

The Special Education Referral and Decision-Making Process for English Language Learners: Child Study Team Meetings and Placement Conferences

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The purpose of this study was to examine the special education referral and decision-making process for English language learners (ELLs), with a focus on Child Study Team (CST) meetings and placement conferences/multidisciplinary team meetings. We wished to learn how school personnel determined if ELLs who were struggling had disabilities, to what extent those involved in the process understood second language acquisition, and whether language issues were considered when determining special education eligibility. We observed CST meetings and placement conferences for 19 students who were considered ELLs when they were referred. Findings revealed that in practice, only cursory attention was given to prereferral strategies. Most students were pushed toward testing, based on an assumption that poor academic performance or behavioral difficulties had their origin within the child and indicated a need for special education. Although some school personnel were quite knowledgeable about language issues, many were not. There was tremendous variation in the quality of what transpired during meetings. These differences were influenced by the intentions, knowledge, skills, and commitment of CST or multidisciplinary team members. All the factors we describe point to aspects of the process that should be improved.

How is it determined whether English language learners (ELLs) who struggle with reading have learning disabilities? What is the decision-making process? To what extent do the educators involved understand second language acquisition? What consideration is given to language issues? In this article, we explore these questions, focusing on what happens during Child Study Team (CST) meetings (also called Student Study Teams,

Student Support Teams, and other names) and placement conferences (also called multidisciplinary team meetings, M-teams, staffings, or individualized educational plan [IEP] meetings).

DIFFERENTIATING BETWEEN ENGLISH LANGUAGE ACQUISITION AND LEARNING DISABILITIES

Differentiating between normal second language acquisition and learning disabilities presents many challenges (Gonzalez, Brusca-Vega, & Yawkey, 1997; Ortiz, 1997). One challenge is that the field has not yet developed a test of language proficiency that can adequately determine when a child with a primary language other than English is ready to be tested in only English (Figueroa, 1989; Ortiz, 1997). Students appear to be proficient in English long before they have fully developed cognitive academic language proficiency (Cummins, 1984). Students' apparent English fluency seems to have the effect of masking the need for a native language assessment and lulling educators into thinking they are justified in focusing on English test results. For example, Ochoa, Rivera, and Powell (1997) surveyed 859 school psychologists who had some experience conducting bilingual assessments and found that only 6% of the psychologists reported asking for the students' home language, and just 1% attempted to determine if a discrepancy occurred in both English and the student's home language.

A related challenge is that educators often misinterpret ELLs' lack of full proficiency in English as low intelligence (Oller, 1991) or as a language or learning disability (Langdon, 1989). It is quite difficult to determine an ELL's true learning potential using standardized intelligence testing procedures. If a child has been transitioned prematurely from a bilingual program or English for speakers of other languages (ESOL) program to an English-only classroom, this can have a negative impact on achievement and depress IQ test scores. Even children who demonstrate full English proficiency on language assessment measures still typically demonstrate a low verbal IQ and high performance IQ profile when their intelligence is tested (Figueroa, 1990). "Every test given in English becomes, in part, a language or literacy test" (American Educational Research Association, 1985, p. 73).

An additional challenge, closely related to the others, is an overreliance on IQ test scores when making eligibility decisions and too little consideration for other factors that may be affecting a student's performance. An overemphasis on IQ test scores can lead to inaccurate decisions about bilingual students' abilities and needs, particularly for students who come from homes where their native language is spoken (Valdés & Figueroa, 1994). Low achievement is too often blamed on low IQ without looking further at the context in which underachievement occurs (Trueba, 1989). Now that the Individuals with Disabilities Education Act (IDEA, 2004) has

been reauthorized, states have the option of discontinuing the use of IQ-achievement discrepancy formulas and using response to intervention (RTI) criteria as part of the special education identification process. This change has dramatic implications for ELLs (Artiles, Trent, & Palmer, 2004) and the special education referral process. Ideally, RTI models will decrease the number of ELLs who are inappropriately referred to and placed in special education by providing them with support and quality instruction within general education *before* they underachieve (Donovan & Cross, 2002, Vaughn & Fuchs, 2003).

Although there is some variation in RTI models, the first tier is generally considered to be quality instruction and ongoing progress monitoring within the general education classroom. Students who do not make adequate progress are identified early and then receive intensive intervention support as part of a second tier. Although not considered a “prereferral strategy” per se, the purpose is similar. When students do not adequately respond to the second tier of intervention, they either qualify for special education or for an evaluation for possible placement in special education (Fuchs, Mock, Morgan, & Young, 2003). Yet, as with earlier identification processes, this model can only work if students receive an adequate “opportunity to learn” (Klingner & Edwards, 2006). This concept of adequate opportunity to learn is a fundamental aspect of the definition of learning disabilities as part of its exclusionary clause; when a child has not had sufficient opportunity to learn, the determination cannot be made that she has a learning disability. Thus, we must ensure that children have received culturally responsive, appropriate, quality instruction within the first and second tiers before a special education referral or placement is made.

The decision that a child has in fact received an adequate opportunity to learn cannot be made without looking in the child’s classroom, yet it is not clear how often this is done. In an ethnographic study of the referral processes in 12 schools, Harry and Klingner (2005) found that school personnel gave little weight to classroom ecology when making decisions about special education eligibility and placement. Though many children were referred by teachers with weak instructional and classroom management skills, no classroom observations were conducted by the evaluating psychologist or anyone else. Without classroom observations, it is difficult to know if a child has had adequate opportunity to learn in an appropriate, culturally responsive environment.

THE SPECIAL EDUCATION REFERRAL PROCESS

Typically, the process begins when the classroom teacher becomes concerned about a student’s lack of academic progress, behavior, or both, and initiates a referral (Algozzine, Christenson, & Ysseldyke, 1982; Ysseldyke, 2001). The

first step is usually for the teacher to discuss the child with her colleagues at a school-level prereferral meeting consisting of administrators, other general education teachers, a special education teacher, a parent or caregiver, and perhaps a counselor, psychologist, or social worker. In the schools in which we conducted our research, this team was called the Child Study Team (CST).¹ At this meeting, team members are supposed to suggest strategies for the teacher to try to help the student, although in cases considered severe, the team may decide to immediately initiate a referral for a formal evaluation for possible special education placement. According to the written guidelines in the district in which we conducted our research, the child is supposed to be monitored and then a second CST meeting held, at which time a decision might be made to refer the child for a formal evaluation. Algozzine and colleagues found that approximately 90% of students referred to the CST were tested. Once the evaluation is complete and a report has been written, a placement conference (also called a multidisciplinary team meeting, IEP meeting, or staffing) is held. This meeting is generally attended by the psychologist, a district-level staffing specialist, a school-level administrator, the student's general education teacher, sometimes a special education teacher, the parent, sometimes a counselor or social worker or other support person, and sometimes the student. At this point, a decision is made as to whether the child qualifies for special education services. Gottlieb, Alter, Gottlieb, Wishner, and Yoshida (1990) estimated the number of students who qualify to be about 90%; Algozzine et al. found that 73%–90% of the students in their sample were determined to be eligible for special education.

When the child is an ELL, this process is much more complicated. In the district in which we conducted our research, a limited-English-proficient student² (LEP) committee presumably became involved and reviewed a case before it was brought to a CST. In addition, a bilingual assessor evaluated the student to determine if he or she was ready to be tested only in English or should be assessed bilingually. See Figure 1 for a visual portrayal of this process.

Prereferral Strategies

Though Ortiz and colleagues (Garcia & Ortiz, 1988; Ortiz & Yates, 2001) have achieved some success teaching school personnel how to use prereferral intervention strategies as a way to reduce inappropriate special education referrals, others have found that prereferral strategies are implemented sporadically or with little effect (Carrasquillo & Rodriguez, 1997; Rock & Zigmond, 2001). The purpose of prereferral strategies is to provide students with assistance within the general education environment *before* an official request is made for an evaluation for possible special

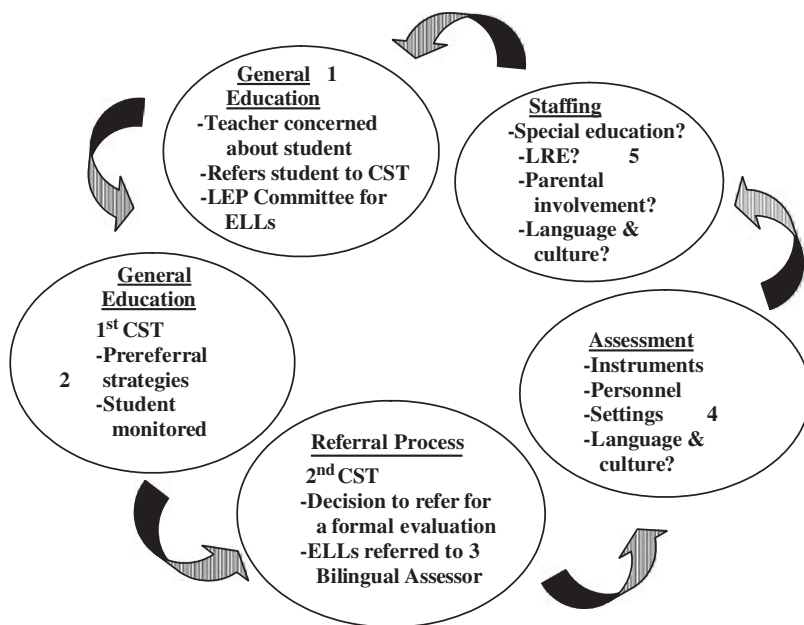


Figure 1. The Special Education Referral Process

education placement. The expectation is that by adjusting the way children are taught, some students will make enough progress that a special education referral will not be necessary. In their investigation of the schooling characteristics of 46 Hispanic ELLs referred to or participating in bilingual special education in New York City, Carrasquillo and Rodriguez found that few prereferral interventions had been tried with students prior to their placement. Rock and Zigmond noted that the intervention assistance process did not significantly change educational outcomes for the 140 low-performing students in the nine urban elementary schools in their study. Although not with ELLs, Flugum and Reschly (1994) applied a set of quality indicators to evaluate the prereferral interventions used with 312 students. They found that the majority of prereferral interventions were deficient in one or more ways, and that higher-quality interventions were associated with more positive student outcomes.

CST Meetings and Placement Conferences

In the 1980s, researchers conducted several investigations of CST meetings and placement conferences. They studied the decision-making process and characterized meetings as fraught with challenges (Brey, Coleman, & Gotts,

1981; Kaiser & Woodman, 1985; Mehan, Hartwick, & Meihls, 1986; Moore, Fifield, Spira, & Scarlato, 1989; Pfeiffer, 1982; Traylor, 1982; Yoshida, 1980; Ysseldyke, Algozzine, Richey, & Graden, 1982). Large teams with poorly defined organizational structures did not seem to be effective at making decisions and tended to “rubber stamp” decisions made by one or two team members (Moore et al.). Pfeiffer noted the following four problematic areas: (1) parents and teachers appeared to be less involved in the process than intended by P. L. 94–142³; (2) teams seemed to vary tremendously in the types of information that they collected and analyzed; (3) data did not indicate that bringing a team together ensured the most appropriate decisions; and (4) data did not indicate that multidisciplinary teams facilitated collaboration and trust or reduced professional rivalry. One problem particularly relevant to this current study is the practice of concentrating on problems from a “within-child” perspective. “This viewpoint does not allow the CST to develop plans for dealing with larger situational and environmental factors in the analysis of referral problems” (Moore et al., p. 51).

Mehan et al. (1986) focused on how team decisions were made and concluded that “placement outcomes were more ratifications of actions that had taken place at previous stages of the decision-making process than decisions reached in formal meetings” (p. 164). Mehan and his colleagues emphasized that this process need not be interpreted as a conspiracy, but rather as a “culmination, a formalization, of a lengthy process that originates in the classroom . . . when the teacher makes the first referral” (p. 165). Mehan et al. argued that there is more to this process than simply reflecting students’ measured abilities or their background characteristics. Rather, the process must be understood at both micro and macro levels, taking into account the entire institutional context within which decisions about individual children’s identities are made.

Ysseldyke et al. (1982) videotaped 20 placement team meetings and analyzed the decision-making process. Similar to Mehan and colleagues, they found that decisions about students seemed to have been made ahead of time based on other factors than test data. They noted, “Considerable evidence is accumulating to suggest that the extensive amount of information collected about students . . . has little influence on actual decisions. In fact, it looks as if decision makers use assessment data to support or justify decisions that are made independent of the data” (p. 42). Ysseldyke and his coresearchers noted many instances in which identical data were used to support different outcome decisions and asserted that classification decisions seemed to be more a function of certain student characteristics—for example, gender, socioeconomic level, or physical appearance—than pupil performance data.

More recently, Gutkin and Nemeth (1997) examined factors that influenced the quality of the decision-making process in prereferral and other school-based teams. As in studies conducted more than a decade earlier,

they noted that decisions were frequently made without achieving consensus and that it was common for some members to feel threatened by others on the team whom they perceived to have more power. Gutkin and Nemeth suggested that teams establish measurable outcome criteria with which to judge the quality of their meetings. They offered several recommendations to help school psychologists improve group dynamics, such as being consistent, maintaining a flexible style of negotiation so as not to be perceived as rigid, and fostering creative problem solving by encouraging diverse points of view.

Other researchers have also recommended ways to enhance the decision-making process (Abelson & Woodman, 1983; Kaiser & Woodman, 1985; Traylor, 1982). Abelson and Woodman discussed implications of research on group effectiveness for school multidisciplinary teams, and described a process model of team building that they believed could improve team decision making. Kaiser and Woodman suggested that multidisciplinary teams need more structure and offered a model for achieving this. Traylor worked with teachers to increase their involvement in team meetings.

The Roles of Team Members

The preeminent role of the psychologist in the decision-making process is well documented (Frankenberger & Harper, 1988; Knoff, 1983; Mehan, 1991; Mehan et al., 1986). Frankenberger and Harper asked 235 multidisciplinary team participants to rate the importance of each team member's contributions during multidisciplinary team meetings. Psychologists were considered the most influential. Similarly, Knoff asked 20 school psychologists and 20 special educators to rate the influence of various professionals and parents on child placement decisions during multidisciplinary child study team meetings and found that school psychologists were perceived to be the most influential and as having disproportionate influence on placement decisions. Mehan and colleagues (1986) noted that the predominant influence of psychologists could be seen in the hierarchical order and style of presentation of reports in placement conferences, in which the psychologists' always came first and were presented in a formal style that precluded interruption or questioning.

By contrast, other team members have less influence. Although the responses to Knoff's (1983) and Frankenberger and Harper's (1988) scales differed somewhat, respondents agreed that special education teachers have more influence than parents and more than general education teachers (including the referring teacher). Those with the least influence were guidance counselors, social workers (Frankenberger & Harper) medical personnel, and the parent of a handicapped child (Knoff). Classroom

teachers do not always attend, but when they do, they generally assume a passive role (Traylor, 1982). Traylor found that "other team members considered classroom teachers as unimportant" (p. 530).

Most parents do not actively participate in meetings, instead spending most of their time listening to professionals. A number of factors seem to limit parental participation: (1) parents may lack information about the IEP process or the school system; (2) professionals may have limited skills in consulting with parents; (3) parents may feel intimidated; (4) logistical problems such as a lack of transportation or need for babysitting may make it hard for parents to attend meetings; and (5) communication may be limited by linguistic and cultural differences or the use of jargon (Turnbull & Turnbull, 1986). Studies focusing on the participation of Puerto Rican and African American parents show that different ethnicity and low socioeconomic status exacerbate these patterns (Harry, 1992; Harry, Allen, & McLaughlin, 1995).

In summary, although on paper the special education referral process includes many checks and balances designed to ensure that the process is fair and valid for culturally and linguistically diverse students, as implemented, it seems to be fraught with challenges. Yet many of the investigations of CST and placement conferences were conducted in the 1980s and early 1990s, before the reauthorizations of IDEA in 1990, 1997, and 2004, with their additional regulations regarding referrals, multidisciplinary team meetings, and assessment procedures. In addition, much of the research has not focused on ELLs. In this study, we address these gaps in the literature by describing current-day practices in diverse schools.

PURPOSE

The purpose of this study was to examine the special education referral and decision-making process for ELLs, with a particular focus on CST meetings and placement conferences. We wished to learn how school personnel determined if ELLs who were struggling with reading had learning disabilities. We wondered to what extent those involved in the process understood second language acquisition and to what extent consideration was given to language issues. We were interested in the roles of various team members and how decisions were made. We also wanted to find out more about the interactions among professionals and parents.

METHODOLOGY

BACKGROUND

The data for this study are from a large 3-year ethnographic study of the decision-making processes that result in the overrepresentation of

culturally and linguistically diverse students in special education in a major urban school district in a southern state. School populations included students of African American, European American, Hispanic (predominantly from Cuba, Nicaragua, and Mexico), Haitian American, and Jamaican American ethnicities.

STRATEGY OF INQUIRY

We employed a qualitative design and used ethnographic techniques to capture the dynamic nature of the decision-making processes through which students were determined to be in need of special education placement. Our theoretical orientation was that of grounded theory, with the aim of developing explanations of the data through an inductive analytic process. Our overall approach was therefore open-ended, with a view to understanding the perspectives of school personnel while also developing our own interpretations of the phenomena being studied. Our approach to this investigation was similar to that of Mehan and colleagues (1986) in that we used ethnographic data collection techniques to study the entire referral process to understand how and why students were placed in special education programs.

ROLES OF THE RESEARCHERS

Both of the principal researchers were special education teachers before obtaining doctorates and becoming researchers. The first author was a bilingual special education teacher for 10 years, including one year in the school district in which this research was conducted. As a member of a districtwide bilingual assessment team, her responsibilities included sitting in on CST meetings and placement conferences when the target student was an ELL to monitor the decision-making process and to offer expertise regarding disability and language acquisition issues. She had received extensive preparation for this role. The second author, who has been the parent of a child with a disability, had conducted three previous ethnographic studies with diverse populations, which focused on parent-professional communication in IEP and placement conferences. Based on these experiences and on extensive knowledge of the literature regarding such interactions, we both held preconceived ideas about what ideal special education conferences should look like.

Particularly because we were knowledgeable about the practices and processes we were observing, as researchers we faced ethical dilemmas. We knew how to provide assistance, yet we did not want to overly influence or affect the interactions that we witnessed. For the most part, we remained silent, but there were a few exceptions to this. For example, one of us

observed a child's placement conference at which she was the only person other than the assistant principal to have also attended the child's CST meeting. When the new psychologist informed the team that the student had never received speech and language therapy and the researcher knew that he had and that this was relevant information, she opted to share this information. We also experienced role conflict in our relationships with parents who perceived that we could somehow help them, and that we would serve as advocates for them and their children and act as intermediaries with the school system. We always felt a bit as though we were tight-rope walking in these situations.

SAMPLING

For the larger study for which these data were collected, we purposively selected 12 schools to represent a range in ethnicity, socioeconomic status, language, and schools' rates of referral. For this study on ELLs, data were drawn from a subset of 9 of these schools (see Table 1 for more demographic information). Three schools were not included because the CST meetings or placement conferences we observed there were not for ELLs. The language support programs across these schools varied. Only one school had a dual immersion program, in which all students participated in Spanish instruction for half of the school day and English instruction for the

Table 1. School Demographics

| School | Ethnicity of Students | | | Free or Reduced Lunch | % ELL | % EMH | % EBD | % LD |
|--------|-----------------------|----|----|-----------------------|-------|-------|-------|------|
| | W | B | H | | | | | |
| 1 | 0+ | 91 | 8 | 98 | 39 | 0.2 | | 3.0 |
| 2 | 0+ | 87 | 11 | 99 | 26 | 0.1 | | 5.7 |
| 3 | 0 | 98 | 2 | 97 | 1 | 8.0 | | 13.4 |
| 4 | 1 | 0+ | 98 | 89 | 47 | | 0.2 | 5.9 |
| 5 | 9 | 1 | 88 | 71 | 26 | 0.1 | | 5.6 |
| 6 | 6 | 11 | 82 | 87 | 46 | | | 4.2 |
| 7 | 2 | 77 | 20 | 99 | 12 | 1.1 | | 6.0 |
| 8 | 1 | 69 | 30 | 99 | 16 | 1.9 | | 4.4 |
| 9 | 2 | 55 | 43 | 99 | 29 | 0.1 | 0.1 | 3.8 |

Note: W = White; B = Black (used to refer to African American students and those from Haiti, Jamaica, and other Caribbean countries); H = Hispanic (the term generally preferred in this region for individuals from Cuba and other Caribbean countries, Mexico, Central America, and South America); ELL = English language learners not yet considered fluent in English (referred to as limited English proficient by the district); EMH = educable mental handicaps; EBD = emotional and behavior disorders (referred to as emotionally handicapped in this district); LD = learning disabilities.

other half. Other schools offered a combination of pull-out ESOL, curriculum content in the home language, and home language arts classes. In many cases in which the classroom teacher was certified in teaching English to speakers of other languages, students were not pulled for this support but received it within their homeroom.

We observed the CST meetings and placement conferences for 19 students who were considered ELLs when they were referred, a total of 21 meetings. Students' grade levels ranged from kindergarten through fifth grade: 2 were in kindergarten, 4 in first grade, 2 in second grade, 9 in third grade, 1 in fourth grade, and 1 in fifth grade. Eleven students were Hispanic and spoke Spanish as their first language, 6 were Haitian and spoke Haitian Creole, and 1 was Middle Eastern and spoke Arabic. Their levels of English proficiency (referred to in this district as their ESOL level) ranged from 1 (just beginning to acquire English) to 5 (considered at least moderately proficient in English and no longer in an ESOL program; see Table 2).

DATA SOURCES

We collected a great deal of data regarding the CST process. Our primary data source for this study was observation, though we also conducted interviews and examined documents. Although we collected data over a 3-year period for the larger project, most of the data for this ELL study were collected in about 1 1/2 years.

Observations

We collected extensive field notes during observations of CST meetings and multidisciplinary team meetings/placement conferences. We observed a total of 55 such meetings, but only 21 of these for students considered to be ELLs. It is the notes from these 21 observations that constitute the primary data source for this article. Whenever we observed a CST or multidisciplinary team meeting, we observed the entire meeting. Meetings lasted anywhere from 5 minutes to more than an hour. The two authors of this article conducted all the CST meeting and placement conference observations for ELLs except two. One placement conference was observed by a bilingual research assistant and another by our project coordinator, who was also a lead researcher on the project.

Our larger data set included 627 classroom observations (627), as well as observations of other meetings (14), psychological evaluations (5), and home and community settings relevant to target students (15). Classroom observations took place for a minimum of 30 minutes and sometimes lasted as long as 2 hours or more. Usually only one researcher was present for an

Table 2. Students Observed in CST Meetings or Placement Conferences

| Student | Ethnicity/ Country | Grade | ESOL Level | Referral Reason | Type of Meeting | Outcome | Notable |
|-----------|-----------------------------|-------|---------------|---------------------------|-----------------------|--|---|
| Rex | Hispanic | 3rd | 4 | Academics and behavior | Staffing | LD | <ul style="list-style-type: none"> Tested in both English and Spanish, but only English scores discussed, included in evaluation report. |
| Reina (2) | Hispanic/ Puerto Rico | 3rd | 4 | Academics | 1st CST & Staffing | At CST: Evaluation; At staffing: EMH | <ul style="list-style-type: none"> CST meeting lasted 5 minutes—“The mother is retarded and wouldn’t have understood anyway.” All testing done in English; no mention of ESOL at staffing. No discussion of Paul being ESOL at staffing. Achievement scores higher than IQ. Qualifies with “auditory processing deficits.” |
| Paul (2) | Hispanic | K | 3 | Behavior only | 2nd CST & Staffing | 2 nd CST: Evaluation; Staffing: LD | <ul style="list-style-type: none"> Good discussion of language issues. Example of a meeting where they switched to English and didn’t translate for parent. |
| Pablo | Hispanic | 2nd | 3 | Academics | 1st CST | Bilingual assessment, Evaluation | <ul style="list-style-type: none"> Psychologist says, “He can’t be referred until he’s ESOL level 4 . . . they won’t accept it.” Teacher did not consider student’s Spanish skills. Mother says she is confused between 2 languages; apparently not referred for a bilingual assessment. |
| Oscar | Hispanic/ Puerto Rico | 2nd | 2 | Academics | 1st CST | Refer for counseling | <ul style="list-style-type: none"> Unprofessional conversations in English between principal and teacher in front of parent. |
| Monica | Hispanic | 1st | ? | Academics | 1st CST | Strategies, Evaluation | |
| Marcos | Hispanic | 3rd | 4 | Academics | 1st CST | Evaluation | |

| | | | | | | | |
|---------|-------------------|-----|---|------------------------|----------|----------------------------------|--|
| Lucio | Hispanic | 5th | 4 | Behavior and academics | Staffing | EH (SED considered) | <ul style="list-style-type: none"> • Most of discussion focused on behavior. • Translations during meeting sporadic. |
| Laura | Hispanic/ Cuba | K | 1 | Academics | 1st CST | Bilingual assessment, Evaluation | <ul style="list-style-type: none"> • Referred from a bilingual class, compared with other ESOL level 1 students. • All forms are only in English, not translated. • Family's roof was just blown off. • Teacher tells translator to tell the father that homework is important, like the roof. |
| Joseph | Haitian | 3rd | 3 | Academics | 1st CST | Bilingual assessment, Evaluation | <ul style="list-style-type: none"> • Haitian psychologist recommended LD; staffing specialist "doesn't trust this" so recommends more testing for possible EMH. • Inadequate understanding of ESOL issues. |
| Jean | Haitian | 3rd | 3 | Academics | Staffing | More testing (for possible EMH) | <ul style="list-style-type: none"> • Only sporadic translation at meeting. • No discussion of native language skills. |
| James | Haitian | 1st | 1 | Academics and behavior | 1st CST | Evaluation | <ul style="list-style-type: none"> • Teacher speaks in belittling way about mother, mimics her. • Psychologist argues for a bilingual assessment, saying, "He could be caught between two languages." • Good discussion of language issues—He has "poor comprehension, poor oral communication, doesn't retain information" in Spanish and English. |
| Jacques | Haitian | 3rd | 3 | Academics | 1st CST | Meeting rescheduled | |
| Hamid | Middle Eastern | 3rd | 4 | Academics | 1st CST | Monitor, Bilingual assessment | |
| Elfigo | Hispanic | 1st | 3 | Academics | 1st CST | Meeting rescheduled | |

Table 2. (Continued)

| Student | Ethnicity/ Country | Grade | ESOL Level | Referral Reason | Type of Meeting | Outcome | Notable |
|---------|-----------------------------|-------|---------------|---------------------------|--------------------|---|--|
| Claude | Haitian | 1st | 1 | Academics and behavior | 1st CST | Strategies, Bilingual assessment, Evaluation | <ul style="list-style-type: none"> Teacher told to "pick the most basic alternative strategies on the list." Confusion by AP about difference between bilingual assessor and bilingual psychologist. Parent not present. Good discussion re: language issues. Knowledgeable psychologist. Disagreement about whether Ben should receive pull-out support in Haitian Creole when in EMH. Teacher says he does not follow directions. No mention of ESOL level or language issues as a possible explanation. |
| Carlos | Hispanic | 3rd | 4 | Academics and behavior | 2nd CST | Bilingual assessment, Evaluation | |
| Ben | Haitian | 3rd | 2 | Academics | Staffing | EMH | |
| Arturo | Hispanic/ Puerto Rico | 4th | ? | Academics | Staffing | LD | |

Note: ESOL = ESOL level at time of initial referral. Marcos, Reina, and Lucio were exited to level 5 between the time of the initial referral and their CST meeting or placement conference. ESOL levels were not provided for Monica or Arturo. Staffing = placement conference.

observation. However, occasionally two researchers conducted an observation together, each taking notes separately and comparing them later.

Field notes were written using procedures described by LeCompte and Preissle (1993) and included observer comments (Wolcott, 1995). Wolcott noted that observer comments, or reflections, can help the researcher recapture detail and provide a “critical bridge” between what the researcher has experienced and how that experience is translated into a form in which it can be communicated to others.

Interviews

For the larger project, we conducted 272 open-ended or semistructured individual interviews with students, parents, and school-based and district personnel, and additional 84 informal conversations. Our first set of interviews was conducted with each of the district’s six regional special education directors. We asked questions about the referral and placement process and which schools the director had concerns about or thought were positive examples of practice. Later in the project, we also interviewed other district personnel, such as bilingual assessors, psychologists, and staffing specialists, and the administrator responsible for bilingual special education. In each case, we asked about their roles and responsibilities, and their perceptions of the referral process. Once we had selected our 12 schools, we interviewed the principal, assistant principal(s), counselor(s), and other key personnel at each school (such as community liaisons, social workers, and reading leaders). We asked questions about the referral process generally and about CST and multidisciplinary team meetings specifically. Whenever applicable, we asked about procedures for ELL students.

Documents

We examined documents such as IEPs, psychological and other evaluations and reports, students’ test protocols and work samples, school district guidelines and policies, and extant data on special education placement in the school district.

DATA ANALYSIS

We applied grounded theory and ethnographic techniques to develop theory inductively using the constant comparison procedure (Glaser & Strauss, 1967; Strauss & Corbin, 1998). The recursive nature of the constant comparison method allowed each phase of data collection and analysis to feed into the next. As it was collected, all data were entered into the ATLAS.ti database. Once data were entered, they were segmented through coding and “chunking” quotes or important pieces of text according to similar

patterns. These categories provided simple descriptive codes. After all meaningful data were categorized, finer levels of coding were applied. This process was recursive and continued throughout the project. We clustered codes into related, overarching categories and moved to the interpretation of themes that cut across categories and pointed to tentative explanations of the data. These explanations were designed to identify common factors across cases. As explanations emerged, we collected additional data and investigated further cases to test each. We continued to look for disconfirming evidence, and it was only when new data confirmed these tentative explanations that we concluded that they had some validity (though this can never be known with absolute certainty). For a detailed description of our data analysis procedures, see Harry, Sturges, and Klingner (2005).

FINDINGS

Though we noted variability across schools, our data yielded some clear patterns regarding CST and multidisciplinary teams and the referral process for ELLs. We discuss issues related to differentiating between English language acquisition and learning disabilities, including not knowing when a child is ready to be assessed in English, confusion about when to refer an ELL, misinterpreting a child's lack of full proficiency as low IQ or learning disabilities, and an overreliance on test scores, with little consideration given to other factors that might affect a student's performance. We also describe prereferral strategies, the roles of the bilingual assessor and the psychologist, the decision-making process at placement conferences, and interactions with parents. All names are pseudonyms.

DIFFERENTIATING BETWEEN ENGLISH LANGUAGE ACQUISITION AND LEARNING DISABILITIES

Although some professionals in our study seemed to know a great deal about how to differentiate between English language acquisition and learning disabilities, many others were quite confused about this. We found a great deal of variability across schools in how district policies were carried out, how assessments were conducted, and how decisions were made. The school with a kindergarten through sixth grade two-way bilingual (i.e., dual immersion) program was different in some key ways from schools without bilingual education.

Confusion About When to Refer

There seemed to be much confusion about the district's rules concerning when a student could be referred for an evaluation. Although some

psychologists thought that they were not allowed to refer students who were still at beginning levels of English proficiency, the district administrator in charge of this process assured us that this was not the case, “No, not at all. No, no. At every meeting, in fact, at every regional or AP [assistant principals’] meeting we have gone to, we say it. All children have access to any categorical program.” At another point in the conversation, she said,

One of the issues in terms of ESOL students is that we [in general around the country] wait until the students become proficient in English. But, that doesn’t happen too much in this district. We sometimes don’t really have “under referral.” I think that in the average, schools over refer. That is my perception of what we have out there.

Yet this message was not getting to at least some of the district’s psychologists. One stated emphatically, “The district will not allow psychological testing of young children at ESOL levels 1 and 2.” At another school, the psychologist explained during Oscar’s (the student’s) meeting, “He can’t be referred anyway until he’s ESOL level 4 . . . his ESOL level is too low; they won’t accept it.” Another psychologist told us, “The ESOL ones and twos have to be very obvious to be referred. The preference is that the child be in ESOL two semesters to acquire the language and culture, becoming assimilated to the new culture.”

Personnel at a school with a dual immersion program expressed the opinion that it is easier to identify students with learning disabilities when they are in a bilingual program such as theirs “because you can tell if they are having difficulties in Spanish, their native language, as well as in English. You can determine if the child’s difficulty is due to confusion learning a new language, or something broader that is apparent in both languages.” In this school, students were frequently referred as early as kindergarten.

Not Knowing When a Child is Ready to be Assessed in English

The written guidelines in this district specified that students generally take about 7 years to develop English proficiency to the extent that they are ready to be evaluated in only English (based on Cummins, 1984). Even students who are considered to be at ESOL level 5 and have been exited from ESOL services are supposed to be monitored for 2 years and evaluated by a bilingual assessor before they are formally evaluated by a psychologist. Yet not everyone believed that it really took 7 years, and these guidelines did not seem to be followed in practice. For example, Reina’s IQ score was determined to be 51, using the WISC-III, yet she spoke Spanish as her first language and her mother only spoke Spanish. Because she had

just exited from ESOL, all her testing was done in English, and no mention was made of her not being a native speaker at her placement conference.

When one bilingual psychologist was asked how long she thought it took to get to the point where it was “safe” to test a child only in English, she quickly responded, “seven years” (the expected response according to district policies). But then she went on to say,

But, actually, actually they are proficient before seven years. If they started here and have been here since kindergarten and they have heard the language every day they should be able to learn it like any other student. So, even though they switch [to using their native language] at home, it doesn't matter. You see, I was born in [a Spanish-speaking country] but I went to an American school all of my life. So, I know what it is like. I've been through the experience, so I expect more of them.

Another way that this played out was that in some cases there seemed to be an overreliance on the teacher's or parent's opinions about a student's English proficiency. For example, at Hamid's CST meeting, the mother told the committee that he understood more English than Arabic. The psychologist asked if he might be experiencing language interference because he was taught in Arabic first, and suggested that he needed a bilingual assessment. The assistant principal reminded him, “But the mother said the child is better in English than Arabic.” The psychologist responded, “Yes, but the problem could be that he's caught between the two languages, and possibly below in both.” Hamid had been back and forth between the United States and his native country, and he had attended kindergarten in his homeland. In this case, the psychologist seemed to have the clearer understanding of language issues, and he prevailed.

At Rex's placement conference, the staffing specialist said to the teacher, “I see he's ESOL level 4. Do you think that has a bearing on this?” The teacher responded, “No, he speaks English well.” Although Rex had been tested in both English and Spanish, only English scores were shared and included in the psychologist's written report, and no further mention was made of the possible influence of language on Rex's IQ score of 74.

On the other hand, at some meetings, language issues were discussed extensively. At Elfigo's meeting, the team noted that his low comprehension, lack of retention, and poor oral communication could be due to his limited English proficiency, “His BICS [basic interpersonal communication skills] are fine but he doesn't have CALP [cognitive academic language proficiency].” The psychologist explained, “Even at ESOL 4, the CALP is still low.”

A similar conversation took place at Pablo's CST meeting: “He forgets information and his concentration is weak. He has problems with attention, decoding, retrieving information. . . . He's more comfortable in Spanish. He

lacks English vocabulary.” The mother interjected, “To me it seems he speaks English well.” The counselor then explained that the social level of English may not be the same as the academic level. The discussion then shifted to questioning how the student’s reading skills compared with those of other students at his ESOL level (as a way of determining if he might have a disability). The psychologist concluded, “So he has more of a reading problem than other ESOL 3s,” and the decision was made to refer him for an evaluation.

At Carlos’s meeting, the psychologist was thorough in his questioning regarding the student’s relative strengths in English and Spanish. He seemed to adequately consider language issues, as can be seen in this exchange between the psychologist and the classroom teacher:

Teacher: His vocabulary is very limited.

Psychologist: If he doesn’t have the vocabulary, it could be associated with second language acquisition.

Teacher: I don’t think his limited vocabulary is because of his English.

Psychologist: What does the Spanish teacher think?

Teacher: He has a D in Spanish. I think his vocabulary is limited because of lack of experience and attention. He’s easily distracted.

Psychologist: You’ve heard him speak in both languages?

Teacher: Yes, he prefers English.

Psychologist: Could you compare his English to his Spanish?

Teacher: In a social situation, he spontaneously uses English, even in response to peers.

The psychologist said that Carlos would need a bilingual assessment, “We have to have it done for ESOL levels 4 and 5.” He explained, “At level 3, you start forgetting the native language so the child may have poor vocabulary in both languages, so it’s hard to tell if it’s a learning disability. Then the tests that are in Spanish are based on norms for monolinguals and these kids are not. So you just have to do the best you can. Only in a full bilingual program is the kid likely to adequately maintain both languages.”

Misinterpreting a Lack of Full Proficiency in English as Low IQ or Learning Disabilities

Our primary concern in many of the meetings we observed was that there was a lack of consideration given to language issues. This seemed to be due to the possible misinterpretation by those involved that students’ difficulties were attributed to intrinsic deficits of some kind rather than a lack of full English proficiency. It seemed that some psychologists, staffing specialists,

administrators, and others did not have enough of an understanding of the language acquisition process and confused language acquisition for processing disorders, low intelligence, problems with attention, or learning disabilities. We heard students described as having poor auditory memory or not able to follow directions, for example, without any mention of whether this could be related to the language acquisition process even though these characteristics are typical of students acquiring a new language. The following three students exemplified this pattern.

Arturo's teacher reported that he did not follow directions and did not participate in discussions, and she had to spend a lot of time with him to make sure he understood. She lamented, "He's not independent." There was no mention of his ESOL level or language issues as a possible explanation for these factors.

Though James was at ESOL level 1, his teacher referred him for academic concerns, noting, "My real concern is that when I give a direction [in English] he gives me a blank look, like he doesn't understand. He's lost." She also noted that he had difficulty paying attention. In this case, the assistant principal did note that "a lot of children in ESOL have these difficulties." The teacher responded by saying, "But I think it's more than that. It's more a matter of higher level thinking." This was accepted by the team and they proceeded to refer the student for an evaluation. They did not discuss his native language skills and whether he exhibited these same problems in Haitian Creole.

Paul was found to have learning disabilities by the team, but although he was ESOL level 4, there was no mention of language proficiency in the psychologist's report and no discussion of language proficiency at his placement conference. He was determined, however, to have "auditory processing deficits" through English-language testing. Notably, his achievement scores were actually higher than his IQ score.

Similarly, it sometimes seemed that not enough attention was given to students' skills in their native language. In some meetings, this was not addressed at all. In the following example, it did come up, but Oscar's teacher was not prepared. When asked what the Spanish teacher thought of Oscar's academic skills, she said that she did not speak with her. The team decided to send for the Spanish teacher, who reported, "He is functioning well. He's not behind in reading . . . He's quiet." The classroom teacher said, "I wasn't aware he was that good in Spanish."

Overreliance on Test Scores

It was interesting to note how much confidence school personnel seemed to have in the ability of the psychological evaluation to "diagnose disabilities."

We heard this view expressed frequently. One counselor said, "I believe that the teachers see problem areas, and it's the psychologist's position to actually use the various tests available and determine whether the student goes into a special education program."

This overconfidence in test scores meant that little consideration was given to other factors that might provide alternative explanations for students' behaviors, such as teacher or environmental factors. None of the CST conferences we observed seemed to take into account the ecology of the classroom from which a child was being referred. The assumption seemed to be that the problem was within the child, not in the environment. Observations by someone other than the classroom teacher were not conducted.

However, for many of the CST meetings and placement conferences we observed, we, the researchers, had observed students in their classrooms. This meant that we knew something about the instructional and management styles of the referring teachers. In Claude's case, for example, the teacher told the CST that she used "visuals, manipulatives, and other ESOL techniques. . . . But he doesn't retain it. He can't transfer it to do it on his own." This was taken at face value by committee members. Yet in our several observations in this classroom (10 altogether), we were struck by the absence of ESOL strategies even though most of the students were at very beginning levels of English acquisition (ESOL levels 1 and 2). The teacher was very verbal and only rarely used any kind of visual display.

Psychologists very rarely observed the students they tested in their classrooms before conducting an evaluation. When asked about observations, one psychologist said, "I make time for the ones that have behavior problems But no, with the other ones, only if I feel that I need to. The whole morning with them [testing] gives you a good idea, you know it does. And you rely on the teacher's comments and you rely on your notes."

PREREFERRAL STRATEGIES

Prereferral intervention or alternative strategies are supposed to be central part of the CST process. However, of the 11 first CST meetings we observed for ELL students, strategies were recommend only twice, and both of these students were placed on strategies at the same time that they were referred for a formal evaluation. Little attention was given to coming up with meaningful strategies or trying to match strategies to students' documented problem areas. Claude's teacher was told to just "pick the most basic alternative strategies on the list." It was suggested to Monica's teacher that she use preferential seating, positive reinforcement, and redirection as strategies. Yet the researcher noted that this was what the teacher had just said she already did. Six students were referred immediately for a formal

evaluation at their first CST meetings, without the provision of any pre-referral strategies.

At the second CST meetings and placement conferences we attended, there was rarely any follow-up to see how the strategies that presumably had been suggested in the first meeting were working. We noted no discussion of strategies at either Reina's CST meeting or placement conference, or Paul's CST meeting or placement conference, nor were there any discussions of strategies at Jean's, Ben's, Lucio's, or Arturo's placement conferences. The one exception was Carlos' second CST meeting. The researcher noted, "I look at a form the psychologist is holding out to me. It has a list of alternative strategies: Move around room, touch base with student. Provide visuals. Reduce distractions. Present both auditory and visual cues."

During our classroom observation, we sometimes observed prereferral strategies being implemented. For example, in one second-grade classroom, we noted that one boy about whom the teachers were concerned (and who eventually was identified with learning disabilities) was paired with another student who provided assistance and seemed to be very helpful. The teacher explained to us that this was a prereferral strategy.

ROLE OF PSYCHOLOGIST

Of everyone involved in the entire special education referral and placement process, the psychologist was clearly the person with the most authority and decision-making power. Typically the psychologist became involved when a child's case was discussed at the second CST meeting, and a decision was made whether to refer the child for a psychological evaluation. If the decision is to test the child, the case was officially "opened." At that point, the psychologist conducted the entire evaluation himself or herself. Typically the psychologist met the parent for the first time at the second CST meeting and saw the parent again at the placement conference, but did not otherwise interact with the parent.

Tests Used

The WISC III, in both English and Spanish, seemed to be the intelligence test of choice. Alternative IQ tests included the K-ABC, the UNIT (a non-verbal test), or the Differential Ability Scales, a test considered fairer with ELLs. Even though psychologists seemed to know that the validity of the WISC III with ELLs was questionable, many still preferred it over other tests. One psychologist explained,

You would try to use a nonverbal type of test to get a score that is not decreased by the language. But I like to use the WISC III anyway

because, even though later I have to give an extra test, I want to look at the verbal anyway. My favorite is the WISC III; that is my favorite because you want to look at how the child does on both scales. Even if I'm not going to use the verbal IQ and I'm going to write in my report that I'm disregarding it, or I have to give another test just to make sure that I'm getting a more valid IQ, I prefer to start with the WISC III.

Other tests included the Woodcock Johnson test in English and the Bateria Woodcock Muñoz in Spanish, and the Bender and the Visual Motor Integration Test (VMI).

ROLE OF BILINGUAL ASSESSOR

We asked several professionals to explain the role of the bilingual assessor to us. An assistant principal at a bilingual school explained,

At the first CST if the child is an ESOL 3 or 4, he is referred to the bilingual assessor. The students who are in ESOL 5 and are at the 32nd percentile in reading or lower and have been exited from the program for less than 2 years are also evaluated. There is a parent permission form the parent needs to sign that is sent to the bilingual assessor. The report from the bilingual assessor is supposed to be completed before the second CST meeting. If we do not have the report from the bilingual assessor then the psychologist isn't going to sign, even though it is a clear-cut case, even though we have a Spanish teacher here at the school who says the child isn't doing well in their language or whatever, they cannot.

Psychologists told us that before they do their testing, they look at the recommendation from the bilingual assessor to see if he or she believes that there are other factors besides language affecting the child's progress. A staffing specialist described the bilingual assessor's role as "helping the psychologist determine whether that student has learned the academic language of English or just the social language."

A bilingual assessor described her role this way:

We look at the child and try to determine if the child's difficulties are because of the language, and try to help out with recommendations, looking at the student's strengths and weakness in both languages. We try to see if we can find out what the issue is and then give recommendations to the school and let them determine if they want to continue with the process or not. They refer the children to us because

apparently they are having some difficulty in the classroom. Our students are ESOL students that are 3, 4, and 5s; we don't usually test 1 and 2s because they have to be tested in their home language, the psychologist tests them basically monolingual.

Another bilingual assessor explained how challenging the process is:

My role as a bilingual assessor is to determine if the child's difficulties are due to [learning a second] language or due to other factors. Sometimes it might be something I don't know. Sometimes I don't have all of the facts in front of me. Sometimes the discrepancy is so thin. Maybe if they give him more time, he'll make it. Maybe we will give him two years and with more time we'll see a change. Maybe sometimes we know that two years will not help. Sometimes it is just kind of struggle to see.

In our observations of CST meetings and placement conferences, we frequently heard the bilingual assessor mentioned when a referral was being made: Of the 13 first and second CST meetings we observed, a bilingual assessment was recommended six times. But we did not hear about the results of these assessments in the placement conferences we attended. Notably, the bilingual assessor was never present.

Although the school personnel quoted above seemed quite clear about the role of the bilingual assessor, others seemed quite confused. At one school, the assistant principal who was in charge of the referral process did not seem to know the difference between the bilingual assessor and the bilingual psychologist, referring to them interchangeably. When asked for the name of the bilingual assessor, she provided the name of the psychologist instead. Other personnel also seemed confused about the role of the bilingual assessor and the purpose of testing. At a CST meeting at another school, the researcher asked the assistant principal to clarify the role of the bilingual assessor. The following is from our field notes:

The assistant principal explains that the bilingual assessor tests the child's academic skills in Creole, to see if he has learned them in his native language. She explains this for a couple of minutes, then pauses and looks a bit doubtful. Then she turns to the team members and comments that maybe that's not right since he may not have learned those things in Creole yet. They nod, and the conversation drifts off.

This comment seems particularly problematic when one considers that the student being tested had never been taught academics in Creole.

Decision Making

Decisions seem to have been made prior to the placement conferences. When psychologists were asked how decisions are made and who makes them, they emphasized that it is a team decision but also acknowledged that they have a lot of influence over the outcome. One psychologist explained,

I know my staffing specialist very well now. I test; I write my report; I write my recommendations and I give it to the staffing specialist. If I want something, I know it is a team decision, but I can tell her, "look this is my feeling," even with a note. She has a report, but she also has a note, "this is the way I feel, let me know." Many times she'll come and say, "What do you want me to do with this, what do you think?" Or, "This is my opinion, I think we should go this way instead of that." But we discuss it and we come to a decision. *And we discuss it prior to the meeting just to make sure we are providing the best for the child. And once we have a unified front for the parents, we can bring them in just so they know what is going on.*

INTERACTIONS WITH PARENTS

We were told that "the parent is involved from the beginning, even before the student is referred." However, for the most part, we observed little evidence of strong parental involvement in the special education referral process. We noted several problems, including negativity, a lack of consistent translation services, ignoring parents, lack of professionalism, and insensitivity.

Negative Comments About Families

We noticed a range of interactions across schools, and even within schools in which some individual CST and multidisciplinary team members would behave very appropriately with parents, and others inappropriately. Yet, overall, we were appalled by the negativity we witnessed. School personnel often made derogatory remarks about parents and spoke of them in demeaning ways. For example, Jacques's CST meeting had to be rescheduled because the mother did not attend even though she had signed a form indicating she would be there. The teacher told the researcher that she had reminded the mother, adding,

All I can ever get out of her is "yes teacher, yes teacher." She mimicked the mother, using a silly tone of voice. She confided with a smirk that she makes her phone calls to parents from home where she cannot be

overheard so that she can be “nasty” if necessary. Then if anyone comes to the school to complain, there are no witnesses to the conversation. She says this with a little laugh.

That several school personnel would make disparaging remarks about parents in front of us made us wonder what they would say in our absence. For example, in different settings, we heard parents referred to as “crazy,” “retarded,” or “unreliable.” Such labels would serve as justification of not following established procedures for conducting meetings. For example, Reina’s CST meeting lasted only 5 minutes. When the researcher asked about this, she was told that the mother was “retarded, and wouldn’t have understood anyway.”

Inadequate or Sporadic Translation Services

Despite the many Spanish and Haitian Creole speakers in this region, the district provided translations of some, but not all, official documents. Sometimes even these were not available to parents. At both Laura’s and Reina’s meetings, parents did not speak English, but all forms were only in English, and only brief explanations were provided to the parents. When Reina’s mother asked for her daughter’s test results in Spanish (this request was from the mother whom the school considered “retarded”), she was told by the staffing specialist that this was not an option: “Our school system has some 80 different languages. We can’t possibly provide translation for everyone.” Sometimes parents were asked to sign forms without being able to read them, and without an explanation.

Translations of CST and placement conferences generally were provided by the classroom teachers who were present, the counselor, or, at some schools, the community involvement specialist. In most schools, it was not difficult to find a Spanish interpreter, but interpreters for Haitian Creole were much harder to come by; occasionally, no one was available to translate. From what we could surmise, those who translated had not received any special training in how to translate the results of a psychological evaluation.

In some cases, interpreters should have been provided but were not. In other cases, even when an interpreter was present, not all the dialogue was translated. The worst examples of this were in meetings with Haitian parents who seemed reluctant to acknowledge that they needed an interpreter. Although this reluctance was something that was commonly acknowledged by school personnel who worked with Haitian populations, school teams would often go ahead without an interpreter. The importance of an interpreter would particularly become evident whenever the language of the team became formal or academic—which, of course, it often did. For

example, Ben's father was asked if he had any siblings, to which he replied no. A minute later he talked about the child's sister helping with homework. Translations were sporadic at Lucio's placement conference. And at James's CST meeting, we were shocked to see the Creole-speaking interpreter, a counselor, walk in and out of the meeting in response to phone calls or on errands. When this occurred, the conversation proceeded in English without the interpreter:

The mother starts saying something in Creole to the interpreter, and as she talks the teacher continues with her comments, directing them to the assistant principal (AP). The phone rings and the counselor answers it. She puts down the phone and says she has to go to see about something. The AP tells her to go ahead, saying, "We'll wait for you."

The counselor/interpreter leaves, and the AP and teacher promptly continue the conversation.

The mother is listening to them and nodding and the AP says, "Do you understand? Do you want us to wait?"

The mother does not answer the latter question, but says, in very halting English, "Sometime he write it like this," making a motion with her hand. I have no idea what she is trying to say.

The interpreter returns and starts translating. . . . Then the teacher and the counselor get up and go to look for a form.

[Observer's comment: I am so dismayed at the coming and going of people and in particular of the interpreter. In the absence of the interpreter, it is clear that communication between this mother and the school is very difficult and could easily be misunderstood.]

Ignoring and Unprofessionalism

In several cases, school personnel did not acknowledge parents' questions or comments, but instead moved on to the next point. Sometimes this seemed to invoke no reaction, but in other cases, parents seemed to react negatively—withdrawing and no longer adding to the dialogue, or becoming agitated.

In other cases, we witnessed conversations in front of parents as if they were not there. This happened at Marcos's meeting, with the principal and teacher engaging in side conversations in front of the parent, assuming she could not understand. Sometimes these conversations were related to the child, and sometimes they were not. At Lucio's placement conference, the AP said, "We can't serve him here," and the staffing specialist retorted, "Yes you can, you just don't, that's all."

Insensitivity

In some cases, school personnel seemed quite insensitive in their interactions with parents. At Joseph's CST meeting, for example, the teacher was quite rude toward the father, saying in a loud voice that he must make Joseph do his homework. She demanded that the translator tell the father that Joseph's homework must be done that night. The translator reminded her that the family's roof had just blown off their house, and therefore the child probably would not be able to complete the work. At this, the teacher directed the translator to tell the father that "homework is important like the roof," but the translator explained that he would not say this, that the father understood, and that to say this would be belittling.

Responding to Parents' Schedules

Another issue was school personnel failing to understand the hardships described by parents. For example, when asked when the committee could reconvene, a Haitian single father explained, in halting but clear English, his very complicated schedule by which he worked at one job until 2 p.m. and had to be at the next job at 3 p.m. His only days off were every other Wednesday, and he would certainly come then. Just a few minutes later, a team member told him that he would need to come in on a Monday at 1:00 p.m. The father repeated his schedule, and the assistant principal then asked him if he could come in between his two jobs. This entire conversation transpired while the interpreter was out of the room.

DISCUSSION AND IMPLICATIONS

In principle, the CST process is intended to provide a network of support for children and prevent inappropriate referrals. Yet in practice, it seemed that only cursory attention was given to prereferral strategies and that most students were pushed toward testing based on an assumption that poor academic performance or behavioral difficulties had their origin within the child and indicated a need for special education. We found that there was tremendous variation between what was written on a checklist and the quality of what actually transpired during a meeting. In actual practice, these differences were influenced by the intentions, knowledge, skills, and commitment of CST or multidisciplinary team members. All the factors we have described point to aspects of the process that should be improved.

As in Mehan et al.'s (1986) and Ysseldyke et al.'s (1982) groundbreaking studies about 20 years ago, we found that decisions about students'

disabilities and preferred placements were made before multidisciplinary team meetings took place and were typically based on other factors than test data and strict eligibility criteria. Psychologists and staffing specialists viewed these meetings as a place to inform parents of their decisions rather than actively involve them in the decision-making process. And as in other investigations of CST and multidisciplinary team meetings (Frankenberger & Harper, 1988; Knoff, 1983; Mehan et al.), we found that psychologists had too much control over evaluations and placement decisions. In this district, they alone completed the entire battery of both psychological and academic tests used to make eligibility decisions.

In addition, psychologists rarely, if ever, saw children prior to evaluating them. Though they told us that they would have liked to spend more time observing children referred to them, they simply did not have the time. Given this constraint, it would seem reasonable to expect another team member to be given the explicit responsibility of observing the child in his or her classroom prior to settling on an evaluation, or as part of an assessment. We believe that it is imperative for greater consideration to be given to classroom ecologies and other contextual features at each stage of the referral process. Researchers have repeatedly called for research on the contextual elements that may contribute to children's underachievement (Garcia & Ortiz, 1988; Keogh, 1998; Keogh & Speece, 1996; Rueda, Artiles, Salazar, & Higareda, 2002).

One way to improve the dynamics of prereferral teams would be to ensure that the members of the team are primarily general education teachers and parents, with the principal goal of generating classroom interventions. The presence of school psychologists, special educators, and administrators on a prereferral team can alter the participation of general education teachers, who may feel intimidated (Traylor, 1982). The referral or intervention outcome is usually the result of the philosophy or belief system of the individuals involved, the "power" the teachers perceive different individuals to have, and the degree to which the teachers are in agreement and comfortable with the interventions suggested (anonymous reviewer). The Teacher Assistance Team model (Chalfant & Pysh, 1989) may be more appropriate than the more special education-oriented CST model for this purpose (Ortiz, 2002).

Prereferral or alternative strategies clearly were not given the serious attention they warrant. We recommend that professionals take this aspect of the process more seriously, with a focus on collaborative problem solving, and develop specific instructional objectives and a plan for each child brought to the prereferral team. Fewer ELLs would need to be referred for special education if schools effectively responded to their language and learning needs within general education (Ortiz, 2002). Recommended strategies should be varied and provide the child with additional assistance

(e.g., early intervention programs in reading and behavior). The person(s) responsible for addressing these objectives and providing support should be clearly specified, as well as a time frame for reevaluating progress. Most important, prereferral problem-solving must be embedded in a school context that is working toward a culturally responsive learning environment (e.g., Garcia & Ortiz, 2004; Ortiz, 2002). Garcia and Ortiz (1988, 2004) developed a flowchart to guide practitioners through this decision-making process. The flowchart and associated list of guiding questions help school personnel evaluate whether students have been provided with meaningful, appropriate prereferral strategies and adequate opportunities to learn across time and settings.

Response to intervention (RTI) models can provide a vehicle for supporting students with meaningful prereferral strategies, though in a somewhat different format than before. With the reauthorization of IDEA (2004) and the establishment of multitiered RTI models, the way that students are targeted for more intensive instruction and the support they receive are changing. RTI models include regular progress monitoring of all students so that those who are not making adequate progress are identified early and moved to the second tier of a multitiered model in which they receive early interventions in their areas of weakness. This may involve one-on-one tutoring or participating in one or more services provided by Title I funds (Ortiz, 2002). For those students who adequately respond to the interventions, a process should be in place to maintain and monitor academic gains. For ELLs who do not adequately respond to intensive supplemental instruction, this second tier can serve as the gatekeeper for a possible referral to special education. We suggest adding a problem-solving Teacher Assistance Team to the RTI process at this point (Klingner & Bianco, 2006). When applied in this way, the RTI model can help address the challenging question of when ELLs should be referred for a special education evaluation.

Much greater attention needs to be given to language issues. Although in this district, bilingual students are assessed by a bilingual assessor prior to being tested by a psychologist, the bilingual assessor does not attend CST or multidisciplinary team meetings. Like Salend and Salinas (2003), we recommend diversifying prereferral and multidisciplinary teams and making sure someone is present who is knowledgeable about language issues. This language specialist can share valuable insights about second language acquisition issues and how they relate to the academic performance of ELLs (Roache, Shore, Gouleta, & de Obaldia Butkevich, 2003), can point out when language could be a confounding factor when explaining children's difficulties, and can model effective instructional strategies for the classroom teachers (Garcia & Ortiz, 1988, 2004). In addition, language information must be included in psychologists' reports and in cautionary notes about interpreting students' standardized test scores (if they are used). Such

thoughtful practice was notable in one school, where evaluation reports by the psychologist consistently included caveats regarding the likelihood that the test might underestimate children's capacities. Though this district has invested a great deal of time and money in training personnel about the needs of ELLs, the confounding influences of second language acquisition are still not adequately understood.

We are very concerned about the pervasive negative attitude toward parents and the lack of effort to discover and build on family strengths. At times, school personnel were barely able to conceal a distinct contempt, which seemed to be based on a combination of racial and socioeconomic stereotyping, along with the tendency to base a view of a family on one piece of negative information. This tendency was observed in teams of various ethnicities, with ethnic minority school personnel being just as likely as their White counterparts to denigrate families. Though there were notable exceptions to this pattern, in general, parents were marginalized and their input undervalued. In addition, this negativity toward parents actually put some children at greater risk of special education placement. When this is considered in light of the disproportionate representation of minorities, we see cause for serious concern (Artiles & Trent, 1994; Donovan & Cross, 2002). The child study process is intended to provide a period of support for children, during which teachers and parents work together toward the child's improvement. Of course, this process should be in place even before the call for a referral. Our data show not only that that the pervasive negativity drastically reduced the possibility of parent participation, but also that negative views of the parents could actually have a direct influence on the outcomes for some children. These findings exacerbate the already well-established information that ethnic minority families of low socioeconomic status tend to be excluded from participation (Harry, 1992; Harry et al., 1995).

Thus, we recommend that districts provide additional professional development for everyone involved in the referral and decision-making process. Not only should participants learn more about second language acquisition and cognitive development (Fletcher & Navarrete, 2003; Salend & Salinas, 2003), they also would benefit from guidance in how best to communicate and interact with parents (Kalyanpur & Harry, 1999). Yet until we as educators change our focus from one of finding and naming deficits within children to one of self-examination and asking ourselves how we can better instruct and support all children, it is likely that inappropriate practices will continue. It appears that not much has changed in the last 20 years.

This research was conducted with support from the United States Department of Education, Office of Special Education Programs, Grant No. H324C980165.

Notes

1 The Child Study Team is somewhat different than another type of school-based team, the Teacher Assistance Team (Chalfant & Pysh, 1989; Chalfant, Pysh, & Moultrie, 1979), which is composed predominantly of classroom teachers.

2 Although we use the term *English language learners* (ELLs), district personnel referred to students who were in the process of acquiring English as a new or additional language as *LEP* (limited English proficient) or *ESOL* (referring to the name of a program, “English for speakers of other languages”).

3 P. L. 94-142 refers to the Education for All Handicapped Children Act, which was passed in 1975 and the precursor to the Individuals with Disabilities Education Act.

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