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Factors Influencing Teachers' Decisions to Refer Students for Special Education Evaluation

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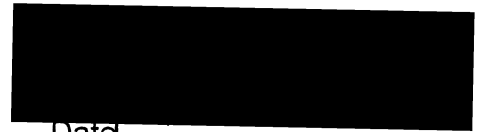
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Factors Influencing Teachers' Decisions to Refer Students for
Special Education Evaluation

BY

Amanda R. Perry

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
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Running head: REFERRAL INFLUENCES

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Special Education Evaluation

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ABSTRACT

This study examined the factors that influence teachers to refer students for psycho-educational evaluation. Fifty seven teachers from Midwest and Southwest suburban and rural school districts completed a questionnaire designed to gather information about the factors teachers consider when referring students for evaluation, as well as their opinion of the etiology of Learning Disability and their preferences for services. Results indicated that the most influential factors in participants' referral decisions were low achievement and behavioral problems. The majority of teachers agreed that eligibility decisions should be based on the child's needs. However, there was no agreement that an ability-achievement discrepancy accurately identifies Learning Disabled students. Further, brain dysfunction and genetics were implicated as the cause of LD, and most teachers preferred mainstreaming for students with mild LD.

Factors Influencing Teachers' Decisions to Refer Students for
Special Education Evaluation

Introduction

Learning Disability (LD) has become the largest special education category (Mercer, Jordan, Allsopp, & Mercer, 1996; Clarizio & Phillips, 1986) since it was included in the Individuals with Disabilities Act (IDEA, PL 94-142) which was originally signed into legislation in 1975. The term was coined in the 1960s, and was rapidly accepted because it allowed students who did not fit into the mainstream to receive special education services (Fletcher, Lyon, Barnes, Stuebing, Francis, Olson, et al., 2001). From the beginning, the definition of LD has been, and continues to be vague at best, consisting less of what LD is and more of what LD is not (Mercer, et al., 1996). Further, the diagnostic criteria for LD includes several exclusionary factors that appear to be easily overlooked in the interest of facilitating student achievement. Several studies have shown that the LD category is often used as a special education classification for students who simply are not succeeding in the regular education classroom (Merrell & Shinn, 1990; Algozzine & Ysseldyke, 1983; Ysseldyke, Algozzine, Shinn, & McGue, 1982; Gresham, MacMillan, & Bocian, 1996; Mercer, et al., 1996; MacMillan, Gresham, & Bocian, 1998).

Given these inherent problems with the definition of LD and the steady increase of the special education population, it is not clear what factors are used when determining which student should be considered for special education evaluation. According to

Algozzine, Christenson, and Ysseldyke (1982), the single most important factor in the eligibility determination for special education services is the referral. They found that 73% of students referred for evaluation qualified for services. This study was later replicated by Ysseldyke, Vanderwood, and Shriner (1997), who found that 74% of evaluated students receive some type of services. Therefore, it is important to understand the factors teachers use to decide whether or not to refer a student for psycho-educational testing (Gresham, Macmillan, & Bocian, 1997). Thus, the primary purpose of this study was to identify the factors that influence teachers' decisions to refer students for special education evaluation. In this study, the terms special education evaluation, assessment, evaluation, testing, psychological evaluation, and psycho-educational evaluation are interchangeable.

According to IDEA (1997), the current definition of LD used by schools for special education placement states:

The term Specific Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include a learning problem that is primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage. (p. 65083)

It is important to note that the use of the term learning problem within the above LD definition refers to students who would not qualify for special education services as LD due to exclusionary factors. A distinction is made between a student with a learning problem as a result of, for example, a hearing impairment or economic disadvantage and a student with a Learning Disability (e.g., basic reading skills).

The definition is further complicated because it includes psychological processes. Students with LD are believed to have processing deficits, as manifestation of neurological functioning, distinguishing them from simply low achieving students, who seemingly have no such deficits. However, schools are not required to examine the presence of these deficits. For example, according to the Illinois State Board of Education (ISBE, 2001), there are three necessary steps in finding a student Learning Disabled. First, the child does not achieve commensurate with his or her age or ability level. Second, there must be a severe discrepancy between achievement and intellectual ability in one of the areas listed in the definition. Third, the student must not meet any of the exclusionary criteria. There is no mention of the documentation of any psychological processing deficits. From the foregoing, it is apparent that while the definition presents LD as a neurological disorder, schools do not identify students as LD based on neurological processes. Defining LD and identifying what constitutes LD is a challenging task, and considering the rate of referral for placement, the factors that influence teachers' decisions to refer students for psychological evaluation seem to be quite consequential.

Etiology

Although LD is generally presumed to be a neurological disorder, the cause remains hypothetical. Research support for any particular neurological dysfunction in individuals with LD is quite varied. One of the reasons for this may be that brain imaging techniques have shown that several areas of the brain are involved in, for example, reading (Petersen, Fox, Snyder, & Raichle, 1990; Rumsey, Horwitz, Donohue, Nace, Mailsog, & Andreason, 1997). Thus, processing problems may occur in any of the areas of the brain involved in reading. Furthermore, studies that have implicated certain areas in the brain that may be involved in LD have not been replicated (Pennington, 1999; Cruickshank, 1984). Regardless, schools do not generally require neurological examinations for special education eligibility. Instead, decisions are based on the ability/achievement discrepancy concept of LD: “unexpected underachievement”.

Many researchers have found LD to be one specific subset of low achieving (LA) students, although they are considered distinct from one another (Merrell & Shinn, 1990; Algozzine & Ysseldyke, 1983; Ysseldyke et al., 1982; Gresham, et al., 1996; Mercer, et al., 1996; MacMillan, et al., 1998). The theoretical difference between LA and LD is the cause of the subaverage achievement. If a student struggles because of limited English proficiency, absenteeism, motivation, low socioeconomic status, or another external factor (the exclusionary factors), the student is not LD. If the low achievement is caused by some internal factor, a presumed neurological factor, that presents itself as a discrepancy between intellectual ability and actual achievement, that child could be identified as LD (Algozzine & Ysseldyke, 1983; Cruickshank, 1984). Then, the question

is, do teachers consider the cause of the underachievement when deciding whether or not to refer a student?

Eligibility Determination

Intellectual ability is often considered one of the distinguishing factors for determining LD. However, in 1990, 73% of states did not specify a certain intelligence level for LD eligibility, 14% required average or above average intelligence, and 12% simply indicated intellectual ability above mental retardation (Mercer, et al., 1996). This has been noted to be due to the negative connotation related to MR; LD is a much more socially acceptable label (MacMillan, et al., 1998). Another distinguishing factor currently accepted is the discrepancy between ability and achievement; 86% of the states require a discrepancy, although the size of the qualifying discrepancy varies (MacMillan, et al., 1998). A study conducted by Lester and Kelman (1997) examined the variance in students labeled LD by state. The researchers found that variations in LD special education placement rates were related to distinctions in diagnostic practice, rather than prevalence of LD itself.

A plethora of studies has been conducted that involved testing students previously identified by schools as LD or LA in order to examine the application of the ability/achievement discrepancy model. The number of studies that discovered students identified as LD, but who did not meet LD criteria is quite high. For instance, Shepard, Smith, and Vojir (1983) found that less than half of their sample, which consisted of school-identified learning disabled students, actually met the LD qualifications as determined by that particular school. In another study, Ysseldyke, et al. (1982)

concluded, “For every student with at least a one standard-deviation deficit who is receiving special education services, there is a similar student...who has the same discrepancy but who is not getting services” (p. 81). Additionally, they found that students who had been identified as LD by the school had significantly more behavior problems than students not classified as LD, but with the same discrepancy. Ysseldyke, et al. (1982) reported “no psychometric differences of practical utility between the two groups....One could very well argue that the students who were achieving poorly were, in fact, LD” (p 83). Overall, they found a 40% misclassification rate of LD. Merrell and Shinn (1990) determined low achievement to be the number one variable in determining LD classification, rather than discrepancy data. Furthermore, they found more school-identified LD students not meeting the discrepancy criteria than those who did meet the criteria.

The process used in determining special education eligibility usually begins with the identification of a student’s poor classroom performance by the teacher, or occasionally the parent. Academic interventions should then be implemented and objectively evaluated for effectiveness (ISBE, 2001). If these interventions fail to increase student success, the student may be referred for an evaluation. The referral should culminate in an Eligibility Decision Committee meeting, at which the following data should be presented and considered: Social developmental history, standardized testing or psychological evaluation data, systematic direct observation of classroom behaviors, hearing and vision screening information, speech and language evaluation data, and additional information presented by the teacher which may include academic

performance and behavior observations. The team members then take all that information into account to determine whether or not the cause of the student's academic failure qualifies the student for special education placement. If the exclusionary checklist can be eliminated, and the student does not meet the criteria for one of the other special education categories, the team can then decide that the student is eligible for special education services under the LD category (ISBE, 2001).

MacMillan, et al. (1998) conducted a study to examine whether Multi-Disciplinary Committees followed two specific criteria in making LD eligibility decisions. First, they looked to see whether the school's 22-point discrepancy criteria was met by the LD students. Second, they looked at whether children who were diagnosed as LD actually qualified as mentally impaired (MI), which they defined as a full scale intelligence quotient (FSIQ) of less than 75. Out of 113 referred students, 61 were identified as LD by the schools, and less than one half of those LD students actually met the state-mandated 22-point discrepancy criterion. Additionally, 18 students were labeled LD whose FSIQs were less than 75. The authors concluded that aptitude was not a defining factor in the schools' determination of LD eligibility. This study suggested two things: LD is more socially acceptable than MR, and that the discrepancy model is not being used effectively.

In another study, 224 school professionals, including regular education teachers, special education teachers, psychologists, and administrators were given computer-simulated cases for which the subjects were to decide eligibility and placement. Factors included were gender, socioeconomic status, age, grade, family position, medical history,

physical attractiveness, and reason for referral. Information pertaining to seven different domains, which were intelligence, achievement, perceptual-motor skills, adaptive behavior, behavior ratings, language, and personality, was also provided. In total, there were 16 different computer simulated cases, all of which presented data within the average range. Results showed that 51% of participants decided their case was eligible for special education. Of those who qualified their cases as eligible for services, 90% assigned LD eligibility. Participants were also asked to indicate which type of services would be appropriate for the case scenarios. Placement ranged from regular education classroom to “alternative placement”, such as full-time special education classroom (Algozzine & Ysseldyke, 1981).

Throughout the school year, teachers make judgements concerning the progress of their classrooms as a whole, as well as individual students, because over the years teachers gain a sense of above average achievement, below average achievement, and so on. They have daily interactions with students and the opportunity to observe them and their academic progress, or lack thereof, resulting in an awareness of students who are failing to achieve academically. Therefore, they appear to have a rather concrete basis for determining which students may benefit from services (Soodak & Podell, 1993; Gerber & Semmel, 1984).

When it comes to the identification process, if a teacher judges a student to be achieving below average, the likelihood of that student being referred is increased, and research has shown teachers to be valid judges of student achievement. Hoge and Coladarci (1987) conducted a review of the literature, which resulted in a moderately

strong correlation (.66) between teacher judgement of student achievement levels and actual measures of student achievement levels.

Gresham, et al. (1997) found that teachers had a 95% accuracy rate in distinguishing students with LD, LA, and students with low intelligence quotient (IQ) from a control group consisting of students who had never been referred for special education consideration. However, the teachers could not differentiate among the LD, LA, and low IQ students. Clarizio (1992) found teachers to be unreliable discriminators of LD from non-LD students, as only 54% of referred students were identified as LD. Therefore, it appears teachers are good judges of academic performance, but they are unable to make the distinction between LD and low achieving students. Nonetheless, due to the subjective nature of the referral and diagnosis process as well as the vagueness of the definition of LD, it is not surprising that teachers have difficulty in making this distinction.

Referral Reasons

Research has shown that the single most important factor in special education eligibility is the referral for evaluation (Ysseldyke, et al., 1997; Ysseldyke & Algozzine, 1983; Merrell & Shinn, 1990; Ysseldyke & Algozzine, 1982). As stated previously, Algozzine, et al. (1982) found that 73% of students referred and evaluated ultimately received special education services. That study was replicated fifteen years later, and the results were surprisingly similar: 74% of students who were evaluated ultimately received special education services (Ysseldyke, et al., 1997). Another study conducted

by Gottlieb, Gottlieb, and Trongone (1991) found that 88% of teacher-referred students were found eligible for services.

Consequently, how do teachers decide which students to refer? Clearly, not every poorly performing student is referred for an evaluation. As the following studies show, there appears to be various factors that affect a teacher's decision to refer a student for psycho-educational evaluation; however, these factors may or may not be relevant to special education placement. Christenson, Ysseldyke, and Algozzine (1982) conducted a study examining institutional factors that influence a teacher's decision to refer a student for evaluation. They found factors, such as the teacher's belief system, knowledge of individual differences, class size, length of time between referral and the evaluation, perceptions of confidence in the professional receiving the referral, confusion regarding state and federal guidelines, threat of litigation, availability of services, the district's rules about service delivery, and inadequate in-service training regarding behaviors indicative of the need for referral influenced the referral decision.

Soodak and Podell (1993) studied teacher efficacy beliefs and the nature of student problems in the decision to refer. They found that teachers with high efficacy beliefs, or the belief that their teaching influences students, were less likely to refer students for special education placement. Similarly, Ashton and Webb (1986) concluded that teachers who believed in their own ability to teach LD students were more likely to include these students in their classrooms. The teacher's knowledge of individual differences, willingness to modify the curriculum, tolerance, and class size were also found to influence the referral decision (Christenson, et al., 1982).

Overall, poor academic achievement and misbehavior appear to be the primary reasons for referral (Gottlieb & Weinberg, 1999; Gresham, et al., 1996; Soodak & Podell, 1993; Shepard, et al., 1983). For instance, MacMillan, Gresham, Lopez, and Bocian (1996) concluded that a mix of low academic achievement with disruptive, externalizing behaviors in a student results in a higher likelihood of pre-referral intervention, with the students who fail to benefit from these interventions being referred for evaluation. Merrell and Shinn (1990) suggested social-behavioral competencies to be an aspect leading to referral; however, the LD and non-LD groups showed no differences in these competencies.

A few studies have examined other characteristics that may lead to referrals. Gottlieb and Weinberg (1999) found differences between students who were referred and not referred, including such issues as tardiness and family mobility, which are not defining characteristics of LD. In fact, such factors could be considered part of the exclusionary criteria for LD. A third factor they found was a lack of connectedness to class activities. During the interview, some teachers indicated that they felt like some of the students they had referred had just given up.

In addition, researchers looked into non-academic factors that might influence referral. Andrews, Wisniewski, and Mulick (1997) examined height, weight, and age variables in the decision to refer. Results showed that taller children and heavier children were referred at a higher rate than average-sized children. Age was not found to be an influencing factor, however. The researchers concluded that taller and heavier children

may be perceived as older, and may, therefore, be judged by an older child's developmental maturity level. Further, a study conducted by Phipps (1982) found gender differences in the number of referrals made. Her sample consisted 66% boys and 34% girls. Eighty percent of the boys were referred for both academic and behavior problems, while only 65% of the girls were referred for both reasons. She concluded that boys are referred more often than girls due to behavior concerns, since boys are generally more likely to present conduct problems in their classroom than girls. Likewise, Clarizio (1992) indicated the referral rate to be 2:1, boys to girls.

Ysseldyke, Christenson, Pianta, and Algozzine (1983) studied teacher's reasons for referral and found the largest referral category to be learning related. This category included academic failure, memory problems, and specific learning deficits which was the largest component, as it made up 65% of the referrals within the learning related category. They reported their conclusion to be supportive of one of two theories. First, teachers are accurate tests of LD. However, this was later contradicted by Clarizio (1992) when he reported that teachers may be unreliable discriminators of LD. Second, students struggling in the classroom who get referred can be expected to qualify as LD, which is supported by Algozzine, et al. (1982) as well as Ysseldyke, et al. (1997). This study also looked at the teachers' desired outcome for the referral. In 30% of the cases special education placement was the desired outcome, and in 66% of the cases placement-related activities were the goal of referral. Conclusions may be drawn to support a theory that these teachers want students who show learning and behavioral

difficulties out of their classrooms, or rather that teachers believe pull-out services are the best way to serve these children (Ysseldyke et al., 1983).

Given the large percentage of referred students who get placed in special education, as well as the factors that the preceding studies show have an influence on whether or not a teacher decides to refer a particular student for evaluation, it is important to determine the knowledge teachers have about the characteristics of LD. Teacher's knowledge about the characteristics of LD may influence their ability to differentiate LD from LA as well as their decision to refer students for evaluation. A brief review of the catalogue of some of the teacher training institutions in Illinois revealed that teachers-in-training have minimal exposure to special education courses.

The professional course work requirements for an elementary education teacher for several state universities in Illinois include only one three-credit hour course in the special education department. The class is generally an Introduction to Special Education course, designed to introduce pre-teachers to the identification of exceptional students, appropriate methods of instruction, and educational programs designed to meet the individual needs of students in the public schools (Eastern Illinois University, 2002; Illinois State University, 2002; Northern Illinois University, 2002; Southern Illinois University Carbondale, 2002). The amount of information covered during one semester, in one class, is quite limited, considering the multitude of types of disorders a teacher may encounter. Thus, the result may be the insufficient coverage of a disability, contributing to a teacher lacking the information necessary to make educated decisions regarding referrals for testing.

Statement of the Problem

In summary, teachers' knowledge of LD, the referral process, the law or the student's level of functioning may directly contribute to the student being referred for special education services (Christenson, et al., 1982). However, the criteria regular education teachers use to determine which students to refer for evaluation not only varies, but it is also unclear. Gresham, et al. (1997) pointed out the importance of understanding what leads to a teacher referral of certain students and not others. Therefore, the primary purpose of the present study was to identify the factors that influence teachers' decisions to refer a student for a psycho-educational evaluation. In addition, the study examined participants' view of the etiology of LD, the effectiveness of services or programs for special education students, their preparation and self-efficacy in teaching LD students, the rate of referral, and the goal of referral. Further, it sought to understand teachers' view of the pre-referral process and its usefulness, their view of the effectiveness of special education support professionals, e.g., school psychologists.

It was predicted that low achievement and behavioral problems would be primary reasons for referring a student for evaluation. Further, it was predicted that there would be a relationship among a teacher's perception of the etiology of learning disabilities, level of self-efficacy for teaching learning disabled students, belief about who would benefit from special education services, and rate of referral.

Methods

Participants

Participants were 140 regular education teachers, first through fifth grade, from Midwestern suburban school districts and Southwestern rural and suburban school districts. Participation was voluntary and confidential.

Instrument

The instrument for this study was a 30-item questionnaire on a Likert Scale, except for three items that asked participants to prioritize their responses, with a score of 1 being most important. Because there was no previously used instrument, the questions for this survey were derived from the literature that reported factors which had some bearing on referrals (as discussed in the introduction). The questionnaire was designed based on recommendations for preparation of survey questionnaires by Dillman (1978), and was field-tested by three teachers for clarity and for establishing a time frame for completion (Sample questionnaire is found in Appendix A). The questionnaire attempted to obtain information in five areas: Learning Disabilities, Referral, Eligibility, School Professionals, and Demographics. These areas addressed the etiology of learning disabilities and prognoses, the referral process and its usefulness and the utility of collaboration and consultation with school professionals, such as the school psychologist. None of the questions asked information about individual students.

Procedure

School principals were approached initially via the internet requesting permission to contact teachers in their individual schools about participating in this study (see

Appendix B). Principals responded via email. Once permission was granted, teachers' names were compiled from the internet, as most schools generally have the names of the faculty listed on websites. Regular education teachers from first through fifth grades were selected. First, potential participants were mailed an introductory letter. This letter contained the purpose of the study, information regarding confidentiality as well as the voluntary nature of the study, and information about how to contact the researcher with questions (see Appendix C).

Second, the questionnaires, along with self-addressed and stamped envelopes, were mailed to the school secretaries with instructions for distribution: The secretaries were to place a survey in each of the first through fifth grade teacher's mailbox. The school principals had volunteered their secretaries to distribute the questionnaires. Completed surveys were returned over the course of approximately one month. The questions were designed to ensure confidentiality, and no identifying information was used. Also, the questionnaires were numbered for data management purposes only. As a result, follow up was not possible.

Data Analysis

Data were qualitatively analyzed using descriptive statistics. Chi-square analysis was conducted to examine relationships between response tendencies.

Results

A 41% (N=57) response rate was received. Female teachers comprised 84% (N=48) of the sample and males 16% (N=9). Half of the teachers held masters degrees, and 45% and 5% of participants had earned bachelors and specialist degrees, respectively.

Learning Disabilities

Teachers generally agreed that the nature of Learning Disabilities is characteristics internal to a student (brain dysfunction-84%, genetics-83%, developmental factors-83%). However, a considerable number of teachers agreed that external factors, such as the environment (69%) and family support (44%) play a role in LD. Inadequate instruction and socio-economic status were reported to be influencing factors by only 22% and 28% of participants, respectively.

Regarding the diagnostic criteria for LD, 47% of teachers disagreed with the federal, state, or school district guideline which states that a discrepancy between ability and achievement identifies a Learning Disabled student. Approximately one quarter (27%) of the teachers agreed that LD can be cured.

Referrals

Teachers were asked to identify factors (e.g., student performance and psychological factors, institutional factors, and non-academic factors) that influence their decision to refer a student for a psycho-educational evaluation. Table 1 shows results of the student performance factors. Almost all respondents agreed that low achievement (90%) influences their decision, and a high number agreed that behavior problems (81%)

and poor social skills (70%) influence referral decisions. Twenty-nine percent of teachers reported that English proficiency has some influence on their decision to refer a student for evaluation.

Table 1

Student performance factors that influence teachers' decisions to refer students for evaluation

Referral Factors	Percentage of teachers who Agree/Strongly Agree	Percentage of teachers who Disagree/Strongly Disagree
	N=57	
Low Achievement	90	9
Behavior Problems	81	17
Poor social skills	70	28
English proficiency	29	69

Student psychological factors were also found to have some impact on teachers' referral decisions. Table 2 presents these data. The majority of teachers reported that student teach-ability, motivation, connectedness, and emotional stability (62%, 52%, 76%, and 83%, respectively) influenced their decision to refer a student.

Table 2

Psychological factors that influence teachers' decisions to refer students for evaluation

Referral Factors	Percentage of teachers who Agree/Strongly Agree	Percentage of teachers who Disagree/ Strongly Disagree
	N=57	
Student's teach-ability*	62	32
Lack of motivation	52	47
Lack of connectedness	76	22
Emotional Stability	83	16

*N=54

Table 3 presents data regarding institutional factors. The vast majority of teachers agreed that class size (95%) did not influence referral decisions, and two-thirds (66%) agreed that their preparation for teaching LD was not a factor. Availability of

services was near an even split, as 43% of teachers agreed that it did not influence their decisions.

Table 3
Institutional factors that influence teachers' decisions to refer students for evaluation

Referral Factors	Percentage of teachers who Agree/Strongly Agree	Percentage of teachers who Disagree/ Strongly Disagree
	N=57	
Current class size	3	95
Teacher preparation for teaching LD students	33	66
Availability of services	43	52

Regarding non-academic factors that influence teachers' decision to refer students (Table 4), teachers generally did not report family socio-economic status (81%) and poor attendance (74%) as referral influences. Family problems were indicated to be influencing factors by 40% of teachers. However, teacher's strongly disagreed that ethnicity (95%) and gender (97%) were influencing factors.

Table 4
Non-academic factors that influence teachers' decisions to refer students for evaluation

Referral Factors	Percentage of teachers who Agree/Strongly Agree	Percentage of teachers who Disagree/Strongly Disagree
	N=57	
Family SES	17	81
Home/family problems	40	57
Poor attendance	24	74
Ethnicity	3	95
Gender	2	97

The majority of teachers, over 85%, said that they did not utilize factors that could be considered beyond the control of a child, such as grade, age, physical appearance, and a child's size when referring a student for evaluation

Teachers were asked to rate the goal of referral, with a score of 1 indicating the most important goal. Identification of the student's learning needs for the purpose of remediation was rated most important by 53% of the teachers. Identification of the student's ability level and special education placement were also rated as important goals by 44% and 42% of participants, respectively.

In response to the pre-referral process, 61% of teachers were in agreement that they and the student benefited from this process.

Eligibility

To identify the data teachers consider important for special education eligibility determination, they were asked to rate the type of information they tend to present at eligibility determination conferences. Information regarding observations received the highest rating (59%). Test results and previously attempted strategies were rated most important by 19% and 29% of teachers, respectively. Presentation of homework samples was rated most important by only a few teachers (3%).

Teachers also rated the importance of factors used in making eligibility decisions, again with a score of 1 being most important. The child's needs (56%) was rated as the most important factor, followed by classroom performance (29%). Ratings of most important for other data were as follows: School psychologist data (15%), parent input (5%), social developmental study (5%), judgment of the Multi-Disciplinary Committee members (12%), and district/state/federal guidelines (9%).

Service/Program

Teachers were asked to respond to statements dealing with special services for LD students, for example, “All students with disabilities need special education support,” or “Students with LDs are best served in pull-out special education programs.” Sixty-eight percent of teachers agreed that every LD student requires special education support, while 86% agreed that “mild” LD students should be mainstreamed with minimal education support and only 34% said that pull-out services best serve LD students. Most teachers agreed that mainstreaming helps foster understanding of learning disabilities (78%), and about one-third of teachers agreed that all LD students require the same classroom accommodations. Only 15% of teachers were satisfied with the help available for referred students who do not qualify for special education services.

School Professional

Over half of the teachers (59%) reported disagreement with the statement that they do not have the expertise to teach LD students, while 39% of the teachers agreed they do not have the time to deal with LD students. In other words, the majority of teachers reported that they possess the expertise for teaching LD students, and about one-third of teachers saw insufficient time as a factor. Further, 84% of teachers reported that they incorporate a student’s IEP goals into their classroom instruction, and less than 5% of teachers disagreed that incorporating IEP goals is a legal obligation.

Based on experience and observation, it was assumed that teachers who believe LD is intrinsic in nature would perceive the task of teaching LD students as monumental, and would refer them for special education placement. A significant relationship was

found between teachers' beliefs of the nature of LD and their attitudes toward teaching LD students; however, results indicated that relationship was in a different direction. Teachers who agreed that the nature of LD involved brain dysfunction generally agreed that they have time for working with LD students in their classrooms $\chi^2(9, N=57) = 21.59, p = .01$. Similarly, there was a significant relationship between teachers who agreed genetics play an important part in LD and those who agreed that they have the expertise $\chi^2(9, N=56) = 19.57, p=.02$ and the time $\chi^2(9, N=56) = 34.25, p = .00$ for working with LD students. It appears that participants who believe that LD is caused by brain dysfunction or genetics also believe that they have the expertise and the time to work with LD students.

Teachers were also asked, on the average, how many students they refer every year, and how many of those students qualify for special education services? Most teachers (87%) reported that they refer between one and three students per year, except one teacher who reported 10 referrals in a year. Regarding eligibility, 52% of teachers indicated that at least one student qualifies for special education services (without taking into account the number of students referred). Overall, 62% of referred students qualified. Finally, there was a significant relationship between the estimated rate of referral and placement, $\chi^2(24, N=54) = 85.35, p = .00$.

In addition, teachers responded to a couple of items regarding school psychologists. They indicated that school psychologists are knowledgeable about interventions for learning (68%) and behavioral (88%) difficulties.

Discussion

This study was conducted to examine the factors teachers use to refer students for psycho-educational evaluation for the consideration of special education placement. Participants were 57, first through fifth grade, regular education teachers from the Midwest and Southwest suburban and rural school districts. It is important to note that the school districts used in this study, both in Illinois and Arizona, follow the ability/achievement discrepancy model (ISBE, 2001; Arizona Revised Statutes, 15-761[33], 2001). In this study, teachers were asked to respond to student performance factors (e.g., academic achievement), student psychological factors (e.g., emotional stability), institutional factors (e.g., class size), and non-academic factors (e.g., ethnicity) that may influence their decisions to make psycho-educational referrals.

Etiology

Teachers generally agreed that brain dysfunction and genetics play a role in LD, which are intrinsic and therefore fit the LD criteria. However, a number of teachers also agreed that the environment, family support, socio-economic status, and inadequate instruction play a role in LD, which are all excluded specifically in the LD definition. This may reflect that teachers are not convinced of the intrinsic nature of LD, or that regular education teachers are not trained well enough in the identification and classification of exceptional students.

Referrals

Several studies (e.g., MacMillan, et al., 1998; Shepard, et al., 1983; Ysseldyke, et al., 1982) have supported the idea that methods used to identify LD students are unreliable, when they found less than half of students receiving special education services actually met the necessary ability/achievement discrepancy criteria set forth by the federal, or that particular state's, register. In this study, only about half of the teachers agreed that a student with an ability/achievement discrepancy could be definitively identified as Learning Disabled. It appears the ability/achievement discrepancy method for determining special education eligibility for LD students continues to be inconsistent and controversial.

Ysseldyke, et al. (1983) looked at the desired outcome of teacher referrals. They found 30% of cases to have special education placement and 66% of referrals for placement-related activities as the desired outcome. However, it is not clear what placement-related activities involve; the researchers did not give an example. In this study, most teachers indicated that the goal of a referral should be the identification of a student's learning needs for remediation purposes or identification of ability level. Further, they suggested that the eligibility decision should mostly be based on the child's needs as well as classroom performance, which appears to contradict the LD definition and IDEA guidelines, the ability/achievement discrepancy criteria (IDEA, 1997).

When teachers were asked whether they benefit from the pre-referral process or not, the majority of participants responded that both they and the student benefit from it. Although this process varies across districts and states, it usually involves attempts to

intervene and remediate a student's difficulties, without psychological testing or special education placement. If the pre-referral process fails to improve the student's performance, then testing may be appropriate (ISBE, 2001). If teachers feel the pre-referral process is beneficial, it is conceivable that this is because either the student is improving his or her performance because of the interventions, or the result of the process is a good indicator that a student is in need of special education services. Regardless, it appears that the pre-referral process is critical to appropriate student placement.

The findings of this study concur with several other studies (Gottlieb & Weinberg, 1999; Gresham, et al., 1996; Shepard, et al., 1983) that showed that low achievement and behavior problems are the number one factors in a teacher's decision to refer a student. Lack of connectedness, referred to in Gottlieb & Weinberg's (1999) work, was also rated high by teachers in this study as a factor that influenced the decision to refer students for evaluation. In accordance with Merrell and Shinn (1990), who suggested social-behavioral competencies related to referral likelihood, 70% of the teachers in this study agreed that poor social skills influence their referral decision. However, poor social skills is not included in the definition of LD.

It is encouraging that factors, such as a child's age, size, ethnicity, family socio-economic status, gender, physical appearance, and class size were not influential factors in referral decisions. However, this result is inconsistent with previous studies (e.g., Andrews, et al., 1997; Phipps, 1982) that suggested males and taller and heavier children

are referred for evaluation more often. It is possible that teachers gave socially acceptable responses, or that they do not recognize certain biases that may influence them. Other factors that were not considered influences, such as English proficiency, grade, teacher preparation for teaching LD students, or attendance might actually be relevant for a referral. For instance, a student who is having difficulty learning the English language may be having such trouble because of a disability. A student repeating a grade may have been retained due to an unidentified disability. Teachers with no experience or skill may benefit from assistance in working with an LD student, and poor attendance may be a sign that learning has become aversive due to an unidentified disability.

Finally, the average number of referrals teachers reported usually fell between one and three, and the highest number of referrals reported was 10. Forty-four percent of the teachers reported that 100% of the students they referred for an evaluation ultimately received special services, while 33% reported that at least half of the students they referred received services. In this study, 62% of referred students qualified for special education services, which falls slightly below what was reported in the literature (74% to 88%). The fact teachers' responses were based on estimates might explain this discrepancy.

Eligibility

Teachers, as members of the eligibility decision conference team, are expected to supply relevant information regarding the student. Most teachers agreed that observations were the most important data they can provide, more so than test results and

homework samples. From this study, the type of observational data teachers' use could not be determined. It is possible that teachers do not provide homework samples due to the fact that homework may either not be completed at all, or it is completed by an individual other than the student.

It has been suggested that teacher referrals and the Learning Disability category itself are used to facilitate the delivery of services to those students appearing to need more assistance than regular education teachers can give (Gresham, et al., 1997; Shepard, et al., 1983). It could be argued that if need is sufficient, any child can be identified as LD since ultimately the eligibility decision is based on the subjective judgement of the eligibility determination conference team (Shinn, Tindal, Spira, & Marston, 1987). Most teachers reported that the eligibility decision should be based, first and foremost, on the needs of the child. District/federal/state guidelines were given a middle-of-the-road ranking of importance, evidently considered slightly less important than school psychologist data for eligibility decisions. This appears to be a strong indicator that teachers disagree with the discrepancy requirement for special education eligibility determinations.

Service/Program

Sixty eight percent of teachers agreed that every LD student requires special education support, while 34% wanted pull-out services for LD students. Given these findings, it is not surprising that the special education population continues to grow. Further, for a student who exhibits an ability/achievement discrepancy, but fails to eliminate all the exclusionary criteria, the options for an appropriate education,

precluding special education services, are not always adequate. It appears these children often face retention or receive social promotion. Some schools may offer an after-school tutoring program, some classrooms may have teacher's aides or parent helpers, but this may not be adequate or appropriate help for a student who is a slow learner or has low motivation. Eighty percent of participants in this study were not satisfied with the help available to students who do not qualify for special education services, but continue to struggle with learning. It appears there is a great need for effective services for slow learners. Further, the majority of teachers reported, "All LD students require the same classroom accommodation." This seems to violate the Individual Education Plan (IEP). On the other hand, the majority of teachers (84%) also reported that they incorporate a students' IEP goals in instruction. These contradictory statements may suggest that actual classroom practices are not fully understood; and may also be indicative of the need for more training for teachers in the area of LD.

School Professionals

There was a relationship between teachers' beliefs of the etiology of LD and their self-efficacy feelings, as theorized by Soodak and Podell (1993). Teachers who agreed the nature of LD involved brain dysfunction disagreed that they have no time for working with these students in their classrooms. Similarly, teachers who agreed genetics play an important part in LD disagreed that they have no expertise and no time for working with LD students. In other words, if teachers believed LD was caused by brain dysfunction or genetics, they also believed that they have the expertise or the time for teaching learning

disabled students along with their other students. However, no relationship was found between teachers' beliefs of the etiology of LD and rate of referral.

Encouragingly, 86% of teachers agreed that mainstreaming with minimal special education support best serves students with mild LD. However, this information contradicts a study conducted by Daane, Beirne-Smith, and Latham (2000) which indicated that general education teachers did not feel prepared to meet the needs of students with disabilities. Moreover, it is not unusual for school professionals to hear teachers complain that LD students take time away from other students or that LD students need more assistance than regular education teachers can offer.

Teachers were in agreement that school psychologists are knowledgeable about intervention for both behavioral and learning difficulties. There was a considerable difference in teachers' attitudes regarding these areas as well, with teachers agreeing more that school psychologists are knowledgeable in the behavioral arena. It is interesting that practical experience suggests otherwise. In practice, teachers seem to be tentative about consulting with school psychologists regarding behavioral issues. To better serve students, communication between teachers and school psychologists needs to be improved.

In summary, it appears there is no set criteria used by teachers when deciding whether or not to refer a student for an evaluation. If there was, it might be based on the current LD definition, including the areas of deficits and the exclusionary checklist. However, the results of this study indicated that teachers consider other factors, such as psychological issues or family problems in their referral decisions. Further, they reported

that services should be based, first and foremost, on the child's needs. Therefore, that list might be as disregarded as the ability/ achievement discrepancy criteria itself, considering that the literature reports the inconsistent application of the discrepancy model. In addition, almost half of the teachers in this study did not agree with the discrepancy model, and also reported that guidelines for LD placement were largely ignored. Federal guidelines rely on the discrepancy method for determining LD special services eligibility; however, actual practice does not appear to adhere to this guideline. Furthermore, research suggests that LD classifications based on the discrepancy model are not valid due to the instability of the definition of discrepancy (Fletcher et al., 2001; Lester & Kelman, 1997).

Participants in this study could not agree on the etiology of LD. While there was general agreement that LD is intrinsic by nature, there were also indicators that LD is influenced by other external factors, such as the environment. This study also provided support for research demonstrating that low achievement and behavior problems are primary factors in the decision to refer a student for a psychological evaluation. Further, contradicting the literature, teachers claimed that they have the time and expertise to work with LD students, and prefer mainstreaming to pull-out services.

Results of this study must be considered within a few limitations. The questionnaire was not a standardized measure, the sample size was small, and participants were not randomly selected. In addition, teachers responses may be based on their perceptions and socially acceptable answers, and may not accurately reflect the reality within the schools.

In conclusion, considering the high number of students (62% in this study) who qualify for special education services, the 40% misclassification rate (Merrel & Shinn, 1990), and the fact that teachers seem unable to differentiate between LD students and low achieving students (Gresham, et. al, 1997; Clarizio, 1992), it appears there is a special education placement problem with the LD category. Thus, the criteria for determining special education services might be revisited. Successful reform may simplify the referral and eligibility process and make it cost effective to benefit more students who struggle in the regular education classroom. Further, teacher training institutions may want to revisit their curriculum to equip teachers with basic knowledge regarding LD.

Future studies may want to focus on developing a list of criteria teachers would be able to use to discriminate among LD, non-LD, and low achieving students. In addition, future research may also consider comparing teacher responses to archival data to determine how accurate teachers responses and perceptions are regarding LD when compared to actual practices.

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Appendix A
Teacher Questionnaire

I. Learning Disabilities

1. What is your opinion regarding the nature of **Learning Disabilities**?

Strongly Disagree Disagree Agree Strongly Agree

Please circle one

a. Brain dysfunction	1	2	3	4
b. Genetics (inherited)	1	2	3	4
c. Inadequate instruction	1	2	3	4
d. Developmental factors	1	2	3	4
e. Environmental factors	1	2	3	4
f. Lack of family support	1	2	3	4
g. Socio-economic status	1	2	3	4
h. Other _____	1	2	3	4
2. Learning disabilities can be cured	1	2	3	4
3. If there is a discrepancy between ability and achievement, there is a learning disability	1	2	3	4

II. Referrals

4. The goal of referral should be:

Please prioritize, 1 = most important and 5 = least important

- a. Identifying the student's ability level _____
- b. Placement in special education _____
- c. Get help for the teacher _____
- d. Identify the student's learning needs for the purpose of remediation _____
- f. Other _____

Strongly Disagree Disagree Agree Strongly Agree

Please circle one

5. A psychoeducational referral should be the first step in helping a child who is experiencing learning difficulties.	1	2	3	4
6. I am satisfied with the referral process	1	2	3	4
7. As a teacher, I benefit from the prereferral process	1	2	3	4
8. The student benefits from the prereferral process	1	2	3	4

Strongly Disagree Strongly Agree
Disagree Disagree Agree Agree

Please circle one.

9. The following factors influence my decision to refer a student for psychoeducational evaluation.

a. Low achievement	1	2	3	4
b. Behavior problems	1	2	3	4
c. Family socio-economic support for the child	1	2	3	4
d. Gender	1	2	3	4
e. Home/family problems	1	2	3	4
f. Poor social skills	1	2	3	4
g. Emotional stability, e.g.,	1	2	3	4
h. Child's size compared to other students (e.g.,	1	2	3	4
i. The student's teach-ability	1	2	3	4
j. Current class size	1	2	3	4
k. Ethnicity	1	2	3	4
l. Physical appearance	1	2	3	4
m. English proficiency	1	2	3	4
n. Age	1	2	3	4
o. Grade	1	2	3	4
p. My preparation for teaching LD students	1	2	3	4
q. Lack of motivation	1	2	3	4
r. Lack of connectedness (student has given up)	1	2	3	4
s. Poor attendance	1	2	3	4
t. Availability of services	1	2	3	4

III. Eligibility

10. I often present the following information at EDC meeting (Please **prioritize** in terms of importance, 1 = most important and 5 = least important.).

- a. Test results _____
- b. Homework samples _____
- c. Observations _____
- d. Interventions/strategies already attempted _____
- e. Other _____

11. I often present the following information at EDC meeting (Please **prioritize** in terms of importance, 1 = most important and 5 = least important.).

- a. Test results _____
- b. Homework samples _____
- c. Observations _____
- d. Interventions/strategies already attempted _____

IV. Service/Program

Strongly Disagree Strongly Agree
Disagree Agree

Please circle one.

- | | | | | |
|--|---|---|---|---|
| 12. All students with learning disabilities need special education support | 1 | 2 | 3 | 4 |
| 13. Students with mild learning disabilities should be mainstreamed with minimal special education support | 1 | 2 | 3 | 4 |
| 14. Students with learning disabilities are best served in pull-out special education programs | 1 | 2 | 3 | 4 |
| 15. Mainstreaming helps foster understanding of individuals with learning disabilities | 1 | 2 | 3 | 4 |
| 16. Most students with learning disabilities require similar classroom accommodations | 1 | 2 | 3 | 4 |
| 17. I feel free to disagree with the service/programming decision made by the MDC | 1 | 2 | 3 | 4 |
| 18. At EDC/IEP meeting, I believe my input is valued. | 1 | 2 | 3 | 4 |
| 19. I am satisfied with the help for students who do not qualify for special education, but continue to struggle with learning | 1 | 2 | 3 | 4 |

V. Regarding School Professionals

- | | | | | |
|---|---|---|---|---|
| 19. As a regular education teacher, I do not have the expertise to teach learning disabled students | 1 | 2 | 3 | 4 |
| 20. As a regular education teacher, I do not have the time to deal with learning disabled students | 1 | 2 | 3 | 4 |
| 21. The collaborative efforts of other professionals to help in my classroom are indispensable. | 1 | 2 | 3 | 4 |
| 22. A school psychologist is knowledgeable about interventions for learning difficulties. | 1 | 2 | 3 | 4 |

Strongly Disagree Strongly Agree
Disagree Disagree Agree Agree

Please circle one

- | | | | | |
|--|---|---|---|---|
| 23. A school psychologist is knowledgeable about interventions for behavioral difficulties | 1 | 2 | 3 | 4 |
| 24. I always incorporate a student's IEP goals into my classroom | 1 | 2 | 3 | 4 |
| 25. I am legally obligated to incorporate a students IEP into my classroom. | 1 | 2 | 3 | 4 |

VI. Please tell us about yourself:

26. I am a) male ___ b) female ___ work in rural setting ___ urban setting ___ Southwest ___ Midwest ___
27. I have been teaching: Less than 5 years ___ 5 to 10 years ___ 10 to 15 years ___ 15 to 20 years ___ 20 years or more ___
28. I have earned a Baccalaureate Degree ___ Masters Degree ___ Specialist Degree ___ Doctoral Degree ___
29. On the average, each year, I refer _____ students for special education evaluation.
30. On the average, each year, _____ of the students I refer qualify for special education support.
31. I hold the following certification: 1. _____
 2. _____

Appendix B

Participation Request Sent to Principals

My name is Amanda Perry. I am a graduate student in my third year of a school psychology program at Eastern Illinois University. I am currently trying to complete my thesis, and in order to do so I need the help of your teachers.

I have developed a questionnaire for regular education teachers that addresses what background knowledge they may have in the area of special education. The specific areas I am interested in studying are Learning Disabilities, Referrals, and Eligibility. I am interested in determining what beliefs regular education teachers hold regarding these areas, because it is the regular education teachers who refer students they believe may be eligible for special education services; without those referrals, there would be very few students receiving special education services!

This questionnaire has been field tested, and should take approximately 15 minutes. It is to be filled out on a volunteer basis, and participants will remain completely anonymous. This study is simply looking for descriptive data regarding the previously mentioned areas.

Please feel free to contact me (see information below) if you have any questions, comments, or suggestions. Results of this study will be available upon request. I thank you greatly in advance for your cooperation.

Appreciatively,

Amanda Perry
773 Hwy 95
Parker, AZ
85344
(928) 667-2434
cuap4@pen.eiu.edu

Appendix C

Participation Request Sent to Teachers

Dear Teacher:

My name is Amanda Perry. I am a graduate student in my third year of a school psychology program at Eastern Illinois University. I am currently trying to complete my thesis, and in order to do so I need your help.

I have developed a questionnaire for regular education teachers that addresses what background knowledge they may have in the area of special education. The specific areas I am interested in studying are Learning Disabilities, Referrals, and Eligibility. I am interested in determining what beliefs regular education teachers hold regarding these areas, because it is the regular education teachers who refer students they believe may be eligible for special education services; without those referrals, there would be very few students receiving special education services!

This questionnaire has been field tested, and should take you approximately 15 minutes to complete. It is to be filled out on a volunteer basis, and you may choose not to participate. If you do choose to participate, your responses will be completely anonymous. This study is simply looking for descriptive data regarding the previously mentioned areas.

This letter is just a heads up to request your participation, and to let you know the questionnaire will be coming. Please feel free to contact me (see information below) if you have any questions, comments, or suggestions. I thank you greatly in advance for your time.

If you would be interested in the results of this study, you can make a note at the bottom of your questionnaire. As I mentioned, the questionnaires will be anonymous, but they will be number coded for the purpose of determining response rate. Questionnaires with requests for study results will be noted in a list, and once all questionnaires are recorded and destroyed, participants on that list will receive the results.

Appreciatively,

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