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AUTHOR Ostertag, Bruce A.; And Others  
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ABSTRACT

During the 1980's, a series of studies have been conducted to examine assessment strategies, teaching methodologies, core services, and delivery systems for Learning Disabled Average (LDA) adults in California's community colleges. Study findings included the following: (1) between 1981-82 and 1985-86, the number of formal programs for LDA adults increased from 80 to 85, while the number of students served by formal programs increased from 7,962 to 11,876; (2) tutorial services were delivered primarily in one-to-one settings in academic career and personal areas under the direction of the LDA program or external programs; (3) in 4 years, there were significant increases in support to the areas of registration services and notetaker services, and decreases in support to four areas (time extension to complete course requirements, course schedule modifications, Course curriculum revisions, and learning center availability); (4) at least 90% of the LDA referrals came from, in rank order, faculty, counselors, high schools, Department of Rehabilitation, parents/relatives, and the LDA students themselves; and (5) two tests were used by more than half of the LDA programs for identification/assessment: the Wide Range Achievement Test and the Woodcock-Johnson Psychoeducational Battery. Study findings revealed a lack of consistency in services to the LDA community college student. Research review includes a proposal for a revised definition of LDA. (EJV)

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SERVICES FOR LEARNING DISABLED ADULTS  
IN CALIFORNIA'S COMMUNITY COLLEGES

by

Bruce A. Ostertag, Ed.D.  
Associate Professor

Mary Jane T. Pearson, Ph.D.  
Associate Professor

California State University, Sacramento

and

Ronald E. Baker, Ed.D.  
Coordinator of Handicapped Services/Research  
Mira Costa College

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Adults identified as having specific learning disabilities are enrolling in post-secondary education institutions in greater numbers than ever before (Ostertag and Baker, 1984). Though a relatively new phenomenon, the participation of these special learners in college is requiring a reevaluation of the types of programs and services offered. However, despite the increasing demand for post-secondary participation by these adults with learning disabilities, there is still a minimum of such programming and services nation-wide (Cordoni, 1982, Mangrum and Strichart, 1984). This trend is not true in California where the community colleges have been providing extensive services for the past fifteen years for students identified as having specific learning disabilities. The California State University and Universities of California have also offered services, though to a more select population, for many years.

The purpose of this article is to provide an overview of assessment strategies, teaching methodologies, core services, and delivery systems in the California Community Colleges for adults with learning disabilities (Ostertag and Baker, 1982, Ostertag and Baker, 1984, Pearson, 1985). Under the category of Learning Disabled Average (LDA), these students are attending and receiving services in the majority of the community colleges.

The definition of "learning disabled" has recently undergone rigorous scrutiny and refinement in the California Community Colleges. In addition, the community college system is recommending a revision of the identification and assessment models operating in the K-12 special education system, though post-secondary education does deal with many students who have attended that system. The community college definition

of LDA is still in a state of transition. Colleges are now programs under the definitional guidelines developed by the California Association of Post-Secondary Educators of the Disabled (CAPED), Learning Disabilities Division, and adopted by the Community College Chancellor's Office as follows:

A specific learning disability refers to disorders in which an individual exhibits a significant/severe discrepancy between the current level of developed intellectual abilities and academic performances despite regular instruction and educational opportunity, as currently measured by professionally recognized diagnostic procedures. Academic performance refers to achievement in the following areas: listening comprehension, oral expression, written expression, basic reading skills, reading comprehension, mathematical calculation and reasoning. Specific Learning Disabilities are often due to constitutional, genetic and/or neurological factors and are not primarily due to: visual or auditory sensory deficits, motor handicaps, severe emotional disturbance, environmental or economic disadvantage, cultural/language difference, or mental retardation (1982).

An alternative definition, working in conjunction with CAPED, is being developed by a task force established by the Chancellor's Office. As of this writing, the proposed definition includes a clear association of specific learning disabilities with neurological dysfunction. Components include at least average intellectual ability, achievement commensurate with ability, processing deficits and a discrepancy between ability and achievement. This definition, a significant departure from the 94-142

model for K-12 programs, is an attempt to delineate characteristics which are unique to an adult population observed in the community college setting. Through the use of this definition, learning disabilities become what are observed in the adult, not what are **not** observed -- a frequent criticism of the K-12 definition.

To obtain the most current analysis of core services and programs for LD students in the California Community Colleges, several descriptive studies were conducted under the direction of the Chancellor's Office. These studies were similar to an earlier work conducted by Ostertag and Baker (1982) which sought information in the areas of program characteristics, identification and assessment tools. The obtained data described existing practices and procedures used in both formal and informal programs for LDA students in the 106 California Community Colleges.

Several basic assumptions formed the basis for the questions of these studies. First, there was a lack of systematic coordinated programming between community college districts in the areas of assessment strategies, content and priorities, and identification procedures for LDA programs. Second, not all community colleges had specialists available in their programs. Many LDA students were being served by staff unfamiliar with and/or not certified in the area of learning disabilities. Lastly, though community college LDA programming was not coordinated statewide, there was a commonality of teaching techniques, tools and administration. This assumption was based upon the belief that specialist training through graduate-college coursework stressed somewhat similar instruction in this

field. Most specialists of the LDA have been instructed with convergent methods, texts, and assessment tools.

## **METHOD**

Three separate but similar methodologies were used for the different studies. Questionnaires were developed and field tested through personal interview. The selected group of college personnel examining the questionnaires indicated an understanding of the questions; therefore no significant item modifications were made. With the clarity of the various items confirmed, the questionnaires were mailed to all 106 California community colleges.

The latest Ostertag and Baker (1984) study was conducted throughout Fall, 1984. Additional data collection occurred up until December, 1985 and is discussed in this article. Pearson's (1986) work was developed and field tested in the Fall, 1985. The survey was distributed thereafter and results were analyzed in early 1986.

## **RESULTS**

One hundred and six community colleges out of the total 106 participated in the Ostertag and Baker (1984) study. Questionnaires were returned by 179 professionals from reporting campuses in Pearson's (1986) survey.

### **Respondent Characteristics**

In the former study (Ostertag and Baker, 1984), 65% of the respondents identified themselves as the LDA Coordinator/Specialist. Twenty nine percent indicated that they were the Coordinator/Enabler of Handicapped Services, while the remaining six percent said they were the college

psychologist or other faculty. Pearson's (1986) core services survey respondents included 33% LDA specialists, 29% coordinator/enablers, 21% college administrators, seven percent instructors, and the remaining ten percent were comprised of other specified employees.

### **Program Characteristics**

Table 1 indicates the type and size of programming at California's community colleges for LDA students. Programs were designated as formal or informal. Formal programs were defined as having: 1) an LDA specialist; 2) standard identification procedures for each student; 3) and the option of offering special instruction or classes for LDA students. With these guidelines, 85 of the responding colleges indicated they had formal programs. This represents about a five percent increase over earlier data (Ostertag and Baker, 1982). Thirteen colleges, the same amount (though with some different colleges) as in the previous study, stated they operated some type of services for LDA students other than a formal program. Only eight of the respondent colleges, almost a five percent decrease, did not officially serve LDA students in any capacity. LDA students are now served in almost 93 percent of California's community college system.

The LDA student population increased by over 3,900 students since 1981. In the period between 1981-85, formal program grew in population by 36 percent. Informal program population also increased by 50 percent during this period. In total, the LDA student population has grown from 7,962 to 11,876 students, a 49 percent growth in five years.

Identified LDA students' educational needs were met through a variety

of services. College programs include special classes, tutorial support, counseling and other auxiliary services. Table 2 illustrates the means by which LDA students were assisted in formal LDA programs. Tutorial services were delivered primarily through one-to-one settings by an aide in the LDA program, the LDA specialist, or a peer tutor. Counseling was also handled through a one-to-one setting in academic career and personal areas under the direction of the LDA program or external programs. In four years, there were few significant (at the .05 significance level) changes in meeting the LDA student's educational needs except for a decrease in external counseling support as a group or in class. There was also a notable decrease in the use of peer-tutors as general tutorial supporters.

Additional adjustments implemented to aid students in formal programs are shown on Table 3. Though changes have occurred in four years, the commitment to this type of support is still strong. There has been a significant increase of support to the areas of registration services (+6.5%) and notetaker services (+6.3%). Four areas demonstrate significant decreases in support: time extension to complete course requirements (-13.9%); class schedules modified (-7.3%); course curriculum revised (-7.0%); and learning center availability (-5.4%). Several adjustments still have over a 90 percent commitment: diagnostic learning assessments (87.5%) and registration services (96.5%). Those areas in which more than 80 percent of the colleges make additional adjustments include: learning center availability (87.1%); reader services (83.5%); lecture reproduction (82.2%); and notetaker services (81.2%).

Of those services available to handicapped student in California

Community Colleges, respondents were asked to indicate how often these individual services were needed by learning disabled student on their campuses. A Likert-type scale provided the opportunity for participants to indicate whether those services listed were "almost always needed," "frequently needed," "needed," "not often needed," and "almost never needed". Services selected as the most needed are presented, in rank order, in Table 4.

The twelve remaining services available to handicapped students were selected as "almost always needed" by less than 10% of the respondents. These services included peer counseling, interpreters (sign language), mobility assistance, notetaking services, reader services, transcription services (includes braille and non-braille), parking assistance, special orientation, transportation assistance (off-campus), special equipment, speech/language services and other special classes. The category of "interpreter services" was most often selected as "almost never needed" (50% of respondents).

Respondents were given the opportunity to list other services needed for learning disabled community college adults, not provided in the common core to handicapped students. Examples of services listed include computer instruction, learning strategies, personal growth and development, learning style awareness, pre-admission consultation, visual perception training, financial assistance, job replacement, self-help group, self advocacy, physical therapy, campus life and student organizations, disability management, adaptive p.e., family orientation and support, inservice for staff/faculty, development of IEP's, and head trauma.

Individual Education Plans (IEP's) were maintained on over 91 percent

of assisted LDA students in formal programs. The number of colleges (78 colleges) which developed IEP's was the same as was indicated in 1982, but, because of the increased participation of colleges currently, this figure illustrates a significant 5.6% decrease. When asked if a Multidisciplinary Team was used to develop an LDA student's IEP, approximately 28 percent replied affirmatively, 40 percent did not use teams, and about 29 percent occasionally utilized teams. The overall usage of team-developed IEP's was essentially the same between 1982 and the latest studies. This also holds true for the primary members who serve on the Multidisciplinary Team; the LDA specialist, the LDA student and counselor are still the primary members.

Inservice training was again provided by the majority of respondents who had formal LDA program resources. The percentages were not significantly different in the latter studies as 88% of the respondents provided in-service work for other faculty, staff and parents.

One of the new areas questioned in the Ostertag and Baker (1984) study concerned the average length of time an identified student received services from a formal LDA program. The average time spent by 41 percent of the LDA students who received services was four semesters. Thirty-four percent of the respondents indicated the average stay was two-to-three semesters in length. Only 11 percent said LDA students received services that exceeded four semesters in total. Less than 10 percent were leaving LDA programs having achieved an Associate of Arts (AA) degree. However, the reported purpose for a majority of attending LDA students was to improve basic skills for job attainment and enhancement.

When asked to rank academic skills by the difficulty experienced by their LDA population, the respondents provided a list similar to the results of the 1982 study. Reading was again listed as the most common area of difficulty. Writing and spelling followed as major academic areas of remediation need. Mathematics was listed next, with oral communication ranked lowest in the hierarchy.

### **Identification**

Several questionnaire items addressed the issue of identification. Respondents indicated that approximately ninety percent or more of the LDA referrals can come from, in rank order: 1) Faculty; 2) Counselors; 3) High Schools; 4) Department of Rehabilitation; 5) Parents/Relatives; and 6) the LDA students themselves. Also, two other referral groups rated fairly high: Social Services Agencies and LDA Students Peers. These results are virtually identical for the original 1982 survey and the follow-up studies (see Table 5).

As part of the initial identification process, in-take interviews were given by over 95 percent of the respondents occasionally held in-take interviews and zero respondents answered in the negative. These results were also comparable to findings in the original study.

Following in-take interviews, 89 percent of the existing formal LDA programs accepted assessment results from other agencies for placement purposes. The two most widely accepted agency assessments were the Department of Rehabilitation (100%) and local high school (98.5%). The results obtained through private psychologists were also widely accepted (89.4%). Standardized assessments were administered by 89 percent of all

formal LDA programs to obtain further pertinent data. These normed, commercially-available tests were also given on occasion by an additional seven percent to supplement assessment results from other agencies. These figures represent a nine percent growth in colleges which administer standardized assessments to potential LDA program students.

The majority (77%) of responding formal LDA programs did not require multidisciplinary team conferences held when determining admission into those programs. However, 48 percent of the programs sometimes used such conferences for placement purposes. Twenty nine percent of the respondents never used teams for those reasons. Only 20 percent of the respondents admitted students to formal LDA programs based upon multidisciplinary team decisions. Like results were obtained from the studies.

When teams were used, the primary members were the LDA specialist, enabler/college specialist or school counselor. The participation of said members has dropped up to 18 percent since the original survey was administered. Only three categories of participants have increased: college administrator (8.6%), medical doctor/health services (5.2%), and rehabilitation counselor (3.4%).

The last identification area surveyed was unique to the follow-up Ostertag and Baker (1984) questionnaire. Two questions addressed the usage of the accepted LDA definition of achievement-aptitude discrepancy and/or exclusionary clause in determining eligibility into formal LDA programs. The data indicated that 81 percent of the programs always apply the LDA definition standards regarding achievement-aptitude while only 49 percent apply the exclusionary clause. An additional 14 percent sometimes employ

the discrepancy clause. When the LDA definition of achievement-aptitude is employed, almost 77 percent of the respondents cited clinical judgement as the means of determining a discrepancy. Forty seven percent of the respondents also used a standard error of criterion measurement while 19 percent employed some type of formula.

### **Assessment Tools**

The ten most widely-used tests by formal LDA programs for identification or assessment purposes appear on Table 6. Only two tests are used by more than half of the LDA programs: the Wide Range Achievement Test (78.7%) and the Woodcock-Johnson Psychoeducational Battery (71.8%). The next three tests were the Peabody Picture Vocabulary Test-Revised (45.9%), the Peabody Individual Achievement Tests (42.2%), and Weschler Adult Intelligence Test-Revised (41.2%). This survey question generated widely different responses between the original and most recent surveys. Except for the Woodcock-Johnson Psychoeducational Battery (which gained in usage), all identified standardized tests dropped in frequency of use by ten to 31 percent. Table 7 identifies the purposes and evaluators who administered these tests. No other formal instrument was used by more than 20 percent of the respondents. Also, the Learning Disability Specialist was the primary assessor/evaluator on all of the indicated tests.

Informal tests (teacher-made or community college-developed) assessments were given in the initial study of 64 respondents to complement the above testing. The area most frequently assessed through informal test identification purposes in both studies was in the area of written language (81.2%). Table 8 offers the comparison results.

## DISCUSSION

The single most critical barrier to the provision of equitable programs and services to the learning disabled student in California Community Colleges has been the variability of identification procedures and criteria from campus to campus. Using PL 94-142 guidelines to identify learning disabled college students has proven problematic in California's community colleges and, in fact, federal regulations do not adequately differentiate the learning disabled adult from the low achieving adult. To date, the California proposed model includes a revised definition, signifying a departure from the "child" model of earlier definitions.

Serving the adult learning disabled population requires consideration of issues similar to those addressed in serving the K-12 population. Availability of these services to an adult population, however, is another major difference between these two populations. California has been the only state to develop and implement a specific plan of action for providing equitable services to adults with learning disabilities in a post-secondary system. Currently, 104 of the 106 community colleges in California provide support services to a total disabled student population of 50,000, of which 11,000 are learning disabled students. Presently, out of these 106 campuses, 90 offer formal programs and services for the learning disabled adult. Services provided include a range of resources such as counseling, test taking facilitation, tutoring, special classes and individualized assessment. However, results of the most recent studies undertaken by California offer evidence that a lack of consistency exists in all areas of service delivery to the learning disabled community college student. The

basis of this difficulty may rest in the lack of a useful definition for the adult learning disabled person. The implementation of the proposed revised definition should establish a more definitive framework for referral and service delivery.

It is expected that further analysis of the data available from the studies reported in this article will be useful in determining most-needed services for the adult learning disabled as well as the best utilization of specialists at the community college level.

TABLE 1: Programs at California Community Colleges for Learning Disabled Average (LDA) Students

Type of Program for LDA	Reporting Period	Number of Colleges	Percent of Colleges	Number of LDA Students Served	Percent of LDA Students Served
Formal	1981-82	80	75.4	7,631	95.8
	1983-84 <sup>a</sup>	85	80.2	10,343	95.2
	1985-86 <sup>a</sup>	85	80.2	11,876	n/a
Informal	1981-82	13	12.3	331	4.2
	1983-84 <sup>a</sup>	13	12.3	491	4.5
	1985-86 <sup>a</sup>	13	12.3	n/a	n/a
None	1981-82	13	12.3	0	0.0
	1983-84 <sup>a</sup>	8	7.5	29	0.3
	1985-86 <sup>a</sup>	8	12.3	n/a	n/a
Total	1981-82	106	100.0	7,962	100.0
	1983-84 <sup>a</sup>	106	100.0	10,869	100.0
	1985-86 <sup>a</sup>	106	100.0	11,876	100.0

<sup>a</sup>. Reported to the Chancellor's Office Final Claim Form (CCC-SS-1) 1985-86 Allocations

TABLE 2: Means by Which Students are Academically Assisted, as reported by California Community Colleges With Formal LDA Programs.<sup>a</sup>

A. Tutorial Support	One-to-One		In Group		In Class	
	1981/82 Number Percentage <sup>b</sup>	1984/85 Number Percentage <sup>c</sup>	1981/82 Number Percentage <sup>b</sup>	1984/85 Number Percentage <sup>c</sup>	1981/82 Number Percentage <sup>b</sup>	1984/85 Number Percentage <sup>c</sup>
LDA Specialist	59 73.8%	64 75.3%	47 58.8%	51 60.0%	41 51.3%	47 55.3%
Peer Tutor	51 68.8%	48 56.5%	31 38.8%	23 27.1%	16 20.0%	12 14.1%
Aide	68 85.0%	73 85.9%	50 62.5%	56 65.9%	36 45.0%	39 45.9%
Other Faculty	22 27.5%	22 25.9%	12 15.0%	16 18.8%	23 28.8%	26 30.6%
B. Counseling Internal to LDA Programs						
Academic	77 96.3%	78 91.8%	16 20.0%	14 16.5%	13 16.3%	13 15.3%
Personal	70 87.5%	73 85.9%	22 27.5%	20 23.5%	16 20.0%	17 20.0%
Career	72 90.0%	72 84.7%	27 33.8%	22 25.9%	27 33.8%	31 35.5%
C. Counseling External to LDA Program						
Academic	68 85.0%	76 89.4%	16 20.0%	9 10.6%	18 22.5%	11 12.9%
Personal	64 80.0%	71 83.5%	18 22.5%	7 8.2%	25 31.3%	10 11.8%
Career	65 81.3%	65 76.5%	27 33.8%	12 14.1%	40 50.0%	29 34.1%

<sup>a</sup> More than one response permitted.

<sup>b</sup> Based upon 80 respondents.

<sup>c</sup> Based upon 85 respondents.

TABLE 3: Additional Adjustments Implemented to Aid Students in Formal LDA Programs.<sup>a</sup>

Adjustment	1981/82 Number of Colleges Percentage of Colleges <sup>b</sup>	1984/85 Number of Colleges Percentage of Colleges <sup>c</sup>
Learning Center Available for Remediation Needs	74 92.5%	74 87.1%
Arrangements for Lecture, Comprehension Reproduction	68 85.0%	70 82.2%
Class Schedules Modified to meet related problems	51 63.8%	48 56.5%
Course Curriculum Revised	48 60.0%	45 53.0%
Extend time to complete individual Course Requirements	29 36.3%	19 22.4%
Waive or Extend time to complete Degree Requirements	19 23.8%	23 27.1%
Course Substitutions	6 7.5%	10 11.8%
Auxiliary Support Services	80 100%	85 100%
1. Reader	64 30.0%	71 83.5%
2. Notetaker Service	60 75.0%	69 81.2%
3. Registration Service	72 90.0%	82 96.5%
4. Diagnostic Learning Assessment	76 95%	83 97.6%
5. Other	63 78.8%	80 94.1%

<sup>a</sup> More than one response permitted.

<sup>b</sup> Based upon 80 respondents.

<sup>c</sup> Based upon 85 respondents.

TABLE 4: Services Almost Always Needed by LDA in California Community Colleges

1. Individualized LDA Assessment
2. Academic Counseling
3. Tutoring Services
4. Vocational Counseling
5. Special LDA Class
6. Individualized Assessment, Other Than LDA Assessment<sup>a</sup>
7. Personal Counseling
8. Registration Assistance
9. Liaison With Campus And/Or Community Agencies
10. Special Materials/Supplies<sup>b</sup>
11. Specialized Matriculation Assistant and Job Placement Development
12. Test-Taking Facilitation

<sup>a</sup> May include assessment related to other disabilities such as hearing and vision screening.

<sup>b</sup> Includes adapted materials.

TABLE 5: Referral by Individuals or Agencies of Potential Candidates for Formal LDA Programs <sup>a</sup>

Agency or Individual	1981/82		1984/85	
	Frequency	Percent <sup>b</sup>	Frequency	Percent <sup>c</sup>
Faculty	79	98.8%	85	100.0%
High Schools	78	87.5%	84	98.8%
Department of Rehabilitation	78	97.5%	83	97.6%
Counselor	78	97.5%	82	96.5%
Parents/Relatives	76	95.0%	82	96.5%
Self	77	96.3%	75	88.2%
LDA Specialist	57	71.3%	65	76.5%
Peers (of Students)	61	76.3%	63	74.1%
College Placement Agency	39	48.8%	54	62.4%
Social Service Agency	60	75.0%	48	56.5%
Psychologist	46	57.5%	46	54.1%
Law Enforcement Agency	22	27.5%	24	28.2%
Religious Institutions	10	12.5%	6	7.1%
Rehabilitation/State Hospitals	0	0.0%	5	5.9%
Local Colleges	0	0.0%	2	2.4%
Parent Group (CANHC)	0	0.0%	1	1.2%

<sup>a</sup> More than one response possible

<sup>b</sup> Based on 80 possible responses per Agency or Individual

<sup>c</sup> Based on 85 possible responses per Agency or Individual

TABLE 6: Ten Most-Widely Used Tests by Formal LDA Programs for Identification or Assessment Purposes.<sup>a</sup>

Test	1981/82 <sup>b</sup> Number of Colleges Percentage of Colleges	1984/85 <sup>c</sup> Number of Colleges Percentages of Colleges
1. Wide Range Achievement Test (WRAT)	70 88.6%	67 78.8%
2. Woodcock-Johnson Psychoeducational Test Battery (WJPE)	44 55.7%	61 71.8%
3. Peabody Picture Vocabulary Test-Revised (PPVT-R)	58 73.4%	39 45.9%
4. Peabody Individual Achievement Test	58 73.4%	36 42.4%
5. Weschler Adult Intelligence Test-Revised (WAIS-R)	42 53.2%	35 41.2%
6. Detroit Test of Learning Aptitude-2 (DTLA-2)	48 60.8%	29 34.1%
7. Raven-Progressive Matrix	27 34.2%	25 29.4%
8. Bender Visual-Motor Gestalt Test	31 39.2%	24 28.2%
9. KeyMath Diagnostic Mathematics Test	40 50.6%	22 25.9%
10. Woodcock Reading Mastery Test	38 48.1%	21 24.7%

<sup>a</sup>Multiple responses permitted

<sup>b</sup>Based upon 80 respondents

<sup>c</sup>Based upon 85 respondents

TABLE 7: Ten Most Widely-Used Tests by Formal LDA Programs by Purpose and Evaluator

PURPOSE											EVALUATOR							
Achievement	Intellectual Performance Adaptive Behavior	Perceptual Motor	Visual Perception	Auditory Perception	Vocational	Arithmetic	Reading	Spoken Language	Written Language	Other	TEST NAME	LDA Specialist	Psychologist	Speech Pathologist	Faculty	Counselor	Aide	Other
49	-	1	5	3	1	43	43	4	22	20	Wide Range Achievement Test-Revised (WRAT-R)	53	7	1	3	1	17	6
51	41	22	36	34	3	38	42	17	30	6	Woodcock-Johnson Psycho-educational Test Battery	52	5	2	2	2	6	3
4	14	1	2	2	-	-	-	20	1	15	Peabody Picture Vocabulary Revised (PPVT-R)	32	3	3	-	-	5	4
27	1	1	1	2	-	25	27	3	8	7	Peabody Individual Achievement Test (PIAT)	27	3	2	1	-	4	1
7	33	13	13	9	-	5	2	11	1	3	Weschler Adult Intelligence Scale-Revised (WAIS-R)	17	15	-	-	4	-	2
2	9	15	22	21	1	-	-	8	2	4	Detroit Test of Learning Aptitude-2 (DTLA-2)	23	1	5	-	-	1	1
1	22	1	6	-	-	1	1	-	1	2	Ravens Progressive Matrix	19	3	1	1	-	4	2
-	-	16	14	1	-	-	-	-	-	5	Bender Visual Motor Gestalt Test	11	9	1	-	1	1	-
5	1	-	-	-	1	22	-	-	-	-	Key Math Diagnostic Math Test	23	-	-	1	-	6	2
8	1	1	2	1	-	-	21	1	1	-	Woodcock Reading Mastery Test	21	-	1	-	-	5	1

Based upon 85 respondents.

TABLE 8; Areas in Which Informal Tests are Used to Identify Students for Formal LDA Programs<sup>a</sup>

Informal Test Areas	1981/82 <sup>b</sup>		1984/85 <sup>c</sup>	
	Number of Colleges	Percentages of Colleges	Number of Colleges	Percentages of Colleges
Written Language	55	68.8%	69	81.2%
Reading	32	40.0%	41	48.2%
Specific Learning Abilities/ Modalities	27	33.8%	40	47.1%
Arithmetic	30	37.5%	31	36.5%
Spoken Language	24	28.2%	29	34.1%
Over-all Achievement	24	28.2%	29	34.1%
Classroom Behavior	27	33.8%	28	32.9%
Spelling	27	33.8%	28	32.9%
Intellectual Performance/ Adaptive Behavior	17	21.3%	21	24.7%

- <sup>a</sup> Multiple responses permitted  
<sup>b</sup> Based upon 80 responses  
<sup>c</sup> Based upon 85 responses

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