Upper elementary teachers' perception of the pre-referral process

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UPPER ELEMENTARY TEACHERS' PERCEPTION
OF THE PRE-REFERRAL PROCESS

An Abstract of a Thesis
Submitted
in Partial Fulfillment
of the Requirements for the Degree
Specialist in Education

Lyndi Meyer
University of Northern Iowa
August 2008
ABSTRACT

Teacher acceptance of the pre-referral process can have a significant effect on students in the classroom. This study examined upper elementary teachers perceptions of the pre-referral process. The pre-referral process was observed and upper elementary teachers were interviewed. Four themes related to upper elementary teachers' perception of the pre-referral process were identified: (a) decisions about referral, (b) impact of referral, (c) frustrations, and (d) suggestions for improvement. The limitations of the study and recommendations for future research and practice are discussed.
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Entitled: Elementary Teachers’ Perception of the Pre-Referral Process

has been approved as meeting the thesis requirement for the

Degree of Specialist in Education

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CHAPTER 1
INTRODUCTION

The education system in the United States has been affected by federal and state mandates, which require high stakes testing to assess whether students are making adequate yearly gains and have access to a quality education. If these goals are to be met, it is important that schools provide adequate support to children in general education classrooms before they begin to fail. To improve students’ academic performance, school-based research initiatives have been used to promote curriculum and instructional strategies in the classroom (Lane, Bocian, MacMillan & Gresham, 2004).

Special education law requires that students receiving services be placed within the least restrictive environment; all students should be given the opportunity to find academic success within the general education classroom. Providing pre-referral interventions to students has increased the services provided to at-risk students in general education settings and decreased the number of referrals for special education (Pugach & Johnson, 1995).

The shift towards a pre-referral problem solving approach provides all students the opportunity to succeed within the general education classroom. In the pre-referral problem solving approach teachers work with a team of individuals to design interventions to meet the needs of the students. Teachers play an important role in the pre-referral intervention process. They can identify and refer students to a pre-referral team, collect data on the student’s level of functioning prior to the implementation of an intervention, present this data to the team, brainstorm intervention ideas, implement the
interventions, and gather additional data throughout the intervention to monitor student progress.

Teacher perceptions of the pre-referral intervention process can affect teacher practice in the classroom. Specifically, teachers’ perceptions may influence which students are referred to a pre-referral team, what and how data is collected, intervention integrity, and how accurately data is collected (Lane, Mahdavi & Borthwick-Duffy, 2003). Depending upon the nature of a teacher’s perceptions of the pre-referral process this could result in a negative or positive outcome for students.

Definitions

Interventions modify teacher instruction and/or behavior management to improve student performance within the classroom (Schwanz & Barbour, 2005). Wolf (1978) identified the term social validity to refer to the social acceptability of intervention procedures and the importance of the effects produced by interventions. Acceptability is the perception of whether the intervention is fair, reasonable, and appropriate for the identified student concern (Kazdin, 1980).

Once an intervention is designed, it is important that the teacher implement the intervention as intended. The accuracy and consistency of implementing the steps of the intervention determines the level of integrity found in the intervention (Gresham, 1989). Intervention integrity must be maintained to ensure that all students are being given equal opportunity to succeed within the general education classroom.

The role of a school psychologist has many dimensions. In the pre-referral process school psychologists assess academic skills and behavior concerns and use
evidence-based research to develop effective interventions. They provide teachers assistance in monitoring these decisions and help to make instructional decisions. School psychologists work within a team to make decisions about whether special education services are appropriate for a student. In a team based model Social Workers and Educational Consultants can provide similar services to school districts.

**Statement of Problem**

Much of the early research on social validity and treatment acceptability focused on groups of individuals outside of school settings (Finn & Sladeczek, 2001). The research studies were large sample and quasi-experimental, More current research has focused on treatment acceptability in regards to school-based consultation practices which are rated as hypothetical situations rated by questionnaires (Finn & Sladeczek, 2001). Therefore, research on teacher perceptions of the pre-referral process related to specific student cases is limited.

Longitudinal research needs to be conducted to determine what factors influence teacher perceptions of the pre-referral process at all levels of the problem solving process. This will help to identify how the pre-referral process can be improved. The goal of this study was to identify how upper elementary teachers perceive the pre-referral process and use recommendations from the pre-referral team to support at-risk students in the classroom.
CHAPTER 2
REVIEW OF LITERATURE

If a teacher has a negative perception of the pre-referral process it can result in negative outcomes for students. First, the teacher might not refer the student to the pre-referral team. This would mean that the student would not receive additional supports and parents might not be notified of the significance of the concern. Second, the teacher might not implement the intervention as suggested by the team. This could affect the effectiveness of the intervention if it is not implemented as intended. Last, the process of the student receiving supports in the general education setting would be delayed and the gap between the student and typical peers might increase.

Witt and Elliot (1985) developed a concept that provides four factors that can affect interventions: treatment acceptability, use, intervention integrity, and intervention effectiveness. The premise behind the model is that the more acceptable that an intervention is the better likelihood that it will be implemented with integrity and produce positive results and if an intervention is seen as effective it would be more acceptable (Witt & Elliot, 1985). The developed intervention should be valid and reliable but also acceptable to stakeholders (Martens, Witt, Elliot, & Devreaux, 1985). When interventions are not implemented as intended, it is difficult to determine to what extent the intervention is responsible for changes in student performance (Gresham, Gansle, Noell, Cohen, & Rosenbaum, 1993).

According to Witt and Elliot (1985), a breakdown anywhere in the reciprocal cycle could affect the other factors. If a teacher has a negative perception of the pre-
referral process this could affect the treatment acceptability factor. This breakdown could lead to students not having an opportunity to succeed within the general education classroom and possibly being misidentified for special education services since part of the criteria for identification for special education is rate of progress compared to typical peers. This misidentification can impact the community, school, family, and child. The costs of education are increased for students receiving special education services, the family has to learn to accept that a child has been identified, and the child's learning is affected (Berman & Urion, 2003).

Role of School Psychologists

Traditionally, school psychologists have been referred to as the gatekeepers of special education (Fagan & Wise, 2000). They possessed assessment skills which allowed them to test and place students into special education. This limited “test and place” role of school psychologists is changing to meet the needs of a diversified school system.

During the late 1980s, concerns were raised about the number of students who received special education services and the associated costs. Reformers began to look for alternatives to the traditional “test and place” procedure for determining special education eligibility (Fagan & Wise, 2000). It was suggested that students be provided help in the general education classroom before their needs were so significant that they needed special education services. Different forms of pre-referral services that provided students with empirically supported interventions became more utilized. It helped to provide services to a larger at-risk population of students who might not be eligible to receive
special education services by designing and implementing interventions within the
general education classroom.

With this system reform, the assessment process expanded from the traditional
“wait to fail” reactive approach to a proactive problem solving approach. Today, school
psychologists spend more time consulting with and providing support for teachers within
the general education classroom. In the past, these team members did testing when the
student’s educational needs were significant enough to warrant the student being
considered for special education services. The role of school psychologists has changed
over the years but the purpose of helping children find success in school has stayed the
same.

Pre-Referral Interventions

During problem solving, team members design interventions that are intended to
decrease the problem of concern in the classroom. These interventions are referred to as
pre-referral interventions. Pre-referral interventions gained importance with the adoption
of the 1997 Amendment to the Individuals with Disability Act (IDEA) that highlighted
helping students before they begin to fail within the general education setting. (Lane et
al., 2003).

Utilizing pre-referral intervention strategies helps to ensure that the student has
the possibility to succeed within their least restrictive environment. Pre-referral
interventions match effective interventions with the student based upon their needs rather
than testing and placing students based upon deficits (McNamara & Hollinger, 2003).
Pre-referral interventions can decrease the number of students who are referred for
assessment and placed within special education (Nelson, Smith, Taylor, Dodd, & Reavis, 1991). According to Fuchs, Moch, Morgan, and Young (2003) the problem solving approach provides help to a greater number of at-risk students and separates students who have disabilities from those that haven’t been exposed to effective prior instruction. Pre-referral interventions give teachers support within the classroom that strengthens their abilities and attitudes towards students who are experiencing difficulties in the classroom (Nelson et al., 1991).

**Heartland’s Problem Solving Model**

The pre-referral process is conceptualized similarly across states but is carried out differently in terms of the labels used, whether the process is mandated, the professionals involved in the process, and the amount of training provided (Buck, Polloway, Smith-Thomas & Cook, 2003). The Heartland Problem Solving model was designed to identify and develop appropriate interventions within the least restrictive environment (Jankowski, 2003). It is an example of a widely used problem-solving model. In this model students are given the opportunity to make academic gains and be responsive to instruction within the general education classroom if they are able to do so. The student’s development is compared to their classroom peers to determine progress (Fuchs et al., 2003). There are two main parts of the model: (a) a problem solving approach that matches resources dependent on how severe the problem behavior is, and (b) a corresponding problem solving process that helps to determine the effectiveness of the intervention at each level of the approach (Jankowski, 2003).
Problem Solving Approach

There are four levels in the Heartland Problem Solving Model: Level One: consultation between teacher(s) and parents, Level Two: consultation with other resources, Level Three: consultation with extended problem solving team, and Level Four: consideration of entitlement for special education (Tilly, 2002).

During Level One, the general education teacher(s) meets with the student’s guardians to informally address academic or behavioral concerns. They identify an intervention to use with the student and informally monitor the progress. Then, a second meeting is set up to determine the effectiveness of the intervention. If the intervention is effective, then the intervention is continued in the general education setting. When the intervention is not effective the second level of the problem-solving model is initiated.

At Level Two the teacher(s) meets with a building level team to identify and analyze the problem. The team decides on an intervention and determines a way to monitor its effectiveness. If the intervention is successful, the process stops here. If the intervention is not successful, the third level of the Heartland Problem Solving model is enacted. During the third level, members of the area education agency (this can include School Psychologists, Educational Consultants, and Social Workers) work together to determine if the intervention matches the cause of the problem (Jankowski, 2003). An extensive problem analysis is conducted to determine why the problem is occurring. The school psychologist works with teachers, principals and other professionals to develop; design and implement interventions that can best benefit the child. A formal intervention plan is written which identifies the behavior of concern clearly and completely, the
measurable goals of the proposed intervention(s), the intervention components, how progress monitoring data will be collected and how frequently, what will be done to ensure intervention integrity, and what individuals will be responsible for the intervention.

The intervention is implemented and progress monitoring occurs. If the intervention is successful, the school psychologist works with the teacher(s) to ensure continued success within the general education setting. If the intervention has been implemented over time and student growth is not seen then the school psychologist can modify the intervention to better fit the problem. If this has been done and the intervention is not successful it can indicate that the student would benefit from specialized services. At this point, the school psychologist must decide whether to initiate the fourth level of the Heartland Problem Solving process.

During level four, parental consent is obtained to use the information gained from the problem solving process as part of an evaluation to determine eligibility for special education. This information along with additional assessments, if needed, is used to determine appropriate educational services.

**Problem Solving Process**

The problem solving process is designed to determine the effectiveness of the intervention at each level of the Heartland Problem Solving model. An individual who uses a behavioral *problem solving* process determines the student's responsiveness to the intervention (RTI) by answering four basic questions: What is the problem? (Problem

Problem identification. There are three steps in the problem identification stage. First, the desired behavior or behavior of concern is determined by writing a behavioral definition which contains an objective that applies to observable characteristics that contain examples/non-examples and occurrences/non-occurrences of the problem in the classroom (Upah & Tilly, 2002). Then, the student’s current level of performance is determined by measuring the frequency, latency, intensity topography, accuracy or duration of the behavior (Fuchs et al., 2003). These student results (baseline) are then compared to peers in order to validate that a problem exists and to determine the magnitude of the problem (Tilly, 2002). This comparison helps us to determine if there is a large enough discrepancy between what the student is expected to do and what they’re actually doing. In order to identify that a problem exists the student’s results are compared to typical peer results. For example, if there were a large difference in the knowledge of math facts between “Johnny” and his peers, the discrepancy would be considered large enough between what is expected and what the individual is capable of.

Problem analysis. During the problem analysis phase more information is gathered in order to determine why the problem is occurring. A detailed problem analysis is conducted at Level III of the Heartland Problem Solving model. The problem is investigated through observations and assessments and a hypothesis of the problem is formulated. This hypothesis is used to identify empirically supported interventions that are directly linked to the problem occurrence (Tilly, 2002). This is a critical phase of
problem solving because it directly links assessment and intervention (Upah & Tilly, 2002). In the case of “Johnny” we would determine why we felt Johnny was not able to learn his math facts. It would be important to identify ecological and behavioral aspects of the learning environment. We would then use this information to determine an empirically supported intervention to help Johnny learn his math facts.

**Plan implementation.** In plan implementation the school psychologist will determine the desired outcome of the intervention, determine how to reach that outcome, identify how to measure that the intervention is being implemented as intended, and determine what to do if the intervention does or does not work (Upah & Tilly, 2002). It is extremely important to identify how the intervention will be implemented and who will be responsible for specific steps. The degree to which interventions are implemented as they are intended is referred to as intervention integrity (Gresham, MacMillan, Beebe-Frankenberger & Bocian, 2000). The amount of accuracy and the consistency in implementing the steps of the intervention determines the level of integrity found in the intervention (Gresham, 1989).

**Plan evaluation.** In this phase the school psychologist and the teacher(s) determine the effectiveness of the intervention by using progress monitoring (Fuchs et al., 2003). Data is collected multiple times per week to see if student gains are being made. What is being measured should be directly linked to the problem of concern so that we can determine whether the intervention is working. Guidelines should be agreed upon by the teacher(s) and the school psychologist on how and when to collect student data.
Monitoring the student’s development weekly helps to increase the success rate of the intervention (Deno, 2002). It is important to establish student goals in order to evaluate the effectiveness of an intervention. With curriculum-based measurement, the rate of a student’s success within the class curriculum can be tracked. If local norms are available, the target student can also be compared to same-grade peers.

If the intervention is not successful, it may need to be adapted and implemented as intended. If the intervention does not work over time the intervention will be deemed unsuccessful. The process will move to Level Four of the Heartland Problem Solving Model where the team will discuss the student’s eligibility for special education.

**Teachers’ Impact on the Problem Solving Process**

During all levels within the problem solving process teachers play an integral role. They identify students in need of assistance, discuss concerns with parents and other educators, are team members who help design interventions for students and implement these interventions. There are a number of steps involved in implementing interventions in the general education setting: making sure all components of the plan are implemented accurately, collecting and monitoring data, making instructional phase changes to the intervention when it is successful and not successful and collaborating with others involved in the process. All of these steps must be followed to meet the student’s needs in the general education setting. Witt and Elliot (1985) developed a reciprocal intervention model that listed four factors that can affect interventions: treatment acceptability, use, intervention integrity, and intervention effectiveness.
In this model if one factor is absent it can affect the other factors adversely. All factors must be present to ensure an appropriate intervention (Witt & Elliot, 1985).

**Intervention Integrity**

Once the intervention has been designed, it is important that the teacher(s) implements the intervention as intended. The amount of accuracy and the consistency in implementing the steps of the intervention determines the level of integrity found in the intervention (Gresham, 1989). Many factors can affect the integrity with which teachers implement interventions. In a seminal study on intervention integrity, Gresham (1989) identified six factors that affected intervention integrity in the school system. The factors were (a) complexity of interventions, (b) time required to implement interventions, (c) materials/resources required for interventions, (d) number of intervention agents required, (e) perceived and actual effectiveness of interventions, and (f) motivation of intervention agents.

With rising class sizes, these factors help to alleviate the time constraints placed upon teachers in the general education classroom so that they can provide all students with a valuable education. Teachers who refer students with the intent to remove them from the general education classroom may implement interventions with less integrity (Gresham, 1989). The perception that the students’ needs cannot be met within the limits of the general education setting may cause the teacher to underestimate the effectiveness of the intervention plan.

Students who are given interventions that are not implemented with integrity might fall further behind in the classroom and be misidentified for special education
services. Therefore, it is essential that interventions be monitored closely to ensure intervention integrity. Recognizing the importance of these factors when designing interventions could increase intervention integrity by creating interventions that are more acceptable to the teacher. This will help students succeed within the least restrictive environment.

**Treatment Acceptability**

A teacher's acceptance of the intervention is referred to as treatment acceptability (Lyst, Gabriel, O'Shaughnessy, Meyers, & Meyers, 2005). Current research on treatment acceptability identifies the factors that allow teachers the ability to "buy in" to an intervention. According to Noell and Gresham (1993), through the intervention process teachers experience costs and benefits which can affect treatment acceptability.

Objective costs refer to measurable resources that are used as a result of the intervention. The most common objective cost that can impact the intervention is the time needed for the intervention. Interventions that require more time can be seen as less acceptable (Greshan, 1989; Reimers & Wacker, 1992). Money can also be considered an objective cost. For example, if resources needed to employ the intervention require a financial cost for the school it might be seen as not acceptable.

The response costs of implementing the intervention are referred to as subjective costs (Gresham & Noell, 1993). Response costs are the perceived inconveniences or negative implications of implementing the intervention. Interventions that are more complex in nature could increase response costs and make the intervention less acceptable (Cowan & Sheridan, 2003).
Some perceived benefits of the intervention might be: more available time for the teacher, more available resources, desired changes in student behavior, increased sense of accomplishment, reduced stress, increased self-efficacy, and increased comfort (Noell & Gresham, 1993). Costs and benefits of an intervention plan can affect the treatment acceptability for an intervention. Interventions that teachers view as desirable, helpful, and feasible are acceptable to teachers (Polloway, Epstein, & Bursuck, 2003). In addition, acceptability is increased when proper training and support is given to teachers (Vereb & DiPerna, 2004).

**Conclusion**

Functional based problem solving approaches require multiple individuals to be involved in the process. Teachers are key stakeholders and direct consumers of the intervention. It is important to ensure that all four factors: treatment acceptability, use, intervention integrity, and intervention effectiveness be addressed when designing and implementing interventions. Because of the direct relationship between teachers and the four identified factors this research was done to answer the following question: (1) What are upper elementary teachers’ perceptions of the pre-referral intervention process?
CHAPTER 3

METHODS

This research examined upper elementary teachers’ perceptions of the pre-referral intervention process. Teacher perceptions of this process can affect whether teachers refer students, what students are identified for referral, how students are identified for referral, the accuracy that data is collected, if interventions are implemented as intended and whether all components of the intervention plan are implemented (Lane et al., 2003). This can directly affect student outcomes in the educational setting. Pseudonyms were used to identify locations and persons involved in the study.

Setting

Jefferson Elementary is a K-5 grade school located in the Midwestern United States. During the 2005-2006 school year, Jefferson had 386 students and class sizes ranged from 20-23 students in a classroom. Approximately 81% of students received free or reduced lunch compared to the district average of 62%. To be proficient in Reading and Math students had to earn scores at or above the 41st percentile according to national percentile rank on the Iowa Tests of Basic Skills (ITBS). The percentage of students who earned proficient scores in Reading and Math was 45% of the total school population for both areas.

Jefferson Elementary was chosen as the site for this research because it was cited as a “exemplary” by an administrator from a local special education cooperative agency and an administrator from the school district. The pre-referral intervention team was identified as exemplary because they placed a strong emphasis on the pre-referral
process. Resources were allocated to improve internal functioning, professional
development for teachers was developed through work with outside agencies, and the
team was used as a model for district wide training (Etscheidt & Knesting, 2007).

The Pre-referral Intervention Team and Pre-referral Process

There are three steps in the pre-referral intervention process at Jefferson. First, a
teacher identifies a student who is having difficulty. The teacher contacts the parents to
explain the problem of concern. Next, the teacher implements an intervention and
gathers approximately 6-8 weeks of data on the student. If the student is not making
progress after six weeks, the teacher can refer her or him to the pre-referral intervention
team. The second step, referral to the problem-solving team, involves filling out
paperwork that describes the problem, what has been tried, data results, and educational
history of the student. Members of the pre-referral intervention team include two
guidance counselors, three teachers, assistant principal, principal, social worker, special
education consultant, and family support worker. The team meets monthly to discuss
students who have been referred, spending approximately 20-25 minutes discussing each
student. At this meeting the team discusses possible interventions, additional supports,
progress monitoring and if applicable evaluation for special education services.

Participants

Participants were three upper elementary teachers from a midwestern elementary
school. Criteria for participation were upper elementary (fourth grade or above) teachers
who had referred students to the pre-referral intervention team between the months of
November through December 2006. There were four upper elementary students referred
and three teachers who agreed to participate in the study. The teaching experience amongst the teachers was three, four, and nine years. All three teachers had referred students to the pre-referral team in previous years.

Mrs. Appel. Mrs. Appel has taught fourth grade at Jefferson for four years. Prior to teaching at Jefferson, she worked as a teacher’s assistant and a substitute teacher in another school district.

Mrs. Appel referred John to the pre-referral team again at the beginning of the 2005-2006 school year. He had been brought to the pre-referral team by his third grade teacher at the end of the previous school year (2004-2005) because of academic and behavioral concerns. Mrs. Appel referred him for the second time in November 2006. The areas of concern for Mrs. Appel were Reading, Written Language, Math and Behavior (specifically focusing on refusing to follow directions and motivation to complete work).

At the pre-referral meeting, it was noted that John’s parents had financial difficulties that resulted in the student inconsistently being provided medication for attention difficulties. The previous summer an independent evaluation was conducted at a mental health center resulting in the following diagnosis: (1) Attention Deficit Disorder of Childhood with Hyperactivity, (2) Nocturnal Enuresis, (3) Reading Disorder (NOS), (4) Mixed Receptive Language Disorder (Poor Understanding and Use of Language), (5) Disorder of Written Language, and (6) Memory Deficits. Additionally, John was determined to be at-risk for conduct disorder and instructions were given to monitor him for signs of depression.
He received academic reading support through Reading Recovery in first grade and Title I services in third and fourth grades. There was documentation from previous years in his cumulative folder concerning inappropriate behavior at school. John had difficulties following directions given by adults and participating in groups with peers. Letters in the academic file expressed concerns over tardiness and absences from school throughout his academic career.

At the problem-solving meeting in November, Mrs. Appel stated that John was reading at the 2nd grade level, had limited reading fluency, and poor spelling skills. He had little success when working independently on math and he was receiving counseling services at school. The team suggested the following interventions: modeled instruction, a pamphlet of ideas for working with oppositional defiant students, medical assistance for medication, extended day and summer school. Mrs. Appel was instructed to continue progress monitoring reading ability.

The suggested interventions were implemented in the classroom and progress monitoring was continued. As the year proceeded, Mrs. Appel's concerns about behavior and motivation to complete work had increased. John was taken back to problem solving in April 2007. At this time, the team suggested that he be evaluated for special education services for Reading, Written Language, and Behavior.

Mrs. Brown. Mrs. Brown has had nine years of teaching experience at Jefferson. The teacher referred Mary in December 2006 for academic concerns in Reading, Written Language, and Math. Mary had previously been referred to the pre-referral team at another school in second grade for difficulty with Reading and Written Language. The
student began attending Jefferson in September 2006 and had previously received Reading Recovery services and Title 1 services in Kindergarten, First, Second, and Fourth grade. At the December 2006 meeting the pre-referral intervention team decided to submit the paperwork for evaluation for special education services in the areas of Math, Reading, and Written Language. The student was found to be eligible for special education services and is currently receiving pull out services in Reading, Written Language, and Math for ninety minutes per day.

Mrs. Chenowith. Mrs. Chenowith has three years of teaching experience and referred two students to the pre-referral intervention team during the 2006-2007 school years. Danielle was referred in December 2006 for academic concerns in Reading, Written Language, and Math. The student had transferred to Jefferson from a school out of state where she had been assessed for special education services but had not qualified. The team decided to see if the student would qualify for services in this state. Paperwork was submitted and the student qualified for special education services in Reading, Written Language, and Math. She currently receives pull out special education services for ninety minutes per day.

Nikolette was referred to the pre-referral team for academic difficulty in Reading and Math. The student had previously received Title One services, Speech and Language Services, and Psychologist support. The team gave suggestions concerning transitional guided reading, visual math strategies, and a plan for coordinating efforts between the general education teacher, title one teacher, and tutor. After the meeting was completed a suggestion was given for evaluation for special education. The parents requested that an
outside agency member do the evaluation. The evaluation concluded that Nikolette was eligible for special education services for Reading and Math. She currently receives sixty minutes of pull out special education services in the areas of Reading and Math.

Data Collection Procedures

Triangulation is the collection of multiple pieces of data to measure a single concept. Multiple methods of data collection were employed to ensure triangulation: observation of pre-referral intervention meetings, educational file reviews of students, and teacher interviews. Using triangulation helps to prevent threats to validity for each data collection procedure (Berg, 2001).

Pre-referral Intervention Team and Identification of Students

The researcher attended pre-referral intervention team meetings during the months of November 2006-February 2007. These meetings lasted approximately thirty minutes and four students were discussed at each meeting. Informed consent was obtained from all members of the pre-referral team, participating teachers, and parents. During these meetings, notes were taken on each student concerning the problem statement, hypothesis, suggested interventions, and progress monitoring. Three teachers who had referred four upper elementary students were identified to participate in the study after the pre-referral team meeting.

Observation of pre-referral team. The researched observed the pre-referral intervention team meetings and took detailed field notes on the referred students. These notes were used to identify what teachers would fit the requirements of the study.
Educational file review. After attending the problem-solving meetings, the researcher reviewed the participating students' educational files. Items that were identified during the file review were attendance records, grades, standardized test scores, support services received (example: Title 1 and Reading Recovery), pre-referral history, and other items that related to school achievement and behavior concerns.

Interviews with upper elementary teachers. After the file reviews were completed, the researcher individually interviewed each teacher. According to Berg (2001), interviews are an effective way of obtaining information about perceptions. The interviews were audio taped and transcribed. All audiotapes and field notes were destroyed after the study was completed. Teachers were asked to participate in two interviews: one after they had attended a pre-referral meeting in March and one at the end of the pre-referral process in May. The interviews lasted approximately thirty minutes.

The first round of interviews in March focused on specific questions related to the student(s) that had been referred to the pre-referral team. The teachers were asked about the student, why the student was referred, what they wanted to receive from the process, what the team suggested, whether the team decision was beneficial for the student, and how the referral had changed the student's educational experience. Interviews were semi-structured. The questions were predetermined but the researcher probed further to gain more information (Berg, 2001).

The answers to the first round of questions were grouped in categories. The categories were: teachers' desire to have the student identified for special education, difficulties and frustrations experienced by the process, and the impact of the process on
teachers and students. The categories identified helped to focus the questions for the second round interviews. Teachers were asked about the connection between the pre-referral process and identification for special education, frustrations and difficulties experienced in pre-referral intervention process, the impact of the pre-referral process on teachers and students, positive changes associated with the pre-referral process, and suggestions that could help to improve the problem solving process.

Data Analysis

Interpretational content analysis was used to identify categories and themes concerning upper elementary teachers’ perception of the pre-referral process (Gall, Gall & Borg, 2003). Interview data was used as the primary source of information. The researcher thoroughly read first round interview transcripts. These transcripts were broken down into segments that related to key points. These key point segments were grouped into categories. Each category was given a number code. The number code corresponded to a specific category.

Based upon the teachers’ answers to the first round interviews the identified categories were: the request for assessment for special education, difficulties experienced during the pre-referral process, teacher frustration, the belief that something should have been done earlier to ensure educational success, and the impact of the pre-referral process on teachers and students. The researcher looked at these categories and determined areas that it would be beneficial to gain more information and categories that had limited information. This is how questions for second round interviews were developed.
After the completion of the second round of interviews, segments were identified and coded using different categories than those used during the first round interview coding process. Since the teachers’ answers to the questions were different there were new key points which required new categories for the second round interviews.

Identified categories were: who is referred to the pre-referral intervention team, how the pre-referral team has improved, the purpose of the pre-referral team, impact of pre-referral team on teachers, perception that teacher observations in the classroom is disregarded, outside factors that affect students, the idea that something should have been done earlier, problems with collection of data and paper work, length of the pre-referral intervention process, and positive changes that can be made to improve the pre-referral team functioning.

The coded segments and categories from the interviews were compared within and across categories using the constant comparison method developed by Glaser and Strauss (Gall et al., 2003). This process identified four categories with subcategories. The following categories were determined (1) decision about referral, (2) impact of referral, (3) frustrations, and (4) suggestions for improvement. The decision about referral included the sub categories: connection between the pre-referral process and identification for special education, what students are referred, and the purpose of the pre-referral team. The impact of referral included the subcategories: impact of the pre-referral team on teachers and students and general impact. Frustrations included the subcategories: idea that something should have happened earlier, teachers observations do not matter, problems with data collection, paper work, and the length of the process.
Suggestions for improvement included the subcategories that discussed how the team has improved and implications for future growth. Interview transcripts, observation notes on the pre-referral meetings, and educational file review notes were obtained for triangulation purposes.
CHAPTER 4

RESULTS

In this study four themes were identified related to upper elementary teachers' perception of the pre-referral process: (a) decisions about referral, (b) impact of referral, (c) frustrations, and (d) suggestions for improvement. First, the teachers discussed the connection between the pre-referral process and identification for special education, what students are referred, and the purpose of the pre-referral team. Next, they noted the impact of the pre-referral team on teachers and students. Third, the frustrations associated with the process were identified. These included: idea that something should have happened earlier, the belief that teachers observations do not matter, problems with data collection, paper work, and the length of the process. Last, the teachers discussed how the team has improved and implications for future growth.

Decisions about Referral

At Jefferson Elementary the teachers are the ones who refer students to the pre-referral problem solving team. The teachers identify the student in need of assistance, develop an intervention, and collect 6-8 weeks of data. Mrs. Chenowith indicated that she identifies students for the pre-referral problem solving team that are, "...really struggling, just much lower than what the class is working at." This means that comparing them to their typical peers in the classroom identifies students for referral to the team. According to Mrs. Appel it is difficult to determine at what point to begin collecting data to refer a student:
I guess that’s not a lie we really dread it [the pre-referral process] and it’s hard to say when you are going to take a child to [the pre-referral team] when you’ve been thinking about it for the past 8 weeks because sometimes a student can be totally on and then you move to a more challenging area of math and reading and then there are flags that pop up and so it’s kind of like here are my flags but now I have to wait until I have enough data because I wasn’t doing it earlier because there wasn’t a huge discrepancy between peers.

Jefferson was identified as a school in need of assistance during the 2005-2006 school year. The percentage of students who earned proficient scores in Reading and Math were 45% of the total school population for both areas. This means that the overall ability level of students in the school is less than other area schools that were not identified in need of assistance. Since Jefferson is a low achieving school this can mean that students at Jefferson might not appear to be as discrepant from peers as they would in a high achieving building. According to Mrs. Appel, “...if they are discrepant from their peers they do not stand out as much if they were in another building.”

The pre-referral team is a place where the teacher can get ideas for interventions to try with students. According to Mrs. Chenowith “The process of taking them to the [pre-referral team] is that they often give you a lot of things to try.” It makes other individuals such as the school psychologist, administration, guidance counselor, and others teachers aware that the student is having significant academic and/or behavioral concerns. Mrs. Appel indicated, “They’re not a problem solving committee...people go there to fix the problem and that’s not what they are there for. It’s for discussion and to make everyone aware of the case.” Mrs. Chenowith further stated that “…in the future if they are falling even further behind they’ve already been there to the committee so they
know it's a recurring problem each year.” Mrs. Brown stated, “...it is other people knowing and recognizing what you are doing to help these kids. If they’ve been there more than once it shows that more than one teacher is seeing a problem.” This can show that there are concerns across time and setting which is a question that is addressed on the entitlement for special education evaluation.

The pre-referral problem solving process is designed to give teachers ideas for more intensive interventions in the classroom. It is designed to give students the supports needed to be successful in general education. Two of the teachers interviewed discussed the pre-referral process differently. They viewed it as a step they had to go through to get a student identified for special education and to receive extra help. Mrs. Chenowith used the phrase “I’ve had pretty good luck...they were identified.”

Mrs. Brown simply stated, “I wanted her to get tested and identified for special needs. I was not going to settle for anything less than that.” In the interviews with Mrs. Brown and Mrs. Chenowith they both used the word “help” to mean special education services. Mrs. Brown stated, “I think that we have to drop through a lot of hoops to even get kids help. It seems like we’re slowly starting to get more help for kids. Getting more kids identified.” In a separate interview Mrs. Chenowith used the word “help” to indicate special education services. She said: “If you try different accommodations and modifications...and eventually if they do get tested and are on an IEP then they’re getting extra help and that’s what we want.” In the same interview Mrs. Brown discussed that the services that are available through special education are different from what she would be able to give the student in the general education setting.
We’re going to continue doing adaptations and making these adjustments but they need to remember that these special ed teachers are trained to help and we don’t have that training. We’re doing the best we can and it’s just a disservice to the kids especially when you go through the time and the paper work and nothing happens. There is nothing that we can do...that is really frustrating.

**Impact of Referral**

All of the teachers interviewed indicated that there is an impact of referring a student both on the student and their family and the teacher who made the referral. An impact of referring a student for the pre-referral team is that the parents are more aware. Identifying a student for referral helps the parents understand the intensity of the problem. Mrs. Chenowith noted that “...if you take them to [the pre-referral team] parents are more aware and that is only going to help students.” One impact on the teachers is that they spend more time trying new things with the student. In reference to a specific student Mrs. Chenowith stated “I think through this whole process I have had to collect data and try new things. I think that the interventions that some people have told me or suggested I think that some of that has helped her.” According to Mrs. Appel, “It makes you aware as a teacher that this child needs some extra help and to look at what I’m doing to make them successful. So I think that it makes the teacher more conscious of what is going on.” The pre-referral team identifies additional supports that can be given to the students. The impact on the students can be that they are given more support in order to be successful. According to Mrs. Brown in reference to a student referred, “She wants to learn and she wants to be higher than she is.”
Frustrations

Something Should Have Happened Earlier

All of the teachers interviewed indicated that something more significant should have been done earlier in the students' schooling to address the concerns although they had different reasons why something was not done earlier. Mrs. Brown indicated that by the time the student was referred by them to the pre-referral team the problem was already significant. In an interview Mrs. Brown stated:

It's too far in the game at fourth grade for her just to be going [to the pre-referral team] for the first time.... I think that most of it is that [other teachers] don't want to go through the process. They don't want to do the paper work. I think some of it is that they don't want to go in front of the committee. I think that there is a fear of being told what you're doing wrong and what you're not doing enough of it and I think that some of it could just be plain laziness.

In the case of Mrs. Chenowith she felt that the student was not receiving the necessary supports because the parents weren't supportive of the pre-referral process. She stated "I think that she would have probably have been tested [for special education services] if dad would have let us. It should have happened last year. I think that the school is doing their job but he just does not want to cooperate."

Mrs. Appel indicated that the student had been to the pre-referral team for multiple years but the interventions had not been intensive enough to address the concerns: "I think that something should have been done earlier because he had behavior patterns. They were under control at the beginning of the year (last year) but they started to surface at the end of the year." Another concern can be when teachers choose to not refer students, "It's certain teachers that are really good about taking them [to the pre-
referral team] certain teachers you know if they were in that class that they wouldn't go,” Mrs. Brown stated.

Teacher Observations Do Not Matter

All teachers interviewed indicated that it is frustrating to take a student to the pre-referral team and come out feeling like their observations in the classroom do not matter. They felt that there was too much emphasis placed on data rather than teacher observation. According to Mrs. Brown:

It's all about numbers and where students unfortunately fall with Iowa Tests of Basic Skills (ITBS) and percentiles...so then really what's more...that or teachers observations and working with the child and seeing their frustration. You know when you are with these kids six hours a day whether they are cutting it or not and to present information and have somebody say that they are fine is frustrating because they are not with that child and they have no clue.

Mrs. Appel had a similar statement“...[it is] frustrating when you are seeing something but data might show otherwise.” In an interview with Mrs. Chenowith she added that it is difficult for the team to give intervention ideas that will work when they have not seen the student in the classroom environment. She stated:

Some of the people on the committee...giving ideas that you’ve already tried or they give you ideas that you know wouldn’t work for students. I know that I had taken a student that was just a behavior issue. There was no academic and she gave me ideas that I knew there was no way it was going to work and with them not being in the classroom and seeing them. You know they don’t exactly know how severe the problem is.Usually you don’t take somebody to [the pre-referral team] unless there is a problem. So that’s been a frustration.
Problems with Data Collection, Paperwork and Length of The Process

Every teacher interviewed identified frustrations with data collection, paperwork, and the length of the process. Mrs. Appel indicated that "[He] should have been tested at the end of last year but the teacher didn’t have all of the progress monitoring and graphs in place or completed." According to Mrs. Chenowith during her first year with the pre-referral team she “…had no idea of the extent of the data that you needed [for the pre-referral team]. If you don’t have enough data and specifically what they want then they will just give you something to try and then you just have to come back a few weeks later.” If the teacher does not have the correct data then the team has them go back and collect the data differently. According to Mrs. Brown this is frustrating and lengthens the process: “If I take a child in January and they tell me to go back and get six more weeks of data. I’m not going back [to the pre-referral team] until at least March at the earliest which means that child is not getting any help this year.” Mrs. Appel indicated that:

I’m not aware or lack of education on my behalf but exactly what they need me to do to show progress in the different areas…. Well then they could explain that I don’t have enough of this they could explain what the focus is from the beginning. It’s not until the end that they tell you what you need. Maybe it’s assumed knowledge but I’m not a special education teacher so I’m not aware of the goals that they have to meet in certain areas so that’s just the difficulties.

Another concern with data is how it is being used to identify students for special education. At Jefferson district wide assessments called the Iowa Tests of Basic Skills (ITBS) are one measure that is used to identify if students are significantly discrepant from peers. According to Mrs. Chenowith:

Iowa Tests of Basic Skills if they are too high they don’t think that there is a problem so that can be kind of frustrating b/c I don’t agree with those
standardized test scores. Sometimes kids are lazy and just don’t try but just because they test well on one test...if they can’t do the work in the class there is obviously a problem so that could be something else that is kind of frustrating.

In addition to not having clarification on the data that is needed and not agreeing with the data methods used. The teachers indicated that they were frustrated by how long the process takes for a student to be evaluated for special education services and how much teacher time needs to be invested in each student referred to the pre-referral team. In the interview with Mrs. Chenowith she indicated that “...to get someone tested [for special education] takes forever. By the time I collect data, graphing, and filling out (charting). I put in 6-10 hours on a child just to get them to go to the initial meeting.... In general I think that it takes too long to get things done for students and I think that teachers are trying everything they can in the classroom and then they are told to do more.” Mrs. Brown stated that, “It can take a year and a half to get that child tested because there are others in front of them.” Mrs. Appel indicated that “The paperwork, it’s time consuming. The frustration would be bringing someone and request to get help as my first year of teaching I had a handful of behavior problems serious behavior problems and not getting any support after I left the meeting so that was frustrating.”

The three teachers concurred that they don’t understand what data is needed for the pre-referral, paper work can be time consuming and that the pre-referral process can be lengthy and take a lot of time.
Suggestions for Improvement

How the Pre-referral Team has Improved

There have been changes to the composition within the pre-referral team at Jefferson Elementary School. According to Mrs. Brown:

We used to not know what we needed. The paper work was there but it wasn’t very clear and concise. Basic information. You never knew what to bring, you never knew what to chart, you never knew the data. And kind of after you have gone through it for a few years you realize that this kid is going for reading I’m going to take fluency charts, cold reads and hot reads and this score and that. You get a better grip on what you need. I think that the people that represent McKinstry on the committee because they are classroom teachers have a better understanding of what we’re going through and they know how demanding it is to teach, do the district paper work and now do PSP paper work. So there is a little bit more compassionate. It used to be an intimidating thing. You generally left very upset, very mad, you never felt very appreciative of the work that you were doing for the kid.

Mrs. Brown went on to further state that the teachers’ past experiences with the pre-referral team might impact whether or not teachers choose to refer students to the team. In an interview she stated:

I think that we have many in our building that are turned off by PSP because of the way that it used to be and why should they go through the hassle of to go up there and frustrated when they leave. I do feel that there are not enough teachers in this building. There are some grade levels that don’t have anyone going to PSP and by fourth grade if they are coming to me still reading at a first grade level- second grade-third grade-first grade-somebody should have picked up on that.

Positive Changes to Improve the Team

The teachers made suggestions for ways that the pre-referral team could be improved. The majority of teacher responses related to having a standardized format for all teachers. It was suggested having sample referrals: “If they had a whole folder
showing here is a problem and this is what you need to do,” Mrs. Appel suggested. In the interview with Mrs. Chenowith she indicated that, “maybe just setting clear expectations of what they want and data that can help you in the process.” She said that it would be beneficial if students are referred in the earlier grades, “So when we get the students we can see there is a problem and what works and what doesn’t work and keep updated on that.”

Mrs. Brown had the suggestion that they had a checklist sheet of the components needed when referring a student to problem solving. To aid in the time spent putting data together Mrs. Appel suggested: “If they had some computer generated program to help with the bar and plot graphs.”

Currently there is an individual in each grade level that is supposed to help others with the pre-referral process. Mrs. Brown stated that:

Each grade level does have someone assigned to help them and as long as that is a person who is willing to openly communicate it works. You go to that person to see if you have everything that you need. The supports are there. It depends whether or not they are utilized.

It would be beneficial for individuals who work as mentors to have open communication skills and have the time that is required to help members on their grade level team.
CHAPTER 5

DISCUSSION

The study attempted to determine what were upper elementary teachers' perceptions of the pre-referral process. Systems level recommendations for improving upper elementary teachers' perceptions of the pre-referral process and limitations of the study are presented.

Screening

Currently at Jefferson Elementary the teachers refer students to the pre-referral team based on how well they are doing in comparison to peers. There are no set criteria or standard that is used to identify students. During the interviews one of the frustrations that teachers had with the process was that something should have been done earlier. According to the teachers, some teachers don't refer students. This can result in students not receiving support and falling further behind their peers. A school wide screening should be done to identify students who are in need of further problem solving. For behavior concerns, teachers can continue to individually refer students and they can identify students using existing positive behavior support (PBS) data.

According to Kurns, Gruba and Grimes (2007), screening has two purposes it helps to identify kids at risk for school failure who require further problem solving and it helps to determine if the core instruction that all students receive is appropriate. There are multiple measures that teachers can use to assess students. A system should be developed that all students are assessed at least two times during the school year.
Once the teachers have assessed the students the data will be organized to determine student progress. Set standards will be determined to identify what level of service that the student requires. Having a systematic screening process helps to address the frustration felt by teachers that their observations don’t matter. It puts the focus back on data based decision making and sets black and white criteria for students being referred to the pre-referral team. Students who have the data to support that they don’t have the appropriate skills are automatically referred to the pre-referral building team. It takes out the personal aspect of choosing students to refer. Screening also alleviates teacher frustration in spending so much time in the pre-referral process and not seeing results. It makes sure that referred students require that level of assistance. In addition, screening students makes both teachers and parents aware of the student’s progress in relation to typical peers.

**Instructional Decision Making**

Jefferson Elementary School has been identified as a school in need of assistance for Reading and Math. According to one teacher it is frustrating because students that are performing poorly might not receive the same level of assistance that they would receive if they were in a higher performing school.

Instructional Decision Making (IDM) is a school wide system for problem solving designed to meet the needs of all students (Kurns, Tilly & Allison, 2007). There are three levels of the IDM model: Core, Supplemental, and Instructional. School wide screening data is used to determine the level that the student is at. The level that the student falls at determines the amount of problem solving and support that the student requires.
Core Level

The Core level is where the majority of the students (80-85%) should fall within. If the screening process indicates that students in this core level are not meeting the set standard changes need to be made in instruction, curriculum, environment, and possibly at the systems level (Kurns, Tilly & Allison, 2007).

Supplemental Level

Students that are at the supplemental level require more academic support than those at the Core level. Approximately 15%-20% of students will require supplemental support that will occur in small groups that address the specific deficit area for the student (Kurns, Tilly, & Allison, 2007).

Intensive Level

The students identified for intensive level support require more assistance than the core and supplemental level can provide. The intensive level is approximately 5% of the population who require more targeted intensive services provided in either small group or individual settings to address specific deficits (Kurns, Tilly, & Allison, 2007).

Problem Solving Model

Jefferson Elementary School uses a three-step problem-solving model: (1) contact the parents (2) refer the student to the pre-referral team and (3) a decision about special education services is made. In the literature review the Heartland Problem Solving model was discussed. This is a four-step model: (1) contact the parents (2) refer the student to a building level pre-referral team (3) outside resources and individuals become involved and a extensive problem analysis is conducted and (4) determination about special
education services. There are certain steps that were discussed in the Heartland Problem Solving Process that Jefferson Elementary does not employ. At Jefferson Elementary they have combined the second and third steps of the Heartland Problem Solving Process without having the extensive problem analysis component occur. Putting these components in place could help recognize some of the negative teacher perceptions of the pre-referral process.

Four Level Problem Solving Model

Jefferson Elementary School uses a three-step problem-solving model: (1) contact the parents (2) refer the student to the pre-referral team and (3) a decision about special education services is made. In the literature review the Heartland Problem Solving model was discussed. This is a four-step model: (1) contact the parents (2) refer the student to a building level pre-referral team (3) school psychologist becomes formally involved in the pre-referral process and conducts an extensive problem analysis and (4) determination about special education services. As the intensity of the problem increases so does the level of services and the amount of resources needed to solve the problem (Kurns, Tilly & Allison, 2007).

At Jefferson Elementary they have combined the second and third steps of the Heartland Problem Solving Process. There are certain components discussed in the Heartland Problem Solving Process that Jefferson Elementary does not employ. Putting these components in place could help recognize some of the negative teacher perceptions of the pre-referral process. For each level the following steps should be taken: (1) Define
the Problem (2) Develop a Plan (3) Implement the Plan and (4) Determine the Effectiveness of the Plan (Kurns, Tilly & Allison, 2007).

**Level One: Parents Notified of Concern**

Jefferson Elementary does have a level one step in their problem-solving model but students are solely referred to this level by teacher referral. The screening process can help to identify students who require further individualized problem solving. When students are identified teachers will contact parents. Teachers will be able to show the parents the screening data so that parents can recognize the significance of the concern. At this level the teacher and the parent will work together to develop an intervention for the student. If the intervention is successful the process will end at this level. Should the student continue to have difficulty it will move to the building based pre-referral team.

**Level Two: Building Based Pre-Referral Team**

The second step will be to have a building based pre-referral team. This team will be comprised of building employees and the school psychologist will be involved only on a consultation basis. Prior to coming to the team the teacher will gather existing data that she has concerning the student. No additional work will be required. The building level team will help the teacher develop ideas for the intervention and help to determine how that intervention will be monitored. This will give the teacher support in developing interventions in the general education classroom. It will address teacher frustrations that they don't have the right data gathered or that the process is taking longer because they were inaccurately monitoring data.
The team will continue to meet monthly to discuss student concerns. If the intervention is successful the process will stop at this level. If the student requires more extensive supports based on data based decision-making the student will be referred to level three of the problem-solving model. Having a building based assistance team will let teachers collaborate with colleagues in order to: (1) define the problems (2) develop a plan (3) implement the plan and (4) determine effectiveness.

Level Three: Extensive Problem Analysis

Jefferson Elementary does not use this step in their process. The school psychologist is a member of the problem solving team but does not work individually with students to complete an extensive problem analysis and develop a formal plan. During this third step the school psychologist will complete an extensive problem analysis to further define the problem. The school psychologist completes an extensive problem analysis by gathering more information concerning the instruction, curriculum, environment, and through reviews, interviews, observations, and tests (RIOT; Kurns & Ikeda, 2007). The school psychologist will then work with the classroom teacher to create an intervention that is more intensive than what was done during level 2 of the problem solving process.

Having the school psychologist be more actively involved in the team will help to address teacher frustrations. One of the frustrations that teachers had was that individuals were giving ideas for interventions that have already been tried and that they did not have a thorough understanding of the student because they had not been in the classroom to observe. By having the school psychologist complete an extensive analysis
to determine and validate the problem and develop an intensive individual intervention (with the teacher) will help to address this frustration.

In the interviews the teachers indicated that they did not feel the problem solving team was designed to solve problems. Rather the purpose was for individuals in the building to be made aware of the student concerns. By having the school psychologist become more involved it will help the student to receive a more intensive intervention that will be monitored to assure intervention integrity, treatment acceptability, use, and treatment effectiveness (Witt & Elliot, 1985). If the student is showing progress and the intervention is being done with integrity the student will stay at this level. If the student is not showing progress at a rate comparable to peers and is discrepant they will be moved to level four of the problem-solving model.

Level Four: Consideration of Special Education Services

Level four in the problem-solving model is consideration for special education services. This same step had been used at Jefferson Elementary School.

Implications for Teachers and School Psychologists

When making systems level changes within a school system it is important to have teacher “buy in” or acceptance of the changes that are being made. The majority of teachers need to accept the program in order for it to be effective. The systems level changes that were suggested were: universal screening, IDM implementation, and develop a four step problem solving model. In order for these systematic changes to be effective teachers need to receive more professional development, a timeline needs to be developed and responsibilities need to be determined.
Screening

A measure needs to be determined to screen for academic and behavior areas. These measures should be based on the curriculum and a set standard needs to be determined. The school psychologist should assist the school district in determining the method of measurement. After the teacher has assessed the students they will compile the scores for his/her classroom. Once these scores have been determined the school will work with the outside agency that includes the school psychologist to compile and analyze the data results. Screening will increase the responsibilities and duties of both the teacher and the school psychologist.

Instructional Decision Making Model

Based on the screening scores students will be grouped in categories: core, supplemental, intensive and/or requiring individual intervention. The school psychologist and members of the data team will require professional development to determine how to appropriately group students. Teachers will need to have the skills to provide instruction for these different levels of students. This will require additional professional development opportunities for both the school psychologist and the teachers.

Resources within the school will need to be determined to assist teachers. Currently Jefferson has Title I services for Reading. In first through fourth grade eligibility is based on ITBS scores, teacher recommendations, and classroom data (Basic Reading Inventory and Diagnostic Reading Assessments). Once students are identified they are given a Rigby and Title I is offered to the students with the greatest need. Title I reading services are offered for all Kindergarten students.
The Title I teachers could be used as a resource for delivering supplemental and intensive instruction for students identified for Reading concerns. Also, volunteers at Jefferson Elementary could work with small groups of students identified by the IDM model. The school psychologist and the outside agency staff should provide support and professional development opportunities for teachers and school staff when implementing the IDM model.

**Four Level Problem Solving Model**

The pre-referral team will need to receive training on how to define academic and behavior problems, how to determine an effective plan based upon student needs, appropriate ways to monitor student progress, and how to make decisions based on data. The school psychologist will need to become more involved in the problem solving process by utilizing skills to complete an extensive problem analysis. This will require the school psychologist to spend more time focusing on problem solving in the school building. It might be beneficial to have special education teachers more involved during the level three problem solving process.

**Limitations**

This research was a qualitative case study; thus, the findings cannot be generalized to a larger population. The individuals in the study were teachers and students who have been identified for participation and volunteered for the study. The teaching practices of the identified teachers may be different from that of the general population of teachers in the school. The information that the teachers disclosed during the interviews may have been influenced by a desire to please the researcher.
The interviews collected were a subjective evaluation of the teachers' perceptions of the pre-referral process. When determining social validity it is best practice to obtain both subjective and objective data (Gresham & Lopez, 1996). More detailed objective data should have been collected on the problem of concern prior to and after the intervention in comparison to typical peers.

Conclusion and Future Research

There were four themes that developed from the interviews with upper elementary teachers. The teachers discussed the referral process, the impact that it had on teachers and students, frustrations, and suggestions for improvement. The recommendations described in the discussion section would be valuable to any school district that is looking to improve upon the pre-referral process and address all student needs.

Past research has focused more on hypothetical situations rather than real case situations. More research needs to be completed on teacher perceptions of the problem solving process at each level of the process. This would help to determine the supports that teachers require to be an effective and active participant in the problem solving process.

More research should be conducted on the different versions of the problem solving process and how teacher perceptions are similar or dissimilar based upon the method of problem solving. If Jefferson Elementary decides to employ (1) universal screening, (2) IDM model, and/or (3) four step problem solving model it would be beneficial to gather more data on perceptions of everyone involved in the process.
including administration, building staff, and the school psychologist. This would help determine the dynamics of groups when employing systems level change.
REFERENCES


