



The Role of the School Psychologist in the High Plains Educational Cooperative’s Responsiveness to Intervention Model

BACKGROUND INFORMATION

High Plains Educational Cooperative (HPEC) is an educational interlocal that provides special education services in southwest Kansas. HPEC supports 17 rural school districts within 12 counties covering a 10,000 square mile area. The cooperative employs 108 professionals including school psychologists, speech clinicians, gifted facilitators, early childhood teachers, interrelated teachers, occupational therapists, and physical therapists. Two hundred and twenty paraeducators are also employed to help support children with educational needs. One thousand four hundred sixty two students receive special education support as identified in individual education plans; this number is 12% of the total student population of the seventeen school districts.

In the early 1990s, HPEC’s school psychologists began to question their practices and the way they were spending their time. A local needs assessment, conducted in the spring of 1993, indicated that many of the traditional practices being employed in school psychology were not perceived as meeting the needs of students and the professionals who work with them. General concerns were the ineffective and inefficient use of psychologists’ expertise and time and the lack of timely interventions and assessments. Results indicated school psychologists were spending almost all of their time in the comprehensive evaluation process (testing and staffing students) and little to no time on other activities. Specific changes suggested to school psychologists by HPEC consumers were: (a) shift emphasis from testing to intervention; (b) be more available to consult, observe, and work directly with all students; (c) provide counseling; (d) expedite the evaluation

process; and (e) develop collaborative consultation skills.

In 1993, we discontinued the use of IQ tests as standard protocol. This began a process of continuous improvement and refinement of our practices. To evaluate progress, another assessment was conducted in the fall of 2003. The number one consumer request was that school psychologists spend more time in their districts, buildings, and classrooms. Consumers still ranked the comprehensive evaluation process as the activity in which they most often observed their school psychologists engaged, but time spent on other activities showed an increase since the 1993 survey. Consumers indicated consulting with teachers and participating in the intervention process also comprised a large portion of the school psychologists’ time. Time spent on counseling, research, and staff development also showed increases. It should be noted that in 1993 HPEC employed five school psychologists and currently employs ten.

POSITION

HPEC believes authentic assessment practices to be important components of school psychology services. A strong focus is placed on the collection of information that relates directly to the school curriculum, state standards, and meeting requirements set forth in “No Child Left Behind.” The development of research-based interventions and documentation of student response to intervention are critical components in determining the child’s needs. By focusing on these components, all children can benefit, regardless of whether or not qualifying criteria have been met.

"CUSTOMER SERVICE" FOCUS

We view families, students, teachers and other school personnel as "consumers" of school psychologists' services. With this notion, we view these "customers" as having definite wants and needs. Our goal is then to provide quality services that are user-friendly, referral-driven and referral-focused in order to yield positive effects for students. Our services extend far beyond determining eligibility for special education.

Families and teachers are seen as equal partners in the solution-oriented problem solving approach. We place high regard on parents' and teachers' abilities to identify student strengths, areas of concerns and appropriate interventions for students. Parent, teacher, and student interviews together with rating scales are utilized to gain first-hand knowledge about students. Parents and teachers are asked to contribute student work samples, portfolios, or other examples to document their opinions. We have found that intervention "buy in" is much higher when family and teacher involvement is initiated early and encouraged throughout the problem solving process.

Similarly, in response to our customers, we are committed to providing functional assessment that leads to effective interventions. Our intent is to gather useful information directly related to student performance and to continually strive to develop relevant and workable solutions.

Finally, in meeting the needs of our "consumers", we have had to thoroughly examine the school psychologists' roles and functions in schools. We believe psychologists can assist all children by providing services in the following areas: consultation, intervention, prevention, behavior/classroom management, counseling, classroom instruction, school improvement planning, and helping schools meet the requirements of "No Child Left Behind".

ASSESSMENT TIED TO INSTRUCTION

The usefulness of information gathered during

an evaluation should be foremost in the minds of the evaluators. This information is most useful when it can easily be incorporated into the teacher's daily lessons and is tied to the classroom curriculum. We assess students using:

- State standards and outcomes
- Grade level outcomes developed by individual school districts
- Criterion Referenced Tests
- Error analysis of work samples (reading running records, written and spoken t-units, etc.)
- Existing data (local assessments such as STAR, Terra Nova, ITBS, etc.)
- Curriculum Based Measurements (CBM)
- Play-Based Assessments (PBA)
- Response to interventions
- Parent, teacher, and student interventions
- Classroom observations
- Behavior rating scales

We seldom use standardized achievement tests or IQ tests, as we believe our time is better spent assessing areas that directly impact student performance. We base our assessments on research-based practices that are directly tied to the student's curriculum. For example, we assess many students with reading deficits. We have thoroughly read the literature on the development of reading skills, and all students are assessed in the areas of phonemic awareness, phonics, fluency, vocabulary, and comprehension. The student's instructional plan is then developed to address areas of deficit using strategies that are research-based.

PROBLEM SOLVING FOCUS/ RESPONSE TO INTERVENTION

We are committed to serving as many children as possible through resources provided by regular education. Any student experiencing an academic and/or social emotional problem is referred to the school intervention team. This team is composed of general education personnel, special education personnel, the school administrator, and the student's parents.

As school psychologists, we are committed to being active members of this team and becoming involved with students prior to the referral for evaluation. We believe early intervention is essential, and this allows us to become involved with more students when problems are first identified.

Intervention teams focus on finding solutions that promote student progress. We recognize that not every deficit is an intra-child problem. As a result, during the problem analysis stage of the intervention process, the team discusses the school environment, instruction, curriculum, and the learner. Research-based interventions are developed and high-quality classroom instruction is then provided to the student.

The student's response to intervention is reviewed and if student progress is not adequate, a referral for evaluation is made. It is our belief that most students referred for evaluation will qualify for special education services if interventions are properly implemented.

TEAM DECISION MAKING

When making placement decisions, the school psychologist is no longer the "gatekeeper", but a single member of the team. This empowers other team members and increases buy-in, thus leading to better student performance. We facilitate discussions to determine if a child is eligible for special education services. Who should be eligible for special education services? The State of Kansas has developed the following questions to determine student eligibility:

1. Does the response of the presenting concern to general education interventions indicate the need for intense or sustained resources?
2. Are the resources needed to support the student's participation and progress in the general education curriculum beyond those available through general education or other resources?
3. Is there evidence of a severe discrepancy between the performance of a student

and his/her peers or evidence of a severe discrepancy between the student's ability and performance in the area(s) of concern?

4. Is the presence of an exceptionality substantiated by convergent data from multiple sources?

No single piece of data or score collected directly determines special education eligibility, but a synthesis of data is used. This data includes a student's response to intervention and ability to meet curricular outcomes and standards. Staffing teams collectively address all information gathered and make determinations by answering the questions outlined above.

Following a determination of special education eligibility, procedures need to be in place for objectively determining when those special education services should be faded or discontinued. A discussion of this criterion is held prior to initiation of special education services.

When services are initiated, we strive to service the student in the least restrictive environment. A large percentage of our services are provided in the regular education classroom. We believe most students make greater gains when they continue to receive grade level instruction with needed adaptations and modifications, rather than being placed in a resource room and given a separate curriculum.

MULTIDISCIPLINARY REPORT/ THREE-YEAR IEP

All information gathered and the synthesis of data is included in a multidisciplinary team report. All team members have access to the report via the Internet. Each member enters information and contributes to the development of a comprehensive report. We understand that all components work together; thus, information collected by the speech pathologist, OT, teacher, psychologist, etc. should be integrated instead of reported separately in many individualized reports. The parents are also given a voice in

the report through an interview conducted by the school psychologist.

The multidisciplinary report and a three-year IEP are integrated into one document; a document we began using in 1997. We review the IEP annually, but the entire three-year process is recorded in one document. This allows team members and parents to review a student's triennial progress at a glance, and it helps ensure continuous improvement and continuity of instruction between teachers and grade levels.

NONCATEGORICAL LABELING

We do not label students who are eligible for special education services, but choose to focus on a student's needs and next steps. Instead of spending our time determining which label best fits a student, we spend our time discussing instructional strategies and student needs. We discovered that labels are not helpful in determining treatment programming; moreover, categories sometimes influence parent/teacher expectations of the child.

COUNSELING/EMOTIONAL HEALTH DEVELOPMENT

School psychologists are often the only school personnel with an extensive background in mental health. Thus, we believe we should spend more of our time focusing on counseling and mental health services and less time conducting and managing the comprehensive evaluation process. We can significantly impact a child's social development through group counseling, individual counseling, the development of behavior plans, and teacher consultation.

CONTINUOUS IMPROVEMENT

After we discontinued using IQ tests as standard protocol in 1993, we quickly discovered a need for professional development. Our practices have forced us to increase our knowledge base in the areas of reading, classroom instruction, curriculum, counseling, and responsiveness to intervention. We have gained this knowledge through monthly study group meetings that

include all the psychologists in our cooperative. As we changed our practices, other groups began to examine their practices. Our speech language pathologists have studied the connection between reading and language development and now provide vital information when assessing a student with a reading deficit. Our interrelated teachers and motor personnel have also made similar changes in their practices through study groups and regular meetings throughout the school year. We have also instituted summer study groups to address specific areas and needs of our staff.

SUMMARY/CONCLUSION

Many of the traditional practices in school psychology have not met the needs of students and the professionals who work with them. These concerns were a driving force in HPEC's shift toward more functional assessment and delivery practices. The emphasis on nationally normed tests, the IQ/achievement discrepancy, and categorical labeling has been replaced by an emphasis on local curriculum, student need, and student response to intervention. This assessment/service delivery model is guided by a solution-oriented problem solving approach. Assessment practices focus on the collection of information that will relate directly to interventions, whether or not a student is determined eligible for special education services. Families and teachers are key members of intervention/assessment teams, and services are provided as a result of assessments that are tied to instruction and the local curriculum.

As a group, we have found our jobs to be more intellectually rewarding since changing our practices. We no longer spend our time giving countless IQ tests. Instead, we are helping teams develop strategies to improve student performance. We spend our time consulting with teachers and parents, providing counseling, assisting with school improvement planning, and implementing quality instructional strategies.

High Plains Educational Cooperative School Psychologist Matrix

We used to...	but...	so now...	because...
1. make student comparisons using nationally-normed tests	the relationship between local curricula and nationally referenced tests was often mismatched and too limited to form accurate conclusions about students' performances	we make student comparisons using local norms and state standards	the assessment tools are directly related to local curricula and to the environment in which the student lives, works, and plays.
2. heavily weight the IQ/achievement ratio for determining eligibility for SPED placement	this practice appeared arbitrary and limited - we frequently wondered if the right students were receiving help - we lost student focus because we were so intent on numbers and discrepancies	we gather multiple pieces of information about student skills, motivation, instruction, environment, and curriculum; these are equal pieces of the assessment pie	these pieces of information provide a broader view of the student from which curricular and instructional decisions can be made; thus, the data is useful for instructional planning, not just placement decisions.
3. serve as the "gatekeeper" to special education	parents and teachers had little to no input into determining educational placement	we serve as a facilitator of team discussions to determine eligibility	this empowers other team members and increases buy-in.
4. utilize the majority of psychologist time in administering and interpreting intelligence tests	this diminished psychologist expertise in other dimensions of <u>all</u> students' education	school psychologists are involved in intervention, consultation, counseling, school improvement planning, and helping schools meet the requirements of "No Child Left Behind"	more often we can use our expertise to reach students with a variety of psycho-educational services.
5. refer a high percentage of students from preassessment for comprehensive evaluation	we had low referral/placement ratio	through intervention teams and consultation, we engage early in problem-solving approaches in response to teacher concerns	we learned that response to interventions can eliminate the need for formal evaluation in many cases and lead to a high placement percentage in the students who are evaluated.
6. employ selection type responses (i.e., point to, fill in bubble, etc.) in traditional assessment	this did not assist in error analysis	we employ production type responses (i.e., writing words, reading words, calculating, etc.) in assessment	these responses provide data from which error analysis may be conducted and used for intervention goals and objectives.
7. view parents as recipients of teacher concerns and assessment results	we did not solicit their expertise about their child and missed valuable information	we actively involve parents as equal partners in the solution-focused process; this involvement begins at the intervention stage	this shares ownership of intervention, reduces resistance, and facilitates goal setting.
8. view the problem as "within" the child	sometimes the problem was environmental, instructional, or within the curriculum	we do more thorough problem analysis -we emphasize the school environment, instruction, and curriculum throughout the intervention and evaluation process	student behavior is affected by many variables, some of which we can adjust.

We used to...	but...	so now...	because...
9. focus on the etiology of the problem	this approach left the team members often feeling "stuck" in the acknowledgment of the problem rather than in generating solutions	we focus on solutions	it facilitates progress and the production of effective interventions.
10. use categorical labeling to identify exceptional children for specialized services	the categories were not helpful in determining treatment programming; moreover, categories sometimes influenced parent/teacher expectations of the child	we do not attach a label to students in need of special services; instead, we just write an IEP with identified goals	this focuses the team upon the "next steps" for that particular child rather than upon a "disability".
11. write individual, professional reports and share information in a "round robin" fashion at staffings	this focused us on deficits and disjointed pieces of information	we write integrated, multidisciplinary team reports which identify strengths, next steps, and instructional strategies/adaptations	it is a functional, integrated report prepared in such a manner that is immediately useful to those working with the child - this forces us to identify the student's needs in an integrated fashion, rather than by professional disciplines.
12. write a multidisciplinary report triennially and a new IEP annually	this produced many documents with duplicated information	we write an integrated three- year IEP and multidisciplinary report	it helps to ensure student progress and continuity of services; it also reduces paperwork.
13. equate effectiveness with completing all evaluations and clearing all referrals	the process often was of no value to anyone	we equate effectiveness with consumer satisfaction/benefit	we are in a people-oriented profession; we serve students, educators, and families.
14. think our expertise was in giving psychoeducational tests	others in the school system did not understand the tests and often did not understand our "jargon"	we study topics relevant to education such as reading, behavior plans (individual and school wide), counseling, and curriculum development	this is meaningful to teachers and helps us develop plans that are research-based and effective.
15. spend the majority of our time on activities related solely to special education	we have skills that can benefit all students	we spend our time facilitating counseling groups, providing individual counseling, helping with school improvement, and helping schools meet the requirements of "No Child Left Behind"	we can impact many students by focusing on prevention and working collaboratively with regular education through programs and processes that are important to them.
16. focus on objectives from nationally standardized tests	this encouraged special education to operate as a parallel system to general education and resulted in pull-out services because there was not a 'fit' with curriculum expectations	we focus on local expectations, curriculum, and instruction	we respect the intent of LRE and support our students in the least restrictive environment which requires assessment relevant to the environment.
17. operate within school districts but independently of their curriculum, culture, mission, and expectations	we kept colliding with <u>ALL</u> parts of the system	we operate within the system-supportive of its changing curriculum, culture, mission, and expectations	it is imperative for us to have a part in making education better for students and to the continued existence of school psychology services.