FACTORS THAT INFLUENCE SCHOOL PSYCHOLOGISTS’ SPECIAL EDUCATION ELIGIBILITY DECISIONS

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ABSTRACT

School psychologists constantly make decisions that affect the lives of children and their families. One of the most significant decisions they make is determining a child’s eligibility for Special Education and related services. Despite the importance of eligibility decisions there is little research examining the decision making practices of school psychologists. Thus, this study was designed to examine the effect of three factors, the race of the child (Caucasian vs. African American), the socioeconomic status (SES) of the child (low vs. middle) and the referral source (parent versus teacher referral) on school psychologists’ decisions and judgments. Eight versions of a hypothetical case of a child potentially eligible for special education were developed, representing the factorial combinations of the three variables. Participants who agreed to complete the online survey were randomly assigned to one of the versions of the case materials (which included the case vignette, referral information and test scores). Other than the differences on the three independent variables, the versions of the materials were identical. Participants (N=158) were asked to indicate if they believed the child was classifiable and to rate their confidence in their decision and the difficulty of the classification decision. A 2x2x2 ANOVA was conducted to evaluate the effects of the race of the child, the SES of the child and the referral source on school psychologists’ classification decision. Results indicate that the race of the child and the referral source did not affect school psychologists’ decisions to classify the hypothetical student. However, results yielded a marginally significant main effect for SES on eligibility decisions, with lower SES students being more likely to be classified. An additional analysis evaluated the effects of the aforementioned factors on participants’ level of
confidence in their decision. The three-way interaction between race, referral source, and
SES was significant. Also, the interaction between race and SES was marginally
significant. The main effects of race, SES, and referral source were not significant.
Finally, a 2x2x2 ANOVA of the difficulty ratings yielded a marginally significant three-
way interaction between race, referral source and SES. Results are discussed and
implications for school psychologists are suggested.
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CHAPTER I

INTRODUCTION

The decision to place a child into a special education program is significant and
has a life changing affect on that child. Thus, prior to this very important decision a
comprehensive assessment is conducted to help professionals make the most appropriate
decision about how to best help the youngster and determine if indeed special education
is required. This decisive process involves several different school professionals
including a speech language pathologist, school psychologist, general education teacher,
school social worker, parent and learning disabilities teacher consultant specialist. Of
these professionals, research has found that school psychologists have the most influence
on the outcome (Knoff, 1983).

Given that school psychologists are seen as influential leaders in the eligibility
process and spend the greatest portion of their time involved in activities related to the
purpose of determining eligibility (Curtis, 1999) understanding their decision making
process is imperative. However, there is limited empirical research on the decision
making process that school psychologists’ engage in when classifying children and the
available studies on this topic have produced inconsistent results. Some studies have found that school psychologists display bias in decision making while other investigations have found that school psychologists participate in an objective decision making process. The following section will provide details about the existing literature on school psychologist decision making practices, examining the potential for bias.

In a study conducted by Gnys, Willis & Faust (1995) the presence of illusory correlation was investigated in school psychologists. Illusory correlation is the “tendency to falsely assume an association between two variables, such as an observed symptom and a diagnostic classification” (p.60). The investigators sought to determine if school psychologists would mistakenly identify a child as learning disabled based on data that was unrelated to the classification of learning disabled that is “irrelevant data”. The irrelevant data was WISC – R scores within a child’s cognitive profile that reflected intersubtest scatter. The authors selected intersubtest scatter because it has been reported that many school psychologists have learned that intersubtest scatter in a cognitive profile is indicative of a learning disability. However the authors noted that there is no empirical evidence to support that intersubtest scatter on the WISC-R represents a learning disability. Findings from this study revealed that school psychologists were more likely to diagnose a child as learning disabled if high WISC-R intersubtest scatter was present in the child’s cognitive profile. That is, they found that study school psychologists utilized data that has not been shown to be an indicator of a learning disabled to determine that a child was learning disabled. Subsequently a major outcome of this study is that school psychologists’ classification decisions can be flawed. The following
study will further emphasize imperfections found in the decision practices of school psychologists’.

Harry, Klinger, Sturges & Moore (2002) conducted a qualitative study that looked at multiple aspects of the process undertaken to determine if a child is eligible for special education services. The results of the investigation were significant with regard to the decision making practices of school psychologists. The findings suggest that school psychologist' decisions about which tests to use were biased. That is, the authors found that school psychologists made decisions about which tests to use during eligibility evaluations based on the school psychologists’ personal beliefs about the child and not on the presenting needs of the child or objective data. These findings not only demonstrate that school psychologist do not consistently use an objective decision making approach but also highlights that subjective decision making can occur well before the actual decision to classify a student. Moreover, the results bring attention to the numerous decisions made by psychologists that affect the eligibility process and underscore a nuanced process that is not easily understood. A third study will now look more closely at how school psychologists view their own decision making approach.

A study assessing school psychologists’ self perceptions about their decisions produced findings worthy of discussion. Aspel, Grant and Faust (1998) conducted a study that investigated the presence of errors in school psychologist diagnostic formulations. The investigators studied whether or not there is a difference between how psychologists think they use data (subjective cue use) and how data actually shape their judgments (objective cue use). Results from this study found that practicing school psychologists’ personal impressions about the importance of data did not correlate highly
with their actual use of the data in decision making. That is, school psychologists made decisions but were not aware of the variables that influenced their decisions. The results are noteworthy for two reasons, one school psychologists made decisions uninformed about the factors that shaped their decisions and because being unaware of the factors that influence one’s decisions clearly affects the accuracy of those decisions and the ability to make appropriate recommendations based on those decisions. Thus, the result of this study underline both a need for school psychologists to understand their motivations for behavior and additionally suggests a need for increased self awareness and more discussion about this topic during school psychology training and in school psychology forums. Next, a study with a more positive view of school psychologists’ decision making will be presented.

In contrast to the aforementioned studies an investigation conducted by Huebner (1990) found that school psychologists make eligibility decisions based on objective data and are not influenced by bias or irrelevant information. Heubner (1990) conducted a study which assessed for the presence of confirmation bias, which is a phenomenon that indicates that individuals seek or interpret evidence in ways that are partial to existing beliefs, expectations, or a hypothesis in hand” (p.175). In this study, the author hypothesized that when school psychologists conduct re-evaluations of previously classified children (that is children that have been previously identified as learning disabled), school psychologists’ are more disposed to classify a child with a learning disability again. However, findings from the study did not support the hypothesis and indicated that school psychologists utilized data objectively and made recommendations based on the data and only classified children based on the objective data presented.
Clearly it is not always the case the school psychologists are biased but the question remains as to why do they sometimes make subjective decisions?

Upon review of the above mentioned studies about school psychologists’ decision making practices four major important themes become clear: 1) There is a scarcity of research about this important topic 2) Research findings are inconsistent 3) There is evidence that school psychologists’ decisions can be biased and 4) School psychologists appear to be unaware of the factors that affect the very important decisions they make.

Thus, the purpose of this investigation is to contribute and extend the limited literature by examining specific factors which influence school psychologists’ decision making in special education. More specifically the study will investigate the extent to which the race of the child, the socio economic status of a child and the type of referral affect a school psychologists’ decision to classify a child. The specific reasons for these factors will be discussed next.
CHAPTER II

REVIEW OF THE LITERATURE

Overview of how a student is found eligible for special education and related services.

Before we examine the factors that affect school psychologists’ decision making the law that governs the special education eligibility process will be briefly reviewed. The Individual with Disabilities Education Improvement Act of 2004 (IDEA) is the law that regulates and governs special education practices and is central to the process of determining a child’s eligibility for special education. “On November 18, 1975, Congress enacted Public Law 94-142, also known as The Education for All Handicapped Children Act of 1975” (Wright & Wright, 2007, p.14). With this law, Congress intended that all children with disabilities would “have a right to education, and to establish a process by which State and local educational agencies may be held accountable for providing educational services for all handicapped children.” (p.15). Since 1975 this special education law has been amended and renamed by Congress many times and is currently known as the Individuals with Disabilities Education Act of 2004 or IDEA 2004 (Wright & Wright, 2007).
The principal function of the Individuals with Disabilities Education Act of 2004 is, “to provide an education that meets a child’s unique needs and prepares the child for further education, employment and independent living and to protect the rights of both children with disabilities and their parents” (Wright & Wright, 2007 p.15). Thus, the goal of IDEA 2004 is to reduce the inappropriate and discriminatory referral and placement of students into special education (Knotek, 2003) by establishing guidelines for how school districts determine if a student is a child with a disability. One could say that IDEA 2004 is in place to ensure that appropriate and impartial decisions are made.

IDEA 2004 has four components (Parts A, B, C and D) of which Part B is the section most commonly known to school professionals. Part B of IDEA is titled the Assistance for Education of All Children with Disabilities (Sections 1411-1419) and contains the principles to which states must adhere when educating students with disabilities and describes requirements for initial evaluations, parental consent, reevaluations, eligibility, IEP’s (Individual Education plans), and educational placements (Wright & Wright, 2007). Part B is pertinent to this investigation because it provides guidelines for determining a students’ eligibility.

_How do you know if a child should receive special education?_

IDEA 2004 Section 1414 under IDEA 2004 Part B specifies that “before a student can receive special education for the first time, he or she must receive a full and individual evaluation (Wright & Wright, 2007). Thus a school district must evaluate the
child to determine eligibility for special education and before the initial provision of
special education and related services.

In the state of New Jersey the regulations that govern special education are
outlined in the New Jersey Administrative Code (N.J.A.C.) Title 6A – Chapter 14 Special
Education. The N.J.A.C is based on the provision set forth in IDEA 2004. (For the
purposes of this paper, the New Jersey Administrative Code will be specifically
examined).

Specific guidelines exist to help schools determine when it is appropriate for a
child to be evaluated so that evaluations do not occur arbitrarily. According to the N.J.
A.C. Title 6A: Chapter 14-3.3 (d) (e) an individual and full evaluation can take place as a
result of the following two scenarios 1) A direct referral to the child study team which
only takes place when it can be documented that the nature of the student’s educational
problem (s) is such that evaluation to determine eligibility for special education services
under the NJAC chapter is warranted without delay. Or as a result of a meeting of the
child study team members, with the parent and the regular education teacher (the IEP
team), who together have determined that an evaluation is warranted.

Once it has been determined that a full and individual evaluation will be
conducted, the IEP team determines the nature and scope of the evaluations, N.J.A.C. 6A:
14-3.4 (a). The nature and scope of the evaluations refers to the type of evaluations that
the child will receive based on the suspected area of disability as identified by the IEP
team.
The different areas of disability are identified in the New Jersey Administrative Code in Chapter 14, Special Education 6A: 14-3.5. In addition to evaluations, the following components will be completed as part of an initial evaluation: 1) one structured observation by one evaluator in other than a testing session; 2) interview with the student’s parent; 3) interview with the teacher referring the potentially disabling student 4) a review of the student’s developmental/educational history; 5) review of interventions 6) information measures (surveys, analysis of work self-report; informal rating scales and 7) beginning at age 14 assessment to determine postsecondary outcomes. (Wright & Wright, 2007)

*Determinations of eligibility for special education and related services*

Response to Intervention (RTI) and its relationship to determination of eligibility

Current discussions about special education eligibility would not be complete without mention of Response to intervention or (RTI). RTI became part of the special education process with the reauthorization of the Individuals with Disabilities Education Act (IDEA) in 2004. IDEA; P.L. 108-446 permits educators to use RTI as a substitute for, or supplement to, IQ achievement discrepancy to identify students with learning disabilities (LD) (Fuchs & Fuchs, 2001).

There is no single definition of Response to Intervention, however Canter, Klotz and Cowan (2008) provide a useful explanation stating that Response to Intervention is a “tiered process of implementing evidence-based instructional strategies in the regular education setting and frequently measuring the student’s progress to determine whether these strategies are effective” (p.12). Subsequently RTI is viewed as a method in which struggling learners are provided with interventions at different levels of intensity and it is the students’ response to the interventions that helps determine if they are eligible for special education. To better under the RTI process a case example will be described next.

The case of Sam and RTI:

At the beginning of the school year Sam, a 2nd grade student was screened and identified (based on standardized test scores) as a student who was “at-risk for failure” in the area of math. To address her learning difficulties Sam received Tier 1 interventions (general education instruction) and was monitored for eight weeks. At the end of eight weeks Sam was administered a brief screening tool in the identified area of risk (math).
Sam did not attain a score higher than the operationalized cut score of the district which indicated she did not make improvement with the Tier 1 interventions. Since Sam did not respond to Tier 1 instruction she received Tier 2 instruction which included small group instruction with no more than two students, three times a week with a certified teacher. After 8 weeks Sam was again assessed to determine response to Tier 2 interventions. However, Sam displayed inadequate response to Tier 2 interventions based on normative weekly estimates for weekly improvement. As a result Sam received an individualized and comprehensive evaluation that addressed all eligibility determination as specified in IDEA. After a review of all the information Sam was classified as Specific Learning Disabled.

Now that RTI has been discussed it is important to understand how school psychologists are involved in the process of RTI, thus the next discussion will clarify their role.

*RTI and School Psychologists*

Of all the professionals involved in the special education process school psychologists have the best training to understand and implement RTI, in part because the use of assessment data to address student needs in the RTI model is consistent with the evaluation and intervention approach frequently used by school psychologists (Burns & Coolong-Chaffin, 2006). Moreover, school psychologists are also among the best trained to evaluate empirically supported interventions which is a component of RTI.
According to Burns and Coolong-Chaffin (2006), school psychologists can contribute during RTI in the following ways. During Tier 1 interventions school psychologists can conduct teacher consultations regarding instructional methods, identify curricula and reading programs that adhere to National Research Council Recommendations and also consult with administrators regarding assessment methods for measuring student progress. School psychologists can assist during Tier 2 interventions by conducting assessments to determine the specific area of deficit so that targeted intervention can occur, they can facilitate problem solving sessions to help determine appropriate interventions and are a great resource when it comes to developing interventions. Consequently if a school district adopts a RTI approach to identification of learning disabilities, school psychologists become critical in the decision making process and have crucial roles in team decision making when using a RTI model (Cantor, 2006).

*What is the role of the school psychologist in determining if a child is eligible for special education?*

Special education law clearly outlines that school psychologists are to be involved in decisions to classify children through completion of psychological evaluations and participation in eligibility determination. According to N.J.A.C 6A: 14 -3.6 “School psychologists as members of the Child Study Team shall participate in the evaluation of students who may need special education programs and shall participate in the determination of eligibility of students for special education program and services”. Yet, conducting evaluations is not the only way in which school psychologists contribute
to the eligibility process. While they do spend a significant portion of their time
gathering valuable assessment data, they also influence the process by being assigned to
leadership roles as part of the IEP team (NASP,2006) and by providing psychoeducation
to parents and teachers about various mental health issues and normative child
development all of which helps to inform1 decisions. In addition, school psychologists
work as part of the education system and help guide the problem solving process through
their work with pre-referral committees as well as through discussions with teachers,
administrators and community providers. Overall, school psychologists’ role during the
determination of special education eligibility is multifaceted.

**Why is important to assess school psychologists’ roles in eligibility decisions?**

School psychologists’ decisions about special education eligibility affect not only
the academic functioning of the child but also the social emotional well being of the
child. Moreover, whether or not a child is found eligible for special education can also
affect the functioning of the classroom, teacher feelings of competence as well as the
relationship between the IEP team and general education teachers. Consequently,
understanding and examining school psychologists’ decisions to classify students is vital
to the functioning of both the child of concern as well as the school community as a
whole.

It is also noteworthy to mention that School psychologists time is dominated by
assessment activities (completing comprehensive psychoeducational evaluations and
other assessments to determine students needs) and functions related to determining
eligibility for special education (Curtis et al, 2008; Watson, Pearson & Crosby, 2001). Research has found that school psychologists spend a significant amount of their professional time engaged in professional activities such as psychological evaluations, as part of the eligibility process for special education (Bramlett, 2002). In a survey of NASP school psychologists in the 2004-2005 school year standardized psychoeducational assessment was one of the top five continuing professional development subject areas (Curtis et al, 2008). Given that School psychologists spend the greatest portion of their time as part of the eligibility process, how can we not investigate their decision making process to ensure that they are engaging in an objective and accurate process?

Now, that the process of determining special education eligibility has been outlined the next step is to look at the potential source of bias that can affect eligibility decisions. In this investigation it will be determined if the referral source, socioeconomic status and race of the child impinges on school psychologists’ decision. These specific factors will be examined because prior research has been mixed in its findings regarding the biasing affect of these factors.

*Bias in decision making – the potential source*

The Individuals with Disabilities Improvement Act of 2004 requires the use of the multidisciplinary teams to deter bias in decision making and placement. However bias in special education continues to be a topic of concern and discussion. In fact research (Merrel & Shinn, 1990) has found that the eligibility process is not an objective process
and suggests that “while multidisciplinary teams use the school district eligibility procedures as guidelines, teams are allowed to make a final determination of eligibility based on clinical judgment that contained subjective, imprecise elements” (p.77). In addition, the aforementioned study indicates that special education classification decisions are often “idiopathic and subjective in nature rather than being based on objective data” (p.76).

There are many potentially biasing factors that may influence eligibility decisions, including the knowledge of who refer the child for consideration, the race of the child, or the socio-economic status of the child. The first variable that will be discussed as a potential source of bias is the referral source or the individual who refers the child for special education eligibility.

The referral process

A special education referral is the initial step towards potentially receiving special education and has been identified as a key element in the process of eligibility.

A referral is a written request for a comprehensive child study team evaluation and is the document which starts the process of potentially receiving special education. Any student who needs, or is believed to need, special education or related services may be referred by “instructional, administrative and other professional staff of the local school district, parents and state agencies, including the New Jersey Department of Education and agencies concerned with the welfare of student according to N.J.A.C. 6A:14 – 3.3.
Research studies have suggested that referrals for special education determine who receives special education services because once students are referred there is a good chance they will be classified (Merrel & Shinn, 1990). Shepard and Smith (1983) found that as many as three out of four students referred for psychoeducational assessments were identified as in need of special education services. Given the implications of being referred it is important to examine who is referring the student and most often that is the general education teacher.

*Teachers as the referral source*

Teachers are the most frequent referral sources for a Child Study team evaluation. As indicated by Gerber and Semmel (1984) “teachers are invaluable members of the school and are found to be the “most common referring agents” (p. 159). What’s more, a referral from a teacher is significant because “no other staff member is more identified or professionally linked to a student than a child’s teacher” (Knotek, 2003, p.7).

Knotek’s (2003) study of teacher referrals highlights the influence of the referring teacher during the initial nature and scope meeting (the meeting which determines whether or not a CST evaluation will take place). Knotek (2003) found that during the initial meeting the referring teacher placed the locus of the problem with the student as opposed to discussing or identifying other factors that could be affecting the student’s classroom performance (e.g. classroom environment, teacher style, teaching skills). In addition the teacher “set the tone in the referral forum and established the “focus of the meeting” (p.7). The second relevant finding of this study is that the teacher’s
presentation of the student’s problem influenced other child study team members during the meeting such that “other team members participated in supporting the teacher’s perspective of the problem and also constructed interpretations of the student’s weakness that were similar with the teacher’s initial concerns” (p. 8). This study underscores the power of a teacher referral and the idiosyncratic and subjective nature of the eligibility process.

Research has found that teachers are sometimes biased. Elhoweris, Mutua, Alsheikh, and Holloway (2005) evaluated teachers’ decisions to make referral and recommendations for a Gifted and Talented program. Findings revealed that a “child’s ethnicity did make a difference for the teachers’ referral decisions” (p.28) such that teachers were more likely to refer a student with an “unspecified ethnicity” than compared to a student who was identified as African American. However, when teachers were deciding who to place in the gifted and talent program teachers’ decisions about placement recommendations were not a function of the child’s ethnicity. In this study teachers’ decisions about which students to refer were biased, yet they made unprejudiced decisions when deciding whom to place in the gifted and talented programs. Accordingly, these findings provide support for examination of the teacher referral as a source of bias.

Mamlin and Harris (1998) also found that teachers’ referral decisions were biased. They conducted a qualitative study exploring teachers’ reasons for referring students in a large school district (Mamlin & Harris, 1998). The study found that objective variables are not always utilized when teachers make referrals for special education. In this study teachers had three primary reasons for referring student. Teachers referred students who
were perceived as having extreme social behavior problems that were expected to continue to occur; students who had a history of problems in the home that were exacerbating the child’s difficulty in the school setting and students perceived to need substantial changes in their educational program and substantial services. Study results clearly indicate that the teacher’s preconceptions regarding a child’s ability was the factor steering the referral, not objective data. Additional support for examination of the referral source as a potential source of data is found with the next study of New York City teachers.

Soodak and Podell (1993) conducted a study with 240 regular education New York teachers and offered understanding of how the socio economic status (SES) of a child can influence a teacher’s decision to refer. Teachers read one of several versions of a case study describing a third grade student who was experiencing academic difficulties. The information was identical with the exception of the suggested etiology of the student’s difficulties (medical, environmental, unspecified) and the SES of the child’s family (low or high SES). The authors examined the interaction between teachers’ self efficacy and the SES of the student and found that teachers with low personal efficacy were more likely to refer a student with low SES than a student with high SES and academic problems. The authors concluded that teachers’ feelings of effectiveness affected whether or not they would refer a poor student. Again, the evidence of unrelated variables affecting referral decisions is evident in this investigation. The next study is particularly significant as it examines the effect of a teacher referral compared to that of a parent referral.
In Gottlieb (1991) the difference between outcomes for a child when referred either by a parent or a teacher was examined. In this study, the actual school records of students referred for a Child Study Team evaluation were evaluated. The records were for students from Grades 1 through 8, attending an urban school system known to be predominantly middle class. The records contained multiple sources of data including the reason for referral form that teachers had to complete when referring a student for a Child Study Team evaluation. Results indicated that if referred by a parent a student had a higher chance (70%) of being found ineligible for special education than if referred by his/her teacher. Findings denote that teacher referrals also resulted in a higher likelihood of the child being classified. Significant effects were found with respect to ethnicity and its influence on teacher referral. Teachers were found to refer fewer White students than Black or Hispanic students. Lastly, the authors also concluded that black children were more likely to receive a more severe classification category, more specifically, “Black children were more than three times as likely as white or Hispanic children to be labeled as emotionally disturbed” (p. 166). The findings of Gottlieb (1991) are of particular interest because the outcome reflects the result of actual school records. One final study reflecting teacher bias will be reviewed.

In Tournaki (2003), 384 general education elementary and middle school teachers from New York City read a case study describing a fourth grade student and were asked to rate their degree of agreement in placing a hypothetical child in a special education class and to predict levels of both social and academic success. There were 32 versions of the case study and four characteristics of the student was varied (gender, reading achievement, attentiveness and social behavior. The author designed the study to
“determine the effect of the learning disabilities label as opposed to a more generalized term such as learning difficulties” (p.312). Not surprisingly, study results revealed greater success was predicted for attentive students than inattentive students. More importantly, teachers predicted higher success for a student if they were reading two years below grade level but were not labeled, than for the group of students who was reading two years below grade level and were identified as learning disabled. Overall, the findings indicate that being labeled learning disabled made a difference in terms of predications of academic success and denote that teachers demonstrate gender bias and use irrelevant information (classification labels) when making decisions and predictions about academic success.

*Teachers have been found to be reliable predictors of students with disabilities*

In contrast to the previously described studies, some investigations have found support for teachers as unbiased referral sources. Mehan, Meihls, Hertweck and Crowdes, (1981) found that the most basic reason for most referrals was “honest and genuine concern for the student’s welfare on the teachers’ part and was not a reflection of teachers’ bias.

Gresham and MacMillan. (1997) conducted a study that yielded findings consistent with Mehan et al’s (1981) conclusion. They found that teachers did not discriminate against minority groups in the referral process and made appropriate referrals. Findings indicate that regular education teachers refer students who demonstrate academic problems as well as social and problem difficulties that are indicative of serious problems. Overall, teachers were determined to execute appropriate
judgments and referrals. It is important to note that the study had a sample size of 240, which indicates that there was adequate power to detect a significant result, therefore these findings appear to be noteworthy. Additional support for teachers as a reliable referral source is demonstrated in the next study.

Bahr, Fuchs, Stecker and Fuchs (1991) conducted an investigation which explored the interaction between teachers and actual groups of students identified by their teachers as difficult-to-teach (DTT) and as “at risk” for special education referral. In this study each teacher nominated his/ her most difficult to teach student who was at risk for referral and special education placement. Dependent measures were (a) background information on the DTT student; (b) teacher verbal descriptions of the DTT student, (c) teacher ratings of student behavior and academic progress (d) student reading achievement, and (e) observed classroom behavior. Findings from this study indicate that both Black and White teachers rated Black students more appropriate for referral to special education. However the authors also noted that teachers’ referral for Black students may have been appropriate due to the Black students' poorer academic achievement (Black students’ scores on the achievement tests were significantly lower than their White counterparts). The findings of this study underscore the complexity of identifying bias in teachers’ decisions to refer and how they can appear to be biased.
Why Study Race and its effect on special education eligibility decisions?

Understanding the impact of race in decisions to classify is relevant because disproportionate representation of minority students in special education classes has been recognized and documented since 1968 (Wright & Wright, 2007). According to Harry and Anderson (1995) disproportionate representations indicates that the “minority group is represented in such programs in a greater percentage than their percentage in the school population as a whole” (p.602).

In 1975, Congress found that poor African American children were overrepresented in special education (Wright & Wright, 2007) and according to the Department of Education Black students have been overrepresented in the category of emotionally disturbed and mental retardation since 1974 (Sullivan et al, 2009). “More recent research studies have revealed that in the 1998-1999 school year, African American children represented just 14.8 percent of the population aged 6 through 21, but comprised 20.2 percent of all children with disabilities” (p.15).

Research data also indicate that Black students are not only more at risk for special education identification but also are at greater risk for being placed in restrictive placements and for having disciplinary consequences (Sullivan et al. 2009). Long term consequences of placement in Special education programs have also been identified including Black students are less likely to exit special education, make fewer academic gains (Blanchett, 2006) and in regards to disciplinary action, Black students are referred for more subjective and less serious offenses than compared to White peers (Skiba, 2001). Also, according to Sullivan, Kozleski and Smith (2008) culturally or linguistically diverse students (CLD) students are generally less likely to spend the
majority of their time in general education and are more likely to be served in separate schools (Sullivan, Kozleski, & Smith, 2008).

However, as alluded to earlier, simple percentages may appear biased when other variables are not controlled, such as when teachers referred more Black than White students, but the Black students’ test scores were lower. Similarly, disproportionately in special education is a complex matter and “the actual proportions and causes of the apparent disproportionately are not understood” (Oswald, Coutinho, Best & Nirbhay, 1999, p. 195). Nonetheless, the existing research indicates a need to further understand if there is racial bias in special education decision making.

*The effects of race on decision making*

There is a lack of research to refute the claim that school psychologists are affected by racial bias in their professional decision making. Therefore the following section will focus on research into racial bias in decision making with other professionals to foster further understanding about this topic.

Andrews, Wisniewski and Mulick (1997) conducted a study that examined factors that influenced a teacher’s decision to refer students suspected of having a developmental or behavioral disorder for special education services. The investigators examined actual referrals for children suspecting of having either severe behavior problems or developmental problems during the 1992-1993 school year in a large urban school district in Ohio. The children were referred to determine eligibility for Developmental handicap (DH) or severe behavior handicap (SBH). The findings were significant with respect to
disproportionate referral of African American children; “African American children were referred at a proportionally higher rate than Caucasian children for the possibility of having a developmental handicap DH (Developmental Handicap) services” (p. 242). The authors noted that findings are consistent with previous research which indicates that “African American students are more likely to be classified as mild mental retardation than being classified with a specific learning disability” (p.243). Also, analyses revealed that for the severe behavior handicap group, boys were more likely to be referred than girls. These findings thus confirm that for this sample, minority students are more likely to receive a more severe classification label than compared to Caucasian American students and that gender bias exist in teacher referrals. Decision making in psychiatry will be examined next to assess the presence of bias.

Evidence suggests that race/ ethnicity maybe a factor in clinical decision making in psychiatry (Kilgus, Pumariega & Cuffe, 1995; Loring & Powel, 1988). The following studies have found that minority individuals received differential levels of psychiatric treatment compared to the majority population.

Kilgus, Pumariega and Cuffe (1995) conducted an examination of adolescent psychiatric diagnosis on an inpatient hospital setting for an entire calendar year. Their findings revealed that when gender, type of admission and comorbid diagnoses were taken into account African Americans were more likely to be placed in more restrictive treatments (involuntarily committed) at the time of admission and African American adolescents were more frequently diagnosed with an organic or psychotic disorder. White adolescents were more likely to receive a mood / anxiety diagnosis which is considered a less severe diagnosis. However, there are significant limitations (noted by
the authors) to this study that should be mentioned. First, socioeconomic data were not available on study participants therefore the authors were not able to control for the effect of socioeconomic status on the findings. This is a significant limitation because socioeconomic factors are associated with psychiatric illness and since SES was not controlled the findings are not as valuable or indicative of racial bias. Overall, the findings of this study contribute to the discussion regarding bias in clinical decision making but should be interpreted with caution. The next investigation while examining the affect of the client’s race as well as the influence of the clinician’s ethnicity on diagnostic outcomes.

Loring and Powell (1988) assessed the influence of the psychiatrists’ race on diagnostic decisions and produced interesting findings. Results found that psychiatrists were inclined to diagnosis the least severe diagnosis when examining a case that described a patient who was congruent with their own race and sex. Findings further signified that when psychiatrists were given case studies of White and Black patients “black males were most likely to be diagnosed by each type of psychiatrist as having a paranoid schizophrenic disorder (which is the diagnosis of greater severity)” (p.14). Overall, “Clinicians in this study appear to ascribe violence, suspiciousness, and dangerousness to Black clients even though the case studies are the same as the case studies for the White clients” (p.18).

Not all research supports the conclusion that race inappropriately influences decisions as indicated by the next two investigations.
In a study that examined cultural and ethnic influences in autism and pervasive developmental disorders the question of whether or not clinical decisions varies as a function of race, socioeconomic status, or a combination of the variables was examined (Cuccaro, Wright, Rownd & Abramson, 1996). In this study, participants (school-based speech-language pathologists, school psychologist and physicians who listed child psychiatry as an area of practice) reviewed vignettes that varied in terms of ethnicity of the child and the description of the socio economic status of the family. Results from this study found no significant differences in ratings noted as a function of race / ethnicity. Professional perceptions of “developmental difficulties suggestive of autism or ADHD did not appear to be influenced by the group membership of the child” (p. 468). However, the findings were significant for socio economic status (SES) as differences were noted as a function of the family’s SES. That is, higher SES was associated with greater likelihood of diagnosis of an Autistic Disorder.

Additionally, Hosp and Reschly (2002) found that minority students are placed in special education programs via an objective process. Hosp and Reschly (2002) examined variables that other studies have shown to be related to bias in decisions to place students in restrictive special education placements. Investigators did not wish to only identify statistical difference but also sought to identify the magnitude of difference. Findings reveal a complex situation. More specifically, no significant interactions were noted with regard to demographic variables and race. African American students and Caucasian students were found to have received similar patterns of restrictiveness of placements and similar variables were used to make decisions regarding placement. Thus, indicating that the process of determining eligibility for special education services is
similar for both African American and Caucasian students and is not a result of racial discrimination.

*Why should we study SES as a biasing factor in decision making?*

Oswald, Coutinho, Best and Singh (1999) conducted an investigation which found that socioeconomic factors impact special education placements. The authors examined the extent to which economic, demographic, and educational variables at the district level are associated with disproportionate identification of ethnic groups in special education in the categories of seriously emotional disturbed (SED) and mild mental retardation (MMR). By examining the effect of the school district’s SES on disproportionate representation the authors were able to identify the manner in which SES contributes to minority representation in certain special education categories. Results indicate that “in high poverty communities there was very little difference between the SED rate for non-African American students (0.7%) and the rate for African American students (above 0.9%) however in communities with virtually no poverty, a non-African American student had a less than 0.9% chance of being identified as SED, whereas the African American student’s chances were more than 1.7%” (p. 200). It appears that as level of poverty increased more African American students were identified as MMR and fewer African American students were identified as SED. Disproportionate representation of African American students in the SED classification was worst in the wealthiest communities. The authors concluded that “the wealthiest communities are more intolerant of behavioral diversity of African American students” (p. 203). These study findings reveal the complex nature of the influence of socioeconomic status on the
special education eligibility. The next study is one of the few investigations which have examined the affect of SES and included school psychologists as participants.

The effect of cultural variables and disadvantage on school psychologists’, child psychiatrists’ and speech pathologists’ diagnostic decisions was investigated (Cuccaro et al., 1996). This study examined the influence of socioeconomic variables on clinicians’ perceptions of children with characteristics of autism and Attention Deficit Hyperactivity Disorder (ADHD). The authors sought to determine if clinicians’ decisions varied as a function of race, ethnicity, SES or a combination of these factors. In order to study the effect of the aforementioned variables participants were asked to review a vignette of a child who was strongly described as being either a child with autism or ADHD. The vignettes differed in terms of the ethnicity of the child and the socioeconomic status of the child’s family. There were no significant findings as a function of the race of the child. However, the findings were significant for a between group effect for the function of SES, suggesting that SES of the child’s family influenced the clinician’s diagnostic decision making. Results indicate that a child from a family of higher SES was more likely to receive a diagnosis of autism. The authors concluded that with low SES families there are more biopsychosocial variables that may account for the child’s behavioral problems which therefore make professionals less likely to conclude that a diagnosis of Autism is the more appropriate diagnosis (Curraco et al., 1996). Whereas in a high SES family there are less biopsychosocial variables that may account for the child’s difficulties and as a result the professionals were more likely to give a diagnosis of Autism (Curraco et al., 1996).
Consistent with the findings of Curraco et al. (1996), Franklin and Grossman also demonstrated that SES inappropriately influences professional decision making. In Franklin and Grossman (1990) speech language pathologists were given a questionnaire about a hypothetical student. Two variables were manipulated the child’s SES and the sex of the child. The parental occupations were varied to indicate SES of the family. Findings revealed that participants did not demonstrate bias when making decisions about the severity of the speech delay, decisions regarding placement or when making decisions related to learning disabilities. However, it was found that children of low SES were more likely to be considered for alternative home or classroom intervention strategies as compared to high SES students. More specifically respondents indicated that “an assessment of the home environment is necessary for low SES children, but it is not needed for high SES children;” (p.86). Also some form of parent training was recommended for low SES families but not for high SES families. Taken together these study results are an example of how preconceived notions about low SES families impact the decisions of professionals.

Additional evidence for the influence of SES on decision making can be found in a study examining child maltreatment reported by i.e., Hansen et al., (1997). This particular study examined factors that may affect the identification or reporting of child maltreatment. The study participants were a sample of licensed psychologists and certified master’s level social workers in Nebraska. Participants examined a hypothetical case vignette and were asked to rate the vignette in terms of “the severity of the potential maltreatment situation, suspiciousness that maltreatment is occurring and the likelihood of reporting maltreatment “(p. 316). The vignette varied in terms of race of the child,
age of the child and socioeconomic status of the neighborhood where the child lived (middle or low class neighborhood). The investigators obtained significant findings relating to the influence of the SES of the child’s family. Results indicate that the “sexual abuse vignettes indicating low socioeconomic status received higher suspicion and reporting ratings than vignettes indicating middle socioeconomic status” (p.321). That is, after reviewing a vignette of a child living in a lower SES neighborhood, the subject rated a greater likelihood of reporting abuse and a higher suspicion that the child was being abused (Hansen et al., 1997) than compared to cases in which the children were living in a middle income neighborhood.

Lastly, a study examining the interaction effect of SES on teacher perceptions will be discussed. Auwarter and Aruguette (2008) found that after reviewing vignettes of hypothetical students, teachers were found to have lower expectations of students from low SES families. In this study all information was held constant with the exception of the gender of the child and the SES of the family. However “teachers rated hypothetical students in the low-SES scenarios as having less promising futures than did identical students portrayed as having high SES” (Auwarter & Aruguette, 2008, p.245). Gender was also found to affect teacher expectations but only as part of an interaction with SES. That is “high –SES boys were rated more favorably than low-SES boys. However, the opposite was true for girls, who were rated more favorably if they had low SES than if they had high SES” (p. 245).

Taken as a whole the reviewed research studies regarding the effect of SES indicates that professionals make negative judgments about students when they are from lower income families which affects their decision making.
Conclusion

As previously noted empirical studies on school psychologists’ decision-making practices are lacking. However research into the decision making practices of other professionals has demonstrated that race, socioeconomic status and referral influence professionals’ decision making. Thus investigation of this area of school psychology decision making is warranted. Hence the purpose of this study is to investigate school psychologists’ decision making practices in regard to eligibility decisions in special education and examine whether the race of the child, the socioeconomic status of the child and the referral source, or their interactions affect school psychologists’ judgments and decisions. The specific hypotheses for this study are as follows:

1. School psychologists are expected to be more likely to classify the child if they were of African American ethnicity than if they were of Caucasian background.

2. School Psychologists are expected to be more likely to classify the child if they were from a low SES background than a middle SES background.

3. School psychologists are expected to be more likely to classify the child if they were referred by a teacher than if they were referred by a parent.

4. There will be in interaction effect for the pairing of the African American student, from a low SES background and the teacher referral to result in the most decisions to classify the child.
CHAPTER III

METHODS

Participants

Potential study participants were recruited from the New Jersey Association of School Psychologists (NJASP), New York Association of School Psychologists (NYASP), Connecticut Association of School Psychologists, Maryland Association of School Psychologists (MASP), Pennsylvania Association of School Psychologists (ASPP) and the Delaware Association of School Psychologists. Potential participants received either an email message that contained a request to participate in the research study or viewed a recruitment message that had been posted on the respective associations’ website. The researcher did not obtain any email addresses and the aforementioned organizations were responsible for distributing the survey to potential subjects.

A power analysis was conducted to determine the number of participants needed in this study. To achieve power of .80 and a medium sized effect, a sample size of 112 was required to detect the critical F-value.

Of those who received the survey, 142 participants started and completed the entire survey, 55 started the survey and submitted at least one “page” of survey questions
and 9 individuals went to the informed consent page and, although consenting to participate, did not start the survey. In addition, due to low response rate participants were also identified through the use of the Snowball sampling technique, such that all school psychologists known to the researcher received the email recruitment message. Included in the snowball sampling email message was a request for participants to forward the email message to any school psychologists they know. All potential participants were sent an email reminder approximately two weeks after the initial request in order to increase the response rate.

Data collection method

All data were collected online. Participants completed an online survey designed by the researcher. The web based research program, Psychdata was utilized to distribute the survey and collect the data.

Design

The design of this study is a 2 (referral source, parent or teacher) X 2 (socio economic status of the child SES, middle or low income) X 2 (race of the child, African American or Caucasian) factorial analysis. School psychologists who consented to participate were randomly assigned to a level of referral source (parent or teacher referral), a level of socio economic status (middle or low SES), and a level of the race of the child (African American or Caucasian).
**Independent and dependent variables**

There are three independent variables: (a) source of referral (parent versus teacher) (b) socioeconomic status (low versus middle SES) and (c) race of the child (African American or Caucasian). The primary dependent variable is the classification decision: Would they classify the student as eligible for special education services. In addition, confidence and difficulty ratings were examined.

**The survey instrument**

The survey instrument was designed by the researcher. The survey consisted of two sections. The first section contained a two-page hypothetical vignette of a child potentially eligible for Special Education and Related Services followed by a set of questions about the hypothetical case. The second section of the survey consisted of questions designed to elicit demographic and other participant information. All questions on the survey were voluntary response questions, such that participants were not required to respond to any of the questions, which is an option is most on-line survey software.

The core vignette was constructed based on the researcher’s professional experience working as part of a Child Study Team in New Jersey. The hypothetical vignette referenced a fifth grade student who had been evaluated by a child study team. The vignette contained the following information: background information derived from a parent interview, test behavior observations, a classroom observation, teacher interview, response to intervention (RTI) data, standardized test scores, review of prior academic performance and test results from the Wechsler Intelligence Scale for Children- fourth
edition (WISC-IV), Woodcock Johnson Tests of Achievement - third edition (WJ-III) and scores from the Behavior Assessment System for Children - second edition - teacher report form (BASC-2). The WISC-IV, WJ-III and the BASC-2 were utilized as they are consistently used assessment measures by school psychologists and are highly reliable.

Once the core vignette had been developed, eight versions were created that represented the 8 cells of the 2 (referral source) x 2 (SES: middle or low income) x 2 (race of the child: African American or Caucasian) design. This information was varied systematically, and all other aspects of the vignettes were identical across the eight versions.

The questions following the vignette asked the participant to indicate if the child is classifiable and to identify how confident they are in their decision on an 11-point rating scale. Participants were asked to identify the type of classification they would give the child. Participants were also asked to identify the most influential piece of data that helped them arrive at their decision from the following list: background information, test behavior observations, classroom observation, teacher interview, Response to Intervention data, standardized test scores, and test results. Finally, participants were asked to rate the difficulty of the eligibility decision on a 10-point rating scale (see Appendix B for the survey).

The second section of the survey is composed of a set of questions designed to acquire demographic information and respondent characteristics including the following: Gender, ethnicity, highest degree attained in school psychology, indication of certification as a Nationally Certified School Psychologist, number of years practicing,
level of school at which they practice (elementary middle, high school), type of school district (urban, suburban, rural); number of children on whom they conduct initial evaluations per month, indication of status as a current child study team member, percentage of children classified after receiving an initial evaluation and the state in which they practice (see appendix B to review the survey).

*Instrument development*

In order to ensure construct validity the survey was pilot tested on two separate occasions. The goal of piloting the survey was to ensure that the survey was easy to understand, that the questions were appropriate, information provided was adequate to allow participants to arrive at a decision, and to determine the amount of time needed to complete the instrument. Moreover the survey was pilot-tested to ensure that the case described in the hypothetical vignette was ambiguous enough such that the decision was difficult and it was unclear as to whether or not the school psychologist should classify the child.

The instrument was first pilot tested with six graduate students who were enrolled in the School Psychology program at the Graduate School of Professional Psychology, Rutgers, The State University of New Jersey. In addition a psychology instructor who had been practicing as a school psychologist for seven years also completed the survey. Six of the respondents were female and one respondent was male. For the six graduate students, years of practice ranged from practicum experience only to three years of practice as a certified school psychologist.
Of the total seven respondents three responded ‘yes’ they would classify the student and four indicated they would not classify the student. The respondents’ ratings of confidence about their decisions ranged from 7-10 on a 11-point scale. The respondents’ rating of difficulty regarding the decision ranged from 1-7 on a 10-point scale. Respondents reported that they practiced in either a suburban or urban school district. All respondents completed the survey in less than 20 minutes.

*Initial pilot session feedback*

During the pilot feedback session three respondents conveyed that it was a clear-cut decision not to classify the hypothetical student. In addition, three respondents requested more information including, specific Response-to-Intervention (RTI) data, more medical information, standardized test scores, and actual grades. One respondent requested a work sample, student interview, and a record review of previous academic performance and a description of what is meant by “variable” in the vignette’s description of the RTI interventions. Another respondent noted they would like additional information to rule out a communication disorder. Additional comments from a respondent indicated that they wanted the information to include a neuropsychological evaluation, a speech evaluation, and a social-emotional assessment. One respondent also noted that it was difficult to make a decision without seeing the child.

Based on the feedback from the initial pilot, the researcher made adjustments to the survey. The vignette was changed to include additional RTI data, standardized test scores, actual grades and results of a record review of prior academic performance.
Additional information regarding evaluations (speech evaluation, neuropsychological, social assessment) was not added as this would have substantially lengthened the survey and the subsequent time to complete it.

Second pilot test session for survey

The survey was pilot tested for a second time with five practicing New Jersey certified school psychologists. Years of practice ranged from five months to five years. Of the five respondents, three indicated that they would classify the child and two indicated that they would not classify the child. Respondents’ confidence ratings ranged from 4-10 on a 10-point scale. Respondents’ difficulty ratings regarding the decision ranged from 4 - 8 on a 10- point scale. Feedback comments indicated that respondents wanted more “clear” information regarding RTI data and more information regarding the students’ perception of his difficulties and more details about various interventions.

Based on the feedback from the second piloting session it was concluded that the survey contained adequate data such that respondents were able to arrive at a decision. Moreover, additional evaluation information was not added as it was felt that more data would add to the length of time to complete the survey, which would likely decrease the response rate. Therefore, after the second pilot session the survey was judged as adequate.
Recruitment message

All potential participants were sent an email request to take part in the research survey or viewed a web message on their state school psychologists’ association website.

The recruitment message consisted of (a) an invitation to participate in the survey, (b) notification that the survey is part of a dissertation research study, (c) notification that participants have the option to be entered into a random drawing to receive a $50 gift certificate to Barnes and Noble, and (d) the link to the survey so that respondents would be able to go directly to the informed consent page and begin the survey (see Appendix A for the actual recruitment message).

Procedures

The email message web link directed participants to the Informed Consent Page (see appendix B). The informed consent page described the survey, the purpose and reason of the study, contained a statement indicating minimal risk, described the benefits, indicated that the survey was anonymous and the approximate length of time that participation would take (15-25 minutes). Those who chose to participate clicked a button that indicated that they had read the information describing the study and that they agreed to participate. Once respondents agreed to complete the survey they were immediately taken to the first page of the survey. Each participant was randomly assigned to one of the eight hypothetical vignettes (see Appendix C). At the end of the survey participants were asked if they wanted to provide their email address so they could be entered into a random drawing for a $50 gift certificate (see Appendix D). Participants were also able to receive a summary of results by providing their email address.
CHAPTER IV

RESULTS

Demographic characteristics

The final sample consisted of 158 school psychologists from New Jersey, New York, Pennsylvania, Connecticut, Maryland, Delaware, South Carolina and Michigan. Of the 141 reporting their gender, 78.7% were women, and 21.3% were men. The sample consisted largely of Caucasian school psychologists (93.5%), and 6.5% identified as members of other ethnic groups (African American, Latino or Hispanic and Asian).

Credentials and Experience

Almost a third of the sample (32.4%) was credentialed as a Nationally Certified School Psychologist (NCSP). About half of the participants (50.4%) had a Masters degree (Master of Arts, Master of Education, Master of Science, or Master of Psychology), followed by 36.7% with a Doctoral degree (Doctor of Education, Doctor of Psychology or Doctor of Philosophy), and 12.9% with an Education Specialist degree.

Of the 140 participants responding to the question, 118 indicated they were currently a member of a Child Study Team. Participants reported an average of 11.18
years of experience as a practicing school psychologist (sd = 9.92 years), though reported experience ranged from 0 to 39 years.

*Practice setting characteristics*

One hundred thirty-seven participants responded to the questions regarding level of school and type of district in which they were practicing. Of those responding, the majority (64%) reported practicing at the elementary school level, followed by 17.5% practicing at the middle school level and 16.1% practicing at the high school level. In regard to type of district, 65% reported practicing in a suburban district, followed by 21.2% practicing in an urban district and 13.9% practicing in a rural district.

The approximate number of initial evaluations completed monthly by participants was measured. Of the 127 people answering this question, the mean response was 4 (sd = 4.5). Responses ranged from 0 to 30 initial evaluations completed monthly. Participants were also asked to report the approximate percentage of children classified after their initial evaluation. Answers ranged from 0 to 100% of those evaluated are classified after an initial evaluation. (see Figure 1). It is important to note that the one participant who indicated that 0% of students were classified after receiving an initial evaluation was not a currently practicing school psychologist.
Responses to questions about the hypothetical case

Of the 149 participants who indicated whether they believed the child was eligible to receive special education services, 82 (55%) responded yes, they would classify the student and 45% responded no, they would not classify the student. If participants decided to classify the student, 93.2% indicated that they would classify the student as Specific Learning Disabled, 4.5% would classify as Other Health Impaired, 1.1% reported that they would classify as visually impaired and 1.1% stated they would classify the hypothetical student with Autism. The piece of data most frequently identified as influential in making the classification decision was test scores (WISC-IV and WJ-III scores), with 57% of respondents indicating that they used the test results to
make their decision, followed by 26.8% identifying Response to Intervention data (RTI) as the most influential piece of data (see Table 1). Other data identified as influential included, background information (4.9%), teacher interview (4.2%), classroom observation (3.5%) BASC-2 scores (1.4%), reason for referral (1.4%) and test behavior (0.7%).

Confidence ratings

Participants were asked to rate their confidence in their decision about whether to classify the student on a 11-point scale, 0 (not at all confident) to 10 (absolutely confident). The mean confidence rating was 7.1. See Figure 2 for the frequency distribution of confidence ratings for the study sample.

Difficulty ratings

Participants were also asked to rate the difficulty level of the classification decision using a 10-point scale, 1 (not at all difficult) – 10 (extremely difficult). The mean difficulty rating was 5.2. See Figure 3 for the frequency distribution of difficulty ratings for the sample.
Table 1

*Frequency count and percentage for the most influential piece of information*

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most influential piece of information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test scores (WISC IV, WJ-III)</td>
<td>81</td>
<td>57.0</td>
</tr>
<tr>
<td>Response to Intervention</td>
<td>38</td>
<td>26.8</td>
</tr>
<tr>
<td>Background information</td>
<td>7</td>
<td>4.9</td>
</tr>
<tr>
<td>Teacher interview</td>
<td>6</td>
<td>4.2</td>
</tr>
<tr>
<td>Classroom observation</td>
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<td>3.5</td>
</tr>
<tr>
<td>Reason for referral</td>
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<td>1.4</td>
</tr>
<tr>
<td>BASC-2 scores</td>
<td>2</td>
<td>1.4</td>
</tr>
<tr>
<td>Test behaviors</td>
<td>1</td>
<td>0.7</td>
</tr>
</tbody>
</table>
Participant response issues

On both the confidence question and the difficulty question multiple responses were provided by a few participants. Two participants provided more than one response on the difficulty question, such that there were two ratings of difficulty for one question. Resolving this issue was accomplished differently for each participant. For the participant who marked two difficulty ratings next to each other, the mean of the two ratings was used as their response. More specifically since the participant marked difficulty ratings of 7 and 8, 7.5 was used as the value for that participant. And for the participant who marked a difficulty rating of 1 and 9, no value was assigned.

For the question that required participants to rate their confidence in their decision, four subjects provided more than one rating. Resolving this issue was accomplished with the same method used for the difficulty ratings. For the two subjects who provided two consecutive ratings (4,5 and 8,9) the mean score was used. And for the two subjects who provided two confidence ratings with more than one score between the two scores (i.e., 3, 8 and 5, 8), no value was assigned.
Figure 2
Figure 3

Note: Not all n’s are equal as not every respondent provided answers to every question.
Statistical Analyses

Analyzing potential covariates

An alpha level of .05 was used to determine statistical significance for all tests. Correlation coefficients were computed between the potential covariates of participants’ gender, level of education and years of practice and the three primary dependent variables, to determine if these variables were potentially useful covariates in the analysis of the primary dependent variable, the decision to classify the hypothetical student, as well as the additional dependent variables of confidence and difficulty ratings. Results from the correlation analysis revealed the correlation between years of practice and difficulty ratings was significant, $r (135) = -.22$, $p < .001$, indicating that the more years of experience a participant had, the less difficult they perceived the decision to be.

Primary analyses

Effect of Race, SES, and Referral Source on the Decision to Classify

Several hypotheses were examined using Analysis of Variance (ANOVA). First, a 2x2x2 ANOVA was conducted to evaluate the effects of the race of the child, the socioeconomic status (SES) of the child and the referral source (parent versus teacher referral) on school psychologists’ classification decision. The three independent variables were the race of the child, the socioeconomic status of the child and the referral source. The dependent variable was the school psychologists’ decision regarding whether to classify the student. The means and standard deviations for classification
decisions as a function of the three factors are presented in Table 2. Neither the main effect for race nor referral source was significant (see Table 3 for F and p values). The effect for SES was marginally significant, $F(1,141) = 2.81$, $p = .096$, $\eta^2_p = .20$. There was a tendency for more participants to classify a low SES child ($M = 1.387$) than a middle SES child ($M = 1.529$). None of the interactions was significant. Overall the results of the 2x2x2 ANOVA did not support the hypotheses that the race of the child and the referral source would affect school psychologists’ decisions to classify a hypothetical student. Some support was provided for the hypothesis that the SES of the child would affect school psychologists’ decisions to classify.

Relation Between Level of Education and the Decision to Classify

A chi square analysis was conducted to assess if participants’ level of education (Masters degree, education specialist degree or doctoral degree) affects the decision to classify. The results of the test were nonsignificant, ($df=2$) 3.62, $p = .16$, which suggest that school psychologists’ classification decisions are not a function of their level of education.
Table 2

Means and Standard deviations for Classification as a function of race, SES and referral source

<table>
<thead>
<tr>
<th>Race</th>
<th>Referral</th>
<th>SES</th>
<th>Mean</th>
<th>SD</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA(^a)</td>
<td>Parent</td>
<td>Low SES</td>
<td>1.29</td>
<td>.47</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Middle SES</td>
<td>1.50</td>
<td>.52</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Teacher</td>
<td>Low SES</td>
<td>1.30</td>
<td>.47</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Middle SES</td>
<td>1.50</td>
<td>.51</td>
<td>16</td>
</tr>
<tr>
<td>Caucasian</td>
<td>Parent</td>
<td>Low SES</td>
<td>1.41</td>
<td>.50</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Middle SES</td>
<td>1.50</td>
<td>.51</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Teacher</td>
<td>Low SES</td>
<td>1.55</td>
<td>.51</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Middle SES</td>
<td>1.62</td>
<td>.51</td>
<td>13</td>
</tr>
</tbody>
</table>

Note. Classification decision was coded 1 = Yes and 2 = No.

\(^a\)AA = African American.
Table 3

Analysis of Variance for the Effect of Race, SES, and Referral Source on the Decision to Classify

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>1</td>
<td>0.49</td>
<td>1.96</td>
<td>0.164</td>
</tr>
<tr>
<td>Referral</td>
<td>1</td>
<td>0.15</td>
<td>0.59</td>
<td>0.446</td>
</tr>
<tr>
<td>SES</td>
<td>1</td>
<td>0.70</td>
<td>2.81</td>
<td>0.096</td>
</tr>
<tr>
<td>Race X Referral</td>
<td>1</td>
<td>0.13</td>
<td>0.53</td>
<td>0.467</td>
</tr>
<tr>
<td>Race X SES</td>
<td>1</td>
<td>0.13</td>
<td>0.52</td>
<td>0.474</td>
</tr>
<tr>
<td>Referral X SES</td>
<td>1</td>
<td>0.002</td>
<td>0.007</td>
<td>0.933</td>
</tr>
<tr>
<td>Race X Ref. X SES</td>
<td>1</td>
<td>0.001</td>
<td>0.002</td>
<td>0.961</td>
</tr>
<tr>
<td>Error</td>
<td>141</td>
<td>0.25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Effects of Race, SES, and Referral Source on Confidence Ratings

A 2x2x2 ANOVA was conducted to evaluate the effects of the race of the child, the socioeconomic status of the child and the referral source on confidence, the participants’ level of confidence in their decision regarding whether the child is classifiable. The means and standard deviations for level of confidence as a function of the three factors are presented in Table 4. The ANOVA yielded no significant main effects for race, SES, or referral source (see Table 5 for the F and p values). The interaction between race and SES was marginally significant; \(F(1,139) = 3.30, p = .07, \eta_p^2 = .02\) and the three-way interaction between race, referral source, and SES was significant; \(F(1,139) = 5.92, p = .02, \eta_p^2 = .04\). The graphs in Figure 4 and 5 depict the interaction between race, referral source, and SES. The graphs indicate that when the child was of low SES, school psychologists expressed more confidence in their decision when the child was African-American and referred by a parent than when the child was Caucasian and referred by a parent or when referred by a teacher, regardless of race. The opposite was true for a child of middle SES. When the child was of middle SES, school psychologists expressed more confidence when a teacher referred the child (regardless of race) or when the child was Caucasian and referred by the parent.

The analysis was re-run controlling for difficulty ratings, and there was no change in which main effects for race, SES and referral source were significant. However, the two-way interaction between race and SES became significant; \(F(1,133) = 4.11, p = .05, \eta_p^2 = .03\) as well as the two-way interaction between referral source and SES, \(F(1,133) = 4.37, p = .04, \eta_p^2 = .03\). Figure 6 depicts the two-way interaction between referral source and SES, which demonstrates that participants indicated greater confidence about
decisions when a teacher referred a middle income child than when a parent referred a middle income child. The reverse is true for low SES children, in that participants rated greater confidence about decisions when parent referred a low income child than when the teacher referred a low income child.
Table 4

Means and Standard Deviations for Confidence as a function of Race, SES and Referral Source

<table>
<thead>
<tr>
<th>Race</th>
<th>Referral</th>
<th>SES</th>
<th>Mean</th>
<th>SD</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA(^a)</td>
<td>Parent</td>
<td>Low SES</td>
<td>7.94</td>
<td>1.71</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Middle SES</td>
<td>6.25</td>
<td>2.01</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Teacher</td>
<td>Low SES</td>
<td>6.89</td>
<td>1.73</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Middle SES</td>
<td>7.47</td>
<td>1.38</td>
<td>16</td>
</tr>
<tr>
<td>Caucasian</td>
<td>Parent</td>
<td>Low SES</td>
<td>6.62</td>
<td>1.30</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Middle SES</td>
<td>7.39</td>
<td>1.77</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Teacher</td>
<td>Low SES</td>
<td>7.09</td>
<td>1.98</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Middle SES</td>
<td>7.31</td>
<td>1.75</td>
<td>13</td>
</tr>
</tbody>
</table>

\(^a\)AA = African American
Table 5

Analysis of Variance for the Effects of Race, SES and Referral Source on Confidence Ratings

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>1</td>
<td>0.05</td>
<td>0.02</td>
<td>0.894</td>
</tr>
<tr>
<td>Referral</td>
<td>1</td>
<td>0.67</td>
<td>0.24</td>
<td>0.624</td>
</tr>
<tr>
<td>SES</td>
<td>1</td>
<td>0.04</td>
<td>0.01</td>
<td>0.911</td>
</tr>
<tr>
<td>Race X Ref.</td>
<td>1</td>
<td>0.11</td>
<td>0.04</td>
<td>0.847</td>
</tr>
<tr>
<td>Race X SES</td>
<td>1</td>
<td>9.56</td>
<td>3.30</td>
<td>0.071</td>
</tr>
<tr>
<td>Ref. X SES</td>
<td>1</td>
<td>6.32</td>
<td>2.18</td>
<td>0.142</td>
</tr>
<tr>
<td>Race X Ref X SES</td>
<td>1</td>
<td>17.15</td>
<td>5.92*</td>
<td>0.016</td>
</tr>
<tr>
<td>Error</td>
<td>139</td>
<td>2.90</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p< .05
Estimated Marginal Means of confidence

Low SES

Referral

Parent

Teacher

Race

African American
Caucasian

Figure 4
Figure 5
Figure 6
**Effect of Race, SES, and Referral Source on Difficulty Ratings**

A 2x2x2 ANOVA was conducted to evaluate the effects of the race of the child, the socioeconomic status of the child and the referral source on participants’ ratings of the *difficulty* of the classification decision. The three independent variables are the race, SES of the child and the referral source. The means and standard deviations for level of difficulty as a function of the three factors are presented in Table 6. The ANOVA yielded no significant main effects for race, SES, or referral source and no significant two-way interactions (see Table 7 for the F and p values). However, the three-way interaction between race, referral source and SES was marginally significant, $F (1,137) = 2.89$, $p=.09$, $\eta^2_p = .02$.

When the analysis was re-run controlling for levels of confidence, the main effect for race became significant; $F (1,133) = 4.04$, $p = .05$, $\eta^2_p = .03$. Participants rated the case with the African American student as more difficult ($M = 5.44$, $SD = 2.18$) than the case with the Caucasian student ($M= 4.9$, $SD = 2.42$).

The analysis was also re-run controlling for years of practice. The results of the analysis indicate a significant effect for years of practice, $F (1, 128) = 6.36$, $p=.013$, $\eta^2_p = .05$, such that the more years one has practiced, the lower their difficulty ratings. As in the analysis without any covariates, only the 3-way interaction was significant. None of the main effects for race, SES or referral source were significant (see table 8). A significant three-way interaction was noted between race, referral source, and SES; $F (1,128) =3.83$, $p=.052$, $\eta^2_p = .03$. Figure 7 and 8 illustrate the interaction between race, referral source and SES when controlling for years of practice. When a teacher referred
the child, school psychologists reported less difficulty for a Caucasian child of low SES. But when a parent referred the child, they reported less difficulty for an African-American child of middle SES.
Table 6

*Means and Standard deviations for difficulty as a function of race, SES and referral source*

<table>
<thead>
<tr>
<th>Race</th>
<th>Referral</th>
<th>SES</th>
<th>Mean</th>
<th>SD</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Parent</td>
<td>Low SES</td>
<td>4.97</td>
<td>2.24</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Middle SES</td>
<td>6.00</td>
<td>1.76</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Teacher</td>
<td>Low SES</td>
<td>5.39</td>
<td>2.39</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Middle SES</td>
<td>5.50</td>
<td>1.90</td>
<td>16</td>
</tr>
<tr>
<td>Caucasian</td>
<td>Parent</td>
<td>Low SES</td>
<td>5.34</td>
<td>2.19</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Middle SES</td>
<td>4.80</td>
<td>2.35</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Teacher</td>
<td>Low SES</td>
<td>4.24</td>
<td>2.07</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Middle SES</td>
<td>5.15</td>
<td>2.41</td>
<td>13</td>
</tr>
</tbody>
</table>

\(^a\)AA = African American
Table 7

Analysis of Variance for the Effects of Race, SES and Referral Source on Difficulty ratings

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>1</td>
<td>9.44</td>
<td>1.97</td>
<td>0.162</td>
</tr>
<tr>
<td>Referral</td>
<td>1</td>
<td>2.31</td>
<td>0.48</td>
<td>0.488</td>
</tr>
<tr>
<td>SES</td>
<td>1</td>
<td>3.83</td>
<td>0.80</td>
<td>0.373</td>
</tr>
<tr>
<td>Race X Referral</td>
<td>1</td>
<td>1.51</td>
<td>0.32</td>
<td>0.575</td>
</tr>
<tr>
<td>Race X SES</td>
<td>1</td>
<td>2.05</td>
<td>0.43</td>
<td>0.514</td>
</tr>
<tr>
<td>Referral X SES</td>
<td>1</td>
<td>1.20</td>
<td>0.25</td>
<td>0.617</td>
</tr>
<tr>
<td>Race X Ref X SES</td>
<td>1</td>
<td>13.81</td>
<td>2.89</td>
<td>0.092</td>
</tr>
<tr>
<td>Error</td>
<td>137</td>
<td>4.78</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 8

Analysis of Variance for the Effects of Race, SES and Referral Source on Difficulty ratings, controlling for years of practice

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years-of-practice</td>
<td>1</td>
<td>29.72</td>
<td>6.39</td>
<td>0.013</td>
</tr>
<tr>
<td>Race</td>
<td>1</td>
<td>0.81</td>
<td>0.17</td>
<td>0.678</td>
</tr>
<tr>
<td>Referral</td>
<td>1</td>
<td>1.35</td>
<td>0.29</td>
<td>0.591</td>
</tr>
<tr>
<td>SES</td>
<td>1</td>
<td>4.57</td>
<td>0.98</td>
<td>0.324</td>
</tr>
<tr>
<td>Race X Referral</td>
<td>1</td>
<td>2.36</td>
<td>0.51</td>
<td>0.478</td>
</tr>
<tr>
<td>Race X SES</td>
<td>1</td>
<td>1.97</td>
<td>0.42</td>
<td>0.516</td>
</tr>
<tr>
<td>Referral X SES</td>
<td>1</td>
<td>0.14</td>
<td>0.03</td>
<td>0.865</td>
</tr>
<tr>
<td>Race X Ref. X SES</td>
<td>1</td>
<td>17.85</td>
<td>3.83</td>
<td>0.052</td>
</tr>
<tr>
<td>Error</td>
<td>128</td>
<td>4.66</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 7
Estimated Marginal Means of Difficulty

Parent referral

Figure 8
CHAPTER V

DISCUSSION

The primary purpose of this study was to determine if the following three factors, the race of the child, the socioeconomic status of the child and the referral source (parent or teacher referral) had a biasing effect on school psychologists’ decision to classify a child eligible for special education and related services. The secondary purpose of this research was to determine if those three factors affect a school psychologists’ confidence regarding their eligibility decisions or their perception of the difficulty of the eligibility decision. An additional goal of this investigation was to examine the relationship between school psychologists’ level of education and decisions to classify.

Major findings of the study

Surprisingly, the study no evidence that race, socioeconomic status, or referral source affect school psychologists’ decisions regarding Special Education eligibility, with the possible exception of SES. The original hypothesis was not supported for this sample, a finding which is consistent with Heubner (1990), who determined that school psychologists utilize an objective process to make recommendations for special education. However it is important to remember that the socioeconomic status of the child had a marginally significant effect on school psychologists’ decisions to classify the
student, such that more participants indicated they thought the lower SES child, rather than the middle SES child, was eligible for special education services. This provides partial support for the hypothesis that school psychologists’ decision making is affected by the socioeconomic status of the child. A few thoughts come to mind when considering the marginally significant effect of socioeconomic status on school psychologists’ decisions to classify children. One, this result is in accordance with previous research, including Cuccuro et al. (1996), which found that the socioeconomic status of the child’s family influenced clinician’s diagnostic decision making. Two, this finding appears to suggest that school psychologists have assumptions about the educational needs of children from differing economic backgrounds that can affect decisions made during the eligibility process. In part, this is expected because lower socioeconomic status is associated with less exposure to educationally enriching activities. However, this provides all the more reason for school psychologists to be aware of their beliefs about students from different economic backgrounds and subsequently ensure that unrelated factors do not inappropriately influence outcomes of eligibility decisions.

Also, while the original hypothesis that race and referral source affect eligibility decisions was not supported, results did reveal that this sample of school psychologists disagreed about the eligibility of the hypothetical student. That is, 55% of the school psychologists stated they would classify the student and 45% stated no, they would not classify the student. This finding is noteworthy and underscores the lack of a consistent model used to make eligibility decisions across school districts including the differential use of Response to Intervention and the various discrepancy models used to identify
students eligible as Specific Learning Disabled. What is more, this particular result exemplifies the fact that there continues to be disagreement among school psychologists about the type of profile and factors that constitute the need for special education.

Several other important findings emerged from this study. First, the socioeconomic status, the child’s race, and the referral source interacted to affect school psychologists’ confidence. In particular, when a child of low SES is being evaluated, school psychologists were more confident in their decisions if the child was African American and referred by a parent than when the child was Caucasian and referred by a parent or when referred by a teacher, regardless of race. The opposite was observed when the child was of a middle SES background. When the child was from a middle SES background, school psychologists indicated more confidence when a teacher referred the child (regardless of race) or when the child was Caucasian and referred by a parent. This finding corroborates prior research that has found that socioeconomic in conjunction with other factors affects how professionals make special education decisions (Soodak & Podell, 1993). As such, this result suggests that race, the socioeconomic status and referral source have different levels of influence on decisions and it is the combination of these factors that has a biasing affect on confidence. Because teacher referrals resulted in more confidence, at least for middle SES children, this finding suggests that school psychologists agree with Greshman (1997), which suggested that teachers make appropriate special education referrals. However, caution should be taken, as research also found that teacher’ referrals for special education can be biased and are not solely dependent on the educational needs of the child (Soodak & Podell, 1993). What’s more, the results indicate that school psychologist vary in their level of confidence and at times
make decisions under uncertainty, consistent with research literature regarding school psychologists decision making processes (Fagley, 1988).

Particularly noteworthy was the finding that school psychologists’ ratings of difficulty regarding the eligibility decision were associated with the race of the child, when differences in confidence had been controlled. That is, after taking into account levels of confidence, decisions about African American students were perceived to be more difficult than decisions about Caucasian students. One explanation for this finding is that because the majority of the participants were Caucasian they were less comfortable making decisions about students from a culture different from their own because they maybe less familiar with the culture of an African American student. This finding primarily suggests that there is a shortage in school psychologists knowledge of different cultures. However, this finding also denotes that school psychologists would benefit from improved cultural self awareness or understanding the effect of their own thoughts and beliefs about students from other cultures as this will help them make better decisions as part of the school system that is predominantly European American (Bylund, 2009).

Results also revealed that when controlling for years of practice, an interaction between the race of the child, the socioeconomic status of the child, and the referral source affected school psychologists’ difficulty ratings. More specifically, decisions about students who are parent-referred, were rated as more difficult, with decisions about a middle income, African American child being rated the most difficult. The least difficult parent-referred case was the low SES, African-American child. However the least difficult overall was the teacher-referred, low SES, Caucasian child. These findings
are important for many reasons. First, they clarify the types of cases and associated factors that contribute to difficulty in decision making for school psychologists. Second, the results indicate a need for an increase in both knowledge and awareness of the factors that make decisions more challenging for school psychologists, particularly since previous research (Aspel et al, 1998) indicates that school psychologists are not consistently aware of the factors that influence their decisions. Subsequently, this research could be used to start a discussion about the types of cases that cause school psychologists to question their decisions. As well, and most importantly, it could be speculated that when a decision is more difficult, school psychologists are more subject to the influence of bias and making errors or incorrect judgments, which once again implies that school psychologists need to be more aware of the factors that influence eligibility decisions.

No support was found for a significant relationship between level of education and school psychologists’ decisions. However, the sample size may not have yielded sufficient power for this to be considered definitive. Thus, revealing that masters’ level, specialist level and doctoral level school psychologists make eligibility decisions that do not significantly differ.

Despite the lack of support for the original hypothesis, the factors studied in this investigation serve as a starting point for a dialogue regarding school psychologists’ decision making practices in special education and the factors that affect these very important decisions.
How do the findings shed light on issues in the field?

Unfortunately, there are few investigations which have examined school psychologists decision making practices in terms of classification decisions, even though school psychologists are frequently responsible for making eligibility decisions that have far reaching consequences for children and their families. Therefore, this study adds to the limited understanding of the factors that influence special education eligibly decisions and demonstrates that school psychologists can be objective decision makers. In addition, this study demonstrates that school psychologists making decisions about special education eligibility are sensitive to biasing factors and consider these factors when deciding about special education placement. Additionally, study findings illustrate the complexity of eligibility decisions and indicate that there should be additional examination of the existence of biasing factors. Moreover, based on the results of this study there is support for the inception of a dialogue in school psychology training programs and school psychology forums about the difficulty and complexity of the special education eligibility process as it is clear that school psychologists often struggle with these decisions.

Limitations

Several limitations of this study will be discussed. First, this was not a real case which results in a couple issues. One, it may be difficult to generalize the findings to real life as this was a hypothetical case and is absent the context of everyday school life that affect personal judgments about eligibility decisions (i.e. dynamics of the IEP team, district financial constraints). As such, study responses reflect what school psychologists
would do given the parameters of this particular hypothetical case and may not reflect their actual decisions if this had been a real case in their district. Thus, the findings are limited to the variables identified in the hypothetical case and the outcome may be dissimilar with a different type of case or a different set of circumstances. Overall, the use of vignette methodology is an indirect way of examining special education decision making and may miss some of the nuances that would result in subjective decision making, such the actual interpersonal connection inherent in talking with the child and the child’s physical appearance and manner.

In addition, an important limitation that must be mentioned occurred as a result of the use of the snowball sampling technique. Because a snowball sampling technique was used to obtain participants it is possible that the sample is not representative of all school psychologists which may also limit the generalizability of the findings.

Conclusion and future directions

The shortage of research examining the decision making practices of school psychologists in special education eligibility decisions is troublesome, given that “the role of a school psychologist is traditionally defined by assessment for the purpose of intervention and special education placement “ (Bylund, 2009, p.18). For that reason, the findings from the present study are valuable and underscore the importance of opening the discussion amongst school psychologists about the difficulty of making special education eligibility decisions and suggest a need to utilize a decision making model or a systematic problem-solving strategy to contribute to unbiased outcomes when decisions are complicated and challenging (Jacob & Hawthorne, 2003).
What is more, this investigation serves as support for continued research into the identification of strategies that will allow school psychologists to improve decision making ability, increase confidence and decrease the difficulty of this process. A larger body of research into the area of school psychologists’ decision making could be used to guide graduate training program curriculums, lead to the development of effective interventions in decision making and decrease the use of assumptions to guide decisions.

In addition, as often discussed and emphasized in my graduate training the goal of understanding the affect of race and the culture of others as well as one’s own cultural beliefs and perceptions can not be overlooked. Cultural awareness will allow for better decisions and contribute to fair and impartial judgements.

Overall, school psychology research needs to focus on development of training models that will allow school psychologists to become aware of possible biases in decision making and discuss the challenges that school psychologists are constantly faced with, so that this matter can be discussed, addressed and ameliorated.
REFERENCES


Brief report: professional perceptions of children with developmental difficulties:


The status of school psychology: Demographic characteristics, employment
conditions, professional practices, and continuing professional development.

Education: A Synthesis and Recommendations. *Journal of Child and Family Studies*, 9, 135-156,

on psychiatric diagnosis of hospitalized adolescents: a retrospective chart review.
*Journal of Child and Adolescent Psychopharmacology*, 11, 95-103.


Mamlin, N & Harris, K. (1998). Elementary Teachers’ Referral to Special Education in Light of Inclusion and Pre-referral: “Every Child is Here to Learn….But some of These Children are in Real Trouble. *Journal of Educational Psychology,* 90, 385- 396.


APPENDIX A

Dear School Psychologist,

I am asking for your help in completing my dissertation research study, which seeks to provide information on school psychologists’ decision making.

Participation involves completing a survey on-line which should take about 15-25 minutes. In addition, you may also elect to enter a random drawing to win a $50 gift card to Barnes & Noble.

To participate and learn more about the purpose and procedures of the study, please cut and paste the following link into your web browser:

https://www.psychdata.com/s.asp?SID=129034

My survey is titled: "School Psychologist Survey"

I am also asking that you forward this request to any school psychologists that you know so they may also participate.

Thank you for your time and help. Your participation is greatly appreciated!

Sincerely,

Mikaela Bachoe, Psy.M.
School Psychology Doctoral Candidate
Rutgers University
Graduate School of Applied and Professional Psychology
152 Frelinghuysen Road
Piscataway, New Jersey 08854

mbachoe@msn.com
APPENDIX B

School Psychologist Survey

_School Psychologists’ Decision Making Survey_

Dear School Psychologist,
You are invited to take part in a survey. This survey is part of a research dissertation project being conducted by Mikaela Bachoe, Psy.M, doctoral candidate at the Graduate School of Applied and Professional Psychology at Rutgers, The State University of New Jersey. The research project is being supervised by Dr. Nancy Fagley who is a faculty professor at the Graduate School of Applied and Professional Psychology, at Rutgers University.

**Purpose of the study:** The survey will examine the decision making practices of School Psychologists and will allow research into the process followed by School Psychologists for determining whether a child is eligible for special education services. The survey will allow for continued research into the area of decision making and School Psychology.

**Approximate length of time to participate in survey:** The survey is estimated to take 15-25 minutes to complete.

**Study procedures:** Participants will be asked to read a two page vignette and respond to five questions about the vignette. Participants will also be asked to respond to 10 questions regarding demographic information. Participation in this study is strictly anonymous and voluntary. All responses are treated as confidential, and in no case will responses from individual participants be identified. The study involves no more than minimal risk to participants (i.e. the level of risk encountered in daily life). In addition, study participants may elect to provide their email address so that they can be entered into a random drawing for a $50 gift card to Barnes & Nobles. Survey responses will be separated immediately from contact information so that your responses can remain anonymous. Drawings will occur randomly after data collection has concluded. Participants may withdraw at anytime during the procedure without withdrawing from the drawing. Participants may also request to receive a summary of the results of this investigation. Thank you in advance for your help with this study, it is very much appreciated.

If study participants have further questions about this study they may contact the principal investigator, Mikaela Bachoe at mbachoe@msn.com or mail correspondents to Mikaela Bachoe at the Graduate School of Applied and Professional Psychology, Rutgers University, 152 Frelinghuysen Road, Piscataway, New Jersey 08854. Participants may also contact the Faculty Advisory, Dr. Nancy Fagley at fagley@rci.rutgers.edu or 732-445-2000, x. 123.
Correspondents may also be mailed to Dr. Nancy Fagley at the Graduate School of
Applied and Professional Psychology, Rutgers University. 152 Frelinghuysen Road,
Piscataway, New Jersey 08854.

If you have any questions about rights as a research subject, you may contact the IRB
Administrator at Rutgers University at: Rutgers University Institutional Review Board for
the Protection of Human Subjects
Office of Research and Sponsored Programs
3 Rutgers Plaza
New Brunswick, NJ 08901 – 8559
Tel: 732-932-0150 x 2104: Email: humansubjects@orsp.rutgers.edu

1) I have read the information describing the study and I agree to participate in this survey

    Select: Yes____
    No _____
APPENDIX C

School Psychologist Survey

Please review the following hypothetical case of a student referred to the Child Study Team. After you have reviewed the case information, additional data and technical information please respond to the questions that follow. Thank you

The Case of John Williams

Name: John Williams
CA: 10-5
Current Placement: Your school
Grade: 5th

Reason for Referral:
John is being evaluated by the Child Study Team at the request of his mother, Ms. Smith. Ms. Smith requested a CST evaluation because she is concerned about John’s poor academic performance and school difficulties. She is seeking a Child Study Team evaluation to clarify John’s academic needs and abilities and determine if he requires special education services.

BACKGROUND INFORMATION:
John is a 10-year-old African American male who resides with his mother and four year old brother in a lower income neighborhood. John’s parents are not married. John’s biological father resides in a neighboring town. John is reported to get along with his mother and younger brother. His mother further stated that John sometimes has fights with his younger brother but described their interactions as "typical sibling rivalry". According to Ms. Smith, John has limited involvement with his father (John Williams). In regard to parental educational attainment both of John’s parents completed high school and his mother completed some college courses. John’s mother is employed as a nursing assistant at a nursing home. John’s father is currently seeking employment. John has been enrolled in his current school placement since the beginning of the 5th grade; prior to his current placement he attended an elementary school in a neighboring district for two years. (John moved schools due to his mother moving to a different residence.)

Record Review:
NJ ASK scores 4th grade: Language Arts, 210 (proficient); Math 199 (partially proficient)

5th grade report card (First marking period): Math, D; Reading, C-; Language Arts, D-; Spelling B; Pennmanship, C; Social Studies B-; Science, B-

4th grade report card: Math D; Reading C-; Language Arts D; Spelling C-; Pennmanship C-; Social Studies C; Science D; Writing C
According to report card grades from first through third grades John’s academic progress was mostly satisfactory, although teachers report that he frequently needed support and was approaching standards for Reading.

**Test Behavior Observations:**
This evaluation was conducted over two sessions on two different days, each lasting approximately 60 minutes. John is a 10 year-old male who looks smaller than his stated age. John maintained limited eye contact and conversation throughout testing; mainly speaking when asked direct questions. He displayed suitable verbal skills for his age although at times he was hard to understand as he spoke in a low voice and tended to mumble his words, however when asked to speak louder he was easier to understand. His activity level varied throughout testing, particularly towards the end of the session. He was periodically distracted during testing but was able to refocus on tasks with examiner intervention. John often required encouragement on several of the more difficult tasks, particularly during administration of the Woodcock Johnson III subtests and towards the end of testing sessions. He was somewhat concerned with failures and frequently asked about the correctness of his answers. This evaluation is a reliable and valid estimate of John’s current intellectual abilities and academic attainment.

**Classroom observation**
John was observed during his 5th grade Language Arts lesson that was conducted in a regular education classroom setting with one regular education teacher and 15 students (9 female and 6 male students) and lasted 40 minutes. During the observation the students were assigned to take part in small group activities that involved reading and writing activities. John was observed while working in a group with the teacher and four additional students (3 female, 1 male). During the lesson John was prompted two times. His focus to various tasks was comparable to that of his classmates and he followed directions given by the teacher. He raised his hand five times and provided three correct responses. When it was John’s turn to read he was observed to skip lines and was instructed to reread sentences. He responded appropriately to teacher redirection and was later observed to complete the writing assignment (writing sentences about characters in the book). John transitioned to the second classroom assignment without disruption. During the second assignment, John completed independent seat work and was observed to display some off-task behaviors including staring out the window and talking with another student. John independently completed the assignment which involved writing ten vocabulary definitions. John was able to write seven out of 10 vocabulary definitions correctly and without assistance. It was noted that John made some grammatical inaccuracies on this assignment. Throughout the observation, John was observed to respond suitably to interactions with other students.
Teacher interview:
An interview was conducted with John’s language arts / homeroom teacher, Ms. Walker. Ms. Walker described John as an enjoyable and sociable student who periodically displays problematic behaviors (staring off, talking with other students, poor assignment completion). Her main concern is that his weak comprehension has adverse impact on all subjects. His oral learningability seems to be his strength. John participates voluntarily in class when he is sure of himself. She reports that John’s Math and Reading ability vary depending on his willingness to engage in the task. For the most part John’s teacher noted that he participates during class activities and responds appropriately to redirection when needed. He demonstrates average study skills and varied ability on tests and assessments. John does not consistently complete homework assignments. John tends to do better with worksheets than on longer assignments such as story writing. He also is reported to have messy handwriting.

In regard to activity level, John is reported to display a suitable activity level for his age; has the ability to concentrate on tasks but sometimes can seem restless. She further stated that John has appropriately developed social skills and has developed appropriate peer relationships. Overall, teachers report that John is a nice student who can seem unsure of himself. John is noted to perform better with individual instruction compared to large group instruction.

Response to Intervention:
To address John’s difficulties RTI strategies were implemented in the middle of the first marking period of the current academic year. RTI interventions included evidence-based teaching strategies in the regular education setting and frequent measuring of his progress to determine if these strategies were effective. RTI interventions consisted of specific instruction modifications designed to address his needs. RTI interventions were evaluated at the end of first marking period and during the fourth week in the second marking period. John did not respond to the initial RTI interventions so an additional intervention was implemented; however, the intervention seemed to produce little improvement.

Medical Background:
John’s medical history is unremarkable and there are no psychiatric diagnoses. Reviews of the most recent medical documents (as reviewed by the school nurse) indicate that John does not have any medical problems and hearing and vision ability are normal. Vaccinations are up to date. Ms. Smith reported no maternal health problems, and denied use of alcohol, cigarettes and drugs while pregnant. John was born via full term pregnancy and weighed 6lbs 3 ounces at birth. Ms. Smith reported that milestones including motor, language and toileting development were attained within normal limits. John is reported to have been an easy baby to soothe and was constantly “on the move” as a baby.

Social functioning:
John is reported to get along best with same age peers, has no difficulties with initiating play or maintaining peer relationships. John has mostly male friends and sometimes engages in fights. John enjoys video games and sports including baseball and football.
# TECHNICAL INFORMATION

Wechsler Intelligence Scale for Children – Fourth Edition (WISC-IV)

## Composite Scores Summary

<table>
<thead>
<tr>
<th>Scale</th>
<th>Composite Score</th>
<th>Percentile Rank</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal Comprehension (VCI)</td>
<td>99</td>
<td>47</td>
<td>92-106</td>
</tr>
<tr>
<td>Perceptual Reasoning (PRI)</td>
<td>90</td>
<td>25</td>
<td>83-98</td>
</tr>
<tr>
<td>Working Memory (WMI)</td>
<td>94</td>
<td>34</td>
<td>87-102</td>
</tr>
<tr>
<td>Processing Speed (PSI)</td>
<td>88</td>
<td>21</td>
<td>80-98</td>
</tr>
<tr>
<td>Full Scale (FSIQ)</td>
<td>91</td>
<td>27</td>
<td>86-96</td>
</tr>
</tbody>
</table>

## Verbal Comprehension Subtest Scores Summary

<table>
<thead>
<tr>
<th>Subtests</th>
<th>Scaled Score</th>
<th>Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Similarities</td>
<td>8</td>
<td>25</td>
</tr>
<tr>
<td>Vocabulary</td>
<td>13</td>
<td>84</td>
</tr>
<tr>
<td>Comprehension</td>
<td>9</td>
<td>37</td>
</tr>
</tbody>
</table>

## Perceptual Reasoning Subtest Scores Summary

<table>
<thead>
<tr>
<th>Subtests</th>
<th>Scaled Score</th>
<th>Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block Design</td>
<td>9</td>
<td>37</td>
</tr>
<tr>
<td>Picture Concepts</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Matrix Reasoning</td>
<td>9</td>
<td>37</td>
</tr>
</tbody>
</table>

## Working Memory Subtest Scores Summary

<table>
<thead>
<tr>
<th>Subtests</th>
<th>Scaled Score</th>
<th>Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digit Span</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Letter-Number Sequencing</td>
<td>12</td>
<td>75</td>
</tr>
</tbody>
</table>

## Processing Speed Subtest Scores Summary

<table>
<thead>
<tr>
<th>Subtests</th>
<th>Scaled Score</th>
<th>Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coding</td>
<td>8</td>
<td>25</td>
</tr>
<tr>
<td>Symbol Search</td>
<td>8</td>
<td>25</td>
</tr>
</tbody>
</table>
**TABLE OF SCORES: Woodcock-Johnson III Tests of Achievement**

<table>
<thead>
<tr>
<th>Cluster</th>
<th>GE</th>
<th>Percentile</th>
<th>SS (95% Band)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broad Reading</td>
<td>3.0</td>
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<td>77</td>
</tr>
<tr>
<td>Broad Math</td>
<td>3.5</td>
<td>11</td>
<td>82</td>
</tr>
<tr>
<td>Broad Written Language</td>
<td>4.1</td>
<td>24</td>
<td>89</td>
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<tr>
<td>Basic Reading Skills</td>
<td>2.7</td>
<td>10</td>
<td>80</td>
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<tr>
<td>Reading Comprehension</td>
<td>3.2</td>
<td>15</td>
<td>85</td>
</tr>
<tr>
<td>Math Calculation Skills</td>
<td>4.1</td>
<td>19</td>
<td>87</td>
</tr>
<tr>
<td>Math Reasoning</td>
<td>3.2</td>
<td>10</td>
<td>81</td>
</tr>
<tr>
<td>Basic Writing Skills</td>
<td>3.5</td>
<td>17</td>
<td>86</td>
</tr>
<tr>
<td>Written Expression</td>
<td>5.6</td>
<td>48</td>
<td>99</td>
</tr>
<tr>
<td>Oral Expression</td>
<td>5.9</td>
<td>53</td>
<td>101</td>
</tr>
<tr>
<td>Listening Comp</td>
<td>4.9</td>
<td>42</td>
<td>97</td>
</tr>
</tbody>
</table>

**Form A of the following achievement tests was administered:**

<table>
<thead>
<tr>
<th>Test</th>
<th>GE</th>
<th>PR</th>
<th>SS (95% Band)</th>
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</thead>
<tbody>
<tr>
<td>Letter word identification</td>
<td>2.8</td>
<td>5</td>
<td>76</td>
</tr>
<tr>
<td>Reading Fluency</td>
<td>3.2</td>
<td>4</td>
<td>84</td>
</tr>
<tr>
<td>Story Recall</td>
<td>7.5</td>
<td>1</td>
<td>104</td>
</tr>
<tr>
<td>Understanding directions</td>
<td>4.6</td>
<td>4</td>
<td>96</td>
</tr>
<tr>
<td>Calculation</td>
<td>4.9</td>
<td>3</td>
<td>94</td>
</tr>
<tr>
<td>Math Fluency</td>
<td>2.6</td>
<td>5</td>
<td>75</td>
</tr>
<tr>
<td>Spelling</td>
<td>2.8</td>
<td>9</td>
<td>80</td>
</tr>
<tr>
<td>Writing Fluency</td>
<td>5.7</td>
<td>5</td>
<td>100</td>
</tr>
<tr>
<td>Passage Comprehension</td>
<td>2.9</td>
<td>1</td>
<td>83</td>
</tr>
<tr>
<td>Applied Problems</td>
<td>2.8</td>
<td>9</td>
<td>80</td>
</tr>
<tr>
<td>Writing Samples</td>
<td>5.1</td>
<td>4</td>
<td>97</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scale</th>
<th>T-Score</th>
<th>*T-score &gt; 60 indicate possible problem areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperactivity</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>Aggression</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>Conduct Problems</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>*Anxiety</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Somatization</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>*Atypicality</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>Withdrawal</td>
<td>44</td>
<td>** T-score &lt; 40 indicate possible problem areas</td>
</tr>
<tr>
<td>Attention problems</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>**Adaptability</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Social Skills</td>
<td>43</td>
<td></td>
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<tr>
<td>Leadership</td>
<td>51</td>
<td></td>
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<tr>
<td>Study Skills</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>**Functional Communication</td>
<td>38</td>
<td></td>
</tr>
</tbody>
</table>
Please respond to the following five questions regarding the case you have just reviewed.

2) Do you believe this child is classifiable to receive special education services?

___ Yes
___ No

3) How confident are you in your decision on a scale of 0 (not at all confident) -10 (Absolutely Confident) Pick you rating from the following list:

___ 0___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___

4) If you believe this child is classifiable, please indicate which classification from the following list would be most appropriate for the child. Please only pick one answer.

___ mental retardation
___ hearing impairments
___ speech or language impairments
___ visual impairment
___ serious emotional disturbance
___ orthopedic impairments
___ autism
___ traumatic brain injury
___ other health impairments
___ specific learning disabilities

5) Please identify the most influential piece of data that helped you arrive at your decision from the list provided below. (Please select one answer only)

___ Reason for referral
___ Background information
___ Test scores (WISC IV, WJ-III)
___ Test behaviors
___ Teacher interview
___ Response to interventions
___ BASC scores
___ Classroom observation

6) How difficult was the eligibility decision in this case on a scale of 1 (not at all difficult) - 10 (extremely difficult). Please select from the following list of ratings.

___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___
7) Is there any information you wish had been included? If so please indicate in the space provided below.

Please respond to the following demographic questions:

Demographic Information

8) Please identify your gender.

____ Male
____ Female

9) With which ethnicity group do you primarily identify?

____ Asian    ____ Black or African American    ____ White    ____ Latino/Hispanic

10) Please indicate your highest degree attained in School Psychology?

____ MA Master of Arts
____ M.Ed Master of Education
____ MS Master of Science
____ Psy.M Master of Psychology
____ Ed.S Education Specialist
____ Ed.D Doctor of Education
____ Psy.D Doctor of Psychology
____ Ph.D Doctor of Philosophy

11) Are you a Nationally Certified School Psychologist (NCSP)?

____ Yes
____ No

12) Please indicate the number of years you have spent as a practicing school psychologist. _________
13) Please indicate the level of school at which you primarily practice
   _____ Pre-k through Elementary _____ Middle _____ High School

14) Please indicate the type of school district in which you currently practice.
   _____ Urban _____ Suburban _____ Rural

15) Please indicate the state in which you practice:______________________

16) Please indicate the approximate number children on whom you conduct initial evaluations per month. _________________ # of assessments per month.

17) Do you currently serve as a Child Study Team member?
   _____ Yes _____ No

18) Of all the children receiving initial evaluations by your Child Study Team, approximately what percent are classified? ____________________% of those evaluated are classified.
APPENDIX D

If you would like to be entered into a random drawing for a $50 Barnes & Nobles gift card please provide your email address so that you can be contacted if you are the recipient of the gift card. This information will be separated immediately from your survey responses so that your responses can remain anonymous.

Please indicate if you wish to receive a summary of results of the survey.

_____ Yes, I would like to receive a summary of results

_____ No, I would not like a summary of the results

If you would like a summary of the results, please provide an email address in the space below. Your email address will be immediately separated from your survey responses so that your responses can remain anonymous.

Thank you again for your help and contribution to this research study.
APPENDIX E

[Random Stimulus Assignment 1]

The Case of John Williams
Name: John Williams
CA: 10-5
Current Placement: Your school
Grade: 5th

Reason for Referral:
John is being evaluated by the Child Study Team at the request of his mother, Ms. Smith. Ms. Smith requested a CST evaluation because she is concerned about John’s poor academic performance and school difficulties. She is seeking a Child Study Team evaluation to clarify John’s academic needs and abilities and determine if he requires special education services.

BACKGROUND INFORMATION:
John is a 10-year-old African American male who resides with his mother and four year old brother in a lower income neighborhood. John’s parents are not married. John’s biological father resides in a neighboring town. John is reported to get along with his mother and younger brother. His mother further stated that John sometimes has fights with his younger brother but described their interactions as "typical sibling rivalry". According to Ms. Smith, John has limited involvement with his father (John Williams). In regard to parental educational attainment both of John’s parents completed high school and his mother completed some college courses. John’s mother is employed as a nursing assistant at a nursing home. John’s father is currently seeking employment. John has been enrolled in his current school placement since the beginning of the 5th grade; prior to his current placement he attended an elementary school in a neighboring district for two years. (John moved schools due to his mother moving to a different residence).
[Random Stimulus Assignment 2]

The Case of John Williams
Name: John Williams
CA: 10-5
Current Placement: Your school
Grade: 5th

Reason for Referral:
John is being evaluated by the Child Study Team at the request of his mother, Ms. Smith. Ms. Smith requested a CST evaluation because she is concerned about John’s poor academic performance and school difficulties. She is seeking a Child Study Team evaluation to clarify John’s academic needs and abilities and determine if he requires special education services.

BACKGROUND INFORMATION:
John is a 10-year-old African American male who resides with his mother and four year old brother in a middle income neighborhood. John’s parents are not married. John’s biological father resides in a neighboring town. John is reported to get along with his mother and younger brother. His mother further stated that John sometimes has fights with his younger brother but described their interactions as "typical sibling rivalry". According to Ms. Smith, John has limited involvement with his father (John Williams). In regard to parental employment as a nursing assistant at a nursing home. John’s father is currently seeking employment. John has been enrolled in his current school placement since the beginning of the 5th grade; prior to his current placement he attended an elementary school in a neighboring district for two years. (John moved schools due to his mother moving to a different residence)
[Random Stimulus Assignment 3]

The Case of John Williams

Name: John Williams
CA: 10-5
Current Placement: Your school
Grade: 5th

Reason for Referral:
John is being evaluated by the Child Study Team at the request of his 5th grade teacher, Ms. Walker. Ms. Walker requested a CST evaluation because she is concerned about John’s poor academic performance and school difficulties. She is seeking a Child Study Team evaluation to clarify John’s academic needs and abilities and determine if he requires special education services.

Background Information:
John is a 10-year-old Caucasian male who resides with his mother (Ms Smith) and four year old brother in a low income neighborhood. John’s parents are not married. John’s biological father resides in a neighboring town. John is reported to get along with his mother and younger brother. His mother further stated that John sometimes has fights with his younger brother but described their interactions as "typical sibling rivalry". According to Ms. Smith, John has limited involvement with his father (John Williams). In regard to parental educational attainment both of John’s parents completed high school and his mother completed some college courses. John’s mother is employed as a nursing assistant at a nursing home. John’s father is currently seeking employment.

Educational History: John has been enrolled in his current school placement since the beginning of the 5th grade; prior to his current placement he attended an elementary school in a neighboring district for two years. (John moved schools due to his mother moving to a different residence.)
[Random Stimulus Assignment 4]

The Case of John Williams

Name: John Williams
CA: 10-5
Current Placement: Your school
Grade: 5th

Reason for Referral:
John is being evaluated by the Child Study Team at the request of his 5th grade teacher, Ms. Walker. Ms. Walker requested a CST evaluation because she is concerned about John’s poor academic performance and school difficulties. She is seeking a Child Study Team evaluation to clarify John’s academic needs and abilities and determine if he requires special education services.

Background Information:
John is a 10-year-old Caucasian male who resides with his mother (Ms. Smith) and four year old brother in a middle income neighborhood. John’s parents are not married. John’s biological father resides in a neighboring town. John gets along with his mother and younger brother. His mother further stated that John sometimes has fights with his younger brother but described their interactions as "typical sibling rivalry". According to Ms. Smith, John has limited involvement with his father (John Williams). In regard to parental educational attainment both of John’s parents completed high school and his mother completed some college courses. John’s mother is employed as a nursing assistant at a nursing home. John’s father is currently seeking employment. John has been enrolled in his current school placement since the beginning of the 5th grade; prior to his current placement he attended an elementary school in a neighboring district for two years. (John moved schools due to his mother moving to a different residence.)
[Random Stimulus Assignment 5]

The Case of John Williams
Name: John Williams
CA: 10-5
Current Placement: Your school
Grade: 5th

Reason for Referral:
John is being evaluated by the Child Study Team at the request of his mother, Ms. Smith. Ms. Smith requested a CST evaluation because she is concerned about John’s poor academic performance and school difficulties. She is seeking a Child Study Team evaluation to clarify John’s academic needs and abilities and determine if he requires special education services.

Background information:
John is a 10-year-old Caucasian male who resides with his mother and four year old brother in a low income neighborhood. John’s parents are not married. John’s biological father resides in a neighboring town. John gets along with his mother and younger brother. His mother further stated that John sometimes has fights with his younger brother but described their interactions as "typical sibling rivalry". According to Ms. Smith, John has limited involvement with his father (John Williams). In regard to parental educational attainment both of John’s parents completed high school and his mother completed some college courses. John’s mother is employed as a nursing assistant at a nursing home. John’s father is currently seeking employment. John has been enrolled in his current school placement since the beginning of the 5th grade; prior to his current placement he attended an elementary school in a neighboring district for two years. (John moved schools due to his mother moving to a different residence.)
[Random Stimulus Assignment 6]

The Case of John Williams

**Name:** John Williams  
**CA:** 10-5  
**Current Placement:** Your school  
**Grade:** 5th  

**Reason for Referral:**  
John is being evaluated by the Child Study Team at the request of his mother, Ms. Smith. Ms. Smith requested a CST evaluation because she is concerned about John’s poor academic performance and school difficulties. She is seeking a Child Study Team evaluation to clarify John’s academic needs and abilities and determine if he requires special services.

**Background Information:**  
John is a 10-year-old Caucasian male who resides with his mother and four year old brother in a middle income neighborhood. John’s parents are not married. John’s biological father resides in a neighboring town. John gets along with his mother and younger brother. His mother further stated that John sometimes has fights with his younger brother but described their interactions as "typical sibling rivalry". According to Ms. Smith, John has limited involvement with his father (John Williams). In regard to parental educational attainment both of John’s parents completed high school and his mother completed some college courses. John’s mother is employed as a nursing assistant at a nursing home. John’s father is currently seeking employment. John has been enrolled in his current school placement since the beginning of the 5th grade; prior to his current placement he attended an elementary school in a neighboring district for two years. (John moved schools due to his mother moving to a different residence)
[Random Stimulus Assignment 7]

The Case of John Williams
Name: John Williams
CA: 10-5
Current Placement: Your school
Grade: 5th

Reason for Referral:
John is being evaluated by the Child Study Team at the request of his 5th grade teacher, Ms. Walker. Ms. Walker requested a CST evaluation because she is concerned about John’s poor academic performance and school difficulties. She is seeking a Child Study Team evaluation to clarify John’s academic needs and abilities and determine if he requires special education services.

Background Information:
John is a 10-year-old African American male who resides with his mother (Ms. Smith) and four year old brother in a middle income neighborhood. John’s parents are not married. John’s biological father resides in a neighboring town. According to Ms. Smith, John has limited involvement with his father (John Williams). John gets along with his mother and younger brother. His mother further stated that John sometimes has fights with his younger brother but described their interactions as "typical sibling rivalry". In regard to educational attainment both of John’s parents completed high school and his mother completed some college courses. John’s mother is employed as a nursing assistant at a nursing home. John’s father is currently seeking employment. John has been enrolled in his current school placement since the beginning of the 5th grade; prior to his current placement he attended an elementary school in a neighboring district for two years. (John moved schools due to his mother moving to a different residence).
[Random Stimulus Assignment 8]

The Case of John Williams

Name: John Williams
CA: 10-5
Current Placement: Your school
Grade: 5th

Reason for Referral:
John is being evaluated by the Child Study Team at the request of his 5th grade teacher, Ms. Walker. Ms. Walker requested a CST evaluation because she is concerned about John’s poor academic performance and school difficulties. She is seeking a Child Study Team evaluation to clarify John’s academic needs and abilities and determine if he requires special education services.

Background Information:
John is a 10-year-old African American male who resides with his mother (Ms. Smith) four year old brother in a low income neighborhood. John’s parents are not married. John’s biological father resides in a neighboring town. According to Ms. Smith, John has limited involvement with his father (John Williams). John gets along with his mother and younger brother. His mother further stated that John sometimes has fights with his younger brother but described their interactions as "typical sibling rivalry". In regard to educational attainment both of John’s parents completed high school and his mother completed some college courses. John’s mother is employed as a nursing assistant at a nursing home. John’s father is currently seeking employment. John has been enrolled in his current school placement since the beginning of the 5th grade; prior to his current placement he attended an elementary school in a neighboring district for two years. (John moved schools due to his mother moving to a different residence.)