how long each school had used a prereferral intervention process. Three schools were in their first year of utilizing a prereferral intervention process. Four schools had been using the process for less than five years, and three schools had utilized a prereferral intervention process for more than five years. This indicates that the majority of participating schools had not utilized a prereferral intervention process for more than five years. Studies of organizational change have repeatedly found that for true change to take place it requires from three to five years of commitment (Bryson, 1995; Fullan, 1999; Patterson, 1993; Sage & Burrello, 1994). This
could lead us to wonder how long and to what degree the current programs will continue to be implemented.

Summary

Data collected to answer Research Question 1 indicate that not only are there inconsistencies in the extent to which a prereferral intervention process is required or recommended in schools across Virginia, the form that the process takes and the commitment to the using the process vary as well. It can be concluded that the prereferral intervention process as utilized across school divisions in Virginia takes many shapes. As stated by one participant in the interviews, “We do it (prereferral intervention) because in our hearts we know it’s the right thing for children, but most of our teams seem to be ‘feeling their way’ through the process.”

Research Question 2

Surveys

The second research question consisted of two parts. The first asked respondents to identify the primary participants in the prereferral intervention process. Survey items 3 and 4 were analyzed to add to the data. The results presented in the following tables show that general education teachers are the most frequent participants in the prereferral intervention process. A high frequency of participation by administrators and counselors is also indicated.
Table 7

*Participants Usually Involved in the Prereferral Intervention Process*

<table>
<thead>
<tr>
<th>Participants</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Education Teacher</td>
<td>50</td>
<td>92.6</td>
</tr>
<tr>
<td>Administrator</td>
<td>43</td>
<td>79.6</td>
</tr>
<tr>
<td>Counselor</td>
<td>34</td>
<td>63.0</td>
</tr>
<tr>
<td>Special Education Teacher</td>
<td>31</td>
<td>57.4</td>
</tr>
<tr>
<td>School Psychologists</td>
<td>13</td>
<td>24.1</td>
</tr>
<tr>
<td>Social Worker</td>
<td>9</td>
<td>16.7</td>
</tr>
<tr>
<td>Others</td>
<td>14</td>
<td>25.9</td>
</tr>
<tr>
<td>No Standing Committee Required</td>
<td>6</td>
<td>11.1</td>
</tr>
</tbody>
</table>

Studies conducted in the early 1980s by Graden, Casey, and Christenson on prerereferral intervention systems focused on the use of school psychologists in a consultation model of service delivery. Little current literature addresses the continued use of this system. One of the challenges of using this approach is the increased workload it places on already overworked school psychologists. From data collected from participants in this study of Virginia school divisions, it appears that school psychologists presently do not play an unusually large role in the prerereferral intervention process. Specifically, they are participants in the prerereferral intervention process only 24.1% of the time.
Table 9 shows that general education teachers make up the largest percentage of participants (92.6%) in the prereferral intervention process. Given that the interventions are aimed at helping students in the general education setting, this supports the theory that a prereferral intervention process is a general education issue. According to the literature, support from administrators is a key factor in the success of implementing school-based programs (Chalfant & Pysh, 1989; McEwan, 2003; Sage & Burrello, 1994). The data collected in this study indicate administrators are participants in the prereferral intervention process 79.6% of the time. This is an important finding in that it suggests over 20% of prereferral intervention processes do not have the benefit of administrative participation.

Item 4 of the survey asked if a designated individual received release time and/or compensation to oversee the implementation and quality of the prereferral intervention process. The results in Table 8 show that approximately one third of the reporting schools provided release time for this purpose.

Table 8

<table>
<thead>
<tr>
<th>Is Release Time Provided?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>20</td>
<td>37.0</td>
</tr>
<tr>
<td>No</td>
<td>34</td>
<td>63.0</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
<td>100.0</td>
</tr>
</tbody>
</table>
For those who responded that a designated individual was assigned to this position in their school, the following positions were noted:

- Compliance Coordinator
- Special Education Teacher/Leader (seven surveys)
- Child Study Chair
- Team Leader (three surveys)
- Speech Therapist (two surveys)
- Principal
- Guidance Counselor (six surveys)
- Instructional Support Team Facilitator
- Teacher Assistance Team Chair
- Strategies for Success Chair
- Child Study Chair
- Reading Specialist

Thus, the data suggest a wide range of participants who are responsible for overseeing the prereferral intervention process.

A cross-tabulation (see Table 9) was also conducted to determine if providing release time or compensation occurred more frequently at any particular level. While there does not appear to be a large variance, elementary schools were the least frequent providers of release time and/or compensation.
Table 9

*Release Time/Compensation Provided*

<table>
<thead>
<tr>
<th>Level</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary</td>
<td>10</td>
<td>34.5</td>
</tr>
<tr>
<td>Middle</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>High</td>
<td>4</td>
<td>40.0</td>
</tr>
</tbody>
</table>

**Document Analysis**

Part two of the survey asked respondents to supply forms or written policies and procedures used in the prereferral intervention process. Fourteen forms were collected. None of the respondents to the surveys or participants in the interviews produced written policies or procedures. The forms were collected and analyzed to determine who was involved in the prereferral process. (A content analysis of information found in the forms may be found in Appendix E.) Of the 14 forms analyzed, 12 included information identifying the positions of individuals involved in the process. All 14 included information about parental contact.

While the blank documents/forms do not specify if certain participants are required to be involved in the process, they do indicate the intent to involve a variety of school personnel. A closer analysis of these forms reveals requirements such as the following that help substantiate the intent of prereferral intervention efforts to include a variety of school personnel:
• This intervention plan was developed by
• Lead teacher requests assistance from
• Intervention implemented by
• Team members present
• Additional assistance requested from

The documents also revealed an attempt by the team to inform and possibly involve parents.

Survey Item 7a asked if professional development was provided for individuals who participated in the prereferral intervention process. Thirty of the 54 respondents (55.5%) indicated that professional development was offered, while 24 of the 54 (44.4%) indicated that professional development was not offered. To gain additional data, survey items 7b and 7c requested information about the nature of the professional development offered and who was responsible for providing it. The results presented in Tables 10 and 11 show that professional development was most often offered through staff development and school-based inservice.

Other types of professional development listed were central office inservice, workshops provided by professional organizations, training provided by department heads, and state-sponsored IST training.

Survey Item 7c asked respondents to identify what agency(ies) provided the professional development they receive. The results presented in Table 11 indicate that over half of professional development is provided by local school divisions.
Table 10

*Nature of Professional Development*

<table>
<thead>
<tr>
<th>Nature of Professional Development</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshops</td>
<td>18</td>
<td>33.3</td>
</tr>
<tr>
<td>Staff Development</td>
<td>25</td>
<td>46.3</td>
</tr>
<tr>
<td>On-line Training</td>
<td>4</td>
<td>7.4</td>
</tr>
<tr>
<td>School Based Inservice</td>
<td>23</td>
<td>42.6</td>
</tr>
<tr>
<td>Site Visits</td>
<td>7</td>
<td>13.0</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>7.4</td>
</tr>
</tbody>
</table>

Table 11

*Agencies Providing Professional Development*

<table>
<thead>
<tr>
<th>Agency</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Agency</td>
<td>8</td>
<td>14.8</td>
</tr>
<tr>
<td>Individual School</td>
<td>22</td>
<td>40.7</td>
</tr>
<tr>
<td>Local School Division</td>
<td>31</td>
<td>57.4</td>
</tr>
<tr>
<td>Local College/University</td>
<td>7</td>
<td>13.0</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>11.1</td>
</tr>
</tbody>
</table>

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Other agencies listed as providers of professional development included professional organizations, peer mentors, and an IST facilitator. A small percentage of respondents indicated that professional development was provided by state agencies. If schools are to adhere to state-mandated regulations, it would follow that help from these agencies would be provided on a larger scale.

Interviews

Information regarding the participants and their professional development was also gathered from interviews. Of the 10 individuals interviewed, 2 indicated that their division provided professional development and they were pleased with the process. Six indicated that the only training provided was at the building level by other teachers who had been doing this “for a while” or had received previous training themselves. Two indicated that the forms they used for documentation led the process. Four participants indicated that they were unhappy with the quality and intensity of the preparation offered. Only two cited any plans for long-term professional development.

The last interview question asked for recommendations. Seven interviewees recommended additional or increased opportunities for training. Two noted that they believed site visits to schools that were successful using the process should be included in professional development opportunities. Three interviewees shared that their principals had brought the process with them to their school. Each of these three participants noted that they had a great deal of respect for their administrator for implementing a prereferral intervention process for their teachers and students.
Summary

Data collected for Research Question 2 indicate that a variety of school personnel take part in the prereferral intervention process. General education teachers were the primary participants, followed by administrators and counselors. The process was most often led by individuals who did not receive release time or compensation. Considering the involvement it takes to participate in this process, it is interesting to find that 44.4% of schools who utilized a prereferral intervention process did not offer any additional professional development. When professional development was offered, it was usually in the form of staff development provided by local school divisions.

Research Question 3

Research Question 3 attempted to collect data concerning the types of interventions most frequently recommended as a result of the prereferral process. Survey Item 6 was used to collect and analyze information regarding these interventions. The results can be seen in Table 12. The data collected indicated three major types of interventions: instructional modifications, behavioral management plans, and student counseling.

Other interventions listed by participants included the following:

- Remedial math and reading support-before and/or after school
- Utilization of mentors, tutors, volunteers
- Homework club
- Title I
- Differentiated classroom instruction
• Paraprofessional support
• Reading recovery
• Study hall
• Support services through local mental health agency
• Alternative education placement
• Individual or group counseling
• Parent training
• English as a Second Language (ESL) intervention

Table 12

Recommendations Made as a Result of the Prereferral Intervention Process

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructional Modifications</td>
<td>52</td>
<td>96.3</td>
</tr>
<tr>
<td>Placement Review/Change</td>
<td>20</td>
<td>37.0</td>
</tr>
<tr>
<td>Parent Training/Counseling</td>
<td>18</td>
<td>33.3</td>
</tr>
<tr>
<td>Behavior Management Procedures</td>
<td>48</td>
<td>88.9</td>
</tr>
<tr>
<td>Student Counseling</td>
<td>36</td>
<td>66.7</td>
</tr>
<tr>
<td>Additional Teacher Preparation</td>
<td>12</td>
<td>22.2</td>
</tr>
<tr>
<td>Family Intervention</td>
<td>15</td>
<td>27.8</td>
</tr>
<tr>
<td>Inclusion in Additional Programs</td>
<td>18</td>
<td>33.3</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>9.3</td>
</tr>
</tbody>
</table>
One of the common problems with research on prereferral intervention practices is a lack of evidence that correlates the effectiveness of specific intervention strategies and their implementations with specific student outcomes. Flugum and Reschly (1994) recognized that it is not just the implementation of an intervention, "but the actual effectiveness, or lack of effectiveness, of an intervention that determines whether students will be referred for special education evaluation" (p. 2). A more recent intervention model, the IST, places an emphasis on collecting data to determine if interventions are "instructionally responsive" to the needs of individual students (Gravois & Gickling, 2002).

Summary

Data collected for the present study showed three major types of interventions recommended by prereferral intervention teams: instructional modifications, behavioral management plans, and student counseling. No data were collected to indicate whether the recommended interventions were in fact implemented or what effect they had on student performance. Additional research is needed to determine the effectiveness of these recommendations and the fidelity with which they are implemented.

Research Question 4

Research Question 4 asked respondents to indicate their perception of the positive and/or negative effects of using a prereferral intervention process. Early investigations of the use of prereferral intervention practices, conducted by Fuchs and colleagues (1990, 2003), indicate that one aim of prereferral teams is to eliminate inappropriate referrals to
special education while increasing the legitimacy of those that are initiated. The data shown in Table 13 support that theory.

Table 13

*Goals Frequency Percent*

<table>
<thead>
<tr>
<th>Goals</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accurate Identification of Student Weaknesses</td>
<td>33</td>
<td>61.1</td>
</tr>
<tr>
<td>Teacher Support</td>
<td>34</td>
<td>62.9</td>
</tr>
<tr>
<td>Implementation of Child-Specific Practices</td>
<td>29</td>
<td>53.7</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>18.5</td>
</tr>
</tbody>
</table>

Responses to “Other” included behavioral interventions, behavior plans, inclusion of research based instructional strategies, determination of student’s instructional level, and communication of student progress to parents and teachers.

Survey Item 8 asked respondents to indicate their perception of the successfulness of the prereferral intervention process. Results found in Table 14 indicate that 90.8% of respondents perceived their intervention process as either “always”, “usually”, or “sometimes” successful.

The three respondents who marked “unknown” stated that this was the first full year of implementation of the process in their school and that they had no data upon which to make a decision.
Table 14

*Perceived Success of Prereferral Intervention Process*

<table>
<thead>
<tr>
<th>Success of Prereferral Interventions:</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>Usually</td>
<td>25</td>
<td>46.3</td>
</tr>
<tr>
<td>Sometimes</td>
<td>23</td>
<td>42.6</td>
</tr>
<tr>
<td>Rarely</td>
<td>2</td>
<td>3.7</td>
</tr>
<tr>
<td>Never</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
<td>5.6</td>
</tr>
</tbody>
</table>

Survey Item 9 asked respondents to indicate those areas they perceived as being positively affected by the utilization of a prereferral intervention process. The results are presented in Table 15. Respondents indicated that areas positively affected by a prereferral intervention process included fewer referrals for special education testing and increased student achievement.

Responses to “Other” included identification of language-based problems, monitoring of at-risk students, decrease in in/out-of-school suspensions, increased dialogue and collaboration among teachers, and better recognition of students’ needs.
Table 15

*Perceptions of Areas Positively Affected by the Prereferral Intervention Process*

<table>
<thead>
<tr>
<th>Areas Positively Affected</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer Referrals for Testing for SPED Eligibility</td>
<td>47</td>
<td>74.1</td>
</tr>
<tr>
<td>Decrease in Misidentification of Students w/ Disabilities</td>
<td>30</td>
<td>55.6</td>
</tr>
<tr>
<td>Decrease in Overrepresentation of Minorities</td>
<td>13</td>
<td>24.1</td>
</tr>
<tr>
<td>Decreased Paperwork</td>
<td>11</td>
<td>20.4</td>
</tr>
<tr>
<td>Increase in Grade Retentions</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Decrease in Grade Retentions</td>
<td>18</td>
<td>33.3</td>
</tr>
<tr>
<td>Increase in Availability of Additional Programs</td>
<td>11</td>
<td>20.4</td>
</tr>
<tr>
<td>Increased Teacher Satisfaction</td>
<td>33</td>
<td>61.1</td>
</tr>
<tr>
<td>Increased Student Achievement</td>
<td>37</td>
<td>68.5</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>13.0</td>
</tr>
</tbody>
</table>

Item 10 of the survey asked respondents to identify perceived negative effects of utilizing a prereferral intervention process. Results are found in Table 16. The negative effect most commonly cited was increased paperwork.

Responses to “Other” included increased need for programs to assist individual students, not enough time to go through this collaborative process, another mandated un-resourced requirement, difficulty scheduling meeting times, and delay of services for students needing special education services.
Table 16

*Perceptions of Negative Effects of Utilizing a Prereferral Intervention Process*

<table>
<thead>
<tr>
<th>Negative Effects:</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased Paperwork</td>
<td>28</td>
<td>51.9</td>
</tr>
<tr>
<td>Increased Need for Training</td>
<td>15</td>
<td>27.8</td>
</tr>
<tr>
<td>Need for Additional Staff</td>
<td>24</td>
<td>44.4</td>
</tr>
<tr>
<td>Teacher Dissatisfaction with Recommendations</td>
<td>10</td>
<td>18.5</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>16.7</td>
</tr>
</tbody>
</table>

**Interviews**

Interview items 5, 6, and 7 also gave insight into possible answers to perceived positive and/or negative effects of using a prereferral intervention process. Seven of the 10 interviewees noted negative aspects of the prereferral intervention process as seen in these quotes:

- “The process creates more paper work.”
- “Using it (a prereferral intervention process) adds another step in an already long process to get help for students.”
- “It sometimes causes resentment from classroom teachers who feel they are already doing all they can for the student.”
- “It is almost impossible to find the time to schedule meetings.”
On the positive side all 10 interviewees saw some constructive aspect of utilizing a prereferral intervention process. Some of the comments included:

- “If all the interventions we try don’t work, then we can be pretty confident that the Child Study evaluation for a more serious problem is warranted.”
- “The process gives teachers additional strategies that they can use with all their students.”
- “It’s a process that gets students immediate help without so much delay”.

Document Analysis

Documents were examined to see if specific interventions could be identified that teachers could use with students who were experiencing academic or behavioral difficulties. Only 4 of the 14 contained any suggestions for interventions or strategies. The interventions cited on the forms were often vague (“extra practice”) or not specific enough (“provide counseling”) to give teachers the guidance they required.

Summary

In summary, data collected to answer Research Question 4 indicated that 90.8% of participants who utilized a prereferral intervention process perceived the process as being successful either “always”, “usually”, or “sometimes”. The most positive aspects of utilizing the process were (a) fewer referrals for testing for Special Education eligibility, (b) increased student achievement, and (c) increased teacher satisfaction. These results indicate that while there are negative aspects associated with the process, such as increased paperwork, the positive aspects create a system that produces
successful outcomes. The next chapter presents a discussion of findings and the implications and recommendations drawn from these.
CHAPTER 5
Discussion, Implications, and Recommendations

The practice of using a prereferral intervention process prior to formal referral to a Child Study Team has been the topic of much interest to educators, researchers, and politicians. A call for scientific research on practices that maximize opportunities for all students to learn has been echoed in the reauthorization of IDEA and the establishment of the NCLB Act. Countless professional organizations, including the Council for Exceptional Children, the International Dyslexia Association, and the National Association of School Psychologists, have asked for continued support in efforts to identify practices that address an ever growing number of students who have been identified as requiring special education services.

Several issues have increased the interest in research on prereferral intervention practices. These include the overrepresentation of minorities in special education (NABSE, 2002), the misidentification of students in special education (Fuchs et al., 2003), and the need for bona-fide attempts to provide interventions with students in the general education classroom prior to referral for testing by a Child Study Team (Kovaleski et al., 1995).

Although numerous studies have been conducted on specific prereferral intervention models such as TATs, MATs, and ISTs, there is little conclusive evidence that the implementation of a prereferral process is utilized by the majority of school divisions.
across the United States. Thus, according to a study by Buck and colleagues (2003), 37 of 50 states either required or recommended the use of prereferral intervention practices. That study indicated that Virginia was one of the states that do indeed require a prereferral intervention process.

The purpose of this study was to investigate to what extent a prereferral intervention process is being utilized in schools across Virginia. Surveys, interviews, and document analysis were utilized to gain data in order to answer the following questions:

1. To what extent is a prereferral interventions process required or recommended by local school divisions across Virginia prior to formal referral to the Child Study Team?

2. Who are the primary participants in the prereferral intervention process and what is the nature and extent of professional development for these individuals?

3. What types of interventions are most frequently recommended as a result of the prereferral intervention process?

4. What are the perceived positive and negative effects of utilizing a prereferral intervention process prior to formal referral to the Child Study Team?

This chapter presents a discussion of findings, implications, and recommendations for further research. Based on a triangulation of quantitative and qualitative data, several conclusions can be drawn regarding the utilization of school-based prereferral intervention practices.
Discussion of Findings

Extent to Which Prereferral Intervention Practices Are Utilized

Results from the surveys indicate that of the 101 schools surveyed for this study 53.4% either required or recommended the use of a prereferral intervention process prior to formal referral to a Child Study Team. Broken down by school level, 56.8% of elementary schools required or recommended such a process, 62.5% of middle schools required or recommended the process, and 38.4% of high schools required or recommended the process. These findings imply that prereferral interventions are utilized to a greater extent at the elementary and middle school levels than at the high school level. Since one aim of prereferral intervention practices is early identification of student weaknesses, the greater frequency of use at the elementary level would be supported.

The data also indicated that 36% of schools in Virginia did not utilize a prereferral intervention process. As mentioned, Buck et al. (2003) reported on a study they conducted on the utilization of prereferral intervention practices in schools across the United States. In order to collect information about these practices, surveys were sent to state directors of special education. These surveys asked participants to respond to the following: “Based on your state laws and regulations prereferral interventions are required, recommended, neither required nor recommended, or other” (p. 352). At the time of their study, Virginia was listed as one of the states that required prereferral interventions. To provide more information about how prereferral interventions are defined in Virginia’s laws and regulations an e-mail was sent to the assistant superintendent of special education and student services asking for clarification. The
response was, “Our regulations concerning prereferral interventions are those related to child study. They are in *the Regulations Governing Special Education Programs for Children with Disabilities in Virginia, 8 VAC 20-80-50 C. 3.*” Those regulations state, “A child study committee shall be established in each school to review records and other performance evidence of the children referred through a screening process, or by school staff, the parent or parents, or other individuals” (p. 23). The data collected for this study indicate that there are a substantial number of schools across Virginia responded they neither required nor recommended a prereferral intervention process. This discrepancy may be due to an unclear definition of what a prereferral intervention process is, the school divisions’ interpretation of the state regulations, or the implementation of local policies and procedures.

Additional data were requested by means of asking participants to supply forms or written policies and procedures utilized in the prereferral intervention process. While some survey respondents provided forms, none of them provided policies or procedures. During face-to-face interviews participants were also asked to supply documents used in the process. Again, forms were supplied but no written documents describing policies and procedures. This lack of written policies and procedures may add to the confusion surrounding the requirements, recommendations, and utilization regarding a prereferral intervention process. In any event, it is a finding worth further study.
Participants in the Prereferral Intervention Process and Their Professional Development

The literature on prereferral intervention practices contains numerous names for the teams involved in the process. Among the schools surveyed in Virginia the most frequent title was the Child Study Team (27.6%). Others included Teacher Assistance Team (12.9%), Instructional Support Team (11.1%), Teacher Intervention Team (1.8%), and Student Assistance Team (5.5%). Additional titles for such a process were given by 27.7% of those surveyed.

The definition of a Child Study Team, as given in the Regulations Governing Special Education Programs for Children with Disabilities in Virginia, is a committee that enables school personnel and nonschool personnel, as appropriate, to meet the needs of individual children who are having difficulty in the educational setting. The committee reviews existing data to make recommendations to meet children’s needs and reviews the results of implementation of the recommendations. The child study committee may refer children for evaluation for special education and related services (8 VAC 20-80-10).

While this definition does not include the term “prereferral,” it does indicate that procedures aimed at meeting children’s needs prior to referral for evaluation are part of the process. The inclusion of the term “may” suggests that the Child Study Team may play more than one role in the referral process. The ambiguous definition of the Child Study Team given in the regulations allows schools to utilize the team as both a
prereferral process and a referral process. This supports findings in the literature that
prereferral intervention practices are widely diverse and inconsistently used.

Participants in the prereferral intervention process vary greatly. The majority of
teams included general education teachers (92.6%), administrators (79.6%), special
education teachers (57.4%), and counselors (63.0%). The high percentage of general
education teachers involved would indicate that these practices are a primary concern at
the general education level.

The participation of administrators is a finding with multiple implications. While
a high percentage (79.6%) of respondents indicated that their prereferral intervention
process included administrators, over 20% did not have administrators as part of the
process. A number of studies of prereferral intervention practices have noted the need for
strong administrative support (Chalfant & Pysh, 1989; Graden, Casey & Bronstrom,
reported “schools that demonstrated high levels of implementation were observed to have
in place not only the basic features, but also such aspects as strong principal leadership.”
(p. 182). These findings were also supported by the interviews conducted for this study.
Thus, 9 of the 10 participants reported that their prereferral intervention process was
either initiated or supported by their administrator. There is an implication that
participation in the process would also indicate support of the process.

One finding of interest is the large number of schools (42%) that did not provide
professional development for individuals who participate in the prereferral intervention
process. Considering the impact these teams may have on the recommended interventions utilized with students who are struggling academically, it is alarming that more emphasis is not placed on training. A study by Sindelar and colleagues (1992) on prereferral interventions reported, “To a large extent, however, the success of a prereferral strategy depends on the appropriateness of the intervention team’s proposed action and the degree to which the proposed action is implemented by the regular classroom teacher” (p. 255). A more current study by Kovaleski et al. (1999) emphasized the “quality of service” provided as a result of interventions.

How are school divisions addressing the need of teachers to acquire additional instructional strategies to meet the needs of our increasingly diverse learners? What professional development is being offered in “scientifically based research” regarding effective teaching practices? Of the 10 interviews conducted, 100% of the participants recommended that more staff development be provided, not only for those who participate in the process, but for their entire faculty. This concern must be addressed at federal, state, and local levels. Funding will be necessary if additional teacher preparation is to occur.

Types of Interventions

Survey participants were asked to respond to eight specific categories of prereferral interventions used to provide support to students, and were also asked to provide additional information as warranted. The interventions most widely used included instructional modifications, behavioral management procedures, and student counseling. Instructional modification was recommended by 96.3% of the respondents.
The NCLB Act refers to “scientifically based research” in determining effective instructional practices. Research on effective instructional strategies abounds (Friend & Cook, 2003; Marazano, 2003; Putnam, 1993; Tomlinson, 2003). How is this information being shared with school-based personnel? Again the question must be raised, if teachers are asked to identify and implement specific interventions in the classroom, what is being provided in the way of professional development to aid them in their decision making? Is there scientifically based evidence that the interventions they utilize are effective?

Over 90% of the respondents perceived the prereferral intervention process utilized in their school as “always”, “usually”, or “sometimes” successful. The interviews corroborated these findings in that each of the 10 interviewees reported that the process used in their buildings had positive results. It is of interest that these perceptions are based on little hard evidence. When asked about the collection of data on the prereferral intervention process utilized in their buildings, none of the assistant principals interviewed reported an attempt to analyze the effectiveness of recommend results. There was also an absence of data collected, analyzed, or disaggregated over time.

Perceived Positive and/or Negative Effects

Question 8 of the survey asked participants to indicate their perception of the success of the prereferral intervention process. Only two respondents (3.7%) indicated they rarely perceived the process as successful. An overwhelming majority (90.8%) felt that the prereferral intervention process utilized in their schools was either “always”,
“usually”, or “sometimes” successful in meeting the needs of students who were experiencing difficulties resulting in poor academic outcomes.

Data collected for this study indicate that the most frequently reported negative effects of utilizing a prereferral intervention process were increased paperwork (51.9%) and the need for additional staff to support the process (44.4%). These negative effects may be connected to the lack of release time for the individuals involved in the process. Findings from studies conducted on the IST model of prereferral note the importance of having an individual whose sole responsibility is to oversee and facilitate the process (Kovaleski et al., 1999). It is difficult to imagine how teachers and school staff find additional time to support this process when they are already overburdened with numerous job responsibilities.

Assistant principals who participated in the interviews corroborated these data. All of them viewed the prereferral intervention process used in their school as a positive tool for helping students. Each interviewee referred in some way to the fact that the positive results of utilizing a prereferral intervention process outweighed the negative aspects.

The reauthorization of IDEA, 2004, now the Individuals with Disabilities Improvement Act (IDEIA), mandates that some educational services be provided to students who are experiencing academic or behavioral difficulties resulting in poor achievement prior to formal evaluation to identify a disability. IDEIA 2004 has included in its regulations provisions for “early intervening services” for students who would not otherwise qualify for services under the 1997 IDEA. These services target students in...
grades K-12 with an emphasis on grades K-3. Proponents of prereferral intervention practices have recommended a prereferral intervention process as one means to address the identification of students in need of early intervening services. The findings discussed in this chapter provide a more in-depth look at what schools in Virginia are doing for students who are struggling to achieve in the general education setting.

Implications

As our nation’s schools become more diverse, we must continue to collect scientific evidence about practices that allow all children to reach their greatest potential. Prereferral intervention practices are one method to provide immediate assistance to teachers and students. In addition these practices have been found to reduce the disproportionate number of minorities referred for special education services and increase the accuracy of identification of students with disabilities. For prereferral intervention practices to be successful in schools across Virginia, support is required starting at the state level. Such support must continue across school divisions, localities, and individual site-based programs. Key to their success is additional professional development and release time for consultation, planning, and communication between participants.

Whenever we can meet the needs of students in the general education classroom by providing support, interventions, or differentiated instruction that produce positive academic outcomes, we reduce the need to label children as having disabilities in order to provide special education services. The aim of education should be to provide all students with learning environments in which they can flourish and become self-sufficient adults. Prereferral intervention practices can enhance teachers’ abilities to
identify and introduce strategies that are successful at meeting the needs of today's diverse learners.

Data from the surveys conducted in this study indicate an inconsistent application of prereferral intervention practices in schools across Virginia. These inconsistencies may be due to an unclear definition of prereferral intervention practices. Thus, there is a lack of clarity in Virginia's state regulations regarding the required utilization of prereferral intervention practices. As seen from the data collected for this study, there are numerous interpretations of how Child Study Teams may be used. The literature describes a prereferral intervention process as one aimed at prevention rather than identification (Fuchs, Bahr, Fernstrom, & Stecker, 1990). These two processes seem to have very different goals—one is proactive while the other is reactive. If we utilize prereferral intervention practices as a proactive process, the implication can be drawn that prereferral intervention practices and a Child Study Team approach are two separate methods for addressing the needs of children who experience difficulties in the academic setting. If there are to be separate prereferral and referral processes, specific descriptions of the process and procedures for each practice must be made clear.

Scientifically based research on the utilization of specific interventions is important for understanding how best to help students who are struggling academically. The ability of teachers to match specific instructional modifications to a student's individual needs can make the difference between successful interventions and a lack of response to the intervention. Even as this dissertation is being written, researchers are studying ways to more accurately differentiate between students who are experiencing...
academic difficulty due to a lack of effective instruction and those who have a true learning disability. New approaches to identifying a learning disability are challenging the traditional IQ-achievement discrepancy criteria. The literature on “responsiveness-to-intervention” has received the attention of many general and special education practitioners (Fuchs et al., 2003). As educators struggle to identify ways to meet the needs of all students, they must be vigilant about basing their decisions on proven methodology.

The literature on prereferral intervention practices covers numerous aspects of the process. A key component in each model is collaborative problem solving. Many teachers may not have the knowledge and skills necessary to engage effectively in collaborative problem solving. The use of a prereferral intervention process based on a team approach enables participants to gain these skills from each other’s expertise, knowledge, and background experiences. “The structured format used in assistant teams provides an efficient agenda for the problem-solving process and enables even beginning collaborators to be effective in their efforts using interactional skills” (Walther-Thomas et al., 2000, p. 143).

With the enactment of the NCLB Act, all schools are held accountable for assessing all students on standards taken from the general curriculum. Students who are experiencing difficulties in the academic setting must receive a variety of “opportunities to learn” by making the general education curriculum accessible. Access includes what is taught (content), how it is taught (process), and how it is assessed (evaluation). Collaboration between educational personnel representing various disciplines, levels of
expertise, and experience is one step towards making the general education standards achievable for all students.

An important implication of this study is the need to provide additional staff development to those involved in the process. Specifically, staff development that addresses how to collaboratively problem-solve, how to select and implement intervention practices, and how to assess the outcomes of utilizing such interventions must be part of teacher preparation for participation in a prereferral intervention process. This coincides with the need to provide release time to take advantage of this additional preparation. If teachers are being asked to add another responsibility (the utilization of a prereferral intervention process) to their already overloaded schedule, the added stress this may cause needs to be addressed.

Will the utilization of a prereferral intervention process be the "straw that breaks the camel's back"? Will the utilization of the process be the cause for additional teacher burnout? Or, perhaps might it be a process that will provide much needed support to those teachers who are searching for ways to address the needs of all their students? By incorporating a collection of proven effective educational practices, schools may significantly reduce the number of referrals to special education, decrease inappropriate referrals for special education evaluation, and address the overrepresentation of minorities referred for special education evaluations while at the same time increasing the academic achievement of all students.
Recommendations for Further Research

Additional analysis of prereferral intervention practices utilized in schools across Virginia is warranted. The increasing number of students referred for special education services, the stringent guidelines set forth in the NCLB Act, and the need to reduce the achievement gap for minority students require schools to find educational practices that meet the needs of all students. The collection of data on preventive practices rather than remedial practices can help schools meet the ever-changing and diverse needs of students in our public schools. Educators must become proactive rather than reactive.

A recurring problem noted in the literature is an absence of direct measures connecting specific interventions to gains in student learning (e.g., Safran & Safran, 1996). The aim of the current study was to determine if prereferral intervention practices were utilized in schools across one state. Data were not collected on specific interventions or their effect on student performance. An important goal of research on prereferral intervention practices should be to identify those features that are associated with positive results related to the utilization of a prereferral intervention process.

Kovaleski and colleagues (1999) in their discussion of Pennsylvania's use of an IST referred to “bona-fide attempts to intervene with a student in a regular classroom prior to further psychoeducational assessment” (p. 16). Educators and researchers must identify practices that are being successfully implemented in general education classrooms in order to address the needs of students who are experiencing little success academically. A call for more studies on responsiveness to specific types of interventions is justified (Fuchs et al., 2003).
The need for strong administrative support has been consistently reported in the literature on prereferral intervention practices. A major theme in all the interviews conducted for this study was the need for the involvement of administrators. It is necessary for administrators to create a climate of open communication in order for teachers and staff to work together using a collaborative problem-solving approach. Further studies should investigate this critical element as well as best practices for building school environments that embrace collegiality.

Without proper training, individuals who participate in prereferral intervention practices may find that their efforts are ineffective. Studies conducted in the early '90s revealed that of the states that required or recommended prereferral intervention practices, approximately 25% lacked the necessary funding for training of individuals involved in the process (Bahr, 1994). These studies also suggest that a lack of training in implementing interventions may lead to problems with treatment fidelity and in return produce less than acceptable results. While Congress has earmarked funds to support the current NCLB Act, it has yet to be determined if these funds will be directed at preparing school personnel in the utilization of intervention practices. Additional evidence must be collected to determine what supplementary professional development is necessary and how it should be delivered. In order to incorporate best practices with regard to prereferral intervention, educational staff must receive instruction in collaborative problem solving, accurate student assessment, and identifying and implementing scientifically based intervention strategies.
Conclusions

The findings reported here expand the current body of knowledge about the utilization of prereferral intervention practices in schools across Virginia. The results suggest that schools that utilize this process feel the interventions implemented have a positive effect on student achievement.

This study addressed four primary questions. First, are prereferral intervention practices utilized in school divisions across Virginia? Second, who are the participants in this process and to what extent is professional development offered to these individuals? Third, what types of interventions are implemented as a result of utilizing the prereferral intervention process? And fourth, what are the positive and/or negative effects of utilizing this process?

With regard to the first question, a small majority (53.4%) of school divisions who participated in this study either require or recommend the use of a prereferral intervention process. This leaves us to wonder how schools that do not utilize this process address students’ needs prior to a request for formal evaluation for possible special education services.

The second research question was addressed by collecting data on the participants involved in the prereferral intervention process and the professional development offered in order to prepare them for the utilization of the process. Throughout this study the lack of professional development for participants in the process has been apparent. While the data indicate that a wide variety of school personnel are involved in the process, it does not recognize the wide range of skills or lack of skills characteristic of these individuals.
The third issue dealing with specific recommended interventions will require additional investigations. The data indicate that instructional modifications were the most commonly recommended intervention. But what does this suggest? Many questions need to be asked about the types, duration, and success of myriad instructional strategies that can be implemented to address the needs of students.

The final question tried to determine the perceived positive or negatives effects of utilizing a prereferral intervention process. Clearly, the participants in this study felt there were a number of positive results, in particular, the decrease in referrals for special education evaluations and increase in student achievement. Conversely, participants also noted the negative aspects of added paperwork and a need for additional staffing. In order to make the utilization of prereferral intervention practices a reality in our schools, we must find ways to encourage educators to use this process by highlighting the positive aspects and reducing the negative consequences of its use.

The implementation of school-based prereferral intervention practices presents considerable challenges. It is important that we continue to study strategies and collect data that support an educational movement away from a referral-to-placement model toward a referral-to-intervention model.
References


APPENDIX A

Prereferral Intervention Survey

Name (Optional): ____________________________ Date: ____________________

Position: ____________________________________________ Survey Number ______

For the purpose of this survey, a prereferral intervention process is defined as the utilization of a school-based intervention team prior to formal referral to the Child Study Team, consisting of a core of educational personnel representing various grade levels and disciplines who problem solve collaboratively to assist teachers and students who are experiencing difficulties resulting in poor student academic performance. Prereferral interventions are, therefore, those strategies suggested by the team for use with identified individuals prior to formal referral to the Child Study Team.

Part 1
Please answer the following questions with regards to how they apply at your building level.

1. A prereferral intervention process (check all that apply):
   - Is required prior to referral to the Child Study Team
   - Is recommended prior to referral to the Child Study Team
   - Is conducted prior to referral to the Child Study Team
   - Neither required, nor explicitly recommended
   - Other; please explain____________________________________

If a prereferral intervention process is utilized at your school please continue with the rest of the survey. If not, please return the unanswered survey in the envelope provided.

2. What term does your school use to describe those involved in the prereferral intervention process? (check all that apply):
   - Child Study Team
   - Instructional Support Team
   - Teacher Intervention Team
   - Prereferral Intervention Team
   - Teacher Assistance Team
   - Student Assistance Team
   - There is no standard term
   - Referral Assistance Team
   - Other: List__________________________________________

3. The prereferral intervention process used prior to formal referral to the Child Study Team usually includes: (check all that apply):
   - General Education Teachers
   - School Social Worker
   - Building Level Administrators
   - Other: Please list____________________________________
   - There is no standing committee required

4. Do you have a designated individual(s) who receives release time and/or compensation to oversee the implementation and quality of this process?
   - Yes  No
   - What is the position(s) of this individual(s)?__________________________________________

5. The majority of prereferral interventions recommended as part of the prereferral intervention process are aimed at:
   - Accurate identification of student weaknesses
   - Teacher support of instruction in the general education classroom
   - Implementation of child specific educational practices
   - Others: Please specify____________________________________

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6. Recommendations made as a result of the prereferral intervention process commonly include (check all that apply):

- Instructional modifications
- Placement review/change
- Parent training/counseling
- Behavior management procedures
- Student counseling
- Additional teacher professional development
- Family intervention
- Inclusion in additional support programs (please describe)

Other

7a. Is professional development (e.g., workshops, staff development, inservice programs) commonly provided for individuals who participate in the prereferral process?

- Yes
- No

7b. What is the nature of the professional development? (check all that apply)

- Workshops
- Staff development
- On-line training
- Other (please describe)

- School based in-service
- Site Visits
- Mentor program

7c. The agency (ies) that provide(s) the professional development is/are (check all that apply):

- State agency
- Local school division
- Individual school
- Local colleges/universities
- Other

Based on your own judgment of practices in your school, please answer questions 8-10.

8. The prereferral intervention processes implemented at my school is successful (choose one):

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never
6. Unknown

Other (Please explain):

9. Based on the outcomes of the prereferral intervention practices implemented at your school check the areas you believe are positively effected by the utilization of the prereferral intervention process:

- Fewer referrals for testing for Special Education eligibility
- Decrease in misidentification of students with disabilities
- Decrease in over-representation of minorities referred for testing
- Decreased paperwork
- Increase in grade retentions
- Decrease in grade retentions
- Increase in the availability of additional academic programs
- Increased teacher satisfaction
- Increased student achievement
- Other (please specify)
10. What do you see as negative effects of utilizing a prereferral intervention process prior to formal referral to the Child Study Team? Please specify:

- [ ] Increased paperwork
- [ ] Increased need for training
- [ ] Need for additional staff to support process
- [ ] Teacher dissatisfaction with recommendations
- [ ] Other (please specify)

11. Answers to questions 8, 9, & 10 are based on information gathered through (check all that apply):

- [ ] Paper Trail
- [ ] Review of student records
- [ ] Information stored in a data base
- [ ] Other (Please specify):

Part 2

Would you be willing to participate in an interview to further discuss the prereferral intervention process implemented at your school? ________ If yes, please include your name:

______

Does your school or division have specific forms or written policies and procedures to use with the prereferral intervention process? If so, who might I contact to get a copy of these?

______

How long have you been in your current position?

______

If you would like a copy of the results of this study please include your name and mailing address:

______

Thank you very much for your help in completing the survey! Please return the survey in the enclosed stamped addressed envelope.
APPENDIX B

Informed Consent

I understand that I am voluntarily participating in research that is examining the use of prereferral intervention practices in schools throughout local divisions in Virginia. D. Elizabeth Crockett is conducting this research as part of the requirements for EPPL 765 and EPPL 790 at the College of William and Mary. My participation includes the completion of one survey. I understand the importance of answering all questions honestly and to the best of my knowledge. Participation will take no more than fifteen minutes.

Involvement in the study is completely voluntary and refusal to participate will not result in any penalty. Anonymity for each participant is highly valued. Participants in this study will remain anonymous and obtained information will remain confidential. No risk of harm greater than that encountered in daily life is expected as a result of participation.

I am aware that I may report dissatisfaction with any aspect of this study to the Chair of the Protection of Human Subjects Committee, Dr. Stanton Hoegerman (757-221-2240).

My signature indicates that I have read and understand the information provided above and consent to participate in the study.

__________________________
Signature

__________________________
Date

The results will be available to participants upon request or by contacting: D. Elizabeth Crockett, College of William and Mary, School of Education, Jones Hall, Williamsburg, VA 23187.

If you have any questions or concerns, please do not hesitate to contact me or my advisor, Dr. James Stronge at 757-221-233. Please keep one copy of this informed consent form as a record of your rights as a participant.

I greatly appreciate your time and effort, and am committed to use the information you provide to enhance the field of education.

Thank you for your participation,

D. Elizabeth Crockett

THIS PROJECT IS APPROVED BY THE COLLEGE OF WILLIAM AND MARY PROTECTION OF HUMAN SUBJECTS COMMITTEE (757-221-3901) ON ___________ AND EXPIRES ON ____________.
Cover Letter

Dear_______,

The attached survey instrument concerning the use of prereferral intervention practices is part of a statewide study being carried out in conjunction with the College of William and Mary. This project is concerned specifically with the use of school-based prereferral practices. For the purpose of this study, a prereferral intervention process is defined as the utilization a school-based intervention team prior to formal referral to the Child Study Team, consisting of a core of educators representing various grade levels and disciplines who problem solve collaboratively to assist teachers and students who are experiencing difficulties resulting in poor student academic performance. Prereferral interventions are therefore those strategies suggested by the team for use with identified individuals prior to formal referral to the Child Study Team. The results of the study will help provide an expanded awareness and understanding of educational practices that are utilized in schools throughout Virginia. Additionally, it will provide a rationale for continued research of prereferral intervention practices that may be implemented to meet the needs of students who are experiencing academic difficulties.

This survey is being sent to 200 Assistant Principals throughout Virginia. It is felt that your expertise in the area of identifying and addressing student needs will be of great value in determining what practices are currently being utilized at a building level. The survey should take no more than 15 minutes to complete.

Your participation is appreciated. Please try to return the completed survey by_______ . This study is dependent on collecting enough data to analyze and report. Your comments are welcomed concerning this survey or any phase of this study. Your responses will be held in strictest confidence.

Informed consent procedures for this study are described and included with this survey. Please take a moment to read and sign the necessary consent form.

If you would like a copy of the results, please indicate so on the survey. Thank you in advance for your cooperation in this research.

Sincerely yours,

D. Elizabeth Crockett
APPENDIX D

Interview Questions

1. How long has your school used a prereferral intervention process?
2. What training was provided for participants in the process? How long did the training last? Who provided the training? How do you address continued or long-term training?
3. What is your opinion of the training for participants in the prereferral intervention process?
4. How are the results from prereferral interventions shared with you? Is data kept?
5. What do you perceive as the positive and/or negatives effects of utilizing a prereferral intervention process?
6. How do you feel about the prereferral intervention process as it is utilized in your school?
7. What would be your recommendation to schools just starting to utilize a prereferral intervention process?
### APPENDIX E

**Types of Information Requested on each Document**

<table>
<thead>
<tr>
<th>Types of Information Requested</th>
<th>Number of Documents Containing Requested Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Demographic Information</td>
<td>14</td>
</tr>
<tr>
<td>Current Academic Performance</td>
<td>7</td>
</tr>
<tr>
<td>Current Behavioral Performance</td>
<td>6</td>
</tr>
<tr>
<td>Current Attendance Information</td>
<td>3</td>
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<tr>
<td>Reason for Referral/Areas of Concern</td>
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<tr>
<td>Student's Strengths</td>
<td>4</td>
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<tr>
<td>Sample of Student's Work</td>
<td>2</td>
</tr>
<tr>
<td>Teacher Observations</td>
<td>3</td>
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<tr>
<td>Previous Interventions</td>
<td>9</td>
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<tr>
<td>Actions Recommended</td>
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<tr>
<td>Specific Interventions/Strategies Described</td>
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<td>Indication of Success</td>
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<td>Time Line</td>
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<tr>
<td>Log of Contacts/Parental Contact</td>
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<tr>
<td>Latest Standardized Scores</td>
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