Sharing Psycho-educational Assessment Results: A Person-Centered Collaborative Approach

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Abstract

Sharing assessment data in schools typically takes the form of a short meeting to report results and give recommendations to school staff and parents. Such meetings are often dominated by a one-way flow of communication; i.e., from the clinician to the child’s caregivers. Drawing on the theory and practice of Person-centered Planning and collaborative consultation, this article presents a process-based alternative to this phase of the assessment process. What is proposed is a shift from reporting the assessment data to integrating these data with observations and insights from all stakeholders; i.e., empowering collaboration. An ecologically valid plan grounded in a consensus as to the student’s needs is the goal of such meetings. Though each meeting is unique, inclusion of the phases of gathering, organizing, analyzing, and planning is recommended.

Keywords: collaboration, consultation, meetings, Person-centered Planning, psychoeducational assessment
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There is often a significant disproportion between the time and effort expended by a clinician in collecting and analyzing assessment data and that which is spent in working out the implications of the findings with those involved in the child’s development. The language used to denote the process is revelatory: meetings are called to report or interpret findings and give recommendations. What is proposed in this article is an approach to reporting that is process-oriented; i.e., grounded in dialogue and collaborative problem solving. From this point of view, the meeting to interpret becomes a time to discover, an opportunity for all stakeholders to focus on the student's current needs and how these needs can be supported.

This work draws upon the author’s experiences as a learning specialist in a short-term learning centre setting, a reading clinician within a school-based multidisciplinary clinical environment, and a divisional coordinator of student services. Not surprisingly, a significant portion of time in these positions was spent attending meetings, too many of which seemed to wander in search of their real purposes. Of particular concern were
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meetings in which some combination of parents, school staff, and personnel from other agencies came together to share information and generate programming for students. Such meetings often disintegrated into people talking past each other, over-using technical language, poor listening, and/or listing of stock recommendations that may or may not be realistic. Not infrequently, front line people--parents, teachers, paraprofessionals--would be treated as recipients of information rather than contributors to a creative process.

Person-Centered Planning

The approach presented here is grounded in the theory and practice of Person-Centered Planning (PCP), the main feature of which is its capacity to provide a discussion forum that is responsive to the uniqueness of students’ and families’ life contexts. Westgate and Blessing (2005) define PCP as “a template for assisting the individual with disabilities to express and document a living portfolio and plan for meaningful action toward one’s lifelong goals and desires” (para.1). There are three key elements of this definition as applied to the practices proposed in this article:

- **Individual**: While all interpretation meetings deal with a specific person, paradoxically, the student's individuality is often occluded by test results which can absorb the person's uniqueness. When PCP principles are applied to the interpretation process, a more robust understanding emerges--one that embraces the individual’s complexity and uniqueness. In contrast to the typical deductive approach in which established clinical patterns drive one's understanding of the student, PCP-based processes invite the application of more inductive ways of
thinking; i.e., the search for patterns emerging from the dynamic interplay of scores along with other data.

- **Living Portfolio:** Completing tests and generating scores is, by its very nature, an exercise in objectification and de-contextualization. The data so obtained can be helpful in developing an outline of a student's needs; however, they are meaningful only in the context of the person's day-to-day lived experience. For example, if test scores suggest working memory issues, it is only when their manifestation in the school, home and community contexts is fully explored that it becomes a working construct.

- **Meaningful Action:** The generation of recommendations in isolation of the student's lived experience can be an exercise in futility, often resulting in limited follow-up. On the other hand, action plans that arise from the dynamics of a carefully planned and skillfully executed meeting have a greater likelihood of success.

The Cornell University ILR Website in its course module, *Introduction to Person-Centered Planning*, identifies the following seven touchstones based on a keynote address given by Michael Kendrick (2000): (a) a commitment to know and seek to understand, (b) a conscious resolve to be of genuine service, (c) an openness to being guided by the person, (d) a willingness to struggle for difficult goals, (e) flexibility, creativity, and openness to trying what might be possible, (f) a willingness to enhance the humanity and dignity of the person, and (g) to look for the good in people and help bring it out. Few clinicians would question these ideals; however, a deliberate and honest examination of the degree to which they inform reporting/interpretation practices may
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reveal points of disjunction: “It is commonly the case that we can do harm even when we think we are doing what is right. Our good intentions and positive beliefs about ourselves are not always a good guide to whether we are actually behaving well” (Kendrick, 2001, para. 6).

Collaborative Consultation

This article also draws from the extensive body of literature related to the application of collaborative models to the work of teaching. Lieberman (as cited in Phillips and McCullough, 1990) goes so far as to suggest that collaborative work among teachers is a critical element of the success of school reform efforts: “Little [regarding school improvement] will happen unless attention is paid to the necessity for building an ethos, a climate for collective effort...this can come about only through strategies which involve teachers in experiences where they can work together as colleagues” (Phillips and McCullough, 1990, p. 294).

The quality of collaboration in schools depends, of course, on many and diverse factors. Phillips and McCullough (1990), drawing on the work of Johnson, Pugash, and Hammittee (1988), speculate that collaborative efforts between teachers and support staff are contingent upon the degree to which such consultations are based on an expert model. When consultant clinicians are perceived as experts, teachers easily take on the role of recipient. As a consequence, “teacher consultees intuitively default to their own lay concept of expert consultation and embrace or reject the image of a hierarchical
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relationship” (Phillips and McCullough, 1990, p. 294). Meetings that are perceived as a time for clinicians to report serve to perpetuate the expert model of consultation.

Movement towards more collaborative approaches to reporting psychological and educational assessments involves significant shifts in the relationships among the participants in the reporting meeting as well as conceptual reframing of roles and responsibilities, including: (a) joint ownership of the task of supporting a student's needs, (b) a trust that pooling of talents and resources leads to a greater range of problem resolution, (c) recognition that effective collaboration requires an appropriate time frame, and (d) belief that increased knowledge and expertise are significant collateral outcomes of meetings that focus on a student's needs (Phillips and McCullough, 1990).

Taking Time for the Process

Few clinicians would argue in favor of more product and less process in regard to the interpretation of assessment data; however, practice often belies the idealistic rhetoric. The stresses of large caseloads typically generate a sense of insufficient time and easily tip the point of balance away from process towards task completion; i.e. transmitting the needed information as expeditiously as possible. Such choices are an example of confusing the urgent with the important (Covey, 2004).

Solutions to seemingly perceived workload realities involve imagination, effort, and commitment within and across systems. The widespread tendency to simply blame intransigent administrators often results in a defeatist attitude towards positive change. Administrators obviously do control deployment of resources and often follow established policies and procedures; however, they need--and want--to be informed of new ways of doing business. Leonard and Leonard’s (2003) analysis of administrative
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support of collaborative practices in schools revealed the existence of a wide range of engagement at local levels. They conclude that support at the upper echelons of the administrative structure is critical: “If habitual teacher collaborative practice is truly valued, it should not be left to the vagaries of particular schools and personnel who demonstrate the will and the means to endorse and enact it” (Leonard and Leonard, 2003, para. 28). Phillips and McCullough (1990) suggest that support must be linked to knowledge and skills: “Administrators must thoroughly understand the conceptual underpinnings and logistical operation of the selected consultation-based format, as well as the managerial and leadership requirements” (p. 297).

Some Assumptions

The directions for the practices advocated in this article are based on the following premises:

- All people who are significantly involved in a child’s growth and development have a right to participate in a planning process for the child. “Good planning is embedded in a network of relationships” (Scott, 2007, p. 181).

- All members of the child’s support team have valid perceptions, opinions, data, intuitions, and ideas about solutions that are unique to their points of view. As a point of view is a view from a point, it is important not to dismiss another team member’s perceptions because it differs from one’s own. Diversity makes for a rich and productive planning process, one that often involves a significant shift in consultants’ mindsets: “from being the deemers and certifiers of Truth, to being the facilitators of inquiry processes for others to come to their own truths” (Wadsworth, 2001, p.420).
• The ultimate purpose of a meeting about assessment findings is not to share data and impressions, but to develop action plans.

• The typical pattern of listing recommendations after presenting data has limited impact. Because it affirms an unstated hierarchy of expertise (“Doctor knows best”), such practices fail to empower others. Stated simply, lack of a sense of ownership begets resistance to follow-up. On the other hand, action plans arising out of authentic sharing are much more likely to be carried out. (There are exceptions; for example, specific medical or behavioral interventions require a level of expertise not held in common).

• Keeping the child at the centre of the planning process ensures that programming needs are not absorbed by any conflicts arising out of the planning process. Sometimes it becomes necessary to remind participants that what they have in common is their concern for the child’s best interests. (“All of us around the table want the same thing…..”). Some have suggested that a picture of the child be visible throughout the meeting to help participants remain focused on the child’s needs.

The Geography of Meetings

It is often the case that meetings fail to achieve their purposes due to lack of attention to what might be seen as their infrastructure; i.e., issues related to time and place.

Time

Three time-related considerations are critical to the success of any meeting: (a) participants’ schedules must be known and respected, (b) the amount of allocated time
must be reasonable in relation to what needs to be accomplished, and (c) the facilitator
must maintain control of time during the meeting. The following are some suggestions
for practice:

- One person must assume responsibility for contacting the participants; there can
  only be one hub in a wheel.
- Before beginning a meeting, it is important that all participants be asked about
  their availability. (It is often the case that participants agree to attend a meeting,
  but fail to take note of the time period.) If the Chair recognizes that the meeting
  cannot be completed because of participants’ time limitations, re-scheduling may
  be necessary. Though certain deadlines may at times preclude the possibility of
  re-scheduling, in most cases it is preferable to delay a meeting than to forge ahead
  without the full participation of all members.
- Break times should be negotiated before the meeting begins.
- Beginning at the scheduled time signals (a) respect for the participants’ time, and
  (b) helps to ensure that time issues will not compromise the success of the
  meeting. Informal networks develop a sense of which meetings start on time and
  which do not and participants reset their clocks accordingly. The late arrival of a
  participant, while not to be encouraged, may be the occasion of some necessary
  summarizing, refocusing, or clarification.
- Meetings should end on time. If the meeting has generated unforeseen issues that
  require further processing, the Chair may put forward a suggestion for extension
  or scheduling a follow-up meeting.

Place
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Many school buildings lack sufficient meeting space; as a consequence, meetings are often held in rooms that are cramped, poorly ventilated, and furnished with chairs and tables designed for a younger clientele. As well, meetings held around some of the noisier areas of the school interfere with clarity of communication. An under-utilized option is to meet away from the school; for example, the central board office complex. This option provides the added advantage of working in a neutral zone. Consider the following guidelines when selecting and arranging a place to meet:

- Comfort should be a priority: chairs that support the back, tables of sufficient height, controlled temperature and lighting, and adequate ventilation. The climate of the room should be warm and inviting; to that end, the offer of beverages and/or food may be considered.

- Seating arrangements should convey a sense of equality. Horseshoe configurations work well, particularly if chart paper and/or projectors are used. Furthermore, in a horseshoe configuration, those who speak are speaking to the issue rather than to another who may be regarded as an adversary. It is the responsibility of the Chair to remain attuned to signs of participants’ discomfort and issues related to personal space.

- It is critical that the meeting space convey an atmosphere of confidentiality. Windows that give a clear view of the participants, thin walls, and walk-throughs of non-participants are to be avoided. Door signage that clearly indicates that a meeting is in progress is essential.
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Meeting Roles

When one is meeting to interpret create a plan evolving from assessment data and observations, it is critical to establish at least three roles before the meeting starts: chair, time keeper, and recorder. In order to maximize the time spent in child-centered discussion, these roles are best determined prior to the meeting itself.

Chair

Simply put, the Chair is in charge of the proceedings. It is a role requiring (a) a degree of understanding of meeting processes in their organic wholeness and (b) skill in guiding the complexities of human interaction. Chairing a meeting is often a balancing act, in which one eye is kept on the outcomes while ensuring that the process leading to those outcomes is moving forward. The effective Chair conveys a trust in the capacity of the group to act in the best interests of the child. Carrying out the role requires a genuine openness to others’ ideas, a certain tolerance of ambiguity, and much patience. However, conciliatory skills are not enough; the Chair must exercise the control needed in order for the outcomes of the meeting to be achieved.

The Chair models and facilitates ongoing analysis and synthesis of information. This does not mean that the Chair’s job is to analyze and synthesize for the group; rather, it is to create a climate for these processes to occur. In other words, while it is helpful to hint at connections and to organize data in productive ways, the dots are best connected by meeting participants. In this facilitative role, the Chair asks clarifying questions, paraphrases, and suggests connections across information domains.

It is often the case that the person who assumes the role of chair is the team member who has completed testing and clinical observations. Indeed, in order for
effective meeting processes to become established in a school team, it may be necessary for a clinician to model the process, and work towards having others take on the role, thereby freeing that clinician to function and be perceived as an equal member of the team.

**Time Keeper**

Many meetings conclude with unfinished business, in most cases as a result of inefficiencies in time use. Philosophical niceties notwithstanding, time is a precious, fixed commodity requiring control mechanisms. In the same way that accountants are hired to provide data related to monetary flow, it is helpful for someone to perform the task if tracking time expenditure in a meeting.

Using a non-intrusive system of feedback, the timekeeper monitors the amount of time spent on meeting agenda items. Largely, the effectiveness of the timekeeper's role is contingent upon prior agreements as to suitable timeframes for various portions of the meeting. Among the hallmarks of effective agenda setting is the inclusion of time parameters, much as a fiscal plan apportions certain amounts of money to various accounts.

Formally establishing one in the role of timekeeper lends legitimacy to that person’s reminding the group about the passage of time in a meeting. Such legitimacy is important; otherwise, someone informally assuming the role could be misperceived seeking control and/or obstructing the flow of the meeting.

A strategically chosen and minimally intrusive cueing system is key to the timekeeper’s effectiveness. Collaboration with the chair as to suitable mechanisms can generate creative interventions. A silent stopwatch is an essential tool that not only gives
accurate information about time; its very presence serves as a reminder to everyone about the importance of time management.

**Recorder**

Educators are used to writing things down, so there is usually a good deal of recording that goes on during most meetings; however, appointing one person to act as recorder on behalf of the group has great merit. In contrast to individual recording notes that reflect individuals’ perceptions and needs, the recorder’s mandate is to develop a clear record of the group’s problem solving processes; i.e., the collective will and wisdom in relation to the student.

It is strongly recommended that chart paper (or a computer-based projector) be used to record. Strategic use of pre-glued notepaper (both small and large formats) encourages flexibility of thinking and conceptualization. Before the meeting begins, it is important to announce that all participants in the meeting will be receiving copies of the recorded minutes.

The advantages of visible centralized recording are many, including:

- Clarification of ideas (for example, after seeing what has been written down after someone has spoken, that person may wish to modify what has been said)
- More effective focusing of attention and energy so that literally and figuratively, all participants are on the same page.
- Defusing potential personal conflict by shifting the focus towards what is written down.
- Connecting ideas as they evolve across information sources.
• Validation of contributions – when publicly recorded, the contributor receives acknowledgement of what has been said.

A Meeting Template

What follows is a template that may be used to structure an interpretation/planning meeting. It is presented by way of example only; every meeting is unique, hence its structure should reflect the context in which it takes place. See Figure 1.

<Figure 1>

Setting the Stage

In introducing the process, the Chair sets a climate of openness, freedom of expression, and collective problem solving. It is important to convey the underlying purposes of the meeting: working together in response one fundamental question: “What does this child need in order to better function at school?” It can be helpful to remind participants that everyone brings a certain points of view to the meeting (perhaps recasting them as a view from a point) and that by bringing together these viewpoints, the group will gain a more robust sense of the student’s needs as a basis for creative, yet realistic planning. An overview of the meeting process should be presented and arising questions answered. Last but not least, basic ‘housekeeping’ issues should be addressed (washrooms, break times, parking concerns, etc.).

Gathering is Known

Strengths. In contrast to typical approaches to reporting/interpretation which begin with the clinician(s) sharing the information gleaned from the assessment processes, it is recommended that the meeting start with a general sharing of the student’s
areas of strength, especially as seen from the points of view of the parents and teachers. While clinicians should feel free to contribute their perceptions during this phase, it is most important that others’ contributions be solicited and affirmed. Sufficient time needs to be taken with this aspect of the process; in so doing, the Chair models the importance of building on strengths. Furthermore, beginning with the student’s strengths supports the creation of a positive atmosphere in the meeting. For the parents, it is an opportunity to share perceptions of their child’s giftedness in areas that are sometimes not tapped by school programs and curricula. Asking that teachers and support staff to focus on the positive can help to shift the meeting’s energy field, particularly if the student’s day to day behavior and/or learning issues have accelerated to the point of overload. If participants bring forward areas of weakness during this phase, the information can be briefly noted by the recorder; however, it is critical that the process not be sidetracked towards the negative. In many cases, the Chair must act assertively to ensure that there is a thorough processing of the student’s strengths, prior to dealing with the issues of concern. Nevin, Smith, & McNeil (2008) are unambiguous in asserting the critical perceptual shift that results from an emphasis on the positive: “. . . strengths-based services consultants must view the individual differently” (p. 3).

**Areas of Difficulty.** When planning for students, the terms areas of difficulty and needs are often used interchangeably. In this article, an understanding of a student’s needs is based upon an understanding of both strengths and weaknesses. Though some may feel uncomfortable with listing weaknesses, failure to deal with the reality that a student has been referred because of some difficulties is disingenuous and can compromise the credibility of the assessment team. Honest acceptance of the student
implies a fearless recognition of weak areas of functioning, but always in the context of areas of strength.

It is important that the student’s weaknesses not be processed in a way that attacks the student’s personhood. By being attuned to value-laden statements, labeling, and character attacks, the Chair can play an important role in shifting the meeting towards the use of more objective (descriptive) language. The following example is illustrative:

*Teacher:* Michael can be very rude in class.

*Chair:* Ms. Brown, what would that look like in the classroom setting?

*Teacher:* Well, when another child offers a suggestion in a class discussion, Michael will often say something to make the other kids laugh at the contribution.

*Chair* (speaking to the *Recorder*): Hmmm……..How can we capture this concern? How about “During class discussions, Michael often makes comments that interrupt the flow of student contributions” (To the *Teacher*). By the way, how often does that happen? Is this restricted to certain subjects or certain times of day?

**Guidelines.** The following practices support the generation of a comprehensive student profile:

- Skillful formatting of the student’s strengths and weaknesses through the use of color coding, drawing connecting lines, and/or writing comments on sticky notes can stimulate insight and support problem solving.

- The recorder should strive to capture the intent of contributions with accuracy; asking the contributor for verification is often a good idea.
• Ignoring contributions is almost certain to be interpreted as invalidating the information offered, hence compromising the level of trust within the meeting.

• A map (i.e. graphic organizer) depicting the student’s strengths and areas of difficulty is often a powerful way of summarizing what has been said (Chalfant & Pysch, 1979).

**Presenting Assessment Data**

In most instances, a thorough processing of the student’s strengths and areas of difficulty as discussed above will create a structure for the sharing of the clinician's and/or teacher's assessment data. In other words, clinicians are encouraged to adapt their presentations to what has emerged from the preceding discussions.

Of course, some aspects of the assessment data may not easily lend themselves to the structure that has emerged from the discussions. For example, if an intellectual functioning score is being reported, normative frames of reference such as standard scores and percentile rank cannot be overlooked. However, it is usually helpful to express qualitative analyses *in relation to what others know about the student*. At times, there is value in the use of an 'in between' category for areas of functioning that are not particularly strong or weak.

Drawing connections between (a) what has been shared as observations, and (b) clinical data heightens the comprehensibility and credibility of the assessment process, despite the expected points of both agreement and disagreement. Though it is natural to seek consistency, points of inconsistency invite a more precise definition of important contextual factors affecting the student’s functioning. Such exploration often has great heuristic value in developing programming. (e.g. “Why is it that Mike seems to be able to
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show visual motor strength in tasks completed around the home, while this is not the case at school? Could it be that the ‘hands on’ component of the home activities reveals a need to incorporate motor components into his learning activities?”

Achieving Consensus as to the Student’s Needs

After all the relevant data have been gathered and organized into a satisfactory conceptual map, it is time to ask the critical programming question: Based on what we know about _______, what does he/she need? (Vandercook and York, 1989). In response to the question, some team members may suggest programming strategies, rather than needs (e.g., “Mike needs to join that special group we have in the classroom”). In such cases, it is important to draw a distinction between the program strategy (the what) and the student’s need that underlies the application of the strategy (the why). Referring to the example given above, Mike’s joining the special group may be quite appropriate; however, it is important to develop a need-based rationale for the intervention (e.g., “Mike needs to learn strategies for functioning in a small group setting”). This distinction is not just an academic nicety. If a planned intervention is not effective, the team may wish to review the student’s needs as recorded in minutes of the planning meeting. If the need was correctly identified during the meeting, it is usually not difficult to identify an alternative strategy to support that need.

It is often the case that a number of the ideas that are brought forward are variations of a similar need. The use of pre-glued note paper allows the facilitator to acknowledge all contributions as they are collapsed into a workable number of student needs. As well, if strategies continue to be offered by the meeting participants—rather than needs—clustering those strategies can lead to the identification of needs. Let us
assume that in response to the question, “What does Mike need?”, the following strategies were suggested: spelling practice, learning sounds, the *Easy Street* Phonics Program, and going out of class with the Educational Assistant to learn his phonics. The ‘need’ undergirding these suggestions may be stated as: *Mike needs regular and structured instruction and practice in word study.* It cannot be overemphasized how important it is to take sufficient time with this phase of the meeting. There is often a strong tendency among meeting participants to move to programming ideas too quickly.

**Selecting Strategies**

If the previous phases have been thoroughly processed, many of the strategies that meeting participants suggest will have an *obvious* quality; i.e., they will have emerged organically. Traditional approaches to reporting assessment results often include recommendations formulated by the clinician prior to the meeting. Although this practice has value as part of the meeting preparation process, from the perspective developed in this article, it is best to regard recommendations as a bank of ideas that may or may not have applicability. Phillips and McCullough (1990) pointedly criticize those who give non-contextualized recommendations: “Consumers have consistently criticized consultation approaches for generating unrealistic solutions--for failing to recognize the complexity of regular classrooms and the pressures imposed on regular teachers” (Phillips & McCullough, 1990, p. 299). Brainstorming possible strategies—with input from all who are in attendance—creates opportunities for the clinician/consultant to suggest strategies *in relation to the context provided by those present*—shifting from the
ideal to the possible. In other words, a process that engages those who will have responsibility for follow-up is more likely to lead to positive change.

A person-centered approach often requires a compromise between what the student appears to need from a clinical perspective and the interventions generated collectively. In some cases, ethical imperatives may be operative. Such caveats notwithstanding, few would disagree that a teacher's sense of empowerment and efficacy is an overriding determinant as to whether strategies will be implemented. The alternative is the subtle and sometimes not so subtle sabotaging of recommendations by those on the front lines of implementation.

Summary

Meetings called for the purpose of sharing of assessment data with those involved in a student’s life often become an exercise in telling about, rather than one of engaging others in a goal oriented problem-solving process. One often hears clinicians indicate that “the assessment is finished; all I need to do is interpret”. In challenging such thinking, I am suggesting that the interpretation phase may be among the most important aspects of assessment work. By drawing upon the conceptual and methodological tools derived from Person Centered Planning and collaborative consultation, that final meeting can become an arena for extending the breadth and depth of clinical analysis. As a consequence, a more robust understanding of the child can emerge as a basis for realistic action planning among all stakeholders: “Research from a variety of fields shows that when educators and helping professionals listen carefully and take into account the whole context of the persons. . . results become more coherent” (Nevin and Smith, 20005, p. 281)
References


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**Figure 1 Meeting Template**

**Processes**

- **Intervening**

**Phases**

- **Programming Strategies**
- **Student Needs**
- **Student Profile (Strengths and Weaknesses)**
- **Observations**
- **Clinical Data**

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**Figure 1 Meeting Template**

**Processes**

- **Intervening**
- **Analyzing**
- **Organizing**
- **Gathering**

**Phases**

- **Programming Strategies**
- **Student Needs**
- **Student Profile (Strengths and Weaknesses)**
- **Observations**
- **Clinical Data**