

Assessment in Special Education - Part 2

Part 2 - Referral to the Child Study Team

Introduction

When teachers in general education are having difficulty with a student in their class, they may attempt several strategies to see if the problem can be resolved within the classroom. These strategies may include meeting with the child, extra help, simplified assignments, parent conferences, peer tutoring, and so on. If there is no progress within a realistic amount of time, the teacher may decide to refer the student to a school-based team, often known as the Child Study Team (CST), School Building Level Committee (SBLC), Pupil Personnel Team (PPT), or Prereferral Team (PRT), depending on the state in which the student resides. This part of the *Assessment in Special Education Series* will provide information on the purpose, procedures and options of the Child Study Team.

A-Understand your role in the referral process

Once you have determined that a student in your class exhibits high risk factors explained in Step I, you will need further assistance from your local school team usually known as the Child Study Team (CST). This team (sometimes referred in other states for instance as the Pupil Personnel Team, School Based Support Team). While the name may be different, the members and responsibilities are usually the same. Keep in mind that this is a local school committee and therefore there is no parent member on the team. Normally, when teachers in regular education are having difficulty with a student in their class, they may attempt several strategies to see if the problem can be resolved within the classroom. These strategies may include meeting with the child, extra help, simplified assignments, parent conferences, peer tutoring, and so on. If there is no progress within a realistic amount of time, the teacher may decide to refer the student to the CST for a more in-depth discussion.

A referral to the Child Study Team (CST) will involve you filing out a referral form. These can usually be obtained in the main office. The form will usually ask you several questions depending on the format. For example, the form may ask:

- Why are you referring the child?
- What have you tried that has worked?
- What have you tried that has not worked?
- What areas do you see as the child's strengths?
- What areas do you see as the child's weaknesses?
- Are there attendance problems?

- Has the parent been notified of your concerns?

The information asked should not be a problem if you have maintained anecdotal records along the way. Answer the questions fully always keeping in mind that you should only present factual information in behavioral terms, not judgments or assumptions. Examples of behavioral facts include:

- John is having moderate academic problems in math. He has not handed in his homework 10 times and has failed three tests with grades of 50, 45, and 61.
- Mary is having problems with her peers. She hits them when she gets frustrated usually slapping the girls on the arm.
- Benjamin is having trouble staying in his seat during class discussion. In the last month he has gotten up to walk around 6 times and refused to return to his seat 4 times.

Avoid the following types of statements:

- It is obvious to me that William get away with a great deal at home considering how out of control he is in the classroom
- Mary makes noises and acts like an animal in class. She is totally out of control and does what she wants. She cares for no one and is very selfish and dangerous to the others.

Once you have filled out this form, hand it in to the head of the Child Study Team. At that point the child's name will be placed on the agenda. You will be notified of the time and date of the discussion. You will also want to bring several things with you to this meeting:

- Work samples
- Samples of handwriting
- Any group test results
- Any informal test results that you may have administered in class(i.e. informal reading inventories)
- Attendance records
- Anecdotal records
- Comments from other teachers who the child has during the day

B-Learn about the membership of the Child Study Team (CST)

Once the referral is made you will want to find out who the members are of this Child Study Team. This will give you an awareness of the disciplines involved and the types of questions that may be important to each team member. For instance the nurse teacher, a regular member of the team, may want to know about any medical symptoms of concerns that you have observed in the classroom. The speech and language therapist will want to hear from you about the child's receptive and expressive language ability, as well as the child's vocabulary, and usage.

Depending on the type of referral, this team may be drawn from the following staff members:

- Child's classroom teacher
- Principal
- School psychologist
- Special education teacher
- School nurse
- Social worker

- Speech/language clinician
- Guidance counselor (secondary level)

The members of the CST (the prereferral team) usually meet on a regular basis, once or twice a week depending on the caseload. Normally, there is a chairperson on the CST whom the entire faculty and staff can make a referral to during the week for the agenda at the next meeting.

C-Understand what takes place at the Child Study Team meeting

Once your referral is placed on the agenda and sent to the members of the team, the personnel involved will gather as much available information prior to the meeting in order to better understand the child and his or her educational patterns. This information which will come from a variety of sources, and the presentation of this information at the meeting is crucial in the determination of the most appropriate direction to proceed. You will be very surprised about the wealth of information that exists on every student if you know where to look.

The meeting is a very informal one since only staff members from the same school attend. The parent is not invited but is involved through a parent intake to gather more information if the team feels that this will shed more light on the student's issues. If that is the case a members of the CST, not you, will do this intake. At this meeting the team will discuss your referral, ask you for your impressions and then go over all existing material that is available on the student.

D-Learn about the various sources of information available on your student

The information gathered by the team on a student is vital to the understanding of what may actually be happening to the child at this time. Since this information is already part of the school records, a parent release is not necessary. However, if information from outside sources i.e. medical records, prior school records, therapist's input, is deemed necessary, then a parent release is required. Some sources of information available within a school building include but are not limited to:

Permanent Record Folder: This folder can be a rich source of information about the student and his or her background. For instance, the number of times the student has changed schools may be of interest. Frequent school changes can be disruptive emotionally, as well as academically, and may be a factor in the problems that have resulted in the student's being referred to the CST. Further information on the family, number and ages of siblings, parent's vocation etc. can be found in this folder, as well as prior reports from screening (a short assessment used to determine basic information not available through other source.

Prior Academic Achievement. The student's past history of grades is usually of interest to the CST. Is the student's current performance in a particular subject typical of the student or is the problem being observed something new? Are patterns noticeable in the student's grades?

Prior Test Scores. Test scores are also important to review. Comparing these scores to a student's current classroom performance can indicate that the student's difficulties are new ones, perhaps resulting from some environmental change that needs to be more fully investigated.

Group Standardized Achievement Test Results. If these results are available on a student, you may want to explore the various existing patterns. It is helpful to have several years of results to analyze. Over time this type of pattern can be more reliable for interpretation.

Attendance Records. Attendance records can provide the CST with a great deal of important information, especially if team members know what they are looking for. Many patterns are symptomatic of more serious concerns, and being able to recognize these patterns early can only facilitate the recognition of a potential high-risk student.

Prior Teacher Reports. Comments written on report cards or in permanent record folders can provide the CST with a different perspective on the child under a different style of teaching.

Group IQ Test Information. This information is usually found in the permanent record folder. Many schools administer a group IQ type of test (e.g., Otis Lennon—7) in grades three, six, and nine. It is important to be aware that the term School Abilities Index has replaced the term IQ or intelligence quotient on many group IQ tests.

Prior Teacher Referrals. The CST should investigate school records for prior referrals from teachers. There could have been a time when a teacher referred but no action was taken due to time of year, parent resistance, delay in procedures, and so on.

Medical History in the School Nurse's Office. The CST should also investigate school medical records for indications of visual or hearing difficulties, prescribed medication that may have an effect on the child's behavior (e.g., antihistamines), or medical conditions in need of attention or that could be contributing to the child's present difficulties.

E-Understand the options of the Child Study Team

After analyzing all of the information presented at the meeting, the CST, with your input, will consider a variety of options that may facilitate the resolution of this problem. However, if this is the first time a student is being reviewed by the team, then the CST is very likely to recommend prereferral strategies to the teacher. These are techniques and suggestions to attempt to resolve the child's issues without the need for a more comprehensive assessment. Examples of prereferral strategies may include:

Parent Interviews. A parent interview as a pre-referral procedure involves meeting with the parent(s) to discuss what motivates this child along with finding out any family information that may be contributing to the child's behavior in the classroom (e.g., recent separation, death of a loved one).

Medical Exam. The CST should try to rule out any possibility of a medical condition causing or contributing to the existing problems. If the teacher or any other professional who works with the child feels that there is any possibility of such a condition, and the need for a complete medical workup is evident, then a recommendation for a medical exam should be made.

Hearing Test. A hearing test should be one of the first prereferral procedures recommended if one has not been administered to the student within the last six months to one year. Be aware of inconsistencies in test patterns from year to year that might indicate a chronic pattern.

Vision Test. As with the hearing exam, this evaluation should be one of the first prereferral procedures recommended. Again, if a vision test has not been done within six months to a year, then request this immediately.

Classroom management techniques: These are strategies developed to help handle various problems and conflicts within a classroom. An administrator, psychologist, or any realistic and diplomatic team member who feels comfortable with this type of situation may offer these practical suggestions to the teacher. There are many classroom techniques and modifications that should be tried before taking more serious steps. These include the following:

- Display daily class schedule with times so that the student has a structured idea of the day ahead
- Change seating
- Seat the student with good role models
- Use peer tutors when appropriate
- Limit number of directions
- Simplify complex directions
- Give verbal as well as written directions
- Provide extra work time
- Shorten assignments
- Modify curriculum but change content only as a last resort
- Identify and address preferred learning styles
- Provide manipulative materials
- Provide examples of what is expected
- Use color coding of materials to foster organizational skills
- Develop a homework plan with parental support
- Develop a behavior modification plan if necessary
- Uses lots of positive reinforcement
- Use technology as an aid

Help Classes. Certain children may require only a temporary support system to get them through a difficult academic period. Some schools provide extra nonspecial-education services, such as help classes that may be held during lunch or before or after school. These classes can clarify academic confusion that could lead to more serious problems if not addressed.

Remedial Reading or Math Services. Remedial reading or math services are academic programs within a school designed to help the student with reading or math by going slower in the curriculum or placing him or her with a smaller number of students in the classroom for extra attention.

In-School Counseling. In-school counseling is normally done by the school psychologist, social worker, or guidance counselor, and is designed to help the child deal with the issues that are currently problematic for him or her.

Progress Reports. A progress report is a synopsis of the child's work and behavior in the classroom sent home to the parents in order to keep them updated on the child's strengths and weaknesses over a period of time (e.g., every day, each week, biweekly, or once a month).

Disciplinary Action. This recommendation is usually made when the child in question needs a structured boundary set involving inappropriate behavior.

Change of Program. A change of program involves examining the child's program and making adjustments to his or her schedule based on the presenting problem.

Consolidation of Program. There are times when reducing a student's course load is necessary. Consolidation of a program involves taking the student's program and modifying it so that the workload is decreased.

Referral to Child Protective Services. Child Protective Services is a state agency designed to investigate cases of possible neglect and abuse of children. A referral to Child Protective Services (CPS) is mandated for all educators if there is a suspicion of abuse or neglect.

Conclusion

The purpose of the Child Study Team is to continuously monitor the possibility of high risk students and find viable alternatives which may resolve the issues. Your role on this team will be crucial and your preparation will provide important information in the resolution of the situation. If all the available options of the Child Study Team do not resolve or improve the student's situation then the team may determine that a suspected disability may exist. If this is the case then the decision for a more formal comprehensive evaluation for possible special education services will take place.