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The Effects of Prereferral Intervention

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THE EFFECTS OF PREREFERRAL INTERVENTION

by

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Chapter 1

INTRODUCTION

Educators continue to be challenged to provide a "free and appropriate education" to all students. This challenge is increased when educators address the educational needs of students who have learning or behavioral problems. "Meeting the educational needs of all students is becoming more difficult, because there has been a dramatic increase in the number of children and youth who are unable to learn adequately in the general education system" (Will, 1986, p. 413).

Historically, the education of students with disabilities has been the primary responsibility of special educators. The passage of P.L. 94-142 mandated that general educators and special educators work together in multidisciplinary teams. Though efforts to coordinate service delivery and programming were begun, only recently have educators intensified their efforts to share the responsibility of educating students with learning and behavioral problems (Nowacek, 1992).

The emphasis has been on special education services for students, rather than on systematic attempts to implement classroom or instructional interventions prior to referral to special education. At the present time, there is a strong emphasis for mainstream educators to increase their

responsibility for educating students who do not respond to traditional educational approaches (McCarney, 1988).

It is questionable whether special education can and should serve all students affected with learning and behavior problems under the direct services umbrella (Graden, Casey, & Christenson, 1985). Mainstream teachers struggle with the difficulties of educating these students in the classroom; additional skills and resources are needed to meet the needs of all the students in the classroom. The number of students with learning and behavioral problems in the mainstream classroom and the urgency of readdressing failure in the regular classroom is critical. Regular educators are concerned that many students who do not meet the eligibility requirements to receive special services are experiencing problems in the classroom. The number of students referred for assessments and possible placement in special education programs has increased dramatically.

Although special education has shouldered the primary responsibility for students with special needs, educational service delivery needs to be a shared responsibility of regular and special education teachers. Alternatives to traditional practices need to be explored, evaluated, and utilized.

Prereferral activities and intervention strategies are one, if not the most representative, trends in the increased role of regular education in serving students with learning and behavior problems. Prereferral intervention is designed to call early attention to student learning and behavior needs, to document the problems, conduct on-site adjustments in the mainstream classroom, and monitor student progress.

This review will focus on the need, the purpose, and the use of prereferral interventions. The Teacher Assistance Team (TAT) and

Consultation, two prereferral intervention models which may assist teachers with instructional strategies and management techniques to help students meet educational success, will be examined.

In this review, prereferral intervention is defined as a service delivery designed to assist the classroom teacher in providing needed classroom support, assistance, and instructional strategies to instruct and manage students with learning or behavior problems, thereby reducing the number of students referred for formal assessment and possible placement in special programs.

Chapter 2

THE REVIEW OF LITERATURE

Since the passage of P.L. 94-142, there has been a sharp increase in the number of students enrolled in special education. It is likely this increase partly reflects attempts by educators to ensure that students with disabilities receive an appropriate education. However, according to Fuchs (1987), there is a growing suspicion that too many students are being identified with disabilities and that this overidentification or misidentification exemplifies general education's failure to accommodate the heterogeneous nature of its mainstream population.

According to Will, (1986) 10% to 25% of the students in American classrooms experienced difficulty. About half of these are classified with disabilities under P.L. 94-142, The Education For All Handicapped Children Act of 1975. Other students who are experiencing difficulty are typically described as having poor work habits; social conduct, and behavior problems; low self-esteem; slow learning rates; poor motivation; language problems; or inefficient learning styles. Classroom teachers are expected to meet the needs of both the students with no disabilities and the students with learning and behavior problems. These statistics and student characteristics present challenges and problems for educators.

Historically, most teachers have responded to a student's academic and behavior problems in the classroom by referring them for special education assessments in the hope that they would qualify for services. This practice has resulted in an overreferral rate to special education of many students who do not meet the state or federal guidelines for special education eligibility. In addition, the ever-widening gap between regular education and special education has made it more difficult for students who are experiencing academic or behavioral problems to succeed in the classroom.

Classroom teachers who seek supportive assistance from special educators are concerned that many students do not meet the eligibility for special education services. Often when students are not eligible for special education, teachers are left without any useful suggestions and students do not receive alternative classroom interventions.

Research indicated 92% of all referrals for a comprehensive assessment result in formal testing and nearly three-quarters of those tested are placed in special education programs (Algozzine, Christenson, & Ysseldyke, 1982, cited in Carter & Sugai, 1989). Their research showed that 5% of the total school-aged population is being referred annually. With the high probability of special education placement, the number of special education students may be increasing faster than available services can accommodate them.

In the general population, the prevalence of learning disabilities is 2%, and yet in actual practice the placement rate is approximately 5%. Of the special education population who receive services, 40% of the students are diagnosed with learning disabilities. This represents a 140% increase

during the last decade (Gerber & Levine-Donnerstein, 1989, cited in Henry & Flynt, 1990). Although this paper does not address a specific disability, this example represents a graphic picture of the increase in special education services.

Special education placement for all students who are experiencing difficulty is not warranted, nor is it justified. However, referring a student for a comprehensive assessment remains the right and responsibility of parents and professionals who want the most appropriate educational program to meet individual student's needs. To limit or avoid referrals is not intended to lessen that right or responsibility. The focus, instead, is to discover systems to increase the resourcefulness of educators in creating more effective programs to assure academic success for all students (Nevin & Thousand, 1987).

Prereferral interventions have been mandated and/or recommended by state governments to avoid misidentification and costly diagnostic assessments of students without disabilities. Typically these interventions are required prior to a referral for assessments. Prereferral interventions are attempts to implement successful instructional methods and materials, classroom management techniques, and environments for a student who is experiencing academic and/or behavior problems in the mainstream classroom. The purpose of prereferral interventions is to reduce the number of inappropriate special education placements while identifying interventions that will allow students to remain in the least restrictive setting, and to make the decision-making process more instructionally relevant and data-based (Graden, Casey, & Christenson, 1985).

According to Casto and Mastropieri (1986), one of the most widely disseminated conclusions in research is that early intervention programs are generally effective. The immediate benefits include improved cognitive, language, motor, and social-emotional growth for children and improved functioning of the children's parents and siblings.

Although the prereferral intervention procedure is mandated in some states, research shows there are some problems in its implementation. According to Henry and Flynt (1990) in the annual report to Congress in 1988, the Department of Education found 21 of 24 states were noncompliant in using regular education alternatives before removing students for special education. Also, 21 of 24 states were noncompliant in removing students from regular education with insufficient justification.

In a case study conducted by Carter and Sugai (1989), State Departments of Education were asked to respond to current policies and procedures regarding prereferral intervention at the state level. Results were based on 49 surveys that were returned. Twenty-three State Departments of Education indicated they required prereferral interventions for students suspected of having a disability. While 21 states said they only recommend or had no prereferral requirements, 34 states reported they require or recommend that prereferral systems be established by local educational agencies. Surveys also indicated the three most frequent intervention choices were instructional modifications, counseling, and behavior management strategies. When asked if prereferral interventions were successful, three-fourths of the respondents indicated they were effective only sometimes or that they had no basis for making a judgment. The results of the survey highlighted the need for increased cooperation,

communication between teachers, and specialists, and an expanded understanding of a team approach to problem solving.

Prereferral interventions represent a sizable financial savings to public schools. According to Talley (1989, cited in Chalfant & Van Dusen Pysh, 1989), the average cost for a student comprehensive assessment is \$1200. A reduction in the number of referrals for assessment can direct these savings to support the delivery of special education services.

Education becomes an integrative process for regular educators and special educators. To avoid or limit the number of special education referrals, beliefs by both special education and regular education personnel need to be changed (Nevin & Thousand 1987). Before special educators will encourage integration they must believe regular education systems can appropriately educate students with disabilities. Also, general educators must believe they can effectively educate students with disabilities.

Prereferral intervention has been recommended and/or mandated as a means of limiting referrals, serving students' needs in the least restrictive environment, and increasing the classroom teacher's knowledge and management skills to meet the needs of all students in the classroom.

What is prereferral intervention and how is it implemented? Fuchs, Fuchs, Gilman, Reeder, Bahr, Fernstrom, and Roberts (1990) described prereferral intervention as a teacher's instruction or classroom management modification which better accommodates a student who is difficult to teach. Prereferral intervention is not only an intervening step between referral and formal testing, but also a means to preclude testing (Peca, 1989). The process benefits teachers, parents, and primarily, the student, stresses parental involvement at an early stage of intervention, and predisposes the

parent to a cooperative position. Students benefit by the consistency of behavioral and academic expectations, inclusion in the intervention and evaluation process, and the early identification of problems which put them at risk. Rather than assume the source of student problems resides within the child, prereferral intervention typically challenges educators to investigate a larger context for the source and solution to pupil difficulties. (Fuchs, Fuchs, Bahr, & Fernstrom, 1988).

Fuchs et al., (1990) listed four characteristics of prereferral intervention:

1. It reflects the least restrictive doctrine as stated in P.L. 94-142, requiring educators to instruct students in the most normal setting possible.
2. It is designed to be preventative by attempting to reduce the number of (a) inappropriate referrals and special education placements and (b) future student problems by strengthening the ability of classroom teachers to intervene effectively with diverse groups of children.
3. It is often aided by one or more special service personnel who work indirectly with targeted pupils through consultation with classroom teachers.
4. It represents immediate assistance to the pupil and teacher since support is provided as soon as the teacher contemplates referral.

Ysseldyke, Pianta, Christenson, Wang, and Algozzine (1983) recommended teachers should be able to document the interventions they have tried and provide data on: (a) the specific behaviors they have tried to

change; (b) the level of behavioral change that will enable a student to remain in the classroom; (c) the time period of implementation; (d) the role of other professionals in implementing and monitoring the intervention; (e) the amount of change produced by the intervention. Problem behaviors need to be defined operationally, ranked in order of severity, and compared to the typical behavior of peers in the classroom.

One prereferral intervention which is directed at eliminating the gap in services between general education and special education is the Teacher Assistance Team (TAT). The TAT is a teacher-centered instructional alternative support system that targets suggested interventions to teachers who struggle to successfully meet the needs of problem learners (Hayek, 1987). It is a model for teacher collaboration and problem solving and a vehicle for exchanging ideas, methods, techniques, and instructional alternatives to assist classroom teachers' instruction to students who are experiencing academic or behavioral difficulty in the classroom.

Teachers may request assistance to help them analyze and better understand classroom problems, implement intervention goals, and create practical solutions. A teacher may request help in teaching or managing an individual student or an entire class, modifying curriculum, or preparing for a parent conference.

TATs have been a successful means to differentiate between students who may be successful in the mainstream classroom and those who require an evaluation in the special education process (Hayek, 1987). TATs also can provide assistance to teachers who have students with problems, but yet are not eligible for special education services.

Chalfant and Van Dusen Pysh (1989) emphasized that special education multidisciplinary teams are child-oriented and mandated by law. Teacher Assistance Teams are teacher-oriented and function as a general education consultation alternative. Teacher Assistance Teams are intended to supplement both special and general education programs, not to supplant special education services.

An important factor in utilizing TATs is that teachers participate as members of the team, increase their professional knowledge of instruction, learn new curriculum modifications, and facilitate open communication which can strengthen teacher relationships. The TAT provides an opportunity for administrators and teachers to strengthen a team approach for instruction.

The ultimate goals of the TAT are to ensure that students succeed in the mainstream, to avoid excessive financial expenditures for assessments and special education services when students can be successfully served in the classroom, to help students avoid failure, and to reach their potential as successful students and adults.

Results of a study conducted by Schram and Semmel (1984, cited in Hayek, 1987) indicated TAT is successful in: (a) screening students who need further assistance, (b) providing problem solving prior to special education referral, (c) developing additional instructional strategies for classroom teachers, (d) slowing down chronic referrals to special education, (e) helping teachers examine more carefully individual students' needs, and (f) providing intervention at the classroom level prior to special education referral.

Research showed three major factors which contribute to team effectiveness are administrative support, team attributes and performance, and teacher support. Hayek (1987) emphasized the need for training the members of the team to help them analyze and conceptualize problems, establish intervention goals, generate practical intervention plans, communicate effectively, and manage team meetings. Team meetings that are held weekly at a regularly scheduled time are perceived as part of the school system more readily than those who meet on an ad hoc basis.

Participants on the TAT may include classroom teachers, an administrator, support personnel from special education and school psychologists. Because of the importance of parental involvement in education, Hayek (1987) recommended that parents be involved in the TAT process to better understand the instructional needs of their children, actively participate in educational alternatives, carry out essential follow-up activities at home, and develop an understanding of the reasons for possible referral to special education if the TAT procedures are unsuccessful.

At the TAT meeting, the referring teacher describes concerns regarding a specific student and the procedures that have been tried. The team discusses ideas, gains clarification of the problems, requests additional assessment or supportive information and documentation, and brainstorm to develop recommendations for the teacher to implement in the classroom. Although it varies in individual cases, four to six weeks has been recommended as a reasonable time period in which to anticipate positive changes. (However, if the special education referral is necessary, it should not be delayed.) The TAT meets again to determine if additional alternatives are needed and to determine the possible need for a special education

referral. The TAT must document the alternatives that have been tried prior to referral, diagnostic information, social history, team recommendations, results, and the personnel involved. This documentation is given to the special education staff at the time of the referral.

Hayek (1987) stated "To date research has found that TATs are an effective prereferral support system to facilitate instructional alternatives for teachers to use with problem learners" (p. 6).

Another prereferral intervention is the Consultation Model. This model provides intervention assistance to mainstream classroom teachers with the goals of providing needed classroom support and assistance, reducing inappropriate referrals for testing, and reducing inappropriate placements in special education. It is based on the principle of prevention and is focused increasing the skill and knowledge of classroom teachers to intervene effectively with diverse groups of students (Graden, Casey & Christenson, 1985). Another feature of the consultation model is that indirect, rather than direct service is provided to students. The student is helped indirectly by assistance that is provided to the classroom teacher. Indirect service includes any task where the consultant works with the teacher, who in turn works to change the students' behavior or academic performance. Providing teachers with recommendations or suggestions for intervention or helping the classroom teacher design instructional materials are examples of indirect services because the student benefits from the consultation intervention. Existing resources are used to teach and intervene, rather than to diagnose and place. The indirect service gives the teacher the opportunity to generalize the skills or techniques to other students or situations.

Graden, Casey, and Christenson (1985) proposed the following stages of the consultation model:

1. The classroom teacher requests consultation (intervention assistance) from the consultant. This may be an informal request to a building consultant, or a formal process involving a building team who then assigns a consultant.
2. Consultation takes place to identify and define the specific area of concern, explore possible intervention, and implement and evaluate the intervention.
3. If the first intervention is not successful, additional data is obtained through detailed observation of the student and specific characteristics of the classroom to assist in further intervention planning.
4. A conference is held with the Child Review Team (prereferral team). Participants are the referring teacher, consultant, parents, student (if appropriate) and relevant school personnel. A decision is made to continue the intervention, modify the intervention, or refer the student for assessment and consideration of special education eligibility.
5. If appropriate, a formal referral is made for special education evaluation. Following the assessments, a decision is made regarding the eligibility of special education services.

Graden, Casey, and Bronstrom (1985) described the consultation model as an ecological perspective on student difficulties which offers a challenge away from viewing problems as a handicap within the student, to a focus on the entire classroom context. The consultation model benefits

current students as well as future groups of students by increasing teachers' effectiveness in handling classroom problems.

Graden, Casey, and Bronstrom (1985) conducted a study to determine the effectiveness of the consultation model on referral rates, testing rates, and placement rates in six elementary schools and three junior high schools over a three-year period. Results noted both negative and positive effects. For instance, teacher resistance to the implementation of the model were seen. Also, in the buildings where there was no apparent internal stimulus for a system change, implementation of the model was less successful. The belief that testing and placement benefitted children and the prereferral intervention model withheld beneficial special education services to students was a factor. Positive effects seen in the increased use of consultation were that students were benefitting, and that classroom interventions were effective. Results indicated where the consultation use was high, there were significant decreases in testing and placement rates.

Walsh (1989) emphasized the following factors as critical to the success of the consultation model: the support of the school principal, sufficient time for consultation activities, and the availability of consultation training.

Some factors typically seen as obstacles to the consultation model include resistance of the classroom teachers due to additional time and effort commitment; the focus on the classroom rather than the student; resistance by special educators due to a role change from direct service to consultation; administrators' concerns about a decrease in local funding due to a smaller special education population; a concern that there are limited

options for alternate interventions in the classroom; and the belief that assessments benefit students.

Consultation results in interventions that are prescriptive, student-directed, and designed to transfer to other school settings. Procedures include identifying the problem, observing classroom behavior, validating the behavior, setting goals, planning the intervention, and conducting a teacher-student meeting to develop the contract. The intervention is implemented, involving recording, charting, self-monitoring, and feedback. Self-monitoring steps are gradually phased out and observations are made in the classroom. A post-intervention meeting is held to determine if the goal has been achieved.

Prereferral intervention can be a meaningful strategy through which educators can provide educational environments that maximize each child's learning potential. However, teachers must be willing to use collaborative means towards a common goal of maintaining students with learning problems in the least restrictive environment.

The students receive the greatest benefit of the prereferral process. They benefit from the consistency of behavioral and academic expectations, consistency of staff expectations, delineation of student problems, and offering more appropriate services to students because of more comprehensive information and input.

Chapter 3

SUMMARY AND CONCLUSIONS

The national focus in education is toward a greater emphasis on remedial programs, concern over student failure, and the classroom teacher's role to deliver effective instruction to all students, including those who do not respond to traditional educational approaches. "A singular challenge facing education today is the challenge of providing the best, most effective education possible for children and youth with learning problems" (Will, 1986, p. 411).

To address these needs, educational personnel must coordinate their efforts to ensure that all students who are experiencing difficulty and failure are afforded individualized, supportive instructional alternatives within the mainstream classroom setting. Improving the capacity of the general education classroom to meet students' diverse needs is an essential part of a comprehensive strategy to serve students with academic and behavioral difficulties.

Prereferral interventions are one of the most representative trends in the increased role of regular education in serving students with learning and behavior problems. Prereferral activities are being practiced to reduce the number of students referred for special education eligibility assessments,

identification, and subsequent special education placement, increase skills of regular education teachers to meet academic and behavioral needs of students, and make use of available resources to benefit broader range of student needs (Canter, 1987, see McCarney, 1988).

To implement prereferral interventions, it is necessary for regular education teachers to have the needed strategies to modify and adjust instruction and behavioral interventions to meet student needs and reduce the need for testing, identification, and placement in special education programs.

Educational service delivery should be a shared responsibility of regular and special education teachers. Prereferral interventions will help create a more balanced responsibility between regular and special education and will help improve the skills of teachers in meeting the unique needs of all students.

Two prereferral models, the Teacher Assistance Team and the Consultation Model are time and cost effective, and designed to provide support and a problem-solving process to teachers.

Because prereferral interventions are more effective with administrative support and teacher training, schools need to develop a coordinated effort for the training and implementation of an effective prereferral process.

Prereferral interventions indicate a positive means for schools to help any students who display problems. The benefits of a positive procedure for students, teachers, and parents would include a commitment to the education for all students, with a trend toward greater accountability for services delivered. The challenge for schools is to develop and implement

service delivery systems that help teachers teach more effectively and help students learn to the best of their ability in the least restrictive educational environment.

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