Described and analyzed are procedures used in 38 Child Service Demonstration Projects throughout the U.S. for screening and identifying learning disabled children (LD). It is emphasized that the purpose of the project was to report viable alternatives for screening and identifying LD children rather than to recommend one particular model or screening test as the best. Information given on each of the 38 projects includes the delivery system for intervention (such as an LD resource room), the initial entry system utilized (such as teacher referral), and the personnel involved in decision-making (such as parents and psychologists). Flow charts provided depict the information gathering, information transmittal, decision-making and administrative procedures used in determining a child's eligibility for LD intervention. Among findings reported are: that the resource room is the most prevalent delivery system for LD children in public schools; that almost 80 percent of the projects use teacher referrals to identify potential LD children; and that emotional disturbance is the condition most likely to be specifically invoked as an exclusion criterion. Appended is the interview form used to gather data on projects. (LS)
SCREENING AND IDENTIFICATION PROCEDURES IN THE CHILD SERVICE DEMONSTRATION PROGRAMS

Harold J. McGrady
Carolyn S. Anderson
The activity which is the subject of this report was supported in whole or in part by the U.S. Office of Education, Department of Health, Education, and Welfare. However, the opinions expressed herein do not necessarily reflect the position or policy of the U.S. Office of Education, and no official endorsement by the U.S. Office of Education should be inferred.
The authors would like to express profound gratitude to the Project Directors and other personnel from the CSDPs. They contributed hours of their time, their materials, and their opinions regarding the screening and identification process. They were universally honest, candid, and cooperative in our interviews on the phone, or in person. They provided far more information than we were able to analyze within the brief span of time allotted for closing out the study. We are hopeful, however, that our flow-charts and notations will depict as accurately as possible, not only what they have done, but some of their philosophies and feelings about the process.

We also wish to thank our colleagues at the LTI-LD, faculty of the Department of Special Education at the University of Arizona, and other professional colleagues who contributed thoughts for our consideration as we evolved the study. Dr. Gerald Senf and Mrs. Cathy Crafts were especially helpful in the design of the study and the conduct of the interviews, respectively. Pamela Tyree, Nancy Spence, Diane Simrin, and Fran Record spent many hours typing manuscripts, tables, and charts. Their untiring efforts are here recognized and appreciated.
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Major Stages of Screening and Identification Systems
INTRODUCTION

As part of the overall research effort by the LTI-LD, we engaged in an analysis of the screening and identification processes utilized in the various Child Service Demonstration Projects (CSDPs) throughout the United States. These projects had been in existence as model programs in 43 states for periods ranging from one to three years under Title VI-G funding. In many instances these projects were built upon efforts of several years prior to the Title VI-G. Thus, we felt that the processes utilized by the CSDPs for screening and identification of children were probably representative of the array of best efforts in such activities throughout the country at the time of the study (October 1973-June 1974).

PURPOSES AND PREMISES

Our primary purpose in this investigation was to create a better understanding of the viable alternatives for screening and identifying children in determining whether they are eligible for delivery of services as children with SLD. Please note some underlying premises of our study.

1) We did not assume that there is only one best model for screening and identification of SLD children. Rather, there are many models or systems for carrying out this process. And, we begin with the assumption that a number of these systems, or their modifications, may be equally viable, depending upon other variables. In our study we hoped to lay out, then, alternative systems for screening and identification. We also intended to lay out the effects of other variables in determining which model would be the optimum choice among all alternatives in a given situation. Variables might include: age or grade, type of delivery system, size of school district, size of geographic boundaries, availability of various types of professional personnel, availability of supportive services for L.D. and other handicapping conditions, length of time over which L.D. services have been available in the system, etc.

Because the funding of this project was terminated, time did not allow us to accomplish this latter goal. Rather, our report here consists primarily of a description of the screening and identification systems, together with some conclusions and analysis of the decision-making process.

Since we assumed that there are a number of viable alternatives to the screening and identification process, our research activity centered around three objectives:
a) Identifying the variety of systems used in screening and identification by the CSDPs;

b) Creating a model for classifying or categorizing the decision-making process utilized in the screening and identification systems; and

c) Suggesting what variables are of importance in deciding which system to select at a given locale.

2) Another assumption was that we should not focus on a specific test, battery of tests, or screening index in our analysis of screening and identification. We did not wish to end our study by recommending a single test to be used by all in screening. Again, our aim was to lay out valid alternatives as far as the use of screening instruments is concerned.

Consequently, our study focused on the analysis of the decision-making process for screening and identification of SLD children. Questions of importance here were as follows:

a) What types of children were the screening and identification process attempting to uncover? And what delivery system was the screening aimed at?

b) In what person (or persons) was the decision making centered? (e.g. Was it a psychologist-oriented system; an L.D. Specialist-oriented system; a team-oriented system, etc?)

c) What were the stages of the decision-making process, and what was the sequence of these stages? (e.g. When is the exclusion of non-SLD handicapping categories, such as MR, ED, or sensory deficits accomplished?)

d) What provisions were made within each system to bring together adequate information to make the necessary decisions at each stage? Here we were concerned with all forms of information, such as cumulative records, testing, observations, effects of previous teaching, interviews--whatever information was utilized by each system.

Regarding the gathering of information, we were concerned about several questions: Was the information adequate to make the decision required? What were the criteria at a given stage for a given decision? Who made the decision at a given stage? What competencies are needed by a person to make that decision? Was information gathering and/or decision making redundant throughout the system? Were there checks and balances within the system to avoid premature or unwarranted decisions?
In this final report, we do not make definitive conclusions or evaluative statements regarding the above questions for each specific screening and identification system. Rather, we leave it to the reader to use these questions as a guideline in evaluating the systems as they are described in flow chart form in the following sections of this report.

Furthermore, we would suggest that these questions (and others we have posed) can be used as part of a systems analysis approach by any professional who wishes to evaluate an operational screening and identification system, or a system that he may contemplate utilizing.

PROCEDURES

The essential aspect of this report consists of a description of 38 CSDP Screening and Identification systems, presented in flow chart forms, together with explanatory notations. Although there were 43 Child Service Demonstration Projects funded under Title VI-G at the time of our study, data were not collected from seven projects. The reasons included a) screening system not yet established in a new project; b) screening system not utilized by the project; c) lack of success in arranging an interview. There were 38 systems, however, in our analysis because two of the projects each utilized two different screening and identification systems. Consequently two separate and complete interviews were completed within those projects. (See appendix A).

All data were gathered by means of a semi-structured interview schedule that could be considered as a focused interview. These interviews were conducted either by phone or direct face-to-face interview by the co-authors of this study and one additional trained member of the research staff. In most instances, the informant was either the Director, or someone designated by him/her as the most knowledgeable person in the project concerning the subject of the system used for screening and identifying children as being eligible for service as SLD in the particular delivery system for that project. All interviews were tape recorded and subsequently transcribed for analysis. The flow charts were then constructed by the co-authors of this report, based on the interview transcriptions, together with written materials and diagrams provided by CSDP personnel. Whenever it was deemed necessary the investigators sought additional clarification from the project staff.

In constructing and compiling the flow charts to depict the screening and identification systems, an attempt was made to standardize terminology for purposes of cross-comparisons. Please note that any ambiguities, misrepresentations, or inaccuracies in the depictions and descriptions of these systems rest solely on the decisions made by the co-authors. Due to time constraints produced by the sudden and unexpected termination of funds for this research program, we were unable to verify all of our decisions with the CSDP personnel. We sincerely hope that we have not seriously misrepresented their processes in our designations. However, we can assure the
reader that we had ample information and labored many hours to provide as true a picture as we could humanly draw at this time. It must be understood, however, that some errors probably do exist in our interpretations of what actually occurred. We remain convinced, however, that the critical aspects of what we report in the ensuing pages are founded in fact.

REPORT OF FINDINGS

The remainder of this report consists of our findings concerning the (CSDP) Screening and Identification Systems. There are basically three aspects of these systems in the order in which they occur chronologically for the child.

(1) The Initial Entry
(2) The Decision-Making Process
(3) The Delivery System

FIGURE 1

MAJOR STAGES OF SCREENING AND IDENTIFICATION SYSTEMS

A summary of the delivery systems used in the CSDPs is found in Tables 1, 2, and 3. A summary of the initial entry systems utilized is in Table 4. Subsequently, Tables 5, 6, 7, 8, 9, and 10 summarize the decision-making processes as we have analyzed them. Following is a discussion of each of these stages of screening and identification as they were accomplished by the 38 CSDPs surveyed. The final section describes the precise flow charts for each project.

11
Delivery Systems for Intervention

Delivery Systems were designated according to the role of the L D Specialist(s), as represented in the following continuum in Table 1. The continuum represents the degree of direct intervention by the L D Specialist(s) from greatest to least amount.

<table>
<thead>
<tr>
<th>Delivery System</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>L D Self-Contained:</td>
<td>L D Specialist provides total educational service;</td>
</tr>
<tr>
<td>L D Resource Room:</td>
<td>L D Specialist provides partial service;</td>
</tr>
<tr>
<td>(Service in special room)</td>
<td></td>
</tr>
<tr>
<td>L D Specialist</td>
<td>L D Specialist provides prescriptive service to the</td>
</tr>
<tr>
<td>Mainstreaming:</td>
<td>actual teacher agent.</td>
</tr>
<tr>
<td>(Service in regular</td>
<td></td>
</tr>
<tr>
<td>classroom)</td>
<td></td>
</tr>
<tr>
<td>L D Consultative:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A summary of the delivery systems, or combined delivery systems utilized in the 38 projects surveyed is represented in Tables 2 and 3 on the following page.
TABLE 2

DELIVERY SYSTEMS UTILIZED IN CSDPs SURVEYED (N=38)

<table>
<thead>
<tr>
<th>Single Systems</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Contained</td>
<td>1</td>
</tr>
<tr>
<td>Resource Room</td>
<td>14</td>
</tr>
<tr>
<td>Mainstreaming (Specialist)</td>
<td>2</td>
</tr>
<tr>
<td>Consultative</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total Single System</strong></td>
<td>22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Combined Systems</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Contained and Resource Room</td>
<td>3</td>
</tr>
<tr>
<td>Self-Contained and Consultative</td>
<td>2</td>
</tr>
<tr>
<td>Resource Room and Consultative</td>
<td>7</td>
</tr>
<tr>
<td>Self-Contained, Resource Room and</td>
<td>4</td>
</tr>
<tr>
<td>Consultative</td>
<td></td>
</tr>
<tr>
<td><strong>Total Combined System</strong></td>
<td>16</td>
</tr>
</tbody>
</table>

TABLE 3

NUMBERS AND PERCENTAGES OF THE 38 PROJECTS WHICH UTILIZED EACH DELIVERY SYSTEM (SINGLY OR IN COMBINATION).

<table>
<thead>
<tr>
<th>Delivery System</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Contained</td>
<td>10</td>
<td>26.3</td>
</tr>
<tr>
<td>Resource Room</td>
<td>28</td>
<td>73.7</td>
</tr>
<tr>
<td>Mainstreaming (Specialist)</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td>Consultative</td>
<td>18</td>
<td>47.4</td>
</tr>
</tbody>
</table>
Several comments are in order in regard to Tables 2 and 3.

Of the systems reviewed, nearly sixty percent used only one type of delivery system as an option. Whether this is representative of the total school systems within which the CSDPs operated, we cannot be certain. However, it is our feeling that whenever possible, multiple options should be available so that maximally efficient and effective placement is possible for every child needing service.

It is also interesting to note that whenever a single model for delivery of service was chosen, the predominant choice was the Resource Room. The Resource Room delivery system stands today as the most prevalent option open to an LD child in public schools in this country. Nearly three-fourths of all programs had this as an option (See Table 3). Next in popularity is the consultative, or prescriptive model, wherein the LD-Specialist serves primarily as a diagnostician and prescriber of techniques to the regular teacher.

In regard to Self-Contained delivery systems it should be noted that only one of these occurred as a lone option. Self-contained LD rooms tended to occur as one option in systems offering more than one choice. Furthermore, in two instances, the self-contained class was a "transitional" classroom and probably did not contain SLD children solely.

Initial Entry Systems

Initial entry into the screening and identification system is the method by which a child first becomes designated as potentially qualifying for intervention as a learning disabled (LD) child. There are essentially two basic methods of initial entry:

Referral: In this instance a specified person raises the initial question of eligibility regarding the child. This person is usually the teacher. However, in many systems a parent, physician, or other agent may also serve as the person initiating the referral process. In most circumstances the referral is routed through the teacher. Therefore, in general the "referral-method" may be considered as "teacher referral."

Mass Screening: In this instance all children from an eligible pool are screened for evidence of learning disability, usually by means of a particular group test or battery of group tests. Children usually qualify as potential LD under such a procedure based on a cut-off score on the particular test or tests.

In other instances, screening consists of a search of already available data, such as cumulative records, or testing done for other purposes.
Although another type of mass screening is possible, that method was never used in any of the projects analyzed. That system is mass teacher rating. Under this type of procedure, the regular teacher would be required to rate all of her students on a behavior rating scale. Children would then be designated as potential LD depending upon the results of these ratings. Although many systems utilized teacher rating scales or behavior checklists, none were accomplished full scale; they only rated children who were referred as possible LD.

Following is a summary of the number of projects using the various Initial Entry Systems (Table 4).

<table>
<thead>
<tr>
<th>Initial Entry System</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher Referral</td>
<td>30</td>
</tr>
<tr>
<td>Mass Screening</td>
<td>8</td>
</tr>
<tr>
<td>Mass Rating</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>38</strong></td>
</tr>
</tbody>
</table>

The overwhelming choice of the CSDPs was to use teacher referral (almost 80%). Therefore, a keystone to the entire process of identification of children with LD is the regular teacher's competency to refer. It is well worth future research effort to test the efficiency of this link in the system. Our impressions from this study and previous experiences indicate that teachers are relatively efficient. The "hit rate" for children who are actually referred is generally high, and can be identified readily for any particular system. What is less well known is the proportion of false negatives (children with LD who are not referred by the teacher). This should be studied carefully in any system. We recommend highly that research into variables affecting teacher competence in this realm be encouraged.
Types of Decisions

The decision-making process consists of two types of decisions: (A) those decisions which raise questions about the child's eligibility as an LD child, i.e., as a child who will be eligible to receive intervention as an LD child; and (B) those decisions which do not bear directly on the determination of the child's eligibility of qualification as an LD child, but which may or may not allow him to be enrolled in the intervention service(s), or may determine which of alternative services he will be assigned to.

Eligibility Decisions. These types of decisions are of three types, as seen in Table 5 on the following page. The letter designations are used as notations in the flow charts to indicate when such decisions are made.

The first type of eligibility decision is that which coincides with the Initial Entry phase of the screening and identification system. That is designated as the "Suspect Decision" (S) in Table 5. It simply asks the question as to whether any person (or any test score) considers the child suspect of being learning disabled.

The second type of eligibility decision is that which determines whether the child should be "excluded" from consideration as an LD. Decisions C and I in Table 5 are "Exclusion Decisions." They may be considered as answering the question "Is there present any other condition which could be considered as a primary cause of learning failure?" Specific conditions are listed separately, because it is of special significance and is essentially universal in application of the definition for specific learning disability.

Decisions a, al, p, and pi in Table 5 are classified as "Inclusion Decisions." These are decisions which designate specifically whether a child qualifies as having a specific disability in learning. The Inclusion Decisions consist essentially of all possible combinations of two parameters viz, deficit vs discrepancy; and academic learning vs basic psychological processes. Thus, a and al represent "deficit" statements, a being deficit(s) in academic learning and al being deficit(s) in basic psychological processes. A deficit is defined as a "low" in the behavior considered. This is an absolute value, not relative to any other intra-individual functioning. It is usually relative to a group norm or a criterion reference. Thus, it is an inter-individual difference.

Likewise, ai and pi represent two types of "discrepancy" conditions: ai represents a discrepancy between academic achievement and intelligence (potential); whereas pi is a condition denoting a discrepancy between a basic psychological process and intelligence (potential). Thus, the discrepancy conditions represent "intra-individual" differences with measured intelligence usually as the reference mark to compare against other more specific abilities. Table 6 depicts the Inclusion Decision parameters.
TABLE 5

KEY FOR ELIGIBILITY DECISIONS NEEDED IN DETERMINING WHETHER
A CHILD QUALIFIES AS LEARNING DISABLED

<table>
<thead>
<tr>
<th>SUSPECT DECISION</th>
<th>EXCLUSION DECISIONS</th>
<th>INCLUSION DECISIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>S: Is he suspected of having I.D.?</td>
<td>C: Is there present any other condition which could be considered as a primary cause of learning failure?</td>
<td>a: Is his academic achievement below normal? i.e., is there a deficit in reading, writing, spelling, arithmetic?</td>
</tr>
<tr>
<td>Ch: hearing disorder;</td>
<td>aI: Is there a discrepancy between his academic achievement and his intelligence (potential)?</td>
<td></td>
</tr>
<tr>
<td>Cv: visual disorder;</td>
<td>p: Is there a deficit in any basic psychological process? (e.g. perception, memory, receptive language, expressive language, motor—i.e. non-academic functions).</td>
<td></td>
</tr>
<tr>
<td>Ce: emotional disturbance;</td>
<td>Co: other.</td>
<td></td>
</tr>
<tr>
<td>Cd: environmental disadvantage;</td>
<td>pI: Is there a discrepancy in any basic psychological process, relative to intelligence (potential)?</td>
<td></td>
</tr>
<tr>
<td>Cm: motor (neurological) handicap;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I: Is his intelligence below normal?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TABLE 6

KEY FOR LETTER NOTATIONS ACCORDING TO THE
PARAMETERS FOR INCLUSION DECISIONS

<table>
<thead>
<tr>
<th>TYPE OF LEARNING</th>
<th>TYPE OF DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Deficit</td>
</tr>
<tr>
<td>Academic</td>
<td>a</td>
</tr>
<tr>
<td>Psychological Processes</td>
<td>p</td>
</tr>
</tbody>
</table>

In each of the Flow Charts presented below, the eligibility decisions are noted. When a diamond, or decision-making point on the chart is accompanied by a broken line extending horizontally, it represents an eligibility decision. The letters on that broken line (e.g. S, I, C, aI, a, pI, p) indicate, according to the key noted above, which type(s) of eligibility decisions are made at that juncture in the system. A C, rather than Ch, or Ce, etc., means that undesignated conditions for exclusion are checked at that point.

Whenever a diamond is not accompanied by a broken horizontal line, we have considered that as a constraining decision, discussed below.

Constraining Decisions. Following are examples of constraining decisions, that is decisions which do not bear directly on the determination of the child's eligibility or qualification as an LD child, but which may or may not allow him to be enrolled in the intervention service, or may determine which of alternative services he will be assigned to.

Does the child meet the State guidelines?
Can the system be by-passed (parent pressure, etc.)?
Does the parent give permission to test; to place?
Is there appropriate service delivery system in his school?
Can he be transported to school where system is available?
Can he be served now, i.e., is there a waiting list?
Will we put him in the delivery system, even though he does not qualify precisely?
Are other alternate delivery systems available?
It is well to look at any system to determine whether constraining decisions are acting for or against the child's ultimate good, or whether constraining decisions are unduly burdensome for the efficiency and effectiveness of the system. This may be particularly true in cases of too many layers of administration.

Discussion of the Decision-Making Processes Used in Determining Eligibility for LD Services. The following is concerned with the types of decision-making processes utilized by the CSDPs. The discussion will first consider the exclusion decisions, then the inclusion decisions.

Exclusion Decisions. Referring to Table 5, we see that there were three types of decisions made: (a) Suspect decisions, (b) Exclusion decisions, and (c) Inclusion Decisions. All projects utilized the Suspect Decision, and these are represented by our discussion of the Initial Entry Systems.

The initial entry system determined how a child was rendered suspect of LD. Then a series of decisions was made to determine whether he had other conditions which would exclude him from consideration as an LD child.

One of the conditions was evidence of "normal" intelligence. Of the 38 CSDPs, 31 gave distinct evidence of designating normal intelligence before certifying that the child could be classified as LD. The exceptions were projects which had varying reasons for not expressing a clear-cut determination of normalcy of intelligence. For example, some Pre-School or Kindergarten projects followed a developmental approach and intervened with all children showing deviations, regardless of level of overall ability; other projects stressed the need to be concerned with cultural and/or environmental factors which might influence the designation of "intelligence;" and in one case we are simply not certain that a decision of this nature was made.

It is safe to say, however, that most projects, faced with the task of certifying children as eligible for LD services, chose to determine overall level of ability (or potential) by some means. The methods they used and the criteria applied to make that decision were so varied that they defy generalization. No attempt, therefore, will be made to do so in this report.

The other conditions which projects attempted to apply as exclusion criteria also varied. In fact it was often difficult for us to determine whether they applied certain criteria or not. Thirty-three of the 38 CSDPs (86.8%) indicated the application of some exclusion criteria, other than general ability. The following table (Table 7) summarizes the number of projects which specifically stated certain exclusions in their descriptions of the decision-making process.
Thus, although a very high percentage of projects used certain conditions as exclusion criteria, no more than 40% gave evidence of using any specific item. About one-third of the projects gave general indication of exclusion criteria, but we could not discern which ones they always applied. Emotional disturbance was the most likely to be specifically invoked as an exclusion criterion (39.5%), with visual and hearing handicaps next most frequent (28.9%). Only 15.8% specifically noted motor (or neurological) factors; and only 5.3% considered disadvantage as an exclusion criterion.

Thus, there is considerable variance throughout the United States in regard to whether various exclusion criteria are applied before a child can be considered as having a learning disability. The variations in criteria are so prevalent that the populations of children being served by CSDPs are apparently very heterogeneous. We did not collect data precisely to this point, but the methods of selection are so variant that they almost dictate such a result.

Inclusion Decisions. The types of inclusion decisions also varied across the projects so that few clear generalizations can be made. Perhaps the only safe generalization is that there is little consistency regarding how children are operationally defined as LD. The decision-making processes as we analyzed them were so varied that virtually all possible choices or combinations of choices were used.
There are four possible ways a child could qualify as LD, according to various inclusion decisions:

- **a** - academic achievement deficit

- **aI** - academic achievement discrepancy (relative to potential)

- **p** - psychological process deficit

- **pI** - psychological process discrepancy (relative to potential)

Any one or any combination of these criteria could be used in decision making. Table 8 summarizes the number of times each was used.

**TABLE 8**

Numbers of times each type of inclusion decision was used as a criterion for determining eligibility as a learning disability by CSDPs

<table>
<thead>
<tr>
<th>One Criterion</th>
<th>Two Criteria</th>
<th>Other Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>p: 4</td>
<td>aI, pI: 10</td>
<td>aI, pI, p: 1</td>
</tr>
<tr>
<td>a: 1</td>
<td>a, p: 2</td>
<td>aI, pI, a, p: 13</td>
</tr>
<tr>
<td>aI: 3</td>
<td>aI, p: 2</td>
<td>No criteria: 1</td>
</tr>
<tr>
<td>pI: 0</td>
<td>pI, a: 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a, aI: 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>p, pI: 0</td>
<td></td>
</tr>
</tbody>
</table>

8 15 15

21
Thus, very few (8) CSDPs relied on only one criterion, and there was little consensus if only one was selected. If a discrepancy criterion was chosen, however, the tendency was toward academic discrepancy. But, when deficit was the criterion, the choice was for psychological processes. This trend is maintained, but only slightly, when we combine all criteria used singularly, or in combination, as in Table 9.

TABLE 9

NUMBERS OF TIMES AND PERCENTAGES EACH TYPE OF INCLUSION DECISION WAS USED AS A CRITERION FOR DETERMINING ELIGIBILITY AS A LEARNING DISABILITY BY CSDPs (COMBINED FIGURES)

<table>
<thead>
<tr>
<th>Key</th>
<th>Type of Decision</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>(aI)</td>
<td>academic achievement discrepancy</td>
<td>29</td>
<td>76.3</td>
</tr>
<tr>
<td>(pI)</td>
<td>psychological processes discrepancy</td>
<td>25</td>
<td>65.8</td>
</tr>
<tr>
<td>(p)</td>
<td>psychological processes deficit</td>
<td>22</td>
<td>57.9</td>
</tr>
<tr>
<td>(a)</td>
<td>academic achievement deficit</td>
<td>17</td>
<td>44.7</td>
</tr>
</tbody>
</table>

Or, we could view the decision-making in regard to the preference for discrepancy vs deficit as the keystone. Table 10 shows how many decisions were made, according to those parameters:

TABLE 10

DISCREPANCY DECISIONS VS DEFICIT DECISIONS

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discrepancy-only decisions</td>
<td>13</td>
<td>34.2</td>
</tr>
<tr>
<td>Deficit-only decisions</td>
<td>7</td>
<td>18.4</td>
</tr>
<tr>
<td>Deficit and/or discrepancy decisions</td>
<td>17</td>
<td>44.8</td>
</tr>
<tr>
<td>No decision</td>
<td>1</td>
<td>2.6</td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Approximately one half (20/38) selected an exclusion decision-making process (Table 10). That is, the child could be classified as a learning disability only if he was determined to have a discrepancy of some type in some of the projects; whereas other projects only considered him to have an LD if he demonstrated a deficit of some type.

Among the projects which restricted the eligibility, the overwhelming trend was to accept evidence of discrepancies only, rather than deficit only (See Table 10). But nearly 45 percent of the projects (17) allowed the child to qualify as LD if he had either a deficit or a discrepancy. One project never formally made a decision, but placement was essentially on an overall deficit in performance.

Thus, the question might be raised as to whether children in the U.S. are classified as LD primarily because of deficit performances or intra-individual discrepancies (usually between a performance and a "potential"). The analysis shown in Table 10 indicates that each type of criterion is used widely, with nearly half of the projects accepting either deficit or discrepancy. But, when a choice was made, the trend was 2 to 1 for selecting discrepancy as the criteria. This trend was also seen in Table 9. Academic discrepancy was utilized 29 times as opposed to 17 instances where academic deficit was allowed. Discrepancy was also the preferred criterion when psychological processes were used as the gauge, but only by a narrow margin of 25 to 22 (Table 9). Thus, it can be said that discrepancy criteria and deficit criteria are both utilized widely throughout the United States, but when a choice of these two is made, the result is predominantly to select discrepancies, or intra-individual variability.

We might also look at the selected criteria for inclusion from the parameter of academic achievement vs performance in psychological processes. There is virtually no agreement among LD CSDPs concerning which type of criterion to use. As seen in Table 9 there were 47 single or combined instances where psychological processes were the criteria, and 46 comparable instances for academic achievement. Looking at the figures in Table 8, we see that 4 projects used academic-only criteria, and 4 CSDPs used psychological processes criteria only; but 30 used each as qualifiers by some combination. In fact, in every instance where more than one criterion was used, the selection included at least one academic and one process factor.

Another interesting trend may be noted in reference to the choices made when only one criterion was allowed (Table 8). Although the numbers are small, the choices were distinct and perhaps tell us something about the interaction between the discrepancy-deficit parameter and the academic-psychological processes parameter. In Table 8 it can be seen that whenever a discrepancy was the sole criterion allowed to qualify as LD, the choice was 3 to 0, with academic discrepancy being the qualifier. In contrast, when deficit was the lone selector the criterion factor was psychological
process by a 4 to 1 margin. Or, whenever academic criteria were used, the choice was 3 to 1 for accepting discrepancy; but when psychological processes were the criteria, the choice was 4 to 0 in favor of deficit. Thus, regardless of the parameter from which we view the interaction between behaviors and the indices of difficulty, there is a trend to consider academic behavior deviant when it is discrepant; but psychological processing deviant if it is deficient in comparison with other individuals, regardless of overall ability.

It would appear, then, that we are inconsistent of our views regarding the ways in which intra-individual differences (discrepancies) and inter-individual differences (deficits) are interpreted as designating a disability. This inconsistency, together with our varied criteria for decision-making regarding eligibility for LD services, may explain much of the confusion in this country regarding placement and intervention for LD children. It may be the prime reason that we have an extremely heterogeneous population of children throughout the United States being served under the single rubric: Learning Disabilities.

To summarize the operationalizing of the definition of learning disabilities as manifested by the decision-making processes of 38 Child Service Demonstration Projects, we conclude the following:

1. There is wide variance in the criteria used throughout the U.S. for designating children as LD, i.e., for certifying them as eligible for LD services.

2. Although most CSDPs considered below normal intelligence as an excluding criterion for designation as LD, the methods used to make such determinations were varied.

3. Other excluding criteria were also varied, but most projects utilized some criteria other than intelligence, with emotional disturbance, hearing, visual, and motor handicaps as the most prominently considered exclusions.

4. Inclusion criterion varied in regard to several parameters:
   a. Although both discrepancy and deficit criteria are invoked in various decision-making systems, the preference is toward the discrepancy model, expressing intra-individual variability as the index of learning disability;
   b. When viewing the preference for academic deviance, opposed to psychological processes, as the primary indication of learning disability, there is virtually no agreement among CSDPs. One dimension is just as likely to be chosen as the other.
   c. However, if we look at the interaction between the deficit-discrepancy parameter and the academics-process parameter, we find that academics is usually considered to be a problem if it is discrepant, but processing is thought of as a problem when it is deficient.
All of these conclusions and generalizations gleaned from our analysis of the decision-making processes of the 38 Child Service Demonstration Projects make it evident why the LD population in the United States today is so heterogeneous. Only if each project or system which wishes to select LD children will perform the type of systems analysis that is reported herein will they truly know what decisions they are making. Then they can decide intelligently whether this meets with their objectives and with their delivery of service system needs.

We encourage all who need to analyze their selection process to review the remainder of this report in detail. Each of the systems presented in the next section in flow-chart form represents a system that has been put into action. Each system has advantages and disadvantages. The reader is encouraged to make his own analysis of such for each project. We have provided the flow charts and some notations so that each operational system can be understood. After reviewing the 38 CSDP Screening and Identification Systems described below, we urge you to create a similar analysis for your own current system, or proposed system. You will be surprised at how it will lay open for you the strengths, weaknesses, and specific gaps in any system. If you follow such an evaluation procedure, it can only lead to improvement in all systems for designating children as LD.
FORMAT AND CONVENTIONS USED IN FLOW CHARTS

The flow charts presented in the final section are intended to depict the information gathering, information transmittal, decision-making and administrative procedures used in determining whether a child from a large pool of children may be designated as eligible to receive a specified type of intervention for children with learning disabilities. They depict the screening and identification system only. They do not consider the intervention systems, except as an end of the screening and identification process.

The charts have been created in such a manner as to represent the major flow of activity for a child from a point of initial placement (usually the regular classroom) to the final designation of eligibility for intervention (i.e., placement in a delivery system designated for LD children). Thus, a horizontal arrow to a circle represents the child "returning to START" in the system. If the child had only the alternative of returning to START or of being placed in the intervention system, the screening and identification system would classify as a "closed system."

However, there are often instances where decision-making results in consideration of other placements or decisions which would take the child outside the system. A horizontal arrow leading to a rectangle indicates an instance where the child leaves this particular screening and identification system. If such instances occur, the system is an "open system."

We have not concerned ourselves with the nature of these referrals outside the LD identification system, nor with any specific re-entry procedures by which children may return to the system if referred out at any point.
Figural Conventions

A circle is used to denote the starting point for each screening and identification system. In most instances this refers to the child's placement in a regular class. Exceptions are noted whenever they appear. Throughout the charting, whenever the child is disqualified as a candidate for learning disabilities intervention, an arrow to a circle indicates that he returns to (or remains in) his regular class placement.

A diamond is used to indicate decision points in the system. The symbols "Y" and "N" are used to represent "Yes" and "No," respectively, where the question asked can be answered accordingly. At other points where multiple solutions may result, arrows simply indicate possible solutions.

A rectangle is used to indicate information gathering, information transmittal, or other non-decision-making stages in the system.

A single arrow leading from a symbol indicates that all children would follow this path.

More than one arrow leading from a symbol indicates that children may take any one of the alternate routes.

Whenever more than one event occurs simultaneously, the events are listed together under one rectangle, but the activities are separated by dotted lines.
Verbal Conventions

Personnel. In order to standardize the representations of activities of Learning Disabilities Specialists, we designated them according to their primary role in the direct intervention of the child, as follows:

L D Teacher: An LD Specialist who provided direct remediation in the intervention system;

L D-Consultant: An LD Specialist who provided consultation or prescriptive services to the teacher-agent;

L D Diagnostician: An LD Specialist who provided only screening or diagnostic services to the child, but did not participate in direct intervention, unless for diagnostic purposes;

L D Coordinator: An LD Specialist who performed administrative and/or decision-making functions, but no direct teaching, consultation, or diagnostic services.

Conversely noted non-LD Specialists included the following:

Teacher: The "regular" teacher, unless otherwise noted;

Coordinator: Non-LD Specialist who provided administrative and/or decision-making functions, but no direct teaching, consultation or diagnostic services;

Director of Special Education: Administrative person responsible for entire special education systems. (May or may not have been LD Specialist by training, but functioned in the role for total system; not LD alone.);

Other Agents: Specifically designated in self-explanatory terms (e.g. social worker, guidance counselor, school nurse, principal, reading teacher, speech and/or language therapist, psychologist, parent).

Other Conventions

In describing decision-making points within the diamond-shaped figures, we have followed these conventions:

(1) The decision is stated in question form;
(2) The agent(s) making the decision is (are) designated in capital letters; e.g.
(3) If more than one agent is involved, they are separated by semi-colons;

(4) If either one or another agent is involved, they are separated by slashes;

In the latter instance, where there is an either-or circumstance, a notation is made as to how it is determined which person will actually make the decision.

In describing non-decision-making events within the rectangular-shaped figures, we have followed these conventions:

(1) Statement of events described is in active voice;

(2) All agents involved in these events are designated in capital letters; e.g.

LD COORDINATOR submits tentative lists to PRINCIPALS

OR

TEACHER completes individual checklist for each child on the list

(3) If more than one agent is involved, they are separated by semi-colons;
(4) If either one agent or another agent is involved, they are separated by slashes:

```
PARENT/ PHYSICIAN/
OTHER AGENT
contacts
PRINCIPAL
```

In the latter instance, where there is an either-or circumstance, a notation is made as to how it is determined which person will actually participate in the event.

Notations for Each Flow Chart

Before reading the flow charts, please note the following: In the notations section following each flow chart, we have listed I. GENERAL INFORMATION, II. SPECIAL NOTATION.

I. General information includes the following:

1) The Project Code Letter. Arbitrarily designated letter (s) to preserve the confidentiality of the information gathered in this study and the anonymity of each project.
2) The Delivery System for Intervention. These are stated according to the models listed above. Although the particular project may have given the delivery system a unique name, such as retrieval room, or learning center, we have standardized our terminology, according to our conception of how their actual delivery coincided with our definitions. Grade levels included in the system are noted in parenthesis.
3) The Method of Initial Entry (Referral and/or Mass Screening). In cases of referral we have listed the possible referral agents in parentheses with the listing of multiple referral agents in the rank order of most referrals. For Mass Screening we have indicated in parentheses the primary instrument(s) used.
4) Personnel Involved in Decision-Making. This notation includes a simple listing of all personnel involved in decision-making by type of decisions rendered, i.e., eligibility decisions (Does he qualify as LD?) or constraining decisions (decisions not dealing directly with that general question).

II. Special Notations are made where further information is available and would be helpful to the reader in attempting to understanding the system. For example, a battery of tests might be listed; an exception in the system might be noted, etc.

Special notations are keyed by footnoting in the charts.
In listings of tests or test batteries, those tests that are routine or required within the system are generally noted without parentheses; tests listed within parentheses are optional and determined by the agents listed in that event description unless otherwise noted.

Common Test abbreviations include:

- Binet = Stanford Binet Intelligence Test
- Bender = Bender-Gestalt
- Benton = Benton Visual Retention Test
- BESI = Basic Educational Skills Inventory
- Boehm = Boehm Test of Basic Concepts
- CAT = Children's Apperception Test
- CMM = California Mental Maturity Tests
- CPQ = Personality Questionnaire
- CTBS = California Test of Basic Skills
- Detroit = Detroit Test of Learning Aptitude
- Durrell = Durrell Analysis of Reading Difficulties
- Fitzhugh = Fitzhugh Plus Placement Test
- Frostig = Frostig Test of Visual Perception
- Gates-McKillop = Gates-McKillop Reading Diagnostic Test
- Gilmore = Gilmore Oral Reading Test
- Goodenough = Goodenough-Harris Draw-a-Man Test
- IRI = Informal Reading Inventory
- ITBS = Iowa Test of Basic Skills
- ITPA = Illinois Test of Psycholinguistic Abilities
- Lincoln-Oseretsky = Lincoln-Oseretsky Motor Tests
- Lorge-Thorndike = Lorge-Thorndike Intelligence Test
- MAT = Metropolitan Achievement Test
- PBRS = Pupil Behavior Rating Scale (Myklebust)
- PDS = Predictive Dropout Study
- PIAT = Peabody Individual Achievement Test
- PMA = Primary Mental Abilities Test
- PPVT = Peabody Picture Vocabulary Test
- Purdue = Purdue Perceptual Motor Survey
- PSLT = Picture Study Language Test
- Rappaport = Rappaport Fine-Motor Skills Test
- Silvaroli = Classroom Reading Inventory
- SIT = Slosson Intelligence Test
- Spache = Diagnostic Reading Scales
- TAT = Thematic Apperception Test
- VMI = Berry-Buktenica Test of Visual Motor Integration
- Wepman = Wepman Test of Auditory Discrimination
- WISC = Wechsler Intelligence Scale for Children
- WRAT = Wide Range Achievement Test
- Zaner-Bloser = Zaner-Bloser Handwriting Sample
The Leadership Training Institute in Learning Disabilities is compiling a summary of procedures that are being used to select children for Title VI-G projects. This is not being done to evaluate individual projects or their selection (screening) procedures, nor is the information being gathered for BEH as part of its evaluation procedures.

The data gathering is planned as part of the LTI research program aimed at better understanding the alternative methods for identifying children with learning disabilities. The 43 Title VI-G projects in operation this year represent a wide variety of workable selection procedures. While our research is principally at the descriptive level, attempts will be made to classify these identification procedures. In collecting data from each project regarding its selection system, we will be able to disseminate a useful summary of the various procedures to each CSDP and to the field.

We can assure you that information received will be coded and grouped so that no direct comparisons will be made among projects; in fact, no report of this research will identify a project by state or locale. All participating projects will receive a copy of the findings of this research, so that they will be the first to share in the benefits of this communication.

We plan to gather the information by phone interview during the month of January. To make most efficient use of the interview time, we will need to talk to the person(s) most familiar with the total pupil selection process (i.e., the methods used to choose children to be served by the program) in the initial core project. Would you please return the enclosed postcard identifying for us the most knowledgeable person(s) to contact? If we do not hear from you within a week, we will assume that you are the person to contact. In either case, we will call to arrange an appointment for the phone interview. Our estimate is that the interview will take a half to three quarters of an hour.

Thank you for your assistance.

Sincerely,

Harold J. McGrady, Ph.D.
Program Associate
INTERVIEW SCHEDULE: SELECTION PROCEDURES

State: __________________________ Date: __________________________

Project Year (circle) I II III Interviewer (circle) C L H J

Director: __________________________

Interviewee: __________________________ Position: __________________________

It would be helpful if we could tape this interview, since we can move through the questions faster, and we also get a better record. We will, of course, code the transcript so that you and the project can remain anonymous. So unless you have any objections . . . (turn on recorder) then we've agreed to tape this interview.

opening questions

Keep in mind that all questions in the interview are addressed to the core project rather than any of its replications.

1.1 What kind of children are you looking for in this project? We'd like a picture of the children for whom the services are designed.

1.2 ((If flow chart is unclear, go over each step and clarify what you don't understand.))

((If no flow chart is available to you now, ask person to briefly describe the complete process by which the children are identified and selected to receive project remedial services. Emphasize steps from beginning to end. Construct a flow chart from this description.))

general background

1.3 Who originally decided what process should be followed to identify children for the project? That is, who designed the procedure now in use?

NAME: __________________________ Position: __________________________
1.4 Why did you decide to use these particular procedures?  
__________________________________________________________

1.5 Were there any other factors that influenced your decision?  
__________________________________________________________

mechanical process

2.1 Which of these procedures are used as a first step in identifying children who should receive remedial services through the program? ((use checkmark))

____ teacher referral of children with problem
____ mass teacher rating of all children
____ mass testing of all children
____ other (specify)  
__________________________________________________________

If only one is checked, go to 2.2
If more than one is checked, go to 2.4

2.2 Are there any other ways that a child can enter the initial screening process?

____ yes (go to 2.3)   ______ no (go to 2.6)

2.3 What other initial steps might be taken? ((add to 2.1, using an X, and go to 2.4))

2.4 What determines which procedure is used?

__________________________________________________________

2.5 Who is responsible for this decision?

__________________________________________________________

We want to spend some time talking about your teacher inservice efforts. Again, if there are any forms available for this process, we would like copies.

2.6 Were the teachers provided with any information or orientation about the nature of LD or the types of children to be selected?

____ yes (go to 2.8)   ______ no (go to 2.7)
2.7 Does this mean teachers were not informed about the project at all?

____ not informed (go to 3.12 if teacher referral; 6.13 if mass rating; 8.19 if mass testing; 11.19 if other process)

____ they were informed (revised opinion) (go to 2.8)

2.8 Did the orientation involve formal or informal training?

____ formal (go to 3.1) ____ informal (go to 2.9)

(informal)

2.9 Describe your informal training process: ______________________________________

____________________________________

____________________________________

(formal)

If you carried out more than one inservice program or series of programs, let's look at each one separately.

3.1 When did it occur? __________________________________________________________

3.2 How many hours were involved? (amount of time) ______________________________

3.3 Who attended the training? __________________________________________________

3.4 Were teachers required to attend, or participate? ________________________________

3.5 Who presented, or provided the training? _______________________________________

3.6 What was the nature of the inservice? (topics, etc.): ______________________________

3.7 Were LD children described? ____ yes ____ no ____ yes ____ no

3.8 Were teachers given specific characteristics to look for? ____ yes ____ no ____ yes ____ no
3.9 What characteristics were stressed?

3.10 If these were written down, we would like a copy.

- [ ] not written
- [ ] will send
- [ ] won't send

3.11 Was normal IQ given as a prerequisite for referral?

- [ ] yes
- [ ] no

3.12 By what method or methods was the teacher asked to refer? (read list)

- [ ] verbal referral
- [ ] written referral form
- [ ] rating scale or behavior checklist
- [ ] other (specify)

3.13 To whom does the teacher give the referral or rating form?

4.1 What children are the teachers asked to refer? That is, what instructions are they given?

4.2 Is referral a technique used with all ages and at all sites?

- [ ] yes (go to 4.4)
- [ ] no (go to 4.3)

4.3 When and where is it used?

4.4 Is there a limit to the number of students who can be referred?

- [ ] yes (go to 4.5)
- [ ] no (go to 4.6)

4.5 What is the limit?

4.6 When can students be referred?

4.7 When do you get the bulk of your referrals?
4.8 Does the referral involve the use of a rating scale or behavior checklist?
   ___ yes, at the initial step (go to 4.9)
   ___ yes, later in the screening process (go to 4.9)
   ___ no, not at all (go to 5.1)

4.9 Is this a standard form or locally developed?
   ___ standard (name) ____________________________ (go to 4.11)
   ___ locally developed (name) ______________________ (go to 4.10)

4.10 Why and by whom was it developed?

4.11 Why and by whom was it chosen?

4.12 Was it ever used before this project?

5.1 What is the next step?

5.2 What is the delay before this step is taken?

5.3 Where does it take place?

5.4 What are the criteria for elimination?

5.5 Who decides?

5.6 What happens to children eliminated here? (regular class/other services)

5.7 What is the next step?

5.8 What is the delay before this step is taken?

5.9 Where does it take place?

5.10 What are the criteria for elimination?

5.11 Who decides?

5.12 What happens to children eliminated here? (regular class/other services)
5.13 What is the next step? ___________________________________________________________________________
5.14 What is the delay before this step is taken? ________________________________________________
5.15 Where does it take place? __________________________________________________________________
5.16 What are the criteria for elimination? ______________________________________________________
5.17 Who decides? _____________________________________________________________________________
5.18 What happens to children eliminated here? (regular class/other services) ___________________________

5.19 What is the next step? __________________________________________________________________________
5.20 What is the delay before this step is taken? ________________________________________________
5.21 Where does it take place? __________________________________________________________________
5.22 What are the criteria for elimination? ______________________________________________________
5.23 Who decides? _____________________________________________________________________________
5.24 What happens to children eliminated here? (regular class/other services) ___________________________

6.1 What is the next step? __________________________________________________________________________
6.2 What is the delay before this step is taken? ________________________________________________
6.3 Where does it take place? __________________________________________________________________
6.4 What are the criteria for elimination? ______________________________________________________
6.5 Who decides? _____________________________________________________________________________
6.6 What happens to children eliminated here? (regular class/other services) ___________________________

6.7 What is the next step? __________________________________________________________________________
6.8 What is the delay before this step is taken? ________________________________________________
6.9 Where does it take place? __________________________________________________________________
6.10 What are the criteria for elimination? ______________________________________________________
6.11 Who decides? _____________________________________________________________________________
6.12 What happens to children eliminated here? (regular class/other services) ___________________________

If mass rating also used, go to 6.13
If mass testing also used, go to 8.19
If other process also used, go to 11.19
Since you used a mass rating form in your selection process, we want to talk further about it. Again, we would like copies of the form and related materials (if we don't already have them).

6.13 Is a mass rating form used at all sites and at all grades?

   ___ yes (go to 6.15) ___ no (go to 6.14)

6.14 On whom or at what sites are rating forms used?

________________________

6.15 Is this a standard form or locally developed?

   ___ standard (name) ____________________________ (go to 6.17)

   ___ locally developed (name) ____________________________ (go to 6.16)

6.16 Why and by whom was it developed?

________________________

(none) (go to 7.1)

6.17 Why and by whom was it chosen?

________________________

________________________ (go to 7.1)

7.1 Was it ever used before this project?

________________________

________________________

7.2 When are students rated?

   ___ all at once (go to 7.4) ___ several times (go to 7.3)

7.3 When do you get the bulk of your ratings?

________________________

7.4 What criteria were used after mass rating to determine who goes to the next step? That is, what are the criteria for determining "high risk" children?

________________________

7.5 Are these criteria rigid or flexible?

________________________

7.6 Who makes this decision?

________________________

7.7 What happens to children eliminated here? (regular class/other services)

________________________
8.13 What is the next step? _____________________________________________

8.14 What is the delay before this step is taken? ___________________________

8.15 Where does it take place? __________________________________________

8.16 What are the criteria for elimination? _________________________________

8.17 Who decides? _____________________________________________________

8.18 What happens to children eliminated here? (regular class/other services)
_______________________________________________________________

If mass testing also used, go to 8.19
If other process also used, go to 11.19

mass testing

You mentioned that some children are first noticed because of group testing. We want to pursue the specifics of this. Again, we would like copies of any materials you have developed for this procedure, manuals, tests, etc.

8.19 What test or tests are used for the mass screening?

___ standardized (go to 9.1) ___ locally developed (go to 9.4)

(standardized)

9.1 Specify test(s): _____________________________________________________

_______________________________________________________________

9.2 Why was this test(s) chosen? _______________________________________

___ scores already available from district testing

___ test booklets available through district

___ test seemed best for project (and not in use by district)

9.3 Who made the decision to use this test(s)? _____________________________

_______________________________________________________________

(goto 9.6)

(locally developed)

9.4 Specify name of instrument: _________________________________________

9.5 Why and by whom was it developed? _________________________________

9.6 When is the testing done? ___________________________________________
9.7 Are all the children at all sites tested on the same instrument?

   ___ yes (go to 9.9)       ___ no (go to 9.8)

9.8 Describe differences and criteria: ____________________________

9.9 What age children are or have been tested, and at what sites, in this initial step?

   ___ preschool (go to 9.10)   ___ no preschool (go to 9.11)

9.10 How do you reach them for testing? ____________________________

9.11 Who administers the mass testing instrument? __________________

9.12 Do you provide any special or additional training for the test administrator(s)?

   ___ yes (go to 10.1)       ___ no (go to 10.3)

10.1 What kind of training do they receive? (when, by whom, length)

10.2 Do you think this kind of training is necessary and/or appropriate?

10.3 Why is no training provided or thought to be necessary?

10.4 What criteria were used after mass testing to determine who goes to the next step? That is, what are the criteria for determining "high risk" children?

10.5 Are these criteria rigid or flexible?

10.6 Who makes this decision?

10.7 What happens to children eliminated here? (regular class/other services)
10.8 What is the next step? 

10.9 What is the delay before this step is taken? 

10.10 Where does it take place? 

10.11 What are the criteria for elimination? 

10.12 Who decides? 

10.13 What happens to children eliminated here? (regular class/other services) 

10.14 What is the next step? 

10.15 What is the delay before this step is taken? 

10.16 Where does it take place? 

10.17 What are the criteria for elimination? 

10.18 Who decides? 

10.19 What happens to children eliminated here? (regular class/other services) 

11.1 What is the next step? 

11.2 What is the delay before this step is taken? 

11.3 Where does it take place? 

11.4 What are the criteria for elimination? 

11.5 Who decides? 

11.6 What happens to children eliminated here? (regular class/other services) 

11.7 What is the next step? 

11.8 What is the delay before this step is taken? 

11.9 Where does it take place? 

11.10 What are the criteria for elimination? 

11.11 Who decides? 

11.12 What happens to children eliminated here? (regular class/other services)
11.13 What is the next step? ______________________________________

11.14 What is the delay before this step is taken? __________________________

11.15 Where does it take place? ______________________________________

11.16 What are the criteria for elimination? ______________________________

11.17 Who decides? __________________________________________________

11.18 What happens to children eliminated here? (regular class/other services)

Other processes

Sometimes the usual procedures just aren't adequate, and some other selection process must be used, in order to allow eligible children into the project. We want to ask a few questions to find out about these.

11.19 Did any of the children who received remedial services from the project get into the program any other way, than by referral, rating, or testing?

   yes (go to 11.20) no (go to 12.2)

11.20 Specify how: _____________________________________________________

12.1 Can you estimate how many such instances there have been—children now receiving services who entered the selection process other than by the standard way as before?

____________________________________________________________________

Changes in selection process

If year I project, go to 12.5
If year II or III project, go to 12.2

12.2 Is your current selection procedure exactly the same as the one used during the first year of the project? That is, do children this year enter the program in the same way as before?

   yes (go to 12.5) no (go to 12.3)

12.3 What changes have been made? ______________________________________

____________________________________________________________________

12.4 Are you satisfied with the change? __________________________________

____________________________________________________________________
12.5 Do you contemplate making any changes for next year?

___ yes (go to 12.6)  ___ no (go to 12.8)

12.6 What are they?

12.7 Why change?

We want to now take a step back to get a picture of the overall pool of children from whom the LD children are drawn.

12.8 From how many school districts are children screened for the program?

12.9 Are all the schools within these districts included?

___ yes, a total of _______ (go to 12.12)
___ no, a total of _______ (go to 12.10)

12.10 How was it decided which schools would be involved? That is, on what basis were some eliminated?

12.11 Who decided this?

12.12 In the selected schools, what age(s) children are eligible? ________

13.1 Are all children of this age in the participating schools eligible, or are some excluded even before the selection process begins?

___ all are eligible (go to 13.3)
___ some are excluded initially (go to 13.2)

13.2 Who is excluded from the initial selection process?

13.3 Does this mean that children who have been previously identified as handicapped are also eligible for selection?

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13.4 What is normally done for children who previously have been identified as handicapped? Are any of these services available in the district(s)?

- EMR classes
- TMR classes
- BD, EH, ED classes
- physically and/or multiply handicapped
- visually impaired
- reading consultant or remedial reading classes
- gifted
- deaf or hard of hearing
- homebound/hospital arrangements with community private schools

13.5 Through what process(es) were these previously identified children found?

Now let's go back and reconsider those children who were identified as LD.

13.5 Are all the children who are screened and found to be eligible then allowed to receive project remedial services?

- yes (go to 13.6)
- no (go to 13.7)

13.6 You mean everyone eligible is being served? No schools are excluded? No control groups are used? No waiting list! Enough facilities to handle every eligible child?

- all are served (go to 14.1)
- some not served (go to 13.7)

13.7 Explain how the decision is made; that is, who decides which children will receive remedial services and what are the criteria?

quantitative summary

The final questions involve quantitative data, which you may not have at your finger-tips. In that case, it would be helpful if you could make note of the needed figures and send us the information after the interview.

14.1 What is the total enrollment in the included schools and the included ages?
14.2 How many children were tested, rated, or referred, at that initial step?

14.3 How many children, from this group, were ultimately found to be LD and therefore eligible for the program?

14.4 How many children have received remediation through the program this year?

That concludes the questions; we may need to contact you after the tape has been transcribed, if we find something that is still unclear.

In any case, you have been very helpful; we're glad you were willing to spend this amount of time with us. Do you have any questions or anything you'd like to add or comment on?

((If more materials or quantitative data is to be sent, go over this list))
FLOW CHARTS AND NOTATIONS
ERRATA FOR CHARTS AND NOTATIONS

Page  B-2  
Error  
Is child one of lowest 18 in school?  
LD COORD: PSYCHOL; LD DIAGN.  
Correction  
add notation #6

Page  B-4  
Error  
Is there room in LD Self-Contained Class?  
PRINC: LD COORD.  
Correction  
correct #8 to read #9

Page  J-4  
Error  
Is there a discrepancy between psychol. processes & intelligence?  
SCREENING AGENT  
Correction  
add notation #7

Page  O-3  
Error  
LD COORD. schedules child for diagnostic testing at University clinic  
Correction  
add notation #7

50
Error

Correction

Is child suspected of LD ("high risk")?
TEACHER

Is child suspected of LD ("high risk")?
TEACHER

add notation #1

TEACHER completes Group Developmental Profile

TEACHER completes Group Developmental Profile

add notation #6

Is there a discrepancy between ID and achievement?
COMPUTER

Is there a discrepancy between IQ and achievement?
COMPUTER

change ID to IQ

LD Resource Room

LD Consultative help

change to:

LD Consultative help

LD Resource Room

LD Resource Room

LD Consultative help

Is child LD?
PSYCHOL./DIAGN. TEAM

Is child LD?
PSYCHOL./DIAGN. TEAM

correct #3 to #5

P-1

FF-4

HH-1

JJ-3

LL-4
Regular Class

Is child suspected of LD? 

TEACHER

N

Regular Class

Y

S

Is child suspected of LD? 

PARENT

TEACHER

TEACHER completes referral checklist

SCHOOL contacts TEACHER

TEACHER gives referral checklist to PRINCIPAL

PRINCIPAL gives referral checklist to PSYCHOLOGIST

PSYCHOLOGIST reviews child's cumulative folder
Is testing appropriate for this child?  

PSYCHOLOGIST

Is testing appropriate for this child?  

TEACHER; LD TEACHERS

Is other referral appropriate?  

PSYCHOLOGIST

Regular Class

PSYCHOLOGIST notifies TEACHER of intent to test

Regular Class

TEACHER notifies PARENT of intent to test (conference)

Is permission to test granted?  

PARENT

PSYCHOLOGIST administers psychological tests

PSYCHOLOGIST holds conference for review of all information with TEACHER; LD TEACHERS
PSYCHOLOGIST holds conference to explain findings and discuss possible scheduling with TEACHER; LD TEACHERS; PRINCIPAL; PARENT

Is permission to place granted? PARENT

PSYCHOLOGIST reports placement decision to DISTRICT PUPIL PERSONAL DIRECTOR

DISTRICT PUPIL PERSONNEL DIRECTOR reports placement decision to DISTRICT PLACEMENT COMMITTEE

DISTRICT PLACEMENT COMMITTEE reviews placement decision

DISTRICT PUBLIC PERSONNEL DIRECTOR executes other action

DISTRICT PLACEMENT COMMITTEE in agreement with placement decision?
LD TEACHER gives suggestions on methods and materials to TEACHER

Is there room in LD resource room? N

COORDINATOR

Y

DISTRICT PUPIL PERSONNEL DIRECTOR legally assigns child to LD resource room placements.

DISTRICT PUPIL PERSONNEL DIRECTOR notifies PRINCIPAL and PARENT OF placement.

Placement in LD Resource Room 10
I. GENERAL INFORMATION

1. Project Code Letter: A

2. Delivery System for Intervention: LD Resource Room (Grades 1-5)

3. Initial Entry: Referral (Teacher/Parent)

4. Personnel Involved in Decision-making:
   a) Eligibility decisions: Parent, Teacher, Psychologist, LD Teachers (3), District Placement Committee
   b) Constraining decisions: Parent, Psychologist

II. SPECIAL NOTATIONS

(footnotes apply to notations in flow-chart)

1. WISC or Binet
   ITPA
   (Bender-Gestalt)

2. referral checklist;
   academic achievement testing;
   other information in accumulative order;
   psychological test results

3. (Gallistel-Ellis Phonics Tests)
   (Sucher-Allred Reading Comprehension)
   (Key-Math)
   (PIAT)
   (Others)*
   *the Piers-Harris Self-Concept test is also given.

4. Team looks for "scatter" in WISC results (particularly Verbal vs. Performance IQs), deficits in academic achievement, and discrepancies in psychological processes (e.g., 2 years behind overall Mental Age in California Mental Maturity or PMA).

5. Occasionally a child is given supportive help from a counselor, even though he remains in the regular classroom.

6. Other referrals include: Services for MR; ED; Neurological examination; Title I Reading Program.

7. Composition of this committee is not completely known. It is apparently headed by the District Pupil Personnel Director and includes Psychologists and Psychometrists from the District. The Title VI-G Director sits on this
committee. (No child has ever been rejected for delivery of special intervention by this committee, but several have been referred to EMH services).

8. The LD Coordinator is the local Title VI-G Project Director.

9. The District Pupil Personnel Director files the necessary official documents for the state.

10. Some children are worked within "Self-Concept" groups. Also, some extended exams are being done for visual acuity, auditory acuity, etc.
Regular Class

- Is First Grade child suspected of LD?
  - Yes: Teachers of First Grade and Kindergarten classes review class lists to identify suspected LD children
  - No: Regular Class

- Is child Number One suspected of LD?
  - Yes: Teacher places child's name on list to be ranked
  - No: Regular Class

- Teacher compiles list to be ranked; assigns children not ranked to regular First Grade

- Is there another child in the class?
  - Yes: Teacher
  - No: Regular Class

- Is that child suspected of LD?
  - Yes: Teacher
  - No: Regular Class

- Is teacher able to complete Individual Checklist?
  - Yes: Teacher
  - No: Regular Class
TEACHER completes Individual Checklist for each child on the list.

TEACHER administers letter identification test to each child on the list.

LD COORD. requests evaluation of child by LD DIAGNOSTICIAN.

LD DIAGNOSTICIAN evaluates child.

TEACHER sends results to LD COORDINATOR.

LD COORDINATOR holds final conference to determine child's eligibility with PSYCHOL; LD DIAGNOSTICIANS.

LD COORDINATOR; PSYCHOLOGIST; LD DIAGN. construct tentative lists for LD Self-Contained Rooms.

LD COORDINATOR submits tentative lists to PRINCIPALS.

Is child one of lowest 10 in school? LD COORD; PSYCHOL; LD DIAGN.

Regular Class
PRINCIPAL/TEACHER notifies PARENT of intent to place

Is parent informed enough to decide about permission to place? PARENT

PRINCIPAL/TEACHER notifies LD COORDINATOR

LD COORDINATOR assigns PSYCHOL./LD DIAGN. to talk with PARENT

PSYCHOLOGIST/ LD DIAGN. talks with PARENT

Regular Class

Is permission to place granted? PARENT

LD COORDINATOR sends final lists for Self-Contained Rooms to PRINCIPALS
LD DIAGN. provides suggestions for TEACHER

Is there room in LD Self-Contained Class? PRINC; LD COORD.

Placement in LD Self-Contained Room
I. GENERAL INFORMATION

1. Project Code Letter: B

2. Delivery System for Intervention: LD Self-Contained Room (1st Grade)

3. Initial Entry: Referral (Teacher/Parent)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Parent
      Other Agents
      Teacher
   b) Constraining decisions: LD Coordinator
      Psychologist
      LD Diagnostician
      Teacher

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Other agents include Psychologist, Principal, etc.

2. Kindergarten screening is done in the Spring; First Grade screening is done in the Fall.

3. Referral can be at any time.

4. LD Coordinator is the local Title VI-G Project Director.

5. Information reviewed includes Teacher Rankings, Individual Checklist Scores, Teachers' comments, and Letter Identification Test Scores.

6. The exact criteria for determining the "lowest 18" are uncertain. It is apparently a group decision with Teacher Ranking, Individual Checklist Scores, Letter Identification Test Scores and Teachers' comments being considered roughly in that order; the number "18" is based on the enrollment limit for the special classes; SCHOOL in this instance means two schools in which one class is held.

7. A separate list is made up for each Principal in the schools where LD Resource Rooms are available.

8. Principal determines whether s/he or teacher will make contact.

9. Quota is not merely whether the LD Self-contained room roster is complete; if child is in paired school, transportation may be a factor.
Is child suspected of LD?

- Regular Class

Is child suspected of LD?

- Regular Class

- Teacher

- Nurse

- Parent/Other Referring Agents

- PARENT/OTHER REFERRING AGENTS contact Teacher

- Teacher completes behavior rating scale and referral from consultation with READING COORDINATOR

- Teacher notifies Parent that referral has been made

- Teacher gives referral form to Nurse

- Nurse records medical data and returns referral form to Teacher

- Teacher gives referral form to Principal
Is referral appropriate?

Is referral to be continued?

Is referral to be continued?

PRINCIPAL

PSYCHOLOGIST

PRINCIPAL

PSYCHOLOGIST

PRINCIPAL

PSYCHOLOGIST

PsycHologist executes referral

PRINCIPAL gives referral form to PSYCHOLOGIST

PSYCHOLOGIST observes child; confers with OTHERS

Is child suspected of LD?

PSYCHOLOGIST provides consultative work

Is child suspected of LD?

PsycHologist executes referral

PSYCHOLOGIST notifies PARENT of intent to test
Is permission to test granted? PARENT

PSYCHOLOGIST holds conference with PARENT, TEACHER

Is permission to test granted? PARENT

PSYCHOLOGIST administers psychological tests

PSYCHOLOGIST executes other referral

Regular Class

Is child LD? PSYCHOLOGIST

C.I, A.P.

Is child LD? DIAGNOSTIC TEAM

PSYCHOLOGIST executes other referral

Regular Class

C.I, A.P.

PSYCHOLOGIST executes other referral
Is LD placement appropriate? DIAGNOSTIC TEAM

PSYCHOLOGIST executes other referral

DIAGNOSTIC TEAM plans LD program

PSYCHOLOGIST reviews results and notifies PARENT of intent to place (conference)

Is permission to place granted? PARENT

Placement in LD Resource Room
I. GENERAL INFORMATION

1. Project Code Letter: C
2. Delivery System for Intervention: LD Resource Room (Grades K-8)
3. Initial Entry: Referral (Teacher/Parent/Principal, Nurse, Speech Clinician, LD Specialists, Reading Coordination)
4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Parent, Nurse, Principal, Psychologist, Reading Coordinator
   b) Constraining decisions: Parent, Diagnostic Team

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Referral form includes tabulation of results from previous psychological and/or achievement testing from cumulative records.
2. Medical data includes results of vision and hearing screening, use of medication and any other pertinent medical data.
3. Usually confers with Teacher, Reading Coordinator, anyone who has had contact with the child before; observation may be in the classroom; occasionally the Psychologist will do some work with the child.
4. Psychologist himself (or another psychologist in the office of Pupil Personnel Services) consults with teacher, parent, special services personnel, or others to determine placement and/or services other than those for LD. If the child is to be considered for LD placement, he must take part in a complete psychodiagnostic evaluation.
5. Testing includes individual intelligence test, plus whatever array of tests the psychologist chooses to assess a complete profile of learning skills e.g., language, auditory, visual, motor, integration - essentially a processing model) and achievement.
6. Referral Agents include: Parent, Principal, Nurse, Speech Clinician, LD Specialist, Reading Coordinator, Child.
Is child suspected of LD?

PARENT/CHILD

Is child suspected of LD?

TEACHER

Is child suspected of LD?

PHYSICIAN

Regular Class

PARENT/CHILD

confers with LD TEACHER and receives behavior checklist

PARENT/CHILD completes behavior checklist with TEACHER

PHYSICIAN calls SCHOOL-1

PRINCIPAL contacts TEACHER

TEACHER fills out behavior checklist

Is behavior checklist to be given to LD TEACHER?

TEACHER

child is in School B

TEACHER gives behavior checklist to LEAD TEACHER

child is in School A

TEACHER gives behavior checklist to PRINCIPAL

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PRINCIPAL/LEAD TEACHER gives behavior checklist to LD TEACHER

LD TEACHER notifies PARENT of intent to test (home visit)

Is permission to test granted? PARENT

LD TEACHER holds conference for review of all information with PRINCIPAL/LEAD TEACHER; TEACHERS (SCREENING COMMITTEE)

Is there need for additional testing? SCREENING COMMITTEE

PSYCHOLOGIST administers appropriate psychological tests.

PSYCHOLOGIST notifies PARENT that child is not eligible for LD Placement

PSYCHOLOGIST

Is child possibly mentally retarded or emotionally disturbed? PSYCHOL.
Regular Class

LD TEACHER makes recommendations to TEACHER

Is there need for additional testing? SCREENING COMMITTEE

Is behavior checklist completed adequately? LD TEACHER

LD TEACHER confers with TEACHER and completes behavior checklist

PSYCHOLOGIST/LD TEACHER administers battery of tests

PSYCHOLOGIST gives results to LD TEACHER

Is child LD? LD TEACHER

LD TEACHER holds conference to explain test interpretations and placement recommendations to PRINCIPAL/LEAD TEACHER/TEACHER.
LD TEACHER explains test interpretations and placement recommendations individually to TEACHER

LD TEACHER gets signature on placement form of SUPERINTENDENT

LD TEACHER/PSYCHOLOGIST schedules conference to explain test interpretations and placement recommendations with PARENT

Is PARENT able to come to school? PARENT

N

LD TEACHER/PSYCHOLOGIST makes home visit to PARENT

Y

LD TEACHER/PSYCHOLOGIST holds conference at school with PARENT

LD TEACHER gives suggestions on methods and materials to TEACHER

Is child to be placed in LD Resource Room? LD TEACHER

N

Regular Class

Y

LD TEACHER gives suggestions on methods and materials to TEACHER

Is permission to place granted? PARENT

N

Regular Class

Y
LD TEACHER explains program to child

Placement in LD Resource Room
I. GENERAL INFORMATION

1. **Project Code Letter:** D

2. **Delivery System for Intervention:** LD Resource Room (Grades K-8)

3. **Initial Entry:** Referral (Teacher/Parent/Physician/Child)

4. **Personnel Involved in Decision-Making:**
   
   a) **Eligibility decisions:**
   - Physician
   - Parent
   - LD Teacher
   - Teacher
   - Placement Team
   - Psychologist

   b) **Constraining decisions:**
   - Teacher
   - Parent
   - LD Teacher

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Usually this is the PRINCIPAL.

2. The Lead Teacher is simply the teacher who has worked in that particular school the longest.

3. Information includes child's complete file, i.e., medical information (usually slim) academic record, etc.

4. Occasionally the other LD teacher in the schools will come and/or the county nurse and/or psychologist.

5. Battery of tests may include Durrell Reading Analysis, WISC, Binet, TAT, Bender, Key-Math, Wepman, WRAT, Slosson, ITPA, PPVT, Frostig, Lincoln-Oseretsky, Purdue Perceptual Motor, etc. Choice of tests is made by PSYCHOLOGIST and LD Teacher (who also serves as consultant and diagnostician).

6. Child is considered LD if there is discrepancy between intelligence and achievement or between intelligence and any of the psychological processes measured.

7. Whenever possible the Psychologist attends.

8. Occasionally a child is placed in the LD Resource Room even though he does not fully qualify; these are instances where no other service is available for whatever problems emerge.
Is child suspected of LD?

TEACHER

PARENT contacts LD COORDINATOR

TEACHER completes Behavior Checklist

TEACHER gives Behavior Checklist to PRINCIPAL

Is other referral appropriate?

PRINCIPAL executes referral

Is referral to be continued?

PRINCIPAL
PRINCIPAL gives Behavior Checklist to LD COORDINATOR

Is Slosson Intelligence Test score available? LD COORD.

Is LD TEACHER able to administer Slosson Test? LD COORD.

Is READING TEACHER able to administer Slosson Test? LD COORD.

TEACHER designated to administer Slosson Test

TEACHER administers Slosson Test

READING TEACHER administers Slosson Test

LD TEACHER administers Slosson Test

LD TEACHER/READING TEACHER/TEACHER gives Slosson Test results to LD COORDINATOR

Is IQ below normal? LD COORDINATOR

Is IQ below normal? LD COORDINATOR

Regular Class
Regular Class

LD TEACHER collects specified existing achievement data.

Is there a discrepancy between IQ and achievement? LD COORD, SPEECH THERAPIST.

LD TEACHER collects samples of child's classroom work.

LD COORDINATOR holds conference with LD TEACHER; TEACHER.

Is there need for additional testing? LD COORD, LD TEACHER, TEACHER.

LD COORDINATOR notifies PARENT of intent to test (conference).

Is permission to test granted? PARENT.

Regular Class
Is child scheduled for testing by University Diagn. Team? LD COORD.

Is child taken to Mental Health Center? PARENT

UNIVERSITY DIAGNOSTIC TEAM/MENTAL HEALTH CENTER
DIAGNOSTIC TEAM administers battery of tests

DIAGNOSTIC TEAM scores tests and sends results to LD COORDINATOR

Is child LD? Regular Class

Is DIAGN. TEAM decision accepted? LD COORD.

LD COORDINATOR notifies PARENT of intent to place (conference)
Is permission to place granted? PARENT

Regular Class places child on waiting list

LD COORDINATOR

Is there room in LD Resource Room? LD COORDINATOR

Placement in LD Resource Room
I. GENERAL INFORMATION

1. Project Code Letter: E

2. Delivery System for Intervention: LD Resource Room (Grades 1-6)

3. Initial Entry: Referral (Teacher/Parent)

4. Personnel Involved in Decision-Making:

   a) Eligibility decisions: Parent
      Teacher
      Principal
      University Diagnostic Team
      Mental Health Center
      Diagnostic Team
   LD Coordinator
   Speech Therapist
   LD Teacher

   b) Constraining decisions: LD Coordinator
      Parent

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. LD Coordinator is the local Title VI-G Project Director.

2. Data include grade achievement scores; Iowa Test of Basic Skills scores, (4th grade only), Gates-MacGinitie scores; Teachers' comments.

3. No set criteria were established for discrepancy; apparently the LD Coordinator called in the Speech Therapist and they jointly decided whether discrepancies were significant (NOTE: the Speech Therapist was certified in LD, but was not functioning in the project, nor as an LD Teacher).

4. Low IQ is 80 or below.

5. The University Diagnostic Team is scheduled to come to the schools at periodic intervals; the child is scheduled for that testing session if possible, otherwise he must make a special appointment at the University or go to the local Mental Health Center.

6. The parents must take the child to the local Mental Health Center for equivalent testing.
   (Tests given at either site include: WISC, Bender, WRAT, ITPA, and others).

7. We are unsure about how the Diagnostic Teams describe whether the child is LD. Therefore, in our coding we have indicated that all types of "inclusion decisions" are made.
LD STAFF administers LD Screening Test

Is child's cumulative record information recorded? 

LD STAFF conducts search of available student records

LD STAFF administers ITPA

LD COORDINATOR reviews all available data on child

LD COORDINATOR gives suggestions on method and materials to TEACHER

Regular Class

LD COORDINATOR reviews all available data on child

Is child LD? 

LD COORDINATOR gives suggestions on method and materials to TEACHER

Regular Class
Regular Class

LO COORDINATOR gives suggestions on methods and materials to TEACHER

LD STAFF notifies PARENT of intent to place (home visit)

Is permission to place granted? PARENT?

Y

LO STAFF administers diagnostic tests

Placement in LD Resource Room

N
I. GENERAL INFORMATION

1. **Project Code Letter:** F

2. **Delivery System for Intervention:** LD Resource Room (Grades 1-6)

3. **Initial Entry:** Mass Screening (Cumulative Records Search)
   Referral (Teacher/Parent)

4. **Personnel Involved in Decision-Making:**
   a) **Eligibility decisions:** LD Staff
      Teacher
      LD Coordinator
   
   b) **Constraining decisions:** LD Staff
      LD Coordinator
      Parent

II. SPECIAL NOTATIONS

(footnotes apply to notations in flow-chart)

1. LD Staff consists of LD Coordinator, LD Teacher, Relief Teacher, (LD), Aide and Secretary.

2. Suspicion of LD is based on any discrepancies found in the cumulative records (e.g. IQ vs IQ; IQ vs Achievement Scores; Achievement Scores vs Achievement Scores). It should be stressed that extensive records were available to cull, i.e., several intelligence tests, achievement tests (e.g. MAT, WRAT, WISC, CMM, PPVT, SIT and Distar follow through Testing Program).

3. Behavior rating scale used is the form "A Basic Screening and Referral Form for Children with Suspected Learning and Behavioral Disabilities" by Robert E. Valett.

4. LD Screening Test is the latter portion of the Valett form noted above.

5. LD Coordinator is the Title VI-G Project Director.

6. All children who go through the system from this point on are considered as eligible for LD intervention; all testing and decision-making from this point is for purposes of programming, not identification.

7. LD Coordinator decides which 32 children will be included for special help. There was heavy reliance on the ITPA in making these decisions; also, was the child both referred and picked up by the records. The LD Resource Room is one in which LD children are taken as a group from their Regular Classrooms for periods up to two weeks at a time. For these periods it might be considered as a Self-Contained LD Room.
but since this is temporary and the children return shortly to their regular classes, we have classified this system as an LD Resource Room.

8. The waiting list was 25 or 30 children considered "questionable LD".

9. No parent refused placement.

10. Diagnostic tests given include PIAT, Frostig, Key-Math, Durrell, Purdue, Boehm, Wepman, Bender, Fitzhugh, WISC.

Project F-5
Is child suspected of LD? 

TEACHER/OTHER SCHOOL AGENTS 

TEACHER completes referral form 2. 

TEACHER gives referral form to PRINCIPAL 

PRINCIPAL gives referral form to SOCIAL WORKER/PSYCHOLOGIST/COUNSELOR (SCREENING AGENT) 3. 

SCREENING AGENT reviews already available data on child 4. 

is there an existing referral file on child? SCREENING AGENT 

SCREENING AGENT opens new referral file 

Regular Class 

Regular Class
Is permission to place requested?

SCREENING AGENT

Is permission granted?
PARENT

SCREENING AGENT: refers child to PSYCHOLOGIST

PARENT: arranges for medical exam

PSYCHOLOGIST: administers battery of tests

PHYSICIAN: administers medical exam

Is there a language problem?

PSYCHOLOGIST: refers child to SPEECH CLINICIAN

SPEECH CLINICIAN: administers ITPA & other language tests

Regular Class
SPEECH CLINICIAN gives results to PSYCHOLOGIST

PSYCHOLOGIST gives results of testing to SCREENING AGENT

PHYSICIAN gives results of medical exam to SCREENING AGENT

SCREENING AGENT holds final conference to determine child's eligibility with DIAGN. TEAM

SCREENING AGENT executes appropriate referral

Is there evidence of extreme emotional disturbance? DIAGN. TEAM

Is intelligence below normal? DIAGN. TEAM

Is there any other consideration that warrants placing the child? DIAGN. TEAM

SCREENING AGENT gives suggestions for working with child to TEACHER

Regular Class
SCREENING AGENT gives suggestions for working with child to TEACHER.

If permission already obtained? SCREENING AGENT.

Is permission to place granted? PARENT.

- If Y: Permission to Place granted?
  - If Y: Placement in LD Self-Contained Room.
  - If N: Placement in LD Resource Room.

- If N: Regular Class - SCREENING AGENT gives suggestions for working with child to TEACHER.
I. GENERAL INFORMATION

1. Project Code Letter: G

2. Delivery System for Intervention: LD Self-Contained (Grades K-12)  
   LD Resource Room

3. Initial Entry: Referral (Teacher/other School Agents)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Teacher  
      Other School Agents  
      Screening Agent  
      Principal  
      Diagnostic Team (Principal, Teacher, School Nurse  
      or Physician, LD Teacher,  
      Psychologist, Speech Clinician - optional)
   b) Constraining decisions: Screening Agent  
      Parent  
      Psychologist  
      LD Placement Coordinator

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. In this project, the LD category and the ED or BD category are combined into the Educationally Handicapped (EH) classification. Therefore, throughout the chart, please note that the term LD designates this more inclusive category. In this system the decision as to primary emotional problems ($C_e$) is based on the existence of extreme emotional disturbance (i.e., psychosis) while in pure LD classification systems a child might be eliminated for less severe problems in this area.

2. There is considerable variation in the degree of specificity and completeness with which a teacher completes the form, depending on standards set by screening agent.

3. The District Pupil Personnel Director decides who serves as Screening Agent in each school. Principals prefer (and may request) counselors, since they can be used as teacher substitutes.

4. Data includes: a) review of cumulative record; b) review of health record (particularly vision and hearing); c) observation of child; d) conferring with teacher and other personnel; e) collection of samples of child's work.

5. Although specific persons are specified on paper as belonging to this team, there appears to be considerable flexibility among schools. Those specified

Project G-7
include Principal, Teacher, School Nurse or Physician, LD Teacher, Psychologist; Speech Clinician is optional and is included if there appears to be a language disability.

6. This initial meeting to review information on a child is optional. Many Screening Agents simply decide about continuing the referral in conference with the principal.

7. If EH placement is a possibility, the child must be evaluated by a physician as to neurological or emotional handicap, and this medical report is included as part. During the conference or home visit, the Screening Agent also gathers social and developmental information.

8. Some individual IQ test is required (WISC, Binet, WAIS, etc.). Other tests are optional and may include Bender, WRAT, Draw-a-Person, Rorschach, CAT, Sentence Completion Test, Wepman. Testing covers these areas: intelligence, academic achievement, visual motor skills, personality.

9. The role of LD Placement Coordinator is exclusively concerned with placing children who have been identified for service. This person does have the power to shift a child from the recommended LD placement to another LD placement if the former is presently unavailable.
Is child suspected of LD?

**Teacher** completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?

Teacher, Parent/Others

Parent/Others contacts teacher

Teacher completes referral form and behavior checklist

Teacher gives referral form and behavior checklist to LD DIAGN.

LD DIAGN. confers with teacher

Is child suspected of LD?
LD DIAGN. administers a battery of tests.

LD DIAGN. (EVALUATOR) begins series of observations of child in classroom.

LD DIAGN; LD DIAGN. (EVALUATOR); LD CONSULT; LD TEACHER; PRINCIPAL hold conference for review of all information.

Regular Class

Is other referral appropriate? LD DIAGN.

LD DIAGN. executes other referral.

Is child suspected of LD? LD DIAGN.

PRINCIPAL notifies PARENT of intent to test.

Regular Class

Is permission to test granted? PARENT

Is other referral appropriate? LD DIAGN.

Regular Class
LD COORDINATOR executes referral to Other placement (ED program)

PSYCHOL. administers psychological tests?

LD DIAGN. administers educational testing

NURSE makes home visit

EVALUATOR continues classroom observations.

PSYCHOL; LD DIAGN; NURSE; EVALUATOR give results to LD COORD.

LD COORD. holds final conference with LD DIAGN; EVAL; LD TEACHER; PSYCHOL; NURSE; PRINC/SP. THERAPIST/ Couns.; (PLACEMENT TEAM)

LD COORD executes referral to other placement (MR class)

Is IQ below normal?

PLACEMENT TEAM

Is there evidence of extreme emotional disturbance?

PLACEMENT TEAM
Is the child (LD) (Placement Team)?

N

Placement Team gives suggestions on programming to LD Teacher

LD Coord; LD Diagn; Evaluator; LD Teacher review findings with Parent (conference)

Placement in LD Resource Room
I. GENERAL INFORMATION

1. Project Code Letter: H

2. Delivery System for Intervention: LD Resource Room (Grades 1-6)

3. Initial Entry: Referral (Teacher/Parent/other Agents)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Teacher
      Parent
      LD Diagnostician
   b) Constraining decisions: Parent

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Due to three years of in-service the teachers and LD Diagnostician rarely disagree at this point.

2. Battery of tests consists of SIT, PPVT, WRAT, Wepman, VMI, Bender. These are designated as "screening tests."

3. LD Diagnostician (Evaluator) is a specific member of the Diagnostic Team; his role is essentially to observe and record behavior of children in the classroom during the period of diagnostic evaluation and after children have been placed in intervention.

4. Principal has no input to the decision-making; he is included in conference for purposes of keeping him informed.

5. Although the LD Diagnostician essentially makes this decision, based on results from the test battery, the Evaluator and other LD staff submit input.

6. Permission slip is sent home with child.


8. LD Diagnostician gives Detroit, CAT, ITPA, "Lindennode" Auditory Conceptualization test, PSIT.

9. Nurse's home visit is to gather family information.

Project H-5
Is parent informed about pre-kindergarten registration dates?

Is child brought to first registration session?

Is child brought to second registration session?

Is child brought to third registration session?

PARENT completes Behavioral Questionnaire and Health History

PSYCHOLOGIST administers Rappaport Fine-Motor and Good enough Draw-A-Man Tests

SPEECH CLINICIAN administers Oral Language Scale

PSYCHOLOGIST scores Behavioral Questionnaire and tests

SCHOOL NURSE scores Health History

CHILLO is not considered for project
Is other referral appropriate? [Y/N]

PSYCHOLOGIST adds note of any problem(s) to child's cumulative folder

PSYCHOLOGIST identifies child as "high risk" [Y/N]

SCHOOL WORKER notifies PARENT of intent to place [Y/N]

Is parent able to come to school? [Y/N]

SOCIAL WORKER makes home visit to PARENT

SOCIAL WORKER holds conference at school with PARENT
Is permission to place granted? PARENT

LD COORDINATOR holds meeting to explain project to PARENTS

TEACHER; LD TEACHER; PSYCHOLOGIST; SOCIAL WORKER; SPEECH CLINICIAN, LD COORDINATOR; PROJECT EVALUATOR

DIAGNOSTIC TEAM holds final conference to determine child's eligibility

DIAGNOSTIC TEAM selects final LD target group

Placement in Regular Class with consultative help from LD TEACHER

Regular Class

Regular Class

Is child consistently a failure with some apparent disability? DIAGNOSTIC TEAM

Placement in Regular Class with consultative help from LD TEACHER
I. GENERAL INFORMATION

1. Project Code Letter: I

2. Delivery System for Intervention: LD Consultative (Kindergarten)

3. Initial Entry: Mass Screening (Goodenough-Harris Draw-A-Man Test; Rappaport Fine Motor Test; Oral Language Scale; Health History; Behavioral Questionnaire)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Psychologist
      District Pupil Personnel Director
   b) Constraining decisions: Parent

II. SPECIAL NOTATIONS

   (footnotes apply to notations on Flow-Chart)

1. Parents were notified by newspaper articles and letters from the PTA; 1st registration is April; 2nd registration is June; 3rd registration is August.

2. Student nurses from a local nursing school help parent complete Behavioral Questionnaire; Health History form is completed with the School Nurse.

3. Prior to scoring of instruments, the Director of Special Education and District Pupil Personnel Director weighed all items on Behavioral Questionnaire.

4. Only in cases where there is a question, does Psychologist consult the District Pupil Personnel Director.

5. This takes place in a 4 week summer diagnostic session, with children randomly divided into a task analysis group (teachers; LD teacher; psychologist; social worker; speech clinician; Project evaluator; LD Coordinator.) In the task analysis group, data for evaluation (diagnosis) was gathered by using diagnostic tasks with the children. In the multi-disciplinary group, the team members administered various tests for evaluation (diagnostic) purposes. Tests covered psychological, educational, sensory, and medical (if needed) appraisal.

Project I-4
Is child suspected of LD?

TEACHER completes referral form

TEACHER gives referral form to PRINCIPAL

PRINCIPAL confers with TEACHER

Is other referral appropriate?

PRINCIPAL executes referral

Is child suspected of LD?

Parent/Other Agents contact DIRECTOR of SPECIAL EDUCATION

DIRECTOR OF SPECIAL EDUCATION completes referral form

DIRECTOR OF SPECIAL EDUCATION gives referral form to PRINCIPAL

Parent/Other Agents contact DIRECTOR of SPECIAL EDUCATION

DIRECTOR OF SPECIAL EDUCATION completes referral form

DIRECTOR OF SPECIAL EDUCATION gives referral form to PRINCIPAL

Regular Class

PRINCIPAL executes referral

Regular Class

PRINCIPAL confers with TEACHER

Parent/Other Agents contact DIRECTOR of SPECIAL EDUCATION

DIRECTOR OF SPECIAL EDUCATION completes referral form

DIRECTOR OF SPECIAL EDUCATION gives referral form to PRINCIPAL

Regular Class

PRINCIPAL executes referral

Regular Class
PRINC. gives referral form to LD TEACHER/PSYCHOL./COUNSELOR I (SCREENING AGENT)

SCREENING AGENT notifies DIR OF SP.-EDUC of referral

SCREENING AGENT notifies PARENT of intent to test (letter)

Is permission to test granted? PARENT

Y

SCREENING AGENT reviews child's cumulative folder

Is there any evidence of sensory/physical deficit? SCREENING AGENT

N

SCREENING AGENT refers child for further testing to OUTSIDE AGENCY

OUTSIDE AGENCY executes appropriate referral

N

Y

104
SCREENING AGENT executes appropriate referral

Is IQ below normal? SCREENING AGENT

SCREENING AGENT administers academic tests

Is there a discrepancy between achievement and intelligence? SCREENING AGENT

SCREENING AGENT administers specific basic psychological processes tests

Is there a discrepancy between psychological processes & intelligence? SCREENING AGENT

SCREENING AGENT holds final conference with PRINC, REFERRING TEACHER, LD TEACHER, PSYCHOLOGIST OF SPEC. EDUC (Placement Committee)

If child to be placed in LD Resource Room?

Placement in Regular Class with consultative help from LD TEACHER

Placement in LD Resource Room

Regular Class

Regular Class
I. GENERAL INFORMATION

1. Project Code Letter: J

2. Delivery System for Intervention: LD Resource Room; Consultative (Grades K-8)

3. Initial Entry: Referral (Teacher/Parent/Other Agents)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Parents
      Other Agents
      Teacher
      Principal
      Screening Agent (LD teacher/
      Psychologist/Counselor)
      Outside Agency
      Placement Committee (Principal;
      referring teacher; LD Teacher;
      Director of Special Education)
   b) Constraining decisions: Parent
      Placement Committee

II. SPECIAL NOTATIONS

(footnotes apply to notations on Flow-Chart)

1. The person responsible for the referral from this point on ("Screening Agent")
   varies among school districts, and sometimes among schools within a district.
   It is also possible that the person designated as responsible may request that
   some step be completed by someone else. Precise information regarding these
   variations is not available, except where noted.

2. This is strictly an administrative procedure, so that the District Special
   Education Office is kept informed of referral patterns.

3. This may simply be a referral with the school building; it is "outside" in
   the sense that it is not done by the Screening Agent.

4. "Below normal" is defined as 70 or below.

5. Includes PIAT: WRAT. Covers areas of reading; writing; arithmetic; spelling;
   pre-academic skills.

6. The child must be in lowest 10th percentile in at least one area, as based
   on his Expectancy Age (i.e., formula developed by Harris (1971): $\frac{2MA + CA}{3}$).

7. The child must demonstrate a discrepancy of -2 standard deviations in at
   least one area as based on his Expectancy Age.

Project J-5
All first and second graders are tested on project instrument.

Is child suspected of LD? TEACHER

TEACHER completes behavior checklist

TEACHER gives behavior checklist to PRINCIPAL

Is child suspected of LD? PRINCIPAL

PRINCIPAL notifies PARENT of intent to test

Is permission to test granted? PARENT

Is permission to test granted? PARENT

Is child suspected of LD? TEACHER

LD COORD. holds conference for review of test results with LD TEACHERS, PSYCHOL, PRINC. (DIAGN. TEAM)

DIAGN. TEAM gives suggestions on methods and materials to TEACHER

DIAGN. TEAM gives suggestions on methods and materials to TEACHER

Regular Class

PRINCIPAL notifies PARENT of intent to test

Regular Class

Permission to test granted? PARENT

Permission to test granted? PARENT

Regular Class
PRINCIPAL gives behavior checklist to LD COORD.

DIAGNOSTIC TEAM reviews behavior checklist

- Is referral to be continued?
  - Y: DIAGN. TEAM
  - N: Regular Class

LD COORD.: LD TEACHER; PSYCHOLOGIST administers a battery of tests

LD COORD.: holds final conference to determine child's eligibility with DIAGN. TEAM

DIAGN. TEAM gives suggestions on methods and materials to TEACHER

- Is intelligence below normal?
  - Y: DIAGN. TEAM
  - N: Regular Class

Is child LD?
  - Y: DIAGN. TEAM
  - N: Regular Class
PRINCIPAL notifies PARENT of intent to place

DIAGN. TEAM gives suggestions on methods and materials to TEACHER

Is permission to place granted? PARENT

Regular Class

Child is in School C

Placement in LD Resource Room

Child is in School B

Placement in Regular Class with consultative help from LD TEACHER (on-site)

Child is in School A

Placement in Regular Class with consultative help from LD TEACHER (itinerant)
I. GENERAL INFORMATION

1. Project Code Letter: K

2. Delivery System for Intervention: LD Consultative (on site & itinerant) LD Resource Room (Grades 1-6)

3. Initial Entry: Referral (Teacher) Mass Screening (locally developed test)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Teacher Diagnostic Team (LD Coordinator, LD Teachers, Psychologist, Principal) Principal
   b) Constraining decisions: Parents

II. SPECIAL NOTATIONS

(footnotes apply on notations on flow-chart)

1. No information is available as to who administers this instrument, which was developed by the Title VI-G staff. Apparently its content is borrowed from other instruments, some of them standardized. No copy is currently available for our study.

2. The Title VI-G staff consists of an LD Coordinator, a Psychologist, and a LD teacher. When this staff meets with the Principal and LD teacher from the child's building, the total group is designated in the charts as the Diagnostic Team.

3. The criteria used are apparently quite flexible.

4. There is inadequate information to ascertain whether the entire team or selected individuals from the team provide this. Most probably, this is the responsibility of the LD teacher.

5. It is very unusual for a child to be eliminated at this point, but it can happen.

6. Psychological tests include WISC, Bender, Draw-A-Man, with additional perceptual motor tests for younger children. Auditory tests include Audiometer, subtest of ITPA, and Wepman. Visual tests include Snellen, Telebinocular. Educational tests include WRAT, BESSE, IRI, and specific criterion-reference tests. Language tests include the Utah Language Development Scale. In addition, measures of health and social behaviors are made, although specific instruments are not designated.
7. The criteria at this point include a deficit in some basic psychological process, and an academic deficit of 2 years. It is unclear whether the child must meet both criteria, although it appears likely that the Team is flexible on this.
TEACHER completes referral form.

Child is in Sixth Grade

TEACHER gives referral form to counselor.

Child is in Seventh Grade

TEACHER/COUNSELOR give referral form to PRINCIPAL.

PRINCIPAL gives referral form to LD COORDINATOR.
LD COORDINATOR holds conference for review of all information with LANGUAGE CONSULTANT; LD TEACHER

Regular Class

LD CONSULTANT executes appropriate referral

Is child suspected of MR? LD COORD; LANGUAGE CONSULT; LD TEACHER

Y

Is child suspected of ED? LD COORD; LANGUAGE CONSULT; LD TEACHER

N

N

Is child suspected of other problem? LD COORD; LANGUAGE CONSULT; LD TEACHER

Y

Is referral for other testing appropriate? LD COORD; LANGUAGE CONSULT; LD TEACHER

N

Y

LD COORDINATOR notifies PARENT of intent to test

Regular Class

Is permission to test granted? PARENT

Y

N
LANGUAGE CONSULTANT; PSYCHOLOGIST; LD TEACHER administer battery of academic and psychological tests. 

LD COORDINATOR gathers test results and gives to PRINCIPAL.

PRINCIPAL holds final conference with LD COORDINATOR; PSYCHOLOGIST; LD TEACHER; LANGUAGE CONSULT; TEACHER (PLACEMENT COMMITTEE).

Is other referral appropriate? PLACEMENT COMMITTEE

Is child LD? PLACEMENT COMMITTEE

Is child to be placed in LD Resource Room? PLACEMENT COMMITTEE

Placement in LD Resource Room

Regular Class

Regular Class

PRINCIPAL executes appropriate referral

Is child LD? PLACEMENT COMMITTEE

Is child LD? PLACEMENT COMMITTEE

Regular Class
I. GENERAL INFORMATION

1. Project Code Letter: L

2. Delivery System for Intervention: LD Resource Room; (Grades 6-7)

3. Initial Entry: Referral (Teacher)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Teacher
      LD Coordinator
      Language Consultant
      LD Teacher
      Psychologist
      Principal
   b) Constraining decisions: Parent
      Language Consultant
      LD Coordinator
      LD Teacher
      Teacher
      Psychologist
      Principal

II. SPECIAL NOTATIONS

   (footnotes apply to notations on flow-chart)

1. Referral form essentially asks the teacher an open-ended question about what is the problem with the child.

2. LD Coordinator is Title VI-G Project Director.

3. Information consists of Teacher Referral, cumulative records.

4. Battery of tests includes achievement tests: (Key-Math; WRAT; Gates McKillop);
   Locally developed language test; WISC; Bender; Benton; Attitude Scales (e.g., Coopersmith's Self-Esteem Inventory, and others).
Suspected of LO?

PARENT/PHYSICIAN/PRINC.

Principal contacts PRINCIPAL

PARENT/PHYSICIAN/PRINC.

Principal reports referral to LD TEACHER LANGUAGE/SPECIALIST

Is there need for any member of TEAM to complete PBRS? LO TEACHER/LANG, SPEC

TEAM MEMBERS and/or TEACHER complete PBRS

TEAM MEMBERS and/or TEACHER gives PBRS results to LO TEACHER/LANG, SPEC.
TEAM executes proposed remedial solution

LD TEACHER and/or LANGUAGE SPECIALIST confer with TEACHERs

Is there need for additional information? LD TEACHER/ LANGUAGE SPECIALIST collects additional information

LD TEACHER/LANGUAGE SPECIALIST holds conference to gather information with PARENTs.

Is remedial solution proposed? LD TEACHER/LANGUAGE SPECIALIST holds conference to gather information with PARENTs.

LD TEACHER/LANGUAGE SPECIALIST collects additional information

Is there need for additional information? LD TEACHER/LANGUAGE SPECIALIST collects additional information

Is permission to test granted? PARENTs.

Is there need to consult with LD COORD. regarding outside testing? LD TEACHER, and/or LANGUAGE SPECIALIST.
LO TEACHER administers battery of LD diagnostic tests.

LO TEACHER and/or LANG. SPEC. designate child's strengths and weaknesses, based on LD diagnostic tests.

LO TEACHER and/or LANG. SPEC. report results to TEACHER.

LO TEACHER, LANG. SPEC. write remedial prescription.

Placement in LD Specialist>Mainstreaming.
I. GENERAL INFORMATION

1. **Project Code Letter:** M

2. **Delivery System for Intervention:** LD Specialist Mainstreaming (Grades 1-3)

3. **Initial Entry:** Referral (Teacher/Parent/Principal/Physician)

4. **Personnel Involved in Decision-Making:**
   
a) Eligibility decisions: Parent
   - LD Coordinator
   - Physician
   - Psychologist
   - Principal
   - Teacher
   - LD Teacher
   - Language Specialist
   - Other Agents

b) Constraining decisions: LD Teacher
   - Language Specialist
   - Parent

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Teacher here refers to any member of the teaching team; the children are served in a team-teaching situation; the team consists of two or three regular teachers (Teacher), and Aide, an LD Teacher and a Language Specialist (½ time).
   As a group we will refer to them as the Team (the Team serves in Teaching, Screening and Diagnostic functions).

2. Many events from this point indicate LD Teacher or Language Specialist (LD Teacher/Language Specialist). These two tend to operate in the same roles; which person does a particular thing will depend at a given moment on who is available; no attempt will be made throughout this flow-chart to indicate how a decision is made about which of these two persons performs a given activity or decision.

3. PBRS is the Myklebust scale.

4. In instances where the Teacher has acted as referral agent it may be decided that some other member(s) of the Team will, also, complete a PBRS and other Team member(s) may also be asked.

5. Whichever Team member received the referral from Teacher must attend this conference; purpose of conference is to: a) review the Teacher's PBRS ratings (partially to assist teachers in learning to observe children) and to discuss Teacher's general impressions and ability to cope with the problem now.

6. Additional information includes: a) classroom observation (noting behavior
and what might affect it and doing frequency counts; b) collecting samples of child's work; c) reviewing cumulative records. This is all referred to as baseline data.

7. The child can be brought back through the screening and identification system at any time simply by having one of the Team raise questions about the effectiveness of the proposed remedial solution.

8. Purpose is to gather family and medical information.

9. Permission to test is indirect; the parents are informed that testing will be done; testing proceeds without formal permission (i.e., signatures) unless parents object. If parents object to testing, the child completely bypasses the screening and identification system; the LD Teacher, Language Specialist will write a prescription based on information gathered to that point and begin intervention. This is made possible, of course, by the fact that the children remain in the regular class (team-teaching) to receive LD remediation.

10. LD Coordinator is Title VI-G local Project Director.

11. Outside testing is primarily to check for visual, hearing, motor, psychiatric problems that may be remediated outside of special education.

12. Remedial solutions depend on outside agent, e.g. get glasses, try medication, get hearing aid, etc.

13. Borderline IQ on SIT is considered 75-80.

14. Below normal IQ is less than 75.

15. Criterion is that there is a discrepancy between IQ and WRAT; there is no set formula for determining discrepancy; if no discrepancy child still receives services, based on his reasons for referral.

16. Thus, many children who are not classified as LD still continue in the system and receive LD diagnostic tests and LD intervention remedial services; approximately 4% of children in total enrollment classify as LD; another 6% receive service as "possible LD"; the philosophy of the program is to help children whenever possible.

17. LD Teacher chooses from among the following: PIAT, Frostig, Béry, VMI, ITPA, Silvaroli, Durrell, Wepman, Boehm, BESI, and a selected "Standard Reading Test".

18. This is really a decision-making process; however, it is a whole series of decisions aimed at indicating programming needs and solutions and designating target behaviors for intervention. The decision has already been made concerning his eligibility for LD remediation.

19. Purpose is to get information from Teacher about how they can help on each targeted behavior.

20. Child remains in Team-Teaching regular class, and LD Teacher, Language Specialist execute remedial prescription in that setting.
Regular Class

LD TEACHER provides suggestions regarding methods and materials to TEACHER

Is child suspected of LD? TEACHER

Y

LD TEACHER confers with LD TEACHER

N

Is there room in LD Resource Room? LD TEACHER

Y

LD TEACHER observes child in classroom; completes observation scales

N

LD TEACHER compiles results from MSSST, Metropolitan, and Observation Scales

LD COORDINATOR executes referral to Developmental First Grade

S

Placement in Developmental First Grade

Regular Class

Is child low on Metropolitan Readiness Test? LD COORDINATOR

Y

LD TEACHER observes child in classroom; completes observation scales

N

Regular Class

LD COORDINATOR executes referral to Developmental First Grade

S

Is child low on Meeting Street School Screening Test (MSSST)? LD COORDINATOR

N

Is child to be placed on "Potential LD List"? LD COORDINATOR

Y

LD TEACHER observes child in classroom; completes observation scales

N

LD TEACHER observes child in classroom; completes observation scales

AIDES administer battery of tests

123
LD TEACHER administers Developmental Learning Profile

LD TEACHER compiles results from MSET, Metropolitan, Observation Scale, and Developmental Scale

LD TEACHER confers about suspect children with TEACHER

Is child LD? 

LD TEACHER provides suggestions regarding methods and materials to TEACHER

Placement in LD Resource Room

Regular Class.
I. **GENERAL INFORMATION**

1. **Project Code Letter:** N

2. **Delivery System for Intervention:** LD Resource Room (Grade 1)

3. **Initial Entry:** Mass Screening (Meeting Street School Screening Test) Referral (Teacher)

4. **Personnel Involved in Decision-Making:**
   a) Eligibility decisions: Teacher
      LD Coordinator
      LD Teacher
   b) Constraining decisions: LD Teacher

II. **SPECIAL NOTATIONS**

(footnotes apply to notations on flow-chart)

1. Screening tests were given to all first grade children \( (N=217) \) prior to or at school entrance (80-90% were tested in the summer; the remainder at time of school entrance); all target school first grade teachers assisted. The screening tests were: a) The Meeting Street School Screening Test (MSSST), and b) The Metropolitan Readiness Test.

2. LD Coordinator is Title VI-G Project local director; LD Teacher is responsible for coordinating all remediation done by her and three aides. The LD Teacher takes a heavy role in the decision-making throughout the process. No specific criteria are available concerning the cut-off for the Metropolitan.

3. The exact criteria for being "low" on the MSSST are not known; however, the LD Coordinator, LD Teacher state that the regular cut-off on the MSSST created "too many children".

4. The LD Coordinator and LD Teacher apparently took the 30 or 35 "most-suspect" children to continue in the system. Although 217 children were tested in three schools, children were only eligible to receive LD Resource Room intervention if they were in a particular school, which had 90 first graders. Thus, about one-third, or more of the targeted pool of children were considered "suspect" at this point. A limit of 25 children was imposed on the enrollment in the LD Resource Room. Thus, the process from this point on is essentially aimed at narrowing the "suspect list" to 25. Children who were tested in the other two schools did not receive intervention service by the LD Teacher; however, suggestions for classroom intervention were given.

5. The "Observation Scale" was designed by the LD Teacher. It was a combination of several available scales.

6. Battery of tests was intended to be used as "baseline data" by evaluator.
However, these data were never used in the decision-making by the LD staff. Tests were measures of: a) arithmetic concepts, b) Piagetian concepts, and c) motor abilities.

7. This is the "Behavioral Developmental Profile", developed in Marshalltown, Iowa. It is a composite of developmental items rated as "completed" or "uncompleted".

8. Criteria for LD were primarily derived from MSSST and Developmental Scale: Decisions were made by the LD Teacher. She looked for a) low verbal; b) low visual; c) low auditory on the MSSST, paying little attention to the motor items (the precise criteria for these "lows" are unknown; they essentially represent the judgment of the LD Teacher based on available information). The Developmental Profile was used to eliminate children "not developmentally at their level". Apparently, the children eliminated at this point were "low ability children", not LD; they simply remained in the regular classroom, with some suggestions given to the teacher.

9. This is precisely the process followed with those originally picked up by MSSST screening, except that the Developmental Learning Profile (see note7) is not given. The LD Teacher states that "it's not going to tell anything that the MSSST won't tell." Also, by this time the teachers know the children well enough that they do not tend to refer "low" children or children with "other problems."
TEACHER talks to LO TEACHER/LO COORDINATOR

PRINCIPAL talks to LO STAFF

TEACHER notifies PARENT of intent to test

LO TEACHER/LO COORD. notifies PARENT of intent to test

Is permission to test granted? PARENT

LO TEACHER/LO COORD. conducts a preliminary screening

Is a problem present? LO TEACHER/LO COORD.

LO COORD./LO TEACHER contact PARENT

Is there agreement that no additional testing is necessary? PARENT

LO TEACHER/LO COORD. gives suggestions on methods and materials to TEACHER

Regular Class

S.C.I

Is remedial solution proposed? LO TEACHER/LO COORD.

Y

N

Y

N

PROJECT D-2
LD COORD. executes referral to EMR class

LD COORD. places child on waiting list for diagnostic testing

LD COORD. schedules child for diagnostic testing at University clinic

Is child taken to University for diagnostic testing?

LD COORD.

UNIVERSITY DIAGN. TEAM administers battery of diagnostic testing

UNIVERSITY DIAGN. TEAM reports findings to LD COORDINATOR

Is Intelligence below normal?

UNIVERSITY DIAGN. TEAM

LD COORD. executes referral to EMR class

LD COORD. executes other referral

Is other referral appropriate?

LD COORD.

LD COORD. gives suggestions on methods and materials to TEACHER

Regular Class

LD TEACHER/ LD COORD. provides suggestions regarding methods and materials to TEACHER

Regular Class
LD COORD. notifies PARENT of intent to place.

LD COORD./LD TEACHER gives suggestions on methods and materials to TEACHER.

Is permission to place granted?
PARENT

Y

Placement in LD Resource Room.

N

Regular Class.
I. GENERAL INFORMATION

1. Project Code Letter: O

2. Delivery System for Intervention: LD Resource Room (Grades 1-3)

3. Initial Entry: Referral (Teacher/Parent)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Teacher
      Parent
      Principal
      LD Teacher
      LD Coordinator
      University Diagnostic Team
         (Social Worker, Psychologist,
          Speech & Hearing Clinicians,
          Educational Consultant)
   b) Constraining decisions: Principal
      Parent
      LD Teacher
      LD Coordinator

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Referral form is primarily identifying information and statement of the problem, plus some case history.

2. LD Project means Title VI-G Project, which serves only certain schools, and is headed by the LD Coordinator.

3. LD Staff includes LD Coordinator, LD Teachers; whenever the term LD Staff appears, it means that any one of the staff may perform that function.

4. In instance where Teacher contacts LD Staff, it is because Principal requested or was unavailable.

5. Screening consists of filling out Learning Disabilities Check List, a combination of locally developed form and the Rocky Mountain Checklist (Classroom Screening Instrument).

6. The waiting list is prioritized by the LD Coordinator.

7. University Diagnostic Team is located about 20 miles from the School District. However, they come as a group on some days to the District and children are scheduled for testing at the School Board offices.

8. The University Diagnostic Team consists of a Social Worker, a Psychologist, a Speech & Hearing Clinician (2), and an LD Diagnostician.


Project 0-5
TEACHER administers locally developed Screening Inventory to all Children

Is child suspected of LD ("high risk")? TEACHER

Y

TEACHER completes referral form and behavior checklist

Child is in School D

TEACHER gives referral form and behavior checklist to SP. EDUC. DIR.

Child is in School C

Child is in School B

Child is in School A

SP. EDUC. DIR. holds conference to review available information on child with DIAGN. TEAM.
SP EDUC. DIR. executes appropriate referral

Is child LD?

DIAGN. TEAM

Is other referral appropriate?

DIAGN. TEAM

DIAGN. TEAM notifies PARENT of intent to test

Is permission to test granted?

PARENT

Regular Class

SP EDUC. DIR. refers child to DIAGN. CENTER

Is medical report available?

LD COORD.

LD COORD. arranges for medical examination

Regular Class

(C), (Ch), (Cv), (Ce)
Regular Class

1. LD DIAGN-CONSULT administers educational testing.
2. PSYCHOMETRIST administers psychological testing.
3. LD COORD sends results to SP. EDUC. DIR.
4. SP. EDUC. DIR. holds conference to determine child's placement with DIAGN. TEAM; LD COORD; PSYCH; LD DIAGN-CONSULT.
5. DIAGN. TEAM develops prescriptive program for child.
6. DIAGN. TEAM notifies PARENT of intent to place.
7. Is permission to place granted?
   - N: Regular Class
   - Y: Placement in LD Resource Room

Placement in Regular Class with LD Consultative help

Placement in LD Resource Room
I. GENERAL INFORMATION

1. **Project Code Letter:** P

2. **Delivery System for Intervention:** LD Resource Room (Grades 7-8)
   LD Consultative

3. **Initial Entry:** Mass Screening (locally developed)

4. **Personnel Involved in Decision-Making:**
   
   a) **Eligibility decisions:**
   Teacher
   Diagnostic Team (Director of Special Education,
   Psychologist, Teacher, Counselor,
   Principal, Nurse, Social Worker,
   LD Diagnostician-consultant)

   b) **Constraining decisions:** Parent
   LD Coordinator

II. SPECIAL NOTATIONS

(footnotes apply to notations within flow-chart)

1. Cut off scores will be established after the instrument is piloted.

2. Includes Director of Special Education, Psychologist, Teacher, Counselor,
   Principal, Nurse, Social Worker, LD Diagnostician-Consultant. Available
   information from referral and checklist include school history, medical
   history, test scores from cumulative file (IQ, vision, hearing, Bender-Gestalt,
   Slingerland or Malcomesius, or MSSST).

3. Specific criteria are not clearly defined. It is assumed that MR and ED (BD)
   are screened out, since these are not to be reviewed at Diagnostic Center
   (next step). It is also assumed that sensory handicaps are eliminated since
   rather detailed vision and hearing report is included on referral form.

4. No particular person specified, although probably this is done by the
   social worker.

5. The Center is an outside agency serving the school district, and responsible
   for the diagnostic evaluation of the child.

6. Psychological battery includes WISC, Bender-Gestalt, some self-esteem inventory.
   Educational battery includes Goldman-Fritol-Woodcock Test, Detroit Test,
   Durrell analysis of reading, informal pennmanship test, copying exercise,
   key math, interest inventory, gross motor measurement, memory for designs test,
   writing alphabet from memory, Durrell word recognition, Stanford reading,
   Gilmore oral reading test, Fry's phonics criterion test, Ayer's spelling test.
   All children would not receive complete battery.
Is child suspected of LD?

- Yes: PARENT/PHYSICIAN/OTHER AGENT contacts PRINCIPAL
  - PRINCIPAL requests Learning Disabilities Checklist and School History form to be completed by TEACHER
  - TEACHER completes Learning Disabilities Checklist and School History form
  - TEACHER confers with PRINCIPAL
  - Is the quota for referrals to the LD DIAGN. Center filled? PRINC.

- No: Regular Class
Is observation in the classroom needed?

PRINCIPAL observes child in classroom

PRINCIPAL executes other referral

Is referral to any outside agency desirable?

PRINCIPAL executes other appropriate referral

Is the referral to be continued?

PRINCIPAL schedules conference with PARENT

Is it possible for either parent to attend?

PRINCIPAL sends family History form to PARENT
Is family History form completed? PARENT

- PRINCIPAL SOCIAL WORKER fills out family History form
- PARENT returns completed family History form to PRINCIPAL
- PRINCIPAL SOCIAL WORKER requests PARENT to return permission slip to PRINCIPAL

TEACHER: PRINCIPAL confer with PARENT

- TEACHER completes family History form
- PRINCIPAL SOCIAL WORKER requests PARENT to return permission slip to PRINCIPAL

Is permission for diagnostic testing granted? PARENT

- Regular Class

- PRINCIPAL sends School History form, LD Checklist, and family History form to DIR. of SP. SERVICES

- DIR. of SPECIAL SERVICES schedules testing

- PSYCHOLOGIST administers battery of psychological tests

138 PROJECT Q-3
DIRECTOR OF SP. SERVICES executes other referral

PSYCHOL. reports recommendations to DIR. of SPECIAL SERVICES

Is referral to LD Diagn. Center appropriate? PSYCHOL.

N

V

PSYCHOL. gives diag. summary to DIRECTOR of SPECIAL SERVICES

DIR. of SPECIAL SERVICES sends all information gathered to LD COORD.

LD COORD. assigns child to an LD DIAGNOSTICIAN

LD COORD. schedules testing for child

LD DIAGN. contacts PRINC. to arrange conference with TEACHER

LD DIAGN. confers with TEACHER

139
Is "Level II" diagn. process appropriate? LD DIAGN.

LD DIAGN. initiates Level II diagn. process

LD DIAGN. visits child's school to a) demonstrate use of formal tests;
  b) administer some tests to the child; and
  c) aid in test interpretation for TEACHER

LD DIAGN. provides prescriptive program to TEACHER

LD DIAGN. reports findings to LD DIAGN.

LD DIAGN. provides suggestions regarding methods and materials to TEACHER

LD COORD. executes other referral

LD DIAGN. provides suggestions regarding methods and materials to TEACHER

TEACHER implements prescriptive program in the regular class

140
Is Teacher in Experimental School and had the Mini-Course PRINC.

Is there concern about children in class in some academic area? TEACHER

TEACHER requests use of Level III Diagn. Consult. Process from PRINCIPAL

PRINCIPAL refers request to DIRECTOR OF SPECIAL SERVICES

DIRECTOR OF SP. SERVICES assigns request to DISTRICT DIAGNOSTICIAN

DISTRICT DIAGNOSTICIAN confers with TEACHER (phone)

Is there any child who needs diagnostic screening? DIST. DIAGN: TEACHER

DISTRICT DIAGNOSTICIAN refers child to Level I or Level II Diagnostic Process
Is request for Level III Diagn.-Consult Process appropriate? DIST. DIAGN.

Y

DISTRICT DIAGN. notifies LD DIAGNOSTICIAN-CONSULTANT

LD DIAGN. visits classroom

LD DIAGN. demonstrates how to gather necessary information to TEACHER

LD DIAGN. suggests group programming for the class

TEACHER implements teaching suggestions

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I. GENERAL INFORMATION

1. **Project Code Letter:** Q

2. **Delivery System for Intervention:** LD Consultative (Grades K-12)

3. **Initial Entry:** Referral (Teacher/Parent/Physician/Other Agents)

4. **Personnel Involved in Decision-Making:**
   a) **Eligibility decisions:**
      - Teacher
      - Parent
      - Physician
      - Other Agents
      - LD Coordinator
      - Principal
      - Psychologist
      - LD Diagnostician
      - Diagnostic Team (Social Worker, Speech Correctionist, School Diagnostician, Reading Teacher)
   b) **Constraining decisions:**
      - Teacher
      - Parent
      - Principal
      - LD Diagnostician
      - District Diagnostician

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Before referring a child the Teacher must have attended a "Mini-course" for in-service training regarding LD, the Diagnostic Center processes, and referral procedures.

2. Checklist is a locally developed form.

3. School History form is comprehensive, including general information, results from previous testing, family history, medical information, educational history and home observations. Teacher fills out appropriate portions at this stage.

4. Because the LD Diagnostic Center is a special project, an attempt is made to serve several schools and to distribute the services.

5. Principal's presence is optional.

6. Family History form is the portion of the School History form not already completed by the Teacher.

7. Permission slip if final sheet of School Family form.

8. LD Coordinator is Title VI-G local Project Director, and Director of the LD Diagnostic Center.
9. This is a decision-making event, since the LD Coordinator tries to "match" the child and tester, according to type of suspected problem and competencies of testers. The LD Diagnostician is a Diagnostician-Consultant; however, the term LD Diagnostician will be used throughout this flow-chart.

10. Conference may be by phone or by visitation of the Teacher to the LD Diagnostic Center.

11. Level I is the "regular" process; it is described as follows:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regular referral process.</td>
<td>1. Diagnostic-prescriptive process around one child.</td>
</tr>
<tr>
<td>2. Child seen at the Center.</td>
<td>2. In-service training in use of special materials.</td>
</tr>
<tr>
<td>3. Regular follow-up at ten weeks.</td>
<td></td>
</tr>
</tbody>
</table>

Initially, a child is identified by his teacher, tested by the district's diagnostician, and accompanied by his teacher to the Center for testing. At the end of the testing day, a prescriptive case staffing is held (participants: teacher, principal, district's diagnostician, reading teachers, speech therapists, social workers) and an educational prescription is designed to ameliorate the child's learning problems. A follow-up is scheduled to evaluate the child's progress approximately ten weeks later.

Level II is available only to Teachers who have had the Mini-Course and have had a child tested at the LD Diagnostic Center. It is as follows:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regular referral process.</td>
<td>1. Diagnostic-prescriptive process with higher level of involvement by teacher.</td>
</tr>
<tr>
<td>2. Consultant goes to the school for testing, assisting teacher in carrying out further testing.</td>
<td>2. In-service training in working &quot;on-going&quot; with consultant on programming.</td>
</tr>
<tr>
<td>3. Consultation: programming.</td>
<td></td>
</tr>
</tbody>
</table>

This level is identical to Level I except that after the child has been tested by the district's diagnostician, the Center's diagnostician-consultant visits the school to offer the appropriate services. The Center's diagnostician will demonstrate the use of informal test instruments, test, aid the teacher in the interpretation of test results, and offer ideas around educational programming. Generally speaking, the focus in Level II will be on in-service teacher training as well as diagnostic service.

In certain circumstances Level II will require a substitute for one half a day. This will enable the diagnostician-consultant to work more intensively around the interpretation of diagnostic test results and educational programming.
In addition, there has been instituted a Level III Diagnostic Process, available only to certain experimental schools and to Teachers who have had the Mini-Course. This process is described as follows:

**Procedure**

1. Teacher refers several students directly.
2. Consultant meets to clarify problems, evolve plan.
3. On-going consultation.

**Focus**

2. Teacher becomes primary data collector.

Level III will be offered to experimental schools throughout the project's constituency, (one school per district). Similar to Level II, Level III in certain circumstances will require a substitute for one half a day. This will enable the diagnostician-consultant to work more intensively around the interpretation of diagnostic test results and educational programming. Level III is different in four important ways:

a. Instead of referring one child a teacher would refer his "entire classroom", that is, all the children in his classroom with whom there are difficulties in learning in some academic areas. The referral process will continue to be funneled through the Special Services Department of each school district.

b. The children in Level III would not necessarily need a diagnostic screening by the district's diagnostician. However, a conversation between the teacher and the district's diagnostician (or other designated person) will be necessary to reduce the number of inappropriate referrals.

c. Instead of the diagnostician-consultant doing testing at the Center the teacher will be shown how to gain the necessary kinds of diagnostic information in his own classroom.

d. Instead of programming for one child at the Center the teacher will receive ideas for programming with several children within the framework of his own class setting.

Level III is so unique that a separate flow chart is provided following the completion of the regular flow-chart, which considers only Levels I and II.

12. Diagnostic tests include Binet or WISC, Goodenough, ITPA, Bender, WRAT.

13. The battery of test varies substantially, and is the choice of the LD Diagnostician exclusively. Tests are generally academic, specific ability and cognitive tests. Goal is to find child's strengths and weaknesses and identify target behaviors for intervention.

14. Demonstration of materials is geared toward those which will be useful with child being tested.

15. Diagnostic Team includes any persons who have pertinent information on
the child, i.e., Teacher, Principal, plus other optional staff: Speech Clinician; Social Worker; School Diagnostician; Reading Teacher, etc. (occasionally a Parent attends).

The LD Diagnostician suggests a) profile and skill levels, and b) prescriptive program (materials; management techniques; time blocking, etc.). Other members of Team modify if necessary.

Each participant receives work sheets, process notes, recommendations, with listing of materials, etc.; Teacher is given materials to work with.

16. The precise criteria for designation as LD are unknown; however, the assumption is that is the child gets this far, he needs help; thus, the emphasis is on establishing a profile of skill and ability levels to which remediation (consultative) will be addressed.

17. (Level III). This indicates that Teacher cannot receive LD Diagnostic Center Diagnostic-Consultative Process - Level III; however, Level I and II processes are available.
Regular Class

Is child suspected of LD?

TEACHER

N

Regular Class

Y

Is child suspected of LD?

PARENT/OTHER AGENT

N

Regular Class

Y

PARENT/OTHER AGENT contacts PSYCHOLOGIST

PSYCHOLOGIST contacts PRINCIPAL

PRINCIPAL contacts TEACHER

TEACHER completes referral form and checklist

TEACHER gives referral form and checklist to PRINCIPAL

14
PRINCIPAL confers with TEACHER about referral

Is observation by principal necessary? PRINC.

PRINCIPAL observes child

Is service from other school personnel needed? PRINC; TEACHER

Is solution available within school? PRINC; TEACHER

PRINCIPAL executes appropriate referral

Regular Class

PRINCIPAL: TEACHER develop suggestions on methods and materials Regular Class

Is this alternative acceptable? PARENT.

Is other placement available in school? PRINCIPAL

Is permission to test granted? PARENT

PRINCIPAL sends referral form, checklist, and parent forms to PSYCHOLOGIST

PRINCIPAL notifies PARENT of intent to test (conference)

PRINCIPAL; TEACHER develop suggestions on methods and materials Regular Class

Regular Class

148
Is there a record of previous testing?

Is it necessary to retest child?

PSYCHOLOGIST administers appropriate tests.

Is medical, sensory, neurological exam needed?

PSYCHOLOGIST notifies PARENT of intent to test.

Is permission to test granted?

PSYCHOLOGIST refers child for appropriate tests to OTHER AGENTS.

OTHER AGENTS send examination results to PSYCHOLOGIST.

Regular Class
PSYCHOLOGIST completes summary of test results

Is child LD? PSYCHOL.

Y

What is child eligible for? PSYCHOL.

N

PSYCHOLOGIST completes Pupil Data Sheet with this recommendation

PSYCHOLOGIST sends test results and Pupil Data Sheet to SCREENING COMMITTEE

SCREENING COMMITTEE holds conference to determine child's eligibility

Is available information and testing adequate? SCREENING COMMITTEE

Y

SCREENING COMMITTEE requests necessary information and/or testing from PSYCHOL.

N

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I. GENERAL INFORMATION

1. **Project Code Letter:** R

2. **Delivery System for Intervention:**
   - LD Resource Room (Grades 1-7)
   - LD Self-Contained Room

3. **Initial Entry:** Referral (Teacher/Parent/other Agents)

4. **Personnel Involved in Decision-Making:**
   a) **Eligibility decisions:**
      - Parent
      - Other Agent
      - Teacher
      - Principal
      - Psychologist
      - Screening Committee (This committee serves on a regional basis and is set up by the State Department Office of Special Education. Members of the committee are not known).

   b) **Constraining decisions:**
      - Principal
      - Parent
      - Psychologist
      - Screening Committee (This committee serves on a regional basis and is set up by the State Department Office of Special Education. Members of the committee are not known).

      - Placement Committee (The Placement Committee is the Special Education Department of the local district. Who specifically serves on this Committee, other than the Psychologist, is unknown).

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. This is considered a very important question in this project because it serves to greatly reduce the number of referrals sent on to the project psychologist for testing. It should be noted that the question is practical rather than rhetorical, since there are considerable resources available within the school, including a remedial reading program, a language development program, and Title I Resource Teachers. The project director states: "This is one reason we decided to do it this way, because earlier we had just been taking referrals and we had too many referrals, and they just weren't very well thought through."

2. This would generally involve special education personnel, but might conceivably include the counselor or social worker.

3. Principal, teacher, and parent attend conference, and also a special education person if one is available in school building.
4. Parent forms include a permission-to-test form and a family information form.

5. If test scores are old, psychologist may decide that new testing is needed. On the other hand, this may be a child who was previously tested and found to be EMR and whose parents refused to place him there, searching instead for a different program.

   Optional tests: ITPA, Vallett's Psychoeducational Inventory of Basic Learning Abilities, Gray Oral Reading Test, Frostig, Wepman.
   In addition, the decision may be made to get additional background information from parent (developmental history).

7. This committee serves on a regional basis and is set up by the State Department Office of Special Education. Members of the committee are not known. The role of this committee is simply to confirm or reject the psychologist's decision. The final decision as to eligibility rests with this committee.

8. The Placement Committee is the Special Education Department of the local district. Who specifically serves on this committee, other than the Psychologist, is unknown. The single role of the Committee is to find and arrange placement for eligible children (whatever the eligibility).

9. A reason for refusal might be transportation problems, if the child is to be placed in another school.
Child is in Second Grade

Is child present for testing? TEACHER

Y

TEACHERS conduct Mass Screening tests

N

Regular Class

Child is not in Second Grade

Is child suspected of LD? TEACHER

Y

TEACHER administers informal test

N

Regular Class

Is child suspected of LD? PARENT/PHYSICIAN

Y

PARENT/PHYSICIAN contacts PRINCIPAL

N

Regular Class

TEACHER completes checklist and rating scale

PRINCIPAL: TEACHER completes checklist and rating scale

Is child suspected of LD? TEACHER

Y

TEACHER gives checklist and rating scale to PRINCIPAL

N

Regular Class

LD COORD: sends checklist and rating scale to TEACHER

PRINCIPAL gives referral information to DIAGN. TEAM
TEACHER does not return checklist and rating scale to LD COORD.

Is child suspected of LD? TEACHER returns checklist and rating scale to LD COORD.

TEACHER calls LD COORD.

Is child suspected of LD? TEACHER returns checklist and rating scale to LD COORD.

TEACHER completes checklist and rating scale and returns to LD COORD.

LD COORD. notifies PARENT of intent to test.

Is permission to test granted? PARENT

DIAGN. TEAM administers battery of tests.

LD COORD. executes other referral.

Is referral elsewhere appropriate? PSYCHIATRIST

PSYCHIATRIST evaluates emotional status.

Is child LD? DIAGN. TEAM
LD COORD. executes referral for staffing and placement in home school district to SP, EDUC. DIR.

Is any other primary condition present? DIAGN., TEAM

N

Is child LD? DIAGN., TEAM

N

LD CONSULT. provides written prescription for child

LD COORD. sends findings to SP, EDUC. DIR.

SP, EDUC. DIR. holds placement conference with COUNSEL, PSYCHOL, PSYCHOMETRIST, TEACHER, PRINC., NURSE (PLACEMENT COMMITTEE)

Is which of three types of placements most desirable and/or available? PLACE. COMM.

Placement in LD Classroom with educational prescription and monthly monitoring by LD CONSULT.

Placement in Regular Class with monthly intervention by LD CONSULT. (TEACHER)

Placement in Regular Class with monthly monitoring of prescription by LD CONSULTANT.
I. GENERAL INFORMATION

1. **Project Code Letter:** S

2. **Delivery System for Intervention:** LD Consultative (Grades K-6)

3. **Initial Entry:** Mass Screening (Analysis of Learning Potential and Metropolitan Achievement) 
   Referral (Teacher/Parent/Physician)

4. **Personnel Involved in Decision-Making:**
   a) **Eligibility decisions:** Teacher
      - LD Coordinator
      - Parent
      - Physician
      - Diagnostic Team (Counseling Psychologist, Psychometrist, Educational Specialist, LD Consultant, Psychiatrist)
   b) **Constraining decisions:** Teacher
      - Parent
      - Placement Committee (Special Education Director, Counseling Psychologist, Psychometrist, Teacher, Principal, Nurse)

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Mass Screening includes Analysis of Learning Potential Test; Metropolitan Achievement Tests; tests given a week apart.

2. Child is suspect if he has discrepancy in any score six months below expectancy.

3. LD Coordinator is Title VI-G Project local Director; the decision here is solely based on test results given by Teacher to LD Coordinator.

4. This decision really says "Does the teacher agree with the findings of suspected LD?"

5. Diagnostic battery includes WISC, Draw-A-Person, PPVT, Purdue, ITPA, CAT, California Personality, Sentence Completion, Telebinocular, Frostig, Bender, Audiometric Test, Memory-for-Design.

6. The phone call is for the purpose of the teacher verifying the hi-risk rating from testing; if the teacher is still not in agreement that the child is hi-risk, after talking to the LD Coordinator, the child is not continued in the identification process.

7. These "informed" tests are taught in in-service and vary considerably - may include tests like VMI, Wepman, etc.

8. Diagnostic Team includes Counseling Psychologist, Psychometrist,
Educational Specialist (Communication; Media, Materials, Methods Specialist (M & M). We will refer to the latter as the LD Consultant. A Psychiatrist also sits in on appropriate cases.
Is child suspected of LD?

- **Regular Class**

  - Is child suspected of LD?
    - **Yes**
      - **TEACHER** completes referral form
    - **No**
      - **TEACHER** sends referral to **DIAGN. TEAM**

  - Is there an LD Teacher in School?
    - **Yes**
      - **TEACHER** gives referral form to **LD TEACHER**
    - **No**
      - **Parent/Physician** contacts **Principal**

  - **Parent/Physician** contacts **Diagn. Team**

- **PARENT/PHYSICIAN** contacts **PRINC.**

  - **TEACHER** sends referral to **OLAG. TEAM**
  - **TEACHER** gives referral form to **LO TEACHER**
  - **LO TEACHER/LO CONSULT.** holds conference to complete behavior checklist with **TEACHER**

- **Parent/Physician** contacts **Teacher**

- **Parent/Physician** contacts **Diagn. Team/Princ.**

- **Diagn. Team/Princ.** contacts **TEACHER**

- **LO TEACHER/LO CONSULT.** gives suggestions on methods and materials to **TEACHER**

- **Regular Class**

  - **Is solution available at this point?**
    - **Yes**
      - **LO TEACHER/LO CONSULT.** gives suggestions on methods and materials to **TEACHER**
    - **No**
      - Regular Class
LD TEACHER/LD CONSULT. gives suggestions on methods and materials to TEACHER

LD TEACHER/LD CONSULT. completes classroom observation lists on child

Is solution available at this point? LD TEACHER/LD CONSULT

LD CONSULT. administers selected informal tests

LD TEACHER administers selected informal tests

LD TEACHER/LD CONSULT. constructs asset-deficit list

LD TEACHER/LD CONSULT sends accumulated information to DIAGN. TEAM

DIAGN. TEAM clusters asset-deficit list to identify problems
Who should test child? DIAGN. TEAM

LD CONSULT./LANGUAGE SPECIALIST/OTHER TEAM MEMBERS administer additional tests

DIAGN. TEAM holds conference to review available information

Is additional testing needed? Y, DIAGN. TEAM

DIAGN. TEAM develops prescriptive program for child

DIAGN. TEAM executes appropriate referral

LD CONSULT./LANGUAGE SPECIALIST/OTHER TEAM MEMBERS administer additional tests

Is child LD? N, DIAGN. TEAM

C.T.(a,l,p,p)
DIAGN. TEAM holds conference with LD TEACHER/TEACHERS to explain program

- Placement in Regular Class with LD Consultative help
- Placement in LD Resource Room
I. GENERAL INFORMATION

1. Project Code Letter: T

2. Delivery System for Intervention: LD Consultative (Grades K-6)
   LD Resource Room

3. Initial Entry: Referral (Teacher/Parent/Physician)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Teacher
      Parent
      Physician
      LD Teacher
      LD Consultant
      Diagnostic Team
   b) Constraining decisions: Diagnostic Team (Language Specialist, Psychologist,
      LD Consultant and others not known)

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. The team operates in an outside agency serving several school districts
   for assessment and consultative purposes. It includes a Language Specialist,
   Psychologist, LD Consultant and others.

2. The standard procedure is for teacher to give referral to LD Teacher in
   her building. This person completes preliminary screening before sending
   child to Diagnostic Center. On the other hand, in schools where there is
   no on-site LD Teachers, the teacher must refer directly to the center. In
   this case, the Center's LD Consultant must assume responsibility for the
   preliminary screening.

3. This may take place over a week's time. Tests may include Best Test, PIAT,
   Detroit, Peabody Picture Vocabulary, Wepman, and diagnostic teaching session.

4. This may involve further diagnostic teaching or formal testing (psychological
   educational).

5. This, of course, depends on whether there is an LD Teacher in the school.
   If so, the Team works through that person and not directly with the regular
   teacher.
NURSE; SPEECH CLINICIAN makes appropriate referral

Is there evidence of speech and/or sensory handicap? NURSE; SPEECH CLINICIAN

Y

Is child suspected of LD? TEACHER

N

TEACHER completes referral form

TEACHER gives referral form to COORDINATOR

TEACHERS administer screening task

M

Is child suspected of LD3 ("high risk") COORD.; PSYCHOL.; LD TEACHER

N

Regular Class

Regular Class
COORDINATOR; PSYCHOLOGIST; LD TEACHER gives suggestions on methods and materials to TEACHER

COORDINATOR; PSYCHOLOGIST; LD TEACHER holds conference to determine child's eligibility with TEACHER; PSYCHOLOGIST; PRINCIPAL; LD TEACHER

Is child LD? Y

DIAGNOSTIC TEAM develops prescriptive program for child

DIAGNOSTIC TEAM notifies PARENT of intent to place (conference)

COORDINATOR; PSYCHOLOGIST; LD TEACHER gives suggestions on methods and materials to TEACHER

Is permission to place granted? Y

Placement in regular class with LD consultative help

Y

Regular Class

N

Placement in LD Resource Room

Regular Class

N

16"
I. GENERAL INFORMATION

1. Project Code Letter: U

2. Delivery System for Intervention: LD Resource Room (Grades K-12)
   LD Consultative

3. Initial Entry: Mass Screening (modified Kunzelman Screening Tests)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Speech Clinician
      Nurse
      Teacher
      Coordinator
      Psychologist
      LD Teacher
   
   b) Constraining decisions: Coordinator
      Psychologist
      LD Teacher
      Parent

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Teachers can refer at any time. However, the referral is only considered for the project if the child is also identified as high risk in the mass screening procedure. Thus, it is not shown as a possible first step.

2. The screening procedure used was an adaptation of the Kunzelman Screening Test, in which children did 6 tasks for one minute apiece each day for 10 days. In addition, the children did a word recognition task, an auditory discrimination task, and an auditory-memory task.

3. The criteria was flexible but basically children were selected who scored 50% below grade level (norm had been established) on 2 or more tasks.

4. The addition of this criteria further reduced the number of high-risk children, bringing that number to about 10% of the screened population, or about 3 children from each class.

5. At the classroom teacher's request, Psychologist, LD Teacher, LD Coordinator, or Principal would attend.

6. Testing was done in order of "teachers who screamed the loudest" or "children who seemed to be having the most difficulty." Testing all the children took 3 months.

7. Possible tests include Bender, ITPA, WRAT, Wepman, Purdue Motor Survey, various academic tests, etc. The amount of testing depends on how quickly they discover what is wrong with the child.
PROJECT EVALUATOR holds conference to determine child's placement with TEACHER.

PRINCIPAL notifies PARENT of intent to place.

Is permission to place granted?

PRINCIPAL sends referral form to DIR. of PUPIL PERSONNEL.

DIR. of PUPIL PERSONNEL gives referral form to appropriate PSYCHOLOGIST.

Is this case an emergency?

PSYCHOLOGIST places child's name on waiting list for testing.

PSYCHOLOGIST administers appropriate tests.

Is child LD/PSYCHOL.

Placement in LD Self-Contained Room

Placement in LD Resource Room

Regular Class

Regular Class
PSYCHOLOGIST holds conference to determine child's placement with SP. EDUC. DIR.

Where should child be placed? PSYCHOLOGIST; SP. EDUC. DIR.

Is placement available? SP. EDUC. DIR.

→ Y

SP. EDUC. DIR. places child's name on waiting list

→ Regular Class

SP. EDUC. DIR. notifies PRINCIPAL(s) of placements

PSYCHOLOGIST holds conference to discuss placement with TEACHER

Is teacher in agreement? TEACHER

→ Y

PSYCHOLOGIST: TEACHER plan alternate solution

→ N

C
PSYCHOLOGIST notifies SP. EDUC. DIR. of placement change

PSYCHOLOGIST notifies PARENT of intent to place

Is permission to place granted? PARENT

Y

Placement in LD Self-Contained Room

Placement in LD Resource Room

N

Regular Class
I. GENERAL INFORMATION

1. Project Code Letter: V
2. Delivery System for Intervention:
   - LD Resource Room (Grades K-3)
   - LD Self-contained
   - Mass Screening (Individual Learning Disabilities Screening Instrument)
3. Initial Entry: Referral (Teacher).
4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Teacher, Principal, Psychologist
   b) Constraining decisions: Parent, Teacher

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. It was stated in the interview that the referral was sent to "guidance and counseling." We assume that the Director of Pupil Personnel functions as the administrator of that division.
2. Each Psychologist is responsible for several schools. The referral would go to the Psychologist who covers the child's school.
3. Specific tests are not known, but there is no standard battery; the specific tests chosen are the Psychologist's decision.
4. Criteria used to determine eligibility at this point are not known.
5. A child may be moved to another school, in which case both the sending and receiving Principal would be notified.
7. Evaluator followed cut-off score established by the instrument, with no apparent flexibility.
8. Psychologist gives WISC and ITPA, but other tests used are not known.
9. There were no referrals to MR this year, which probably reflects the skewed population of the district.

Project V-5
Regular Class

Is child suspected of LD?

Y

Regular Class

TEACHER completes referral form

TEACHER gives referral form to PRINCIPAL

N

Is referral information specific enough?

PRINC.

Y

LD DIAGN-CONSULT asked to do classroom observation?

PRINC.

N

TEACHER gives additional information to PRINCIPAL

Y

PSYCHOLOGIST asked to do classroom observation

N

LD DIAGN-CONSULT/PSYCHOL completes classroom observation

PRINC.

TEACHER completes some informal observation of child

PRINCIPAL confers with TEACHER

TEACHER gives additional information to PRINCIPAL
Regular Class

LD DIAGN-CONSULT/PSYCHOL makes appropriate modifications or suggestions to TEACHER

Is solution available at this point? LD DIAGN-CONSULT/PSYCHOL.

Is another specialist better qualified to continue investigation? LD DIAGN-CONSULT/PSYCHOL.

PSYCHOL gives responsibility to LD DIAGN-CONSULT.

LO DIAGN-CONSULT gives responsibility to PSYCHOLOGIST

Is there additional information available on child? LD DIAGN-CONSULT/PSYCHOL

LO DIAGN-CONSULT/PSYCHOL, reviews available information on child

LD DIAGN-CONSULT/PSYCHOL, hold conference to review available information with LD DIAGN-CONSULT; PSYCHOL; SOCIAL WORKER; PRINC. (DIAGN. TEAM)
Is this case a priority?

DIAGN. TEAM

delays consideration of child until next meeting

SOCIAL WORKER notifies PARENT of intent to test

Is permission to test granted?
PARENT

Y

Is neurological examination needed?

DIAGN. TEAM

N

SOCIAL WORKER makes appointment for neurological examination

PHYSICIAN administers neurological examination

LD DIAGN CONSULT/PSYCHOL. administers appropriate tests

Y

Regular Class

N
LD DIAGN-CONSULT/PSYCHOL. makes appropriate referral

LD DIAGN-CONSULT/PSYCHOL. holds final conference to determine child's eligibility with DIAGN. TEAM.

Is other referral appropriate? DIAGN. TEAM

LD DIAGN-CONSULT/PSYCHOL. gives suggestions on methods and materials to TEACHER

DIAGN. TEAM notifies PARENT of intent to place

Is permission to place granted? PARENT

Placement in Regular Class with consultative help from LD DIAGN-CONSULT.

Placement in LD Resource Room

Placement in LD Self-Contained Room
I. GENERAL INFORMATION

1. Project Code Letter: W

2. Delivery System for Intervention: LD Consultative; (Grades K-3)  
   LD Resource Room; LD Self-Contained

3. Initial Entry: Referral (Teacher)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Teacher  
      LD Diagnostic-Consultant  
      Psychologist  
      Diagnostic Team  
      (LD Diagnostic-Consultant;  
      Psychologist, Social Worker  
      Principal)
   
   b) Contraining decisions: Principal  
      LD Diagnostic-Consultant  
      Psychologist  
      Diagnostic Team  
      (LD Diagnostic-Consultant,  
      Psychologist, Social Worker  
      Principal)

      Parent

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Often the problem can be eliminated by changing classrooms or moving  
   the child's seat. This can be determined by the classroom observations.

2. This includes reviewing cumulative records, talking to physicians, and  
   to previous teachers.

3. The LD Consultant is generally the most influential voice on the Diagnostic  
   Team.

4. A neurological examination is required if child is to be classified as  
   Neurologically Impaired LD (severe).

5. Apparently choice of tests is left up to person administering them,  
   although reading, information processing, hearing and vision must be  
   evaluated, choice depends largely on available scores, and attempts are  
   made to fill in gaps in the record.

Project W-5
Regular Class

Is child suspected of LD?

Teacher provides supportive help for Teacher

Is it appropriate to provide only supportive help for Teacher?

Is other referral appropriate for LD Teacher?

Principal executes appropriate referral

179
LD TEACHER confers with TEACHER

LD TEACHER observes child in classroom

LD TEACHER administers battery of tests

Is additional testing needed? LD TEACHER

N

LD TEACHER administers additional testing

Y

LD TEACHER provides prescriptive consultative service to TEACHER

LD TEACHER teaches child itinerant basis in Resource Rooms

LD TEACHER teaches child occasionally in classroom

LD TEACHER continues periodic consultation with TEACHER

LD TEACHER makes additional prescriptive suggestions.
TEACHER implements prescriptive-consultant suggestions for 10.12 weeks.

LO TEACHER retests child.

Is it appropriate to continue with consultative help?

LD TEACHER Is child in need of more intensive LD intervention? (Is child LD?)

LD TEACHER Is score available?

LD TEACHER executes referral to other placement (MR).

LD TEACHER Is field led to give intelligence tests?

LD TEACHER requests services of PSYCHOLOGIST from SCHOOL DISTRICT or STATE.

PROJECT X-3
LD TEACHER/PSYCHOLOGIST executes referral to MR placement.

Is LD necessary?

Is LD Consultative placement appropriate?

Is LD Self-Contained Room available?

Placement in Regular Class with consultative help from LD TEACHER.

Placement in LD Self-Contained Room.

Consultative appropriate placement.

IQ administered.

External placement.
I. GENERAL INFORMATION

1. Project Code Letter: X

2. Delivery System for Intervention: LD Consultative, LD Resource Room, LD Self-Contained (Grades 1-6)

3. Initial Entry: Referral (Teacher)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Teacher, LD Teacher, Psychologist
   b) Constraining decisions: LD Teacher

II. SPECIAL NOTATIONS
   (footnotes apply to notations on flow-chart)

1. Referral form provides record of previous testing, indication of areas of difficulty, some identifying information.

2. Two different pupil behavior rating scales have been used: a) PBRS (Myklebust) and b) locally developed "Classroom Behavior Rating Scale."

3. We will refer to this position as LD Teacher, meaning primarily the LD Resource Room Teacher; this person also serves as an LD Consultant and LD Diagnostician. However, we will refer to this individual according to the central role as LD Teacher.

4. This means, "Will the provision of supportive help (e.g., Behavior Management Techniques) be sufficient to help this child?"

5. Tests include WRAT, BESI, Self-Concept Scale (Sears)

6. Additional tests are determined by the LD Teacher, they would include such things as Durrell, ITAP, Frostig, Spache, etc.

7. This is the critical first stage of intervention with the child; i.e., the first stop is to make suggestions to the Teacher and have her implement them. The essence of this system is that the child is first treated in the class by his regular teacher with no labelling or segregation. If this fails the child can continue into more intensive intervention.

8. This stage again epitomizes the essence of this system: viz, many options and flexibility.

9. Retesting includes Self-Concept, Behavior Rating, BESI, WRAT, plus others at discretion of LD Teacher.

10. State guidelines would be followed, based on available test.
Is child suspected of LD?

TEACHER

TEACHER confers with PSYCHOLOGIST

Is written referral requested?

PSYCHOL.

TEACHER completes referral form

TEACHER gives referral form to PRINCIPAL

PRINCIPAL gives referral form to PSYCHOLOGIST

PSYCHOL. makes appropriate modifications or suggestions to TEACHER

Is solution available at this point?

PSYCHOL.
What other personnel should be consulted? PSYCHOL.

PSYCHOL. confers with selected personnel.

PSYCHOL. reviews information in cumulative file.

Is a new class assignment the solution? PSYCHOL.

Y

PSYCHOL. notifies PARENT of intent to change class.

N

Is permission to change class granted? PARENT.

Y

N

Regular Class

PSYCHOL. administers appropriate tests.

185
PSYCHOL. asks LD TEACHER to complete a behavior rating scale or checklist.

PSYCHOL. notifies PARENT of intent to refer.

Is permission to refer granted? PARENT

SOCIAL WORKER makes home visit to PARENT

Is permission to refer granted? PARENT

PSYCHOL. contacts the DIRECTOR of PUPIL PERSONNEL
I. GENERAL INFORMATION

1. Project Code Letter: Y

2. Delivery System for Intervention: LD Self-Contained
   LD Specialist Mainstreaming (Grades K-12)

3. Initial Entry: Referral (Teacher)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Teacher
      Psychologist
      Diagnostic Team
   b) Constraining decisions: Psychologist
      Parent
      Diagnostic Team (Director of Pupil Personnel,
      Chief School Psychologist, School Psychiatrist,
      Chief Nurse, Social Worker, Director of
      Special Education, sending psychologist,
      sometimes counselor or referring teacher)
      Director of Pupil Personnel/Director of Special
      Education

II. SPECIAL NOTATIONS

   (footnotes apply to notations on flow-chart)

1. Testing includes an IQ test, Bender, maybe Rorschach. If Psychologist
   suspects LD, may ask remediation specialist to give PBRS or other checklist.

2. This group, headed by the Director of Pupil Personnel includes the
   School Psychiatrist, Chief School Psychologist, Chief Nurse, Social Worker,
   Director of Special Education, the sending psychologist, and sometime
   the counselor or referring agent.

3. This could involve further testing, observation, meeting with parents, etc.

4. The exact criteria by which this decision is made are unclear.

5. The Self-Containing room handles children with emotional as well as LD
   problems.

Project Y-5
TEACHER; LD TEACHER; LD DIAGN.; COUNS. administer math and language arts skills tests to all children.

TEACHER; LD TEACHER; LD DIAGN.; COUNS. score tests.

TEACHER observes child in classroom.

Is child suspected of LD?

TEACHER completes Devereux Behavior Rating Scale.

TEACHER gives Rating Scale to LD DIAGN.

LD DIAGN. administers battery of tests.

Regular Class
COUNSELOR/ LD TEACHER observes child in classroom

LD DIAGN.; COUNS./LD TEACHER hold conference to review available information with PSYCHOL.

Is there a discrepancy between Intelligence and Achievement? PSYCHOL.; COUNS./LD TEACH

Is there evidence of emotional or behavior disturbance? PSYCHOL.; COUNSEL./LD TEACH

Regular Class

COUNSELOR notifies PARENT of intent to test (conference)

Is permission to test granted? PARENT

Regular Class

COUNSELOR refers child for testing to DIAGN. TEAM

DIAGNOSTIC TEAM administers battery of tests
DIAGNOSTIC TEAM interprets results and makes tentative recommendations.

Is child LD? DIAGN. TEAM

Is child B/D? DIAGN. TEAM

Is some program necessary for child anyway? DIAGN. TEAM

PSYCHOLOGIST holds conference to discuss tentative results with PARENTS

PSYCHOLOGIST holds conference to determine placement with TEACHERS: PRINC.; DIAGN. TEAM (PLACEMENT COMMITTEE)

What is best program for child? PLACEMENT COMMITTEE

Placement in Regular Class with Specialist-Mainstreaming program
I. GENERAL INFORMATION

1. Project Code Letter: Z

2. Delivery System for Intervention: LD Specialist Mainstreaming (Grades 1-8)

3. Initial Entry: Referral (Teacher)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Teacher
      Psychologist
      Counselor/LD Teacher
      Diagnostic Team (Psychologist, others)
   b) Constraining decisions: Parent
      Placement Committee (Psychologist, Teachers, Principals, Diagnostic Team)
      Diagnostic Team

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. These are teacher made tests, administered at the beginning of the school year as a basis for referral.

2. A child is considered a potential LD if he is below the expected level of skill development for his grade level. However, these criteria are flexible with consideration also paid to emotional and background factors of the child.

3. Tests include Slosson, WRAT, Bender-Gestalt, Behavior Rating Scale.

4. Tests are scored prior to the conference, except for the Bender which is scored by the Psychologist and a written summary is prepared from the observations. The conference is held at a tri-county diagnostic center, where the child may go for a more intense work-up, if needed. At this point the child is being viewed as either potential LD or BE (ED). This is why a child may be included if he evidences an emotional disturbance.

5. This conference includes LD Diagnostician, Counselor, Parent and sometime LD Teacher. There is no written permission required, but the parent must orally agree to in-depth testing.

6. This team operates out of the tri-county diagnostic center. "Diagnostic Team" will be used to refer the staff at this center. Except for a Psychologist, team members are not known.

7. Tests include WISC, or Binet, ITPA, achievement tests, a parent rating scale, family history and child history.

8. Criteria used to eliminate a child at this point are unknown. However, it is assumed that all tested children will receive some remedial help, whether
designated as LD or not. This is largely because the project's philosophy centers around adjusting a school program to each child's needs and learning patterns.

9. Possibilities include individual tutoring, programmed learning, family counseling, bookless curriculum, family groupings in class, role playing.

Project Z-5
Is child suspected of LD? TEACHER

If child suspected of LD? TEACHER

PARENT/OTHER AGENT/CHILD contacts PRINCIPAL/LD CONSULT.

TEACHER confers with PARENT/OTHER AGENT/CHILD

Is referral necessary? TEACHER; PARENT/OTHER AGENT/CHILD

TEACHER completes Pupil Behavior Rating Scale (PQRS)

Regular Class
TEACHER gives PBRS to PROJECT STAFF

PROJECT STAFF holds conference to discuss child

Who should observe child? PROJECT STAFF

PRACTICUM STUDENT observes child in group and individual settings

PROJECT STAFF observes child in group and individual settings

PROJECT STAFF holds conference to discuss observations

Is additional observation needed? PROJECT STAFF

LO CONSULTANT observes child to gather additional information

Is other referral appropriate? PROJECT STAFF

Is solution to problem available at this point? PROJECT STAFF

LO CONSULTANT gives suggestions on methods and materials to TEACHER

Regular Class

195
LD CONSULT. gives suggestions on methods and materials to TEACHER

Is permission to test granted by PARENT?

PRACTICUM STUDENT administers informal tests

LD CONSULT. and/or PSYCHOL. administer formal tests

PROJECT STAFF holds final conference to determine child's eligibility

Is child LD?

PROJECT STAFF

LD CONSULT. makes appropriate referral

Regular Class

Is other referral appropriate? PROJECT STAFF

LD CONSULT. gives suggestions on methods and materials to TEACHER

Regular Class

C,1,((a,a),(a),(a),(a))

C,1

PROJECT AA-3
PROJECT STAFF notifies PARENT of intent to place.

LD CONSULT. gives suggestions on methods and materials to TEACHER.

Is permission to place granted?

- N (No)
  - Placement in Regular Class with LD CONSULT. help

- Y (Yes)
  - Placement in LD Resource Room
I. GENERAL INFORMATION

1. **Project Code Letter:** AA

2. **Delivery System for Intervention:** LD Consultative (Grades K-12)
   LD Resource Room

3. **Initial Entry:** Referral (Teacher, Parents/other Agents/Self)

4. **Personnel Involved in Decision-Making:**
   
   a) **Eligibility decisions:** Teacher
   Parent
   Other Agent
   Child
   Project Staff (LD Coordinator, Psychologist,
   LD Consultants, Practicum Students)
   
   b) **Constraining decisions:** Project Staff
   Parent

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Staff includes 5 LD Consultants who serve as itinerant personnel, an LD Coordinator, a Psychologist, and 10 practicum students. The referral would probably go to one of the 5 consultants or a practicum student, since personnel are most frequently in a school. The term "Project Staff" will be used when the specific member of the staff is not known.

2. Informal tests include Wold Screening Tests, Silvaroli, Key-Math, WRAT, in addition, samples of child's work may be collected.

3. Formal tests include WISC or Binet, ITPA, Bender, Draw-A-Person, etc. LD Consultants do most of the testing; the Psychologist would be called in if emotional problems appeared to be primary.

4. Specific criteria are not known. It appears that the project does use a broad definition of LD, including nearly any kind of disability for which they can provide some remedial services.
Is child suspected of LD?

PARENT/PHYSICIAN/OTHER AGENT

Is child suspected of LD?

TEACHER

TEACHER gives written referral to PRINCIPAL

TEACHER gives written referral to PSYCHOLOGIST

PSYCHOLOGIST request information from TEACHER

PSYCHOLOGIST confers with PRINCIPAL

PRINCIPAL executes other referral

Is strategy for classroom management possible?

Regular Class

Y N

Is child LD and/or Behavior Disturbance?

PSYCHOLOGIST

PSYCHOLOGIST

Regular Class

Y N

Is strategy for classroom management possible?

PSYCHOLOGIST

PRINCIPAL

199
PSYCHOLOGIST gives strategies for dealing with behavior and/or LD to TEACHER

TEACHER implements strategies in regular classes

Is further remediation necessary? TEACHER

Is intervention strategy working? TEACHER

TEACHER informs PSYCHOLOGIST

PSYCHOLOGIST notifies PARENT of intent to test

Is permission to test granted? PARENT

PSYCHOL./LD COORD. administers battery of tests

PSYCHOLOGIST confers with LD COORD., TEACHER (Resource Team)
Regular Class

Is child LD? Resource Team

PSYCHOL: LO COORD. notify parents of intent to place

Is permission to place granted? PARENT

PSYCHOL: LO COORD recommend LD Self-Contained Class

LD COORD. gives suggestions regarding methods and materials to TEACHER:

Is Tutoring available? LO COORD.

Placement with Tutor

Placement in LO Self-Contained Class

Regular Class

Permission to place granted?

Tutoring appropriate? PSYCHOL: LO COORD.

Is Tutoring available? LO COORD.
I. GENERAL INFORMATION

1. Project Code Letter: BB

2. Delivery System for Intervention: LD Self-Contained (Grades 9-12)
   LD Specialist
   Mainstreaming

3. Initial Entry: Referral (Teacher/Parent/Physician/Other Agent)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Teacher    Psychologist
      Parent    Principal
      Physician    Resource Team (LD Coordinator,
      Other Agent        Psychologist, Teacher)
   b) Constraining decisions: Psychologist
      Principal
      Teacher
      Parent
      LD Coordinator

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. In this system LD and BD (Behavior Disturbance) children are often grouped together.

2. The essence of this system is to attempt to work with the child as quickly as possible with a minimum of testing. Other specialists may be called in to give itinerant service; e.g., Speech Therapist, Language Therapist, Visiting Teacher.

3. Exact tests not available or constant; determined by LD Coordinator (Diagnostician) and Psychologist.

4. Tutoring means an itinerant LD Teacher.

Project BB-4
From Model B

PSYCHOLOGIST
From PSYCHOLOGIST

Is child already in LD class?

LD COORD

Is child suspected of LD?

TEACHER/COUNSELOR

Behavior checklist

PRINCIPAL

TEACHER/COUNSELOR

Is child appropriate for Project CCIA?
1. **To Model A**

2. **Is child suspected of LD?**
   - **Y**
     - **PARENT contacts SUPERINTENDENT/PRINCIPAL/COUNSELOR**
     - **PARENT contacts LD COORD.**
   - **N**
     - **SUPERINTENDENT/PRINCIPAL/COUNSELOR**

3. **From Model A**

4. **Child is in School C/D**
   - **TEACHER/COUNSELOR/PRINC. gives referral form and (if completed) behavior checklist to COUNS.**

5. **Child is in School B**
   - **TEACHER/COUNSELOR/PRINC. gives referral form and (if completed) behavior checklist to PRINC.**

6. **Child is in School A**
   - **TEACHER/COUNSELOR/PRINC. gives referral form and (if completed) behavior checklist to SUPER.**

7. **SUPERINTENDENT/PRINCIPAL/COUNS. notifies PARENT of intent to test (letter)**

---

**Regular Class**
Is permission to test granted?

PARENT

SUPERINTENDENT/PRINCIPAL/COUNSELOR contacts LD COORD. to arrange testing

PSYCHOLOGIST reviews child’s cumulative file

PSYCHOLOGIST confers with TEACHER/COUNSELOR/PRINCIPAL

Is there evidence of MR or ED?

PSYCHOLOGIST places child on “low priority” waiting list

PSYCHOLOGIST adds child to regular waiting list

PSYCHOLOGIST: LD DIAGN. administer battery of tests

Regular Class

Y

N

I. Ce

205
LD COORD. places child on waiting list

Is space available in the Resource Room? LD COORD.

Placement in LD Resource Room

LD COORD. holds conference to determine child's eligibility with DIAGN. TEAM

Is test result suspect? DIAGN. TEAM

PSYCHOLOGIST/LD DIAGN. retests child

Regular Class

Is child in either School A or School B? DIAGN. TEAM

LD COORD. executes appropriate referral (MR)
LD COORD. refers child for therapy to outside agency.

Is there a primary emotional handicap? DIAGN. TEAM

Y

Is there a deficit in reading, math, or spelling? DIAGN. TEAM

N

Is child among 25 most severe? DIAGN. TEAM

Y

Is space available in the Resource Room? LD COORD.

N

LD COORD. places child on waiting list

Y

Placement in LD Resource Room
I. GENERAL INFORMATION

1. Project Code Letter: CC

2. Delivery System for Intervention: LD Resource Room (Grades 7-12)

3. Initial Entry: Referral (Teacher/Counselor/Principal/Parent)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Parent, Diagnostic Team (LD Coordinator, Psychologist, Teacher, Counselor, Principal)
   b) Constraining decisions: LD Coordinator, Teacher, Counselor, Principal, Parent, Diagnostic Team (LD Coordinator, 2 LD Diagnosticians, Psychologist)

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. LD Coordinator is Title VI-G local project director.

2. Tests include WISC, WRAT, Durrell, Stanford Arithmetic and Reading, Projective Test (selected by Psychologist), Bender, Draw-A-Man, House-Tree-Person Test.

3. Diagnostic Team includes LD Coordinator, 2 LD Diagnosticians, and a Psychologist.

4. About 20% of referrals include checklist.

5. IQ is based on Full Scale.
PRINCIPAL submits behavior checklist-referral form to DIAGN. TEAM

DIAGN. TEAM notifies PARENT that medical information is needed. (letter)

Is permission to release medical information granted? PARENT

DIAGN. TEAM requests forms again from PHYSICIAN and/or PRINCIPAL

DIAGN. TEAM schedules PARENTS and CHILD for testing
Is need for EEG foreseen?
COORD. PSYCHOL.

Is permission for EEG granted?
PARENT

DIAGN. TEAM schedules EEG for testing date

Is child brought to Diagn. Center for testing?
PARENT

Regular Class

COORD. PSYCHOL./ PSYCHOL. interviews PARENT for developmental and family history

LD DIAGN. PSYCHOL. SPEECH-Hearing CLINICIAN; TEACHER administer battery of tests

COORD. PSYCHOL./ PSYCHOL. interview PARENT to explain results
DIAGN. TEAM writes final report with recommendations

DIAGN. TEAM sends final report to persons/agencies as specified by PARENT.

Is child LD? DIAGN. TEAM

N

Y

212
I. GENERAL INFORMATION

1. Project Code Letter: DD
2. Delivery System for Intervention: LD Consultative (Ages 3-12)
3. Initial Entry: Referral (School/Physician)
4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Parent, Physician, Teacher, Other School Agents
   b) Constraining decisions: Parent, Diagnostic Team

II. SPECIAL NOTATIONS
(footnotes apply to notations on flow-chart)

1. No one person is specified. It is assumed that referrals are all processed through a standard procedure which does not require that any one person in particular be contacted, since all Team members operate out of a Diagnostic Center. The Center staff consists of 2 LD Diagnosticians, 3 Psychologists (one of whom serves as coordinator), 1 Speech-Hearing Clinician, 1 Instructional Materials Specialist, 1 Teacher.

2. Although the Principal is not necessarily the one who completes the form (he may request any staff member(s) to do this), he is responsible for submitting it to the Diagnostic Center.

3. The Physician is asked to complete a checklist and descriptive form relating to child's behavior and suspected causes, developmental history, relevant family history current medications, similar problems in siblings.

4. In many cases the available medical information is missing entirely or extremely inadequate.

5. Specific tests used are not known, but evaluation is made in the following areas: intelligence, behavior, vision, hearing, speech, language, academic.

6. The Coordinator-Psychologist appears to be most influential in this decision. It is difficult to determine very exact criteria, however, deficits in some psychological processes are considered relevant. It also appears likely, since vision and hearing screening are done, that these are considered as
elimination factors. Intelligence is not applied as a relevant criteria, while conditions of environment are believed to be highly relevant causes of LD. It should be noted that the Diagnostic Center is concerned with evaluating and recommending solutions for all children referred, as such, the emphasis is not really on identifying LD children.
Mass Screening initiated

Child is in First Grade

Child is in Kindergarten

Referral initiated

Regular Class

Is child suspected of LD?

PARENT/PRIVATE LD SCHOOL contacts PRINCIPAL

Regular Class

Is child suspected of LD?

TEACHER

Is child suspected of LD?

PARENT/PRIVATE LD SCHOOL contacts PRINCIPAL

PRINCIPAL refers child to LD TEACHER

LD TEACHER requests behavior checklist from TEACHER

TEACHER completes referral form, including behavior checklist

TEACHER gives referral form to LD TEACHER

PROJECT E.I
The process begins with a question: Is Intelligence low? If the answer is Y, additional testing is appropriate. If N, the process moves to the next step.

If additional testing is appropriate, the PSYCHOLOGIST executes referral to placement in MR class. If not, the LD TEACHER administers PPVT.

The LD TEACHER then confers with the PSYCHOLOGIST. The question is then asked: Is the child one of the 25 most severely disabled?

If the answer is Y, the PSYCHOLOGIST executes referral to placement in MR class. If N, the LD TEACHER gives suggestions on methods and materials to the TEACHER. The process loops back to the beginning.
Placement in Transitional Classroom

Is child in need of help from (i.e., is child LD?)
LD TEACHER

Y

Is quota for LD Resource Room roster filled?
LD TEACHER

N

Placement in LD Resource Room
I. GENERAL INFORMATION

1. Project Code Letter: EE

2. Delivery System for Intervention: LD Resource Room (Combined with Transitional Classes) (Grades 1-2)

3. Initial Entry: Referral (Teacher/Parent/LD Private School)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: LD Teacher
      Teacher
      Psychologist
      Parent
      Private LD School
   b) Constraining decisions: LD Teacher
      Psychologist

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. This means, "Was the Meeting Street School Screening Test given to the child in Kindergarten?"

2. The question is a broad one, based on results of the MSSST, the criterion here is: "Is the child in the lowest quartile on the MSSST?"

3. Testing includes WISC or Binet, plus any other tests Psychologist (who is half time) may choose, such as Bender.

4. Is IQ lower than 85 on Binet or WISC?

5. What is being asked here is: "Should the child still be considered for a transitional class (and therefore LD Resource Room services), even though his IQ is low on testing?"

6. PPVT is used as both a check on previous "intelligence" tests, and as a language test to aid in teaching.

7. Translated, this means is his MSSST score in the second lowest quartile or should the child be suspected of LD?

8. Transitional classes are provided for children after Kindergarten and 1st Grade, the limit is 25 children per class per school, children for LD Resource Room are selected from these classes.

9. Whether or not Mass Screening was initiated, a child can be referred anytime by Teachers, or Other Agent.
10. There is a private school for children with LD that refers children when they attend the regular schools, no specific official is indicated through whom referrals occur.

11. The Principals in this district are called Director of School.

12. There is a limit of 20 imposed on the LD Resource Room Teacher.

13. Of course, the child's basic placement remains the Transitional Classroom.
Regular Class

Is child brought to Pre-kindergarten Registration? PARENT

Y

PROJECT STAFF schedules testing date with PARENT

N

Is child brought to testing session? PARENT

Y

PROJECT VOLUNTEER administers revised MSSST

PARENT completes questionnaire with PROJECT VOLUNTEER

LD CONSULT, scores tests and reviews Questionnaires

Is child suspected of LD? ("high risk")? 2

LD CONSULT.

N

Y

221
LD CONSULT. review screening results with TEACHERS

TEACHERS write initial strategies for "high risk" children

Is child brought to summer diagnostic program? PARENT

N

TEACHERS observe all children in summer diagnostic program

Y

TEACHERS; LD CONSULT. discuss each child's performance

Is child in original "high-risk" group? TEACHERS; LD CONSULT.
Is child to be added to "high-risk" group? TEACHERS; LO CONSULT.

Y: Is child still "high-risk"? TEACHERS; LO CONSULT.

N: TEACHERS; LO CONSULT, place child's name on revised list of "high-risk" children.

Y: TEACHER conducts 6 weeks of diagnostic work with help of LO CONSULT.

N: Is child in "high-risk" group? TEACHER.

N: TEACHER completes Developmental Profile Chart.

Y: LD CONSULT, conduct 3-day workshop with TEACHERS.

Regular Class
LD CONSULT: TEACHERS review completed Developmental Profile Charts

Is child to be removed from "high risk" list? LD CONSULT; TEACHER

Regular Class

V

N

TEACHER completes Group Developmental Profile Chart

TEACHER conducts 12 weeks of skill building work with help of LD CONSULT.

Is child in "high risk" group? TEACHER

N

Y

Is child evidencing "high risk" characteristics? TEACHER

N

TEACHER completes Developmental Profile Chart

LD CONSULT, conduct 2-day workshop with TEACHERS
LD CONSULT: 
TEACHERS 
review completed Developmental Profile Charts.

Is child to be removed from "high-risk" list? 
LD CONSULT: TEACHER

Y

TEACHER completes Group Developmental Profile

TEACHER conducts 20 weeks of readiness work with help of LD CONSULT.

Is child in "high-risk" group? TEACHER

N

Y

Is child evidencing "high-risk" characteristics? TEACHER

N

Y

TEACHER completes Developmental Profile Chart

LD CONSULT, conduct end-of-the year workshop with TEACHERS?
I. GENERAL INFORMATION

1. Project Code Letter: FF

2. Delivery System for Intervention: LD Consultative (Ages 3-5)

3. Initial Entry: Referral (Teacher)
   Mass Screening (revised MSSST)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: LD Consultant
      Teacher
   b) Constraining decisions: Parent
      Teacher
      LD Consultant

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. It is unclear exactly who makes this appointment, but most likely it is done
   by one of the volunteers trained by the project to administer the screening
   test. In addition to the volunteers, the Title VI-G Project staff includes
   an LD Coordinator, and several LD Consultants, each of whom has some special
   area of expertise. In general the staff is a support system for the LD
   Consultants in the schools and the teachers. The amount of support is
   diminished over time, through thorough training programs.

2. A child who falls below the cut-off point in the revised MSSST is classified
   as "high risk." Generally the cut-off is set at a raw score of 32, although
   communities are advised to adjust this if necessary to better reflect their
   population. Generally, this averages out to about the lowest 40% who are
   "high risk." The parent questionnaire is used only as supplemental data, and
   no child is included or excluded on the basis of this instrument.

3. The summer diagnostic session last for 2 days. On Day #1, the Teachers
   and LD Consultants review the screening data and write tentative prescriptions
   for the "high-risk" children. On Day #2, all children - "high-risk" and
   "non-high-risk" - spend one day in a simulated kindergarten, for the
   purposes of introducing the child to his class, orienting parents to the
   program, and allowing teachers to observe the children and modify (if
   necessary) their original decisions and strategies.

4. Factors that affect this revision include: parents report about child's
   condition at testing (e.g. sick); volunteers' comments about child test
   book; child's behavior and performance during summer diagnostic program.
   This group will be continuously revised during the year. As children appear
   to no longer need careful observation and extra work, they are removed from
   the "high-risk" group, and as new children appear to need extra help, they
   are added to the "high-risk" group.
5. During the entire year, a School Planning Team meets weekly to support the efforts of the LD Consultant and Teachers, to review all children's progress, and to consider alternative solutions to a particular child's problem. This Team consists of the LD Consultant, Teachers, Guidance Counselor and in some schools, the Principal.

6. The group profile combines all the ratings on the individual Developmental Profile Charts to provide a picture of the class learning patterns. This is used by the Teacher to group children and to establish priorities in the selection of content and methods of teaching.

7. At this workshop, the year's work is reviewed and plans are made for all children for the first grade with emphasis on those in the current "high-risk" group.
Is child in Fourth Grade? 

LD TEACHER

Is child suspected of LD?

TEACHER completes referral form

PARENT/OTHER AGENT contacts PRINCIPAL

PRINCIPAL refers child to LD TEACHER

LD TEACHER administers WRAT and SIT

LD TEACHER gathers information from Teacher (conference)

LD TEACHER conducts search of records

TEACHER gives referral form to LD TEACHER

Regular Class

Regular Class

Y

N

N

Y

Y

Y
LD teacher explains test results to parent.

Is child below grade level? LD teacher.

LD teacher holds conference with parent.

LD teacher explains screening:

LD teacher explains ACCD:

LD teacher takes social history:

LD teacher informs parents of intent to test and possible intent to place:

Is permission to test and placement granted? Parent.

Regular class.
LD TEACHER refers child to PSYCHOL.

PSYCHOL. administers test(s)

Is child to be placed regardless? LD TEACHER

Is child LD? PSYCHOL.

Placement in LD Resource Room?
I. GENERAL INFORMATION

1. Project Code Letter: GG

2. Delivery System for Intervention: LD Resource Room (Grades 1-5)

3. Initial Entry: Referral (Teacher/Parent/Other Agent)
   Mass Screening (Records Search)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Teacher Other Agent
      LD Teacher Psychologist
      Parent
   b) Constraining decisions: LD Teacher
      Parent

II. SPECIAL NOTATIONS

 (footnotes apply to notations on flow-chart)

1. A "Records Search" approach is only used on fourth graders; however, any student, including fourth graders, may come through the other systems entries.

2. This is decided by talking to other teachers.

3. CTBS is always available as a State requirement; others might include: Metropolitan, IGE, Fountain Valley Diagnostic Tests.

4. For Kindergarten a 6-month deficit is considered low; for grades 1-4 the criterion is 1½ years down; for grades 5-6 it is 2 years down.

5. The IQ cut-off was 90, unless the quota for the resource room was unfilled; then LD Teacher could decide to take.

6. Tests include a) individual IQ test; b) achievement test, and c) 2 other non-specified tests (e.g. ITFA, Bender, Purdue, Detroit, Cooper-Smith Rating Form)

7. Exact decisions made by Psychologist are unknown; however, subsequent testing by LD Teacher used criteria:
   a) discrepancies on IQ test,
   b) average IQ (=90),
   c) low performance (see footnote 4),
   d) low IQ, plus "LD pattern" (i.e., achievement below grade and expectancy)
   e) weakness in one or more process areas,
   f) no other handicaps

Project GG-4
8. The LD Resource Room may be exclusively LD or it may include some EMH. After the placement is decided, a series of tests are given to aid in programming. Educational testing administered by the Resource Teacher includes: STanford (Reading or Math); Personality Questionnaire; School Attitude Survey; Optional others.
COORD. places child in Initial Target Group

LD DIAGN. executes other referral

LD DIAGN. gives suggestions on methods and materials to TEACHER

LD DIAGN. contacts LD TEACHER A

Is LD Teacher A able and willing to accept child?

Is LD Teacher A able and willing to accept child? LD DIAGN.

Is other referral appropriate? LD DIAGN.

Is child LD? LD DIAGN.

Regular Class

LD DIAGN. makes suggestions on methods and materials to TEACHER

PROJECT STAFF

Cv,Ch

COORDINATOR notified PARENT of intent to test (letter)

OUTSIDE AGENCY makes appropriate referral

OUTSIDE AGENCY makes appropriate referral

Is LD Teacher A able and willing to accept child? OTHER LD TEACHER

Is there evidence of a sensory handicap? PROJECT STAFF

Is sensory handicap responsible for educational difficulty? OUTSIDE AGENCY

Regular Class
Is permission to test granted?

PARENT

Y

OUTSIDE AGENCY administers battery of tests

N

Is IQ below normal?

COORD makes appropriate referral (MR)

Is there a discrepancy between IQ and basic psychological processes?

PROJECT STAFF

N

Is there a discrepancy between IQ and achievement?

PROJECT STAFF

Y

COORD places child in Experimental Target Group

Regular Class

Placement in LD Resource Room

Regular Class

Regular Class
I. GENERAL INFORMATION

1. Project Code Letter: HH

2. Delivery System for Intervention: LD Resource Room (Grade 10)

3. Initial Entry: Referral (Teacher)
   Mass Screening (ITBS; Lorge-Thorndike)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Computer Teacher
      Project Staff LD Diagnostician
      Outside Agency
   b) Constraining decisions: Project Staff (Coordinator, LD Diagnostician,
      LD Teachers, LD Consultants)
      Parent
      LD Diagnostician
      LD Teacher

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Project Staff includes a Coordinator, and LD Diagnostician, several LD
teachers (in addition to those in the school), several LD consultants.
The term Project Staff is used whenever it is unclear which member(s) had
responsibility for some activity or decisions. In this use, there were
probably several staff persons who checked the records for the age infor-
mation.

2. This is a strict statistical decision. The discrepancy must be 2 or more
years, and must occur in 2 or more areas.

3. Battery included WISC, Detroit, Lincoln-Oseretsky, Stanford Reading,
Standard Arithmetic.

4. "Below Normal" is defined as below 70 IQ.

5. The child must be below Mental Age by at least 2 years on at least 3
subtests of the Detroit.

6. The child must be below Mental Age by at least 2 years on either the Stan-
ford reading or arithmetic achievement test.

7. This includes reviewing permanent records, talking to teachers, talking to
student.

8. The criteria applied here are probably less exacting than in the mass
screening process. The LD Diagnostician alone decides if the child meets
the criteria, or if another referral is needed, or if the problem can be
solved in the regular class.
Is child suspected of LO?

**TEACHER/GUIDANCE COUNSELOR**

Y

**TEACHER completes behavior checklist**

N

**Child is in Junior High School**

**TEACHER gives behavior checklist to COUNSELOR**

**COUNSELOR sends behavior checklist to DIR. OF PUPIL PERSONNEL**

**DIR. OF PUPIL PERSONNEL arranges for testing (psychol., educ., medical, sociol.) to be done**

**DIR. OF PUPIL PERSONNEL sends test results to SP. EDUC. DIR.**

N

**Regular Class**

Y

**Child is in primary or elementary school**

**TEACHER gives behavior checklist to PRINCIPAL**

**PRINCIPAL notifies PARENT of intent to test**

**Regular Class**
Is permission to test granted?

Y

PARENT

PRINCIPAL notifies SP. EDUC. DIR. about referral

PRINCIPAL gives behavior checklist to LO-TEACHER

PSYCHOLOGIST administers psychological testing

LO-TEACHER/PSYCHOLOGIST administers educational testing

NURSE administers medical examination

SOCIAL WORKER collects social and family information

SP. EDUC. DIR. holds conference to determine child's eligibility with DIAGN. TEAM

N

is child

LO, DIAGN., TEAM

Y

Regular Class

(C) Ch,Cv,l,al
SP, EDUC, DIR. makes appropriate referral

Is other referral appropriate? SP, EDUC, DIR.

Is child LD? SP, EDUC, DIR.

Is placement available? SP, EDUC, DIR.

SP, EDUC, DIR. places child's name on waiting list

Regular Class

Placement in LD Resource Room
I. GENERAL INFORMATION

1. Project Code Word: II

2. Delivery System for Intervention: LD Resource Room (Grades 1-8)

3. Initial Entry: Referral (Teacher/Guidance Counselor)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Teacher
      Guidance Counselor
      Principal
      Diagnostic Team (Director of Special Education,
      Psychologist, social worker,
      nurse, LD Teacher, referring teacher,
      Principal)

   b) Constraining decisions: Parent
      Director of Special Education

II. SPECIAL NOTATIONS

(footnotes refer to notations in flow-chart)

1. The Rubin, Simson & Betwee Behavior Checklist is recommended by the Title VI-G project, but some districts use their own, locally developed checklist.

2. The psychological testing includes the WISC, ITTPA, and possibly other evaluations of mental abilities. Educational testing could include Slingerland, Frostig, Berry, PIAI, etc. (Engleman, PPVT, & Evanston Early Identification Scale were used for kindergarten). Medical exam includes vision and hearing tests. In addition, all children in special education are supposed to have a medical examination by their physician.

3. In districts without a specified Director of Special Education, the Superintendent will appoint someone else usually either the psychologist, the social worker, or the elementary supervisor.

4. Consists of Director of Special Education (or person so-named by superintendent), psychologist, social worker, nurse, LD teacher, principal, referring teacher, and possibly others involved with child.

5. Criteria for elimination were not discussed in the interview; however, state guidelines specify that there be no sensory handicap (as the primary problem), that IQ be 90 or above, and that there be a discrepancy between IQ and achievement.
LO COORD. sends results to STATE DIAGN. TEAM

STATE DIAGN. TEAM executes their diagnostic process

Is child LD? STATE DIAGN. TEAM

Which placement is appropriate for child? STATE DIAGN. TEAM

LD Consultative help
LD Resource Room
LD Self Contained Class

Regular Class

Is other placement acceptable and available? STATE DIAGN. TEAM; LO COORD.

Is appropriate placement available? LO COORD.
LD COORD. notifies PARENT of intent to place.

Is permission to place granted? PARENT

Regular Class

Placement in designated LD service

Initiation of "Acceleration Sessions"
I. GENERAL INFORMATION

1. Project Code Letter: JJ

2. Delivery System for Intervention: LD Consultant (Grades K-3)
   - LD Resource Room
   - LD Self-Contained Class

3. Initial Entry: Mass Screening

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: LD Coordinator
      - LD Consultant
      - Teacher
      - State Diagnostic Team

   b) Constraining decisions: LD Coordinator
      - State Diagnostic Team
      - Parent
      - LD Consultant

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. This flow-chart is an attempt to mesh a State-plan system and a specific Title VI-G system into one. Our apologies for any inconsistencies or misinterpretations that have resulted.

2. A Principal must permit mass screening to occur.

3. The LD Coordinator is the Title VI-G local project Director.

4. LD Consultant Staff consists of four LD Specialists; they not only train Teachers - they train parents and administrators to give the tests.

5. The screening tests are measurement of designated movement cycles (MC); the Coordinator determines which 2 or 3 MC to use at each grade level, depending on the results of testing from the previous year. Thus, there is decision-making in this event.

6. All decisions are based on values of performance (frequency) and growth (celeration). To qualify as "low" the child must be ½ or more below the class median on 2 or 3 MC. Child is considered "slow" and "low growth" if he has low performance (frequency) and low celeration.

7. Even though the cut-off criteria are established, the teacher must affirm further referral.
8. "No opportunity" is assumed on basis of Low Performance (frequency) -
High Celeration on the 2 or 3 MC; there are two other possibilities:
a) high frequency - Low Celeration is considered as evidence that the task was too easy for
the child.
b) high frequency - High Celeration is considered evidence that the child is proceeding satisfactorily.

9. Exact criteria for "variability" are not known; however, this circumstan-
cumstance is interpreted as indication of "disturbance", i.e., these children had behaviors that were disturbing to the teacher.

10. Suspicion of LD is based on pattern of High and Low Performance on
2 or 3 MC.

11. Final decisions are based on administering the 10 testing sessions
twice (this is being reduced to 5 testing sessions twice).

12. No attempt is made here to detail that process.

13. Eligibility criteria are as follows:

   (i) The child when tested individually achieves within near average,
   average or above average ranges of intellectual functioning.

   (ii) The child shows a deficit in visual and/or auditory functioning
   including discrimination, memory and integration in visual and/or
   auditory functioning.

   (iii) The child shows a reading performance significantly below that
   expected for his age, grade and intelligence level.

   (iv) The child shows a spelling performance significantly below that
   expected for his age, grade and intelligence level.

   (v) The child may show a significant deficit on visual-motor-development
   tests.

   (vi) The child may show an arithmetic deficit significantly below
   that expected for his age, grade and intelligence level.

14. This may include having the teacher collect classroom data and discussing
that.

15. The "other" screening process means whatever local system exists.
Is child suspected of LD?

TEACHER contacts LD CONSULTANT

TEACHER completes referral form

TEACHER gives referral form to PSYCHOL.

PARENT contacts PSYCHOL.

PSYCHOL. notifies PARENT of intent to test

Is permission to test granted?

Y

C.I

PSYCHOL. administers appropriate testing

N

LD CONSULT. executes referral

Is other referral appropriate?

TEACHER; LD CONSULT.

LD CONSULT. gives suggestions on methods and materials to TEACHER

Regular Class

TEACHER reviews information in cumulative file

TEACHER completes behavior checklist

TEACHER; LD CONSULT. discuss child's problem

Regular Class

Is Child Suspected of LD?

TEACHER

PARENT

N

Y

Is child suspected of LD?

TEACHER

PARENT
TEACHER and/or LD CONSULT, administer selected tests.

TEACHER and/or LD CONSULT, write prescriptive program based on test results.

TEACHER applies prescriptive program for certain amount of time.

Is child making progress with program? TEACHER.

TEACHER and/or LD CONSULT, administer indepth testing?

PSYCHOL. confers about child with LD DIAGN.

LO DIAGN. confers about child with PRINCIPAL.

LO DIAGN. observes child in classroom.

Is parent questionnaire needed? LD DIAGN.

PSYCHOL. makes appropriate referral.

Regular Class.

LD DIAGN. sends parent questionnaire home.

LD DIAGN. interviews child with teacher observing.

Is revised prescriptive program sufficient? TEACHER; LD CONSULT.

TEACHER and/or LD CONSULT, write a revised prescriptive program.

Is child LD? PSYCHOL.

Is other referral appropriate? PSYCHOL.

Regular Class.

248.
LD CONSULT., makes referral to SCHOOL NURSE

- Is there evidence of a sensory handicap? TEACHER; LD CONSULT.
  - Y: LD CONSULT.; makes referral to SOCIAL WORKER/COUNSELOR
  - N: LD CONSULT.; requests psyche' evaluation from PSYCHOL.

- LD CONSULT.; requests psyche' evaluation from PSYCHOL.
  - LD CONSULT.; makes referral to SOCIAL WORKER/COUNSELOR

- LD CONSULT.; makes referral to SOCIAL WORKER/COUNSELOR
  - Is there an apparent need for counseling? TEACHER; LD CONSULT.
    - Y: LD CONSULT.; makes referral to SOCIAL WORKER/COUNSELOR
    - N: LD CONSULT.; requests psyche' evaluation from PSYCHOL.

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  - LD CONSULT.; makes referral to SOCIAL WORKER/COUNSELOR

- LD CONSULT.; makes referral to SOCIAL WORKER/COUNSELOR
  - Is child LD? LD DIAGN.
    - Y: LD CONSULT.; makes referral to SOCIAL WORKER/COUNSELOR
    - N: LD DIAGN.; Is other referral appropriate? LD DIAGN.
      - Y: LD DIAGN., recommends other referral to DIRECTOR PUPIL PERSONNEL
      - N: LD DIAGN., writes prescriptive program based on test results

- LD DIAGN., writes prescriptive program based on test results
  - LD DIAGN., gives suggestions on methods and materials to TEACHER
    - LD DIAGN., gives suggestions on methods and materials to TEACHER
      - LD DIAGN., recommends other referral to DIRECTOR PUPIL PERSONNEL
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- LD DIAGN., writes prescriptive program based on test results
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    - LD DIAGN., gives suggestions on methods and materials to TEACHER
      - LD DIAGN., recommends other referral to DIRECTOR PUPIL PERSONNEL
      - LD DIAGN., recommends other referral to DIRECTOR PUPIL PERSONNEL
PSYCHOL. makes appropriate referral

Is other referral appropriate? PSYCHOL.

PSYCHOL. gives suggestions to TEACHER: LO CONSULTANT

Is LO Self-Contained Room appropriate? PSYCHOL.

PSYCHOL. places child's name on waiting list

Is there room in LO Self-Contained Room? PSYCHOL.

Placement in LO Self-Contained Room
I. GENERAL INFORMATION

1. Project Code Letter: KK

2. Delivery System for Intervention: LD Consultative (Grades K-12)
   LD Self-Contained Room

3. Initial Entry: Referral (Teacher)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Teacher
      LD Consultant
      Psychologist
      Parent
      LD Diagnostician
   b) Constraining decisions: Teacher
      LD Consultant
      Parent
      LD Diagnostician

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. There are 2 available checklists, one a locally developed instrument, the other reproduced from Early Years (Spring 1971) and called "Learning Problems Checklist." The choice is left up to the particular LD Consultant with whom a teacher works.

2. Initially much of this testing is done by the LD Consultant, but the teacher will do more as she becomes more familiar with the instruments. There are initial demonstration-practice sessions, but even after that the Teacher and LD Consultant continue to work very closely.

The Project has a list of acceptable tests, which are used both here and in the later in-depth testing (if that is needed). The LD Consultant (and later, the teacher) chose the tests that appear to be most appropriate:

- Gross Motor Skills Survey (locally developed)
- Unity of Laterality Survey (adopted from Leavell Hand-Eye Coordination Test (1958).
- Slosson VMI (Develop Test of Visual Motor Integration - Beery)
- Wepman (Auditory Discrimination Test)
- Frostig (Test of Visual Perception)
- Informal Diagnostic Inventory (locally developed)
- Slingerland (Slingerland Screening Tests for Children with Specific Language Disability).
- Botel Word Recognition Test
- Botel Word Opposites Comprehension Test.
Word Discrimination Test (Huelsman Reading Inventory; Math Inventory
criterion-referenced tests from University of Oregon)
Diagnostic Reading Aptitude and achievement tests (Monroe-Sherman)
Gray Oral Reading Test
Diagnostic Spelling Test (William Kortmeyer)
Diagnostic Test of Word Perception Skills (locally developed)
Alphabet Mastery Test (Merrill)
Roswell-Chall Auditory Blending Test
Key Math
PPVT
Motor-Free Visual Perception Test
Peabody Individual Achievement Test
ITPA (only test which cannot be administered by classroom teacher)

3. This would include WISC, since this is required for placement in LD Self-
   Contained Room. Other tests are not known.

4. The LD Consultant and teacher are not bound to accept the Psychologist's
decision but they aren't likely to argue with a recommended placement if
they've tried already to work with the child in the regular class. Of course,
if the Psychologist evaluates the child as not eligible for special class
placement, there is nothing that can be done unless they can change his mind.

5. Teachers who aren't familiar with the consultative services would normally
just make a referral for testing to the psychologist. If after testing the
child, s/he found evidence of an LD, the child would be referred to an LD
Diagnostician. This person is part of the Title VI-G Project, but functions
in a slightly different capacity from the LD Consultants, in order to take
care of the "over-flow" students coming from the psychological services
division.

6. There is no information regarding the criteria used here.

7. All inclusion decisions are listed, since we are unsure of the true process.
Is child suspected of LD?

- If yes:
  - PARENT/OTHER AGENTS contact Principal.
  - Principal contacts Teacher.

- If no:
  - Regular Class

BEGIN

Is child suspected of LD?

- If yes:
  - Teacher completes referral form.
  - Teacher gives referral form to Principal.
  - Principal gives referral form to LO CONSULT.

- If no:
  - Regular Class

END
LO CONSULT gives suggestions on methods & materials to TEACHER.

Is solution available at this point? NO, LO CONSULT.

LD CONSULT; TEACHER review information in cumulative file.

LD CONSULT holds conference to review available information with DIAGN. TEAM. 

Is there adequate information in referral? NO, TEACHER completes checklist or observation scale.

LD CONSULT gives suggestions on methods and materials to TEACHER.

Is solution available at this point? NO, DIAGN. TEAM.

Is solution available at this point? YES, LO CONSULT.
Is decision about LD possible at this point? DIAL TEAM

LD CONSULT. makes appropriate referral

Is child LD DIAGN. TEAM

PSYCHOL. administers battery of tests

Is WISC Score available? PSYCHOL.

PSYCHOL. notifies PARENT of intent to test

Is permission to test granted? PARENT

Regular Class

Is further input needed from DIAGN. TEAM? PSYCHOL.
PSYCHOLOGIST contacts members of DIAGN. TEAM

PSYCHOLOGIST holds final conference to determine child's eligibility with DIAGNOSTIC TEAM

Is child LD? Y: PSYCHOL/ DIAGN. TEAM

PSYCHOL. confers about decision with LD CONSULT.

LD CONSULT. administers education tests.

LD CONSULT. writes prescriptive program and explains to TEACHER

Placement in Regular Class with LD Consultative help

Placement in LD Resource Room

PSYCHOL. makes appropriate referral

(I,C,a,i,p,pl)
I. GENERAL INFORMATION

1. Project Code Letter: LL

2. Delivery System for Intervention: LD Consultative (Grades K-6)  
   LD Resource Room

3. Initial Entry: Referral (Teacher/Parent/Other Agent)

4. Personnel Involved in Decision-Making:
   a) Eligibility decisions: Teacher  
      parent/other Agents  
      LD Consultant  
      Diagnostic Team  
      Psychologist
   b) Constraining decisions: Diagnostic Team  
      (LD Consultant, Principal,  
      Psychologist, Speech Therapist,  
      Teacher)
      Psychologist

II. SPECIAL NOTATIONS

(footnotes apply to notations on flow-chart)

1. Diagnostic Team includes LD Consultant, Principal (who is the nominal head),  
   Psychologist, Speech Therapist, Teacher. Their basic function is to decide  
   whether testing is needed to make a decision. In one case the LD Consultant  
   is most influential; in another case, the Psychologist is.

2. The instrument used is up to the teacher.

3. At this point, the criteria for determining that an LD exists is unclear.  
   It must be assumed, therefore, that all the inclusion and exclusion  
   questions are asked.

4. Includes ITPA, Bender, Wepman, WPAT, and WISC. (unless it has been given).

5. Specific tests are not designated. The purpose of this testing, however, is  
   to pin-point deficit areas for the prescription-writing.

6. Since this project is in a rural area, only a few schools will have LD  
   Resource Rooms, but where available they will be used. The majority of  
   prescriptive programs are carried out in Regular Class.

Project LL-5