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Did the Revolution Start Without Us? An Examination of Inclusive School Psychology Practice in Iowa and Nebraska

Sharon K. Knudsen

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Did the Revolution Start Without Us?
An Examination of Inclusive School Psychology Practice
in Iowa and Nebraska

An Ed. S. Field Project

Presented to the
Department of Psychology
and the
Graduate College
University of Nebraska
In Partial Fulfillment
of the Requirements for the Degree
Specialist in Education
University of Nebraska at Omaha

by

Sharon K. Knudsen

January, 1996

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ED.S FIELD PROJECT ACCEPTANCE

Acceptance for the faculty of the Graduate College,
University of Nebraska, in partial fulfillment of the
requirements for the degree Specialist in Education, University
of Nebraska at Omaha.

Committee

Name	Department
<u>Tom Lombard</u>	<u>Special Educ + Com Dis.</u>
<u>Joseph C. LaVoie</u>	<u>Psychology</u>

Chairperson Robert Henry Woodby

Date 1-12-91

Abstract

An investigation of inclusion practices was conducted through a mailed survey to 475 school psychologists working in Iowa and Nebraska. After an initial mailing and three follow up mailings, a usable return rate of 71% was obtained. The investigation centered on the preferences of school psychologists for inclusion of students with disabilities, the actual placement of disabled students, preparation for inclusion, training and use of inclusive practices, and service delivery. Most school psychologist respondents (61%) indicated that a continuum of services model was the most appropriate service delivery model for students with disabilities. This model was also the most frequently used in the schools (54%). Use of research-based models for inclusion was reported by 3% of respondents. More than half of all school psychologists (range 50-81%) had received university or continuing education training in the eight inclusion competencies that were identified by Reschly (1988), and three of the competencies (pre-referral consultation, behavior observation, and consultation for behavior problems) were frequently used by respondents. Significant differences were observed between states in time devoted to assessment, pre-referral consultation, and consultation for special education students. No significant differences were observed between respondents working in inclusive service delivery models and respondents working in more traditional service delivery models.

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Introduction

Special education was redefined in 1975 when The Education of All Handicapped Act was passed. For over a decade, the mandate for a least restrictive environment typically meant pull-out programs for children with mild disabilities, until some researchers and educators called for an examination of the widely used pull-out programs for children with disabilities.

Statement of the Problem

In 1986, Assistant Secretary for the Office of Special Education and Rehabilitative Services Madeleine Will began an ongoing debate when she called for a re-examination of special education services (Will, 1986). She criticized the current dual system of regular and special education and suggested that many children with learning problems might be better served in the regular classroom. Her call for change began what was known as the Regular Education Initiative (REI) or the Inclusion movement.

In her speech, Assistant Secretary Will noted that increasing numbers of children were unable to make adequate progress in the general education system. Academically low performing children were taxing resources and leading to burgeoning special education programs. At-risk children (including slow learners, children with disadvantaged backgrounds, social/behavioral difficulties, and difficulty understanding language) were doing poorly in academic settings. Although having academic difficulties, these at-risk children, estimated to be 10% to 20% of the population, were excluded from services as they did not fit a special education category. Other problems

noted were the stigmatization that children bore with a special education label, the lack of emphasis on preventive services to avoid later, more serious learning problems, and the lack of partnership with parents.

Will called for comprehensive services based on individual need instead of eligibility requirements, collaboration by regular and special educators to increase inclusion of children with learning problems in the regular classroom, and early identification and intervention in the early elementary grades to prevent later special education placement. She proposed empowering building level administrators to marshal available resources, systematic and rigorously controlled experimental trials in some school districts to determine the best methods for inclusive education, and the use of curriculum based assessment for identification and intervention with at-risk children.

The field of school psychology, traditionally the gatekeeper of special education qualification, joined in the debate at the university level as trainers recognized that the school psychologist's role in special education could change substantially. Reschly (1988) suggested that REI special education reform would lead to a school psychology revolution. He envisioned school psychologists' expanding their roles to include more behavioral consultation and intervention, curriculum based assessment, academic survival skills, instructional intervention, and systematic, data-based pre-referral evaluation, and intervention (See page 9 for further discussion). Reschly joined with other trainers in calling for school psychologists to develop more classroom-relevant assessment procedures and to evaluate program effects on the individual and groups of students (Kramer & Epps, 1991).

Such a dramatic change in the delivery of services to children with learning problems would certainly require less emphasis on traditional standardized, norm-based assessment, which typically comprises the lion's share of school psychology practice in the schools. The proposed service delivery model would shift emphasis toward consultation, systematic observation, setting analysis, and intervention. Have midwestern school psychologists prepared for and adopted this revolution?

Statement of Purpose

The purpose of this study was to assess the current characteristics of school psychologists' involvement in inclusive practice, as well their as preparation for inclusive practice. Specific research questions included:

1. Which of the many definitions of inclusive service do most psychologists embrace?
2. How is service delivery time presently allocated among assessment of special education students, consultation about special education students, and pre-referral observation and intervention?
3. Has inclusive practice affected service delivery allocation and consultation?
4. What training has been provided at the university level and in continuing education to prepare school psychologists for inclusive practice?
5. Do Iowa and Nebraska differ significantly in inclusion or other practices?

In the next chapter, a more in-depth review of the issues involving inclusive practice will be provided. Issues that will be addressed will include various definitions of inclusion, the increasing pressures on special education, the research base for the

initiative, and survey results from previous investigations of inclusive practice.

Subsequent chapters will outline specific research methods for the study, the results, and a discussion of any implications that may be pertinent to the results, as well as future suggestions for study.

Review Of Relevant Literature

Since Will's (1986) and Reschly's (1988) call for change, the special education literature has been filled with debate about inclusion issues. Several authors have focused attention on the merits of special education pull-out programs (Carnine & Kameenui, 1990; Kauffman, 1989; Kauffman, Braaten, Nelson, Polsgrove, & Braaten, 1990; Marsten, 1988; Liebermann, 1990; Wang & Walberg, 1988). There has also been an examination of the benefits of inclusion for special education students (Gartner & Lipsky, 1987; Hagerty & Abramson, 1987; Jenkins & Pious, 1991; Kauffman, Gerber, & Semmel, 1988; Kauffman & Pullen, 1989; Sigmon, 1990; Stainback, Stainback, & Forest, 1989; Wang, Reynolds, & Walberg, 1987). A number of researchers have examined the research base for inclusive education (Fuchs & Fuchs, 1988; Hallahan, Keller, McKinney, Lloyd, & Bryan 1988; McDonnell, McDonnell, Hardman, & McCune 1991). Others have focused attention on at-risk students and the prevention of learning problems (Slavin, 1990; Slavin, Karweit, and Madden, 1989). Finally, the culture/structure of the schools has been questioned (Capper & Larkin, 1992; Gersten & Woodward, 1990; Miller, 1990; Sailor, 1991; Schattman & Benay, 1992; Skrtic, 1991; Welch, 1989). These studies and commentary yielded the variables that would directly affect a move toward inclusive education, noting the substantial change in thinking required to serve children with learning problems in this service delivery model. There has been debate about the definition of inclusion, the types of students who should be included, and the most appropriate setting for service delivery.

Politics and the Status of Special Education

The growth, problems, and economic impact of special education have not been missed by policy makers. The cost of special education (Hagerty & Abramson, 1987; Kauffman, 1989), the large numbers of children at-risk (Hagerty & Abramson, 1987; Sailor, 1991), inclusive reforms (Slavin, 1990), and funding models (Hartman, 1992) have been discussed in the literature. Additionally, certain authors (e. g. Reynolds & Lakin, 1987) have cautioned that unless educators begin to address the problems, reactionary policies based on controlling costs may be imposed, such as enrollment caps. Reynolds and Lakin (1987) noted such policies tend to be narrowly focused and "seldom address the fundamental problems and, therefore, usually fail to improve the quality of practices" (p. 345).

States such as Iowa, Vermont, and Colorado have moved to full inclusion with the best intentions, but little has been published about the resulting costs or savings of implementation. However, each of these states has addressed reallocation of special education resources through the use of non-categorical placement and used savings in transportation to fund support personnel and other needs.

In Iowa, where public school districts are served by Area Education Agencies (AEAs), the job description for school psychologists appears to emphasize activities that would enhance inclusive practice. Service function activities include consultation, intervention, performance monitoring, counseling and skill development, staff development, research, and collaboration and liaison activities. Assessment is specifically identified as "assessment for intervention," which must be relevant to the

presenting concern, meaningful in an educational/home context, and intervention oriented (Iowa Department of Education, 1991).

In Nebraska, inclusive education appears to be just coming to the forefront. The Nebraska Department of Education Special Education Office has begun to address the inclusion issue by publishing Inclusion in the Neighborhood School in 1994. Several Nebraska state boards have examined inclusive education as a way to cut costs; in 1995, citing the steady growth of special education, a cap on special education funding was proposed by Governor Ben Nelson and passed by the Nebraska Legislature. However, Nebraska has not yet addressed reallocation of resources, a significant barrier to implementing educational reforms. As Blackman (1992) indicated: "Good inclusion requires an absolute understanding and administrative commitment to reallocate resources currently targeted for special education" (p. 29).

Despite recently emerging support for inclusion at the state level, several school districts in Nebraska have begun to use inclusive practices in their districts. To date, the Nebraska Department of Education has not conducted any study of inclusive education in the state. Consequently, little is known about how many districts have initiated inclusive practice, the models for inclusion that are being used, the acceptance of educators to inclusive education, or how districts prepared for inclusion.

Most of the inclusion literature available to school districts has been generated at the federal, state, and university level, with little input from those educators who actually provide service in the schools. As Gersten and Woodward (1990) noted, this lack of input has often been the case in educational movements. Davis (1989) indicated

that regular educators often have had limited roles in such debates and the REI movement may be perceived as "still another in a long line of top-down policy attempts to dictate and control program implementation" (p. 442). Other impediments with a "top-down" approach to change are educators' attitudes and beliefs (Welch, 1989), limited resources for training and ongoing staff development (Capper & Larkin, 1992), and vague and poorly applied training (Gersten & Woodward, 1990).

In light of the increasing momentum toward inclusive education, are school psychologists in these states prepared for revolutionary change in their service delivery?

As noted above, all of the impediments to change for regular educators may also apply to school psychologists. Assessing the present level of understanding and preparation in these states for implementing inclusive education is important, as the success of implementation may certainly depend in part on the expertise available to support regular and special educators in a challenging educational environment.

Reschly's Proposal

Reschly (1988) was among those who forecast a revolution in special education as a result of the reform movement. He indicated that the movement may have the greatest impact on the mildly handicapped, by far the majority of special education students. As school psychologists spend the majority of their time working with the mildly handicapped, he predicted that working with inclusive models would result in significant changes in the practice of school psychology. Reschly questioned the usefulness of traditional psychological assessment and the validity of some tools frequently used (the Wide Range Achievement Test and Bender-Gestalt in particular).

Reschly (1988) proposed a change in assessment philosophy, purpose, and processes, and predicted that assessments of the future would be oriented toward intervention strategies that could be implemented in the regular classroom. He suggested that behavioral observation, pre-referral interventions, behavioral consultation and interventions, curriculum-based assessment, academic survival interventions, and instructional consultation would be the tools most appropriate for school psychologists in the reformed school. He placed particular emphasis on data-based interventions that demonstrated effectiveness, noting that interventions without data to demonstrate effectiveness were “very unlikely to resolve learning or behavioral problems” (p. 469).

Reschly also suggested that this reform movement, unlike previous movements pushing for more special education, was likely to result in changed practice. This would be due to fewer children being identified as needing special education. The change in emphasis from identification to intervention would lead to modifications in school psychology training and continuing education. He predicted that the future of the school psychology profession may depend on how it responds to special education reform.

Definitions of Inclusion

Since the call for change, the ongoing debate about how children with special needs should be served has been led by a core group of four teams which have done most of the research on inclusive education (Skrtic, 1991). These researchers also reflect the range of opinion on who is best served by inclusive education and how those

children should be served (Gartner & Lipsky, 1987; Slavin, 1987a; Slavin, 1987b; Slavin, 1990; Slavin & Karweit, 1985; Slavin, Karweit & Madden, 1989; Stainbeck & Stainbeck, 1984; Stainbeck, Stainbeck, & Forest, 1989; Wang, Reynolds & Walberg, 1987; Wang & Walberg, 1988).

The term "inclusive education" has come to mean a variety of things to educators and lay people. Many who hear the term "full inclusion" envision students with all levels of disability attending their neighborhood school and receiving all instruction in the regular classroom with some support services provided. This definition of inclusion does not exist in the literature. All definitions and models reviewed suggested that some homogeneous grouping and specific instruction is necessary to serve adequately students with learning problems. However, which students should be served is a point of contention in the literature.

The Least Restrictive Service Model. The position reflected by Stainbeck and Stainbeck (1984) and Stainbeck et al. (1989) represented the least restrictive end of the continuum, aligned with those who believe that all children at all levels of disability are better served in the regular classroom. This position opposed a classification system for disabilities and noted that there is little evidence that classification systems are educationally useful for planning comprehensive education. Classification inadvertently prohibited a child with a disability from being viewed as a whole person and led to a focus on the disability only. For children with severe disabilities, heterogeneous groupings were suggested whenever possible (i.e., homeroom, some academic classes, library time, lunch, etc.) with homogeneous grouping for specific

instruction (i.e. life skills) as needed. This position supported a merger of regular and special education with specific monitoring and accountability procedures maintained.

A Moderate View. Representing a moderate view, Gartner and Lipsky (1987) suggested that inclusive education in the regular classroom is most appropriate for children with mild and moderate disabilities. Further, they noted that children with severe disabilities can be served in neighborhood schools where interaction with non-disabled students can occur in non-academic activities. They also called for the elimination of classification systems and the merger of special and regular education into a unitary system.

Inclusion of Children with Mild Disabilities. At the other end of the continuum, Wang and colleagues (Wang & Walberg, 1988; Reynolds, Wang & Walberg, 1987; Wang et al. 1987) and Slavin (1990; 1987a; 1987b; Slavin & Karweit, 1985) focused their discussions on the inclusion of mildly handicapped students (such as students with mild mental disabilities, mild emotional disturbance, and learning disabilities) and prevention intervention for at-risk students. While emphasizing instructional techniques and learning models that benefit mildly disabled children in the regular classroom, these researchers also noted the need to include at-risk, low performing children who are not necessarily identified as having a categorical disability in inclusive educational programming that will benefit all students in the class.

A significant emphasis in this line of thinking was that mildly disabled students are not fundamentally different in their instructional needs from low performing, at-risk children who do not qualify for special education. Some non-qualifying, at-risk

students received Title 1 or other compensatory services, while others received no assistance. Wang et al. (1987) and Slavin (1990) indicated that traditional instructional methods were inadequate to meet the needs of these students. They suggested that alternative models, such as prevention/early intervention intensive instruction, cross-age grouping for reading and math, cooperative learning, team teaching, Adaptive Learning Environments Model, etc., were more beneficial for these students. These researchers maintain that regular and special educators can collaborate to design the best learning environment for all children.

The definition of inclusion provided by Wang et al. (1987) and Slavin (1990) was the most frequently cited definition and the one debated most intensely. Certain researchers (e. g. Ysseldyke, 1987; Ysseldyke, Algozzine, Shinn, & McGue, 1982) reported research indicating that low achieving students and students with learning disabilities are sometimes indistinguishable. The lack of clear disability profiles supported the conclusion that classification schemes are inappropriate and limit services to students in need. Other researchers called mild disabilities a social construction to explain the failures of the educational system (Sigmon, 1990; Skrtic, 1991; Sleeter, 1990). When Reschly (1988) declared the need for revolution in school psychology services, he focused primarily on the needs of mildly disabled students. Some researchers opposed to totally inclusive education for mildly disabled students questioned inclusive models and cited research suggesting that special education may lead to better academic outcomes than inclusion for children with learning disabilities

(Anderegg & Vergason, 1988; Fuchs & Fuchs, 1988; Kauffman, 1989; Kauffman, Gerber, & Semmel, 1988).

It is not the aim of the present investigation to examine the merits or definitions of inclusive education. There is at least a modicum of research support for each position. It is debatable whether there is sufficient research to suggest that all schools should move toward inclusive education. The movement is, however, receiving significant support in various states and universities. As a result, many schools in Iowa and Nebraska have already experimented with inclusion in at least some buildings. It is important to examine how schools and school psychologists in those schools view this movement, the level of inclusion pursued, and if models with a research base are being adopted.

Surveys of Inclusion

A search of computer data bases (e. g. Psychlit, etc.,) revealed 4 surveys of teachers on their attitudes and training for REI/inclusion. There appeared to be no surveys specific to school psychologists' views or training. One very recently published survey (Hyman & Kaplinski, 1994) included a section on school psychologists' beliefs about the REI.

Attitudes of Regular Classroom Teachers. An early published survey (Coates, 1989) assessed the opinions of regular classroom teachers regarding the REI. Coates' survey included K-12 certified teachers in a five county area of northwestern Iowa. Using a Likert scale of agreement or disagreement with 15 statements, Coates (1989) found that most regular education teachers were in disagreement with the basic tenets

of the regular education initiative. Teachers solidly disagreed with such statements as "Resource rooms are not an effective model for meeting the needs of mildly [disabled] students" and "Most children currently labeled learning disabled are not 'truly' educationally [disabled]" (p. 540). Coates indicated that this attitude was present even though the teachers in the study had significantly more access to special education specialist/consultants than the national average. School psychologists, social workers, curriculum consultants, and special education consultants in the area had caseloads far below the national average. Responses to open-ended questions indicated that teachers would prefer more pullout services, not less. Coates concluded that regular education teachers may not share the same attitudes as REI proponents and significant work should be done at the building level to encourage attitude change.

A Survey of Regular and Special Educators. Semmel, Abernathy, Butera, and Lesar (1991) also surveyed teachers and included both regular and special educators. Six schools in California and 16 schools Illinois were selected for study. Semmel et al. based their survey on the major tenets of Will's (1986) proposal. The instrument consisted of 66 binary forced-choice items examining teachers' attitudes, beliefs, and perceptions of current educational practices for mildly disabled students served in resource rooms and of REI proposals. Teachers were surveyed at routine staff meetings, thereby assuring that all personnel could be included. Principal components factor analysis suggested 14 factors representing teachers' attitudes, beliefs, and perceptions. The results indicated that both regular and special education teachers were not dissatisfied with the current system of special education. Teachers also

perceived that traditional psychometric assessment provided by school psychologists was beneficial to students and teachers. They were in favor of protection of currently mandated resources for mildly disabled students, and indicated a preference for pull-out programs. Teachers did not see themselves as part of a dual system, but rather a single system of education for students. Regular and special educators were in agreement on 12 of 14 factors, also indicating that attitudes were of a single, not dual, system.

Semmel et al. (1991) noted that:

[those pursuing reform of general education] by increasing the academic press in instruction and academic excellence among pupils are likely to be at odds with proponents of integrating students with mild disabilities into regular classrooms on a full-time basis. The proposed REI, full integration model places expectations on teachers that are in direct opposition to the press for academic excellence characterizing the general school reform movement (p. 19).

While regular and special educators thought that students with mild disabilities have a right to be educated in the regular classroom, less than one-third of the respondents indicated that the regular classroom-consultant services model was the most effective model with these students. Semmel et al. (1991) concluded that systematic study of how to change perceptions of service providers was necessary before REI initiatives could be pursued.

Attitudes and Beliefs of Administrators and Teachers. Pearman, Barhart, Huang, and Mellblom (1992) conducted a study of attitudes and beliefs about inclusion in one Colorado school district. The respondents were teachers and administrators within a single school district. Factor analysis indicated that the 25 item scale consisted of two primary factors. The first factor addressed attitudes and beliefs about inclusion. A significant difference was observed between elementary and secondary educators on inclusion of students with disabilities. Pearman et al. (1992) concluded that perhaps inclusion was viewed as an elementary school problem that did not affect the more departmentalized, content-specific nature of secondary education. While 70% of respondents agreed that inclusion could work in their school, 49% disagreed that inclusion was the best way to serve all students. While most educators agreed that disabled students would be accepted by other students in the classroom, 53% responded that staff at their school were resisting inclusion and having disabled students in the regular classroom was too time-consuming.

The second factor addressed support systems in the school. Ninety-one percent of the respondents indicated that they were not given time to plan cooperatively with other teachers. Most respondents (77%) believed that inclusion has increased tensions in their building. While respondents thought that there was central administration support for inclusion, only two-thirds (68%) recognized support from their principal. Pearman et al. called for increased communication between elementary and secondary personnel as they planned for students, and consultation by university staff to assist districts in training for inclusive practice. Pearman et al. also suggested that

universities may also need to restructure pre-service training to meet the needs of the educational environment.

National Training Requirements. A final study of teachers concerning teacher training was done by Swartz, Hidalgo, and Hays (1991). Based on a nation-wide survey of state certification standards for cross-training regular and special educators with regard to the REI, Swartz et al. (1991) found that 24 states required that special education content be included in course work for regular educators, but only 15 states required a specific course: "Of these, less than half required training in instructional methods for special needs learners and only a few (6-7) states required teaching experience with [disabled] students" (p. 3). Special educators were required to hold regular teaching certificates in 24 states. A general foundations course was required in 38 states, and 44 states required a course on instructional methods. Experience with non-handicapped students was required in 29 states. Swartz et al. recommended that: "all teachers have specific training in identifying and developing appropriate educational programs for a wide range of special needs learners" (p. 18). They called for pre-service training with disabled and non-disabled peers, and asserted that special educators should have experience in the regular class.

School Psychologists and the REI. The review of the literature identified only one published study (Hyman & Kaplinski, 1994) that measured the perceptions of school psychologists toward the REI. This study sought information about school psychologists' perceptions of various issues, including entry level degree, medical

model thinking, consultation, pre-referral intervention, teacher salary scales, career ladders, psychotherapy, and the role of the school psychologist.

Based on a sample of National Association of School Psychologists (NASP) members, more than half of the respondents (52%) to the survey did not believe that the use of instructional support, consultation, pre-referral intervention and the de-emphasis of standardized measures would result in job losses in the field of school psychology. A majority (54%) did not think that teacher consultation would replace assessment as their major function in the schools. A sizable majority (81%) thought that these activities increased the diversity of roles within the schools for school psychologists. Most (67%) believed that these activities resulted in better services for all children.

With regard to the regular education initiative, school psychologists in this sample could not agree whether inclusion resulted in better academic performance for children with disabilities. A majority (73%) acknowledged that inclusive placements "may place children with disabilities 'at-risk' for failure since the regular classroom lacks the support systems necessary" for their success (p. 460). Fifty percent held the view that inclusion resulted in better self esteem for children with disabilities. Most (57%) respondents did not agree that REI is an adequately researched, data-based alternative and 65% did not believe consultation alone would lead to elimination of special education. Again, more than one half (55%) did not believe that REI would result in loss of jobs for school psychologist.

Hyman and Kaplinski (1994) noted that a “healthy suspicion” of REI exists among the respondents. Forty percent of the respondent school psychologists believed that attempts to dismantle special education represents an excuse to save money on service delivery for special need students. As noted above, many psychologists thought that this approach put children with disabilities at risk, and the proposed reorganization was not based on adequate research. Hyman and Kaplinski point out that approximately 24% of respondents were neutral across eight of the questions, indicating either a lack of knowledge about the issues or a sense of impotency in stemming the tide. Either case was alarming to Hyman and Kaplinski, who asserted that assessment should remain a primary emphasis of school psychology service.

It must be noted that the respondents were not asked if they had direct experience with inclusion. Therefore, it was impossible to determine if respondents were making judgments based on actual experience with inclusion. As this form of service delivery is relatively new, it is important to determine if persons who have had actual experience with inclusion share the same views as those who have not had actual experience with inclusion.

While acceptance of expanded roles appeared to be generally accepted by the respondents, there is no indication of how that acceptance interacts with actual practice. Would school psychologists who engaged in more consultation be more likely to say that consultation will replace assessment as a major role for the profession?

In conclusion, most surveys relevant to inclusion focused on the attitudes and beliefs of regular educators. None has looked at specific training/preparation as a function of attitudes. There is evidence that some states are attempting to prepare educators for inclusive education. There are no data to indicate whether school psychologists have been similarly prepared. While there is acceptance of roles beyond assessment, there are little data on preparation for expanded roles and its effect on practice. While surveys of school psychologists typically indicate that assessment requires the largest portion of their time (e. g. Anderson, Cancelli, & Kratochwill, 1984; Gutkin & Conoley, 1990), little is known about how the REI may have affected pre-referral interaction.

Research Proposal

Based on the preceding literature review and overview of the problem, the following research questions were developed for this investigation:

1. Which categories of students with disabilities do school psychologists accept as most likely to benefit from inclusive practice?

Definitions developed from the literature were presented to determine which service delivery model is most and least acceptable to school psychologists. In addition, school psychologists were asked to indicate the actual practices of the district in which they serve.

2. How widespread is inclusive practice?

School psychologists were asked about the status of inclusion in their district, their

involvement in inclusion, if research-based models were followed, if training was provided, and the adequacy of employer-sponsored training.

3. How accurate was the proposal by Reschly of the consultative skills that would be needed and used in inclusive practice?

School psychologists were asked about specific university and continuing education consultation training, as well as the frequency they are using such consultative practices.

4. How is service delivery affected by inclusion?

School psychologists were asked how their time is allocated among three major areas: assessment, pre-referral consultation, and consultation about special education students.

5. Specific comparisons of interest will also be made.

These comparisons include the effect of inclusive/non-inclusive practice on use of consultative practices and service delivery, and differences between states in prevalence of inclusive service delivery, school psychology practice, and other factors.

Method

Participants. All certified school psychologists (475) working in public and private schools in Iowa and Nebraska during the 1994-95 were surveyed¹. In Nebraska, these 169 school psychologists included those employed by individual school districts and by Educational Service Units (ESUs), which are cooperatives serving smaller school districts. In Iowa, all 306 school psychologists were employed by Area Education Agencies (AEAs), regional agencies which provide school psychology and other special services to the school districts of Iowa.

Respondent Sample. A total of 372 school psychologists responded to the four mailings for a response rate of 78% . Of the respondents, 8 were eliminated because they were working in specialized school settings (i.e. juvenile detention, schools for the deaf or blind), and 16 were eliminated due to questionnaire errors (incomplete or unclear responses). Due to the uniqueness of early childhood service delivery, which typically requires involvement only with students with identified disabilities, service delivery to early childhood populations was deemed to be significantly different from service delivery to school age students. Therefore, 13 school psychologists who worked a significant amount of time (80-100%) with the early childhood population were also eliminated. This left a usable sample of 335 or 71% of the sample. The response rates for each state were comparable: 118 of 169 Nebraska school psychologists (70%) and 217 of 306 Iowa school psychologists (71%).

Demographics. A composite school psychologist drawn from the respondents would be female, working in the field 12 years with a Specialist degree. The gender

composition of the respondent sample was 52% female, 48% male. Of the respondents, 36% had completed a Master's degree, 47% had completed a Specialist degree, and 13% had completed a Doctoral degree. Three percent of the sample indicated completion of some other degree category. Both the average and median years of service were 12 years. For both Iowa and Nebraska, a review of the responses suggests that response rates were similar for urban (71%) and rural (68%) school psychologists, and all regions of each state responded at comparable rates to the overall response rate (range 67-78%). For all succeeding analyses, no meaningful differences between states, gender, or level of education were found unless specifically noted.

Survey Procedure. Subjects were mailed a packet which included a cover letter (See Appendix D) explaining the project, the questionnaire (See Appendix A), the description of terms (See Appendix B), a "request for summary results" form (See Appendix C), and a self-addressed, stamped envelope. Subjects were asked to return the questionnaire within 3 weeks. Follow-up packets containing a revised cover letter (See Appendixes E, F, & G), questionnaire, description of terms, request for summary, and self-addressed, stamped envelope were mailed at 3 week intervals to non-respondents. Three follow-ups were mailed.

Instrument. The questionnaire was developed from a review of the major contributors to inclusion research. The questionnaire consisted of two sections. The first section was divided into five subsections. The first question was devised to determine which students with disabilities school psychologists believed to be most likely benefit from inclusion. Definitions of inclusion were developed from the major

proponent (Gartner & Lipsky, 1987; Slavin, 1987a; Slavin, 1987b; Slavin, 1990; Slavin & Karweit, 1985; Slavin, Karweit, & Madden, 1989; Stainbeck & Stainbeck, 1984; Stainbeck, Stainbeck, & Forest, 1989; Wang, Reynolds, & Walberg, 1987; Wang & Walberg, 1988) and opponent researchers of inclusion (Kauffman, 1989; Kauffman et al., 1988; Kauffman et al. 1989; Kauffman et al., 1990).

Figure 1. Section I, Question 1: Descriptions of inclusion (See also Appendix A)

SECTION I	
1. <u>In the first column</u> , please rank the following descriptions of inclusion from 1 to 4 in order of your personal preference. A rank of <u>1</u> would indicate the description is the most similar to your personal view of inclusion. A rank of <u>4</u> would be the least like your view of inclusion. <u>In the second column</u> , please check the definition that is most similar to your district's practice. (Check only <u>one</u> .)	
	Rank District Placement
a. Inclusion is most appropriate for a student with a <i>mild disability</i> . Special education instruction is provided in the <i>regular classroom</i> of the child's <i>neighborhood school</i> .	_____ <input type="checkbox"/>
b. Inclusion is appropriate for a child with a <i>mild or moderate disability</i> . Special education instruction is provided in the regular classroom of the child's neighborhood school.	_____ <input type="checkbox"/>
c. Inclusion is appropriate for a child with a <i>mild, moderate or severe/profound disability</i> . Special education instruction is provided in the regular classroom of the child's neighborhood school.	_____ <input type="checkbox"/>
d. Inclusion is appropriate as a <i>continuum of services</i> for all levels of disability. Special education instruction is provided in settings ranging from <i>self contained</i> to regular classroom in <i>centralized locations</i> based on the child's disability.	_____ <input type="checkbox"/>

The respondents were asked to rate four definitions based on the literature cited above. They were to rate their preference from 1 to 4 (1 being most preferred, 4 being least preferred) on four definitions provided, then indicate which of the four definitions was most similar to their school district's practice (See Figure 1).

Questions 2 and 3 of the first section were devised to assess the prevalence of inclusive practice. To gauge the extent of inclusion in the two state area, the respondents were asked a series of questions to indicate their extent of involvement in inclusion as well as their school district's preparation for inclusion (See Figures 2 and 3).

Figure 2. Section I, Question 2: Prevalence of inclusion (See also Appendix A).

<p>2. <u>The district in which I work is:</u> (Check <u>only one</u>.)</p> <p><input type="checkbox"/> not planning for inclusion.</p> <p><input type="checkbox"/> planning for inclusion at some future point.</p> <p><input type="checkbox"/> engaged in inclusion at some schools in the district.</p> <p><input type="checkbox"/> engaged in inclusion district-wide.</p>
--

Figure 3. Section I, Question 3: Participation in inclusion (See also Appendix A)

<p>3. <u>In the building(s) where I work:</u> (Check <u>all</u> that apply.)</p> <p><input type="checkbox"/> Inclusion is presently being practiced.</p> <p><input type="checkbox"/> I participated in the planning process for inclusion.</p> <p><input type="checkbox"/> We followed a research-based model for inclusion. (If yes, please name: _____)</p> <p><input type="checkbox"/> I received training from the district for inclusion.</p> <p><input type="checkbox"/> The district-sponsored training was adequate for my needs.</p>
--

To assess the proposal by Reschly of the consultative skills that would be needed and used in inclusive practice, respondents were asked in Section I, Question 4, to indicate in which of eight practice competencies developed from Reschly (1988) they were trained at the University level or through continuing education, as well as the frequency they were using these practices (ranging from 0 to 3, 0 being never, 3 being almost always). Inclusion practice competencies were taken from Reschly (1988) (See Figure 4).

To assess the possible effect of inclusion on service delivery, Question 5 of Section I was developed. The literature suggests that school psychologists engaged in inclusion would do more consultation and interventions for students in the regular classroom; therefore, the respondents were asked to indicate the percentage of time that they devoted to assessment activities, pre-referral consultation, and consultation regarding special education students (See Figure 5).

Finally, in Section II, demographic information was collected, including gender, years of service, year of graduation from school psychology training, degree obtained, and distribution of service to these age groups: preschool/early childhood; elementary; middle school/junior high; high school; and post secondary/transitional programs (See Figure 6).

An alphabetized description of terms was supplied to clarify any terms used in the survey that might be subject to interpretation (See Appendix B). Definitions were developed from the research cited above. All terms in the survey that were included in

Figure 4. Section I, Question 4: Training for inclusion (See also Appendix A).

4. In columns 1 and 2, check each of the inclusion practices in which you were trained. (Check all that apply.)

In column 3, estimate how frequently you use these practices: 0=Never 1=Sometimes 2=Often 3=Almost always.

	1. University Training	2. Continuing Education/ In-service Training	3. Frequency Using
<i>Pre-referral consultation</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Data-based pre-referral intervention</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Systematic behavior observation</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Consultation regarding instructional modification</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Consultation regarding behavioral problems</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Data-based behavior interventions</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Curriculum based measurement/ assessment</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Data-based academic survival interventions</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Figure 5. Section I, Question 5: Service delivery (See also Appendix A).

5. Please estimate the percentage of time that you devote to the following activities. (Do not exceed 100%; may be less than 100% .)

_____ % **Assessment activities (including observation, testing and placement activities for initial referrals and already identified special education students).**

_____ % **Pre-referral consultation and prevention activities for non-special education students (including teacher consultation, academic and behavioral interventions, consultation with families, etc.).**

_____ % **Consultation on special education students (including teacher consultation, academic and behavioral interventions, consultation with families, etc.)**

Figure 6. Section II: Demographics (See also Appendix A).

SECTION II

1. What is your gender? Male Female

2. How many years have you been providing school psychology services? _____

3. What was the year that you completed your school psychology training program? _____

4. What is the highest degree you have obtained?
 M.S./M.A. Ed.S Ph.D/ Ed.D/ Psy.D Other Please indicate _____

5. Please estimate the percentage of time you provide services to these age groups. (Do not exceed 100%.)

_____ % **Preschool/Early Childhood** _____ % **Elementary** _____ % **Junior High/Middle School**
 _____ % **High School** _____ % **Post Secondary/Transition Programs**

the list of definitions were italicized. Instructions indicated that italicized terms could be found in the list of definitions.

The scale was edited for clarity by three members of the graduate faculty at the University of Nebraska at Omaha. The validity of the items was determined by five practicing school psychologists who reviewed the questionnaire and also screened for possible bias in wording on the questionnaire, cover letter, and description of terms.

Results

Data Collection Procedures

If individual responses to the survey were incomplete or unclear (e.g. checks were made where ratings were required, etc.), the entire survey was determined unusable and not included in the data analysis. On Question 1, a substantial number of respondents (80) saw some definitions as comparable and deviated from a 1-2-3-4 rating of definitions (e.g. 1-1-3-4, 1-2-4-4, etc.). As the investigation was interested in the definitions of inclusion most acceptable and least acceptable to school psychologists, data for this question were included if a most preferred and/or least preferred definition could be determined.

Data Analysis

Summary statistics were compiled for all questions. To address whether inclusion practice had a significant effect on service delivery, three multiple regressions were developed. The dependent variables for the three regressions were the proportion of time devoted to assessment, pre-referral consultation, or consultation with special education students. The proportion of time devoted to these variables ranged from 2 to 95%.

To increase the accuracy of the results, the following variables were controlled: gender, year of completion of school psychology training program, level of education (Master's, Specialist, or Doctoral level), state (IA/NE), and service delivery group. Data were recorded on a Microsoft Excel spreadsheet. Coding of data was as follows: gender was coded as 1= male, 0=female; year of completion of school psychology

training program was coded using the last two digits of the year (e. g. a person completing training in 1987 would be coded “87”); level of education was dummy coded (i.e. a person with a Master’s degree would be coded across columns for education as 1=Master’s, 0=Specialist, and 0=Doctoral, 0=Other), state was coded 1=NE, 0=IA; and service delivery group was coded across categories (e. g. 0%=Preschool, 30%=Elementary, 10%=Junior High, 60%=High School, 0% Post-Secondary/Transition).

The three regressions were completed using both self report of inclusion practice and a more restrictive criteria based on the use of the definitions developed from the literature. For the second analysis, respondents were placed in the literature-based inclusion group if they indicated that most students with disabilities in their school district were served in the regular class (Question 1, definitions a, b, or c), and they were presently practicing inclusion in the building in which they worked (Question 3). All respondents who did not meet these two requirements were placed in the non-inclusion group when this comparison was made.

Significant differences in training, continuing education, and frequency of use of inclusion practices (as defined by Reschly, 1988) were determined by chi-square comparisons.

Definition of Inclusion

The initial question of the survey asked respondents to rank their preference for inclusion of students from 1 being the “most preferred” definition to 4 being the “least preferred definition.” Table I presents the combined results from Iowa and Nebraska.

Table I
Percentage Distribution of Responses to Definitions of Inclusion and Actual Practice

Rank	Inclusion of Mildly Disabled	Inclusion of Mildly and Moderately Disabled	Inclusion of Mildly, Moderately, and Severe/Profoundly Disabled	Continuum of Services from Regular Class to Self-contained
1	20	17	10	61
2	45	25	12	12
3	19	56	15	4
4	16	2	63	23
Actual Practice	25	12	8	54

Note. Definitions were ranked from 1 = most preferred to 4 = least preferred. Columns do not total 100% horizontally due to inclusion of respondents in which only most and/or least preferred could be determined.

Of the definitions provided, the continuum of services model for special education students was preferred by a majority of the respondents in both states (61%). Inclusion of all levels of disability (mild, moderate and severe/profound) was the least preferred definition (63%). Inclusion of mildly disabled students, on which the majority of inclusion research has focused, was preferred by 20% of the respondents.

The respondents indicated that a majority of the school districts in which they worked also followed the continuum of services model (54%). Very few districts (8%) were including all levels of disability in the classroom. As indicated in Table I, only one-quarter of school districts were reportedly including students with mild disabilities in the regular classroom.

The Status of Inclusion

When asked about the status of inclusion in the schools in which they worked, nearly 90% of the respondents indicated that some inclusion was practiced at some or

all of the schools in the district. As seen in Table II, a majority (84%) indicated that they were presently working in buildings that were practicing at least some inclusion. Although a majority (84%) indicated that they worked in inclusion environments, less than half (46%) participated in the planning process for inclusion and only 3% of all respondents indicated that a research-based model was used for inclusion (See Table III). About one-quarter of the respondents (23%) indicated that they had received some training for inclusion, and 11% indicated that the inclusion training that they received was adequate.

Table II
Percentage Distribution of Responses to Inclusion Progress

<u>Progress toward Inclusion</u>	
<u>In the District:</u>	
Not planning for inclusion	6
Planning future inclusion	5
Inclusion in some schools	48
Inclusion in all schools	41

Table III
Percentage Distribution of Responses to Inclusion Preparation

<u>Preparation for Inclusion</u>	
<u>In the Building:</u>	
Engaged in inclusion	84
Planned for inclusion	46
Used researched model	3
Received training/Inclusion	23
Adequate training/Inclusion	11

Training and Practice

Most of the respondents appeared to be receiving training in many of the eight practice areas identified by Reschly (1988) as being important for inclusion. As seen in Table IV, university training was provided for more than half of the respondents (range 58-77%) in five of the eight practice areas. Curriculum-based assessment/measurement

Table IV
Percentage Responses to Inclusion Practices, Average Frequency of Use and χ^2 Values

Practices	Percent Receiving University Training	Percent Receiving Continuing Education	Average Frequency of Use	χ^2 Values and Degrees of Freedom
Pre-referral consultation	61	69	Overall: 2.29 IA: 2.5 NE: 2.0	$\chi^2=29.60^*$ 3 df
Data-based pre-referral intervention	45	67	Overall: 1.5 IA: 1.6 NE: 1.3	$\chi^2=11.41^*$ 3 df
Behavior observation	73	64	Overall: 2.3 IA: 2.3 NE: 2.3	$\chi^2=3.85$ 3 df
Instructional modification	58	65	Overall: 1.8 IA: 1.8 NE: 1.9	$\chi^2=1.37$ 3 df
Consultation for behavior problems	77	71	Overall: 2.3 IA: 2.3 NE: 2.3	$\chi^2=3.81$ 3 df
Data-based intervention for behavior problems	60	68	Overall: 1.6 IA: 1.6 NE: 1.6	$\chi^2=1.86$ 3 df
Curriculum-based measurement/assessment	29	81	Overall: 1.3 IA: 1.5 NE: 1.0	$\chi^2=23.99^*$ 3 df
Data-based academic survival interventions	26	50	Overall: 1.0 IA: 1.1 NE: 1.0	$\chi^2=0.49$ 3 df

Note. Frequency of use descriptors were: 1 = Never; 2 = Sometimes; 3 = Often; 4 = Almost Always.

* indicates a significant difference between states.

and data-based academic survival techniques were lowest, with about one-fourth of respondents (29% and 26%, respectively) receiving university training. More than half of all respondents had received continuing education in all eight practices.

The frequency of use of the practices varied considerably (See Table IV). Practices likely to be used “often” to “almost always” included pre-referral consultation, behavior observation, and consultation on behavior problems. Data-based interventions, consultation on instructional modification, and curriculum-based measurement were used at lower rates. Chi-square analyses of the proportion of respondents using these practices indicated significant differences between Iowa and Nebraska. Significant differences were observed in the frequency of use of pre-referral consultation, data-based pre-referral consultation, and curriculum-based assessment, suggesting that Iowa respondents were more likely to use these practices [χ^2 (3, N= 335) = 11.41 to 29.60, $p < .05$].

Service Delivery

As seen in Table V, the results show that assessment continues to consume the largest portion of time, averaging 48% of service delivery time. Pre-referral consultation for non-special education students averaged 25% of service delivery, while consultation for special education students averaged 21% of service delivery time. Iowa and Nebraska significantly differed in the proportion to time devoted to these activities (see below).

Table V

Average Percentage of Time in Three Service Delivery Areas

Average	Assessment	Regular Education Pre-referral Consultation	Special Education Consultation
Overall	48	24	21
Iowa	43	27	23
Nebraska	57	17	19

Effects of Inclusion

Several regressions were completed to determine if participation in inclusive schools had an effect on the amount of time spent on the major services that school psychologists provide in the schools. Regressions were run using the more liberal self-identified participation in inclusive buildings, and a more restrictive definition requiring self identification and an indication that actual practice conformed to inclusion definitions defined in the literature. The following model was used for each regression:

$$DV = \beta_0 + \beta_1(\text{GENDER}) + \beta_2(\text{DEGREE YEAR}) + \beta_3(\text{DEGREE EARNED}) + \beta_4(\text{AGE GROUP}) + \beta_5(\text{STATE}) + \beta_6(\text{INCLUSION}).$$

For the regressions, the dependent variable was variously defined as assessment, pre-referral consultation for regular education students, or consultation for special education students. The definitions used were: gender as male or female; degree year as the year of completion of the school psychology training program; degree earned as Master’s, Specialist, or Doctoral; age group as proportion of time serving elementary

students; and inclusion as either self-referred or literature based. The elementary level was chosen for the age group comparison because this level was most comparable across states. At older age levels, differences between states in required assessment may yield unclear results. An alpha level of at least .05 was selected as acceptable significance.

With assessment as the dependent variable, the only significant result was a difference between states in the proportion of time devoted to assessment. At a significance level of .01, Iowa respondents spent significantly less time on assessment than their Nebraska counterparts. Table VI results show that no other variables were significant, including either inclusion variable.

With pre-referral consultation for non-special education students as the dependent variable, Table VI shows that, at the .01 level of significance, there continues to be a significant difference between states, with Iowa respondents engaging in significantly more pre-referral consultation than Nebraska respondents. The literature-based inclusion variable approached, but did not achieve, significance at the .05 level. All other variables did not reach significance.

With consultation for special education students as the dependent variable, two significant results were observed. At the .05 level of significance, Iowa respondents engaged in significantly more consultation for special education students than did Nebraska respondents. At the .01 level of significance, as the proportion of time in service to elementary students increased, the proportion of time devoted to

Table VI
 Simultaneous Regression Analysis of Service Delivery and Inclusion Effects/Coefficients and t Values.

Independent Variables	Dependent Variables		
	Assessment	Regular Education Pre-referral Consultation	Special Education Consultation
Literature-Based Inclusion	-3.39 (-1.57)	2.80 (1.95)	0.93 (0.72)
Self-Identified Inclusion	-4.87 (-1.69)	2.29 (1.18)	2.86 (1.66)
Gender	-2.29 (-1.09)	1.94 (1.39)	-1.29 (-1.03)
Year of Degree	0.12 (1.02)	-0.11 (-1.34)	-0.05 (-0.63)
Masters Degree	0.68 (1.11)	-5.60 (-1.33)	1.75 (0.46)
Specialist Degree	-1.62 (-0.25)	-4.57 (-1.07)	1.47 (0.38)
Doctoral Degree	5.57 (0.83)	-8.00 (-1.80)	-0.30 (-0.07)
Elementary Service	0.07 (1.61)	0.02 (0.79)	-0.08 (-3.54)**
State	13.57 (6.03)**	-10.39 (-6.93)**	-2.84 (-2.11)*
Intercept	40.76 (5.60)	31.14 (6.42)	26.40 (6.04)

Note. **Significant at $\alpha = .01$. *Significant at $\alpha = .05$. t at $\alpha = .05$ is 1.96. t at $\alpha = .01$ is 2.58. t values are reported in ().

consultation for special education students decreased. As seen in Table VI, all other variables did not approach significance.

Using chi-square analysis, no significant differences were observed between inclusion and non-inclusion school psychologists in either state in the frequency of use of the eight practices outlined by Reschly (1988) [$\chi^2(3, N= 335) = 0.69$ to 4.68].

Discussion

School Psychologists' Preferences for Inclusion

The respondents in this sample appeared to prefer to have all options available to them when determining services for children with disabilities. When given a choice among including mild, moderate, or severely/profoundly disabled students in the regular classroom, the majority of respondents (61%) chose a fourth option of maintaining the continuum of services model that has been in place since the 1970's. While a majority preferred the continuum of services option, nearly one-quarter (23%) of the respondents also ranked this as their least preferred option, suggesting that a significant portion of respondents are proponents of alternative service delivery.

The least preferred choice of the respondents was inclusion of all levels of disability. Nearly two thirds (63%) of the respondents found this choice the least appealing of the four choices, while 10 percent ranked this as their most preferred option.

A question raised from a review of previous research was the prevalence of inclusive service delivery and its possible effect on perceptions of inclusion by school psychologists. Less than one-half (45%) of the respondents in this study indicated that they worked in school districts that were engaged in inclusion as defined by the literature. The percentage of respondents preferring the continuum of services option does not appear to be significantly different from the percentage of respondents who are practicing in a continuum of services model. Additionally, few respondents are working in a service delivery model that includes severely and profoundly disabled

children in the regular classroom. If the number of schools using an inclusive service delivery model increases, it may be interesting to see if perceptions about appropriate service delivery for children with disabilities change.

Progress Toward Inclusion

Many respondents in this study indicated that inclusion was occurring at least to some degree in the district in which they worked. Nearly ninety percent (89%) of respondents indicated that inclusion was practiced at some or all of the schools in their district (See Table II). Eighty-four percent reported that they worked in buildings in which inclusion was practiced (See Table III). This is significantly higher than the percentage of respondents who indicated that their primary service delivery for children with disabilities was in the regular classroom (See Table I). Several possible explanations may account for this difference.

One likely explanation is that inclusion is not the predominate service delivery for children in the district, but that some children are in inclusive placement. A number of respondents wrote comments such as “Some” or wrote descriptions of their practices next to Question 3: “In the building where I work, inclusion is presently being practiced.” Respondents who elaborated typically indicated that some children with disabilities were included at least some of the time in the regular classroom with aides or other support. Many descriptions appeared to be increased mainstreaming rather than a shift of special education instruction to the regular classroom.

Another explanation is also drawn from comments on the survey. In an attempt to avoid biasing the respondents toward a preference for an inclusion definition, the

continuum of services option was included among the choices for inclusion definitions.

Some respondents who chose the continuum response as their primary district placement indicated that, by the definitions provided, they were working in buildings in which inclusion was practiced. This may also account for a portion of the high numbers who indicated they were working in inclusive service delivery models.

Preparation for Inclusion

In this study, nearly one-half (46%) of the respondents had participated in the planning process for inclusion. This supports the role expansion and consultation predictions that were supported by Reschly and others. However, only 3% indicated that “we followed a research-based model for inclusion” (See Appendix A, Question 3). Schools and school psychologists appear to be unaware of or are not using the research base available to them. One survey respondent indicated that surveys of this type were useless and time would be better spent doing research in the schools. However, the best research cannot make a difference if no one is aware of it or is using it in practice.

Twenty-three percent of respondents indicated that some inclusion training had been provided for them by the district or their employer. Only 11%, or approximately half of those trained, believed that the training provided was adequate. This is consistent with Gersten et al. (1990), who identified vague and poorly applied training as an impediment to implementation of inclusion.

Reschly's Proposal and Practice Competencies

It appears of the respondents have received some training in the practices identified by Reschly (1988) as being important as schools consider alternative service delivery models for children at-risk or with disabilities. Only data-based pre-referral consultation, curriculum-based measurement, and data-based academic survival interventions were not frequently listed by respondents as provided at the university level. At least one-half of all respondents (range 50-81%) had received continuing education training in all eight practice skills.

Some of the practices identified by Reschly (1988) were used often, including pre-referral consultation, behavior observation, and consultation for behavior problems. All other practice competencies fell in the "sometimes" to "often" range, including all of the data-based practices. Consistent with other surveys, data-based interventions remain practices that are not frequently used. As Reschly cautioned, interventions without supporting data are unlikely to result in significant change.

There were some significant state differences in the use of these practices. A practice with more direct instructional applications, namely curriculum-based assessment (CBA), was not used often by the respondents in this survey, consistent with other investigations (Shapiro & Eckert, 1993). However, Iowa respondents were significantly more likely to use CBA than the Nebraska respondents. Iowa has a non-categorical qualification for special education services using local curriculum-based measurement norms, which may contribute to its use in that state. Another explanation may be that Iowa AEAs recently embarked on a initiative to increase the amount of

consultation and instructionally useful assessment provided by school psychologists as part of an effort to change school psychology service delivery methods (Reschly & Grimes, 1991). This change in emphasis may also be seen in the significantly higher frequency that the Iowa respondents engage in pre-referral consultation, both informally and through data-based interventions.

Service Delivery

Significant differences between states were also observed in three service delivery areas. The regression analyses suggested that Iowa respondents devoted significantly more time to pre-referral consultation for regular education students and consultation for special education students, and significantly less time to assessment than their Nebraska counterparts (See Tables V and VI). Hutton, Dubes, and Muir (1992) found that a national sample of NASP respondents spent approximately 53% of their time in assessment activities. The amount of time devoted to assessment in Iowa appears to be on the lower end of ranges reported nationally, while Nebraska mirrors national averages.

With regard to consultation, a recent study by Costenbader, Swartz, and Petrix (1992) found that the average school psychologist spent between 11 and 20% of a typical work week providing consultation. The amount of consultation time reported by the Iowa respondents appears to exceed Costenbader et al. s' national average, while consultation by Nebraska respondents appear to be similar to national averages. Hutton et al. (1992) reported that conditions at local and state levels greatly influence

school psychology practices. The differences between Iowa and Nebraska appear to support this contention.

Based on the regression analyses, no significant differences were observed with regard to inclusion in the three service delivery areas (See Table VI). As noted above, the more restrictive inclusion variable approached significance for pre-referral consultation, suggesting that some increased work with at-risk students may be occurring in inclusion service delivery models. Contrary to Reschly's prediction, it appears that inclusion service delivery, as defined in this survey, did not have a significant effect on school psychology practice.

An interesting and significant result from the regression analyses is that as time increased in service to elementary students, consultation for special education students decreased. As the elementary level is where most students with disabilities are initially identified, it may be possible that a major emphasis for school psychologists in the elementary building is pre-referral consultation and assessment to determine disability. After the a disability is identified, the special education teacher and other consultants may take over the problem solving/consultation role for the child.

The Effects of Inclusion

This investigation revealed no significant differences in practice between school psychologists who indicated they were working in inclusive service delivery models and those who indicated working in more traditional models. Several plausible explanations could explain this result.

One may be that the survey instrument was not sensitive enough to distinguish differences. It may be important to have a more specific breakdown of the extent of inclusion for students at all levels of disability to determine if significant inclusion is occurring.

Another explanation, based on written comments and the apparent lack of awareness or use of inclusion research, is that many school psychologists think that doing increased mainstreaming of students with disabilities constitutes inclusion. From comments written on the questionnaire, it was not clear that the definition of terms were read when deciding about inclusive practice. Several respondents indicated that no definition of inclusion was provided. However, the description of terms provided information to form definitions and clearly stated that students included in the regular class received all instruction in the regular classroom of their neighborhood school. When describing their current practices, several respondents appeared to be describing a more vigorous mainstreaming approach with significant pull-out services remaining a part of the students' service delivery.

A final explanation is that state and local conditions have a significantly greater impact on how service delivery is allocated. Costenbader et al. (1992) reported several factors that can influence service delivery, including student to school psychologist ratios and administrator disposition. State guidelines and local conditions may also have an effect (Hutton et al., 1992). A study of Texas special education directors regarding the expansion of school psychology roles (Cheremie and Sutter, 1993) indicated that a majority (71%) of directors were satisfied with the present amount of

time their school psychologists devoted to assessment. However, increasing work with at-risk regular education students was a low priority, leading Cheramie et al. to conclude that “the actual development of prevention based services needs to be fostered” (p. 58). Conditions such as these may have a significant impact on how school psychologists allocate their time.

Limitations of the Study

This study is among the first to look at school psychologists’ practice with regard to inclusion. Therefore, much was and remains unknown about the knowledge base, prevalence, and practice of inclusion. Broad descriptors were used to get a general idea of practice. Therefore, results can only be described in broad terms. Specific knowledge (e.g. if the perception of inclusion differs from the perception of mainstreaming or how “included” students with disabilities actually are) cannot be directly determined. Other specific information, such as the extent and content of university training or continuing education, or the nature of consultation, also cannot be determined.

Another limitation may be in regard to the understanding of inclusion in the respondent sample. As noted above, some respondents did not appear to refer to the definitions when marking their responses, leaving them to draw their own conclusions of what was meant by inclusion. Some comments clearly referred to increased mainstreaming, rather than to the move of special education instruction to the regular classroom. This apparent confusion by some respondents limits the generalizations that may be drawn.

A final limitation is in regard to the ranking of definitions of inclusion by the respondents. A sizable number (80) had difficulty drawing distinctions between some definitions. This suggests that for many, the distinctions were not clear enough, or the respondents were ambivalent about the ratings they were providing.

Concluding Comments

It appears that the revolution predicted by Reschly (1988) and Will (1986, 1988) has come to Iowa and Nebraska, although not as dramatically as they predicted. As with all things in education, real change occurs slowly. Some school districts are beginning to include students with disabilities in the regular classroom. Change in service delivery can occur, as is indicated by service delivery results from the Iowa respondents.

Some things tend to be more resistive to change. Many school psychologists work in school districts practicing a continuum of services model and support this model as the most viable approach to meet the needs of the individual child. Assessment remains the primary role of school psychologist. Research-based models and data-based interventions are used infrequently.

Future research may show if inclusion has positive effects for students with disabilities. Other investigations may look at the factors that enhance the provision of preventative services, such as pre-referral consultation for regular education students. Investigators may wish to examine more closely the adequacy of training of all special education personnel for inclusion, as well as whether sufficient resources are provided to support the student in the classroom.

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Footnotes

¹ The survey was mailed in August, 1995, to 519 school psychologists employed in Iowa and Nebraska in using the most current lists available (1994-95). When the 1995-96 lists became available in mid-October, 44 school psychologists no longer employed in either state were eliminated from the sample.

APPENDIX A
Survey, Page 1

INSTRUCTIONS

*If you work in more than one school district, please use the district in which you spend the majority of your time as a reference for this survey. Use a similar rule if you work in more than one building.

*Terms that are *italicized* are included on the reference sheet.

SECTION I

1. In the first column, please rank the following descriptions of inclusion from 1 to 4 in order of your personal preference. A rank of 1 would indicate the description is the most similar to your personal view of inclusion. A rank of 4 would be the least like your view of inclusion.

In the second column, please check the definition that is most similar to your district's practice. (Check only one.)

	Rank	District Placement
a. Inclusion is most appropriate for a student with a <i>mild disability</i> . Special education instruction is provided in the <i>regular classroom</i> of the child's <i>neighborhood school</i> .	—	<input type="checkbox"/>
b. Inclusion is appropriate for a child with a <i>mild or moderate disability</i> . Special education instruction is provided in the <i>regular classroom</i> of the child's <i>neighborhood school</i> .	—	<input type="checkbox"/>
c. Inclusion is appropriate for a child with a <i>mild, moderate or severe/profound disability</i> . Special education instruction is provided in the <i>regular classroom</i> of the child's <i>neighborhood school</i> .	—	<input type="checkbox"/>
d. Inclusion is appropriate as a <i>continuum of services</i> for all levels of disability. Special education instruction is provided in settings ranging from <i>self contained</i> to <i>regular classroom</i> in <i>centralized locations</i> based on the child's disability.	—	<input type="checkbox"/>

2. The district in which I work is: (Check only one.)

- not planning for inclusion.
- planning for inclusion at some future point.
- engaged in inclusion at some schools in the district.
- engaged in inclusion district-wide.

3. In the building(s) where I work: (Check all that apply.)

- Inclusion is presently being practiced.
- I participated in the planning process for inclusion.
- We followed a research-based model for inclusion.
- (If yes, please name: _____)
- I received training from the district for inclusion.
- The district-sponsored training was adequate for my needs.

APPENDIX A
Survey, Page 2

4. In columns 1 and 2, check each of the inclusion practices in which you were trained. (Check all that apply.)
In column 3, estimate how frequently you use these practices: 0=Never 1=Sometimes 2=Often 3=Almost Always

	<u>1. University Training</u>	<u>2. Continuing Education/ In-service Training</u>	<u>3. Frequency Using</u>
<i>Pre-referral consultation</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Data-based pre-referral intervention</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Systematic behavior observation</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Consultation regarding instructional modification</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Consultation regarding behavioral problems</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Data-based behavior interventions</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Curriculum based measurement/assessment</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Data-based academic survival interventions</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____

5. Please estimate the percentage of time that you devote to the following activities. (Do not exceed 100%; may be less than 100%.)

- _____ % Assessment activities (including observation, testing and placement activities for initial referrals and already identified special education students).
- _____ % Pre-referral consultation and prevention activities for non-special education students (including teacher consultation, academic and behavioral interventions, consultation with families, etc.).
- _____ % Consultation on special education students (including teacher consultation, academic and behavioral interventions, consultation with families, etc.)

SECTION II

1. What is your gender? Male Female

2. How many years have you been providing school psychology services? _____

3. What was the year that you completed your school psychology training program? _____

4. What is the highest degree you have obtained?

M.S./M.A. Ed.S Ph.D/ Ed.D/ Psy.D Other Please indicate _____

5. Please estimate the percentage of time you provide services to these age groups. (Do not exceed 100%.)

_____ % Preschool/Early Childhood _____ % Elementary _____ % Junior High/Middle School
_____ % High School _____ % Post Secondary/Transition Programs

APPENDIX B

Description of Terms, Page 1

Description of Terms

Centralized locations: This includes placement of children in special education classrooms according to disability. Examples include students with a mild mental disability attending a self contained with integration classroom, or all students with a mild disability (behavior disorder, mild mental disability, or learning disability) attending a resource room. The program they attend may or may not be located in their neighborhood school.

Consultation regarding Behavioral Problems: This includes consultation with teacher and parents regarding non-academic problems such as attention-seeking, aggression, disruptive behavior, etc. Activities would include discussion with the teacher about the problem, offering suggestions to manage the behavior problem, and follow-up activities.

Consultation regarding Instruction Modifications: This includes evaluation and consultation regarding instructional variables, including pace of presentation, method of presentation, and specific instructional programs (i.e., direct instruction is one example) for academic areas such as reading and math.

Continuum of Services: This includes services provided to students based on disability category and need, ranging from self contained placement to full time in the regular classroom with monitoring by the special educator.

Curriculum-Based Measurement/Assessment: This includes assessment of students based on progress monitoring using the students' own curriculum materials. Data are collected to indicate students' progress in such areas as reading and math.

Data-based Academic Survival Intervention: This includes task-related behaviors such as following directions, work completion, working independently, note-taking, etc. Activities would include identifying measurable targets, establishing base-line data, implementing interventions that include data collection, and follow-up activities.

Data-based Behavioral Intervention: This includes such non-academic behaviors as aggression, disruptive behavior, withdrawal, etc. Activities include such things as taking base-line data, implementing interventions that include data collection on measurable objectives, follow-up activities, etc.

Data-based Pre-referral Intervention: This includes prevention activities for non-special education students. It includes such activities as taking base-line data on target behaviors, implementing an intervention that includes data collection, and follow-up activities for non-special education students. Examples include home-school notes, academic targets, homework activities. etc.

Mild Disabilities: This includes children with mild levels of mental disabilities, mild behavior disorders, learning disabilities and mild low incidence disabilities such as in vision, hearing, or motor problems, etc.

Moderate Disabilities: This includes children with moderate levels of mental disabilities, moderate behavior disorders, and other moderate low incidence disabilities such as in vision, hearing, or motor problems, etc.

Neighborhood Schools: This includes students attending the school that they typically would if they had no disability. Students are not bused to a particular school/centralized location based on disability.

APPENDIX B

Description of Terms, Page 2

Pre-referral Consultation: This includes consultation with teachers and parents of non-special education students. Activities would include discussion with parents and teachers about concerns, providing suggestions, and follow-up activities.

Regular Classroom Programs: This includes students served full time within the regular classroom. Students may be grouped for instruction or may be instructed by a special educator, but all instruction occurs within the context of the regular classroom.

Resource/Pull-out Programs: This includes students primarily served in the regular classroom, with the regular education teacher assuming responsibility for the child's academic progress. The special educator provides instruction to the child outside the regular classroom for academic or specific skill support (i.e. speech therapy) in specifically identified areas.

Severe/Profound Disabilities: This includes children with severe/profound levels of mental disabilities, severe behavior disorders, and other severe/profound low incidence disabilities such as in vision, hearing, or motor problems, etc.

Self-Contained: This includes students in a special education classroom for the full day with the special education teacher having responsibility for the child's academic progress.

Self Contained with Integration: This includes students served in the special education classroom for most of the day with limited integration. The special education teacher has primary responsibility for progress.

Systematic Behavior Observation: This includes systematic observation of clearly defined target behaviors using such variables as frequency, intensity, duration, etc. Examples include interval recordings, frequency counts, and noting antecedents and consequences.

APPENDIX C
Request for Results

Please send the results of this survey to:

Name: _____

Address: _____

City and State: _____ Zip _____

If mailing your summary request separately, please send to:
Sharon Knudsen, 16075 Spring St., Omaha, NE 68130

APPENDIX D
Initial Letter



College of Arts and Sciences
Department of Psychology
Omaha, Nebraska 68182-0274
(402) 554-2592

August 14, 1995

University of Nebraska at Omaha
Omaha, NE

Dear School Psychologist:

"Inclusion" has been implemented in a number of school districts. However, there is little consensus on the meaning of inclusion and which special education students should be involved. In addition, inclusion is projected to have a significant impact on school psychology training and practice, but the results have not been determined.

I am seeking your experiences with inclusion for research purposes. Because I am contacting a limited number of school psychologists, your response is of great importance to the outcome of the project.

The questionnaire takes approximately 10 minutes to complete. A list of definitions is provided to assist you.

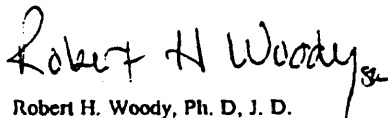
Please be assured that your responses will be kept confidential. A stamped, addressed envelope is enclosed for your convenience. Please return this questionnaire by September 6, 1995. If you would like a copy of the summarized results, please indicate so on the enclosed request.

Your assistance is greatly appreciated.

Sincerely,



Sharon Knudsen, M. S.
School Psychologist



Robert H. Woody, Ph. D., J. D.
Professor of Psychology and
Director of School Psychology Training Program

APPENDIX E
First Follow-Up Letter



College of Arts and Sciences
Department of Psychology
Omaha, Nebraska 68182-0274
(402) 554-2592

September 7, 1995

Dear School Psychologist:

About three weeks ago we wrote you seeking your opinions about inclusion for special education students. As of today we have not yet received your completed questionnaire.

We are researching inclusion because of the belief that school psychologists may have varying opinions about what inclusion is, who is best served by inclusion, and how working with inclusion may affect practice.

We are writing you again because of the importance each questionnaire has to the usefulness of this study. In order for the study to be truly representative of the opinions of school psychologists, it is essential that each person selected for the sample return their questionnaire.

In the event that your questionnaire has been misplaced, we are including a replacement questionnaire, a list of definitions to assist you, and a stamped, addressed envelope. Please return the enclosed questionnaire by September 26, 1995. If you would like a copy of the summarized results, please indicate so on the enclosed request.

In the event that you have already mailed your response, thank you for your assistance and please ignore this request.

Your cooperation is greatly appreciated.

Sincerely,



Sharon Knudsen, M. S.
School Psychologist



Robert H. Woody, Ph.D., J. D.
Professor of Psychology and
Director of the School Psychology Training Program

APPENDIX F
Second Follow-up Letter



College of Arts and Sciences
Department of Psychology
Omaha, Nebraska 68182-0274
(402) 554-2592

September 28, 1995

Dear School Psychologist:

About three weeks ago we wrote you seeking your opinions about inclusion for special education students. As of today we have not yet received your completed questionnaire.

We are researching inclusion because of the belief that school psychologists may have varying opinions about what inclusion is, who is best served by inclusion, and how working with inclusion may affect practice.

We are writing you again because of the importance each questionnaire has to the usefulness of this study. In order for the study to be truly representative of the opinions of school psychologists, it is essential that each person selected for the sample return their questionnaire.

In the event that your questionnaire has been misplaced, we are including a replacement questionnaire, a list of definitions to assist you, and a stamped, addressed envelope. Please return the enclosed questionnaire by October 17, 1995. If you would like a copy of the summarized results, please indicate so on the enclosed request.

In the event that you have already mailed your response, thank you for your assistance and please ignore this request.

Your cooperation is greatly appreciated.

Sincerely,

A handwritten signature in cursive script that reads "Sharon Knudsen".

Sharon Knudsen, M. S.
School Psychologist

A handwritten signature in cursive script that reads "Robert H. Woody".

Robert H. Woody, Ph.D., J. D.
Professor of Psychology and
Director of the School Psychology Training Program

APPENDIX G
Third Follow up Letter



College of Arts and Sciences
Department of Psychology
Omaha, Nebraska 68182-0274
(402) 554-2592

October 18, 1995

Dear School Psychologist:

We are writing you about our study of school psychologists' experiences with inclusion. We have not yet received your completed questionnaire.

The high number of questionnaires returned is very encouraging. However, the accuracy of study depends on you and others who have not yet responded. It may be possible that you may hold very different views about inclusion that may not be reflected in the study.

This is the first survey of school psychologists experiences with inclusion in the two state area of Iowa and Nebraska. Therefore, the results should be of interest to school psychologists locally and may lead to suggestions for training and resource support. The likelihood that this study reflects school psychologists' experiences depends on the responses of all.

In the event that your questionnaire has been misplaced, we are including a replacement questionnaire, a list of definitions to assist you, and a stamped, addressed envelope. Please return the enclosed questionnaire by November 1, 1995. If you would like a copy of the summarized results, please indicate so on the enclosed request.

In the event that you have already mailed your response, thank you for your assistance and please ignore this request.

Your cooperation is greatly appreciated.

Sincerely,

Sharon Knudsen, M. S.
School Psychologist

Robert H. Woody, Ph.D., J. D.
Professor of Psychology and
Director of the School Psychology Training Program