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Accommodating EBD: Do Assessment Accommodations

Reflect Low Expectations for Students with EBD

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January 26, 2010

Literature Review EDUC 721

Abstract

Some accommodations that are offered to students with emotional behavior disorders (EBD) do little to remediate a diagnosed disability, resulting instead in enabling the continuance of the condition. IDEA specifies that access to educational opportunities include accommodations both in “instruction and assessment” (Byrnes, 2008, p. 307). While such accommodations as the use of calculators, extra test time, differences in test, or even exclusion from test may lower barriers in assessment, there is a question as to whether these same accommodations serve to remediate the long term effects of EBD regarding future academic achievement. Instead assessment accommodation may hinder the ongoing process of instruction and do more harm than good by reinforcing lower expectations that effect a student’s achievement.

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Introduction

Some accommodations that are offered to students with emotional behavior disorders (EBD) do little to remediate a diagnosed disability, resulting instead in enabling the continuance of the condition. IDEA specifies that access to educational opportunities include accommodations both in “instruction and assessment” (Byrnes, 2008, p. 307). While such accommodations as the use of calculators, extra test time, alternate test, or even exclusion from test may lower barriers in assessment, the question is whether these same accommodations serve to remediate the long term effects of EBD regarding future academic achievement. Is it possible that certain accommodations only act to enable the continuance of the disability? Does this enabling hinder the ongoing process of instruction as a student with EBD moves on to the next level of education? The question is whether assessment accommodations do more harm than good by reinforcing lower expectations that effect a student’s achievement

The purpose of this study is to review the current research on students with emotional behavior disorders (EBD), and the effects of assessment accommodations on academic achievement. What is not in question is whether an assessment accommodation aids a student with EBD in passing a test. Such accommodations as using calculators, reading out loud, spell checkers, extended time, or changes in setting are no doubt helpful in many cases, and some are necessary for certain disabilities. There are differences in disabilities and Mary Brynes defines an accommodation as “an adjustment, to an activity or setting, that removes a barrier presented by a disability so a person can have access equal to that of a person without a disability” (Byrnes, Accommodations, 2009, p. 261). The *Accommodations Manual*, from the Council of State

Chief School Officers, qualifies the definition of accommodations by noting that “accommodation use does not begin and end in school. Students who use accommodations will generally also need them at home, in the community, and as they get older, in post secondary education and at work” (Thompson, Morse, Sharpe, and Hall, 2005, p. 14). Such a distinction is applicable when considering the long term effect of any accommodation on the nature of a disability. In examining the use of certain accommodations, it is hard to satisfy this criteria, and serves as a basis for questioning their value in practice.

The growing problem

According to Maag and Katsiyannis, one in eight students are labeled with some form of disability that qualifies them for IDEA services (Maag and Katsiyannis, 2008, p. 286). They note that the growth of the population for students with disabilities grew to over 6 million students in 2005 representing a 19.4% increase from 1995 and a 49.9% increase from 1985 (Maag and Katsiyannis, 2008, p. 184). A breakdown of the numbers reveals that students with EBD represented a 33.4% increase from 1995 to 2005 (2008, p. 187). The National Mental Health Association states that between 3 – 6% of all school aged children, or 4-6 million students, “have a serious emotional or behavioral disorder that severely disrupts their daily function at home, school, or community” (Sacks and Kern, 2008, p. 112).

The proliferation of students labeled with disabilities have created challenges in terms of policy, cost, teacher qualification, and most of all, the school’s responsibilities for treatment and practice that complies with the law. The law itself creates consequences in that it adds one more layer of responsibility to educational systems that are more often the agents of “social engineering” rather than institutions of learning. Government has required schools to add the

roles of mental health institution and medical center to its other duties of educators and *parens patrie* for government. H. Rutherford Turnbull observes,

It is important at the outset to recognize that law is a form of behavior modification. It regulates the behaviors between the government and the governed, and it shapes the behavior of both. In this respect, the law plays its traditional role of social engineering – shaping the ways that society operates (Turnbull, 2009, p. 17).

Turnbull notes that IDEA (1997) and NCLB (2001) “partakes of social reform on a large scale – more like a *welfare state reform law* than a civil rights or school reform law” (2009, p. 17).

The resulting growth in the number of students with disabilities suggests that schools now own problems that once belonged to parents, mental health professionals, and even law enforcement agencies. Inherent in these problems are the balance that must be struck to provide a *free appropriate public education* for all students, the needs of the educational system to comply with mandates of accountability, and at the same time to address the individual learning needs of students with disabilities.

While problems associated with EBD have existed all along, there may be many factors that have increased the number of students that have been identified with EBD. This includes the growing numbers of referrals being made by parents or schools. The increase in the number of children being diagnosed most likely is the result of the number of children being referred, and this according to Arthur Allen is not because of parents. Allen writes, “Often, it’s not the parents but the schools that drive the diagnosis” (Allen, 2009, p. 356).

However, there are other factors that drives the increase of students with EBD. The moral and sinful environment warned about in scripture includes the growing problem that will exist in children in the end times. Emotional and behavioral disorders were first diagnosed in

scripture when Solomon wrote, “*There is a generation that curseth their father, and doth not bless their mother. There is a generation that are pure in their own eyes, and yet is not washed from their filthiness*” (Proverbs 30: 11-12, KJV). Rebellious sons and disobedient children have existed throughout all generations, but the end-time generation is pictured in the terms of an increased disregard for God’s commandments, disrespect for laws, disrespect for home, and a spirit that will work in the earth leading to the breakdown in the God given moral compass that gives order to any society. Timothy wrote,

For men shall be lovers of their own selves, covetous, boasters, proud, blasphemers, disobedient to parents, unthankful, unholy, Without natural affection, trucebreakers, false accusers, incontinent, fierce, despisers of those that are good, Traitors, heady, highminded, lovers of pleasures more than lovers of God; (2 Timothy 3:2-4, KJV).

Behaviors such as “disobedient to parents”, incontinent (without control), fierce (given to fits of anger), despisers of those that are good (rejection of authority) are common among children with EBD. Simply put – a breakdown in society is happening before our eyes, and this is evidenced by the growing problems in our children.

Disability theories that drive the debate

What factors contributed to the growth in the number of students with disabilities in the school system, and particularly the number of students identified with emotional behavior disorder? Disabilities are addressed in terms of physical, mental, developmental, and learning disabilities (Reid-Cunningham and Fleming, 2009, p. 13). Research by Reid-Cunningham and Fleming examined disability theories by analyzing six areas of disability including (1) physical and sensory, (2) mental illness, (3) development delay and mental retardation, (4) learning

disabilities, (5) work related disabilities, and (6) chronic illness (2009, p. 11). In the framework of the discussion, Reid-Cunningham and Fleming note that a dichotomy exist that presents in the different theories: the individual-sociatal dichotomy (2009, p. 11).

The “individual theories” of disability sees disability as a problem of the person. The blame, the cause, and the responsibility all exist within the individual. The individual models that define disabilities include the moral models, deficit models, survival of the fittest model, the eugenics model, and the medical model which views the “imperfection” of the person with a disability, and that intervention must be focused on “perfecting the person” (Reid-Cunningham and Fleming, 2009, p. 12). Among individual theories, the modern medical model is one that garnered the most attention in Congress during legislative discussions that resulted in the No Child Left Behind Act of 2001 (Maag and Katsiyannis, 2008, p. 185).

According to Reid-Cunningham and Fleming, “societal” theories of disability views disabilities

in terms of the natural and built in environment, values, institutions, social groups, media and public images, and cultural perceptions of disability. People with disabilities are seen as a group of individuals within society who are treated differently (Reid-Cunningham and Fleming, 2009, p. 12).

Among the societal theories is the *social construct model*. Reid-Cunningham and Fleming write, In the social construct model the problem of disability is seen as society’s inability to address the needs of its members by removing environmental and social barriers to participation and institutional benefits. The concept of universal design that provides access to all people reflects the social construct model” (2009, p. 12).

The dichotomy that exists in the individual-social theories concerning disabilities plays out in practice as schools try to understand the causes and problems associated with disabilities, provide interventions that are directed at the individual needs of students with disabilities, and yet satisfy government mandates that appear to align with the social construct theories of disabilities. The problem is that the “one size fits all” mentality that is often a part of social theories (also called systems theories) does not always result in meeting the individual needs of a student with a disability. The environmental impact of raising a school district’s standardized testing scores does little for helping a student with EBD to overcome behavior problems.

For educators, the heart of the debate should be whether an accommodation actually makes a difference in learning. Mary Byrnes writes,

The elements and purposes of accommodations include a number of facets: the terms definition, elimination of barriers to access, identification or construct-relevant interference, and the creation of a level playing field. Although most studies focus on on assessment accommodations, few address instruction (Byrnes, 2008, p. 307).

One question is whether assessment accommodations are designed for the individual or for the school. Is the real purpose behind assessment accommodations intended to improve test results, or can they actually improve learning?

Most research on EBD does not substantiate a clear basis for using assessment accommodations because academic outcomes are not the focus of EBD research (Byrnes, 2008, p. 307). According to Pierce, Reid, and Epstein,

Because of the relationship between EBD and academic failure, researchers should study the effectiveness of interventions that would enhance academic functioning and school outcomes of students with EBD. However, this is not the scope of most current research

in this area. A majority of the current research on students with EBD has assessed behavioral outcomes rather than academic outcomes (Pierce, Reid, and Epstein, 2004, p. 175).

This would suggest that there is little research that indicates whether any accommodation works in remediating EBD problems associated with academic achievement.

The nature of accommodations and modifications

In order for an accommodation to meet the criteria set forth by the *Accommodations Manual*, some thought should be given to how it works and why it is necessary. The necessity of specific accommodations at times are obvious in the cases of a physical handicap. Eyeglasses are for people who have a disability in sight. Few associate their problems with seeing as a disability because the accommodation of glasses is so common that rarely is any function impaired that will be noticed. We drive cars, read, and even play football with glasses. The mindset is that there is no disability unless a person's problem with seeing is so severe that "coke-bottle" glasses are required. Then it is perceived as a "real" problem.

Accommodations that are often used for physical handicaps such as curb cutouts, rails in restrooms, or wheelchair ramps are unquestionably necessary for people with specific disabilities in movement. Without wheelchair ramps those unable to walk would not have access to resources available to the non-disabled unless some other form of accommodation is provided. A library for example can be used by a wheelchair students once they are inside, but the ramp is a suitable accommodation for access. It means that the student does not have to be carried in by others, or depend on some other form of accommodation, as putting the whole library online and requiring the student to have computer access.

It is important to make a distinction, however, between accommodations and modifications, because the question might be asked if what is intended to be an accommodation might actually be a modification. The Nevada Department of Education explains the technical differences between accommodations and modifications.

Classroom accommodations are changes in the way a student accesses instruction, *without changing expectations* or the actual grade level standard. . . Modifications are *changes in expectations* or the content or level of presentation that may effect what the student is expected to learn (Nevade State Board of Education, 2005, p. 8).

Using the criteria set by the *Accommodations Manual*, Nevada echoes that “most accommodation use does not begin and end in school” (2005, p. 24). The technical guidelines also provide the following commentary on instructional modifications and assessment modifications.

Modifications may alter the scope or content of what is being presented in the classroom, and often include changing, lowering, or reducing learning expectations. Modifications can result in greater gaps between students and their classmates. Using modifications may result in implications that could adversely affect a student throughout his/her educational career (Nevada, 2005, p. 8).

The Nevada technical guideline then gives examples of instructional modifications which include:

1. Requiring a student to learn less material
2. Reducing assignments and classroom test so that a student only needs to complete the easiest problems or items
3. Revising assignments or classroom test to make them easier

4. Giving a student hints or clues to correct responses on assignments and classroom test. (Nevada, 2005, p. 8).

When listing assessment modifications, the guidelines list,

1. Reading the test or vocabulary test to the student
2. The student uses a spell checker or grammar check device on a writing assignment
3. Students use a calculator
4. Reading any part of the assessment to a student in a language other than English (Nevada, 2005, p. 16).

One of the important statements noted by the Nevada Department of Education for accommodations is that “Students should receive the accommodations that they need, but not be accommodated more than necessary, or inadvertently to be made falsely dependent on accommodations that are not truly necessary for the student (Nevada, 2005, p. 7). Kauffman, McGee, and Brigham observe,

If assistance is required to make adequate progress on realistic goals, then special education may be needed. Every modification and every accommodation should be held to the same standard: whether it will help the student attain these goals – not whether it will make life easier for the student (Kauffman, McGee, and Brigham, 2009, p. 259).

What is particularly interesting in the discussion is that what is a modification for assessment is an accommodation for learning. For example a student might use a calculator or spell checker to accommodate learning (Nevada, 2005, p. 15). The question might be asked whether using such accommodations in effect acts as a modification in that it might “require a student to learn less material” (2005, p.8). Do such devices actually “change expectations”, or do they “inadvertently” create dependency on accommodations (2005, p.7)?

Understanding the differences between modifications and accommodations are important in the debate over specific accommodations and their use in practice. It is the subtle difference represented by *the change in expectations* that raises the question as to what perceptions take place by the student with EBD who may not distinguish between modifications and accommodations. If there are any differences between what is expected in class and what is expected at assessment, such changes do not go unnoticed by the student. Regardless of what is used, students with EBD are aware that any differences between them and their peers is associated with how they are being perceived by teachers and others. Students with EBD are also highly aware of any *differences in expectations* for them and for their peers without disability. The *expectancy effect* is one important construct in understanding the effects of either accommodations or modifications on the academic achievement of a student with EBD.

The expectancy effect and academic achievement

While most of the research on *expectancy effect* centers around the connection between EE and IQ, McGrew and Evans notes that no clear connection has been established. However, “expectancy effects and academic achievement do appear to correlate positively” (McGrew and Evans, 2009, p. 232). The concept of expectancy effect is summarized by McGrew and Evans as simply, “if we prophesy (expect) that something will happen, we behave (usually unconsciously) in a manner that will make it happen. We will, in other words, do what we can to realize our prophecy” (McGrew and Evans, 2009, p. 231). The discussion by McGrew and Evans however looks mostly at the *teacher’s expectations* and its influence on students with disability. In reference to a national survey about teachers expectancy relative to IQ scores, the authors observed that,

Eighty-four percent of surveyed teachers did not believe that students in special education should be expected to meet the same set of academic standards as students without disabilities. In addition, approximately 80% of the teachers felt that students with disabilities should not be included in the same tests as students in general education, especially if the results are used for accountability purposes (McGrew and Evans, 2009, p. 229).

However, the concerns with expectancy effect are not limited to learning disabilities and IQ scores. Students with EBD can also be subject to the influence of EE. McGrew and Evans write,

Researches have found that in general, EE in classrooms are often related to a number of different student characteristics. Teachers overestimate the achievement of high achievers, underestimate that of low achievers, and predict least accurately the responses of low achievers (McGrew and Evans, 2009, p. 233).

It is pointed out that other student characteristics including ethnicity, use of English, readiness, and negative comments or evaluations contribute to the expectancy effect by teachers (p. 233). Furthermore, the authors note that “expectancy effects may also reflect the differential treatment of an individual based on group membership stereotypes” (McGrew and Evans, 2009, p. 235).

Does that include students with EBD?

This raises a concern that these “expectations” drive the use of assessment accommodations in practice. Decision made for IEP’s and assessments begin with the expectations of those that make the decisions. While guidelines such as those presented in the Accommodations Manual or the Nevada guidelines are intended to address the issue, the reality is that decisions are judgment calls. There may be teams involved, oversight involved, and

rationales that seem reasonable and responsible, but expectations are a factor in those decisions. If the expectation is that test scores of students with EBD will be low, a decision may be made to exclude the students from testing. If the expectation is that a student with EBD will not be able to complete an assessment in a normal given time frame, the decision is made to extend the time. These examples are suggested relative to expectations, and not necessarily to other factors such as the extent of disability. Expectations, if they are objective are based on factors such as disability, the IEP, and student performance. If on the other hand expectations are subjective does it weigh heavily in the decision and negatively impact the decision process? Research by George and Vannest concluded that the determination of who would be included in state assessments did involve teacher expectations that influenced decisions. George and Vannest wrote, “This study identifies that some patterns in participation do exist and may exist due to expectations by instructional teams concerning performance” (George and Vannest, 2009, p. 36).

The *expectancy effect* is highlighted by the fact that participation in assessments or lack thereof can be interpreted in several ways by students with EBD. It may mean that what is learned in the classroom does not matter, lowering the value of education in the eyes of the student. It may mean that teachers have lost hope for the student, lowering the value of teachers in the eyes of the student. Or it may mean that the behaviors do not have to change because they will always be accommodated. There can be other interpretations, but the fact is that school districts often reveal their “expectations” by the accommodations that are given to students with EBD.

One of the common assessment “accommodations” is simply to exclude students with EBD from testing. George and Vannest researched the inclusion of students with EBD in one large suburban school district and found that “nearly half of the students with emotional

disturbance do not participate in statewide assessments in reading” (George and Vannest, 2009, p.36). Jennifer Booher-Jennings notes that in the Houston Independent School District, “Almost one-third of Houston schools (31%) exclude more than 10% of their students from scores used for accountability (Booher-Jennings, 2006, p. 166). Booher-Jennings also revealed that “gaming” practices used to inflate school passing rates included

giving students a special education classification to exclude them from high-stakes tests, retaining students in grade to delay test-taking, diverting attention away from subjects not evaluated on high-stakes tests, teaching to the test, and cheating (2006, p. 163).

Participation in statewide assessment has grown since IDEA 1997 was amended to require states to include students with disabilities in statewide assessments. However, accommodations for partial participation, out of level testing, and alternate assessment are among the accommodations used for students with EBD. According to Thurlow, Lazarus, Thompson, and Morse partial participation in statewide assessment “was the most frequently mentioned option in states’ 2001 participation policies” (Thurlow, Lazarus, Thompson, and Morse, 2005, p. 235).

The expectations of the teachers often influence of those expectations by students with disabilities and has been seen as a factor in school drop-out rates. McGrew and Evans note that “the adverse impact of sustained expectations can occur when teachers continue to engage in behaviors that result in the maintenance of previously formed low expectations” (2009, p. 234). Research by Reschley and Christianson notes that low expectations are among major reasons for school drop-outs (Reschley and Christianson, 2006, p. 277).

The expectancy effect in accommodation decisions

Do expectations enter into accommodation decisions? Research by the Paul V. Sherlock Center on Disabilities at Rhode Island College looked at the decision making process of IEP teams, administrators, and teachers when it came to making assessment accommodation decisions. A comprehensive survey was mailed to 1200 IEP team member respondents which included administrators, general education teachers, special education teachers, therapist, parents, and others. The research revealed the sources for team decisions about what accommodations were used which included IEP evaluations, student skills, consultations with parties, input from parents and teachers, classroom performance, and state guidelines. Some interesting data was presented.

1. IEP's were not always strong predictors about the use of accommodations. Location was the better predictor of accommodations rather than IEPs, and test accommodations were not developed from students instructional accommodations (Sherlock, n.d., Slide 4).
2. Fifty-five percent of respondents had little or no training in developing accommodations for assessment. (Slide 7). This would suggest that the decisions would be based on more subjective factors rather than the more concrete evidence associated with a student's disability. This includes the subjectivity of expectations.
3. Important factors in choosing assessment accommodations included the individual needs of the student, impact of disability, and students ability – however it also included the comfort level of the student and distractibility. Yet it is noted that the IEP was one of the least factors (Slide 16) considered in making decisions about accommodations.
4. Assessment accommodations that parallel instructional accommodations were not available to students during state assessments (Slide 26).

The Individualized Educational Program takes into account the nature of a student's disability including strengths, needs, parent and teacher input, and serves to add specificity to how students are to learn or be tested. If similar data exist among other school districts nationwide, it would highlight the concern about the decision making process that leads to the use of assessment accommodations. The study highlights the importance of aligning the IEP, which is used in instructional accommodation decisions with the later assessment accommodation decisions.

Conclusions and implications for future research

While all students with disabilities present challenges for school districts, students diagnosed with emotional behavior disorder continue to have outcomes that suggest that accommodations used for assessment do little to add to academic achievement. According to research by Sutherland and Wehby, the educational outcomes for students with EBD have been bleak. Sutherland and Wehby report,

Few students with EBD who graduate from high school complete any form of post-secondary education, and rates of postschool unemployment for these students have been documented to range from 25% to 52%. Further data from the NLTS indicated that by the time they had been out of school for two years, 37% of the sample of students with EBD had been arrested compared to 19% of all students with disabilities (Sutherland and Wehby, 2001, p. 113).

Recent research by Sacks and Kern reveal that "students with EBD have the worst educational, behavioral, and social outcomes of any disability group" (Sacks and Kern, 2008, p. 113). Educational outcomes for students with EBD include higher drop out rates, higher course failure rates, are retained in grade more often, and pass minimum competency tests at lower

rates. Quality of life issues following students with EBD into adulthood include higher rates of unemployment, more criminality, sex or drug abuse, and difficulty maintaining independence (Sacks and Kern, 2008, p. 113). As recent as 2004, a study by Quinn revealed that “more than half of all adolescents with EBD were arrested within five years of leaving school; among drop-outs that figure exceed 70%” (Sacks and Kern, 2008, p. 113).

The research by Reschley and Christianson notes that many variables predict school dropout both at home and at school. They identify these as being “alterable variables” that when taken in consideration can make a difference in whether students with EBD succeed in school. Reschley and Christianson observe that expectations are among those variables that will make a difference in whether a student achieves or does not achieve. They write,

Alterable variables at the student level include homework completion, attendance, behavior, preparation for class, and expectations to complete school; this list is not exhaustive (see Note 3). At the parent level, providing academic and motivational support for learning, monitoring their children’s activities, and having high but realistic expectations for school completion are associated with school completion, whereas high mobility, low educational expectations, and permissive parenting are associated with an increased risk of dropping out. School-level variables associated with lower dropout rates include orderly school environments; committed, caring teachers; and fair discipline policies (Reschley and Christianson, 2006, p. 377.)

While research continues to develop for the causes and nature of emotional behavioral disorders, the population of students with EBD continues to increase. At the same time the educational outcomes for students with EBD are bleak. A review of the literature for positive outcomes provide little indication that assessment accommodation have made any significant

impact on improving a student's chances for academic achievement. Instead, there are concerns that assessment accommodations are most often used only as a means to include students with EBD when possible in a way that satisfies the mandates of NCLB.

In a report by Carr-George, Vannest, Wilson and Davis, only 56% of students with EBD participate in statewide assessments on a national level, and only 44% of those met proficiency levels (Carr-George, Vannest, Wilson, Davis, 2009, p. 66). When wondering why states continue to exclude so many students from statewide assessment, a 2005 study by Barton-Atwood, Wehby, and Falk determined that "academic instruction is often a secondary concern for many students with EBD" (Carr-George, Vannest, Wilson, and Davis, 2009, p. 66). As long as low expectations for students with EBD continue certain types of assessment accommodations such as alternate testing, partial participation, or out of level testing will do little to improve the chances of students with EBD because the decisions made for accommodations are based on factors other than the real impact of a student's disability. These factors are lower expectations plus government mandates.

It has been pointed out that the focus of EBD research has been behavioral outcomes, not educational outcomes (Pierce, Reid, and Epstein, 2004, p. 175). Implications for future research are that more focus should be given to actual interventions and strategies that can be included in a student's Individualized Educational Program; accommodations if needed that are tied to instruction rather than to assessment. General education teachers, special education teachers, and others that become part of IEP teams should be better trained to determine accommodations for both instruction and assessment without regard to satisfying government mandates, but only with how they work in practice to remediate the effects of EBD for academic achievement.

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