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DePaul University

College of Education

THE CHANGING ROLE OF THE SCHOOL PSYCHOLOGIST

IN RESPONSE TO INTERVENTION (RtI)

A Dissertation in Education
with a Concentration in Educational Leadership

by

Sharon E. Price

Submitted in Partial Fulfillment
of the Requirements
for the Degree of

Doctor of Education

June 2012

We approve the dissertation of Sharon E. Price.

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Abstract

Traditionally, school psychologists have used the I.Q. discrepancy model to measure academic achievement versus student academic ability in order to determine if the student may be eligible for special education services under the category of specific learning disability (SLD). With the reauthorization of IDEA 1997 in December 2004, new policies under Individuals with Disabilities Education Improvement Act (IDEIA) were signed into law and became effective July 1. 2005. While the use of the I.Q. discrepancy model is permitted, technically adequate assessments and researched based instructional practices must also be in place and student progress recorded before students can be diagnosed with a SLD.

Response to Intervention (RtI) has been presented as a means to provide scientifically researched based strategies and assessments to struggling students before the SLD diagnosis can be determined. RtI is a general education initiative that can provide early intervention strategies to all learners, and assist students in a general education environment. RtI may prevent the need for special education services for many students who would be diagnosed with a specific learning disability.

This qualitative phenomenological study will examine the views of three veteran school psychologists and their beliefs in what the role the school psychologist has been and will be with the implementation of RtI. Participants will discuss how that role may change as the use of the discrepancy model becomes secondary in the identification of SLD. The traditional role of the school psychologist will be examined using historical data to provide insight into the conventional use of the school psychologist. The evolution of school psychology from its philosophical roots in philosophy through the

present day acceptance of school psychology as a science and a profession will also be

researched.

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Acknowledgements

I would like to take this opportunity to say "Thank You" to my family. You have supported me every step of the way through this entire process. Without your continued support this long journey would not have been possible. There are no words to ever express how much you all mean to me. Thank you to my Lord and Savior Jesus Christ. Through HIM all things are possible.

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Chapter 1

Introduction

Statement of the Problem

The school psychologist is often viewed in the educational systems of this country as

the "go to" person for students with disabilities that qualify for special education services.

In 1968, learning disabilities (LD) became a federally designated category of special

education (Kavale, 2002). Since the conception of the learning disability category, school

psychologists have used the IQ discrepancy model to determine if a student has a learning

disability. The federal definition states that children with LD exhibit a disorder in one or

more of the psychological processes involved in understanding or using spoken and/or

written language (U.S. Office of Education, 2009). Armed with tests used to measure IQ

and the possibility of disability, school psychologists sometimes used very little data if

any from the teacher or parent that referred the student for testing. By formal testing,

school psychologists assess students in areas that are traditionally used to discover what

category would best qualify the student to receive special education services in the area

of LD (Merrell, Ervin, & Gimpel, 2006). School psychologists also include part of the

definition of LD as a gap between the student's academic performance and the student's

ability, based on IQ testing (Kavale, 2002). This ideology is inconsistent with research

conducted over the past 20 years in the area of LD. Research states there is little to no

correlation to low achievement vs. IQ discrepancy (Hallahan & Mock, 2003). The

Individuals with Disabilities Education Act (IDEA) law now requires school districts to

use other methods other than the discrepancy model, which measures the differences

between a student's intellectual ability and achievement to determine whether a child has a learning disability (Lindstrom, Tuckwiller, & Hallahan, 2008).

School psychologists face the dilemma of finding alternatives to the discrepancy model to diagnose LD that will follow federal and state guidelines. Thus, there are new challenges to the traditional role that school psychologists have played in the past with the identification of students who should receive LD services. The challenges and changes within special education have affected the responsibilities and perceptions of their role as professionals in schools. Special education professionals have always struggled with providing the appropriate services for special education students, and meeting the guidelines of state and federal mandates for special education. The special education field has undergone many changes and challenges in the various categories that qualify students for special education services.

The category of learning disability has become the largest and fastest growing category to qualify students for special education services. (Kavale, Forness, & Bender, 1987). Specifically, the learning disability category is under the scrutiny of legislators, special education professionals, and parents. This has prompted both state and federal lawmakers to reexamine how students are qualified for special education services under the category of LD (Lindstrom et al., 2008). Overrepresentation of males and minority students in special education in general also added growing concern that something must be done to provide a solution to the problem of LD identification (Hallahan & Mock, 2003). Other issues include students that clearly need assistance to achieve academic success, but do not meet the criteria to receive special education services. This has been an on-going problem for school psychologists and other educational professionals as they

seek to find a balance that will meet the needs of all students without the need to manipulate test evaluation data that shows students struggling academically, but not enough to qualify for special education services.

Traditionally, the school psychologist assessment data decided if a student would qualify for special education services, especially in the areas of learning and intellectual disabilities. The decision to provide special education services was largely based on the findings of the school psychologist, and in some cases almost exclusively without other considerations or factors. In response to these and other problems, legislation was modified to find an alternative way to provide early intervention service to children who may be at risk of developing LD. This approach is Response to Intervention (RtI), which has been accepted by state and federal guidelines as a means to meet the needs of students that may qualify for special education services under the category of LD.

RtI has been seen by many as the answer to address these problems. Changes in legislation require school districts, teachers, parents, and school psychologists to look at the assessment of students in different ways. According to federal legislation, schools must permit the use of other alternative researched-based procedures for the determination of a learning disability (Lindstrom et al., 2008). With the entrance of RtI the role of the school psychologist is changing dramatically. The problem as stated in this study is the effect that RtI will have on the way the school psychologist will deliver services in their new role, and the impact of that determination in the assessment of themselves as school psychologists within the framework of RtI.

Purpose Statement

   The purpose of this phenomenological study is to explore the perceptions of school

psychologists lived experiences within their role in RtI, and what changes they perceive

will take place as a result of the implementation of RtI. As the line between general

education and special education begin to merge with the entrance of RtI, it is becoming

increasing important for school psychologists to redefine their status in the process of

assessing students utilizing new conceptual lenses. The function of the position has

changed, and the intent of this study is to discover those changes within a

phenomenological framework, and examine the meaning of school psychologist's

perceptions regarding RtI.

Rationale for Study

   Traditionally, school psychologists have used the IQ discrepancy model to identify

students for special education under learning disabilities (Lerner, 1993). No Child Left

Behind (NCLB) created legislation regarding heightened accountability for schools in

every aspect of teaching, learning, and assessment for students. As a result of NCLB

school psychologist must use scientific and researched based methods to determine if a

student qualifies as learning disabled (Glover, DiPerna, & Vaughn, 2007). RtI is a model

that uses universal screening, progress monitoring, and validated instruction to assist

students that are having academic difficulty. Veteran school psychologists must now

assist students and teachers in ways that may be unfamiliar to them. Teachers and

administrators that depend on school psychologists to help in developing instructional

strategies which assist struggling students, must now make paradigm shifts that will

require the training and expertise of the school psychologists to help teachers, administrators and students with the perceptions necessary for change.

My intent is to examine how veteran school psychologists with 10 years or more of experience as a school psychologist, interpret and reexamine their role in the midst of the changes that RtI has presented to their traditional place as assessors of students that may qualify for special education services under the category of LD. Based upon my findings in researching for this study, there is little to no literature specifically involving this aspect of school psychology. I am familiar with the struggles of veteran school psychologists in the process of looking at assessment with a new perspective, which is why I focus on this population specifically. This study is intended to provide insight to address the gap in the research of this topic. Each school psychologist was asked to assess her role as a school psychologist both before and after the RtI phenomenon. In addition, each participant provided insight regarding the training that prepared her to assume the duties of a school psychologist. Finally, a perspective is given regarding what may be needed for future school psychologists, and the effects of RtI on the practice of school psychology. Information will be presented on each school psychologist regarding her decision to become a school psychologist, training for school psychology, a discussion of her first duties as a school psychologist, assessment of students under the learning disabilities category, experiences in her role as a school psychologist in RtI, and finally implications for the future of school psychology within RtI.

Chapter 2
Literature Review

Historical Development of School Psychology in Western Society

The history of school psychology has its roots in the philosophical approaches to western education, the history of universal education in the United States, the development in the field of special education, and in the history of psychology. In the following sections these foundations will be described. The impact of school psychology as it relates to special education and now Response to Intervention (RtI) will be examined. The field of school psychology emerged around the 1890s as a sub-field in psychology. No significant achievements took place in the field of school psychology before that time (Fagan & Wise, 2000), since the schools educated only those deemed academically inclined and capable. As school psychology is a specialty field in psychology, it is important to examine the traditions of modern psychology. Modern psychology in the U.S. can be traced to Greek philosophers Socrates, his student Plato, and Plato's student, Aristotle (Merrell et al., 2006). Psychology began as a theoretical orientation of human behavior based on philosophical ideas.

Socrates' (470-399 B.C.) work focused on inquiring about the meaning of general questions or constructs of the meaning of truth, beauty, and justice. He believed that general truths existed, and that there were enduring laws or principles that could lead to such truths. Socrates believed that there was a general education for everyone and provided a strong argument for liberal education over specific or vocational training (Gutek, 1988). The basic goal of education for Socrates was that every human being defines self in terms of universal truth. Through self-examination and self analysis, each person should seek the truth that was universally present in all members of the human

race (Gutek). Socrates' method used asking and probing questions that stimulated his students to investigate human concerns about the meaning of life. The Socratic Method creates a relationship between student and teacher that cannot be achieved by lecturing, but both become active participants in the teaching and learning process (Rowe, 2001). Socrates believed in the importance of reasoning things out (Rowe). An elementary education was common for freeborn males in the time of Socrates (Knox, 1998). To participate in the democracy required a literate public; and Socrates believed that everyone must take part in government affairs (Knox). Socrates never penned his thoughts or beliefs. He was executed in 399 B.C. for impiety and corrupting the young. What we know about his beliefs and philosophies we received from his most famous student, Plato (Rowe).

Plato's (428-348 B.C.) quest for knowledge extended to all forms of knowledge thus the birth of the term "epistemology" that is the study of theories of knowledge or various ways of knowing was created (Merrell et al., 2006). Plato believed that like truth itself, an education was universal and timeless. Plato's theory was that reality could only be discovered intellectually and that the best kind of education is also intellectual in nature (Gutek, 1988). Plato's theory of knowledge related to the assumption that ideas come into the body through the soul. Thus, it was possible according to Plato, that certain experiences might be retained from an earlier existence (Pillsbury, 1929). Plato's ideas also influenced contemporary education. To Plato, the ideal educational system was based on the conception of unchanging truth and value (Gutek). He also proposed in his writings that girls be educated along with boys, which was well received by his contemporaries (Barrow, 1996). In Plato's Republic, the educational system selected

what role or place in society each citizen would have based on his/her intelligence. Once the intellectual ability was identified, an education appropriate to that ability was identified in order to have each citizen be a productive member of the political state (Gutek). Plato believed that the process of teaching required that teachers have direct knowledge of their student's souls (Lawrence, 2006). Plato's theories of education were adapted in the education system of the west; however, a child centered education was not the approach Plato encouraged to teach students (Cooper, 2001). He believed that the strictest control must be taken to ensure that full development of the mind would be achieved (Cooper). Plato would reject the call for the masses to receive higher education that we have today because of his belief that everyone does not have the intellectual abilities needed to make progress in higher education (Cooper). Aristotle, Plato's most influential student and philosophical successor had very different views. Aristotle studied at Plato's Academy, but later came to reject some of Plato's most influential teachings (Hobson, 2001).

Aristotle (384-322 B.C.) established a foundation for scientific thought that was based on observations. This technique was the groundwork for the practice of psychological science and seeds of modern psychology in the U.S. were planted. Much of the education in western society as we know it today was influenced by the thoughts and beliefs of Aristotle. He is the founder of Realism theory. Realism theorists see the natural sciences and the scientific method as a basis for understanding reality. Aristotle wrote on philosophical matters and created a curriculum for youth 14-21 that taught students on subjects such as metaphysics, logic, ethics and politics. After the age of 21, students were taught the subjects physics, psychology, biology, advanced metaphysics, and

cosmology (Gutek, 1988). In 343 B.C. Aristotle was invited by King Phillip of Macedonia to tutor his young son, who later became the conqueror of Persia and much of the known world, Alexander the Great (Hobson, 2001). Aristotle established his own school, the Lyceum in 336 B.C. Aristotle believed that knowledge starts with perception, and we observe objects or events from general perceptions to create general principles, which we use to understand and explain learning (Hobson). Aristotle calls this process inductive reasoning. Actual development of new knowledge comes from the induction process, which builds us pictures in the mind that correspond with each person's reality. Aristotle's philosophical teachings state that at birth the mind is like a clean slate but with the capacity to act on impressions coming into the mind from the outside world (Hobson). In Aristotle's world, the role of the teacher is to help the child organize experiences and provide structure for all the elements taken in through observation (Hobson). Aristotle believed education was to be a means of aiding human beings in their quest for happiness. Curriculum should conform to the patterns of human growth and development, and infants should have opportunities for play and physical activity (Gutek). He also believed that the purpose of education is to promote happiness of the state or government, in addition to having practical needs satisfied (Burnet, 1967).

A comparison of Plato and Aristotle shows more similarities than differences in their philosophical approaches. Both philosophers recognize that the body and the soul play a major part in our understanding, but the body is more important for Aristotle than for Plato (Pillsbury, 1929). Aristotle believed that the soul was assigned to the heart while Plato places the soul in the brain. Plato's philosophy of knowledge was to reflect on the world as unchanging perfect forms. Aristotle believed in the examination of the physical

world in which we live (Hobson, 2001). Personal experiences were much more important for Aristotle and paved the way for the development of knowledge based upon observation and empirical science (Pillsbury). Aristotle was more interested in inductive knowledge related to science, while Plato focused on deductive knowledge that is common in mathematics (Hobson). Both were interested in the education of free Greek citizens, and believed that slaves should only receive basic training for their jobs. Plato and Aristotle strongly believed that moral training was an important part of a well rounded education (Hobson). The influence of these two philosophers is still felt in classrooms throughout the United States. More than 200 years later, the Roman philosopher and orator Quintilian, greatly influenced by the philosophy and writings of Greece became a major voice in Roman education (Gwynn, 1926).

Born in Spain, Quintilian (35-100 A.D.) studied Greek, Latin and Roman philosophers. Quintilian favored public rather than private education in order to preserve democratic ideals (Gwynn). He urged that educators take into consideration the individual differences of students and did not advocate physical force to be used as a method of discipline. He encouraged educators to take the time to get to know students and study their personal characteristics. Quintilian believed that when children are actively engaged in learning, most behavior problems would be curtailed. This is still the view of some U.S. educators today. He was a gifted orator and believed that students should be well read in psychology and ethics, in addition to becoming proficient in Greek philosophy, before studying Latin or Roman philosophers (Gwynn). From Plato to the 17th century is a long way to travel to the next philosopher was a major influence in the beginning of school psychology. John Locke, like Plato, Aristotle and Quintilian

believed that moral education, or what is now termed character education today, was crucial in the development of school psychology and in the education of students.

During the 17th century John Locke (1632-1704) emerged from the period of history termed "the dark ages" and revitalized philosophical and epistemological aspects of science. Locke believed that truth must be discovered through personal experience. His work focused on the mind and the process of using personal reflection to gain knowledge (Merrell et al., 2006). Locke was an Oxford scholar, medical researcher and physician. He was also a political operative and economist. Locke is considered one of the great philosophers of the late seventeenth and early eighteenth centuries. In 1671, Locke wrote, "The Essay Concerning Human Understanding," which defines Locke's view of the limits of human understanding (Cahn, 1970). Locke's major themes related to education included his view that adults must discipline young children, and recognize the importance of reasoning with children as well as the significance of the development of a student's character, not just his/her intellect (Cahn). Locke states that the purpose of the educator is to remember to teach students all that is knowledgeable and to raise him in love and self esteem of knowledge that will put him in the way of knowing and improving himself (Locke, 1693). His philosophy of using observations to assess the progress of students and plan for student learning has become one of the staples used by school psychologists, teachers, and other related service professionals in western societies. Locke stands out in the history of psychology for formally introducing the term "association of ideas" to explain the process of memory recall (Pillsbury, 1929).

The foundations of psychology were laid centuries before school psychology was developed, however, the discipline did not formally emerge to the mid to late 19th

century. In many ways John Locke's work was the beginning of the science of the mind, theories of intelligence, learning, and cognitive processing, thus paving the way for the emergence of modern psychology in the United States (Merrell et al., 2006).

Origins of Modern Psychology in the U.S.

By the late 19th century, psychology became formally established (Merrell et al., 2006). Charles Darwin's (1809-1882) scientific theory of natural selection in evolution, focused on how individuals adjusts to the environment, and how the environment shaped behavior. Darwin believed that man was really an animal with highly advanced intellectual capabilities, but is in no other way different from other animals (Zimmerman & Schunk, 2003). Darwin's theory of psychology developed from adaptation to behaviorism, the most influential form of psychology in the development of academic psychology. Psychology was legitimized in both the European and Western intellectual circles because it was based on science rather that philosophical musings (Merrell et al.). The last quarter of the nineteenth century brought about major transformations in the way philosophers began to apply methods and strategies used in the physical and biological sciences (Schultz & Schultz, 2008). Before this time, philosophers studied human nature by speculation, intuiting and generalizations. Darwin directly addressed human issues both intellectually and morally, just as the Greeks believed (Smith, 2001). When researchers began to rely on controlled observations and experimentation to study the mind, psychology began to gain an identity separate from its philosophical roots (Schultz & Schultz). The next era of psychology began with the study of measurable research methods and valid scientific experiments.

Wilhelm Wundt (1832-1920) established the first psychology laboratory in 1879 in Leipzig, Germany; the first of its kind in the world. This established psychology as an independent experimental science. He is also termed as "The Father of Experimental Psychology" (Pillsbury, 1929). He was appointed professor of philosophy in Germany in 1874. His work focused on the experimental study of the individual consciousness (Merrell et al., 2006). Wundt determined the goals, subject matter, research methods, and the topics to be investigated (Schultz & Schultz, 2008). In this way, he was the most influential person in the field at this time in philosophy and psychology. Wundt was the first to state that mental events occur in relation to objectively knowledgeable and measurable stimuli and reactions (Pillsbury). He perceived psychology as part of an elaborate philosophy where the mind is seen as an activity, not a substance (Pillsbury). Wundt's contribution was to show psychology as a valid experimental science. Wundt's work began to spread to other universities; and psychology became a matter of consistent attack by the experimenter, because problems could be solved by collecting and correlating facts. As psychology moved into the next century, it began another phase with the onset of compulsory schooling and public education in the U.S. as we know it today.

Roots of School Psychology in the United States

In School Psychology: Past, Present, and Future, Fagan & Wise (2000), trace the origins of school psychology and divide the history into two eras; the hybrid years (1890-1969) and the thoroughbred years (1970-present). The late 19th and early 20th centuries marked significant changes in the way the education of children was viewed (Fagan, 1992). During the hybrid years, the term school psychologist represented a mixture of different disciplines of educational and psychological practitioners. The dominant role

was psycho-educational assessment used in consideration for placement of special students (Fagan & Wise, 2000). School psychology in its' earliest stages was a mixture of various disciplines. Teachers and guidance counselors "added on" to existing credentials.

With the emergence of compulsory education in the United States during the mid 19th century, situations such as: social conditions and social awareness, the plight of poor and working class children, and child labor laws paved the way to the beginning of school psychology (Merrell et al., 2006). By improving the conditions in which children live through systematic education, society hoped to correct the problems of immigration and industrialism that contributed to blighted urban areas. School systems grew larger, and stronger laws regarding truancy and special education were introduced. Laws regarding compulsory education drastically changed public education between 1830 and 1930 (Fagan, 1992). The mixture of mandatory attendance, large numbers of immigrant children, along with poor health and hygiene in children, forced schools to make serious decisions regarding how to educate the population enrolled. There were children from many diverse backgrounds, and most had never attended a school of any kind (Fagan).

Compulsory schooling produced a significant change in the need for psychological services for children (Fagan, 1992). Suddenly there were large numbers of children in need of services for unanticipated and undiagnosed disorders, and a need for "experts" to work through the qualifications that would begin the process of identifying and categorizing special education students. Because of mandatory schooling, there was a ground swell of children who were in need of medical as well as psychological interventions. Children in the early 20th century were seen as vulnerable and in need of protection, instead of an extension in the labor force for their families (Fagan). The

demand for educational services for specific groups of students with cognitive disabilities, emotional disabilities, and a variety of physical disabilities sparked a need for training that went beyond simply teaching (Eisner, 1963). In many states, residential schools were formed from 1817 to the beginning of the Civil War for students that were deaf, blind, cognitively impaired or orphaned (Kirk, Gallagher, & Anastasiow, 1993). Before 1850, there were few public institutions for children and adults with special needs (Kirk et al.). People with special needs were put away in poorhouses, left at home with no education, or taken in by other charitable organizations (Kirk et al.). It is estimated that 60% of all the inmates in poorhouses in this country were physically and/or mentally ill, and dumped into these institutions because there were no organizations or services to assist them.

Schools were becoming "child-centered" which meant an increased awareness on individual differences (Herron, Green, Guild, Smith, & Kantor, 1970). Children who were cognitively impaired were the first to be identified as different and placed in special classes. These classes were subsidized by state boards of education and usually involved a psychological examination by a psychologist employed by the schools. In the United States, Arnold Gesell (1880-1961) was the first person to officially have the title of school psychologist (Herron et al.). Gesell was not a school psychologist in the beginning of his career (Phillips, 1990). He was employed by the State of Connecticut in 1915 to assist cognitively impaired children with examination and placement in state institutions and schools. His findings were significant in the formation of special education in the state of Connecticut (Philips).

The emphasis on providing educational and mental health services for students that would be categorized as "at risk" today increased during the late 1890s through the 1900s (Merrell et al., 2006). In 1899, a clinic for the Chicago juvenile court in the public school system was established by William Healey. In 1910 mental health clinics were formally founded to combat and eliminate juvenile delinquency. These clinics may have marked the beginning of today's programs for students experiencing emotional and behavior concerns (Merrell et al.).

In Lightner Witmer's (1867-1956) address "The Organization of Practical Work in Psychology," Witmer introduced the concept of instruction in psychology to be adapted to meet the needs of teachers that included expertise in psychology used in the classroom (Fagan, 1996). He believed that a "new profession" should involve training in psychology that involved educational problems (Fagan). He established a psychological clinic in 1896 to address both clinical and educational psychology (Merrell et al., 2006). The clinic was founded at the University of Pennsylvania and was the first in the United States (Fagan & Wise, 2000). A similar clinic had been founded by Sir Francis Galton at the University College in London in 1884 (Merrell et al.). The primary purpose of Galton's laboratory was to measure individual human differences rather than to provide direct service. However, one of the first assignments was to assist local schools in selecting and classifying students experiencing learning difficulties. Witmer's goal was to prepare psychologists for school and clinical psychology. Witmer has been credited with the clinical and psychological aspects of schooling for students.

Witmer's method of psychology was clinical in nature and focused on individual and psychological principles of individual relationships (Fagan 1996). The method examined

typical childhood behaviors and deviations that depended heavily on observing and analyzing those observations (Fagan). Clients were often school age children referred by teachers, school administrators and parents, although, he also worked with parents and educators. A clinical diagnosis included a comprehensive personal examination, a detailed family history, the report of a social visit or an examination of environmental conditions, a report of school progress, a medical report that includes physical measurements and a variety of psychological tests, as well as a report of the interpretation of the results by a diagnostician. (Fagan). This series of events is parallel to the case study method that is used in schools today to diagnose and categorize special education students. With this process, the early history of school psychology became intimately linked to intelligence testing, individual assessment and classification for special education services. In 1896 Witmer established the first psychological clinic that focused on the learning problems of children (Eisner, 1963). He forecasted a need for the cooperation of education and psychology to produce a psychologist that possessed special knowledge and the resources to successfully deal with problems of mental and emotional origins in the schools. Witmer also believed that the training necessary for this work was not held by a clinical psychologist, educator, or social worker, but a new profession which would address educational problems that required training in psychology as a prerequisite, in addition to training in education (Wallin & Ferguson, 1967). However, it was G. Stanley Hall that began to shape modern school psychology as we know it today.

Granville Stanley Hall (1844-1924) created the earliest model of school psychology. Hall was also known in the field of education. Hall founded the child study movement that led to the establishment of the Department of Scientific Pedagogy and Child Study in

the Chicago Public Schools in 1899 (Fagan & Wise, 2000). This was also the first clinical facility actually operated in the Chicago Public Schools. Hall's services were directed more toward administrators, teachers, and parents. He was also mentor to Arnold Gesell, the first official school psychologist. Hall used child study questionnaires that address common problems with schools and schooling, while Witmer's services were directed toward individual children (Fagan, 1992). In 1911, Hall wrote "Educational Problems." He used this opportunity to express his opinions regarding problems related to school boards, teacher's salaries and other administrative issues. Considered a new breed of psychologist, Hall saw the need for reform that brought programs of study for students in line with scientific findings about the nature of a child's life (Kliebard, 2004.) Granville Stanley Hall founded The American Journal of Psychology in 1887, and founded the American Psychological Association (APA) in 1892. School psychology focused on using psychology to assist teachers in instruction.

William James (1842-1910) believed that psychologists could not tell teachers how to educate their students. He was critical of any attempt to make teachers into psychologists or scientists (Berliner, 1993). James believed that if teachers behaved like scientists it hampered their performance as teachers. In his opinion, the approach of the teacher should be ethical and concrete, while the psychologist was abstract and analytical (Berliner). He held a holistic view of human beings and made distinctions between the real world and the laboratory. James believed that education was a crucial element of society, with the school as a place where habits were acquired as directed by the teacher (Berliner). He rejected the view that teachers could use science to apply to concrete situations. James believed that school psychology in the schools was useful in three

ways: to provide beliefs about the underpinnings of instruction; to prevent teachers from

making egregious errors; and provide intellectual support to teachers in some pedagogical

decisions (Berliner, 1993). A contemporary of James, John Dewey (1859-1952), believed

the key to intellectual development included schools serving as "miniature communities"

that serve students by fostering the growth of social and moral progression (Apple &

Teitelbaum, 2001).

John Dewey advocated change in education under the banner of humanism in

educational policies in the early twentieth century (Kliebard, 2004). School psychology

was brought into existence in response to a need to provide special education services for

children that were different from the majority of students. Schools were in the process of

becoming child centered, and this meant that individualized services would be necessary

to address differences in learning (Herron et al., 1970). The awareness of individualized

and special education services was seen as a way to recognize differences in students.

School boards in the U.S. began to employ school psychologists to provide services for

special education students. As school psychologists began to be employed in schools,

defining duties and descriptions of school psychology began to be formed.

Defining School Psychology

The National Association of School Psychologists (NASP), the most prominent

organization for school psychology, has not defined school psychology (Fagan & Wise,

2000). On its website (www.naspweb.org), NASP provides a description of who school

psychologists are and the type of training necessary to be a school psychologist (NASP,

2006). Previously, the APA also had not defined school psychology, but addressed the

issue much the same as NASP by defining what services are provided by school

psychologist and the training needed to become a school psychologist (Fagan & Wise).

The current definition of a school psychologist provided by the Division of School

Psychology (Division 16) of the APA reads, "School Psychology is a general practice and

health service provider specialty of professional psychology that is concerned with the

science and practice of psychology with children, youth and families, learners of all ages

and the schooling process." The nature of school psychology according to Fagan and

Wise (2000) define a school psychologist to be:

> A professional psychological practitioner whose general purpose is to bring a
>
> psychological perspective to bear on the problems of educators and the clients
>
> educators serve. This perspective is derived from a broad base of training in
>
> education and psychological foundations, as well as specialty preparation resulting in
>
> the provision of the comprehensive psychological services of a direct and indirect
>
> nature." (p. 389)

The Historical Responsibilities of the School Psychologist

The early concepts of the profession positioned the school psychologist as a

gatekeeper used to "sort" children into different educational programs. Primarily, the

school psychologist performed academic and cognitive testing that determined placement

in special education. Most were trained in a more clinical setting that did not provide a

variety of educational services (Fagan & Wise, 2000.) The earliest formal role for school

psychologists began with mentally ill students who were blind and deaf between the

1820s and the 1870s (Turnbull, 1978). Their role expanded to include remedial

instruction, and some counseling.

Gray (1963) defined the role of the school psychologist in two distinct terms, data oriented problem solver and transmitter of knowledge and skills. Gray (1963) states that school administrators depend on the research aspects that school psychologists bring in order to make academic decisions for students. The data oriented approach and research training provides the school psychologist with the understanding that is necessary to assist teachers and administrators with the information needed to make proposed changes for students. In this informational role, the school psychologist fulfills a second role as transmitter of knowledge and skills. The school psychologist becomes a consultant to teachers and other staff. By partnering with teachers and staff, the school psychologist's points of view concerning students are transmitted and may ultimately shape learning and mental health views for students.

Reschly (2000) states that despite nearly 50 years of exhortations in professional literature which advocates that school psychologists should assume a broader role, most spend 50% to 65% of their time in psycho-educational assessment. School psychologists spend the majority of their time in the diagnosis and assessment of students that have been indentified or are suspected of having a disability. This medical model of diagnosis and classification is the traditional role that school psychologists have assumed in the school system (Canter, 2006).   Assessment for placement in special education continues to dominate the role of the school psychologist. Focus on the individual learner, combined with the compulsory education movement, produced an emphasis on the student's rate of learning, thus fostering the growth of special education programs. School psychologists, reacting to the service needs identified by teachers devote much of their time to the role of examiner (Siegel & Cole, 2003). Service models that use

alternative special education eligibility criteria chosen by school districts and legal requirements also have an effect on the role of school psychologists (Reschly, 2000).

Historically, the goal of the school psychologist has been treatment of cognitive, social or behavioral disabilities that have an effect on the student's ability to learn in school. However, current trends in the role of the school psychologist allow them to become facilitators of early intervention (Meyers, Meyers, & Grogg, 2004). As school psychologists move from diagnosis to providing early intervention, their roles will become more defined (Canter, 2006). In a study conducted by Gilman and Medway (2007), the role of the school psychologist was examined according to the perceptions of teachers. There appeared to be a common belief that the role of the school psychologist is to provide assessment related activities. Most school psychologists have multiple schools to serve, and are observed by teachers entering the school to conduct psycho-educational assessments. This may underscore teacher's perceptions that the primary role of the school psychologist is to assess students for special education services (Gilman & Medway).

Accreditation for School Psychology

Accreditation is a process that a private, non-governmental agency or association grants, which allows public recognition to an institution or program of study that meets established criteria, standards of professional preparation, and set qualifications with periodic evaluations (Sweeney, 1995). Through the process of accreditation, doctoral and non-doctoral programs achieve recognition as having met state and national standards of program quality (Fagan & Wise, 2000). Traditionally, accreditation of training programs has been granted by the authority of the Council of Postsecondary Accreditation (COPA),

which has been changed to the Committee on Recognition of Postsecondary

Accreditation (CORPA). The National Council for Accreditation of Teachers (NCATE)

has the power of accreditation in education; and in the field of psychology NASP and the

APA hold the authority for accreditation (Oakland & Cunningham, 1999). CORPA has

the power to determine who will be given the authority to decide who accredits, however

each individual state holds the power to determine professional credentials. Once the

CORPA determination has been made, it is up to the agencies that have been granted

accreditation to provide approval to school programs (Oakland & Cunningham). The

overlapping between education and psychology agencies in the accreditation process is

also observed in credentialing as well (Fagan & Wise, 2000).

   The APA division of School Psychology initiated efforts to achieve accreditation in

1963 (Fagan & Wells, 2000). The request was initially denied by the Education Training

Board of APA. It was determined by the board that only doctoral programs would be

considered for accreditation. To date, the organizational belief is held that all master and

specialist level programs should be considered as postdoctoral prerequisite to a doctoral

program in psychology, and a doctoral degree should be the aim for school psychologists

(Pryzwansky, 1999). The APA is recognized nationally as accrediting programs at the

doctoral level only in clinical psychology, clinical counseling, and school psychology

(Pryzwansky).

   APA accreditation is based on three factors: doctoral education and training must be

broad and professional to prepare school psychologists for entry level positions; training

programs must be scientific as well as practical in order to contribute to professional

knowledge; and each program should define its own mission, philosophy, goals, and

model of training to what is generally accepted by the APA (Pryzwansky, 1999). The
APA has seven domains that are examined and documented in the accreditation process:
eligibility, program philosophy, objectives and curriculum planning, program resources,
cultural and individual difference and diversity, student-faculty relations with program
self assessment and quality enhancement, and public disclosure (Pryzwansky). It is
expected that all these areas are intimately evaluated and well documented by the
institution seeking accreditation.

In the late 1950's NCATE which was originally an organization for the accreditation
of teachers and school service personnel (e.g., administrators and guidance counselors),
expanded to include school psychologists (Fagan & Wells, 2000). NASP accreditation
includes a review of education specialist and doctoral school psychology training
programs, and is linked to the accreditation standards instituted in NCATE standards
(Pryzwansky, 1999). The field of school psychology first appeared in NCATE's Annual
List in 1962 as a footnote identifying doctoral programs in school psychological services
at the University of Oregon (Pryzwansky). Subsequent lists named school psychology as
a separate category according to doctoral, specialist, and master level programs (Fagan &
Wells).

It was common before NASP became an NCATE council member to have programs
reviewed by professional guidance counselors (Fagan & Wells, 2000). In 1978 when
NASP went from being an affiliate member of NCATE to a constituent member, school
psychologists became a part of visiting teams that reviewed school psychology programs.
Since 1991, the NASP accreditation standards are mostly paper and pencil, and do not
require a site review (Fagan & Wells). Reviews are in conjunction with the NCATE

standards and involve department and school reviews versus program recognition (Pryzwansky, 1999). The combined accreditation process attempted to show the comparability of NASP and APA standards and to solidify the viability of the specialist level training for school psychologists (Fagan & Wells).

NASP has promoted the specialist level for entry to practice as well as recognizing doctoral training (Fagan & Wells, 2000). The organization's curriculum areas reflect justification of the specialist entry level for school psychologists. Reschly and McMaster-Byer (1991) stated that the NASP policy which advocates the specialist level as sufficient for independent, unsupervised practice of school psychology in the schools and non school setting are not supported by research results. Another study completed by Reschly and Wilson (1996), cites that the time has come for NASP to establish separate and distinct curriculums for the specialist level and for the doctoral level.

There are six training standards established by NASP as a guide to serve as a basis for NCATE accreditation (Pryzwansky, 1999). Standard one are values as a program foundation, and begins with a definition of school psychology as a specialty "founded in respect for the dignity and worth of each individual, and in a commitment to further the understanding of human behavior for the purpose of promoting human welfare"
(p. 1147). Standard two is knowledge based philosophy training and goals with objectives that emphasize the need for integrated study that is sequential and practice. Standard three is the practicum, which speaks to the necessity of supervised practice and the nature of training activities. Standard four is the internship and the specific training that is involved. Standard five is performance based program accountability, which focuses on measurement and student outcomes, and standard six are program level and structural

requirements. Lastly, it defines the specialist level programs from doctoral level programs in credit hours and internship. These six standards include criteria for evaluation for graduation, instructional resources and facilities (Pryzwansky).

Training for School Psychologists

Although school psychologists worked in the schools as early as 1915, formal training programs for the preparation of school psychology were slow to develop (Bardon & Wenger, 1976). Most school psychology practitioners had teacher training (Fagan, 1999). Most states required that school psychologist be certified teachers in their practicing state (Powell, 1960). New York was the first state to certify school psychologists in 1935 (Herron et al., 1970). However, the first modern program to train school psychologists started at the University of Illinois in 1953 (Herron et al.). Three major historical events shaped the development of school psychology training programs in the United States (Phillips, 1990). The APA founded the Division of the School Psychologists in 1945, second, the Thayer Conference, and third the creation of the Journal of School Psychology (Phillips).

The Thayer Conference held in West Point, New York in 1954 was the first national conference that focused on school psychology (Fagan & Wise, 2000). The conference helped to form ideas for levels of training, credentials and the practice of school psychology for several decades (Cutts, 1955). During 1940 to 1970, the last 30 years of the hybrid years, the number of school psychologists grew from about 500 to 5,000 (Fagan & Wise). In addition, the number of formal training programs for school psychology grew from as few as two to more than 100, and may have enrolled 3,000 students (Fagan & Wise).

The Thayer Conference opinion regarding training programs for school psychology stated that school psychologists should be trained at the graduate level and instructors should be specialists in their field (Cutts, 1955). It was also concluded that all training programs should include a practicum or applied experience integrated in the program. Early training programs were clinical in nature, with core psychology, abnormal psychology, clinical psychology, and guidance counseling courses being most often required (Brown & Minke, 1986). From 1969 to 1973 programs in school psychology that led to accreditation in master level school psychology increased from 30 to 51 programs (Bardon & Wenger, 1976). Master programs presented experiences that represented a more realistic requirement for school psychologist (Wallin & Ferguson, 1967), while doctoral programs dealt with the emerging role that the school psychologist would play in the schools.

There were two levels of training that surfaced out of the Thayer Conference in 1954. The first level was termed sub-training or non-doctoral level, and the second was at the doctoral level (Gray, 1963). Both psychology and educational leaders were concerned that there would not be enough school psychologists trained to meet the needs of a growing school population; therefore, the non-doctoral level was accepted (Gray). Today, master degree programs and specialist level programs are accepted by national school psychology organizations and institutions responsible for the accreditation of school psychology programs (Merrell et al., 2006). Without successful completion of a graduate training program in school psychology either at the master, specialist or doctoral level, it is not possible in most states to become a school psychologist. Most school psychology students complete a 60 credit hour program that leads to a master degree

(Pryzwansky, 1999). Through efforts made by NASP over the last several decades, two-thirds of our states have raised the requirements to become a school psychologist beyond a master degree to the specialist level (Tharinger, Pryzwansky, & Miller, 2008). The specialist level is generally represents a master degree plus 30 hours of additional graduate training and is usually a three-year program (Tharinger et al.).

Programs for school psychology certification included courses in general elementary education, introductory educational psychology, history of education, elementary or high school curriculum, school organization and human growth and development (Cutts, 1955). Master and specialist programs also address: biological bases of behavior, cognitive-affective bases of behavior, social bases of behavior, and individual behaviors (Tharinger et al., 2008). Core content also includes history and systems of psychological thinking, scientific ethics and standards, research design, statistics, and psychological measurement.

The doctoral programs, which typically span for four to six years to complete for school psychology went further to include advanced knowledge of theories and empirical findings in developmental psychology, developmental psychopathology and family practice psychology (Tharinger et al., 2008). Doctoral and non-doctoral programs differ in practicum and supervision requirements, as well as in the total number of required credit hours (Phillips, 1990). Where specialist (non-doctoral) and doctoral training programs are combined, practicum and internship requirements are often fulfilled at both the specialist and doctoral training levels (Phillips). The vision for the doctoral level school practitioner at the time of the Thayer Conference was to provide supervision to the non-doctoral school psychologist (Cutts, 1955). This concept was never widely accepted

by state education agencies or training programs. The requirements for training as a school psychologist remain closely tied to the guidelines set forth by APA (Fagan, 1999). NASP has also established guidelines for the coursework that a school psychologist should obtain.

In the 1980's, two major symposiums took place in the field of school psychology. The Spring Hill Symposium was held in June 1980 in Wayzata, Minnesota (Ysseldyke, 1982), and the Olympia Conference held in Oconomowoc, Wisconsin in 1981 (Fagan & Wise, 2000). Both focused on the topics of changing societal values, social and political institutions, racism, economics, legislation, and litigation (Ysseldyke). Unlike the Thayer Conference that focused on the practice, training, and delivery of service models in school psychology, these conferences raised questions that focused on the impact and contributions of school psychologists as agents for social change (Ysseldyke).

Training Models for School Psychologists

The models applied to school psychology training today were non-existent in the early years of the profession (Fagan, 1999). Though there are many common aspects in the models of training for school psychologists, there are also unique characteristics contained within each model (Merrell et al., 2006). School psychology is one of the oldest forms of applied psychology in this country; it combines contributions from clinical psychology, educational psychology, education, and special education (Phillips, 1990).

Since the 1940s the APA has made efforts to define models of training for doctoral programs (Merrell et al., 2006). The scientist-practitioner model program uses research and the scientific aspects of psychology, and applies to professional practice (Merrell et

al.). In the 1970s the practitioner model emerged. This model concentrates on clinical practice and has little to do with research. It is closely linked to the model that students would receive in medical school.

The 1980s brought about two models: the clinical science model and the practitioner-scholar. The clinical science model focuses on training for scientists who have an interest in clinical problems. The practitioner-scholar emphasizes training psychologists to become practitioners as well as incorporating work in the scholarly world (Merrell et al., 2006). Most school psychology programs at the non doctoral level align themselves to the practitioner-scholar model, while the doctoral programs focus more on the scientist-practitioner model.

Field Experience for School Psychologists

Field experience is a general term used in school psychology training that refers to a practicum and internship (Fagan & Warden, 1996). Field experience provides an opportunity to use knowledge and skills learned in applied settings. Practicum experiences, (Fagan & Warden) are usually conducted concurrently with academic coursework. Internships are usually at the end of the training program. Practicum training is expected to meet the needs of the program goals and objectives, as well as requirements for graduation that will lead to certification in the respective state (Fagan & Wise, 2000). Usually students are expected to complete specific assignments and grades are based on the completion of those assignments. Internships in school psychology are considered professional training. Commonly, internships are for students pursuing a doctorate or specialist level of training (Fagan & Wise). Internships provide students the opportunity to observe the roles and functions of other professionals in the schools

because they generally run longer than practicum experiences and usually require a variety of experience in different settings such as clinics and hospitals, in addition to school settings (Fagan & Warden).

The role of the university is drastically different in a practicum and an internship. In a practicum, a university faculty member is responsible for overseeing the experiences of the student. This person supervises and evaluates the student, and arranges for the types of experiences the student will have based on the assignment given (Fagan & Wise, 2000). While in the practicum setting, a field based supervisor may be responsible for making sure the student has experiences that meet the requirements of the student's university. In an internship, the field supervisor has the responsibility of making sure the student has meaningful experiences that meet the requirements of the student's university (Fagan & Warden, 1996). The site supervisor meets with the university advisor to give his/her expert opinion on the progress of the student; however, the final grade is given by the university supervisor. University field advisors also meet with the student to provide feedback on the progress of the internship. Field supervisors meet with the university and recommend if the student should receive a passing grade for the internship. Any problems that arise are usually addressed by the university advisor.

Clock hours necessary for completion of practicum and internships vary depending on the requirements of each university. Most practicum hours range from 40 to 1,200 hours. Specialist level candidates average 1,169 clock hours, while doctoral students range about 1,559 hours. Most full time internships in school psychology are paid experiences (Merrell et al., 2006). Internships are considered to be a training experience, although

students may be willing to accept unpaid internships placements because of personal circumstances.

Credentialing for School Psychologists

Credentialing is a means of identifying individuals by their occupational group (Sweeney, 1995). There are three methods of credentialing; registry, certification and licensure (Sweeney). Registry is simply a listing of individuals who use a common title or provide a service that an occupational group believes would be beneficial to a specific profession. Members are placed on a group lists or registers. Certification is usually established by state or other governmental agencies. For school psychologists, it is more than likely state departments of education. State agencies use established criteria and methods for certification that are considered appropriate for the needs of the state (Sweeney). State departments of education tend to use the term certified, while the medical community historically uses the term licensure to refer to an individual's established credentials. Licensure is more exclusive and desirable for psychologists who plan on private practice. While registry is voluntary, most states require that practicing school psychologists be certified, and psychologists must be licensed in the state that he/she will be practicing. Licensure requires a doctoral degree in most states (Pryzwansky, 1999).

School psychology is a profession that encompasses a dual role. Because of its origins in psychology and work in the educational field, school psychologists may be required by state and regulated institutions to be certified practitioners in both areas (Pryzwansky, 1999). State Departments of Public Instruction (SDPI), are typically the regulators of professional practice in the public schools and usually require school psychologists to be

certified, although some states now refer to this as being licensed (Pryzwansky).

Psychologists with independent practices must be licensed by state psychology boards.

NASP created the National Certificate in School Psychology in the mid 1980s
(Pryzwansky, 1999). National certification required the applicant to pass a school
psychology specialty area test on the National Teacher's Examination Test. The content
of the test deals strictly with school psychology and there is only one qualifying score
regardless of the degree level of the school psychologist taking the test. However, there
are a number of requirements necessary in order to maintain national certification status
(Fagan & Wise, 2000) such as:

- Seventy-five hours of professional development within a three year period that
  focuses on improving best practices for school psychologist as stipulated by
  NASP standards.

- Hours must be in a variety of areas under the school psychology banner, such as
  workshops, in service trainings, conferences, college and university courses,
  teaching and training activities, supervising interns, research and publication, post
  graduate supervised experiences, program planning and/or evaluation, self study,
  and professional organization leadership (Fagan & Wise, 2000).

- Completion of a sixth year or higher degree program that includes documentation
  of 60 additional hours of coursework, which includes work in the areas of
  psychology, education, school psychology, assessment, intervention, and research
  methods.

- Successful completion of a 1,200 hour school psychology internship.

While the level of training is considered to be national through NASP, it is not operational in all states (Pryzwansky). This certification is geared to the non doctoral school psychologists.

Ethics in School Psychology

Many ethical issues direct how school psychologist practice in schools. State and federal legislation guide the provisions and the levels of service that students may receive within the school setting. It is paramount that school psychologists know and understand laws and ethical mandates that govern the practice of school psychology in their perspective state. Ethical influences of the school psychology profession are engrained in every aspect of the school psychologist's role in meeting the needs of students. School psychologists must be savvy in federal law, constitutional law as well as legislative principles that guide ethical concerns.

School psychologists that are members of the APA or NASP make an agreement to adhere to the ethical standards of the organization (Fagan & Warden, 1996). Each organization has a set of standards and principles that govern the conduct of its members. Ethical codes are periodically revised to address new concerns, and to speak to issues that may arise from changes in legislation that affect the practice of school psychology (Fagan & Warden). The APA established ethical codes for its clinical practitioners in 1953, and for school psychologists in 1974, while NASP began publishing ethical codes for school psychology members in 1974 (Fagan & Warden).

The APA and the Council of State Psychological Associations published a joint report in 1955, which stated a general standard of ethics must exist in clinical psychology because of the vulnerability of the public (Gray, 1963). The report went on to say that the

nature of problems that cause a person to seek help from a clinical psychologist, may make them unable to judge the adequacy of services offered and received, especially in clinical psychology (Gray). The APA ethical standards cover ten areas that affect the practice of its members (Merrell et al., 2006). Major headings are: resolving ethical issues, competence, human relations, privacy and confidentiality, advertising and other public statements, record keeping and fees, education and training, research and publication, assessment, and therapy. The NASP code of ethics is divided into five areas (NASP, 2006): professional competency, professional relationships and responsibilities, professional practices-public and private settings, professional practices-private settings, and procedural guidelines for adjudication of ethical complaints. The APA and the NASP ethical codes are similar in the fact that they both address the major principles regarding students, parents, community, employment of school psychologists, and employee and employer relationships (Gray). Over 80% of school psychologists work in public schools (Reschly, 1996). The concern with ethical issues exists in school psychology in part because their involvement with human subjects, primarily children (Phillips, 1990). School psychologists must balance social, confidential, moral, and legal issues in the service of students (Herron et al., 1970).

Dilemmas occur in the service of school psychologists because legislation and professional standards for school psychologists may be in conflict. Federal legislation, state legislation, and court decisions regulate school psychologists (Fagan & Warden, 1996). Most states require school personnel to be mandated reporters of child abuse or neglect. However, professional and ethical guidelines uphold the standard of confidentiality regarding working with clients (Fagan & Warden). The background of the

school psychologist may also serve as a barrier in communicating with minority and students of different social-economic classes.

School Psychologist Demographics

A characteristic of the Thoroughbred years in the 1930s was the rapid increase in women training to be school psychologists (Fagan, 2004). Caucasian women represent about 75% of practicing school psychologists (Fagan). Many started as classroom teachers and continued on with their education to become school psychologists. Minorities represent less than 10% of school psychologists. In a commentary by James Bayton (1947), he states that teaching was one of the few areas where African Americans could be college trained and have gainful employment. However, he also points out that because of changes in state certification for teachers, historically black colleges must offer psychology coursework that will prepare their students to take state certification examinations (Bayton).

Low numbers of minority school psychologists is long standing problem in the field (McIntosh, 2004). The number of minority students serviced by school psychologists is disproportionate to the number of Caucasian school psychologists (McIntosh). African American school psychologists make up about 5.6% of practicing school psychologists, while Caucasians represent 88% (Lewis, Truscott, & Volker, 2008). There is a growing trend that professionals in other fields are returning to school to become certified school psychologists, (Davis, McIntosh, Phelps, & Kehle, 2008); however, the numbers for minority school psychologists remain consistently below the number of minority students serviced by school psychologists. School psychologists are largely white females, with specialists-level training that work primarily in public schools, while the students they

serve are increasing minority, and come from blue collar working class families (Curtis, Grier, & Huntley, 2004).

The average age for the school psychologist profession is 38.8 years (Curtis et al., 2004.). Almost one out of every three school psychologists is over the age of 50 (Curtis et al.). This suggests a major increase in the rate of retirement for school psychologists in the next few years.

Legal and Special Education Issues in School Psychology

In the case of Buck v. Bell in 1927, the U.S. Supreme Court upheld a decision by the state of Virginia that allowed the state to sterilize persons diagnosed as incompetent and deemed likely to genetically transmit physical, psychological, or social disabilities to their children. There were no other significant laws regarding special education students until after World War II, when a groundswell of public assistance programs for the disabled increased federal concern because of veterans that were disabled (Turnbull, 1978). In 1954, the case Brown v. Board of Education was a landmark decision, which stated that educational facilities for minority children were unequal, and states that had laws requiring or permitting segregation of students based solely on race was unconstitutional because such laws violated the 14th Amendment (Merrell, et al, 2006). On the back of this ruling, parents began to file lawsuits on the behalf of their children with disabilities (Merrell et al.). The education of students with disabilities was seen as a privilege rather than a right prior to legislation that changed the concept of how special education students would be educated in public schools. The National Association for Retarded Children/Citizens was founded in the 1950s (Turnbull). In 1966, Congress amended the Elementary and Secondary Education Act of 1965, to establish programs

and projects for students with disabilities. Congressional findings in 1974 revealed that more than 1.75 million students with disabilities did not receive any educational services (Yell, Drasgow, Bradley, & Justesen, 2004). Further research found that only 20% of all children with disabilities received a formal education. Three million students were disabled and enrolled in schools that left them on their own in classrooms designed for non disabled peers (Yell et al., 2004).

The Individuals with Disabilities Education Act (IDEA), is federal legislation that provides a Free Appropriate Public Education (FAPE) for students with disabilities (Merrell et al., 2006). The law was originally passed in 1975 and titled, The Education of All Handicapped Children Act (EAHCA). Congress mandated legislation to provide services for children with disabilities (Yell et al., 2004). Before this legislation, many students were unable to benefit from school, or not allowed to enroll in public schools (Merrell et al.). Laws have evolved over the years, and in 1990, the categories traumatic brain injury and autism were added as disabilities (Merrell et al.). Prior to the passing of these laws, many parents with disabled children had few options. Choices for parents included an expensive, private, and exclusively segregated education that did not afford any contact with non disabled peers. Some students were institutionalized without the benefit of evaluations that may have prevented such action (Yell et al., 2004).

Yell et al. (2004), outlines the four parts of IDEA legislation as Part A, B, C, and D. Part A provides information on general provisions of the act and includes congressional justification for the authorization of IDEA and data regarding the education of students with disabilities before the legislation was passed. Part B details what states must do in order to receive federal funds for assistance in the education of special education students

(Yell et al.). Part B also includes guidelines for local education agencies, individualized education programs, placement, procedural safeguards, and other administrative policies and procedures for disabled students (Yell et al.). Part B covers disabled students from ages three through twenty-one. Part C covers infants and toddlers from birth to age three. It provides assistance to educational programs for children who are considered at risk, or experiencing developmental delays in early childhood, that may affect their educational progress in the future. Parts B and C of IDEA are most familiar to school districts, school personnel, and parents. Part D provides government funding that sponsors national activities and research for special education children. Included among Part D are provisions for the development of programs to assist states with services for parents who have children with special needs. (Yell et al.). The focus of this study will be the Part B components of IDEA. More specifically, the Part B component that includes qualification for special education services under the category of specific learning disability.

The first version of the Education of the Handicapped Act passed in 1966, and did not include learning disabilities as a specific category for eligibility of special education services (Hallahan & Mercer, 2002). Parents of children with learning disabilities advocated for the law to include the category, but were drowned out by the outcry from parents of students with more traditional disabilities. In 1969, advocates were able to successfully lobby to add learning disabilities as a category approved by federal legislation. In 1970, Public Law 91-230 consolidated a number of federal grants programs related to the education of children with disabilities under Part B; however, the learning disability category was covered under federal discretionary grants released for states to funnel to local districts for support to public schools (Hallahan & Mercer). It was

during this emergent period that the learning disability category began to be defined as a legitimate disability and the role of the school psychologist was activated to include a different group of students, which extend beyond traditional thoughts and ideas of what it meant to have a cognitive disability, and included persons that were not visually or physically handicapped.

The Origin of Learning Disability as a Special Education Discipline

Although LD has been seen as primarily an educational problem in the areas of reading, oral language, and written language, it is grounded in the medical profession. The foundational perspective that began the learning disability category started with basic brain research (Lerner, 1993). The learning disability category began in the medical field as physicians worked to diagnose disorders in the brains of patients that had experienced brain damage as a result of stroke, disease, or accidents, while other researchers examined the brains of children that were diagnosed as cognitively impaired, or that experienced emotional disorders (Halllahan & Kauffman, 1976). Three phases of research helped to establish learning disability as a special education category (Lerner).

During the Foundational Phase, autopsies and phrenology were two avenues open to scientists that studied the brain. The examination of phrenology was used in the 19th century. It was widely believed that abnormal behaviors could be predicted by examining the shape of the skull; bumps on the head were thought to reveal information about the brain (Lerner, 1993). Autopsies in the 1860s conducted by Paul Broca revealed that the brain was divided into sections, and these sections were responsible for different functions in the brain regarding speech and thought. Broca believed that if an area in the front left lobe of the brain was damaged, there was difficulty or an inability to speak

(Lerner). These supported claims in 1908 conducted by Broca, that localized parts of the brain are responsible for specific activities in the brain (Lerner).

Kurt Goldstein, a physician and a behavioral scientist in 1839, treated brain injured soldiers during World War I. Goldstein studied the behaviors of the soldiers through a clinical lens. Through his work with these soldiers, he noted that the brain injured soldiers were easily distracted by people, objects, and their environment (Hallahan & Kauffman, 1976). His book, "After Effects of Brain Injuries in War in 1942" was the foundation for many scientists who began their careers by studying learning disabilities (Farnham-Diggory, 1992). Goldstein hypothesized that even after the brain heals, behavioral problems still existed. Until the concept of brain injury was introduced, children that misbehaved were considered to be the problem of their parents. When the theory of brain injury was introduced, parents were no longer embarrassed to seek help for their children (Farnham-Diggory).

The Transition Phase took place from 1930 to about 1960 as scientific study of the brain was applied to the clinical study of children, and helped to shape the way students were taught in the classroom (Lerner, 1993). Psychologists used this information to develop assessments and testing for students with behavioral and academic difficulties. During this phase, many terms were introduced such as: brain-injury, minimal brain dysfunction, and learning disabilities (Lerner). From about 1960 to 1975 the term "learning disability" (LD) emerged as a formal category in special education (Hallahan & Mercer, 2002). Samuel Kirk has been accredited as the originator of the term while addressing a group of parents with children that were considered "perceptually handicapped" in 1963 (Hallahan & Mercer). Kirk went further while speaking to the

parent group to state his definition of a learning disability, and the description of a student that may be categorized as having the condition. His definition describes children who have disorders in the development of language, speech, reading, and the associated communication skills needed for social interaction. Kirk does not include students that are deaf, blind, or cognitively disabled within the learning disability framework (Kirk, 1963). Since his definition clearly did not include children that were brain damaged or cognitively disabled, practitioners welcomed the term (Farmham-Diggory, 1992). Armed with a definition for the difficulty their children were experiencing, these parents founded the Association for Children with Learning Disabilities, now known as the Learning Disabilities Association of America (LDA), the largest and most influential learning disability parent organization in the United States (Hallahan & Mercer). Kirk may have created the term learning disability, but his definition would not be used legislation or school districts. Although Samuel Kirk introduced the learning disability term, his protégé, Barbara Bateman, defined the criteria for determining students that qualify for special education services under the LD category that is still used today. However, the definition of a learning disability is not the same in every state (Kirk et al., 1993). By the end of the 1960s, the United States Department of Education (USDOE) formed a committee; The National Advisory Committee on Handicapped Children (NACHC), issued a report on learning disabilities, and wrote a definition that would be used in legislation to fund programs. The committee was chaired by Samuel Kirk and submitted a definition similar to his 1962 definition (Hallahan & Mercer). The Solidification Period from 1975 to 1985, brought some stability to the learning disability definition, in addition to methods of identifying students with this disability; and when congress passed Public

Law 94-142, the Education for All Handicapped Children Act in 1975, learning

disabilities finally became an official special education category to be federally funded

(Hallahan & Mercer).

Learning Disabilities Defined

In 1965, Barbara Bateman a student of Kirk provided a different definition for LD that

included the discrepancy model commonly used in school districts across the country.

The discrepancy model originated in 1932 by Marion Monroe when she compared the

student's chronological age, and the average of four tests: Gray's Oral Reading

Paragraphs, a reading comprehension test, a word analysis test, and a word discrimination

test (Hallahan & Mercer, 2002). The discrepancy model was unused in Monroe's time,

but the notion became undisputedly linked to the identification of students with learning

disabilities. Bateman's (1965) definition is similar to Kirk's definition, but is more

concrete in addressing concerns as they relate to the school environment. The definition

reads:

> Children who have learning disabilities are those who manifest an educationally
>
> significant discrepancy between their estimated potential and actual level of
>
> performance, related to basic disorders in the learning process, which may or may
>
> not be accompanied by the demonstrable central nervous system dysfunction, and
>
> which are not secondary to generalized mental retardation, educational, or cultural
>
> deprivation, severe emotional disturbance or sensory loss. (p. 223)

The discrepancy model was not formally adopted into the federal definition of LD in the

1975 Education for All Handicapped Children Act PL 94-142 (Kavale, 2002), nor did it

provide procedural guidelines for LD identification.

Most school departments of special education and school psychologists use the federal Individuals with Disabilities Education Act (IDEA) that was reauthorized in 1997 as their LD definition (Dombrowski, Reynolds, & Kamphaus, 2004). With the 1997 authorization, the LD category was renamed to Specific Learning Disability (SLD). IDEA defines SLD as:

> Representing a disorder in one or more of the psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. This term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. This term does not include children who have learning problems that are primarily the result of visual, hearing, or motor disabilities, mental retardation, environmental, cultural, or economic disadvantage. (Dombrowski et al., 2004, p. 366)

There are two groups of learning disabilities, developmental and academic (Lerner, 1993). Developmental learning disabilities include problems students experience as they grow. The disabilities in this subgroup include prerequisite skills such as attention, memory, and disorders in thinking and language. Students must acquire these skills in normal stages of development in order to be prepared for academic learning. Academic learning disabilities refer to school acquired skills such as reading, mathematics, spelling, written language and oral expression (Lerner). As the 1990s approached, most states had adopted some form of the discrepancy model to identify students with learning disabilities. However, despite the universal acceptance of the discrepancy model to

identify learning disabled students, researchers disputed the effectiveness of identifying students using the model (Mastropieri & Scruggs, 2002).

IQ-Discrepancy Model Used to Determine SLD

The category of LD arose from a specific problem in the public schools. There were students that had average or in some cases above average intelligence that were experiencing difficulty learning, despite the fact that the students could learn (MacMillian, Gresham, & Bocian, 1998). Before the category of LD students not progressing as they should had nowhere to go in the scope of established disabilities. Student underachievement was clearly recognized; however, there was no criteria established that conceptualized the problem, but it was clear that it existed (McMillian et al., 1998). The IQ-discrepancy model was created out of the need to identify students experiencing problems with underachievement, while at the same time these students had average to above average intellectual ability. A debate exists regarding if the discrepancy model is the best indicator of a learning disability, and within that argument, what discrepancy model is most effective for determining LD (MacMillian et al.).

Services provided for LD students vary according to the type of disability the student may have, as does the type discrepancy model used by school psychologists (Macmillan et al.). Three models are more commonly used to diagnose learning disabilities (Proctor & Prevatt, 2003). The standard score comparison/simple discrepancy models are used to identify discrepancies between ability and achievement. In this model, IQ scores are used to represent ability (Proctor & Prevatt). The simple discrepancy model is used more in the school system than any other model. The regression based discrepancy formula mirrors the simple discrepancy model as it examines the difference between the IQ and

achievement, but the regression model controls the correlation between two tests (Proctor & Prevatt). Grade level discrepancy models look for a difference between the student's actual grade placement and the achievement level as shown by grade equivalent scores. In this model, the actual grade placement serves as a proxy for where the student should be functioning. The widespread use of the discrepancy model is directly tied to the language in IDEA that states learning disabilities are primarily based, but not exclusively on the severe discrepancy between achievement and intellectual ability (Peterson & Shinn, 2002). School psychologists use various instruments to determine specific learning disabilities in students. The definition of a learning disability is not the same in every state (Kirk et al., 1993). Critics argue that studies which investigate discrepancy models were flawed because it is difficult to determine a learning disabled student from a slow learner when the discrepancy is only a few points off plus or minus (Hallahan & Mercer, 2002). The use of the discrepancy model is the most common practice for determining specific learning disabilities (Fletcher, Coulter, Reschly, & Vaughn, 2004). In many cases, the use of this model results in little improvement of instruction, and long delays in determining special education eligibility. (Fletcher et al., 2004).

In many schools, special education is the only option for students that are experiencing difficulty in the general education classroom (Fletcher et al., 2004). Traditionally, the role of the school psychologist is assessment for special education services. There are 13 categories that may qualify students to receive special education services (Merrell et al., 2006). They are: autism, deaf-blind, deaf, emotional disturbed (formally behavior disordered), hearing impaired, intellectually disabled (formally mental retardation or cognitive disabilities), multiple disabilities, orthopedic impairment, other

health impairment, speech or language impairment, traumatic brain injury, visual impairment including blindness, and specific learning disability (SLD), formally LD. For the purposes of this study we will discuss at length the category of SLD.

The Process of Qualifying for SLD

The traditional model of assessments of students with SLD involves a pre-referral process (Lindstrom et al., 2008). Students usually identified by teachers or parents as not achieving at expected general education levels are referred to the pre-referral team. After the referral is received and signed by the parent, the school psychologist reviews the nature of the problem with the referring teacher or parent to obtain as much information as possible regarding difficulties the student is experiencing (Merrell et al., 2006). School psychologists may begin to gather first-hand information in the form of classroom observations of the student (Fagan & Wise, 2000). Direct and indirect observation allows school psychologists to assess learning or behaviors in the classroom and other school settings. School records may be examined to determine if the student has received special education services before, or if any previous assessments were completed (Fagan & Wise). Information about health history and previous school experiences may help to determine appropriate assessment for the student.

Interviews with parents, teachers, and others that may be familiar with the student such as physicians, related service personnel, or extended family may take place. The school psychologist administers standardized testing that measures the intellectual abilities of the student (Merrell et al., 2006). The Woodcock-Johnson, the Wechsler Scale of Intelligence for Children, and the Wide Range of Achievement are the most common tests used (Finlan,1994). School psychologists determine the findings by

reviewing all the previous data gathered and information collected through testing. A comprehensive report is completed, and the results are shared during a team meeting to determine if the student is eligible for special education services. The report should include all assessment data in chronological order and the synthesizing of all the data.

All school psychological reports are categorized as one of three reports (Fagan & Wise, 2000). Descriptive reports provide short comments about various scales used in testing. Screening reports highlight certain areas and bring to the forefront what areas may need further assessment, and integrative reports pull together all the data used as an instrument in providing interventions and strategies for the student. A multidisciplinary team generally includes: the school psychologist, a general education teacher, a special education teacher, a special education administrator, general education administrator, parents or guardians of the student, and other related service staff. Related service staff may include social workers, speech pathologists, the school nurse or a health care professional, in addition to an occupational and/or physical therapists. Each discipline gives the results of the students overall potential according to standardized testing, student observation, and parent interviews (Fagan & Wise). If it is determined by the school psychologist and other related service providers that may be required to provide testing, that a "severe discrepancy" exists between the student's achievement and his/her ability in the areas of reading, mathematics, or writing, the student is diagnosed with a learning disability (Domrowski et al., 2004). An update on the progress of the student is provided yearly, and a review with the multidisciplinary team is held tri-annually. This reinforces the notion that the school psychologist acts as the gatekeepers of special education (Fagan & Wise).

The use of the IQ-discrepancy model drives assessment for most special education services (Fletcher et al., 2004). Discrepancy scores refer to the quantitative difference or gap between student learning potential and current achievement (Lerner, 1993). According to a survey conducted by the United States Department of Education (USDE, 2006), 97 percent of students that are tested for a SLD are diagnosed with the disability (Goyette-Ewing & Stahl, 2008). The Individuals with Disabilities Education Act of 2004 (IDEA, 2004), specifically addresses the high numbers of students that qualify for special education services under the learning disabilities category, concerns regarding the pre-referral process, and the evaluation of students by school districts. A report from USDE (2006) states approximately 2.9 million children from the ages 3-21 received special education services under the category of specific learning disability during the 2003-2004 school year. Teacher referrals may be biased, which contribute to disproportionate numbers of minority students, specifically minority boys that are likely to be referred for special education services (Fletcher et al., 2004).

Proponents against the discrepancy model cite several reasons why they believe the model does not accurately identify SLD (Dombrowski et al., 2004). Some agree that changes are needed in the process of identifying SLD because it does not address early intervention, and establishes a "wait to fail model." Most students are not identified until third grade. In addition, it is difficult to identify students in early grades as they are not old enough to have demonstrated a discrepancy, and may not have enough formal school experience to determine a discrepancy (Dombrowski et al.). Research states that the most cost effective way to reduce the number of children that need special education services is to provide intervention services earlier, and to the general education population

(Berninger, 2006). The discrepancy model appears to have lack of validity and reliability. According to research, the model cannot distinguish students that have SLD from students that do not (Dombrowski et al.). Ninety-eight percent of states include a discrepancy model in their definition or in the criteria for identification of a SLD (Gresham, 2002). There is a consensus that this model has not led to improved instruction for children (Fletcher et al., 2004). It has also been argued that scores obtained from paper and pencil IQ tests are not accurate indicators of potential intelligence (Proctor & Prevatt, 2003).

Standardized Intelligence Testing for SLD Diagnosis

Students that are diagnosed with a learning disability must have at least average intelligence (Finlan, 1994). There are eight domains that can be assessed when testing for special education. The areas assessed depend on the type of difficulty the student is experiencing, and the reason for the referral. However, all initial assessments included cognitive, academic achievement, and perceptual domains that are assessed specifically by the school psychologist to determine a SLD (Fagan & Wise, 2000). There are three tests that most school psychologists use to determine SLD: cognitive ability tests, academic achievement tests and perceptual tests. Cognitive ability tests have been traditionally called intelligence tests, IQ tests or aptitude tests. The Wechsler Intelligence Scale for Children (WISC), the Woodcock-Johnson-Revised (WJ-R), the Stanford-Binet, and the Wide Range Achievement Test (WRAT) have become the standards used by school psychologists in the area of IQ testing (Hallahan & Kauffman, 1976). Academic Achievement Tests assess the student's performance in one or more of the academic areas such as: reading, reading comprehension, mathematics, and spelling. Perceptual

tests examine the student's ability to understand meaning through visual and auditory abilities that involve: hearing differences between words with similar sounds or seeing hidden figures.

The WISC, or the most recent version, the WISC-III, provides three separate IQ scores: verbal IQ, performance IQ, and full scale IQ. The WISC-III contains 13 subtests, six in the verbal scale and seven in the performance scale, with five subtests in each performance scale being designated as standard subtests (MacMillian et al). In the latest version of the WRAT, the WRAT-R (R indicates revised) is an individual test of academic achievement (MacMillian et al., 1998). The test contains three subtests: reading, spelling, and mathematics. The reading test measures reading recognition, the spelling subtests assesses spelling skills presented from dictation and the mathematic subtest measures math computation and oral word-problem solving ability (MacMillian et al.). The WJ-R is used to test cognitive abilities and also contains subtests that measure achievement (Lerner). There are seven subtests that measure cognitive abilities and an additional battery of fourteen subtests designed to provide further information of the student's academic abilities (Lerner). The Stanford-Binet has fifteen subtests grouped in four areas: verbal reasoning, quantitative reasoning, abstract/visual reasoning and short-term memory (Lerner). Other methods of discrepancy include grade level, mental grade method, the years in school method, and the learning quotient method (Lerner). However, these methods are not generally used to determine a learning disability in the schools.

IDEIA 2004 Legislation Changes LD Identification

With the reauthorization of IDEA, the act was renamed Individuals with Disabilities Education Improvement Act (IDEIA) and was signed into law of December 3, 2004, with

the final regulations being released on August 14, 2006 (US Department of Education, 2006). Additional procedures for identifying students with specific learning disabilities required school districts to examine how students are diagnosed with learning disabilities. Criteria in the identification of SLD must permit the use of scientific, researched based intervention, and other alternative research based procedures for determining a learning disability (US Department of Education). The law states that at least one qualified person must conduct individual diagnostic examinations of children, such as a school psychologist, speech language pathologist, or remedial reading teacher (US Department of Education). School psychologists are no longer viewed as the gatekeepers of special education according to new guidelines in effect for learning disabled students. IDEIA 2004 will have a substantial affect on education and the practice of school psychology, teachers, and related service personnel (Naglieri & Kaufman, 2008).

There are seven principles that incorporate the legislation for IDEIA 2004 (Weishaar, 2008). The principles are listed below with a brief summary:

- Zero Reject/Child Find - Zero Reject states that all students with disabilities are entitled to a free appropriate public education (FAPE), as stated in the 1994 legislation. This also includes special needs students that have been expelled for disciplinary reasons. Child find focuses on identification, locating and evaluating students that may be or are in need of special education services.

- Nondiscriminatory Assessment - Each student referred for an evaluation must receive a comprehensive, unbiased and individual evaluation.

- Appropriate Education and Individualized Education Program (IEP) - Students must receive an education that addresses the needs of his/her disability at public

expense. The IEP must provide a plan for how often and who will provide the service(s).

- Least Restrictive Environment - Students must be educated with non-disabled peers to the maximum extent possible. School districts must provide a continuum of services that moves from the least restrictive to maximum restrictive environments. Students must be allowed to participate in the general education curriculum and extra-curricular activities as his/her disability will allow.

- Procedural Due Process - Assurance for parents that all rights afforded to their child are protected as the child is evaluated and receives or may receive special education services. Procedural safeguards are afforded to parents that include; the right to the child's school records, the right for parents to participate in meetings regarding their child, parents can request an independent educational evaluation, and have the right to receive notification and give informed consent when the school district wishes to alter or change aspects of the IEP.

- Parent Participation - as listed above, parents are afforded the opportunity to play a significant part in their child's education.

- Right to Educational Achievement - As outlined in No Child Left Behind (NCLB) and IDEIA, educational achievement applies to all students and lists high expectations, development of goals and outcomes for students, and measuring student progress. It holds schools and teachers accountable for the education of all students, and emphasizes researched based instruction for all students.

The original purpose of legislation from IDEA 1990 to IDEIA 2004 for students with disabilities has not been altered. With the educational mandates of NCLB in 2001, and

the reauthorization of the IDEIA in 2004, the lines between regular and special education are beginning to merge (Weishaar, 2008). Reforms mandate educational changes in general education and special education that focus on goals, assessment, and student progress, by increasing accountability for student growth (Weishaar). The traditional discrepancy model by which schools identify students as learning disabled, has come under fire in recent years as being confusing, unfair and logically inconsistent (Gresham, 2002). Critics have termed the IQ-Discrepancy model as a "wait to fail approach" because identification of students is often delayed until grades 3-5, thus allowing students that may qualify for services to fall further behind their non-disabled peers (Fuchs, Fuchs, & Zumeta, 2008). Some view Response to Intervention (RtI) as a means to engage the general education and special education community in meaningful conversations and strategies to provide knowledge and technical assistance to help implement RtI as a successful approach to teaching all students (Kavale & Spaulding, 2008).

The process of identifying students with learning disabilities using the discrepancy model is addressed in the IDEIA 2004 mandate. States can no longer require the Local Education Agency (LEA), to use the IQ-discrepancy model as the only means to determine whether a student has a learning disability (Hyatt, 2007). An alternative model, RtI has received considerable attention as a means of preventing the wait to fail model in the assessment of a specific learning disability (Glover, DiPerna, & Vaughn, 2007).

Response to Intervention Defined

Response to intervention (RtI) is a term used to describe a system of intervention focused on the early screening of students experiencing learning challenges in the classroom (Goyette-Ewing & Stahl, 2008). It is a multi-tiered system designed to increase

interventions and assistance students in moving through the tiers. The theoretical foundation of RtI goes to the call for pre-referral intervention that originated back in the 1970s (Lindstrom et al., 2008). The concept of response to intervention uses a discrepancy based approach; however, it is not between ability and achievement scores, but between pre and post intervention levels of performance (Gresham, 2002). Federal and state statues call for systems that are scientifically researched and evidence based (Detrich, 2008). IDEIA has defined the RtI method as research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to educational activities and programs (Detrich).

The notion of response to intervention is not a new concept in the field of education and psychology (Gresham, 2002). In 1957, Cronbach, then president of the American Psychological Association, called for a method that would use aptitude x treatment interactions (Gresham). Cronbach proposed use of valid aptitudes (characteristics or traits) to assess how those aptitudes interact with various treatments (instructional methods or types of therapy). Advocates for the RtI model suggest that a multi-tiered series of interventions, which increase according to the student's needs should be implemented, and the responses measured and monitored (Lindstrom et al.). Proponents of RtI believe that only students who do not respond to the interventions at the highest tier should be considered for referral and receive a formal evaluation for special education services under the learning disability category (Lindstrom et al., 2008). According to the U.S. Department of Education, the number of children ages six through twenty-one identified with a learning disability has increased 34.7% in the 10 year period of 1991 to 2001. Experts believe since RtI is being promoted as a general education

initiative, and IDEIA 2004 seems to support using special education dollars in general

education to strengthen prevention efforts, so that fewer students will need special

education services in the future (Fuchs & Deshler, 2007).

Conceptualizing RtI

In early conceptualizations, special education and general education operated as two

separate educational systems. Special needs students were taken out of the general

education classroom and educated in isolation of their non-disabled peers. The Regular

Education Initiative (REI) is a term that was developed by Madeline Will in 1986; Will

was Assistant Secretary of Education for special education and rehabilitative services for

the U.S. Department of Education (Batsche, 1996). REI was a national model for

integrating general and special education services within the general education

classroom. REI documentation provided insight into how special education and general

education could build a more effective partnership, to assist in decreasing the number of

students at risk for academic failure (Batsche). Will identified a number of problems with

the special education service delivery model such as; service delivery that focused on

categorical labels; a dual system of segregated services (general education versus special

education); misidentification of students; limited options for students not labeled for

special education services, but failing academically; and potential stigmatization of

students labeled as handicapped (Batsche).

In 1989, Will proposed changes to the special education service delivery model that

included increased support for general education teachers; increased instructional time;

allowed building principals more influence over programs and special education service

delivery; increased effectiveness of educational approaches in general education in order

to reach a broader range of students; and provided incentives to implement alternative approaches to service delivery (Batsche, 1996). In 1989, Will focused on school psychologist by producing a document in collaboration with NASP. The document "The Role of School Psychology in Providing Services to All Children," was disseminated under the U.S. Department of Education's letterhead. The document emphasized the role of the school psychologist as relevant to implementing new instructional approaches and increasing instructional time in collaboration with special education and general education teachers.

By the 1990s the lines between special education and general education begin to overlap with the concept of the inclusionary classroom; where students with special needs received services in the general education setting by special education teachers in the regular classroom (Weishaar, 2008). Supporters of the RtI model believe that early intervention, and scientifically evidence based research is the answer to meet the needs of all students (Fuchs, L. et al., 2008), by providing the data needed to determine a learning disability.

In October 2001 the U.S. Office of Special Education Programs (OSEP) hosted representatives of the National Joint Committee of Learning Disabilities (NJCLD) to discuss common concerns regarding IDEIA 2004 as reported by the NJCLD committee (NJCLD, 2007). Representatives focused on four primary areas: identification of SLD, students, eligibility, interventions, and professional development (NJCLD). OSEP hosted a research roundtable in November 2001, and again in July 2002, to produce a consensus around beliefs and recommendations that support a comprehensive and coherent system

to address the needs of all students, specifically those with SLD (NJCLD). This group of researchers also focused on the four primary areas mentioned as follows (NJCLD):

Identification of LD

- Should include a student-centered comprehensive evaluation and problem solving approach that ensures students who have a specific learning disability are efficiently identified.

- General education must assume active responsibility for delivery of high quality instruction, research based interventions, and prompt identification of students at risk while collaborating with special education and related service personnel.

Eligibility

- The ability-achievement discrepancy formula should not be used for determining eligibility.

- Decisions regarding eligibility must be made through an interdisciplinary team, using informed clinical judgments, directed by relevant data and based on students' needs and strengths.

- Based on individual evaluations and continuous progress monitoring, a student who has been identified with an SLD may need different levels of special education and related services under IDEA at various times during the school experience.

Intervention

- The field should continue to advocate for the use of scientifically based practices. In areas where an adequate research base does not exist, data should be gathered on the success of promising practices.

- Schools and educators must have access to information about scientifically based practices that have been validated in the settings in which they are to be implemented.

- Students with SLD require intensive, explicit scientifically based instruction that is monitored on a continual basis to achieve academic success.

- Students with SLD require a continuum of intervention options through general and special education across all grades and ages.

- Intervention is most effective when it is implemented consistently, timely, matched to the students specific learning needs, has fidelity to its design, and a sufficient level of intensity and duration.

- General and special education must be coordinated as part of coherent system that is held accountable for the educational outcomes of students with SLD.

Professional Development

- Professional development must address the knowledge, skills, and attitudes needed to increase staff and school capacity to implement effective interventions for diverse learners.

- Professional development must address the organizational and cultural context needed to ensure continuing professional learning and development for all services providers.

- Professional development must be structured to fit the way adults acquire knowledge, skills, and attitudes.

- An ongoing, coherent, integrated system of pre-service and in-service education must be provided.

- Alignment is needed across the agencies and structures that shape professional

  development by communicating what is valued and expected in schools.

The remainder of the document addresses what is known regarding SLD assessment and

identification research (NRCLD, 2007). Response to intervention has gained significant

attention as a way to guide service providers to think about delivery of service from a

new perspective (Glover et al., 2007). Administrators can determine whether an entire

class is progressing vs. an individual student by focusing on an RtI model that allows

standard protocols for general education instruction and interventions (Tollefson,

Mellard, & McKnight, 2007). The RtI movement is similar to the inclusive delivery of

service model for special education students who received services in the 1980s. The idea

that regular education and special education would merge into one inclusive system, was

sparked by the inclusive movement, and seen as a way to increase the number of children

with disabilities that are mainstreamed into general education classrooms (Fuchs &

Deshler, 2007).

Response to Intervention Tier Levels

RtI is a multi-tiered service delivery model that usually follows a three tiered model

similar to other service delivery models used in positive behavioral supports (Tollefson et

al., 2007). The tiered model is fundamental to RtI. The standard RtI model has three tiers

of intervention; however, there is much discussion regarding how many tiers are adequate

for implementation (Tollefson et al.). For the purpose of this study, the three tier model

will be discussed. Core features of the RtI model consist of universal screening,

researched based classroom instruction, classroom assessment, implementation of

appropriate researched based interventions, and progress monitoring during the interventions (Tollefson et al.).

Fundamental to the RtI model are universal screenings that occur in tier one. Screenings take place at this level to determine the instructional needs of all students (Hollenbeck, 2007). These screenings are applied school wide. The importance of using scientifically validated instruction is important at this tier; however, there is uncertainty about what that means (Fuchs & Deshler, 2007). Tier one, also known as primary prevention or universal screening, allows student to receive interventions in the general education class (Fuchs et al.). Students receive all their instruction in a general education classroom with no supplemental academic support (Fuchs et al.). It is at the tier one phase that students may be identified as requiring additional assistance.

Tier two instruction is delivered and student response is evaluated then categorized as responsive or non-responsive (Fuchs & Deshler, 2007). Implementation of supplemental diagnostic instruction and progress monitoring begins in tier two (Toffefson et al., 2007). RtI is represented by two approaches in tier two (Fuchs et al., 2008). The problem solving approach involves preventative interventions that are designed to meet the needs of the individual student. The interventions are intended to increase student performance rather than providing instruction for a new skill (Fuchs et al.). The second approach, standard treatment protocols rely on academic interventions that have randomized and controlled studies to improve student achievement in a specific subject area (Fuchs et al.). The standard treatment protocol method is designed to help with acquiring new skills. This method includes frequent small group tutoring by a professional teacher or a trained and supervised paraprofessional (Fuchs et al.).

Progress monitoring is essential to any RtI model (Ysseldyke, Burns, Scholin, & Parker, 2010). Students are progress monitored at tier one, usually with three benchmark assessments. There are also weekly or twice weekly measurements used in tiers two and three (Ysseldyke et al., 2010). The reasoning behind the frequent assessment in tiers two and three stem from collecting the data often, so that interventions can be made faster. Progress monitoring is used to help teachers design instruction for students in tiers two and three (Fuchs et al., 2008). In tier three the goal is more likely to collect data frequently to qualify the intervention, and to formulate an individualized instructional program (Fuchs et al.).

In most RtI models tier three is special education. Prior to moving to tier three, students receive some type of evaluation to determine the nature of the suspected disability (Fuchs et al., 2008). A multidisciplinary evaluation is required by law for special education placement. School districts must determine how to work under the guidelines of RtI to decide the best way to provide what is needed (Fuchs et al.). In tier three, some RtI systems employ multidisciplinary evaluations that are comprehensive with a standard battery of assessments administered to all students. In others, evaluations are specific to the questions that tiers one and two presented for the student. Most of the attention in RtI is in the areas of reading and math (Fuchs et al.). Although RtI focuses on identification of learning disabilities in tier three, it has been used as a resource to identify students experiencing behavioral concerns (Fuchs et al.). RtI has concepts and strategies that have the potential to assist special education students, even if the intent of early intervention is to service at risk general education students.

Response to Intervention Models

There are several models to consider when adopting an RtI model; (Gresham, 2002) however, this study will focus on the three modes most commonly used to identify students for RtI. The three models that will be discussed are: the predictor-criterion model; the dual- discrepancy model; and the functional assessment model. The predictor-criterion model focuses on process skills that are predictors used in learning to read. Criteria used to assess reading competence include reading accuracy, rate, and comprehension (Gresham). This model leaves unresolved questions about how to adapt it to identify students with a learning disability. The purpose of RtI is to target students who are responding inadequately to an intervention after a reasonable period, not to remediate non- existent reading skills (Gresham).

The dual discrepancy model uses curriculum based measurements (CBM) to determine adequate progress for students (Fuchs & Fuchs, 1998). The dual discrepancy model is based on three assumptions (Fuchs & Fuchs). The first assumption is that student ability will vary, and different students will experience different educational outcomes. Secondly, if the student's abilities or growth rates are similar to same age peers, the student would not be a candidate for intervention; and third, if the majority of students in general education classrooms are demonstrating inadequate growth as related to local norms, there may need to be an overhaul of the entire classroom before considering RtI for individual students (Fuchs & Fuchs).

The CBM method is based on logic that compares itself to the physical growth and development of a child (Fuchs & Fuchs, 1998). Charts and tables measure a child's physical development over time, and compare the student's development to his/her same

age peers. CBM compares the student's response to the student's same age peers. CBM

procedures define a well developed progress monitoring system. The quality of the

decisions regarding the success of the intervention is directly related to the quality in the

analysis of the data (Detrich, 2008). The third approach, the functional assessment model,

identifies response to intervention students using applied behavior analysis (ABA)

strategies. This approach offers a functional approach rather than a structural explanation

for academic difficulties (Daly, Witt, Martens, & Dool, 1997). According to the ABA

method, students fail because of five common reasons: (Daly et al., 1997) they do not

want to do the tasks; students do not have the skills to complete the task; there is

insufficient prompting by the instructor; instructional strategies have changed and the

student is not familiar with the change; or the students skill level and the instructional

materials provided do not match. Each model has different strategies that require various

implications in order for proper implementation to take place. There is not a universally

accepted model or operational definition of RtI, therefore, implementation of RtI models

will be varied.

Alternatives to Response to Intervention

There are many RtI models being implemented in schools and districts across the

country. No one model has emerged as the model of choice. The US Department of

Education does not recommend or endorse any one specific model (Bradley, Danielson,

& Doolittle, 2007). Two alternative methods for students experiencing difficulty in the

general education classroom have surfaced as a means of identifying and assisting

students that may be candidates for special education services, other than the response to

intervention model (Speece, Case, & Molloy, 2003). The low achievement criteria

measured by published norm-referenced tests, and low achievement measured by normal

intelligence testing represent the two models. Both low achievement approaches

reference research findings that demonstrate children with low reading achievement, but

without IQ discrepancy have similar discrepancy characteristics to students that schools

typically identified as learning disabled (Speece et al., 2003). Low achievement models

can be used as another form of inclusion criteria for identifying students that may require

tier two and three assistance (Speece et al.). However, IDEIA 2004 requires consideration

of factors that may indicate that low achievement is due to reasons that do not represent a

learning disability (Speece et al.).

Implementation of Response to Intervention

Implementation of RtI has common cores of service delivery that are prominent in

most models (Glover, DiPerna, & Vaughn, 2007), which include multi tier

implementation, student assessment and decision making, and evidence based

intervention provisions. Because RtI targets all students in its primary level, a continuum

of services must be present to ensure that the needs of all students can be met within the

multilevel tiers (Glover et al., 2007). Student assessments and decision making criteria

that apply to school wide screening, and regular progress monitoring of students at risk is

part of the RtI process. This factor is put into place to help students that require assistance

to be matched with the appropriate services.

The RtI framework should provide instructions and interventions that are supported by

empirical evidence (Glover et al., 2007). There must also be a process to determine the

strength of the evidence across the tiers (Detrich, 2008). A clear definition of what

constitutes evidence should be in place; however, a definition of evidence is not enough

to produce validation of the process (Detrich). Two approaches that have been well documented in providing evidence based interventions (Glover et al.). In the standard protocol approach, delivery of service is in small groups and has a predetermined plan. With the individualized approach, services are based on individual students needs. Once an intervention is selected, training and integrity become a primary concern in implementation (Detrich).

Progress monitoring data allows those responsible for implementation to have the same information when making program decisions about continuing, adjusting, or discontinuing an intervention. The methods used to assess progress must meet the standards set for reliability and validity. Reliability refers to the assessment method that produces consistent results across practitioners or conditions; while validity refers to the instrument used to measure what it is designed to measure (Detrich, 2008). The greatest challenge with implementation of RtI is the limited experience of doing so on a large scale, and across all academic areas and age levels (Bradley et al., 2007). Successful implementation of RtI requires procedures and trained staff in place that will support the adoption of its use (Fuchs & Deshler, 2007). Unsuccessful implementation is more often caused by absence of supporting conditions. Because of the numerous components of RtI, it must function as an efficient system to be effective (Fuchs & Deshler).

RtI to Determine LD Eligibility

The strongest criticism of the traditional assessment model is that the blind application of the severe discrepancy model resulted in the misidentification of students who were diagnosed with a learning disability (Willis & Dumont, 2006). Problems associated with assessment and discrepancy in general have helped to fuel the fire for the elimination of

IQ testing (Willis & Dumont). Practitioners of RtI and proponents of individual

psychological educational assessments agree that an IQ score alone adds little, if anything

to our understanding of the student's instructional needs (Willis & Dumont). An

insightful evaluation should include a thorough assessment of the student's academic

achievement in all areas of cognitive strengths and weaknesses.

The LD category accounts for 52% of all students with a disability served in special

education (Gresham, 2002). Between 1976 through 1997, the number of LD students

increased from 797,213 to 2,259,000 (Gresham). This increase may be attributed to

misidentification of students for LD on the basis of low achievement, regardless of IQ

level, or a discrepancy between IQ and achievement (Gresham). The use of the

discrepancy model in identifying students with LD is perceived by many as paramount to

misidentification of students (Vaughn, Linan-Thompson, & Hickman, 2003). Included in

some primary concerns with the IQ and achievement model for identification are

(Vaughn et al., 2003): IQ is not an indicator of potential; standardized test assessment

often prevent students from receiving the assistance they need until they are age nine or

older; discrepancy scores are unreliable, the focus of student's needs are not the primary

concern; discrepancy is not a valid marker for disability; misidentification rates are high

and include over identification, identification of students that have other disabilities, and

under identification of students with genuine LD that go unnoticed.

IDEIA 2004 requires school districts to think more about the needs of students instead

of automatic application of one method over another. This means integrating information

from multiple sources and methods (Holdnack & Weiss, 2006). In his testimony before

the Subcommittee on Education Reform regarding SLD and appropriate methods of

identification of the disability, Dr. Carnine, Director of the National Center to Improve

the Tools of Educators at the University of Oregon states:

Given the converging evidence and agreement in the field that we must do something

better for our children, the response to intervention model (RtI) is recommended as

the basis to improve how we provide early intervention and identification. The

eligibility for special education services would focus on the children, who even with

the services are not able to be successful. The focus on RtI is on responding to the

instructional challenges caused by the disability, not on giving tests to document the

failure of the student. (Conference House Report, 2003, p. 61)

RtI has become a major policy initiative, but is now experiencing some debate about

implementation (Kavale & Spaulding, 2008). There is agreement that RtI procedures

should be adopted in general education, to help structure the support system for improved

learning for all students. Some feel that RtI has yet to demonstrate how it can serve as a

diagnostic process for SLD as defined in IDEIA, and not focus exclusively on general

non-specific learning problems. Kavale and Spaulding (2008) offer recommendations to

minimize the differences between RtI as prevention, and RtI as identification for special

education services under the SLD category, such as:

1. Make RtI the exclusive province of general education.

2. Reform RtI into a structured and systematic pre-referral process.

3. Involve special education only after RtI failure when the emphasis shifts

   from prevention to identification.

4. Base identification on findings from a comprehensive psychometric

   assessment.

5. Modify existing regulations to require use of ability-achievement discrepancy as the first but not the only marker for SLD.

6. Require use of a process that determines if the child responds to scientific researched based intervention before SLD evaluation.

It is believed that this combination creates a model where RtI has practitioners look through a wider lens at the entire school population; while cognitive assessment provides only a microscopic view with direct focus on individual students (Kavale & Spaulding). In addition to failure to respond to interventions, there should also be evidence of a deficit in a specific psychological process logically related to the learning difficulty the student is experiencing.

IDEIA 2004 clearly states that SLD eligibility must be determined using a variety of data gathering tools and strategies (Naglieri & Kaufman, 2008). The model of assessment reflected in IDEIA 2004 stresses a more systematic, meticulous pre-referral intervention system be employed before performing a formal assessment (Lindstrom et al., 2008). The use of the discrepancy model was never legislated as the only means to identify students with SLD. IDEA 1997 states specifically that a comprehensive evaluation uses a variety of assessment tools, and may not use any single procedure as the sole criterion for determining eligibility (Lindstrom et al.). In order to comply with IDEIA 2004 regulations, and to ensure that the components for successful implementation for RtI are stable, schools must make sure that fundamental tools are in place that are necessary for implementation such as:

1. A variety of assessment tools and strategies must be used to gather relevant information about the student.

2. The use of any single measurement to determine eligibility under LD must not be permitted.

3. Practitioners must use technically sound instruments to assess the student's deficit area(s).

4. The assessment tool selected must yield accurate information, therefore, the measurement must be reliable and valid for the purpose which it was intended (Naglieri & Kaufman, 2008).

Even with these steps in place, there are issues for those who believe that the RtI method itself cannot be the sole factor to determine special education eligibility for LD students.

Concerns with RtI

The IDEIA 2004 requires a full and individual evaluation prior to providing special education services (Ysseldyke et al., 2010). A primary difficulty may be the lack of consistency in the way LD identification and procedures have been implemented (Kavale & Spaulding, 2008). The regulations also state that it is not believed that an assessment of psychological or cognitive processing should be required in determining whether a child has an SLD (Ysseldyke et al.). The National Joint Committee on Learning Disabilities (NJCLD) released a June 2005 report that examined the concepts, potential benefits, practical issues, and unanswered questions associated with RtI and learning disabilities. Concerns of the NJCLD included whether RtI is prone to systematic errors in identifying students with LD. The example given is the underachievement criterion may exclude some high ability students with LD from special education. NJCLD cited that students compensating with their intellectual strengths and making good use of supports services, often manage to achieve within the normal range, and are unlikely to receive early

individualized instruction that would allow them to make further academic progress (NJCLD, 2005). Another example given by the Committee involves students who are underachievers, that do not respond to interventions, may be inappropriately identified as having a learning disability. This can be especially relevant when the underachievement is due to behavioral, emotional, or environmental factors.

Although there has been movement to eliminate the discrepancy model for LD identification procedures, new regulations permit its continued use (Kavale & Spaulding, 2008). RtI is not mandated, and any changes in the use of IQ tests and discrepancy models are up to the individual states (Fletcher et. al, 2004). Advocates for IQ-discrepancy models have criticized the replacement of IQ by any form of cognitive assessment that lacks of evidence and reliability (Fletcher et. al.). There is a belief that RtI seems to seek inclusion in special education, by classifying students with the LD label if they fail to respond to instruction (Kavale & Spaulding). Some believe that there is high motivation to establish students for special education services due to the accountability factor in NCLB, and the emphasis on annual yearly progress. Students classified as special education will be eligible for supports and services that would not be available in the general education setting, even with interventions in place (Kavale & Spaulding). Also, students can be reported on state assessments as disabled, and school districts are permitted to include alternative assessment results as part of the annual yearly progress findings, which may allow schools to eliminate the test scores of the lowest students (Kavale & Spaulding). It may be advantageous to provide special education services to students that are failing to respond to interventions, and provide the opportunity for student participation in alternative forms of state testing that is not

consonant with the intent of special education, the identification of LD, or defined in IDEIA. As a result, supporters of the discrepancy model have addressed concerns regarding identification using alternative models of discrepancy to determine eligibility of LD.

Peterson and Shinn (2002) conducted a study that examined three types of severe discrepancy approaches that address possible alternatives to RtI. The Intra-Individual Achievement Discrepancy (IAD) model is most commonly used to identify students, and attributes to the language that learning disabilities are principally based on the severe discrepancy model used in most states. IAD identification of LD students implies that the learning disability is within the student. The Absolute Achievement Discrepancy (AAD) argues that the feature of LD is low achievement alone (Peterson & Shinn). AAD is based on a univariate distribution and operates as a discrepancy between average national achievement and actual student achievement on commercially available norm-referenced achievement tests. The Relative Achievement Discrepancy (RAD) model states that students with the most severe achievement discrepancy model in his/her school or district should be identified as LD (Peterson & Shinn). The lowest achieving students in a high achieving district and the lowest achieving students in the lowest achieving district would be eligible for LD services under the RAD model. Proponents of this model believe that this would explain why students may be identified as having a severe discrepancy in one setting, but not in another (Peterson & Shinn). Kavale and Spaulding (2008) state that keeping the discrepancy criteria is a positive step and it should not be undermined by variant forms of discrepancy that attempt to replace its original intent. Though insights are emerging from RtI, there are many questions that remain uncertain. RtI is both a

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model of intervention and a model of identification for special education. The process is an ambiguous and vague undertaking, and most local education agencies (LEA) are researching to employ the best that RtI has to offer for students.

Role of the School Psychologist in RtI

Assessment of academic progress has traditionally been the role of the school psychologist. In the historical gatekeeper role, school psychologists regulated the flow of students into special education classrooms (Griffith, 1996). When Gray (1963) proposed two major roles for the school psychologist, data oriented problem solver and transmitter of psychological knowledge and skill, she was suggesting general ways of employing the school psychologists role in the education process of the school, rather than specific functions in which the school psychologist might engage (Wise, 1996).

In a survey conducted by Hosp and Reschly (2002), school psychologists reported that at least half of their time was spent in eligibility related activities. The study reported a disparity between what school psychologists would like to do and what they are actually doing. It was also noted that they face a problem with how others perceive the field of school psychology and the role of the school psychologist (Hosp & Reschly). This may be in part because school psychologists still predominately engage in traditional assessment activities. The article also points out that sometimes school psychologists themselves do not feel they have the skills needed to provide a full array of psychological services for students, staff, and parents (Hosp & Reschly). However, some believe that school psychologists are the most equipped to lead the implementation of RtI because of their training in assessment.

Within the RtI framework, school psychologists are likely to obtain a more consistent and desired role in the school system (Burns & Coolong-Chaffin, 2006). Survey research on school psychologists' role preferences has consistently indicated preferences for greater amounts of time in problem-solving consultation and direct interventions, with time devoted to assessment to determine eligibility reduced to 25-30% of the role (Reschly, 1996). Role change for school psychologists are often discussed in the context of system reform. The RtI delivery system places emphasis on non-categorical eligibility for services, and funding based on needed supports and services rather than categories of disability (Reschly).

Traditional interventions for school psychologists have included direct or indirect interventions (Merrell et al., 2006). Both direct and indirect interventions can be administered in a group or individually. Indirect services are usually conducted via collaboration with "significant others" such as parents, teachers etc. Direct services are provided to students in one-on one-sessions or use group strategies for social concerns (Merrell et al.). School psychological services in tiers one and two are assessments, and include data-based decision making (Burns & Coolong-Chaffin, 2006). School psychologists should be knowledgeable in a variety of assessment systems and know what system will work best for particular populations and individual students. Siegal and Cole (2003) believe that school psychologists must avoid the trap of becoming the expert or being put into such a role by teachers. RtI requires school psychologists to work in collaboration with teachers and other school staff regarding criteria and procedures for moving through the tiers, and identifying students that may need more intense interventions.

High quality intervention is one of the hallmarks of RtI. School psychologists need to be well versed in assisting classroom teachers with interventions that can be implemented and monitored in the classroom; as well as have intervention strategies that work with students that may need more intense interventions, and possibly special education services under the category of SLD. Multiple options are necessary to provide a framework for interventions, rather than converting to the traditional role of assessment for school psychologists (Siegal & Cole, 2003). In identifying essential services the psychologist must place the greatest emphasis on the needs identified by teachers as students are monitored routinely for progress (Siegal & Cole).

An advantage to RtI is that identification for special education services for LD does not depend on teacher referral, which may assist with eliminating teacher bias (Fletcher et al., 2004). Pre-referral intervention and pre-referral assessment is built into the RtI method of implementation (Burns, Vanderwood, & Ruby, 2005). Pre-referral intervention and pre-referral assessment are consultative and done at every level of RtI. Procedures must be in place in order for students to move through the tiers especially for special education services (Burns et al., 2005). The pre-referral team functions as a process to make informed decisions regarding student progress (Burns et al.). Although differences exist in various schools, they all fit the general definition of a multidisciplinary team that develops interventions to meet the needs of students in the general education classroom (Burns et al.). In an RtI model, the team provides a critical role by determining the effectiveness of the interventions. The school psychologist usually develops the progress monitoring tool, charts progress, and evaluates the progress monitoring during the intervention period (Burns et al.).

In a three tier model, tier three is usually special education. In the RtI model the pre-assessment team becomes a vital part of the special education eligibility process. The interventions designed and implemented for the student by the team are the critical keys to the data needed to determine eligibility (Burns et al., 2005). The school psychologist may need to collect additional data. The goal of RtI in the special education process is to have a substantial amount of valid and reliable data collected to determine if special education should be a consideration. School psychologist have the necessary data to assist the RtI team in identifying what problems to analyze and with selecting the correct interventions. Assessment data are critical to the problem solving process, and represent an important role for school psychologists in tier three (Burns & Coolong-Chaffin, 2006).

In order for school districts to determine procedures for implementation of RtI, NASP (2006) in cooperation with other special educational organizations, produced a document outlining the key roles of the school psychologist in the RtI process. System design, team collaboration, and serving individual students, are discussed in the guidelines as critical areas for school psychologists to assist in RtI (NASP). The role of the school psychologist in system design includes:

- Identifying and analyzing existing literature on problem solving and RtI in order to determine relevant and effective approaches for the local district (or state)

- Working with administration to identify important stakeholders and key leaders to facilitate system change

- Conducting needs assessments to identify potential obstacles, concerns, and initial training needs

- Designing evidence based models that best fit local needs and resources

- Planning for and conducting necessary staff training for implementation (training in evidence based instructional interventions, evaluating student progress), and

- Overseeing district level implementation and ongoing evaluation.

School psychologists are often assigned roles as facilitators of school teams, or participants in school collaboration teams, because they are seen by most of their colleagues as leaders in assessment. Often, the school psychologist is designated to oversee progress monitoring of all data in addition to:

- Collaboration in the development of team procedures for referral, monitoring, evaluation, and moving students through the tiers

- Identifying training needs for the team by providing assistance to staff and administration to see the relevance in training

- Assisting parents and the community with understanding the RtI process.

Most school psychologists will continue to spend most of their time addressing individual student problems. However, within the RtI model, these services are likely to include:

- Consulting with teachers and parents early in the RtI process (tier one) to assist teachers and parents with initial interventions

- Training staff in progress monitoring as part of individual student intervention plans, assisting staff in the interpretation of data as a part of the decision making process; in addition to conducting student observations to collect response to intervention data

- Using multiple sources of data to address students cognitive functioning when considering evaluating students for eligibility for special education services. This

will allow school psychologists to spend less time in formal assessment activities

by individualizing assessment according to student needs; and

- Working with team members and service providers to set realistic goals for

   progress monitoring, student evaluation, and implementation for integrity of

   interventions and assessments. To insure integrity in implementation, school

   psychologists should focus on both the intervention process and how interventions

   are developed.

Training is an important part of the success on any RtI program, regardless of the model

used (Burns & Ysseldyke, 2005). Criticisms and complaints about the narrow role school

psychologists play as assessment experts are not new to the field (Curtis & Batsche,

1991). For school psychologists to effectively address the needs of all stakeholders in RtI,

there must be a paradigm shift in how school psychologists are trained at the university

level, which provides meaningful professional development to meet the needs of

practicing school psychologists.

Training and Accreditation Implications for School Psychologists in RtI

The earliest empirical study of roles and functions for school psychologists was

conducted by John Edward Wallace Wallin (1876-1969) (Fagan, 1996). Wallin examined

training and testing practices of school psychologists; he found that his participants were

not particularly well trained, and were providing a restricted range of services (Fagan).

Most participants were providing testing services to place children in educational

categories. Other forms of training restrictions existed in narrow graduate training that

prepared school psychologists for restricted roles such as standardized testing. School

psychologists may not have the necessary skills to engage in the demands that are apart

of the RtI model, such as problem solving skills, consultation, and developing systems for implementation (Reschly, 1996). Role restriction also comes about with an unwillingness of individual school psychologists to make changes in traditional services. School psychologists must be willing and ready to make adaptations to their traditional roles, in order to provide the level of services demanded under the RtI model.

Most states permit individuals without teacher certification to be credentialed in school psychology, and usually require additional course work to provide potential school psychologists with knowledge about educational curriculum, school organization, and the opportunity to observe in public school classrooms (Thomas, 1996). School psychology has experienced rapid growth in knowledge, research, ideas, and standards (Harrison, 1996). School psychologists that received training during the pre-RtI era must be ready to meet the demands of continuing professional development, in order to provide the methods and strategies necessary for successful implementation of RtI. Standards for school psychologists must be a comprehensive service delivery model that meets the needs of all stakeholders. Because school psychologist work with a variety of groups much of their effectiveness is dependent on their ability to relate and communicate well with others.

Common critical skill areas across the RtI program include: consultation, interventions, and collaboration with other professionals (Curtis & Batsche, 1991). School psychologists must also possess the skills necessary for system analysis and system change (Curtis & Batsche). Despite some changes in school psychology training programs, there is little evidence that the majority of training programs across the country are changing to fit the new demands of school psychologists (Curtis & Batsche). Training

programs must promote assessment processes that guide the evaluation of interventions, the problem solving process, and the needs of students beyond the classroom. The expectation is that the RtI model will evolve with school psychologist training, and professional development will include how to evaluate scientific researched based instruction that is evidence based (Hawkins, Kroeger, Musti-Rao, Barnett, & Ward, 2008). Team problem solving and data based decision making are appropriate criteria for the professional role of a school psychologist (Hawkins et al., 2008). Training programs must equip new school psychologists with experiences necessary to meet the needs of students and challenges they will face in the wake of evolving legislation for the nation's schools. Professional development programs must be structured to meet the needs of school psychologists that received training before the RtI movement. As RtI continues to evolve, state accreditation agencies and universities that grant degrees in school psychology, must be prepared to implement the changes necessary in order to provide school districts with practitioners that lead the systemic changes necessary for successful implementation of Response to Intervention.

The inception of RtI prompts school psychologists to provide services for all students, in ways that are miles apart from the delivery of service model that most school psychologists have experienced traditionally. For many veteran school psychologists, this new way of assessment leads to questions about how and where they fit in establishing evaluation criteria for all students. This research will attempt to answer questions from the prospective of the veteran school psychologist, regarding how new roles are perceived, and what may impact service delivery by school psychologists in the future.

Chapter 3

Research Design

Methodology

Phenomenology as a research methodology is designed to provide specific answers regarding educational questions. The method was originally developed by a research group in the Department of Education at University in Gothenburg, Sweden (Marton, 1986). Phenomenological research seeks to describe the lived experience of a concept or phenomenon for a select and small group that have common experiences with the phenomenon (Crotty, 2003). This methodology was selected because the approach lends itself to the study of this small but select group, school psychologists, and the common phenomenon, Response to Intervention (RtI). Through examination of the experiences school psychologists have with RtI, the researcher may gain knowledge of what changes the school psychologist perceives must take place within his/her role as a result of RtI.

As a theoretical perspective, phenomenology has its roots in interpretivism (Crotty, 2003). Interpretivism attempts to understand and explain human and social reality. The interpretivist approach looks for culturally derived and historically situated explanations of the social life-world (Crotty). This type of phenomenology is derived from first person reports of real life experiences with the phenomenon (Moustakas, 1994). The founder of phenomenology as a psychological movement, Edmund Husserl (1859-1938) believed it was necessary to provide a foundation for scholarly disciplines by establishing the meaning of the most basic concepts (Moustakas). In 1931, Husserl used the Greek word *Epoche,* meaning to stay away from or abstain from the everyday, ordinary way of

perceiving things, which would later be termed transcendental phenomenology (Moustakas).

Transcendental Phenomenology

Transcendental phenomenology focuses on the descriptions of the participants and moves beyond the everyday to take a fresh perspective toward the phenomenon under examination (Creswell, 2007). The "things themselves" are the phenomena that presents itself immediately to us as conscience human beings (Crotty, 2003). The researcher removes his/her experiences with the phenomenon in order to allow the transcendental experience to be perceived as if for the first time (Moustakas, 1994). Husserl uses the term bracketing to achieve this goal. In bracketing, the focus of the research is placed in brackets and everything else is set aside so that the entire research process is rooted solely on the topic and related questions (Moustakas). The phenomenology of the phenomenological movement is a first person exercise. Each person must explore his/her own experience, for no one can step into an experience on someone's behalf (Crotty).

However, it is noted that critics of Husserl's transcendental phenomenological approach state because the phenomenon is experienced in the real world, persons that are having the experience cannot fully detach from it and bracket off prejudices and previous understandings, making it somewhat impossible to turn back from their views of the phenomenon and discover something completely pure and new (Moustakas, 2004). School psychologists are seen traditionally as "gatekeepers" to entrance in special education. With the implementation of RtI, school psychologists are being asked to perform in roles that are not seen in the schools as traditional; they are losing their power as gatekeepers. Because this research asks school psychologists to specifically discuss

and analyze changes in their role, and possibly see their contributions to the phenomenon of the RtI process as a new way of service delivery to students; transcendental phenomenology is the most accurate methodology to complete the research.

The nature of this research requires participants to set aside everyday understandings, judgments, and ideas to look at the phenomena of change in the role of the school psychologist within the context of RtI. This research seeks to understand how school psychologists define themselves and their perceptions of the new role that has been placed upon them as a result of Response to Intervention. This *Epoche* will require school psychologists to look at service to students and how they assist colleagues through a new lens to see the things that stand before them in a different light. The research question for this study centers around how school psychologist make meaning of the new role they will play in the implementation of RtI, their understanding of that role, and what the RtI phenomena means for them as school psychologists in the future. This is in truth the essence of transcendental phenomenology as the most effective methodology for this research study.

Research Question

This research will attempt to answer how the role of the school psychologist has changed with the onset of RtI, and how school psychologists view their role. The research question is, how has the role of the school psychologist changed with the implementation of RtI, and what are the perceptions of these changes from the point of view of the school psychologists. The questions to address this issue are contained in the interview questions section.

Procedures for this Study

This phenomenological study was an informal, interactive interview process that consisted of open-ended questions. Since the researcher wanted the interviewee to share the full story of the bracketed experience, some questions were prepared in advance for the interview (Moustakas, 1994). The researcher followed-up with questions that emerged from the answers given by asking the interviewee other emergent questions. The researcher conducted interviews with school psychologists that have experienced implementation of RtI, and use the process of RtI to identify students for learning disabilities. The first interview was a focused career history interview that asked open ended questions regarding what factors led the interviewee to become a school psychologist, and her training. The second interview focused on the experiences as a school psychologist, specifically the experiences related to RtI and the differences in the way the participants practice in the schools, if any. The third interview focused on meaning for the interviewee as it related to their role as a school psychologist, the changes they face with the implementation of RtI, and what must change about professional development and training for school psychologists today in order to accommodate the new roles within RtI. Interviews were face to face lasting approximately 60 minutes. Permission for a phone interview to address comments made by the participants that require further clarification was made; however, this was only after the third interview. If necessary, a 20 minute phone consultation provided clarification of answers only, and was not used to gather new information. Each interview was a day to one week apart as suggested in interview technique research by Seidman (2006).

Other informative, interactive and open-ended questions were asked of the participants (appended). Answers to the questions were used to write a textural description of the phenomenon (Creswell, 2007). This interview technique was used to increase comparability of the responses and to provide order to the analysis of the data (Patton, 2002). Participants were asked to elaborate on their experiences. The conversations were taped using a standard tape recorder, and the interviewer also took notes. The researcher used a semi-structured interview guide in order to provide some structure to the interview and ensure that all participants were asked the same questions.

Coding was both initial coding and focused coding. Initial coding required the researcher to break up multiple pages of texts into more manageable segments that can be grouped together and used during the analysis (Bailey, 2007). The researcher repeatedly read the data and coded it as much as possible. The interview guide was cut apart and each individual question was posted. The researcher then placed the answers from each participant to the correct corresponding question. Similar answers were left under the specific question, while answers that had no similarities were removed and placed in categories. Themes began to emerge according to answers provided by participants. Focused coding required the researcher to break down the data to identify and combine data into larger themes (Bailey). This allowed the researcher to break down the data further into smaller segments to see emerging themes; these themes were listed and categorized. The common categories that emerged were: how participants became school psychologists, training, professional experience, assessing students for LD, and experiences with RtI. Themes were aligned and recorded within the coding to discover themes relevant to the research question. These strategies were used to provide reliability

and validity in the interview process and the interpretation of the research. The researcher also decoded notes taken during the interview process and used the same decoding strategies to recognize emergent themes.

Interview Questions

The interviews asked two standardized questions during the second and third meetings about the participants experience with the phenomenon (RtI), and the context or situations that have typically influenced or affected her experiences with RtI. In addition to questions asked utilizing a semi-structured interview guide, the researcher asked interviewees the following questions:

1. What are your experiences as a school psychologist before the conception of Response to Intervention?

2. How has your role changed as a school psychologist with the implementation of Response to Intervention?

3. What previous training prepared you to facilitate the implementation of Response to Intervention in your school and/or district?

4. What professional development do you believe you may need in order to successfully assist your colleagues with the concepts of Response to Intervention?

Participants

Because the researcher wanted to limit the variables in the school psychologist's experiences with RtI, and was concerned with depth and detail of the shared experience, the interview size was three school psychologists (Creswell, 2007). This sampling size was also recommended by Patton (2002) as minimum sample based on reasonable

coverage of the phenomenon given the purpose of the study. This sample selection is referred to as purposeful sampling (Patton).

Inclusion criteria for selection of participants consisted of school psychologists that have been practicing in a public school system for 10 years or more and are viewed as veterans in the field of school psychology. For the purpose of this study, the term "veteran" applied to school psychologists with ten or more years of experience. To qualify the school psychologists must have played a role in the implementation of RtI, and used RtI strategies to diagnose students for special education under the learning disability category. It was also vital that the school psychologist had the experience of working with students prior to RtI in order to speak to changes in her role. Participants were school psychologists servicing students in kindergarten to grade eight. Each participant is currently a school psychologist that has diagnosed students with a learning disability using both the discrepancy and RtI models. The school psychologists were from the South Suburban area of Chicago. They serviced approximately the same number of students and divide their time among the same number of schools. Three school psychologists took part in this study. Each participant is a Caucasian female, and range in age from the mid to late fifties. Each school psychologist is licensed in the state of Illinois, and one is also a licensed school psychologist in the state of Indiana. These three women shared their professional life history, training, and work experience to provide insight into framing her career as a school psychologist. As individuals each participant brought her personal practices as school psychologist and how her understanding shaped her view of delivering services as a school psychologist within RtI. Two of the participants interviewed are former colleagues of the researcher. Each participant also

provided her insight regarding implications for the future success of school psychologists

in RtI.

Table 1 lists the demographics of each participant. Information was obtained from

participant's interviews.

Table 1. Demographics for Participating School Psychologists

Psychologist	Race	Gender	Age	Years as a Psychologist	Schools Serviced	Certification	Degree and Training	Years in District
Sarah	White	Female	54	14	2	School Psychology	Masters in School Psychology Specialist Level	13
Esther	White	Female	57	23	2	Clinical and School Psychology	Masters at Specialist Level additional training hours in Clinical Psychology	6
Phoebe	White	Female	55	16	2	School Psychology	Masters in School Psychology Specialist Level	11

Note. Information obtained from individual participant interviews

The demographics for each school district are similar with 93% to 97% of the students

in their perspective districts being African American and an 87% to 92% poverty rate.

Table 2 lists more demographic information regarding the students that the participants

service in her prospective district.

Table 2. Student Demographics for Participating School Psychologists Districts

School	White	Black	Hispanic	Low Income	Students with IEPs	Student Mobility
1	1.5%	96%	2.5%	87.4%	14.5%	18.1%
2	4.8%	93.2%	3%	89.7%	12.2%	17.5%
3	0.5%	97%	2.5%	92%	13.3%	23.3%

Note. 2010 Illinois State Board of Education School Report Card for each district (ISBE, 2010)

The initial contact by the researcher with the participating school psychologists was by phone. The researcher explained the research and the interview process to the participants, in addition to answering any questions. Following a written agreement of consent to participate, the interviews were scheduled. The setting for the interviews was mutually determined by the researcher and the interviewee. All interviews were standardized open ended interviews (Patton, 2002). All interviewees were asked same basic questions in the same order. Questions were worded in an open ended format (Patton). The interviewer conducted three interviews following the Seidman (2006) three interview model. The site for the interviews was determined by the comfort level of each participant. Each participant received a gift card from the store or restaurant of her choice in the amount of $100.00 after all obligations were met per signed consent. Signed consent was obtained before the first formal interview.

Creditability

The social construction and constructivist criteria for the creditability of a qualitative study is dependent on the researcher acknowledging and discussing bias that may exist in connection with the research and capturing and respecting multiple perspectives (Patton, 2002). I (researcher) have an extensive background in special education and have worked with school psychologists on a variety of levels that include supervision of school psychologists; however, I am not a trained school psychologist. I am a trained special education teacher and currently work as an assistant superintendent for student services, which includes managing special education services in an elementary school district. I have also facilitated the implementation of Response to Intervention as a part of my career duties, and have worked with special needs students for over 15 years. I have

knowledge of the types of contributions that school psychologists in my school district have with regard to in their duties in RtI. My background was disclosed to all participants. It is important to the research that participants not only fit the criteria listed but be willing to share their story in a way that will provide insight to the research topic.

Ethical Concerns

It was the intention of the researcher to establish a caring and considerate rapport with the participants without overstepping the limits of the study. The researcher received informed consent from all participants and made sure the purpose and procedures of the study was clearly stated. All required information was submitted for IRB approval and all research was conducted according to approved IRB guidelines. The researcher made every effort to cover all aspects of the study and answer all questions participants had in advance regarding the study and her participation. It was clearly stated that all information related to this study will remain confidential and that the participants and any information that may identify them personally will remain anonymous. The names of the participants used in the study have been changed to further assist in keeping the participants, their school districts, and their responses anonymous. Research was conducted in an environment that was mutually agreed upon by the interviewee and the researcher to assist with the comfort levels for both. Involvement in the study was voluntary and participants were free to withdraw at any time. Any potential risks were seen as minimal.

Chapter 4

Results of Study Interviews

Sarah

Sarah has been a school psychologist in the south suburban area of Chicago for 14 years. Before becoming a school psychologist she worked for 15 years at a foster care agency that hosted a Head Start program. She was a case manager for the Head Start program, supervised the program, and provided training for new employees at the facility. Most of her duties were administrative. This was her first job right out of college and since she majored in psychology, Sarah wanted to work in some capacity with children. This was a job that she believed she wanted. However, as Sarah began to work closely with the school psychologist for the program in her case manager role, she began conversations with the school psychologist to inquire about what she did and what role she played with the children at the facility. Sarah became very intrigued with school psychology, but at the time she states that she was not in a position where she could return to graduate school. She knew that she did not want to be a teacher, but wanted to somehow help children in the school setting, so school psychology was the right fit. Sarah states, "At first, I didn't know what a school psychologist did, but as I continued to work with the school psychologist I took classes toward completing the goal to become a school psychologist." So when the time came for Sarah to attend graduate school for school psychology, she states she already knew this was the right move for her to make.

Working as a case manager prior to her study of school psychology, Sarah was familiar with the process for qualifying students for special education services. She was involved in the process with students and families that have children in special education.

As a case manager for the foster agency, and later at a residential treatment facility for the same agency, her role expanded to include the set up of eligibility meetings for the foster students in educational programs at the agency, while working with parents as a part of the process. Because of her experiences as a case manager and assisting parents in the special education process, she believes that her practicum and internship for school psychology was easier than it may have been for someone with no experience. She states, "It seems that it was a bit easier for me because I had worked with kids and had my own at home than if I had never had that experience." As part of her preparation, Sarah completed field experience that added to her previous knowledge base of child behavior.

Sarah's practicum was 30 school days, with an additional internship that lasted for one school year. She did her practicum days as required for completion of her school psychology core classes. She completed the classes in Chicago. Sarah states that her practicum in Chicago was almost exclusively testing, and preparing reports for students. Testing consisted of cognitive assessment tools and/or achievement tools for a variety of students from kindergarten through high school, and preparing reports for the students tested. Sarah's experiences in her practicum or during her internship did not require her to gain experiences in clinics or hospitals. Her practicum varied because of classes that required her to spend time in an elementary and a high school settings, however, her internship was done exclusively in an elementary school district where she serviced grades kindergarten through eighth grades. "My internship was a lot of real life practice. In graduate school you learn to practice testing. But, my internship was more hands-on under the supervision and direction of a licensed school psychologist." Sarah stated that since her internship was a school year long, it was a big step toward being prepared for

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her first job. During her internship, Sarah performed many evaluations and re-evaluations of students that were being qualified or re-qualified for special education services. Sarah was familiar with the process for qualifying students for special education services because of her work as a case manager. Assessments used for testing students were the standard assessments such as intelligence and achievement scales. She continued to work in that capacity while taking classes for her school psychology degree. Sarah had to leave her job to complete her internship, but states that she felt that her job as a case manager prepared her for the experiences she had during the internship and to be a new school psychologist.

Sarah stated that she was hired as a new school psychologist by the school district where she did her internship. She worked there for her first year. Assessments used for testing students were the same standard assessments she was familiar with from her internship. She also stated that on her first job, some of her duties included assignments that would normally be provided by a school social worker or counselor. "Actually, my first assignment was a dual role because one of the buildings I was assigned to did not have a social worker, so I ended up doing some things that a social worker or counselor would normally do." Sarah stated that she would talk to students about their inappropriate behavior and speak with parents about those behaviors. Her primary role was to address cognition, along with academic and social skills by means of testing students for special education eligibility.

She currently works for another school district where she has been a school psychologist in two out of the eight buildings over the last thirteen years. The school district has eight schools and Sarah states that at one time or another she has been placed

in every school in the district. However, for the last five years she has been in the same two buildings. Her current assignment allows her to work with students in grades pre-kindergarten through sixth grade. The school district employs four school psychologists, who have two buildings each. Sarah reports that her assignment can change from year to year so she is pleased that she has been allowed to remain in the same buildings for so long. She comments, "I have had the opportunity to get to know many of the students from pre-kindergarten to sixth grade by being in the same buildings for so long. So, that allows me to get a better handle on what students may need my help."

Sarah's Experiences Assessing Students for LD.

In identifying students for a learning disability, Sarah states, "I'm one of those psychologists that's kind of obsessed with records, so I'll go back and read files and records, then look at what the student's educational history was like. I do a lot of information gathering." She also checks to see if the student has been retained and what schools the student has attended. This process begins before any formal assessments takes place. A formal assessment by Sarah includes a student observation and an interview with the student, so when Sarah comes to take the student out of the classroom for testing, the student will have some knowledge of who Sarah is and what he/she will be doing with Sarah. She also includes cognitive and academic achievement assessments. She states this process is used for students in 1st to 6th grades. Sarah uses play based assessments for students in pre-k and kindergarten.

Play-based assessment is the only method of assessment that Sarah uses for young students. She remarks, "Everything I do is through play. So, if I'm going to evaluate a three to five year old, the assessment will be play-based. No formal testing or evaluations

take place. So I don't give the Woodcock-Johnson III or the Wide Range Achievement Test or anything like that for the young kids." Sarah states that she loosely follows a model for play-based assessment based on Toni Linder's Trans-Disciplinary Play Based Assessment System (Linder, 1993). The students go to the early childhood classroom, where Sarah has direct play with them that is unstructured. The students are allowed to play with his/her peers and everything that the student does is observed. A variety of developmental areas are observed that will assist Sarah in understanding where the student is developmentally. If the student is a kindergartner, Sarah states that she is more likely to give some form of a formal evaluation that is appropriate to the student's age and grade.

Sarah's experience with response to intervention (RtI)

In our discussion regarding RtI, Sarah stated that her district is in the process of identifying students for LD under RtI and is just beginning to change. She states, "We're kind of in the beginning, infancy level of RtI." In her district she states that there has always been an intervention program prior to RtI. Sarah states:

> We've met with teachers and talked about intervention and talked about what was going on and sometimes did what we called learning assessments where we look at academics skills or other processing skills to see if there were concerns maybe prior to doing an evaluation. But we don't do learning assessments anymore. We don't do any pre-referral meetings under that umbrella.

Most special education referrals still come through teachers, but Sarah reports that the process is changing. Sarah is not involved in any of the pre-referral processes in RtI. She comments:

RtI in our district is facilitated by the reading interventionists and teachers. I don't sit in on any of the meetings. During the meetings they discuss the student's progress and how they have responded to the interventions put in place in the regular education environment.

Sarah gets pulled into RtI meetings on occasion when there is a significant lack of growth that may trigger an immediate evaluation for students who are still struggling. If there is a learning problem, the reading interventionist oversees the data in the RtI process. Once an evaluation is decided for students, Sarah completes standard assessments that include cognitive and academic evaluations that may provide evidence of a learning disability. She states that when her district started to develop strategies for RtI she was initially a part of the discussions about what needed to be in place. Sarah states:

I was on the initial committee to put a system into place for RtI, but I found that as long as the regular education staff viewed RtI as a special education initiative, they (regular education teachers) were not taking ownership of the process as long as the school psychologist was sitting there in the meetings. The teachers were looking to me to make all the decisions about the students, when it was really up to them because RtI is a general education initiative.

In Sarah's district, students that are having difficulty in reading are more likely to receive services under the RtI umbrella. The reading interventionist collects the data and decides if more interventions need to be done or if the student should to go a case study for special education. The reading interventionist is the facilitator for RtI. The building principal is not really involved in the process. If it is decided that the student should go to case study for consideration for special education, Sarah then looks at the data before a

meeting is scheduled with parents. Sarah states, "I really don't get involved until the kids get to tier 3. In this district that is an evaluation for special education. Before that, the reading coach makes the decisions about what interventions to use." She states that RtI is a regular education initiative and special education staff had knowledge of RtI before general education teachers. Sarah states that as a school psychologist she has received a myriad of information to share with regular education teachers, who had no idea what she was talking about concerning RtI.

Sarah understands RtI as a way of thinking about how to provide intervention and support for students in the general education classroom. She states that it is a shift from the "wait to fail" model so that students can receive assistance with their learning. Sarah also stated that the aim of RtI is to target specific needs and address those needs by providing academic intervention earlier so that there is an opportunity to help before those difficulties become larger and more problematic. She does not feel that her role as a school psychologist has changed significantly with the implementation of RtI. Sarah states:

> Currently, in our district my role is still emerging. I see my role as eventually as being someone who assists with data analysis and someone who may be assisting with identifying targeted skills or interventions or suggestions/strategies. Then, at level 3 to step in and become part of a team that really talks about the interventions.

Sarah's Role as a School Psychologist in RtI.

Sarah believes that some aspects of her role as a school psychologist have changed since her first job. She states: I think when I first started; I didn't understand how much my role mattered in some of the decision making. I thought everything was going to be a

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team process but everyone looks to the school psychologist in the eligibility piece to make the final decision. I know that the team approach is ideally what everyone has in mind but that's not the reality. When I first thought I would be a psychologist, I didn't realize how much of the job would involve administrative functions.

Implementation of RtI is not a major role for Sarah. It is actually something that she has selected not to do. She decided to have a minor role in the process so that the general education teachers could take ownership of the process. Sarah states, "When I come in everyone automatically thinks special education. This is a general education process so I did not want the team to depend on me."

Summary of Sarah's Interview

Sarah stated that initially some school psychologists thought that RtI would mean the end of school psychology as a career because of the new general education demands for assessment. She stated she never felt that way because she understands the value of the training she received to prepare for school psychology. Sarah believes that her training has allowed her to understand the strengths and weaknesses of students that struggle with a learning disability. Sarah says:

> School psychologists look to understand the strengths and weaknesses of learning for students that are struggling with a learning disability because all students can learn. It is just a matter of having enough data to assess the child and the school psychologist provides the analytical piece to assist with that. I believe that is my role in the RtI process.

Sarah feels that it is the responsibility of the student's teachers to modify the curriculum to accommodate the needs of all students. While Sarah does believe that RtI is a way of

assisting all students, she does not feel that it should be the role of the school psychologist to determine the steps in the process. She does not feel that RtI has or should change her role. Sarah's thoughts regarding her role in RtI was unexpected because she is very informed about the RtI process and how it can benefit the students she services. Her level of understanding in the process shows that she has done some investigation and research regarding the RtI process, which makes it surprising that she took the time to learn the strategies of RtI, but chooses not to utilize or share what she has learned.

She takes pride in her role in establishing one of the first early childhood classrooms to services pre-kindergarten through second grade students under the special education category of social/emotional needs. Previously these students were serviced at a placement outside of the school district. Sarah wrote a proposal to her special education director to begin a program to keep the students in the district; and her proposal was approved. Because she takes ownership of this program, and she prefers to work with younger students; Sarah spends most of her time in the pre-kindergarten classrooms. Sarah has vast knowledge regarding RtI, but seems to be under the belief that it does not apply to pre-kindergarten or kindergarten students, which is not consistent with the foundations of RtI. The next school psychologist, Esther, shares some of Sarah's views regarding the role the school psychologist should play in RtI and the responsibilities of teachers in the process.

Esther

Becoming a school psychologist was the last thing on Esther's mind when she started college. Esther's mother was a teacher. Esther originally thought about becoming a

speech pathologist but decided it was too specific. She was interested in psychology and liked people. Esther eventually decided that she was interested in becoming a school psychologist. When Esther graduated from college, she began to look into school psychology. "I liked the idea of going into schools and working with real people and real situations," Esther states. Her major in college was psychology with a minor in education, so Esther had a few classes in education. She says, "My Mom was a teacher and she was very happy and passionate about that, but I was not. I knew that I didn't want to be a teacher. I did not have the same passion for it as my Mom." Esther took a year off after completing her undergraduate degree and worked downtown as an office clerk before she applied for graduate school. By then, she knew that she wanted to pursue a degree in school psychology. "I did my research and knew that this was what I wanted to do. I applied and got into a program that was highly thought of by the state and also a program that I wanted. So, I was on my way," she stated. Esther spoke of her internship as an accomplishment that prepared her for her role as a school psychologist.

Esther completed the practicum associated with her classes and a one year internship under a licensed school psychologist. She completed her school psychology degree and an additional 60 hours to earn a specialist degree in school psychology. The additional credit hours required her to complete a semester in a clinical setting as well as time in schools during her internship. Ester states, "We learned a lot about different assessment tools that might be used to assess different areas from general intelligence, academic achievement and various types of processing." Ester also discussed the types of reports that she had to prepare in her training. She states, "Not only did we have to prepare technical reports but also give oral reports in the IEP meetings so that when we left the

internship, we would be prepared to report in appropriate settings with parents and teachers." She reported that she was told by her college professors that her job was to interpret the tests, not report the results and that statement still sticks with her. Esther states that she especially liked being the one to pull the numbers and statistics together, so that people could easily understand them. She reports:

> My job is to interpret what the assessments mean and to tell what that means for the student. We had technical training that allowed us to report technical information into a more user friendly or parent/teacher friendly format. Such as, someone will say that's in the 35th percentile rank, which sounds low to most people, so we have to explain what that means and that is what we were trained to do.

Esther has been a school psychologist for 23 years and is by far the most experienced school psychologist interviewed for the study. Her first positions were not in schools, but actually took place in a series of different genres and places. She worked in a clinical setting for a while servicing patients who were experiencing mental health problems. Esther says:

I worked in a developmental center for adults as a unit psychologist. The setting was designed for people with mental retardation and cognitive disabilities but when I got there, I realized that there were really all kinds of adults there. And at that time the mental health system was shrinking the state agencies and some of the people there weren't really in the right place; they got reclassified to have a cognitive disability, then they qualified to stay at the facility.

Esther had the opportunity to service adults that had psychosis and conditions that she would not typically see in a school setting. Esther comments, "Working there gave me a

bigger picture of what people with disabilities were like, but I wanted to work in schools and there were not a lot of opportunities to work in schools at that time." Esther's first job as a school psychologist was part time in a school for 3 days a week; however, she continued to work at the mental health facility. She obtained another part time job in another school district for two days per week. She left the mental facility and traveled to both school districts, but she was happy to be finally working as a school psychologist.

After working part time in two places for a year she was offered a full time position in another school district. She acted as a case manager for IEP and eligibility meetings in addition to performing assessments for students that may be eligible for special education services. Esther said:

> There were a lot of things that I never thought would be my duties. There wasn't a lot of administrative staff available and everything was my job. I was just learning how to be a full time psychologist in one building. People just assumed that the school psychologist could do everything; and I got assigned things that the social worker or the speech pathologist should have been doing. It was almost as if everyone believed that there was something magical about school psychology training. I would have been more than happy to take some leadership, but I didn't plan on doing so much administrative work. I started to learn what to look for in a job and how important having administrative support was in what was happening in the school.

Esther's Experiences Assessing Students for LD

Esther reported that in her beginning years of assessing students, most of the information she used to assess the students for LD came from what she observed in the

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classroom and information she gathered about the student from files and teacher consultation. She states that referrals were made by teachers or even sometimes the school principal. There were little to no referrals by parents. Esther observed the students in and out of the classroom." I would see them in the hallway or in the lunchroom as well as the classroom. I didn't want to just come and take them out of class without them knowing who I was." Esther reported:

> When I started as a school psychologist, I used standardized tests to measure cognitive disabilities almost exclusively. I tested students for LD and prepared reports. My reports were detailed and probably not easy for teachers or parents to understand so I took a lot of time to interpret the meaning of what I did to assess the kids and what that meant in terms of qualifying the child for services. It was less of a team decision back then to classify a student as LD and really everyone looked to me to make the decision.

Currently, Esther is a school psychologist at a school district in the southwest suburban area of Chicago. She services students from kindergarten to fourth grades in two building and is one of five school psychologists in a district with eight schools. However, she has worked with students in higher elementary grades in her current and previous districts. Esther has been employed at this school district for the past six years. She reports that at one point or another she has been assigned to six out of the eight schools within the district, and has been assigned to her current schools for the last four years. Esther uses standard cognitive and achievement assessments such as the Woodcock-Johnson III or the Wide Range Achievement Test to assess students for a learning disability. She also observes the student in and out of the classroom, conducts an

informal interview with the student, consults with the parents, and the student's teacher. "I like to look at what the student has experienced. So, what's in the file may give me some insights into what is happening with the student now."

Esther's Experience with RtI

Esther believes that she has been doing RtI for years. She stated, "I think this is new to teachers and other staff members, but school psychologists have always looked at data to determine if a student is LD. We just did not call it RtI." Esther discussed the universal screenings that takes place in tier one of RtI as, "massive screenings that yield lots of information that nobody does anything with." According to Esther, her role as a school psychologist in RtI has not changed. She has little to nothing to do with the screening process, unless the teacher determines that the interventions are not working for the student after several weeks of unsuccessful progress. The student is then referred to Esther for a full evaluation that will include standardized testing. She does not interact with the student until the recommendation for a full evaluation is made by the RtI team. The RtI team is comprised of a reading specialist, teacher, and related service staff if appropriate. There is no building administrator involved in the process. The reading specialist facilitates the activities for RtI. Esther says that the RtI process is done in a way that does not produce consistency. She states:

> People still intensely want kids in special education programs, and you as the
> school psychologist still have to hold the line and make sure they have not only
> done all the assessment in a timely manner, but also make sure that they have used
> the measurements and interpreted the data correctly.

Esther believes that some of the teachers do not give the students enough time to be successful with the interventions. Her district uses both RtI and cognitive testing to assess students for learning disabilities. Esther states that for students struggling academically, her district does progress monitoring as a beginning to RtI. "Progress monitoring is not new. It's been around for years and RtI seems to be an extension of it," she states.

Esther's Role as a School Psychologist in RtI

Esther states that she likes the big picture of RtI. She likes the idea of students getting support before special education services become the only option. Esther states:

> My role in RtI is to help people think. By that I mean you have these screenings that yield information about students that are most at risk, then they have to think about what to do with all that information. I can help them do that. I'm trying to tell teachers not to wait to bring students to a big meeting. I went to one of the RtI meetings and said to them to look at all this data we have. These are the students you should be concerned about. Look at the power of this data. We should call in teachers of the students ranking the lowest and make individual plans for these students. I like that. That data from universal screening didn't used to be there. Now RtI uses universal data to drive things, I really like that. I have learned to engage the whole team. If they want me to be the leader of a team, it may as well be the way I think a team should be.

Esther feels that her role as school psychologist in RtI is to make sure that there is consistency in the process. She refers to consistency twice during her interview. Esther strongly believes that everyone involved in the RtI process must be consistent and follow the timelines for interventions to provide an opportunity for student success. She states,

"If the intervention says three times a week we can't do it two times a week or not at all that week and then say that the intervention does not work."

Esther states that her role as a school psychologist in RtI is emerging. She says she looks at the data created to help others understand what the data means and how to interpret the information. Regarding her involvement in RtI, she reports:

I'm sort of creating what I should do more or less. But no one has said to me what I should do. I'm trying to frame it for people. There's no formal process set out for that, so I'm kind of doing that. I don't have any direction from administration, so it's important for trained staff to be in place.

Summary of Esther's Interview

Esther believes that her role in RtI should be to interpret data only. Since her first experiences as a psychologist were not in a school setting, Esther feels that she is more prepared to handle students that can be more challenging cognitively, behaviorally and emotionally. Her training does give her an advantage over most school psychologists. She has the potential to provide her administrators and colleagues with the help needed to understand the full spectrum of RtI because of the training and skills that she has from her clinical background. While Sarah enjoyed having some quasi-administrative duties associated with the implementation of her pre-kindergarten program, Esther does not share the view that a school psychologist should be assigned any administrative duties.

When assessing students, Esther uses the same standard assessments that most school psychologists use to determine eligibility for LD. This is another example of how Esther's clinical experiences are not used to distinguish her from her colleagues. She discusses the use of data for RtI, but she does not really say how she uses the data for the

advancement of the process. Esther also mentions consistency in the RtI process, but since she does not participate in the RtI process, it is not clear how she provides the consistency that she speaks of during her interview. In her discussion of her role as a school psychologist in RtI, Esther stated that her role was "emerging." However, there is no evidence in her interview that she plans to play a part within RtI in any capacity. The final interviewee, Phoebe, has very distinct and different views than both Sarah and Esther regarding RtI, and the role school psychologist should play in its implementation.

Phoebe

Phoebe has always had an interest in children but she did not want to be a teacher. She has been a school psychologist for 16 years. Currently, she is a school psychologist in two buildings in the south suburban area where she works with grades kindergarten through 6th grade. Phoebe reports:

> I had sort of a minor in Early Childhood Education, and I've always had a real interest in children. And I wasn't really interested in being a teacher, so I did some research to find out what could I do with that basic education and then continue on, and I found out about school psychology. My university in Indiana did not offer a psychology program, so I attended a university in Illinois and ended up doing my internship in Illinois although I lived in Indiana.

Phoebe completed her practicum as a part of classes she needed for her degree. She finished her internship under a licensed school psychologist that was also the acting special education director. The school was small and she received hands-on experience. Instead of shadowing her intern supervisor she was afforded the opportunity to actually work with students immediately. Phoebe states:

I sort of hit the ground running, which I thought to be extremely helpful. My

supervising psychologist was there to see what I was doing, but he gave me a lot of

opportunities to experience all kinds of different things in the classroom. I got to

work with teachers, I got to attend several workshops, and he was very big on

that… he kind of guided me along those lines. But I actually had so much

experience early on it was very helpful.

Phoebe had four schools and completed everything under supervision. She discussed her

experiences with her supervisor. Because of the training that Phoebe received, she felt

that she was ready to start work when she got her first position.

As a new psychologist Phoebe was surprised about some of the things that she was

assigned to do that were not apart of being a school psychologist. She said:

My very first job I was assigned to assessments, of course. There was a list at the

beginning of the year of re-evaluations, and then we would do evaluations. But

there were other things that I did not quite understand how they fit into the school

psychologist category, like working with the Snowflake Organization. The social

worker and I did some things together and I enjoyed working with the kids, but it

did not have anything to do with what I was trained to do.

Phoebe credits her experiences in her practicum and internship as a reason that she could

handle doing other things. She believed that she would have the same kind of experiences

that she had in her training, but she learned quickly that was not the way things worked.

Phoebe did an internship rotation in a high school, in addition to training in a variety of

schools and different grades. Her internship was one school year.

Phoebe's Experiences Assessing Students for LD

Phoebe's experience in identification of students with LD was testing students with standardized measurements. She credits her special education director with educating teachers and encouraging staff to update their skills, but even with a supportive administrator, most of her time was spent testing students for special education. Phoebe states:

> Primarily, what I did was test. If a child was really struggling or if a parent thought the student should be tested, I received a referral and the child was tested. We kept testing and testing and more kids were going into special education at earlier ages and kids appeared to be getting help. I felt we were putting too many young kids in special education that had developmental problems not special education problems, and I wasn't quite sure how to fix that because the administration wanted the referrals tested.

Phoebe explains that she never felt that the young children should be tested right away. "They need time to develop so that the differences can be seen," she states. Phoebe did not speak about a pre-referral team during her discussion about her experiences as a school psychologist in her early years on the job and before RtI. "There wasn't a pre-referral team. There was just me testing," she commented.

Phoebe's Experience with RtI.

Phoebe stated that her district has been practicing RtI for three years now. At the beginning of implementation, she was directed by administration to attend workshops and seminars on RtI. Phoebe states:

When it came up that this was the direction that we'd be moving in, the principal,

my special ed director, myself, and one of our reading instructors started going to

the early training sessions that were being offered by the co-ops and different

places.

Phoebe reported that she would not be successful with the implementation of RtI without

the support of administration. In her discussion regarding RtI training, she states:

What was interesting was they (workshop facilitators) also said from day one that if

you don't get your administrators on board, for example, your principal and your

superintendent, then it's going to be very difficult to get the teachers and other staff

to buy into the process for getting training and taking responsibility for

implementation of RtI and that has been my experience.

Phoebe's Role as a School Psychologist in RtI.

Phoebe discussed the difference in using RtI and standardized testing. She especially

likes RtI because the students are not automatically placed in special education. Phoebe

comments that she is able to gather enough information to use as a basis for interventions.

She states:

We should be able to gather enough information based on all of the interventions

and things that have been done prior to that to make a good estimation of what this

child's disability may or may not be. I still sometimes do academic testing but I also

integrate all of the other screening information.

Phoebe states that even with the implementation of RtI in one of her two buildings, she

seems to be getting more referrals for special education than usual. She states, "We are

trying to look at the data and determine why that would be. These are mostly young

children in first or second grades. And after a month it's clear that the child is illiterate. I mean can't read anything at all." In her buildings Phoebe did all of the universal screenings for RtI at the beginning of implementation. She reported that initially there were three or four people qualified to do the screenings but for some reason she was the only universal screener. Phoebe has conducted workshops to train the staff to do the universal screenings. In her words:

I don't believe they (teachers) understood that they went to training to play a greater role in RtI, since it is a general education initiative. If the interventions were successful, they need to understand that this was going to make their lives easier. It is not always an easy sell.

Phoebe worked with the reading specialist to train teachers in one of her buildings to do the academic universal screenings, interpret the results and learn how to monitor the interventions. She reported:

I took one grade level at a time and used baby steps. We trained during the summer and during the school year. We talked about it to reassure them not to worry about this, so that they would not be overwhelmed. We picked a small group of students to work with so that the teachers could see how RtI worked on a small group. We told them that they would see how good this would be for the kids and understood that it seemed like a lot of work for them in the beginning, but in the long run it would work well for everyone. I had to be available and convince them that this was a good idea.

Summary of Phoebe's Interview

Phoebe seems to have embraced the principles and processes of RtI, significantly more than the other participants in this study. She has taken ownership of the process and actively encourages her colleagues to do so as well. Since Phoebe comes from a background of strict testing without varied experiences, it is surprising that she would make the drastic paradigm shift to RtI so readily. She seems to be empowered to lead RtI by the support of her building administrator. Phoebe discussed that RtI was not going as well as she would like in one of the buildings that she services, and seems to attribute this to a lack of support from the building principal and teachers.

Phoebe has taken on responsibilities for RtI that are usually assigned to the classroom teacher; such as universal academic screening for all students, and interpretation of the data gathered from the screenings to drive instruction for students. She uses "we" more often that "I" in discussing the process for implementation of RtI, which suggests that Phoebe believes that implementation is a team effort. She concluded early in the process that the best way to achieve the results needed was to introduce the concepts slowly and one at a time so that teachers and staff would not feel overwhelmed. The entire process was carefully planned by Phoebe and her building administrator. Overall, Phoebe's primary concern seems to be helping teachers and staff to assist all students in every aspect of the RtI process.

Summary of Experiences

Sarah, Esther and Phoebe bring to this study a wealth of information and skills that are similar in many aspects, but these three school psychologists also have varied experiences that are unique onto themselves. Each participant came into school

psychology with the desire to help others, especially children. All participants did not start out with the goal of becoming a school psychologist, but after some investigation by each of them they all decided that school psychology was the career path that should be taken. It is interesting that each participant did not come to the decision of being a school psychologist right out of college. They all completed undergraduate degrees and were out of college for a number of years before starting their school psychologist careers. Sarah and Esther had prior experiences working with children in public institutional settings, while Phoebe did not.

The practicum for the school psychologists were the same. The exception was the internship that Esther completed in a clinical environment to earn specialist level certification. All participants reported positive experiences during both the practicum and the internships. Each school psychologist spoke about her experiences and how their internships helped to shape their skills as new school psychologists. Each spoke about how the experience equipped her in the role as a new school psychologist. Esther had the most comprehensive internship, which allowed her to obtain her specialist level status in school psychology. Esther worked with her professors and intern supervisor a bit longer and seems to have formed lifelong relationships with them. Esther states, "I became friends with a few of my practicum classmates and one of my clinical supervisors. We still keep in contact with each other quite a bit." Sarah worked in her capacity as a case manager while she completed classes and awaited her internship. She believes that working as a case manager made her practicum and internship training easier because of her experience with students and parents.

Sarah and Phoebe had very similar experiences as new school psychologists hired by school districts; however, Esther started her career in a developmental center for adults. Esther credits her time in her clinical internship with assisting her in seeing a broader view of students. Esther worked in two school districts part time until she obtained a position as a full time school psychologist in one district. All participants reported that they were assigned to more than one school in the beginning of their careers and still have more than one school assignment today. All psychologists stated that their primary focus was testing in the beginning of their careers. Phoebe stated that for the first few years she did nothing but test students. Every school psychologist reported that she performed duties that she felt had nothing to do with her assignment as a school psychologist. The psychologists gave examples of administrative, social work and clerical duties that they believed should not be the responsibility of the school psychologist. Sarah reported that she performed duties that are common to a social worker, Esther had some duties she believe to be administrative and Phoebe also reported she performed duties that a social worker, administrator or even a business manager may have been responsible to complete. Esther reported that she did not feel that being a case manager was part of her duties, while Sarah and Phoebe stated that they are case managers for students that need reevaluations and students that are initially identified for special education.

All psychologists reported using standardized assessments to complete testing for students suspected of having a learning disability. Esther and Phoebe reported that there were no pre-referral teams in place when they began their careers. Sarah stated that there was some form of a pre referral team in her district at the beginning of her career, but it

did not reflect what is in place today. Formal assessments performed by all three psychologists included observations, as well as student interviews. Sarah was the only school psychologist that discussed an alternative assessment due to her involvement with younger students; she uses play based assessments instead of standardized testing because of the developmental stages of her pre-kindergarten students.

In the discussion of their experiences with RtI, each school psychologist had her own unique perspective and interpretation of what she perceived her role to be in the process. Phoebe, who shared that she did nothing but test students for the first few years of her career, is the psychologist most involved in RtI implementation, even though she had no experience with the pre-referral process in her schools. She specifically states that she had the responsibility of training teachers for the implementation of RtI. Data collection and the use of it in the classroom was a comment made by all the participants, and seemed to be a critical part of what each school psychologist thought to be her part in the implementation of RtI. Data collection by teachers was mentioned as a critical piece in RtI assessment of students by all participants. Also common in each participant's experiences were two themes that contributed to the perception of their role in RtI. Administrative support and teacher training were cited as major contributors to the success of RtI in the experiences of all interviewees, no matter how each school psychologist viewed her contribution in the implementation of RtI.

Each school psychologist provided their own insight and view on what her duties should be as a school psychologist. Both Sarah and Esther stated that their roles were still emerging, but each had clear ideas of what duties a school psychologist should perform in the RtI process. Sarah and Esther share the belief that the school psychologist should

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not take the lead role in the implementation and the process of RtI. Both psychologists stated that their role in RtI is to assist general education teachers and administrators in understanding the data gathered, and how the data can be used to improve instruction. Sarah stated that her role was as an advocate for students and a gatekeeper for special education services. Each participant discussed the strengths and weakness of RtI and reflected what they believe to be the essence of the RtI experience from her own point of view. The perspectives of Sarah, Esther and Phoebe are discussed in the conclusion of this study.

Chapter 5

Conclusion

Discussion

The focus of this study was to examine the perspective of the participants regarding how their roles as school psychologists may be affected by the implementation of RtI. Bracketing under transcendental phenomenology allowed the researcher to focus on the phenomenon of the changing role of the school psychologist in RtI (Moustakas, 1994). This method also allowed specific detailed descriptions of underlying perceptions and experiences, while permitting the individual school psychologists to account for how perceptions affect their school psychology experiences in RtI.

The onset of RtI has brought about a change in the way students are evaluated for special education services under the category of learning disability. It is crucial to the success of RtI that persons involved in implementation know and understand their role in the process. School psychologists bring specific skills and knowledge that are vital in assisting administrators, teachers, and parents with the data interpretation necessary for making informed decisions about teaching and learning for all students. The interviews conducted in this study reveal the ideas and perspectives of three veteran school psychologists with varied experiences. In the discussion that follows, the themes identified are elucidated with an eye toward identifying common and unique experiences. Implications are drawn for future research as well as issues related to the implementation of RtI in public education. The researcher has organized the outcomes for the interview using the following headings, training and first assignment as a school psychologist;

experience with RtI; and the participant's thoughts on her role in RtI as a school psychologist.

Training and First Assignment as a School Psychologist

Experiences were similar for the school psychologists and included university completion and state requirements such as a practicum that was connected to fulfilling classroom requirements, as well as a state required internship that lasted for one school year with a licensed school psychologist. Esther's additional training into clinical experiences in psychology allowed her to earn a specialist endorsement in school psychology. All school psychologists spoke of their practicum and internship as something that assisted them with being a new school psychologist. As new school psychologists each participant stated that she was prepared to interpret data for assessment of students because of the training she received from her internship. Also similar were the reasons each participant wanted to become a school psychologist, even though each participant arrived at the decision to be a school psychologist in a different manner. As seasoned school psychologists all the participants must complete hours to keep their certification and remain qualified to practice in Illinois. It would be enlightening to know the types of activities the participants selected to comply with the requirements; however, this was not a question that was directly asked nor did it come up during the interviews.

Much of the common experience and training of the three participants can be attributed to the fact that they are all licensed in the state of Illinois and have practiced in this state for several years. Each participant has completed the requirements necessary for new and veteran psychologists, as discussed in chapter two. Practicing school

psychologist in the state of Illinois are required to complete 80 hours of continuing

professional development units (CPDU) in a five year cycle that is monitored by the

Illinois State Board of Education (ISBE, 2008) in order to renew certificates and remain

licensed to work in public schools. School psychologists must document activities

approved by the state and submit proof via the state website. If audited, school

psychologists must be prepared to submit actual documentation to the state certification

agency. A statement of assurance must also be completed to insure that the information

submitted has satisfied state requirements. Some activities approved for CPDUs include

but are not limited to collaborative planning, mentoring colleagues, site based

management or decision making teams, consulting with school service personnel, taking

college courses, teaching at a college or university, presenting or attending workshops,

publishing articles, team or department leadership, and curriculum development. Each

activity is assigned a different number of hours for a CPDU. Supervision of a candidate

for training or a practicum as a school psychologist allows the supervising school

psychologist to receive up to 30 CPDUs, while publishing a book produces the most at

40. This encourages veteran school psychologists to take on a graduate student or

continue to update research skills and become published. Sarah, Esther, and Phoebe must

complete these certification requirements in order to stay employed and eligible to work

in public schools in Illinois.

The state of Illinois has eleven standards for school psychologists that govern services

for students in a public school setting (ISBE, 2008). Under theses standards, there are

knowledge indicators and performance indicators that begin with "The competent school

psychologist." The standards cover overall concepts such as Data-Based Decision

Making and Accountability, Research and Program Evaluation, in addition to School

Psychology Practice and Development. There are no standards, knowledge indicators or

performance indicators that have RtI stated specifically; however, the standards listed

have knowledge indicators and performance indicators that have some of the concepts

and strategies common to RtI. The Illinois Standards relevant to this study are as follows:

- Standard 1 - Data-Based Decision Making and Accountability: The competent

  school psychologist has knowledge of varied models and methods of assessment

  that yield information useful in identifying strengths and needs, in understanding

  problems and in measuring progress to collect data and other information, translate

  assessment results into empirically based decisions about service delivery, and

  evaluate the outcomes of services. Data-based decision making permeates every

  aspect of professional practice.

- Standard 9 - Research and Program Evaluation: The competent school psychologist

  has knowledge of research, statistics, and evaluation methods; evaluates research;

  translates research into practice; and understands research design and statistics in

  sufficient depth to plan and conduct investigations and programs evaluations

  leading to the improvement of services.

- Standard 10 - School Psychology Practice and Development: The competent school

  psychologist has knowledge of the history and foundations of the profession; of

  various services models and methods; of public policy development applicable to

  services to children and families; and of ethical, professional and legal standards.

  The competent school psychologist practices in ways that are consistent with

applicable standards, is involved in the profession, and has the knowledge and skills

needed to acquire career long professional development.

School psychologists have a professional and ethical obligation to assist the students,

administrators, parents, and colleagues with strategies that help students to be successful

both in and out of the classroom. All participants have the opportunity, and are required

to complete professional development activities that will assist with RtI implementation

and collaboration strategies with colleagues, parents, and administrators. I do not know

what activities the participants selected to renew their certificates, as that was not part of

this study; however, Phoebe probably has many CPDUs that can be used in the areas of

collaboration, decision-making teams, research, and program evaluation. I am not sure

what activities Sarah and Esther could use on this list, but both must make use of the

activities listed to meet the on-going renewal of licensure requirements of the state. It is

probable that the three participants are much like school psychologists nationally who

regularly engage in professional development. The National Association of School

Psychologists (NASP) conducted a study in 1994 that found over 90% of school

psychologists attended in-services and workshops more than once a year, and most

engaged in some type of training for professional development for 21 to 41 hours per

year (NASP).

In a study conducted by Fowler and Harrison (2001) there were no significant findings

regarding attitudes around professional development between specialist and doctoral

level psychologists. Findings of this study show that most school psychologists are very

active in professional development and believe it is very important (Fowler & Harrison).

Most professional development activities were in the areas of direct service, consultation

or assessment. Respondents of the study stated that professional development activities centered around skills that school psychologists needed to develop. Greater attention to non-traditional roles may translate to increased quality of service for school psychologists (Wnek, Klein, & Bracken, 2008). Whether by state requirements or by personal interest, the three school psychologists participated in professional development and thus were able to become aware of new research and trends in the practice of school psychology throughout their careers. The exact nature of professional development, and the impact of professional practice was not addressed in this study; however, it may be an area that could be linked to future research on school psychologists' perceptions of their roles and responsibilities. During their individual interviews each participant expressed one resounding thought regarding their decision to become a school psychologist versus becoming a teacher. Although the reasons for selecting school psychology over teaching varied by the participants, there were similarities in their decision to become a school psychologist.

All three participants stated that they wanted to work with children, but did not want to teach. The participants were asked why they did not want to be teachers, since this was a statement made by all the participants. However, this was not a focal point of the study. Each participant had very similar answers. All participants stated that they wanted to help all the students and not be confined to a classroom. Sarah and Phoebe stated that teaching was too restrictive for them with regard to time because they each had young children at the beginning of their careers. Esther stated she saw the hours that her mother put into teaching and although she wanted to work in a school, teaching was not something that she cared to do for a career.

All participants stated that they did not like how the role of a teacher would relegate them to a specific classroom, which did not appeal to them. Each wanted a rich and varied experience in working with students. As stated earlier in the review of research, school psychologists must take general elementary education courses, history of education, and school curriculum courses. Therefore, the participants have background knowledge regarding some of the aspects of teaching. The question of why the participants did not want to be teachers was never directly asked, however, the participants did qualify their statement regarding teaching. The implications from their personal interviews were that Sarah and Phoebe wanted a more varied role in the school and did not want to be confined to a classroom. However, it is my belief that student grades, writing lesson plans, constant parent contact, and the responsibilities of teaching in general would not be of interest to them.

Sarah takes pride in her role as a quasi-administrator for the pre-kindergarten program she created and implemented, but seems to have little to no interest in working with students and parents on a continuous basis. Her mannerisms and discussion revealed that she prefers working with younger students. Sarah's comments reflected her preference in both buildings that she services. According to Sarah, she spends most of her time in pre-kindergarten to first grade classrooms in both buildings, although she is assigned to students up to sixth grade. I believe that Sarah would not want to be a teacher, even if she taught younger students. I do feel that Sarah enjoys what she does, and it is easy for her to "hide out" in the lower grades and avoid contact with older students, parents, and teachers. As a result of her preference, the older students that she is assigned to and their teachers do not benefit from her vast knowledge and expertise as a school psychologist.

Sarah commented that she had the opportunity to get to know the students as they move from pre-kindergarten through sixth grade, however, she makes no attempt to keep in contact with those same students as they move through the grades. Since she is not held accountable by her building administrators, she can choose to service students as she sees fit. I do believe that she does meets all requirements as a school psychologist in evaluating students and any legal obligations regarding serving students as listed on the student's Individual Education Plan (IEP), but she makes no effort to go above and beyond what is required. Phoebe was similar to Sarah with respect to having no desire for the daily responsibilities and routines of a classroom teacher. However, that is where the similarities end.

Phoebe is actively involved with every aspect of what it means to be a collaborative team member for the success of all the students. Although it was not her chosen profession, I believe that Phoebe would have been an excellent teacher. She spoke passionately about making sure that students have the resources needed to be successful in school. Phoebe stated that she saw too many children who did not get assistance that would provide them with the help everyone knew was needed because they did not qualify for special education services. She states, "I really feel like we can make a difference with RtI and help all the kids that need it." Phoebe seeks opportunities to help in any way she can and is available to assist everyone. The responses were different for Sarah and Esther.

Esther's mother is a retired teacher. Therefore, Esther has first-hand knowledge of what it takes to be a teacher and wanted no part of the responsibilities that go along with the profession. Esther stated that she did not share the same passion for becoming a

teacher as her mother. Esther had a variety of experiences before becoming a school psychologist. As she spoke about her decision to become a school psychologist, it seemed as if she was not sure about what she wanted to do; although, she stated that she did do some research before making her decision to become a school psychologist. While observing her during the interview, there was no outward emotion about school psychology except when she began to talk about performing duties that she felt should not be the responsibilities of a school psychologist, such as administrative duties and being asked to do assignments that she felt a school social worker or the speech pathologist should be assigned to do in her opinion.

Esther seems to lack passion for her role as a school psychologist. Her comments focused on what the role of a school psychologist should not be more than her thoughts on what her role is and should be. When asked specifically about what her role is in RtI Esther stated that it was emerging. Sarah has passion for one segment of the student population that she serves. She has defined her role as a school psychologist to be the facilitator of the pre-kindergarten program and takes no part in RtI. Phoebe reflected the passion and concern about all students that is necessary in order for any academic initiatives for students to be successful. All the participants stated that they wanted variety in their position and selected school psychology as their chosen profession. However, Sarah and Esther have self imposed restraints regarding their roles as school psychologists that do not allow them to have the variety that they stated as one of the their reasons for making the decision to become a school psychologist versus a teacher. Phoebe is the only participant that has true variety in her role because she is willing to be diverse. All the participants are competent and capable professionals that can services all

students, but only Phoebe chooses to use her skills and knowledge to service students to the best of her abilities. Sarah and Esther are capable of so much more but seem to lack passion for their profession and for the students they are trained to service.

While each participant has similar training and experiences, each has interpreted her role as school psychologist differently. Two of the participants seem to have become complacent or frustrated in their role and seem to be resisting the call to leadership within their realms of service.

Experience with RtI and Thoughts on the Role of the School Psychologist in RtI

Participants shared experiences they have had with colleagues regarding RtI and their thoughts on the need for school psychologists in the implementation of the process. Just as there were differences in the application of training and experiences across participants in the interpretation of their roles as school psychologists; there are variations in their interpretation of the meaning, purpose and implementation of RtI as it applies to the role of the school psychologist. Both Sarah and Esther stated that in discussions with school psychologist colleagues, there is some speculation around whether RtI will affect job security for school psychology as a profession. The conversation centered around school psychologists becoming unnecessary in the process of identifying students for services because the goal was to throw out standardized assessments currently used. Sarah stated:

I think early on psychologists got worried that RtI would mean there would need to be fewer of us. I don't really see that that's the case. I think that our role might shift a little bit, but not even in a huge way. You are still looking at data and that is what we are trained to do.

Esther's comments were similar regarding the need for school psychologists. Esther reported:

 I've heard a lot of different things said about assessment and what's required for eligibility under LD. At the beginning of this you had school psychologists thinking that they needed to throw out their test kits. I never felt that we should throw away a special skill that we have special training and special knowledge of. To me that doesn't make sense. Currently, we can talk about RtI and eligibility for the area of learning disabilities. But I have a real problem when people say you don't have to do testing anymore.

Phoebe's comments were more positive regarding RtI. Her comments showed reflection around collaboration with administrators and staff. She states, "You have to show your principal or your administrator that you are valuable and providing a useful service. I'm confident in what I do and I think they need what I have to offer."

Distinct differences focused around how each participant perceived her role in RtI and what changes have or will take place in the process. Sarah and Esther had lead roles in the beginning stages of RtI, but as the process began to progress, both school psychologists stated that they stepped out of the process to allow teachers and other related staff to take a major role in the process. Both psychologists stated that the team seemed to rely on them to make the decisions regarding the students, and stressed that RtI was a general education initiative. Sarah and Esther believe any decisions regarding the students should be a team decision. Both stated that it is difficult for their colleagues to separate them from formal assessments for special education and to see them as part of a general education team. Both psychologists state that their job is to assist with the

interpretation of data gathered for the assessment of students. Specifically, Ester stated that her job is to help people think about data. These statements are in contrast to the roles they have decided to take in the RtI process. Neither Sarah nor Esther assist with the interpretation of RtI data, and both stated that they have nothing to do with the RtI process until it is decided that a student will need a full evaluation for special education services. Phoebe's experience with RtI was markedly different from Sarah and Esther. She was very involved from the beginning of the process and actually trained teachers and other staff. Phoebe has a major role in the process from universal screenings to formal assessment for special education services for students that move to tier three, which is special education for students in her school. This is surprising because for most of Phoebe's career as a school psychologist she almost exclusively tested students for special education services. In her comments she stated that she did not believe that young children should be tested for special education services. Therefore, she welcomed the opportunity to assist her students under the RtI umbrella. Another difference in the participant's experiences involved progress monitoring. Sarah's and Esther's experiences involved progress monitoring early in their careers which is a crucial part of RtI. Phoebe's early experiences did not involve progress monitoring. Her role was to test students for special education services until she moved to a district that allowed her to become involved in RtI. However, there were opinions expressed by all participants regarding RtI and the role of the school psychologist with its implementation, success of data interpretation, and interventions for students.

Both Sarah and Esther cited lack of initiative by other members of the team as the primary reason for dropping out of the RtI process, despite claims that their role is to help

with the interpretation of data. The opinions regarding their specific participation may be similar in some aspects but reasons vary. Sarah and Esther made meaning for RtI based on their experiences with administrators and colleagues. Additionally, since there were no directives given to the team by building administration, each school psychologist was free to make that decision. Sarah states:

> RtI requires you to be consistent. I am not in the building every day so I can't provide interventions daily. But some of the school psychologists do interventions. It depends on your schedule. I spend my time with early childhood students, even though technically they don't have to do RtI. So, I help with setting up some intervention things. But that's still within special education. When students get to the point that they need special education then it comes to me at that point. Regular Ed. really had to step up and get the reading coaches to say that it was okay to move the student up. I shouldn't be the person who triggered that from the beginning. It doesn't come from me.

Esther comments:

> To me I have sort of taken the responsibility to define some of my own rules. I don't want other people who aren't school psychologist thinking what the school psychologist should do, because that is my training and I'm a professional in that area. I can offer what I can do. I don't like when other people who don't know what I can do are saying to me what I can do. Let's ask each other first. Maybe there are some things that I know here that can help us decide how this could work out. So, in the frame of RtI I don't think there's been a specific role designated where I

currently work, so I'm kind of like choosing. I'm trying to have some control over it

saying – well this looks important to me.

The mission of NASP is to support school psychologists by providing guidelines for

its members in various areas. Among these are professional competence and

responsibility, honesty and integrity in professional relationships, responsibility to the

schools, families, communities, the profession and society. In addition, there are

professional ethics that govern the actions of school psychologists that are members of

NASP (NASP, 2010). Under Principle II.3.9, the NASP regulations speak to school

psychologists. It states:

- School psychologists use intervention, counseling and therapy procedures,

  consultation techniques, and other direct and indirect service methods that the

  profession considers to be responsible research based practice.

- School psychologists use a problem solving process to develop interventions

  appropriate to the presenting problems and that are consistent with the data

  collected.

- Preference is given to interventions described in the peer- reviewed professional

  research literature and found to be efficacious.

According to the guidelines of their professional organization, it is Sarah's and Esther's

responsibility to assume a major role in the implementation of programs that support RtI

in their prospective buildings, regardless of directives by administration. School

psychologists have background knowledge in areas that may be useful to administrators

and colleagues in implementation of RtI. Training and professional development should

include theoretical and practical methods that bring change and advocate for ways to work in collaboration with teachers and staff.

Emergent Themes in the Interpretation of RtI for the School Psychologist Role

Two consistent themes emerged from the interviews regarding the thoughts of the school psychologist role within RtI. The roles of administration and teacher involvement was mentioned by every participant when commenting on her role in the process of RtI implementation. Each participant stated that RtI was successful or struggling because of these two aspects. Sarah and Esther stated that their roles in RtI were still emerging, despite preliminary strategies such as pre-referral teams and intervention personnel that have been in place for years in their past and current schools, as well as statements made by them that RtI should be handled by general education staff. Phoebe, who has never had the experience of any strategies that would assist her with RtI has taken ownership of the process. The difference between school psychologists becoming active in the process or deciding to opt out and be used as she sees fit is evident by the level of involvement by the school leadership in RtI. Leadership dictates the environment that supports the school psychologist becoming an instrumental player in RtI.

Administrative support at the building level has the single most important impact on the success or failure of RtI (Jennings, 2009). This is evident in the level of involvement of Phoebe's experiences with RtI. Because her principal included her in the preliminary stages, she took ownership of RtI. She was afforded the necessary training needed to engage her colleagues and staff to actively participate in the process. Phoebe became a trainer and a resource for her colleagues in RtI. Phoebe states in her interview that administrative support was the key to her participation in RtI. Sarah and Esther did not

have administrative support. Each of these school psychologists was left to decide what they wanted to do in the RtI process; therefore, their roles as school psychologist did not change much because Sarah and Esther had no responsibility specifically assigned to them by an administrator that took an active role in RtI. Both are still deciding what their roles will be within RtI. However, both seem to agree that it is important that whatever happens, RtI should be a team decision and not an individual decision for the school psychologist to make.

Based on the interpretations of school psychologists roles' in RtI as seen by the three participants, and their perceptions of the appropriate administrative or building level leadership's impact on their ability to lead in the development of RtI, it may be important for building administrators to familiarize themselves with the professional requirements for the on-going professional development of school psychologists. The implementation of RtI will require building level leaders to obtain knowledge regarding the components of RtI and place the school psychologist in areas of RtI that will be best suited for the professional requirements and training received by the school psychologist. It is vital that principals know what is required for school psychologists to be certified in the state of Illinois and what governs them under NASP regarding professional and ethical guidelines. Without knowledge of what services school psychologists must provide, there can be no expectations beyond testing for special education services. In order for school psychologists to be held accountable for the standards set by the state, principals must understand and expect that the school psychologist will assist with any and all aspects of RtI. In a study conducted by Magi and Kikas (2009), school principals were surveyed regarding their expectations of school psychologists. The majority of principals surveyed,

97% highly valued the services provided by the school psychologist. However, noted

services centered on student assessment and consultation with teachers. There was little

to no involvement with the school curriculum.

Too many principals have no idea what the school psychologist does (Murray, 1996).

As evident in the interviews of Esther and Sarah, the participants set their own roles and

agendas, opting in and out of RtI as they choose. Principals can learn more about the

duties of the school psychologists by becoming familiar with state learning standards and

publications produced by NASP. Also, there are other organizations that produce

standards and literature for school psychologists, in addition to learning the criteria for

state certification of school psychologists. Principals should know effective educational

strategies and programs that can be generated by school psychologists and explore how to

use the knowledge and expertise of the school psychologist to assist with the

implementation of RtI. Effective planning between administration and the school

psychologist is crucial for the effective development of RtI (Murray, 1996). A survey

conducted by Magi and Kikas (2009), principals surveyed stated that younger school

psychologists who received their education recently, seemed better prepared to produce

the changes necessary for implementation of RtI, while others thought it was important

for school psychologists to have a certain amount of life experience to assist colleagues

with the process.

Transitions

The training and insight that the school psychologist can provide regarding data

interpretation and assessments can be critical to the success of the team. Sarah and Esther

talk at length about how crucial data is in the decision making process for students. They

feel that a large part of their duties within RtI is to assist in the interpretation of data. However, this does not prompt either to take part in the process. All the participants believed that data interpretation was a traditional role for the school psychologist. In order for Sarah and Esther to become more engaged in RtI there must be a systematic change within their buildings and perhaps their school districts that will insist upon both psychologists using her expertise in data analysis and providing the training necessary for their colleagues. In this way, Sarah and Esther can take more responsibilities in the implementation of RtI. Professional development that uses data to drive decisions and evidence-based practices may assist school psychologists, administrators and staff with the confidence necessary to implement RtI. School psychologists increase their odds of initiating and sustaining change when their role in the process aligns with the structure of the school, the curriculum, and the environment of the school (Wnek, et. al, 2008). It may be beneficial for Sarah and Esther to receive further training in general education instruction and strategies that can assist teachers with universal assessments in the classrooms.

Teacher involvement in the RtI process was a major concern for Sarah and Esther, but only minor for Phoebe. Sarah and Esther stated that they are involved with RtI only if the teachers ask for their assistance. Both stated that they are available to assist with data, but are not involved until it is decided that the student will move to tier three, which is a special education case study in their prospective districts. The school psychologist should be available to assist teachers and administrators in integrating information and skills for the benefit of students and take an active role as part of the school rather than acting as a passing consultant. School psychologists have the expertise in assessment and evaluation

that can assist implementation of RtI and help with teacher buy-in by providing the training needed so that teachers will be confident in using newly acquired skills and become proficient with assessment instruments that are unfamiliar to them. School psychologists can take the lead in initiating collaboration between administrators and staff in implementing RtI. Without the support of veteran school psychologists and the appropriate training for new psychologists, RtI will become a "wait until they fail enough" model. A paradigm shift must take place in the mindset of veteran school psychologists like Sarah and Esther who have so much to offer but are unwilling to collaborate with colleagues. The role of Sarah and Esther appears to be reactive instead of proactive. Perhaps their building principal should assign them a specific aspect of RtI, such as actually looking at all the data that is produced to determine where students should be placed in RtI. This may be the opportunity needed, since both Sarah and Esther believe that an important aspect of their job as a school psychologist is to interpret data. Sarah and Esther seem to have lost the motivation and passion for their roles as school psychologists, while Phoebe seems to be energized in her career because of the role she has embraced in RtI. Building administrators should provide assigned tasks in RtI with roles that Sarah and Esther believe are relative and important. This may assist them in realizing how vital their skills and expertise are in assisting in the RtI process.

For RtI to be successful, educational professionals need to have appropriate training. This should start with new psychologist in pre-service training. The field experiences provided to school psychologists have the purpose of integrating coursework to experiences that will assist the psychologist in practical general education experiences in schools. Pre-service training and experience in the schools typically do not expect or

allow school psychologists to draw upon their expertise unless it is under the cover of special education. In a survey conducted by Zins and Murphy (1996), a peer support group model was conducted by a group of school psychologists. The model involved small groups of school psychologists that shared common interests in a specific area. The groups met periodically to learn together and share their expertise, support one another, and provide opportunities for ongoing professional development (Zins & Murphy). Since the training was self directed, participants used various materials, attended classes, and workshops to support continued training. This may be a model that is easy to implement in school districts. As RtI models evolve and the needs of schools change, school psychologists must be provided appropriate professional preparation in the use of technically adequate assessments and researched based instructional practices that assist with the design, implementation, and evaluation of RtI practices which promote academic achievement for all students (Berninger, 2006).

Implications for the Future of School Psychologist in RtI

A fully implemented RtI system takes time to become sustainable as all stakeholders work together for the essential components to come together. RtI procedures must be an acceptable part of the school culture and address the school's value mission and goals (Mahdavi & Beebe-Frankenberger, 2009.) In order to insure longevity in the RtI process, administrative support and leadership is essential to the systemic changes necessary for the success of the program. Administrators must provide professional development opportunities for staff and themselves that promote collaboration and relevance in the implementation of RtI. Professional development must include an understanding of the RtI process, its purpose and implementation. Also, concepts must be specific for the

school culture and climate. In a study that research confirms, training must also include intervention for high incidence academic school problems; teaming and problem solving; data-based decision making; and culturally appropriate professional roles in instruction (Hawkins et al., 2008). Phoebe was successful in her efforts to get teachers and other staff on board because training was provided gradually and over a period of time, which allowed all participants to have the opportunity to process the changes.

The single most fundamental reason that determined the level of involvement with the participants in this study and her changing role as school psychologist in the RtI process is clearly leadership and support from building administrators. Leadership and teacher buy-in needed to make changes associated with providing the resources necessary for the success of RtI, must be in place for a viable transition for students and staff. Schools and districts that have shown sustained results demonstrate district and building level support for RtI (Hinton, 2007). This study confirms that a lack of leadership is detrimental to successful implementation of RtI. Sarah and Esther have no responsibility for RtI. While there is no one size fits all approach to RtI, Sarah and Esther have the training, strategies and skills that could greatly benefit their colleagues and students. By taking a lead role in progress monitoring of general education instruction by classroom teachers, conducting progress monitoring of additional interventions in cases of unsatisfactory responses to general instruction, and monitoring special education; Sarah and Esther can work with administrators to successfully direct the activities of RtI (Clopton & Etscheidt, 2009).

A possible solution may be for schools and districts to create opportunities for school psychologists to provide more supervision responsibilities over RtI in the schools. This may allow school psychologists to spend more time in staff development and

collaboration activities that assist colleagues with understanding the RtI process by making data driven decisions. Barriers for school psychologists in providing effective supervision include a lack of support interest on the part of the school psychologist (McIntosh & Phelps, 2000). School psychologists can be most effective when they are operating as change agents for the long term systemic change necessary for successful implementation of RtI. Enacting and embracing change requires strategic planning and school psychologists to view their knowledge and expertise as an important part of the school system, while positioning themselves as individuals who are seen by others as experts who can lead positive change. School psychologists can do this by availing themselves as models for the advocacy of their students and collaborating with teachers, administrators, and other stakeholders. Pre-service training and internships, which allow various experiences that will permit new and veteran school psychologists to participate in leadership mentoring programs with school districts, may increase the skill levels and knowledge of practitioners, and assist them in making the adjustments needed to help new school psychologists prepare for their new and changing roles within RtI.

Limitations

Limitations of this study include the perceptions of new school psychologists, teachers, parents, and administrators that will not be addressed. There were no men or minority school psychologists in this study; the implications of the contributions to the changing role of the school psychologist in these two groups may have a major impact on the thoughts and beliefs on the role of the school psychologist in RtI. Administrators and teachers were not included in this study, however, as themes emerged regarding their participation in RtL, there perceptions will be vital for future research.

Implications for Future Research

It is important for the success of RtI that school psychologists fully participate in every aspect of RtI. Both new and veteran school psychologists should investigate what specific needs must be met in school districts with the implementation and maintenance of RtI. Future research should include certification requirements that require universities to add training and coursework for new school psychologists, which incorporate various aspects of RtI while enrolled in university programs.

Building principals and other administrators must make RtI a priority and provide the professional development necessary so that teachers understand the process, and do not feel overwhelmed. The participation of administrators and teachers was not apart of this study; however, it will be important to study and discuss their perceptions of RtI and what impact those beliefs have on the successful implementation of RtI, specifically as they relate to pre-service training and professional development opportunities related to RtI. Veteran school psychologists can play a critical role with assisting teachers and other staff about the benefits of RtI and how to avoid some of the pitfalls regarding implementation and maintenance. Research should go further to include both new and veteran school psychologists' views and opinions in other settings.

School districts that participate, and those that do not participate in RtI implementation should be apart of further research. Variables should be analyzed that make up differences in preparation and attitudes regarding RtI. Training for school psychologists must include rich experiences with implementation and maintenance of RtI to insure they are prepared to lead in the future.

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APPENDIX

The Changing Role of the School Psychologist Interview Guide

Interview One: Career History

1. How did it come about that you selected school psychology as your career choice?
2. How long have you been a school psychologist?
3. How did your schooling/training prepare you for your position as a school psychologist?
4. Describe your practicum experiences for school psychology certification.
5. What experience do you believe prepared you most for your role as a new psychologist?
6. What were your duties in your role as a new school psychologist?
7. How did your duties as a new psychologist differ from what you believed your role was as a new school psychologist?
8. What do you believe would have better prepared you for your role in your early career?

Interview Two: Current Details of the Experience

1. What is your understanding of Response to Intervention (RtI)?
2. What is your role in the process of RtI?
3. What is different about your duties as a school psychologist today as opposed to the beginning of your career?
4. How has RtI changed the way you perform your duties as a school psychologist?
5. What do you feel will help you or would have helped you to better prepare for your role in RtI?
6. How does what you do currently prepare you for your role in RtI?
7. What professional development do you believe you will need in order to expand your role as a school psychologist in RtI?

Interview Three: Essence of the Experience

1. How do you define your role as a school psychologist?
2. How has your definition changed from the beginning of your career to now?
3. What does your role as a school psychologist mean to you?
4. What is your understanding of what it means to be a school psychologist within RtI?
5. What do you see the impact of RtI will be on the role of the school psychologist in the future?

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Sharon E. Price
Curriculum Vitae

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EDUCATION

> **Doctorate of Education, Education Administration,** Expected, 2011
> DePaul University, Chicago, Illinois
>
> **Master of Education, Administration,** June 2002
> St. Xavier University, Chicago, Illinois
>
> **Master of Education, Special Education,** June 1998
> DePaul University, Chicago, Illinois
>
> **Bachelor of Science, Education,** June 1995
> DePaul University, Chicago, Illinois

PROFESSIONAL EXPERIENCE

Brookwood School District 167, Glenwood, Illinois (7/11-Present)
> **Assistant Superintendent.** Plans and directs programs for selection and assignment of the best qualified teachers and personnel for the program.
> **Director of Student Support Services. (7/04-6/11)** Provide delivery of appropriate and effective special educational services to all students in compliance with state and federal regulations for special education students. Supervise all special education staff.

Prairie Hills School District 144, Markham, Illinois (7/02-6/04)
> **Assistant Principal. (8/02-6/04)** Supervised and evaluated staff in addition to assisting with curriculum and communicating with staff, parents, and students.
> **Resource Teacher/Case Manager. (8/00-6/02)** Developed and implemented Individual Education Plans for special education students. Coordinated meetings for teachers and students. Chaired pre-referral meetings for general education students.

Oscar Mayer Elementary, Chicago, Illinois (8/95-6/00)
> **Resource Teacher. (1/00-6/00)** Collaborated with general and special education teachers. reviewed clinical reports, administered and interpreted diagnostic tests.
> **Classroom Teacher. (9/95-12/99)** Assumed all duties of a classroom teacher for first grade students.