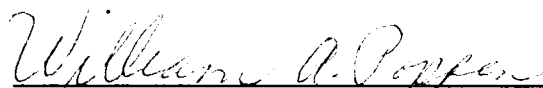


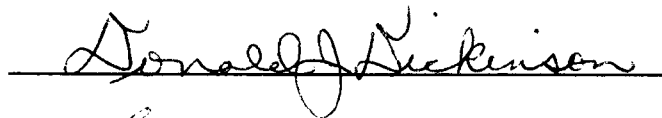
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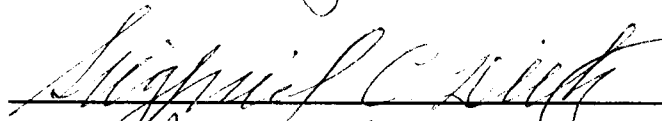
I am submitting herewith a dissertation written by Rebecca Bonita Sims Gude entitled "Effects of Collaborative-Consultation-Training on Selected Teacher Opinions and Perceptions Regarding Referral, Intervention and Teaching of At-Risk Students." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Education, with a major in Educational Psychology.



William A. Poppen, PhD, Major Professor

We have read this dissertation
and recommend its acceptance:







Accepted for the Council:



Associate Vice Chancellor
and Dean of the Graduate School

EFFECTS OF COLLABORATIVE-CONSULTATION-TRAINING
ON SELECTED TEACHER OPINIONS AND PERCEPTIONS
REGARDING REFERRAL, INTERVENTION AND TEACHING OF
AT-RISK STUDENTS

A Dissertation
Presented for the
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Rebecca Bonita Sims Gude

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ABSTRACT

This study was designed to assess changes in opinions and perceptions of teachers trained as members of school-based teams in collaborative consultation. Fifty-one teachers, counselors and administrative personnel from 8 elementary and 2 middle schools participated in the study. The participants were administered four pretest and posttest questionnaires which measured teachers' perception about working with each other and at-risk students; attributes of ideal students; and opinions regarding intervention for academic, behavioral and attention problems.

An intervention group was trained to use the collaborative-consultation approach and the comparison group used the traditional referral approach. Assignment of the intervention and comparison groups was random by schools. Implementation of the training module was through a 4-hour inservice workshop and six 2-hour sessions.

An analysis of variance with repeated measures was applied to pretest and posttest scores on three questionnaires. Scores from the fourth questionnaire were analyzed with descriptive statistics.

An important finding from the study was that trained teachers were open to assisting the at-risk student in the regular classroom. No significant differences were obtained regarding characteristics of an ideal teachable student.

In summary, there was insignificant evidence to show that trained teachers were more positive about working together to resolve students' learning or behavior problems; however, teachers in the intervention group were more open to assisting the at-risk student in the regular classroom.

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CHAPTER I

INTRODUCTION

In the last decade, there has been within society an increased recognition and awareness that the population of at-risk or special-needs students in the nation's schools is growing. These students comprise the segment of the school's population known as the "difficult to teach," or "difficult to reach," or "difficult to control behaviors."

The at-risk problem is a complex one ramifying from the prevailing attitudes and behaviors of society in general. Gil (1987) suggests, many students come to school damaged in capacities and motivation resulting from growing up under dehumanizing, development inhibiting and coercive conditions. Krieg (1992) contends,

The demand and pressures of today's society place every student at risk. Personal expectation have never been higher nor options more plentiful, yet, the road to success is more difficult and hazardous than ever before (p.24).

Regardless of how prepared or unprepared to learn students are, schools are bound with the responsibility of educating all students. Educators, therefore, are confronted with the task of finding appropriate educational strategies to address the needs of at-risk or special needs students.

Findings from a considerable amount of research have shown that effective programs for at-risk students begin with

early identification and intervention, particularly in elementary and middle grades. In many school settings, however, early identification and intervention have become synonymous with referring the student for psychoeducational assessment, with the intent of getting the student placed in special education.

There continues to be a concern among special educators, counselors, and school psychologist that classroom teachers continue to refer large numbers of students for assessment (Fuchs, Fuchs, & Barr, 1990). According to Schmidt and Tarwater (1989) "A constant pressure exists that when students don't fit into the mold of the regular education classroom they are referred for special education" (p. 31). Further, teachers in regular education classroom are not provided with the support needed to assist students who deviate from the norm in their classroom. This frequently leaves the teacher feeling that the only available alternative is the removal of the student from the class through placement in special education.

Bowman and Frechtling (1988) noted that determining which student should be referred for an evaluation is not always an easy task. They contend that a fine line exists between students who have a mild learning or behavior problem that could be accommodated by using alternative strategies in the regular classroom and those students who are mildly handicapped and in need of special education services.

A plethora of studies in recent years have examined the issue of finding appropriate educational services to serve the diverse and often complex educational needs of at-risk students. Since the late 1970's, considerable research has been devoted to the use of consultation-based service delivery models for schools (Bergan, 1977; Gutkins & Curtis, 1982; Reynolds & Gutkins, 1982; Graden & Casey & Christenson, 1985; Cipani, 1985).

School-based consultation has been considered an effective and efficient mode of service delivery. It is generally provided through two basic models--the triadic and the collaborative or collegial model. In the triadic model, indirect services are provided by the consultant to the consultee and then to the student. The collegial model is a collaborative relationship approach designed for peer problem-solving and is generally carried out in schools through school-based teacher teams.

Among the various behavioral consultation approaches used to implement school-based consultation emerged the prereferral or intervention assistance process. This concept extended from the need to assist regular education teachers with strategies to teach special education students that were being mainstreamed into regular classrooms (Graden, 1989).

The efficacy of intervention assistance as a strategy for assisting the at-risk student prior to a formal referral for an evaluation for special education and as an approach to

reducing referrals for evaluation for special education has been documented in numerous studies in the literature (Brown, Gable, Hendrickson & Algozzine, 1991; Fuchs, Fuchs, Gilman, Reeder, Bak, Fernstorm & Roberts, 1990; Idol, 1989; Graden, Casey, & Christenson, 1985; Graden, Casey & Bonstrom, 1985; Graden, 1989; Chalfant, Psych, & Moultrie, 1979). Findings from the literature suggest that many at-risk students can be served effectively in the regular classroom if alternative strategies and other support services are provided (Wang & Birch, 1984). Unfortunately, according to Bailey, Gable, & Hendrickson (1990), many of the alternative strategies that teachers are exposed to are never applied in the classroom.

Tingstrom, Little and Stewart (1990) indicate that while several factors may contribute to this resistance by teachers to implement interventions, the attitudes and beliefs held by teachers and the acceptability of an intervention are among the primary factors of the resistance. Likewise, they conclude that teacher resistance and the lack of training in consultation skills have been identified as barriers to implementing intervention strategies. They maintain, "some teachers find the activities or processes required in consultation aversive or punishing and thus tend to avoid those activities" (p. 42).

Zins and Ponti (1990) suggest that there are preliminary findings in the literature that indicate that training teachers in consultative skills through pre-service or

in-service programs can lessen resistance to the consultation process. The likelihood that interventions will be attempted in the classroom is maximized if teachers are trained and resistance is lessened (Bowman & Fretchling, 1988; Carter & Sugai, 1989).

Statement of the Problem

The current literature identifies various studies on collaborative-consultation skills, resistance to consultation and an intervention assistance process which can be applied to schools. However, few studies have been conducted that focus on the training of teachers in collaborative consultation skills as it relates to developing a mechanism to lessen resistance to providing intervention assistance in the regular classroom.

The principal problem in this investigation was to determine if training school-based teacher teams in collaborative consultation would effect a change in their opinions, and perceptions regarding referral, intervention and teaching of special needs students as compared to teachers using the traditional referral method. Along with this comparison, a the following related research questions was analyzed: Does training in collaborative consultation skills lessen resistance to implementing interventions in the classroom?

Hypotheses

This study analyzed the following hypotheses:

1. Participants in collaborative-consultation-training will not view themselves as being better able to work together as a team to resolve student learning and behavior problems than teachers who use the traditional referral team approach.

2. Teachers in collaborative-consultation-training will show no significant difference in their opinions and perceptions of the "ideal" teachable student than teachers participating in the traditional approach.

3. When compared to teachers in the traditional approach, teachers in collaborative-consultation-training will show no significant differences in their opinions and perceptions regarding assisting special needs students in the classroom.

Importance of the Study

Although several consultation formats exists in the literature, there is limited information on the efficacy and utilization of the various formats in specific educational settings. According to Phillips and McCullough (1990) educational personnel need assistance in choosing from among the consultation formats the most appropriate option for their school's environment. They explain:

The successful development and implementation of supportive educational assistance programs across a variety of school settings require a careful attention to a complex array of conceptual and

pragmatic variables. Although a common conceptualization of collaborating principles is essential to these efforts, differentiating among programmatic options and formats is equally for grafting the principles into idiosyncratic school situations, (p. 291).

Tindal, Shinn and Rodden-Nord (1990) suggest "No problem-solving paradigm has been developed within the context of a complex school ecology," (p. 324). Much of the literature on consultation practices suggest intervention strategies to be considered and steps to be followed. Limited attention is placed on interpersonal communication, best practices in program development and little direction is given to systematic problem-solving where variables are identified that can be related across cases.

A survey conducted by Carter and Sugai (1989) examined the conceptualization and usage of prereferral intervention programs by state departments of education. Responses were received from forty-nine states. Findings from the data revealed that thirty-four states either mandated or recommended the use of prereferral intervention procedures.

There was little information provided or available on the implementation of the program or effectiveness of the process or even the type of consultation format used. Most of the districts stated that the prereferral process was generally carried out at the local level by the school psychologist, the counselor, or classroom teacher. Based on these findings they contended that a critical research agenda item for local school districts with mandated programs should be to determine

the most effective consultation or prereferral intervention approach for their specific school situation (Carter & Sugai, 1989).

The state of Alabama mandates the use of prereferral interventions prior to a referral for an evaluation for special education services. Like most states, prereferral intervention procedures (except for a state generated prereferral intervention form) are left to the discretion of the local system. Unfortunately, for both the teacher and the student, if the student does not qualify for special education services the student's presenting problem remains and the refer-test cycle continues.

For example, in a middle-size urban school district in Alabama serving approximately 42,000 students in 1992 in grades K-12, approximately ten percent or approximately 4,000 of the student population received services through various special education units or classes throughout the system. Each year three to four percent of the student population is referred for an evaluation for special education. From the students referred approximately ninety-nine percent of the referrals were evaluated.

Consistent with the state guidelines this system requires two interventions to be attempted for at least thirty days before the referral is submitted. Prior to the 1993-94 school year the school submitting the referral had only to check a prereferral intervention checklist for documentation of an

intervention. The fundamental issue here was not the credibility of the teacher's report that an intervention had been attempted but, the large number (approximately 43 percent) of the students referred for evaluations for special education that were ultimately determined ineligible for special education services.

A review of the referral data from this system between September 1990 through June, 1993 revealed a total of 3,381 students had been referred for initial evaluations. Of the number referred 3,137 students had been evaluated, 1,783 had been determined eligible for special education services, 1,531 were determined ineligible, 30 were determined eligible under Section 504 and 244 remained to be evaluated. These figures indicate that approximately 43 percent of all students referred were ineligible for special education service.

Regardless of the high percentage of students determined ineligible, the far more reaching problems are the ones that necessitated the referral of the student initially. The probability that these problems continued to exist and the factors that contributed to the at-risk status were higher.

It can be conjectured then that an effectively implemented intervention assistance process might have negated the need for referring the student in the majority of these cases. At a minimum one could deduce that using an intervention assistance process could have helped in identifying more specifically the student's problem.

According to Reimers, Wacker, and Koeppel (1987) there is some evidence in the literature that suggest that the more a teacher understands (education) the intervention process, the likelihood that an intervention will be used is increased. Therefore, this study was based on two premises: First, an effectively implemented intervention assistance program can substantially impact the problems encountered by teachers and at-risk students in the school environment and reduce the number of inappropriate referrals for evaluation for special education. Second, resistance to the intervention process can be lessened if teachers and other school personnel are adequately trained to work collaboratively on problems and use these skills to intervene with the student through a school-based teacher assistance team approach.

Limitations of the Study

1. The length of the study was limited to a relatively short period of intervention time. The study started in October, 1993 and ended February, 1994.

2. The team training sessions were conducted in one four-hour in-service training sessions and 6 bi-weekly two-hour sessions for a total of 16-hours of in-service training.

3. Although all of the teams used the same training module to address the training needs of individual school teams, variations existed in the presentation of training materials during the weekly in-service sessions.

4. A new prereferral process was introduced and implemented system-wide while this study was in progress.

Assumptions

1. Teachers/school personnel possess similar levels of teaching and consultation skills.

2. One 4-hour in-service session and six 2-hour sessions were sufficient for training teachers in collaborative consultation.

3. The collaborative-consultation-training approach was the best method for involving teachers in the intervention assistance process and lessening resistance.

Definitions

Collaborative Consultation "is an interactive process that enables people with diverse expertise to generate creative solutions to mutually defined problems. The outcome is enhanced, altered, and produces solutions that are different from those that the individual team members would produce independently . . ." (Idol, Paolucci-Whitcomb and Nevin , 1986, p. 1).

The term at-risk refers to students with mild learning disabilities, academic or behavior problems that place them in a position for school failure or dropping out. Included among this group are young people especially from poor families, often minority, experiencing poor academic

performance; having behavior, truancy or attendance problems; substance abusers or from substance abusing families; pregnant or parenting teen-agers; children from dysfunctional families; young people involved in delinquent or criminal activities; children diagnosed with an Attention Deficit Disorder or with Hyperactivity Disorder; and children with medically fragile handicapping conditions (Mott Foundation, 1986).

Special-needs in this study will be used synonymously or interchangeably with the term at-risk.

Consultation is defined in the literature (Medway, 1979) as collaborative problem-solving between mental health specialists (consultant) and one or more persons (consultee) who are responsible for providing some psychological assistance to another (client).

School-based consultation in this study refers to an indirect service delivery model in the schools where a professional (consultant) interacts with another professional (teachers, other school personnel, parents) who works directly with the student on problems relating to prevention, academic remediation or behavior problems (Reynolds, Gutkins, Elliot & Witt, 1984).

For the purpose of this study, the term prereferral intervention is defined as, an intervention assistance process which consists of effective and efficient problem-solving strategies, developed through consultative collaboration, and implemented in the regular classroom through a variety of

approaches (i.e., school-based teacher assistance teams, teacher support teams (consultant, consultee, student, parent) prior to consideration for a referral for formal assessment (Graden, 1989; Idol and West, 1991; Ponti, Zins & Graden, 1988) Throughout this study, the term prereferral intervention is used synonymously with the term intervention assistance.

Intervention assistance is defined as a "system-wide consultation-based model of service delivery intended to meet the special needs of individual students through the systematic and collaborative provision, evaluation, and documentation of problem solving strategies in the least restrictive setting prior to referral for consideration of a more restrictive placement," (Zins, Curtis, Graden and Ponti, 1988, p.6).

Teacher Assistance Teams has been defined in the text however, there are a number of other terms used to refer to the concept in the literature. For the purpose of this study the term will generically refer to a variety of terms e.g. educational support team, school-based support team, problem-solving committee, building-based team, pre-referral committee, student assistance team, etc. Broadly defined it is a "building-level group that facilitates the generation of alternative instructional strategies and support services to be used by teachers to serve students in the regular education classroom environment," (Hayek, 1987, p. 2)

Teachers for the purpose of this study, is used as a generic term to cover the broad spectrum of educators in a school setting and may include, counselors, assistant principals, principals, and other support personnel.

Resistance is referred to as "the failure of a consultee (i.e., teacher, administrator) to participate constructively in the consultation process," (Dougherty, Dougherty and Purcell, 1991, p. 179).

Section 504 of the Rehabilitation Act of 1973 describes a handicapped student as "having any physical or mental impairment that substantially limits one or more major life activities including learning." (Communique, 1992, 21, pp. 24-25).

Organization of the Study

This study consists of five chapters. Chapter I contains the introduction, problem statement, the importance of the study, the assumptions and limitations of the study are discussed and terms are defined. Chapter II is a review of the literature relevant to the study. The methodology and procedures used are presented in Chapter III. Included are the data collection procedures, training procedures and an explanation of the statistical procedures. Chapter IV contains the presentation and analysis of data obtained from the participants. The summary, conclusion, implications and recommendations are described in Chapter V.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

Introduction

The studies reviewed in this chapter served as a background for the findings in this investigation. They represent a summary of significant information available in the interdisciplinary literature related to school-based consultation, collaborative consultation, prereferral intervention or intervention assistance and teacher assistance or support teams. References were selected to provide information about (a) the historical perspective of consultation (b) an overview of school-based consultation practices and (c) implications for current practice.

Historical Perspective

Consultation

The consultation method of service delivery emerged from a dissatisfaction during the fifties and sixties with the medical approach to psychology and the shortage of psychiatrists and doctoral level psychologists to serve clients (Reynold & Gutkins, 1982). Various models of consultation were developed. As Johnston and Gilliland (1987) explained the theoretical orientations that undergirded these models of consultation were eclectic and included:

"humanistic, cognitive, behavioral, rational and gestalt approaches" (p.111).

The three most prominent models in the literature are the mental health model proposed by Caplan (1970) the behavioral consultation model espoused by Bergan (1977) and the organizational development or process consultation developed by Schmuck and Runkel (1985).

The Mental Health Model of consultation developed by Caplan (1970) posited four approaches to consultation:

(a) administrative consultation (b) program-centered administrative consultation (c) consultee-centered administrative consultation and (d) client-centered administrative consultation. However, most of the attention in the literature has focused on the consultee-centered case consultation approach. In this approach the consultee's behavior that might negatively impact the working relationship with the client is the focus. Caplan (1970) suggests that consultee's behavior might be generated by a lack of skill, a lack of knowledge about the process, a lack of self-confidence and a lack of professional objectivity.

Caplan (1970) identified three modes that could be used in consultation (1) a prescriptive mode where the consultant observes the client's behavior and prescribes a solution (2) a mediation mode, where the consultant is responsible for coordinating all of the participants' functions, and for the negotiating and application of those procedures and (3) the

collaboration mode, is primarily a problem-solving mode, where the consultant assists the client in defining, developing and implementing the program. It is assumed in this mode that since the relationship is mutual the consultee will take more ownership of the problem, thus, greater the likelihood that programs will be implemented and maintained (Brown & Brown, 1981).

It is emphasized in the Mental Health Model that a consultant is not limited to a specific mode and that using a combination of skills from the various modes is acceptable. According to Brown and Brown (1981) what is extremely important in this model is for the consultant to understand the role they are taking so that they can specify this role to the consultee.

According to Bergan (1985) the Behavioral model of consultation was:

Designed to assist consultees to define the problems they face in dealing with clients, to formulate and implement plans to solve problems, and to evaluate the attainment of consultation goals and the effectiveness of plans implemented to achieve these goals, (p. 19).

Bergan described the application of the model in different settings and proposed four stages in a problem-solving process: (1) problem identification (2) problem analysis (3) plan implementation and (4) program evaluation (p.23).

Organizational development consultation in the school setting according to Schmuck (1982) was predicated on the belief that schools were social organizations comprised of

interdependent subsystems composed of students, teachers, and support personnel, working in coordination with each other to complete tasks. He maintains that organizational development consultation seeks to improve the interpersonal and group skills used within a school to help all parties reach their educational objectives. This process engages the entire school body in an active assessment, diagnosis and transformation of their system through training and consultation.

Included among the goals for organizational development consultation in the school setting are improving interpersonal skills and facilitating the problem-solving effectiveness of staff members. Schmuck (1982) concluded that collaborative problem-solving requires not only gathering diagnostic information, clarification, identification of the specific problem and experimental trials, but also, the ability to communicate when anxiety and disagreement surfaces. He maintains that if staff members are provided an opportunity to learn and use interpersonal skill that it enhances the capacity for the school to solve its own problems.

Regardless of the theoretical underpinnings of each consultation model, they all share a common core of characteristics. First, they provide indirect services. Second, they have a problem-solving orientation. Third, they recognize consultee's rights. Fourth, they provide immediate and remedial attention to the problem. Fifth, they attempt to

increase the skills of the consultee so that they become generalizable to other situations (Gutkin, and Curtis, 1982; Curtis and Graden, 1988; Idol, 1988; Phillips and McCullough, 1990).

Phillips and McCullough (1990) noted that although the behavioral model of consultation has the most empirical support in the literature, in reality school consultants draw on the strengths of several models when they are involved in consultation. Furthermore, teachers appear to prefer this unified approach when compared to utilizing a single approach.

Overview of School-based Consultation

The historical roots of school-based consultation are embedded in the consultation literature and appeared as a natural progression from the shift in the consultation movement (Sarason, Levine, Goldenburg, Cherlin & Bennett, 1966). The shortage of psychologists and the enactment of The Education for All Handicapped Children Act, Public Law 94-142 in 1975, increased the need of psychological services in the schools. These major factors contributed to establishing consultation as a viable method of service delivery in schools.

Although the behavioral, mental health and organizational development consultation modes are considered as the primary theoretical models for school consultation, other influential models are included in the literature, among them are the

Adlerian and Ecological Models (Gutkin and Reynolds, 1990). The Ecological Model combines the behavioral model with the problem-solving consultation model. It emphasizes the "interaction between persons, environment, and behaviors during the consultation process," (Gutkin and Reynolds, 1990, p. 59).

The Adlerian Model focuses on preventive interventions through training and educating parents and teachers. In this model the consultant has the responsibility of teaching parents and teachers specific techniques. Parents are taught the encouragement process, and natural and logical consequences for behavior. In the schools the focus is similar with the addition of the classroom meeting. Emphasis is always placed on the motivation or goal-directed behavior of children. A priority in the model is the collaborative relationship of the consultant and consultee (Dustin and Ehly, 1992).

One objective of the school-based consultation process is to intervene in a situation before it becomes a problem, or to intervene before an identified problem becomes serious. Consequently, school-based consultation is based on the premise that a student's learning or behavior problem can be positively changed in the classroom through the use of indirect methods (Tingstrom, Little & Stewart, 1990).

In 1975, the passage of Public Law 94-142 mandated a free and appropriate education for all handicapped children. Not

only did the law make education possible for all handicapped children, it imposed a least restrictive environment for educating these students, and identified that environment as the regular classroom. As a result large numbers of previously isolated students were mainstreamed into the regular classroom, initiating a host of challenges for school systems.

The above scenario unfolded in the regular classroom in schools throughout the country. The mainstreaming of large numbers of students coupled with the shortage of psychologists, made it abundantly clear that regular education teachers needed assistance. It became evident that alternatives to traditional practices needed to be identified if teachers were to cope with the diverse educational and behavioral needs presented by the students entering their classes (Algozzine, Christenson, & Thurlow ,1983).

Development of the Intervention Assistance Concept

The inadequate number of school psychologists to provide direct services in the schools generated considerable research for alternative strategies to alleviate the problems occurring in regular education. School-based consultation became the logical focus to be investigated and advocated as the service-delivery system. Among the various approaches emerging from this research to implement the school-based consultation process were: teacher assistant teams,

ecological consultation and prereferral intervention (Bergan, 1977; Meyers, Parsons, & Martin, 1979; Chalfant, Pysh & Moultrie, 1979; Gutkins and Curtis, 1982; Cipani, 1985;).

Teacher Assistance Teams

Chalfant, Pysh and Moultrie (1979) developed the teacher Assistance Team Model (TAT) to "provide a day-to-day peer problem-solving group for teachers within a particular building," (p. 85). The goal set for the TAT was to "obtain more efficient and effective delivery of special help to children by placing the initiative for action squarely in the hands of the classroom teacher," (p. 88).

In developing the TAT model the research team requested eight school principals in a Highland Park, Illinois school district to identify the type of skills they thought their teachers needed to work effectively with students experiencing behavior or learning problems in the classroom. In addition, they surveyed the teachers to determine their perceptions of the skills needed to work with special needs students mainstreamed into a classroom. Based on the results of these efforts several assumptions were made: First, a regular classroom teacher can help a child with learning or behavior problems in many situations. Second, teachers tend to learn better how to work with children with academic or behavior problems by actually doing it. Third, teachers have considerable knowledge and talent for solving problems with

in their own ranks. Fourth, teachers are better at problem-solving when working as a group rather than individually. Resulting from these assumptions was the development of a teacher support team where decision making, communication and other activities were the responsibility of the team.

During the nine-month period 203 students were presented to the team, 129 were able to remain in the regular classroom and 74 were referred for evaluation for special education. These findings presented a positive indication that the Teacher Assistance Team Concept was a viable alternative to the traditional practices.

Follow-up data collected from 42 teacher assistance teams by Chalfant and Pysh in 1989, revealed that approximately 79% of the students referred to those teams problems had been resolved in the classroom environment without necessitating a referral for an evaluation for special education.

Schram and Semmel (1984) listed the following as favorable outcomes in a study conducted on teacher assistance teams: (1) they provided problem-solving and intervention strategies in the classroom before a formal referral was made (2) students who needed special education assistance were more appropriately identified (3) more attention was focused on the individual needs of students by the teacher and (4) teachers were provided with an increased knowledge of instructional and behavioral alternatives.

Hayek (1987) sought to clarify the role of teacher assistance teams as a prereferral support system responsive to the needs of all students experiencing difficulty in the regular classroom. He contended that TAT was directed towards bridging the gaps in regular education while "filling in the cracks" where many at-risk children fall by providing a variety of educational alternatives. In an attempt to make sure that the concept was not misconstrued he asserted,

The TAT is not a special education referral committee it is a teacher-centered instructional alternative support system. It is a vehicle for exchanging ideas, methods, techniques, and activities directed at the formulation of instructional alternatives for implementation in the classroom to assist students referred to TAT.
(p.2)

Bay, Bryan & O'Connor (1994) examined a teacher assistance prereferral model in two inner city schools. They hypothesized that urban schools require an intervention process that can be used where there are large numbers of teachers and at-risk students. The model included having teachers participate in Information Sharing and Peer Exchange sessions and Peer Coaching teams to work with student experiencing academic difficulties. Among the findings from the study were that it created a climate that encouraged teachers to shift from functioning independently to interdependently, it produced an environment of collegiality and provided opportunity for teachers to explore new techniques that related to specific children or groups of children in their classroom.

In their support of teacher assistance teams Phillips and McCullough (1990) suggested that school-based teams should be composed of a majority of teachers. They cited findings in the literature (Lieberman and Miller, 1986) that show when teachers are provided with the opportunities to participate in problem-solving and decision-making experiences with their peers, they develop more professionalism and become more effective.

Intervention Assistance Concept

The prereferral intervention model was introduced in an article by Graden, Casey and Christenson (1985). They coined the term to describe a school-based consultation service delivery model that directed intervention efforts towards assisting students in the regular classroom. They inferred that the process would not only assist the students being mainstreamed but would also help reduce the large number of students referred for special education evaluations.

The prereferral intervention model was based on an ecological approach that recognized the impact of such factors as the home, the curriculum, instructional practices, and the motivation of the student. Several skills were identified as being essential for the implementation of the model: interpersonal skills, problem-solving skills, knowledge of learning styles in children, behavioral and instructional

interventions and strategies and an understanding of the organizational variables in schools and classrooms.

The traditional referral-test-placement approach was considered to be faulty, because it was believed that it attributed the student's problem to being internal and suggested to teachers that they lacked the skills to work with a diverse student population.

Graden et al., (1985) maintained that provided with assistance such as the prereferral intervention process, teachers could work effectively with all students in the regular classroom. The traditional refer-test-placement practices did not take into consideration or address the complex factors affecting students' problems. "The prereferral intervention model is aimed at the most important point in the process--the point of initial referral" (p. 378).

Carter and Sugai (1989) stressed that the objectives then of the prereferral intervention process were two-fold: (1) to increase the problem solving ability and intervention skills of regular education teachers and (2) to prevent the inappropriate referral and placement of students in special education.

Fuch, Fuchs, & Bahr, (1990) examined the use of prereferral interventions through a process they called the Mainstream Assistance Team (MAT). In this study behavioral consultation and interventions that had been determined effective in the literature were selected. Written scripts

were developed for the consultants (prescriptions) who worked with the teachers of several difficult-to-teach students. Teacher-student-contracts were also a part of the intervention process. The results showed positive gains for students from pre-intervention to post-intervention and provided validation for the integrity of prereferral interventions.

Collaborative Consultation

Benjamin's (1989) observation that no single teacher will be able to keep abreast of all the information and complex global issues required to intervene with children. Therefore, the need for teachers to collaborate and share their wide-range of knowledge and skills are critical if they are to be able to provide a variety of instructional methodologies and an extensive curriculum to a diverse student population.

Supporting this belief Thousand, Villa, Paolucci-Whitcomb & Nevin (1990) proposed several reasons as a rationale for collaborative-consultation in schools. Among the reason they proposed were that it allows school personnel to meet the diverse and often complex needs of students through a shared knowledge base or expertise.

Johnson and Pugach (1991) examined a peer collaboration approach to providing intervention assistance in the classroom. The purpose of this study was to assist the teacher in developing a clearer understanding of variables

that might contribute to problems by having a peer reflect the potential problems or benefits of the intervention by using a structured dialogue that was essentially metacognitive and included consideration of three strategies, self questioning, summarization and prediction. The study explored teachers' initial descriptions of a problem and how these descriptions of the problems were changed or restated after peer collaboration. Forty-eight elementary and middle school teachers participated in the study. Results of the study revealed that the teacher's perception of what students needed to be successful in the classroom were changed. Additionally, teachers became more tolerant of the student's behavior when they had a peer to reflect and clarify problem situations.

Morrison, Wakefield, Walker and Solber (1994) examined teachers' preferences for modes of working on a variety of student-related problems. The range of preferences included collaborative, expert and working alone or independent. They reported that in general teachers rated the collaborative mode as higher than the other, however, they cautioned that teachers might vary in their readiness to participate in a collaborative mode. The type of presenting problem may also be a deciding factor in the teacher's willingness or readiness to participate in the collaborative mode.

Regardless of the rhetoric, a collaborative ethic does not currently exist in the majority of school systems

according to Phillips and McCullough (1990). Among the factors required to produce this ethos they concluded are: administrative support; system level coordination; systematic program planning; decision making; ownership and motivation of participants; feasibility of interventions and staff development activities that are specific and practical towards lowering resistance to the process. They contend that schools "without interdependent and collaborative relationships are nothing but wood, concrete, and paper," (p.829).

Acceptability of Interventions and Teacher Resistance

Teacher resistance to using behavioral interventions in the classroom has been well documented in the literature. (Algozzine, Christian, Ysseldyke, & Thurlow, 1983; Witt, 1986; Piersal & Gutkin, 1983; Witt, Elliot & Martens, 1984; Tingstrom, Little and Stewart, 1990). While resistance is considered to be a natural part of the intervention process, minimizing resistance according to Dougherty, Dougherty, and Purcell (1991) is highly correlated with the effectiveness of implementing prereferral interventions.

Witt (1986) explored teachers' resistance to using school-based interventions. Results of the study revealed that while much of the literature had focused on the effectiveness of interventions, little had been done to investigate what factors influenced teachers' decisions to use

or not use an intervention. His findings linked ecological intrusiveness and the teacher perceptions of the feasibility of an intervention as being among the major reasons that many interventions are not used by teachers in the classroom. He concluded that interventions should be designed, selected and implemented by teachers to assure that intrusiveness is minimal.

Tingstrom, Little & Stewart (1990) summarized findings on resistance in school-based consultation within the context of theoretical frameworks. The behavioral perspective implied that teacher's might perceive the consultation relationship as punitive and resists attempts to participate. Teachers operating from a cognitive behavioral frame of reference might have irrational attitudes or beliefs about the consultation process which causes resistance. As social psychologists they advocated that consultants become more aware of their role in modeling the kinds of behaviors they sought. They suggested that consultant should demonstrate in their daily actions how to reward the student, give attention, remove attention and collect data. Teachers and other personnel would begin to imitate these behaviors through incidental learning.

Many studies have focused on the acceptability of interventions rather than resistance (Reimers, Wacker, and Koeppel, 1987; Elliot, 1988; Kutsick, Gutkins, & Witt, 1991; Noble & Dickinson, 1988; and Witt, Ringer, Doerr, Hollinshead

and Wills, 1993). A summary of these findings indicate that the more severe a problem, the higher the acceptability for all proposed treatments. The less time and resources required the higher the acceptability rate, and the more positive the reinforcement-based intervention the more acceptable it becomes.

Kutsick, Gutkin & Witt (1991) listed several characteristics gleaned from the literature that influences the treatment acceptability by teachers. Among the factors identified were years in teaching or experience of teachers, knowledge of classroom behavior principles, severity of the presenting problem, behavior of the psychologist, classroom management skills, and training.

Rationale for In-service Training

There is no question that inservice training programs are not a favorite activity of school personnel. Information obtained from the literature (Margolis & McGettigan, 1988; Robinson, 1990) emphasized objections from insensitivity to individual differences among participants. Other factors included sessions scheduled at the end of the school day, the lack of incentives for teacher participation and attendance.

According to Roddenstein (1989) there is evidence in the literature indicating that school personnel have not received sufficient training to work effectively with the myriad of complex problems that at-risk students bring to schools each

day. She maintains that school staffs need to receive training so that they can learn new approaches, strategies and techniques to help them be creative in problem-solving.

Bailey, Gable and Hendrickson (1990) study involved teachers school administrators in a nontraditional weekend in-service training program. The focus was on collaboration as a way of facilitating specialized instruction in the regular classroom. The study explored communication issues, attitudes, specific skills needed by regular educators to work with special needs students and specific interventions to address various problems in the classroom. The results of the study indicated that positive changes occurred when school personnel learned how to work together effectively.

Summary

This chapter has addressed the historical perspectives of consultation and school-based consultation as service delivery models. In addition topics directly or indirectly related to the study were reviewed. Included was information about the (a) development of the intervention assistance concept (b) teacher assistance teams (c) collaborative consultation (d) acceptability of interventions (e) resistance to the consultation and intervention processes and a rationale for in-service training.

In the literature school-based consultation is established as the appropriate vehicle for intervening in the classroom.

The process related to involving large numbers of regular education teachers in conducting interventions for at-risk student however, continues to evolve.

CHAPTER III

METHODS AND PROCEDURES

Introduction

The purpose of this study was to assess the effects of training school-based teams in collaborative consultation skills on the opinions and perceptions of teachers regarding (a) referrals (b) interventions and (c) teaching of special needs students. This chapter describes the methods and procedures used to collect the data.

Description of the Subjects

Fifty-one teachers or school-based personnel participated in the study, including teachers (n = 40), counselors (n = 7), assistant principal (n = 2) and principals (n = 2). All of the participants were drawn from seven elementary schools, one alternative school (K - 8) and two middle schools in a large urban inner-city school district in Alabama. Participants were 88% percent female and 12% male. No data were obtained about age or race.

Participants were divided into two groups. The intervention group had 27 participants- 19 teachers, 5 counselors, 2 principals and 1 assistant principal. Participants in the comparison group were 21 teachers, 2 counselors and 1 assistant principal.

Subjects were given three questions to answer regarding general information about themselves and their schools. Question 1 asked the number of years as a teacher or in their position in the school. Thirty two percent of the intervention group had been teaching between 10-15 years, and 16 percent of the comparison group. Participants with teaching experience for 15-20 were 18% of the intervention group and 16% of the comparison group. Twenty two percent of the intervention group had taught between 5-10 years and 37 percent of the comparison group. The years of teaching and corresponding percentages are shown in Table 1.

Table 1

Number of Years of Teaching Experience

Years	Intervention		Comparison	
	n	%	n	%
1-5	3	14	4	21
5-10	5	22	7	37
10-15	7	32	3	16
15-20	4	18	3	16
20+	3	14	2	10
Total	22	100	19	100

Question 2 asked participants for the highest level of certification. In the intervention group 50 % (n=11) had master level certification, 32% (n=7) had bachelor level certification and 18% (n=4) had masters + 30. In the comparison group 63 % (n=12) had master level certification, 21 % (n=4) had bachelor level and 16 % (n=3) had masters +30.

Question 3 requested participants to indicate the grade taught or grades in the school, number of students in the class or in the school. Sixty-eight percent of the intervention group and 63% of the comparison group worked in K-5 schools. Teachers working at the 6-8 grade level were 21 % of the comparison group and 18 % of the intervention Group. Results are shown in Table 2.

Table 2

Number in School, Grade Level Taught, and Number in Class

Number of Students	100-300	300-600	600-900	1000+	
Intervention	5	17			
Comparison	5	14			
Grade Level/Taught	K	1-5	6-8		
Intervention	3	15	4		
Comparison	3	12	4		
Number in Class	11-15	16-20	21-25	26-30	30+
Intervention	1	3	8	6	4
Comparison	2	3	7	4	3

Assignment of Participants to Groups

The teachers, principals and counselors who participated in the study were selected from a population of fifteen schools. Each school was randomly assigned numbers and placed in either an elementary or middle school drawing pool. The numbers of eight elementary and two middle school were drawn and from each pool and alternately assigned to either the treatment group or nontreatment group. Four elementary and one middle school composed each group.

Team member selection, team composition and team size were the responsibility of each school. Teams varied from 5 to 8 members for both the intervention and comparison groups. Sixty-four participants, 32 in each group started the study in October, 1993 and 51 completed the study in March, 1994, 27 were in the intervention group and 24 in the comparison group.

Ten participants were lost to the study after matching pretest and posttest questionnaires to each subject. Some participants were removed from the study because they had not returned all of the questionnaires or had failed to respond to over 60 percent of the items. Statistical procedures were applied to the data obtained from the remaining 41 subjects.

Instrumentation

Four questionnaires were used for this investigation: the Teacher's Questionnaire (TQ), the Teachable Pupil Survey (TPS), the Teacher's Opinion Survey (TOS) and the Classroom

Problem Questionnaire (CPQ). The TQ, TPS and TOS, were instruments that had been used in previous related studies. TPS and TOS have reported acceptable reliability. The reliability of the TQ and the CPQ were determined through statistical analysis for this study. Permissions to use the instruments were obtained from each of the developers.

Teacher Questionnaire

Developed by Bailey, Gable and Hendrickson (1990) the Teacher Questionnaire is an 18-item survey instrument designed to explore the ability of teachers to work successfully with each other to ameliorate student's learning and behavior problems. The questionnaire was originally administered to a treatment group of teachers and school administrators participating in a weekend inservice training program and to a similar nontreatment group. A Chi-square procedure was used for statistical analysis. The results found significant differences at the .05 level for "knowledge of how to work with other teachers," "the ability to work with other teachers," "knowledge of individualized instruction and classroom management," and "teachers working with each other to increase the performance of at-risk students."

Teacher Opinions Survey

The Teacher Opinion Survey was designed by Larrivee and Cook (1979) to assess the effects of selected institutional variables on the attitudes of regular education teachers toward mainstreaming of special-needs children. The

instrument examined the effects of seven variables. The first variables were environmental and considered grade level taught, classroom size education and experience of teachers. The second set of variables were teacher perceptions and included success with special-needs students, level of administrative support and availability of supportive services. The scale was constructed using a Likert-type summated rating. A Spearman-Brown reliability coefficient for the scale was .92.

The Teachable Pupil Survey

The Teachable Pupil Survey was developed by Kornblau (1982) to measure teacher's perception of 33 attributes of idealized teachable pupils in three categories: cognitive, social, and school-appropriate behavior dimensions. The cognitive dimension rated such items as clear thinking, intelligent and perceptive. The school-appropriate behavior dimension includes items such as follows directions, completes assignments on time and is attentive. Included in the social dimension are friendly, calm, liked by peers and emotionally stable. Spearman-Brown adjustments to the Alpha split-half reliability for the cognitive dimension were .95, the social dimension .92, and .93 for the school appropriate dimension.

Classroom Problem Questionnaire

The CBQ was designed by Johnson and Pugach to ascertain opinions on how easily a teacher could develop an intervention to address academic, behavioral and attention problems. There

are 26 items on the scale and are rated in four grouping from 1 to 8 or from very easy to very difficult. In the present study descriptive statistics were used to interpret data secured from this instrument.

Data Collection

The questionnaires were administered to both groups at the beginning of the study and at the end of the study. Questionnaires were passed out and time allocated for their completion at the beginning of a brief orientation session at each school for the Intervention Group. At this meeting each participant was given a packet which contained the Informed Consent statement, the four questionnaires and a scantron sheet for professional development documentation. Those not returned at the end of the meeting were asked to be sent to via school mail.

Questionnaires were sent via school mail to all other participants. Training sessions for those in the intervention group were not started until the pretest questionnaires were received from all team members.

The second set of questionnaires were sent via school mail to the nontreatment groups at the end of the study. For the intervention group the questionnaires were passed out at their last training session.

In-service Training

The in-service training module was developed as the major component of this investigation. Based on a preliminary review of related literature three objectives were set for the training sessions: (1) to keep the training sessions simple but educational and (2) to actively involve the participants in all aspects of the training and (3) to maintain an environment conducive to collaborative problem-solving.

The in-service training module was adapted with permission from the authors or the author's publishers.

The sources were Collaborations in the Schools, by West, Idol and Cannon (1989); Helping Students Succeed in the Regular Classroom, by Zins, Curtis, Graden and Ponti (1988);

A Collegial Approach to Developing Alternative Strategies to Meet the Needs of Diverse Students within the Regular Classroom, developed by Johnson and revised by Elliott and Wortham (1990) and Matching Consultation, Assessment, and Interventions by Dickinson, (1993).

The collaborative-consultation training approach was developed as an in-service training module to help school-based team members to effectively work together to provide assistance to at-risk or special-needs students in the regular classroom. The objectives of the collaborative-consultation-training approach were first, to lessen resistance to the intervention process by establishing in the school-based teams a climate that included basic counseling

characteristics of "mutual trust, open communication, genuineness, and positive regard," (Brown, Blackburn, Wyne and Powell, 1979, p.55).

Second, to assist teachers with the prereferral intervention process by helping them understand the necessity of correctly identifying the student's problem through the collection of baseline and continuous data.

Third, to use the collected data in selecting or designing and implementing interventions. To develop interventions that were within the constraints deemed acceptable to the teacher(s) that used them.

The study was originally designed for twelve hours of training, a 4-hour session and four 2-hour bi-weekly sessions. Because of the inclement weather the Saturday session was poorly attended. A decision was made by the investigator in agreement with each team to restructure the schedule. Because of the pending holidays the decision was to conduct one weekly session in November, one session in December and two bi-weekly sessions in January and February.

The module had three phases: (1) the orientation phase (2) data collection, problem identification and problem-solving phase and (3) implementation and evaluation phase. The first phase of training focused entirely on effective communication skills and understanding the intervention and collaborative consultation processes. In this session the team members were given a brief overview of school-based

consultation, collaborative consultation, prereferral interventions or intervention assistance and teacher assistance teams. The team explored the personal characteristics important in consultation interactions. They used role play to examine the effectiveness of verbal and nonverbal communication. Issues relating to mutuality, reciprocity and confidentiality were discussed. Activities similar to the Frustrating Activity shown in Appendix B were used throughout Phase I to help demonstrate the importance of team work.

The data-based problem identification and problem-solving process were conducted during Phase II. In these sessions participants began working on problem-solving strategies. They were shown how to gather baseline data, to identify and define problems by using antecedent conditions or setting events in the remote or immediate environments. Modeling was used to demonstrate how to state problems in observable and behavioral terms. Cases were presented to the teams and brainstorming was used to generate interventions.

In Phase III, team members discussed the interventions, made decisions regarding responsibility and implementation, established time limits and monitoring techniques. Interventions were implemented and based on the feedback from monitoring the team either modified the intervention, initiated another intervention or terminated the process. It was during these sessions that decisions were made

regarding referring the student for a formal assessment. The first two sessions set the tone for the remaining sessions. Throughout the process helping the teams to understand the necessity of collecting data for the presenting problems became a major focus when reviewing cases, identifying, designing, and or implementing interventions. An overview of the training, training outlines and lesson plans are in Appendix B.

CHAPTER IV

PRESENTATION OF THE DATA

Introduction

This study was to assess the effects of training school-based teacher teams in collaborative-consultation skills on the opinions and perceptions of teachers regarding referral, intervention and teaching of special-needs students. This chapter presents an analysis of the data supplied by the school personnel participating in the study.

The data consists of (a) general descriptive information (b) reliability statistics and (c) tests of hypotheses and (d) analysis of research questions. Data were analyzed using the Statistical Package for the Social Sciences (SPSS/PC+).

General Descriptive Statistics

Four different questionnaires for a total of 256 were hand delivered or sent via school mail to the 64 subjects that participated in the study. The questionnaires went to teachers (n=49) counselors (n=9) assistant principals (n=3) principals (n=2) and an administrative intern (n=1) in the ten schools of the Birmingham Public School System participating in the study.

A total of 214 questionnaires were returned, for a return rate of 84 percent. The intervention Group returned 108

questionnaires (n=27) and 96 were returned by the comparison group (n=24). At the conclusion of the study 214 questionnaires were hand delivered or sent via school mail to the remaining 51 participants in the study. The intervention group returned 96 questionnaires and the comparison group returned 87. A total of 183 questionnaires were returned, a return rate of 86 percent.

After matching the pretest and posttest questionnaires to each subject, 328 questionnaires (82 sets, 41 pretest and 41 posttest) were usable. The intervention group had 176 pretest (n=22) and posttest questionnaires. The comparison group had 152 (n=19) pretest and posttest questionnaires.

Questionnaires deleted from the sample included those that were over 60 percent incomplete and questionnaires that were unable to be matched in sets from each participant from pretest to posttest.

Hypotheses Tested and Results

In comparing the data from the two groups, basic statistical procedures were used to test for differences. The acceptable level for determining significance was the .05 level. The results are reported in narrative and tabular form.

The instrument used to measure data for hypothesis 1 was the Teacher's Questionnaire (TQ) (Bailey, et al, 1990). To establish evidence of unidimensionality or internal

consistency a test of reliability was run on 15-items of the survey.

Questions 1 and 2 on the Teacher's Questionnaire were not used in the reliability test because they requested only general data. Item 1 on the questionnaire asked the participants number of specific courses they had taken addressing issues related to teaching at-risk students. The second question asked participants to give to the number of students they considered in their class to be difficult to teach. Table 3 displays the means and standard deviations for courses teachers have taken to address at-risk students. Pretest and post test means and standard deviation for the number of students considered difficult to teach are presented in Table 4.

Items 3-17 on the questionnaire have a 5 point Likert-type scale (1=very negative response, 3=neutral response and 5=very positive response) designed to examine the extent to which teachers are able to work together successfully to ameliorate student learning or behavior problems. The results revealed a Coefficient Alpha of .89, indicating that the test was reliable and should produce consistent outcomes.

Hypothesis 1 states that participants in the collaborative-consultation training approach will not have significant differences in their view of themselves as being better able to work together as a team to resolve student learning and behavior problems than those teachers who use the

Table 3

Number of Courses Specific to Teaching At-Risk Students
From the Teacher's Questionnaire

Source	Specific Courses			
	<u>Pretest</u>		<u>Posttest</u>	
	X	SD	X	SD
Intervention	1.1945	1.2954	1.2359	.9937
Comparison	2.3684	1.2566	2.3684	1.2566

Table 4

Students Considered Difficult to Teach as Rated on the
Teacher's Questionnaire

Source	Difficult to Teach			
	<u>Pretest</u>		<u>Posttest</u>	
	X	SD	X	SD
Intervention	4.3182	2.4375	4.3182	2.2549
Comparison	4.2105	2.7402	4.2105	2.7402

traditional approach. Data were collected from the teachers participating in school-based teams that were being trained in collaborative consultation skills (intervention group) and from teachers participating in school-based teams using the traditional method (comparison group). The four mean scores obtained from the pretest and posttest data on the TQ from the two groups were compared in analyzing the data for hypothesis 1. Resultant means and standard deviations of the scores according to treatment conditions are shown in Table 5.

An analysis of variance test (ANOVA) was used to examine Hypothesis 1. ANOVA assumptions were considered, that members of the group were randomly selected and that there was homogeneity of variance. The pretest means were 53.81 and 50.84 for the intervention and comparison group respectively. The posttest mean for the intervention group was 62.41 and for the comparison group 53.16. A summary of individual pretest and posttest means and standard deviations by item are shown in Appendix C.

The evidence obtained from the statistical procedures did not support the rejection of hypothesis 1. Results of the ANOVA revealed no significant differences between groups although, the ANOVA with repeated measures revealed that a significant interaction occurred with time and group as independent variables and TQ as the dependent variable ($F[1,38] = 7.28, p < .01$) and ($F[1,38] = 13.45, p < .001$). These data are presented in Tables 6.

Table 5
Mean Scores and Standard Deviations for the Teacher's
Questionnaire, Pretest and Posttest

Source	Pretest		Posttest	
	X	SD	X	SD
Intervention ^a	53.8095	11.3473	62.4091	5.9254
Comparison ^b	50.8421	7.5297	53.1579	7.5738

a n = 22

b n = 19

Table 6
Summary of Analysis of Variance of Pretest and Posttest
Teacher Questionnaire Scores of the Intervention and
Comparison Groups

Source of Variation	df	Sum of Squares	Mean Square	F-Ratio
Between Subjects 40				
Groups	1	764.52	764.52	13.45*
Error (b)	38	2159.48	56.83	
Within Subjects 41				
Time	1	612.04	612.04	7.28**
Group x Time	1	207.24	207.24	2.47
Error (w)	38	3193.96	84.05	
Total	81	5353.44		

*p<.05

**p<.001

Hypothesis 2 states that teachers in the collaborative consultation training approach will show no significant difference in their opinions and perceptions of the "ideal" teachable student than those teachers participating in the traditional approach. In collecting the data for this hypothesis a 33-item "Teachable" Pupil Survey (TPS), (Kornblau, 1982) was used to determine if the two groups differed significantly in their perceptions of what constituted the "teachability" of students.

The three areas assessed by the TPS were the Cognitive Dimension (CD), which assessed behaviors e.g. clear thinking, curious, intelligent and perceptive. The Social Dimension (SD) measures attributes e. g. calm, considerate and emotionally stable. The School-Appropriate Behavior (SA) Dimension assessed characteristics e.g. follows directions, is alert and attentive to classroom procedures. The mean scores and standard deviations for the two groups on the three dimensions are depicted in Table 7.

The application of the analysis of variance with repeated measures for several dependent variables revealed a significant between subjects effect with group as the independent variable ($F[1, 39] = 13.68, p < .001$). However, the within subject effect with time as the within factor ($F[1, 39] = 3.47, p > .05$) does not support the rejection of hypothesis 2. This suggest no significant differences existed among the teachers in the two groups.

Table 7

Mean Scores and Standard Deviations of the Three Dimension of the Teachable Pupil Survey

Dimensions	Intervention Group				Comparison Group			
	<u>Pretest</u>		<u>Posttest</u>		<u>Pretest</u>		<u>Posttest</u>	
	X	SD	X	SD	X	SD	X	SD
Cognitive	41.59	3.83	36.32	4.21	34.89	7.20	34.84	5.95
School- Approp.	68.18	6.04	57.18	10.74	57.79	11.80	57.16	11.54
Social	49.09	4.37	44.40	5.47	40.00	9.26	38.53	6.99

a $\bar{n}$ = 22

b $\bar{n}$ = 19

Hypothesis 3 states that when compared to teachers in the traditional approach, teachers in collaborative consultation-training will show no significant differences in their opinions and perceptions regarding assisting special needs students in the classroom. This hypothesis was examined by data collected from the Teacher's Opinion Survey (TOS) (Larrivee & Cook, 1979).

A Likert-type format is used for the 30 statements on this attitudinal scale, where 1 is strongly agree, 3 is undecided and 5 is strongly disagree. For data analysis some ratings were reversed as appropriate for certain statements, i.e, 1=5, 2=4, 3=3 etc.

The means obtained from pretest data, 82.55 for the intervention and 87.79 for the comparison, show no significant differences in the two groups. Posttest means for the intervention group was 93.27 and 88.63 for the comparison group. The interactive effects of the means and standard deviations are depicted in Figure 1 and illustrates more clearly changes in teachers' opinions from pretest to posttest. An analysis of variance (ANOVA) with repeated measures revealed a significant interaction involving time and group ($F[1,39] = .06, p < .001$). Hypothesis 3 is rejected. These data are presented in Table 8.

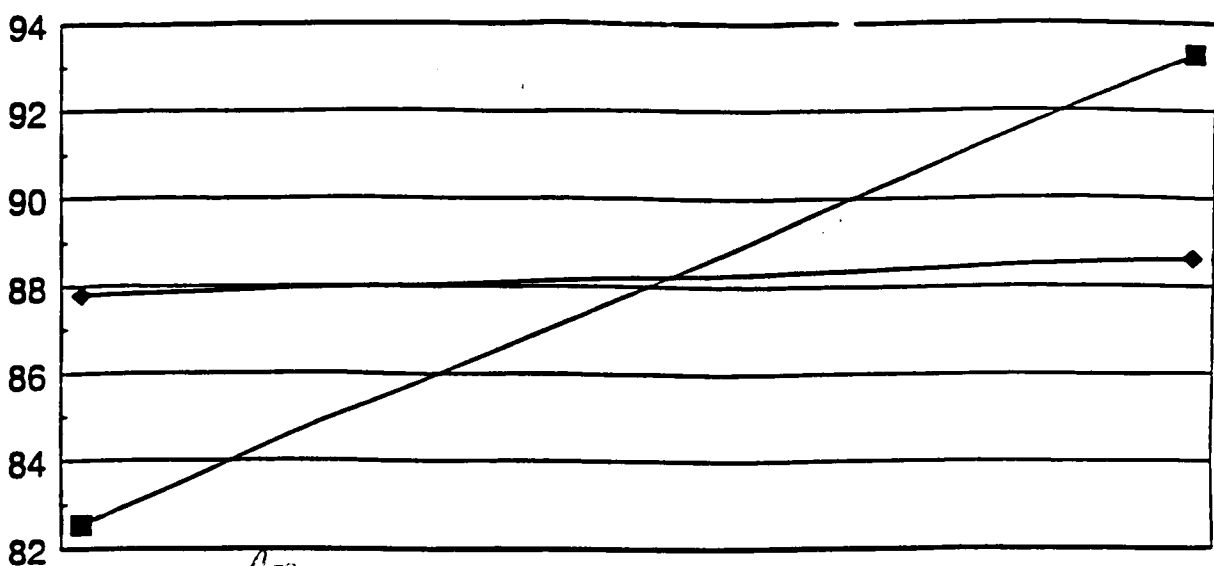


Figure 1. Analysis of Variance of the Teacher's Opinion Survey Pretest and Posttest Means with Time and Group Interaction.

T1-Intervention Group
T2-Comparison Group

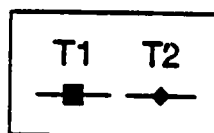


Table 8

Summary of Analysis of Variance Tests of Pretest and Posttest
Teacher's Opinion Survey

Source of Variation	df	Sum of Squares	Mean Square	F-Ratio
Between Subjects	<u>40</u>			
Group	1	1.85	1.85	.06
Within (g)	39	1296.95	33.26	
Within Subjects	<u>41</u>			
Time	1	682.31	682.31	21.52**
Group x Time	1	498.12	498.12	15.71**
Within (w)	39	1236.44	31.70	
Total	81	2532.39		

*p>.05

**p<.001

The Classroom Problem Questionnaire (CPQ) developed by Johnson and Pugach (1990) is a survey containing 26 descriptions of classroom problems. The CPQ was used to examine the research

question, are teachers trained in a collaborative consultation approach less resistant to developing and implementing interventions to address classroom problems than teachers in the traditional approach.

The questionnaire had an eight point scale, 1-2 very easy, 3-4 easy, 5-6 difficult, and 7-8 very difficult. Because the scoring pattern from the participants indicated confusion around the scoring (many circled the set of scores), the second number for each category was selected, i.e., 2-very easy, 4-easy, 6-difficult and 8-very difficult.

According to the authors (Pugach and Johnson, 1990) problem statements were in three categories, academic, behavioral and attention. Tests of reliability was run on the questionnaire and each of the three categories. Reliability coefficients for all items on the CPQ was .39, for academic .49, attention .21, and behavior .43. The means for each category are presented in Table 9. Item means are shown in Appendix C.

The questionnaire requested teachers to rate their feelings regarding how easily a teacher could develop an intervention based on the problem description. The participants in the intervention group considered it to be relatively easy to design an intervention for academic or attention problems and more difficult to design interventions for behavior problems based on the pretest means of 4.66 for academics and 4.87 for attention. Behavior was rated as being

relatively difficult with a mean of 5.55. Pretest means for the comparison group indicated they considered all three categories. The mean for academics was 4.28, behavior 4.33 and attention 3.96.

Table 9

Means Scores for the Classroom Problem Questionnaire,
Pretest and Posttest

Source	Intervention		Comparison	
	<u>Pretest</u>	<u>Posttest</u>	<u>Pretest</u>	<u>Posttest</u>
	X	X	X	X
Academic	4.66	4.07	4.28	4.83
Behavioral	5.55	4.54	4.33	5.52
Attention	4.87	4.26	3.96	5.08

a n = 22

b n = 19

CHAPTER V

SUMMARY OF FINDINGS, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS FOR FURTHER STUDY

Introduction

The purpose of this study was to assess the effects of training school-based teams in collaborative-consultation skills on the opinions and perceptions of teachers regarding referral, intervention and teaching of special needs students. This chapter contains a summary of the findings of the study, conclusions, implications regarding the significance of the findings, and recommendations for further study.

There were two components in the study: an in-service training component and a questionnaire component. To meet the objectives of the study, 10 schools were randomly assigned to two groups, an intervention group and a comparison group. Four elementary and one middle school were in each group.

In the intervention group, school-based teacher teams (n=27) in the four elementary and one school participated in sixteen hours of inservice training on collaborative consultation and the intervention assistance process.

The comparison group was composed of the school-based teams (n=24) at four elementary and one middle school. The comparison group did not receive any treatment and continued to use the traditional school referral process.

The study elicited responses to four sets of questionnaires from the two groups. The pretest and posttest questionnaires were used to examine if training teachers in collaborative-consultation skills made a significant difference in their opinions and perceptions as related to conducting interventions, making referrals and teaching special-needs students. Responses from the intervention groups were compared with the responses from the comparison group.

The Informed Consent statements were sent to the principals or counselor in the comparison group whose schools had agreed to participate in the study. After each Informed Consent statement had been received, questionnaires were sent to those teachers agreeing to participate in the study. No further contact was made with this group (except for follow-up on pre-test returns) until the end of the study, when the second set of questionnaires were mailed. Questionnaires and follow-up correspondence were generally sent via school mail.

Summary of the Findings

Three null hypotheses were identified and tested. In addition, procedures were employed to answer the following research question: When compared to teachers using the traditional approach, are teachers in the collaborative consultation training approach less resistant to developing interventions to use in the classroom?

For the purposes of this study, the .05 level of significance was required to reject the null hypotheses. Hypothesis 1 was not rejected because the results indicate that while the teachers in the intervention group appeared to be moving in the direction towards perceiving themselves as being better able to work together to resolve student learning or behavior problems in the classroom as a result of participating in the training, the differences among the two groups did not meet the criterion for statistical significance. Although the findings were not significant, they lend support to the findings of Bailey, Gable and Hendrickson (1990). In their nontraditional (week-end) in-service training study on collaboration, they found that significant differences occurred with six of the questions on the survey. This included positive responses to question dealing with the ability to work with others, teachers working together to increase the performance of at-risk students, knowledge of classroom management skills and instructional techniques. They implied that teachers' perceptions and willingness to collaborate with other teachers were increased because they were actively involved in the training process. They reported comments from teachers indicating they were more open to self-examination by participating in the inservice training.

Research on preferences for collaboration conducted by Morrison et al. (1994) revealed that when teachers rated

working with other professionals (collaboration), referring the problem to experts, or working independently to solve student problems, they chose the collaborative mode of working on student problems as preferable to either working independently or referring to the expert. an expert.

Pugach and Johnson (1990) issued a challenge to school administrators and other professional personnel to recognize the importance of classroom teachers in collaborative consultations and second, to understand that collaboration in schools would only occur when the participants have an understanding of their own strengths and weaknesses and demonstrate a willingness to learn from each other.

Bay et al., (1994) study results concluded that the use of general education teachers working together as teams in the prereferral intervention process seems to be a more effective tool for assisting the diverse needs of at-risk students in the urban school setting than other prereferral intervention approaches.

Although the data collected for hypothesis 2 on the TPS revealed no significant differences in the two groups on their perceptions of the "ideal" teachable pupil, the results were similar to those found by Johnson and Pugach (1990) in their study on peer collaboration. Their findings indicated that there were slight decreases in teacher expectations for students in the cognitive and social dimension when the teachers were trained, whereas, there were slight increases in

student expectations by teachers that were not trained. They attributed this decrease to the fact that the teachers receiving the training had either become more tolerant and understanding of their students or had changed their expectations for the students. It was noted that although there were differences between the two groups on the cognitive and social dimension, that both the intervention and the comparison groups had slight decreases for the school-appropriate behavior dimension.

While the changes were not significant in the present study, this downward shift in student expectations was present across all three dimensions for both the intervention group and the comparison group. The general assumptions have been that the teachers were either becoming more tolerant or had changed their expectations for what they considered to be characteristics of ideal students .

Data derived for hypothesis 3 from the Teacher's Opinion Survey (TOS) show that there were significant differences in the opinions and perceptions about assisting special needs students in the classroom by teachers in the intervention group. The results show that over-time the teachers in the intervention group were more receptive towards working with at-risk students in the regular classroom. These results may be more directly related to the findings by Larrivee and Cook (1979) that implied that the teacher's attitude about working with special needs students is

primarily based on their perception of the probability of success with the student. The mean scores of the intervention group revealed a significant gain from the pretreatment phase to the post treatment phase. In contrast, the comparison group remained nearly stable across time.

An extensive amount of research continues in relation to teachers' resistance towards using interventions in the classroom. Results of these investigations, (Witt, Elliot, & Martens, 1984, Algozzine, Christenson, & Ysseldyke, & Thurlow, 1983) indicate that teachers are concerned about the amount of time it takes to implement an intervention.

In addition, concerns center around the fairness to other children in their classes, and the general feeling that they are not trained or that their skills are inadequate to handle certain situations. As suggested by the findings on the Classroom Behavior Problem Questionnaire, teachers on the average are more comfortable handling academic problems than behavior or problems dealing with attention.

According to Idol and Barons (1992) one way to discourage people from working together collaboratively, is to put them in a setting that is conducive for conflict. People by nature tend to be territorial and when they enter what is perceived to be another person's space conflict zone. can develop.

For example, during the study a young teacher had a child in her second grade classroom with a behavior problem. An

older teacher offered to help because she had the child the previous year, but the young teacher was uncomfortable with accepting her assistance. A conflict ensued because the younger teacher thought if she accepted help she would be perceived as unable to control her classroom. The principal a referral of the child to the school-based team. The team designed an intervention for the student that included relieving the younger teacher for 1-hour per day by removing the child from the classroom. Both teachers accepted the team's intervention for the child. The problem was resolved and the two teachers began to work together with academic grouping of students.

Witt (1986) examined teachers' resistance to the use of school-based interventions. He inferred that there is little need for intervention strategies if teachers are not going to use them. Further, he questioned whether it was possible to get teachers to use interventions they don't want to use.

Johnston (1990) asserted, teacher resistance must be overcome in order to benefit students. She maintained that resistance was due to many factors including "ignorance of a new approach, fear of the unknown or an unwillingness to become involved" (p. 51). As noted in the literature, interventions that are most accepted by teachers are those that direct students toward appropriate behavior or offers a reward (Witt, et. al, 1984).

Adequate information was not available to obtain whether referrals for evaluations for special education were reduced as a result of the training. Although the information regarding referrals was obtained from school records, it did not reflect the general referral trend for the system. The problem was not with the new referral process, but when the number of referral packets were limited to five for each school per month, the opportunity to obtain accurate data that could be compared was lessened.

A review of school records from December, 1993 to May, 1994 revealed that the ten schools involved in the study had submitted a total of 137 referrals over the six-month period. An important finding from the data obtained from school records were the rate of referrals for the two groups when compared to the number of the students determined eligible for services. The intervention group had 94% of the students referred determined eligible compared with 41 percent of the comparison group.

Conclusion

Based on the results from the analysis of data, the following conclusions were drawn:

1. Teachers involved in a collaborative-consultation training approach did not develop negative perceptions about working together to assist at-risk students. However, there

was insignificant evidence to show they became more positive than teachers who use the traditional approach.

2. There were no differences between what teachers in the two groups considered to be characteristics of an "ideal" student. about the type of students they teach.

3. Teachers who use collaborative problem-solving to intervene with student problems appear to be more open to assisting the at-risk student in the regular classroom.

4. The quality of the referrals that were submitted for evaluations were improved by teams using the collaborative consultation approach.

Implications

Current trends in education are towards a more inclusive environment for all students. The need for local school districts to find workable solutions to address the diverse learning and behavioral needs of the current school population is imminent. Based on the findings from this study, training teachers in collaborative-consultation will increase their openness to working with at-risk students in the regular classroom. The development of such openness, plus the fact that negative perceptions and opinions were not developed towards at-risk students support the use of the collaborative consultation-training approach.

Recommendations

Based on the findings and conclusions of this study, the following recommendations are made:

1. This study should be replicated without limiting the number of referrals that can be made in order to determine if referrals are reduced by using the collaborative-consultation-training approach.

2. This study should be replicated but gathering data from the Teacher's Questionnaire again, after an extended time period, perhaps after a second year. The long term effects may be significant for teachers learning to work together as a team.

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APPENDICES

APPENDIX A
QUESTIONNAIRES

TEACHER QUESTIONNAIRE

The purpose of this instrument is to examine the extent to which teachers are able to work together successfully in order to ameliorate student learning and behavior problems. Accordingly, there are no right or wrong answers to the questions and we welcome your input based upon your opinions and your experiences. The results of this survey will be reported only in the aggregate and your answers will remain confidential. The questionnaire should take no longer than 10 minutes to complete.

Please respond to each question by circling the most appropriate response.

1. The number of courses which I have taken specifically addressing at risk students is _____.
0 1 2 3 4 or more
2. The number of students in my class that I would consider low performing or difficult to teach is _____.
0 1 2-3 4-7 8 or more
3. I believe that training programs designed to enable me to work closely with my peers in order to help at risk students are _____.
1. unimportant 2. slightly important 3. moderately important
4. quite important 5. extremely important
4. My willingness and ability to help my colleagues adjust classroom practices to special needs students is _____.
1. very limited 2. limited 3. adequate
4. extensive 5. very extensive
5. My understanding of ways to work with other teachers to help at risk children learn is _____.
1. very unclear 2. unclear 3. moderately unclear
4. clear 5. very clear

6. My skills to communication and problem solve are _____.
1. very weak 2. weak 3. adequate 4. good 5. excellent
7. My knowledge of individualized instructional techniques and how to apply them to specific classroom problems is _____.
1. very weak 2. weak 3. adequate 4. good 5. excellent
8. My knowledge of classroom management skills is _____.
1. very weak 2. weak 3. adequate 4. good 5. excellent
9. My interest in working with colleagues is _____.
1. very weak 2. weak 3. adequate 4. good 5. excellent
10. I would describe my ability to work together with other teachers to resolve student difficulties as _____.
1. very poor 2. poor 3. adequate 4. good 5. excellent
11. I believe that the ability to work with colleagues to resolve student problems could be _____.
1. unimportant 2. slightly important 3. moderately important
4. important 5. very important
12. I feel comfortable working with my teaching colleagues in order to help solve a child's learning or behavior problem _____.
1. strongly disagree 2. disagree 3. no opinion
4. agree 5. strongly agree
13. I believe that teachers working together can lead to improved teaching practices.
1. strongly disagree 2. disagree 3. no opinion
4. agree 5. strongly agree

14. I believe that regular classroom teacher's involvement in developing specialized programs for at-risk students experiencing difficulties is _____.
1. unimportant 2. slightly important 3. moderately important
4. quite important 5. extremely important
15. I believe that communicating effectively with my teaching colleagues will influence my attitude toward working with at-risk children.
1. strongly disagree 2. disagree 3. no opinion
4. agree 5. strongly agree
16. I believe that the teacher helping another teacher to work with an at-risk student benefits as much as does the receiving teacher.
1. strongly disagree 2. disagree 3. no opinion
4. agree 5. strongly agree
17. I find that I benefit more from informal one-to-one conversations with colleagues than I do from group discussions.
1. strongly disagree 2. disagree 3. no opinion
4. agree 5. strongly agree
18. Approximately how many work related contacts do you have with your colleagues weekly?
- 1-3 4-6 7-10 10-15 16 or more
19. Please provide any additional comments or concerns.
- _____
- _____
- _____

Source: Bailey, C. L., Gable, R. A. & Hendrickson, J. M. (1990).
Together-Schools--Training regular and special educators
to share responsibility for teaching all students. Paper
 Presented at the 68th Annual Convention, Exceptional Children
 Toronto, Canada.

Thank you for your time and your cooperation.

"TEACHABLE" PUPIL SURVEY

We are interested in your opinions of an "idealized teachable" pupil appropriate for the grade/age level you are currently teaching. In the box below is a rating scale listing the range of responses possible for each of the descriptors listed in this survey. Feel free to use any of the numbers in this scale for any given descriptor.

RATING SCALE	
1.	Not At All Characteristic
2.	Slightly Characteristic
3.	Somewhat Characteristic
4.	Moderately Characteristic
5.	Usually Characteristic
6.	Almost Always Characteristic

EXAMPLE

DESCRIPTOR		RATING SCALE					
50.	Sings on Key	1	2	3	4	5	6

If in reading this example, Sings on Key, you feel that this descriptor is not at all characteristic of an "idealized teachable" pupil, you would circle number 1. If, instead, you feel that this descriptor is somewhat characteristic of an "idealized teachable" pupil, you would circle number 3. If, however, you feel that this is almost always characteristic of an "idealized teachable" pupil, you would circle number 6.

INSTRUCTIONS

Before making any ratings, please read carefully all the descriptors listed on the next page (item 1-33). They describe different areas of pupils' classroom behavior. Then using the rating scale in the box above, rate each descriptor by circling the one most appropriate number for each item. If you feel that your opinion is not exactly represented, please circle the number which comes closest to how you feel.

If at any time you wish to change your rating for a descriptor, you may do so as follows: place a heavy slash through the circled number you wish to change and then circle the number representing your current choice.

Source: Kornblau, B. (1982). The teachable pupil survey: A technique for assessing teachers' perceptions of students' attributes. Psychology in the Schools, 19, 170-174.

DESCRIPTOR		RATING SCALE					
		Not At All					Almost Always
1.	calm	1	2	3	4	5	6
2.	insightful, perceptive	1	2	3	4	5	6
3.	follows directions	1	2	3	4	5	6
4.	well-accepted and liked by peers	1	2	3	4	5	6
5.	bright	1	2	3	4	5	6
6.	happy, cheerful	1	2	3	4	5	6
7.	socially well-adjusted	1	2	3	4	5	6
8.	eager, enthusiastic about classroom activities	1	2	3	4	5	6
9.	cooperative	1	2	3	4	5	6
10.	able to begin and complete classroom tasks	1	2	3	4	5	6
11.	pleasant, good-natured	1	2	3	4	5	6
12.	confident	1	2	3	4	5	6
13.	intelligent	1	2	3	4	5	6
14.	attention span appropriate for grade/age	1	2	3	4	5	6
15.	kindly	1	2	3	4	5	6
16.	adaptable to changing classroom routines	1	2	3	4	5	6
17.	high verbal ability	1	2	3	4	5	6
18.	emotionally stable	1	2	3	4	5	6
19.	willingly participates in classroom activities	1	2	3	4	5	6
20.	honest	1	2	3	4	5	6
21.	enjoys school work	1	2	3	4	5	6
22.	clear-thinking, logical, rational	1	2	3	4	5	6
23.	academic achievement appropriate for grade/age	1	2	3	4	5	6
24.	has sense of humor	1	2	3	4	5	6
25.	empathetic, understanding of feelings of others	1	2	3	4	5	6
26.	completes work on time	1	2	3	4	5	6
27.	imaginative, uses materials in an original manner	1	2	3	4	5	6
28.	extroverted, outgoing	1	2	3	4	5	6
29.	curious, inquisitive, questioning	1	2	3	4	5	6
30.	alert, attentive to classroom proceedings	1	2	3	4	5	6
31.	sincere	1	2	3	4	5	6
32.	enterprising, inventive in thinking	1	2	3	4	5	6
33.	considerate of others	1	2	3	4	5	6

A Survey of Teacher's Opinions Relative to Mainstreaming Special-Needs Children

The purpose of this questionnaire is to obtain information that will assist in maximizing the effectiveness of classroom teachers with special-needs students. Special needs children are identified as those who appear to be learning disabled, emotionally conflicted, attention deficit disordered, very slow learners or with similar handicapping conditions but that would receive most of their instruction in a regular classroom.

Section I: Background Variables

Please circle your response to the following items:

- | | | | | |
|---|---------|---------|---------|-----------|
| 1. Grade level taught | K | 1-5 | 6-8 | 9-12 |
| 2. Number of students in your class | 11-15 | 16-20 | 21-25 | 26-30 30+ |
| 3. Number of students in your school | 100-300 | 300-600 | 600-900 | 1000+ |
| 4. Number of years as a classroom teacher | 1-5 | 5-10 | 10-15 | 15-20 20+ |
| 5. Highest level of certification | A | AA | | |

Scale: VL(Very Low); L(Low); A(Average); H(High); VH(Very High)

- | | | | | | |
|---|----|---|---|---|----|
| 6. My degree of success to date in educating special-needs students in the regular classroom has been | VL | L | A | H | VH |
| 7. The level of administrative support I have received relative to special need students has been | VL | L | A | H | VH |
| 8. The availability of additional services for accommodating special-needs students (resource room, resource teacher, remedial teacher, counseling, appropriate instructional materials, etc.) has been | VL | L | A | H | VH |

Section II: Teacher Opinions

Please circle the number under the column that best describes your feelings about the following statements. There are no correct answers; the best answers are those that honestly reflect your feelings.

Scale: 1 = SA (Strongly Agree); 2 = A (Agree); 3 = U (Undecided); 4 = D (Disagree); 5 = SD (Strongly Disagree)

	SA	A	U	D	SD
1. Many of the things teachers do with regular students in a classroom are appropriate for special-needs students.	1	2	3	4	5
2. The needs of students with handicaps can best be served through special, separate classes.	1	2	3	4	5
3. A special-needs student's classroom behavior generally requires more patience from the teacher than does the behavior of normal students.	1	2	3	4	5
4. The challenge of being in a regular classroom will promote the academic growth of the special-needs student.	1	2	3	4	5
5. The extra attention special-needs students require will be to the detriment of the other students.	1	2	3	4	5
6. Mainstreaming offers mixed group interaction which will foster understanding and acceptance of differences for both the students and the teachers.	1	2	3	4	5
7. It is difficult to maintain order in a regular classroom that contains a special-needs student.	1	2	3	4	5
8. Regular teachers possess a great deal of the expertise necessary to work with special-needs students.	1	2	3	4	5
9. The behavior of special-needs students will set a bad example for the other students.	1	2	3	4	5
10. Isolation in a special class has a negative effect on the social and emotional development of a special-needs student.	1	2	3	4	5
11. The special-needs student will probably develop academic skills more rapidly in a special classroom than in a regular classroom.	1	2	3	4	5
12. Most special-needs students do not make an adequate attempt to complete their assignments.	1	2	3	4	5
13. Integration of special-needs students will require significant changes in regular classroom procedures.	1	2	3	4	5
14. Most special-needs students are well behaved in the classroom.	1	2	3	4	5
15. The contact regular-class students have with mainstreamed students may be harmful.	1	2	3	4	5
16. Regular classroom teachers have sufficient training to teach students with special needs.	1	2	3	4	5
17. Special-needs students will monopolize the teacher's time.	1	2	3	4	5
18. Mainstreaming the special-needs student will promote his/her social independence.	1	2	3	4	5

	SA	A	U	D	SD
19. It is likely that a special-needs child will exhibit behavior problems in a regular classroom setting.	1	2	3	4	5
20. Diagnostic-prescriptive teaching is better done by resource-room or special teachers than by regular-classroom teachers.	1	2	3	4	5
21. The integration of special-needs students can be beneficial for regular students.	1	2	3	4	5
22. Special-needs students need to be told exactly what to do and how to do it.	1	2	3	4	5
23. Mainstreaming is likely to have a negative effect on the emotional development of the special-needs student.	1	2	3	4	5
24. Increased freedom in the classroom creates too much confusion.	1	2	3	4	5
25. The special-needs student will be socially isolated by regular classroom students.	1	2	3	4	5
26. Parents of a special-needs student present no greater problems for a classroom teacher than those of a normal student.	1	2	3	4	5
27. Integration of special-needs students will necessitate extensive retraining of regular teachers.	1	2	3	4	5
28. Special-needs students should be given every opportunity to function in the regular classroom setting.	1	2	3	4	5
29. Special-needs students are likely to create confusion in the regular classroom.	1	2	3	4	5
30. The presence of special-needs students will promote acceptance of differences on the part of regular students.	1	2	3	4	5

Source :

Larrabee, B., & Cook, L (1979). Mainstreaming: A study of variables affecting teacher attitude. *Journal of Special Education*, 13, 315-324.

CLASSROOM PROBLEM QUESTIONNAIRE

Lawrence J. Johnson, University of Cincinnati
Marleen C. Pugach, University of Wisconsin-Milwaukee

The Classroom Problem Questionnaire contains descriptions of classroom problems and requests that you circle the number that represents your feelings regarding how easily a teacher could develop an intervention to address the classroom problem as it is described.

RATING SCALE	
1-2	Very Easy
3-4	Easy
5-6	Difficult
7-8	Very Difficult

INSTRUCTIONS

Please read the examples of problems teachers may experience in the classroom. React to the problem by circling the degree that most closely represents your feelings regarding how easily a teacher could develop an intervention to address the classroom problem as it is described.

Instructions: For each problem below, please circle the number that most closely represents your feelings regarding how easily a teacher could develop an intervention to address the classroom problem so it is described.

	Very Easy	Easy	Difficult	Very Difficult
1. This student's written assignments are difficult to read.	1 2	3 4	5 6	7 8
2. This student has difficulty spelling certain words correctly.	1 2	3 4	5 6	7 8
3. This student refuses to complete a lot of work.	1 2	3 4	5 6	7 8
4. This student appears to have a great deal of hostility towards his peers and teachers.	1 2	3 4	5 6	7 8
5. This student seems to have difficulty controlling his behavior in an unstructured situation versus a structured situation.	1 2	3 4	5 6	7 8
6. This student's lack of organization seems to be affecting his ability to get his home-work done.	1 2	3 4	5 6	7 8
7. This student shows a lot of off task behavior when he is not directly supervised.	1 2	3 4	5 6	7 8
8. This student is loud, bossy and obnoxious.	1 2	3 4	5 6	7 8
9. This student disrupts the classroom atmosphere frequently throughout the day both at instruction time and during study periods.	1 2	3 4	5 6	7 8
10. This student frequently talks out without permission.	1 2	3 4	5 6	7 8
11. This student consistently gives incorrect responses when working with symbols and numerals.	1 2	3 4	5 6	7 8
12. This student is not answering the questions correctly after reading a story silently.	1 2	3 4	5 6	7 8
13. This student does not correctly answer questions after reading a story silently because she has difficulty with abstract thinking and organization.	1 2	3 4	5 6	7 8

	Very Easy	Easy	Difficult	Very Difficult
14. This student does not attempt tasks unless he feels that he can succeed.	1 2	3 4	5 6	7 8
15. This student's written assignments are difficult to understand because the content is unorganized and the paragraphs are often lacking topic sentences and correlated supportive sentences.	1 2	3 4	5 6	7 8
16. This student has figured out that when he acts out people notice his behavior.	1 2	3 4	5 6	7 8
17. This student exhibits negative behaviors whenever he is required to do something that is slightly unpleasant for him.	1 2	3 4	5 6	7 8
18. This student has difficulty remembering spelling rules which contributes to her consistently spelling certain words incorrectly.	1 2	3 4	5 6	7 8
19. This student quickly gives incorrect answers when working with symbols and numerals because these concepts are above his academic ability.	1 2	3 4	5 6	7 8
20. This student is very frustrated, she easily angers, she mumbles when talking, she has facial distortions when trying to make herself understood.	1 2	3 4	5 6	7 8
21. This student's slowness in handwriting is causing him problems in completing his work.	1 2	3 4	5 6	7 8
22. This student is a child who doesn't seem to understand what homework is to do and he doesn't get it done often saying that it is done.	1 2	3 4	5 6	7 8
23. This student acts in a frustrated angry manner when faced with certain social situations that are not pleasing to her. She shows intolerance of herself and others.	1 2	3 4	5 6	7 8
24. This student talks out in situations where auditory skills are required. This is usually in large group situations when there are no visual cues.	1 2	3 4	5 6	7 8
25. This student's behavior causes him to get time-out almost daily.	1 2	3 4	5 6	7 8
26. This student is not getting his work completed within the allotted time.	1 2	3 4	5 6	7 8

APPENDIX B
INSERVICE TRAINING MODULE

In-service Training Module

The collaborative consultation training approach was adapted from the existing literature (Hayek, 1987; West, Idol, and Cannon, 1989; Zins, Curtis, Graden & Ponti, 1988; Elliot and Wortham, 1990; Thousand, Villa, Paolucci-Whitcomb, & Nevin, 1990, Dickinson, 1993) and was developed as an in-service training module for school-based teams to provide assistance to at-risk or special needs students in the regular classroom. The collaborative consultation approach was designed to lessen resistance to the intervention process by establishing basic counseling characteristics of "mutual trust, open communication, genuineness, and positive regard," (Brown, Blackburn, Wyne and Powell, 1979, p.55). Second, to assist teachers with the prereferral intervention process by helping them understand the necessity of correctly identifying the student's problem through the collection of baseline and continuous data. Third, to use these data in selecting or designing and implementing interventions that are within the constraints deemed acceptable to the teacher that will use them.

The module had three phases: (1) the orientation phase (2) data collection problem identification and problem-solving phase and (3) implementation and evaluation phase. In Phase I the participants received an overview of school-based consultation and the intervention assistance concept.

The teams explored personal characteristics that are important in consultation interactions, they used role play to examine effective verbal and nonverbal communication and discussed issues relating to reciprocity, mutuality and confidentiality. Activities similar to the Frustrating Activity shown in Appendix B were used throughout Phase I to help demonstrate the importance of team work.

The data-based problem identification and problem-solving process were conducted during Phase II. Team members were shown how to gather baseline data to identify and define the problem by observing antecedent conditions or setting events in the immediate and remote environments. How to state the problem in observable and behavioral terms was demonstrated through modeling and transparencies. Cases were presented to the team and brainstorming was used to generate ideas for interventions.

In Phase III, team members discussed the intervention made decisions regarding responsibility for implementation, established time limits and monitoring techniques. Interventions were implemented and based on the feedback from monitoring the team either modified the intervention or ~~terminated~~ the process. It was during this phase that decisions for referring the student for a formal assessment was made. Tremendous overlapping occurred particularly with phases one and two where the teams had issues relating to communication, observations and data collection.

Phase I

In-Service Training Outline

- I. Overview of the prereferral intervention process**
 - A. Definition of prereferral interventions**
 - B. Rationale for a prereferral intervention model**
 - C. Definition of collaborative consultation**
 - D. Rationale for collaborative consultation**
 - E. Rationale for school-based intervention teams**

- II. Skills needed by participants to implement an effective school-based program.**
 - A. Personal characteristics**
 - 1. Empathic, respectful, caring, congruent and open**
 - 2. Positive self-concept**
 - 3. Ability to establish a good working relationship and maintain rapport**
 - 4. Willingness to learn, take risks, be flexible manage personal stress, maintain calm in crisis situations, and be resilient**
 - 5. Ability to recognize and understand the impact of personal beliefs and attitude on situations**

 - B. Effective Communication**
 - 1. Is an active listener, clarifies, paraphrases, provide feedback, acknowledges speaker, summarizes and elaborates.**
 - 2. Use appropriate nonverbal communication**
 - 3. Ability to grasp overt/covert meaning in message**
 - 4. Manages conflict and confrontation appropriately**
 - 5. Facilitates mutual decision-making**
 - 6. Recognizes that no one knows everything, is not afraid to say, "I don't know."**

- III. Establishing the school team**
 - A. Goals and objectives of the team**
 - B. Rules and regulations for team functioning**
 - 1. Meeting schedule**
 - 2. Time of meeting**

In-Service Training Workshop

Phase I

Interacting and Communicating

Learning Experience	Activity	Materials/Resources
General overview of the consultation process	Lecture/Discussion	Handouts -stages in consultation -definitions
Discuss traditional consultant and consultee relationship	Role Play	Overhead projector -transparencies
Provide rationale and define preferential intervention concept	Small group case studies	Sample Cases
Give rationale and define collaborative consultation		
Explain teacher assistance team concept		
Define reciprocity and describe its importance in consultation		Handout on reciprocity

In-Service Training Workshop

Phase I

Interacting and Communicating

Learning Experience	Activity	Materials/Resources
Provide rationale and guidelines for being caring, empathic, respectful congruent and open in consultation interactions	Lecture/Discussion Human Qualities Exercise	Notebook Overhead Projector
Recognize the effects of personal values and belief systems of self and others in the consultation process	What's Important?	Handout
Define and describe verbal and nonverbal, overt and covert meanings in communication	Overt/Covert Small Group Exercise	Notebook
Discuss and demonstrate nonverbal messages (body posture, voice tone, facial expressions, gestures, speech, etc.	Role Play (Pantomime)	Five Participants
Demonstrate active listening, genuineness, respect and other feelings through the appropriate use of feedback	Tape Recorder Exercise	Participants in dyads
Develop skills to manage conflict and confrontation for maintaining collaborative relationships	"You Messages" Discussion	Notebook

FRUSTRATING ACTIVITY

Directions for Construction

Using colored poster board material, copy one square from the following pattern per participant.

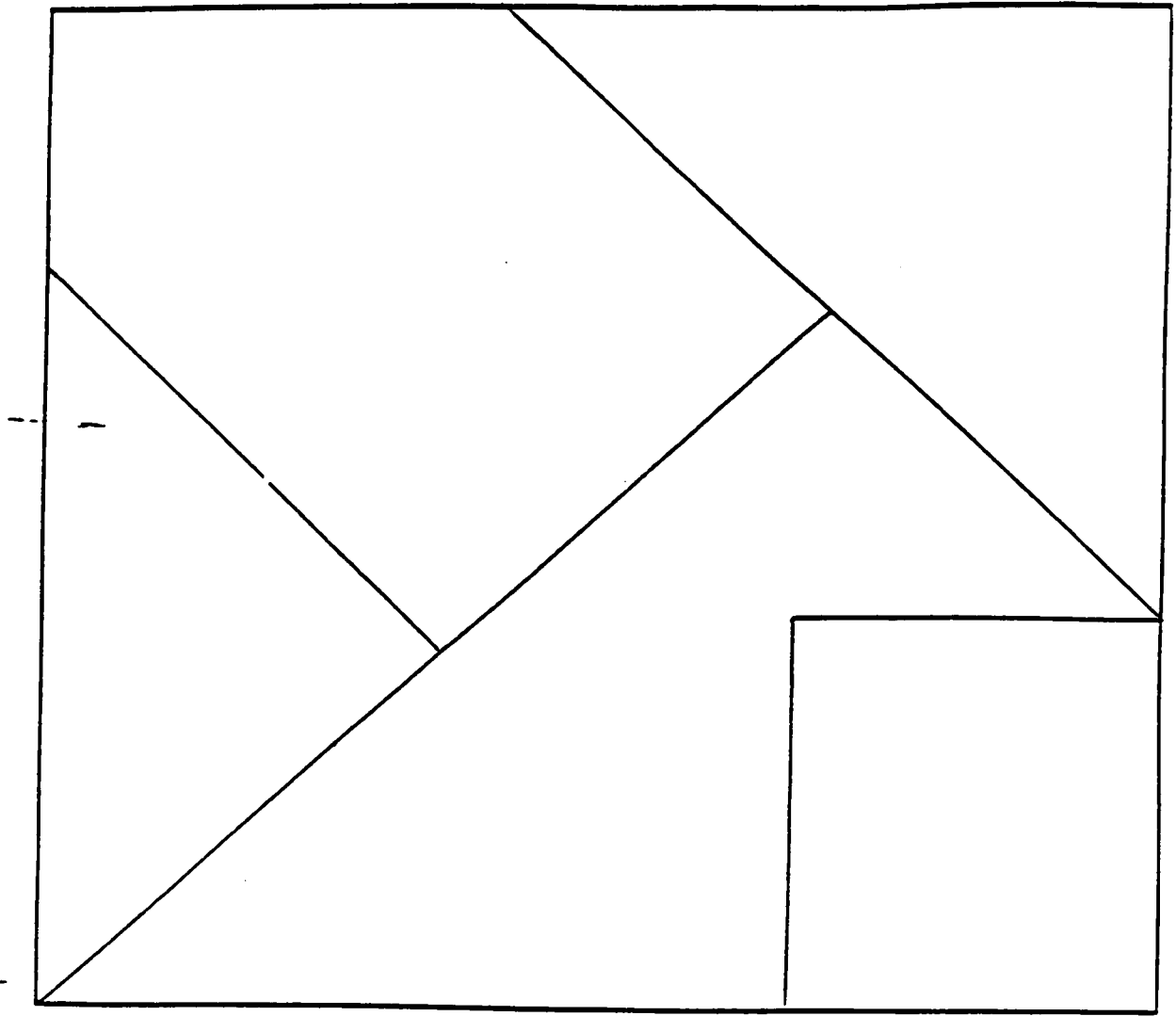
Laminate for durability, if desired.

Cut out each square.

Place each cut out square into an envelope, having one per participant.

d from: Rothschild, J., Kjerland, L., & Heller, D. Teaching strategies for introduction to generic concepts and specific categorical skills of mainstreaming. RAP, Region II. New York, New York.

2: Johnson, L. C. & Elliot, R. (1990). Project Cooperation: A collegial approach to developing alternative strategies within the classroom. Unpublished manual. Tuscaloosa, AL. University of Alabama.



To be a good listener, you must be an Active Listener!

An active listener. . . .

1. looks directly at the other person (eye to eye)
2. sits or stands in an alert way (does not slouch, lean way back, lean against a wall, etc.)
3. gives "feedback" (tells the other person what he/she is hearing)
This is also called paraphrasing
4. lets the other person know that she/he understands (nods head, says "uh, uh", etc)

"Active listening is not easy. . . . it's
HARD WORK"

YOU MESSAGES

YOU MESSAGES - WARN, PREACH, ADVISE,
JUDGE CRITICIZE, BLAME,
RIDICULE, INTERPRET.

WAYS OF CONFRONTING PEOPLE USUALLY
START WITH THE WORD YOU OR CONTAIN
THE WORD YOU.

- "YOU STOP THAT."
- "YOU SHOULDN'T DO THAT."
- "YOU ARE ACTING LIKE A BABY."
- "DON'T YOU EVER."
- "YOU SHOULD KNOW BETTER."

I MESSAGES

- WHEN YOU OWN THE PROBLEM -
I MESSAGES SHOULD ALWAYS BE POSITIVE.

"I CANNOT REST WHEN THE RADIO
IS ON FULL BLAST."

"I WORRY ABOUT YOU WHEN YOU ARE LATE"

"I SURE GET DISCOURAGED WHEN I SEE
MY CLEAN KITCHEN DIRTY AGAIN."

I FEEL ____ WHEN ____ BECAUSE ____.

Directions: Circle the best descriptor (overt or covert) for the paragraphs below.

1. OVERT or COVERT

Mr. Jackson, the building principal, agrees with Miss Robeson, the resource/consulting teacher, that her role is to consult with and support classroom teachers. When Miss Robeson has difficulty working with Mrs. Anderson, a classroom teacher with severe behavior management problems, Mr. Jackson requests that Miss Robeson provide him with the classroom observation data she collected in Mrs. Anderson's classroom to include in Mrs. Anderson's annual evaluation report.

2. OVERT or COVERT

Mr. Tolden, auto mechanics instructor, and Mr. Belton, guidance counselor, agree that more cooperation and collaboration is needed for them to select and prepare students for jobs as auto mechanics upon graduation from high school. They agree to conduct a survey of members of Mr. Tolden's classes to determine who is interested in auto mechanics as a profession. Mr. Belton agrees to meet individually, or in small groups, with identified students to provide them with information about this type of employment. Mr. Tolden is willing to cooperate with the surveying, but is insistent that his job is to teach the necessary skills, not to help students select career options.

3. OVERT or COVERT

Mrs. Ramirez, a parent of a first-grade child, has requested a meeting with Miss Jelleson, the child's teacher, and Mrs. Briscoe, the building principal, to discuss the ways in which Spanish is being taught in the first-grade program. The school personnel are proud that bilingual opportunities are provided to all children in the school. Mrs. Ramirez has been examining her child's school papers and has discovered that the children are being taught literal English/Spanish translations, rather than using correct Spanish grammar and syntax. During the meeting Miss Jelleson and Mrs. Briscoe talk enthusiastically about the school program, and especially speak favorably of Mrs. Ramirez's child. Mrs. Ramirez smiles and nods, but fears that to point out the obvious errors in instruction would be misunderstood as lack of interest in her child's program. She finally hesitantly asks how the translations are determined. Miss Jelleson assures her that she does the translations herself and majored in Spanish while studying at the university. Miss Jelleson ends the meeting by smiling and inviting Mrs. Ramirez to come and visit or to help with the program at any time, but says that she must hurry to the playground as she has a duty in 5 minutes.

4. OVERT or COVERT

A multidisciplinary team of five individuals meets to discuss the case of Richard, a student with serious reading and behavior problems. The team includes a remedial reading specialist, Richard's classroom teacher, the learning disabilities resource teacher, a behavior management specialist from a local university, and the building principal. To the dismay of all, the team discovers that three *different* approaches are being used to teach Richard to read: one in the LD resource program, one by the remedial reading specialist, and one by the classroom teacher. They also discover that different contingencies are used with Richard to control his disruptive behavior depending on which program he is attending. Each of the three teachers agrees to write down the specific procedures being used and to submit them to the resource room teacher by the end of the next week, and to accompany the description with progress reports. The resource teacher agrees to meet with the university specialist to design a reading instruction and behavior management program, which could be used by all team members. The team members verbally agree to meet again in two weeks to determine the final plan of cooperative instruction.

Source: West, J. F., Idol, L. & Cannon, G. (1989). Collaboration in the schools. Austin, TX: PRO-ED, Inc.

THE ABC'S OF ALL COMPLETE EMOTIONS

A. Your perceptions, or what you notice

plus

B. Your sincere positive, negative, or neutral thoughts about your perceptions, relative to you

plus

C. Your positive, negative, or neutral gut or emotional feelings, triggered and maintained by your evaluative thoughts

FACTS DON'T CAUSE YOUR FEELINGS

BY YOUR THOUGHTS, YOU CHOOSE HOW YOU FEEL

AND

YOUR ACTIONS USUALLY FOLLOW YOUR FEELING

YOUR THOUGHTS CAUSE YOUR FEELINGS

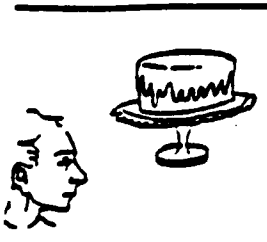
Angry thoughts make angry feelings

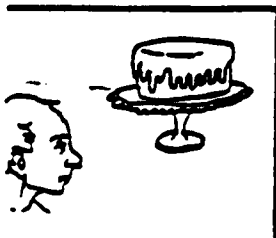
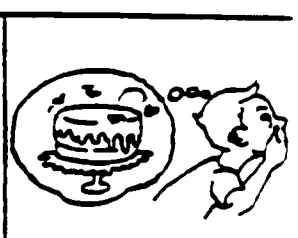
Depressed thoughts make depressed feelings

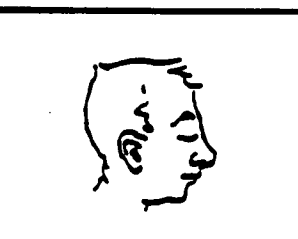
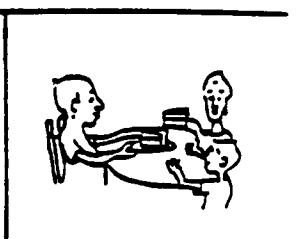
Happy thoughts make happy feelings

***Source:**

**Maultsby, M. C., Jr., M.D. (1974). You and Your Emotions.
Lexington, KY: Rational Self-Help Books.**

			
PERCEPTION	B. BELIEFS	C ₁ POSITIVE FEELINGS ABOUT THE CAKE	C ₂ PHYSICAL ACTIONS

			
PERCEPTION	B. BELIEFS	C ₁ FEELINGS OF DISGUST	C ₂ PHYSICAL ACTIONS

			
PERCEPTION	B. BELIEFS	C ₁ CALM FEELINGS	C ₂ PHYSICAL ACTIONS

Source: Maultsby, M. C., Jr., M.D. (1974). You and Your Emotions.
Lexington, KY: Rational Self-Help Books.

PHASE II

Workshop II: COLLABORATIVE DATA-BASED PROBLEM SOLVING

This workshop is designed for a two-hour session but if necessary can be divided into two one-hour sessions. These sessions will be conducted at the local school with the school teams. Although the training materials will be identical for all schools, some variations may occur in presentations because of local team needs.

In this phase team members will take skills obtained from Phase I and use these skills to begin data-based problem solving. Specifically, team members will learn how to identify and define the presenting problems, ascertain baseline data, explore whether the behavior is in the child's repertoire, discuss intervention options and design an appropriate intervention.

Outline for First Two-hour Session

- | | |
|-----------|--|
| 3:00-3:10 | Sign in and complete Continuous Improvement form (CIP) |
| 3:30-4:00 | Introduction and definitions of problem solving concepts and steps |
| 4:00-4:30 | Case study |
| 4:30-5:00 | Feedback/Discussion and Summary |

Outline for Second Two-hour Session

- | | |
|-----------|---|
| 3:00-3:10 | Sign in and complete CIP form |
| 3:10-3:30 | Introduction and review of previous weeks' activities |
| 3:30-4:10 | Implementing and Monitoring the intervention |
| 4:10-4:40 | Case Study |
| 4:40-5:00 | Feedback/Discussion and Summary |

PHASE II

IN-SERVICE TRAINING OUTLINE

- A. Steps in collaborative problem-solving
 - 1. Identify and define the presenting problem in observable and behavioral terms
 - 2. Collect data on the presenting problem
 - 3. Analyze components of the behavior
 - a. Where or when the behavior occurs
 - b. Antecedent conditions and consequences
 - 4. Explore intervention options
 - a. Brainstorm ideas
 - b. Reframe suggestions.
 - 5. Clarify implementation procedures
 - a. Answer who, how, where, and when questions
 - b. Determine time limit
 - 6. Design or implement intervention

OR

- B. Direct Assessment Steps*
 - 1. Define the presenting problem
 - 2. Collect data on the presenting problem
 - 3. Determine whether the behavior is in the child's repertoire
 - 4. Determine causative and supportive conditions
 - 5. Determine setting events and consequences
 - 6. Summary

*Source: Dickinson, Donald J. (1993) Matching consultation, assessment and intervention. Lenoir City, TN: Hart/Whitlow Publishers

In-Service Training Workshop

Phase II

Data-based Collaborative Problem Solving

Learning Experience	Activity	Materials/Resources
To describe steps in direct assessment and collaborative problem-solving	Lecture/Discussion	Overhead Worksheets Notebook
Demonstrate how to collect of relevant data	Review class-work, grades, etc.	Worksheets
Identify and define Setting events, antecedent conditions, consequences and immediate and remote environment	Vignettes	Video and VCR
Generate viable alternatives by brainstorming		Chalkboard

Intervention Design

- ____ 10. Brainstorm possible interventions for the priority behaviors(s) (generally best to focus attention on one or two behaviors; others may be addressed during follow-up sessions).

Consider possible interventions across three areas:

- Antecedents (Setting Variables)
- Behavior Monitoring and Feedback
- Consequences (Response Variables)

- ____ 11. Choose from the list of brainstormed alternatives the three or four most workable solutions to discuss/analyze.

- ____ 12. Design a written intervention plan in collaboration with the referring teacher outlining:

- A. Prioritized problems
- B. Proposed intervention(s), including:
 - 1. Specific instructional/motivational/behavior intervention strategies
 - a. baseline indicators of present performance/behavior
 - b. goal and criterion for success
 - c. monitoring/feedback plan
 - d. projected duration of intervention
 - 2. Additional information/data collection (if necessary)
 - 3. Auxiliary personnel to be contacted (if necessary)
- C. Persons responsible
- D. The plan for follow-up including:
 - 1. Specific time for next interaction
 - 2. List of team member responsibilities
- E. The tabled/alternative intervention strategies (record these on back of the intervention plan for future access).

Closure

- ____ 14. Verbally summarize the major points of the session.
- ____ 15. Retain a record of the team meeting and a copy of the individual intervention plan developed.

Source: Phillips, V. & McCullough, L. (1988). Using Collaborative Skills in Context. Paper presented at 1991 Council for Exceptional Children 69th Annual Convention, Atlanta, GA.

Problem Analysis

- _____ 5. Request specification of problem (important that team members attend, focus, and listen at first; be supportive in all cases)

Have teacher: _____

- _____ Describe the student and the student's attendance rate
- _____ Describe specific problem behaviors including the frequency and settings in which the behaviors occur
- _____ Describe events that precede and events that follow the behavior
- _____ Describe effect of student behavior on other class members or peers
- _____ Describe the steps, if any, which have already been implemented to change the behavior (including any parent contact)
- _____ Describe the student's strengths
- _____ Describe expectations for student and the setting demands of the classroom
- _____ Describe how expectations mismatch student performance

- _____ 6. Paraphrase explanation (seek verification of your understanding)
- _____ 7. List 4-5 problem behaviors succinctly; seek verification from teacher (record these in the space provided on the intervention plan)
- _____ 8. Request teacher to prioritize problem behaviors
- _____ 9. Consider team capability for problem resolution in light of teacher priorities

Decision Rules:

- A. Consider behavior that is most distressing to teacher
- B. Consider addressing the behavior for which remediation would result in a domino effect
- C. Consider which behavior might be most easily/quickly ameliorated in order to provide teacher and student success
- D. Consider which presenting problem the team is most confident about solving vs. those for which an auxiliary member might be assistive

Phillips & McCullough, 1988

Basic Steps For Teaching Problem Solving

Let me show you how to use the problem solving steps to solve this assignment.



Show + Tell

Let me make certain that I understand the problem. Let's write a report on the major causes of the Civil War.



Problem Identification

My plan for answering this would be to read the chapter, review my notes, then see if there are any common reasons given for ---



Problem Plan

Now I've read the chapter --- did I review the notes? yes --- did I match the two? yes.



Monitoring Plan

One major reason for the Civil War was slavery. Does my answer make sense? Yes, the teacher said this and so did the book.



Evaluation

Now you answer the next question. Use the steps for problem solving that I have just shown you.



Student Solves Problem

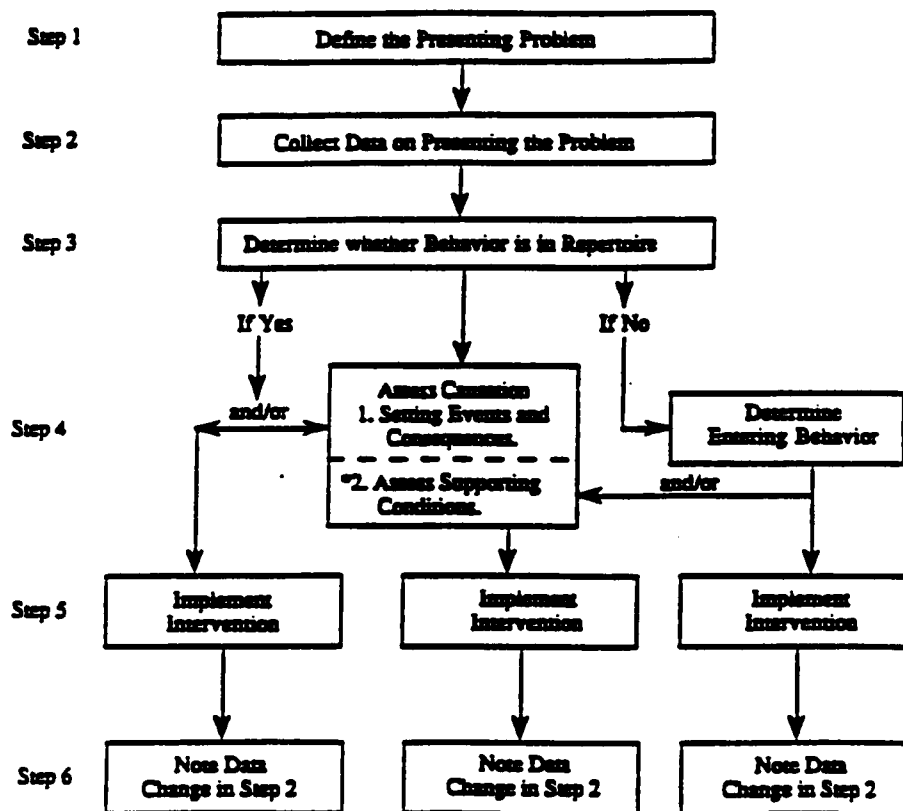
Let's see your answer.



Feedback + Corrections

Source: Dickinson, Donald J. (1993). Matching consultation, assessment, and intervention. Lenoir City, TN: Hart/Whitlow Publishers

**Sequence for Assessing Presenting
Problem and/or Causative and
Supportive Conditions**



* Includes reciprocal nature of the problem.

Source: Dickinson, Donald J. (1993). Matching consultation, assessment, and intervention. Lenoir City, TN: Hart/Whitlow Publishers.

APPENDIX C

MEANS BY ITEM FOR THE TEACHER QUESTIONNAIRE

Summary of Pretest and Posttest Means and Standard Deviation
for Questions 3-17 on the Teacher Questionnaire

Items	<u>Intervention Group</u>			
	<u>Pretest</u>		<u>Posttest</u>	
	<u>X</u>	<u>SD</u>	<u>X</u>	<u>SD</u>
3. Training programs to enable me to work with peers to help at-risk students	3.1951	1.0540	4.7273	.7025
4. Willingness to help colleagues adjust classroom practices	2.8636	.99023	3.3636	1.2168
5. My understanding of ways to work with other teachers	3.5455	1.0568	3.7727	.9223
6. My skills to communicate and problem solve are	3.5455	1.0568	4.1364	.7743
7. Knowledge of individualized instructional techniques	3.5909	.8541	3.7727	.7493
8. Knowledge of classroom management skills	3.5909	.8543	4.000	.7759
9. Interest in working with colleagues is	3.8182	.7950	4.2727	.7025
10. Describe my ability to work with colleagues as	3.8182	.8528	4.2727	.9351
11. The ability to work with colleagues to resolve students problems	4.0000	1.1127	4.6818	.5679
12. I feel comfortable working with colleagues to help resolve students problems	3.6190	1.0713	4.4545	.6710
13. Teachers working together can lead to improved	4.1364	.8335	4.5455	.7385

Summary of Pretest and Posttest Means and Standard Deviation
for Questions 3-17 on the Teacher'Questionnaire

Items	<u>Intervention Group</u>			
	<u>Pretest</u>		<u>Posttest</u>	
	<u>X</u>	<u>SD</u>	<u>X</u>	<u>SD</u>
14. Regular teachers in specialized programs	3.2723	1.2414	3.3636	1.4325
15. Communicating effectively will influence attitude	3.3636	1.4325	4.5000	.5976
16. Teacher assisting benefits as much as teacher receiving	4.0000	1.0690	4.3636	.7895
17. I benefit more from informal one-on-one	3.5909	.8541	3.0455	1.2527

Summary of Pretest and Posttest Means and Standard Deviations
For Questions 3-17 on the Teacher's Questionnaire

Item	<u>Comparison Group</u>			
	<u>Pretest</u> X	<u>SD</u>	<u>Posttest</u> X	<u>SD</u>
3. Training programs to enable me to work with peers to help at-risk students	3.3.158	.8201	4.2105	2.7402
4. Willingness to help colleagues adjust classroom practices	2.8421	.9582	3.0000	.9428
5. My understanding of ways to work with other teachers	3.5263	.8412	3.3158	1.0029
6. My skills to communicate and problem solve are	3.3158	1.1082	3.7895	1.0842
7. Knowledge of individualized instructional techniques	3.2632	.8057	3.3158	.7493
8. Knowledge of classroom management skills	3.5263	.9643	3.5789	.8377
9. Interest in working with colleagues is	3.5263	.9048	4.2727	.7025
10. Describe my ability to work with colleagues as	3.6842	1.082	3.6316	.8951
11. The ability to work with colleagues to resolve students problems	3.6316	1.1161	4.1053	1.7375
12. I feel comfortable working with colleagues to help resolve students problems	4.1053	.8093	4.1579	.7647
13. Teachers working together can lead to improved	4.1053	.8093	3.5789	1.0706

Summary of Pretest and Posttest Means and Standard Deviations
for Questions 3-17 on the Teacher' Questionnaire

Items	<u>Comparison Group</u>			
	<u>Pretest</u>		<u>Posttest</u>	
	<u>X</u>	<u>SD</u>	<u>X</u>	<u>SD</u>
14. Regular teachers in specialized programs	3.1579	1.2589	3.6842	.9459
15. Communicating effectively will influence attitude	3.1053	.9941	3.5789	.9612
16. Teacher assisting benefits as much as teacher receiving	3.4211	1.2612	3.5789	1.0174
17. I benefit more from informal one-on-one	2.9474	1.0260	2.6842	.7483

APPENDIX D

SUMMARY OF PRETEST AND POSTTEST MEANS
FOR CLASSROOM BEHAVIOR PROBLEM QUESTIONNAIRE

Summary of Pretest and Posttest Means for the Classroom Behavior Problem Checklist

	<u>Intervention</u>		<u>Comparison</u>	
	<u>Pretest</u> X	<u>Posttest</u> X	<u>Pretest</u> X	<u>Posttest</u> X
Academic Items	xxxxxxxxxxxxxxxxxxxxxxxx		xxxxxxxxxxxxxxxxxxxxxxxx	
1	3.27	3.27	3.26	3.58
2	4.55	3.81	4.63	4.84
11	6.36	4.36	6.00	3.26
13	5.09	4.56	5.68	3.79
15	4.00	4.36	4.00	4.42
18	4.09	3.36	4.09	3.16
19	5.89	4.18	4.63	4.74
21	4.55	4.55	4.53	5.16
26	4.18	4.10	4.53	5.58
Behavior	xxxxxxxxxxxxxxxxxxxxxxxx		xxxxxxxxxxxxxxxxxxxxxxxx	
3	5.00	5.26	4.42	5.26
4	6.09	6.00	4.27	6.00
5	5.55	4.53	3.68	4.53
8	5.64	3.47	3.47	5.32
9	5.55	5.26	5.26	5.37
10	4.55	4.27	4.00	5.37

<u>Behavior</u>	<u>Intervention</u>		<u>Comparison</u>	
	Pretest	Posttest	Pretest	Posttest
10	4.55	4.27	4.00	5.37
14	4.73	4.18	3.58	5.47
16	6.00	4.73	5.37	5.16
17	5.90	4.45	4.11	5.26
20	6.45	4.64	5.16	6.84
25	5.55	4.91	4.32	6.10
Attention	xxxxxxxxxxxxxxxxxxxxxxxx		xxxxxxxxxxxxxxxxxxxxxxxx	
6	4.27	4.27	4.21	5.05
7	4.36	4.09	3.53	5.05
12	5.09	4.56	3.89	4.98
22	4.36	4.09	3.79	5.16
24	6.27	4.27	4.42	5.68

VITA

Rebecca Bonita Sims Gude was born in Monroe, Georgia where she attended elementary and high school. Her education following high school continued at Fort Valley State College where she received the Bachelor of Science Degree in Social Science. She was a classroom teacher school for several years in Winder, Georgia and Atlanta Georgia.

She returned to college and earned a Master of Social Work Degree in 1972 from Atlanta University. She was employed with the Metropolitan Atlanta Rapid Transit Authority as a Social Development Planner and Atlanta Public Schools as a teacher and School Social Worker.

Upon moving to Knoxville, Tennessee in 1979, she was employed with the Alternative Center for Learning. She returned to college part-time and earned an Education Specialist Degree in Educational Psychology and Guidance in 1991. She expects to receive her Doctor of Education Degree in May, 1995.

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