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PRE-REFERRAL INTERVENTIONS FOR
ENGLISH LANGUAGE LEARNERS

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**PRE-REFERRAL INTERVENTIONS FOR
ENGLISH LANGUAGE LEARNERS**

by

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**PRE-REFERRAL INTERVENTIONS FOR
ENGLISH LANGUAGE LEARNERS**

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This study investigated the academic interventions developed by elementary school pre-referral teams for English language learners (ELLs), the profiles of ELLs referred to these teams, the background and experience of pre-referral team members, and the impact of the interventions. The participants were pre-referral teams at six elementary schools in a large, urban school district with high ELL enrollment. The study focused on the pre-referral process for 40 native Spanish-speaking ELLs experiencing academic difficulties who were referred to one of the six participating pre-referral teams.

A descriptive design was utilized. Content analysis of existing written records, as well as data recorded on researcher-developed forms, comprised most of the data in this study. Teacher interviews provided additional contextual information. The findings revealed that all of these ELLs' classroom teachers were knowledgeable in ELL instructional best practices, compared to about half the pre-referral team members. Furthermore, the pre-referral process in this district seemed most effective at the first stage, in which ELLs' teachers collaborated with their equally knowledgeable fellow teachers to develop classroom interventions. The ELL group was divided into three subgroups to facilitate the analysis of trends related to the outcomes of the pre-referral process. These groups were: ELLs who were referred to special education by the pre-referral team and who qualified for services as students with learning disabilities (LD) (SEQs, n=13), ELLs who were referred by the pre-referral team and did not qualify for services (SEDNQs, n=7), and those ELLs who were not referred to special education by the completion of this study (NSEs, n=20). Similarities in attendance and teacher profiles were noted for all three groups. Differences existed amongst the three groups in Spanish and English language proficiency, language program placement and academic failure histories. Further research is needed to determine the appropriateness of the specific interventions developed for failing ELLs. Further investigation on pre-referral team models used for addressing ELL needs is also needed to determine the effectiveness of these teams.

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CHAPTER I

This study investigated the academic interventions developed by elementary school pre-referral teams for English language learners (ELLs), the characteristics of ELL students referred to pre-referral teams, the background and experience of pre-referral team members, and the impact of the interventions. Coming to more fully understand the process and outcome of academic interventions developed by pre-referral teams for ELLs is important given the prevalence of these students, as well as their high rate of academic underachievement (National Center for Education Statistics [NCES], 2006b; NCES, 2006c). In 2002, approximately 8% of all public school students were ELLs (U.S. Department of Education, 2005). This rate is a 110% increase from the number of English language learners present in the schools in 1979. Unfortunately, Latino school failure and dropout rates, within which 75% of all English language learners are contained, are also the highest compared to other ethnic/racial groups. In 2005, 24% of Latinos between the ages of 16 and 24 had dropped out of school, compared to less than 7% of their European American counterparts (NCES, 2006a). The most recent national statistics show that 7% of ELLs are performing at a proficient level in reading and only 4% in math, compared to 41% of European American students performing at a proficient level in reading and 47% in math (NCES, 2006b; NCES 2006c).

Failing ELLs have frequently been placed in special education. However, generally speaking, the appropriateness of this placement has been questioned due to the shortage of educators possessing adequate knowledge and skills to address these students' educational needs (Ortiz, 2002). Since special education eligibility presupposes

appropriate instruction, and pre-referral intervention teams were mandated to ensure this assumption, these teams are considered the most appropriate context in which to analyze the types of interventions that are developed for struggling ELLs. The need to elucidate the types of interventions developed by pre-referral teams for English language learners has become even more crucial in light of recent research trends and educational agency discussions (i.e., Texas Education Agency) on the possible redefinition of learning disability as a failure to respond to instructional interventions (Vaughn & Fuchs, 2003). This chapter introduces ELL issues related to special education placement, pre-referral teams and the implications of a response-to-intervention approach for determining eligibility for special education services. Following, specific research questions that address the types of pre-referral interventions developed for ELLs, student characteristics of these ELLs, as well as pre-referral team member qualifications, and outcomes of implementation are presented.

Representation of English Language Learners in Special Education

Educating ELLs involves acknowledging their previous experiences and environmental context, including cultural and linguistic differences. Many times, educators do not incorporate ELLs' background knowledge into the curriculum. In large part, these students' academic struggles can be attributed to the disparity between their culture and school culture, in which mainstream teachers usually teach a middle-class curriculum that is not applicable to these students' realities (Blake, 2001). Additionally, teachers who do not have the knowledge and/or experience to understand second language acquisition issues can confuse failure to progress in the mainstream classroom

with a disability (Garcia & Ortiz, 1988; Ortiz, 1997). Hence, it is not surprising that ELLs represent a primary referral group to special education (Bos & Reyes, 1996).

Nationally, English language learner representation in special education varies between states, and even from district to district. Representation rates vary from over 20% of all ELLs in Massachusetts, South Dakota and New Mexico, to less than 1% in Colorado, Maryland and North Carolina (Artiles & Ortiz, 2002). ELLs in special education mostly attend schools in large urban school districts with insufficient language support programs, such as bilingual education and ESL. These school districts tend to pay their teachers less than other school districts, thus less experienced and less adequately trained teachers tend to work in them. Due to their inexperience and lack of training, these teachers are not always best equipped to remediate these ELLs' academic problems, thus they are more likely to refer ELLs with academic difficulties to special education for eligibility testing without first developing and implementing individualized interventions (Donovan & Cross, 2002).

Referring students to special education presupposes that academic difficulties are attributable to student factors. However, academic performance is dependent on various factors, many of which are external to the students. Therefore, it makes sense to analyze educational environments to ensure best instructional practices before assessing students for disabilities (Artiles & Ortiz, 2002; Baca & Almanza, 1991; Donovan & Cross, 2002; Garcia & Ortiz, 1988; Heller et al., 1982; Ortiz & Wilkinson, 1991).

The National Research Council's Panel on Selection and Placement of Students in Programs for the Mentally Retarded completed a report, in 1982, that recognized the need

to thoroughly assess a student's educational environment, including the classroom, home and community, and to develop instructional interventions prior to referral for assessment for special education (Heller et al., 1982). In 2002, the Committee on Minority Representation in Special Education of the National Research Council report emphasized the critical role that any student's context (including classroom, school-wide, home and community variables) plays in their cognitive development and academic achievement, although it did not delineate the specific implications for ELLs. The Committee on Minority Representation in Special Education recommended professional capacity building, increasing staff resources, time and coordination to optimize the quality of minority student education in the general education classrooms, hence preventing referrals to special education before individualized interventions have been implemented (2002). The committee also reasserted a recommendation that came from the NRC report 20 years earlier: the responsibility of each teacher to implement and evaluate multiple interventions before referring any student for testing for special education eligibility (Donovan & Cross, 2002; Heller et al., 1982).

Since the NRC's first report in 1982, there has been a drop in the number of ELLs receiving special education services in some school districts. The downfall of this trend is that second language speakers are now underrepresented in some urban school districts with a large number of these students (Donovan & Cross, 2002). Afraid of unjustly referring a student that is merely in the process of normal second language acquisition, many schools will not refer such a student until they have been receiving formal instruction in English for many years. Meantime, many students with bona fide

disabilities are denied an appropriate education (Olson, 1991). In summary, the solution is not found at either extreme of the referral continuum. Best practice is not simply referring all second language learners who are experiencing academic difficulties, or refusing to refer any second language learner with academic difficulties, but rather, close analysis of all factors potentially contributing to those difficulties and developing interventions to address specific problems (Donovan & Cross, 2002).

For ELLs with established disabilities, special education is often times not an optimal solution since special educators with knowledge of second language acquisition issues and/or the students' native language are scarce (August & Hakuta, 1997; Ortiz, 2002). Within special education programs, there is no guarantee that students will receive state-of-the-art instruction, especially not for ELLs, for which data on ELL achievement is lacking, not to mention research on what constitute best educational practices for these students (Donovan & Cross, 2002). Thus, another reason why research on the nature and quality of interventions used with these students is essential. Given the tendency for teachers of struggling ELLs to refer them for special education, and the fact that many states' educational regulations mandate pre-referral team interventions prior to consideration for special education, these pre-referral teams' interventions for ELLs referrals were considered an important topic to study.

Pre-referral Intervention Teams

Currently, many school districts are following IDEA guidelines and have prescribed local teacher support or prerefferal teams (Donovan & Cross, 2002). When teachers have unsuccessful students in the classroom, ELLs or others, they must request

assistance from their pre-referral team before referring to special education. The main objective of these teams is to analyze the variables contributing to referred students' struggles, ranging from poor school attendance to stressful family events, such as moving, family deaths, births, and then assist the referring teacher in developing appropriate classroom interventions. Their main goal is to decrease invalid referrals to special education, thus saving school funds and evaluation resources (Hayek 1987).

A review of the research conducted on pre-referral teams has shown that these teams generally have positive outcomes (Chalfant & Pysh, 1989). The schools surveyed reported successful interventions were developed for 70% to almost 90% of their referrals. Although these findings and those from other pre-referral team studies are positive, most studies to date have used self-report surveys to gauge success. Furthermore, most pre-referral team research has used rate of referrals to special education as the criterion for success. Very few studies analyzed the quality of the interventions themselves (Carter & Sugai, 1989; Gutkin & Nemeth, 1997; Safran & Safran, 1996).

Pre-referral team recommendations/interventions are crucial in preventing inappropriate ELL referrals to special education. However, in order for pre-referral teams' efforts to be effective, their interventions must be developed with knowledge of the ELLs individual needs (i.e. linguistic, cultural, academic, social, emotional), as well as that of best instructional practices for teaching such students. Very few studies or papers address pre-referral teams dealing with ELL referrals (Donovan & Cross, 2002). Typical pre-referral team recommendations for linguistically diverse students are service-

based (Collier, 1995). Non-native English speakers are given instructional remediation in bilingual education classrooms, ESL classrooms or through special education. General education interventions for linguistically diverse students are lacking. In a descriptive study of the pre-referral process in a largely Hispanic school, Phipps (1998) found that students' cultural/linguistic needs were not addressed. Subsequently, inappropriate recommendations and a referral for special education testing typically followed.

Pre-referral teams serve as gatekeepers to special education referrals (Garcia & Ortiz, 1988; Ortiz, 2002). Their interventions would seem to be a potential optimal solution to inappropriate special education referrals. However, these teams function optimally only when they implement a systematic process for developing research-based best practice interventions designed specifically to meet the needs of referred students (Phipps, 1998).

*The Redefinition of Learning Disabilities as Inappropriate Response to Intervention:
Implications for underachieving ELLs*

The response-to-intervention discussions concerning the redefinition of learning disabilities have their roots in the 1982 National Research Council study (Heller et al., 1982) in which learning disabilities were conceptualized as presupposing failure to respond to adequate instruction in the general education classroom, amongst other criteria. Since the current definition of learning disabilities supposes a deficit internal to the student, inadequate educational instruction would have to be ruled out as a cause for failure. However, in practice, though educational interventions are often times prescribed for the general education classroom, these interventions are rarely systematically

developed, implemented or evaluated. The assumption of appropriate instruction is particularly unfounded in the case of ELLs who are often taught by teachers lacking the training to provide appropriate instruction for these students (NCES, 2002b). Therefore, assurance of quality research-based interventions for English language learners becomes even more critical.

Response-to-intervention advocates propose that well-documented, research-proven effective, well-implemented instruction be prescribed for every general education student identified early in their educational career as being at risk for failure (Vaughn & Fuchs, 2003). The prospect of underachieving students receiving best practice interventions early in their education without classification is exciting. If ELLs at-risk for failure were systematically given appropriate interventions, the issues of overrepresentation and underrepresentation in special education would at last become irrelevant, given appropriate identification of those students truly in need of special education. However, the response-to-intervention approach to identification of learning disabilities will only be valid for ELLs, and for all students of all groups, if the interventions implemented for these students recognize their specific needs and develop strategies proven to be effective for students of similar backgrounds.

The main purpose of the response-to-intervention approach is to eliminate educational variables as an explanation for academic failure (Vaughn & Fuchs, 2003). Therefore, the response-to-intervention approach will only be effective for ELLs if the corrective interventions are proven effective for ELL students. Hence, the need for

research on the nature and quality of pre-referral interventions currently developed for ELL by pre-referral teams becomes most critical at this point in time.

Purpose of the Study

This study followed a descriptive research design which aimed to take a closer look at the specific interventions developed by pre-referral teams for ELL referrals. Since the current database on ELL instructional practices is scarce, it was important to add this information on ELL academic interventions in order to prevent inappropriate referrals to special education, and also, hopefully optimize instructional practices in the general education and special education classrooms. Specifically, the following research questions guided data collection and analysis.

1. What are the socio-cultural, linguistic and academic profiles of English language learners referred to pre-referral teams?
2. What are the qualifications of pre-referral team members who develop interventions for English language learners?
3. What are the reasons for referral and the types of academic interventions that are developed for English language learners who are referred to pre-referral teams?
4. How is the pre-referral process implemented for English language learners, and what are the outcomes of this process?

CHAPTER II

Review of Related Literature

This chapter reviews the research and practice literature in four main areas: the academic achievement of English language learners (ELLs), including special education issues related to ELLs; pre-referral team interventions and their management of ELL referrals; the implications of the impending redefinition of learning disabilities for ELLs, and; best instructional practices for ELLs. The literature in these areas is considered relevant to this study since its main purpose is to elucidate the instructional interventions that pre-referral intervention teams design to remediate ELLs' academic difficulties in the general education classroom. These interventions are designed with the hope that, through effective implementation, they can prevent inappropriate referrals to special education. With the advent of the decreased reliance on IQ and nationally-norm referenced achievement testing for the determination of special education eligibility, the empirical validation of the appropriateness of pre-referral interventions for ELLs, as well as for all students, is crucial.

Educational Performance of English Language Learners

ELL educational performance is an important issue not only due to their high prevalence in the public school population, but also due to the fact that their unique characteristics make academic achievement a complex task. These students are not only expected to acquire literacy and other academic skills but also to acquire a new language and, often times, navigate a new culture (Baca & Almanza, 1991).

When students whose native language is not English enter the public school system, they frequently do not have a level of language proficiency in English that would allow their success in the traditional classroom. Teachers who are not trained in and knowledgeable of the most appropriate instructional practices for ELLs might use the same strategies to teach them and the same standards to evaluate these students as are implemented for native English speakers (Ortiz & García, 1990).

English language learners can experience academic difficulties for a number of reasons. These reasons can be classified into three categories: students whose instructional programs do not accommodate their linguistic and/or cultural differences; students who have repeated absences and/or other loss of opportunity to learn; and students with true disorders (Adelman, 1992; Ortiz, 2002).

Academic Achievement of ELLs

The academic achievement of ELLs is significantly lower than that of their European American peers. This section presents national and state-level statistics for reading and math ELL achievement, as well as educational levels attained by ELLs. ELL achievement data for other content areas, such as writing, is not yet available, since achievement data has just recently begun to be systematically collected on ELLs as a subgroup.

Reading and math achievement of ELLs. This subsection will present national and state level ELL and European American student achievement data (NCES, 2006b; NCES, 2006c) to illustrate the reality of the underachievement of ELLs. Specifically, the data presented below comes from the National Assessment of Educational Progress

(NAEP), which has provided nationally representative assessments of academic achievement since 1969. This program is directed by the National Center for Education Statistics in the U.S. Department of Education.

Regarding reading proficiency, national statistics (NCES, 2006b) for 4th graders showed that 73% of ELLs read below a basic level, which denotes having partial mastery of prerequisite skills and knowledge necessary for proficient work at the grade level. 27% of these ELLs read at or above a basic level compared to 76% of European American students. Only 7% of ELLs read at a proficient level, which indicates solid academic performance at the grade level assessed, compared to 41% of European American students.

At the state level, national statistics (NCES, 2006b) on English reading proficiency showed that 65% of 4th grade ELLs in Texas read below a basic level. 21% of European American 4th grade students read below the basic level of proficiency. 35% of ELLs read at or above a basic level, compared to 79% of European American students. Only 8% of ELLs read at a proficient level, which indicates solid academic performance at the grade level assessed, compared to 44% of European American students.

According to educational statistics for math achievement, ELLs do not fare better on a national or state level. Nationally, 46% of sampled 4th grade ELLs performed below a basic level, 54% performed at or above a basic level. Only 11% of ELLs performed at a proficient level, compared to 47% European American students (NCES, 2006c). At a state level, 31% of 4th grade ELLs in Texas performed below a basic level, compared to 4% of their European American peers. 69% of 4th grade ELLs in Texas performed at or

above a basic level. Only 15% of the ELLs performed at or above a proficient level in math, compared to 60% of their European American peers.

The most recent NAEP data in the area of writing is from 2002. Data from that year and previous years do not include data for ELLs as a specific subgroup. It is likely that many ELLs were exempted from this assessment due to their limited English proficiency. Therefore, writing achievement is not known for ELLs as a separate subgroup (NCES, 2006d).

In conclusion, Latino students' academic achievement in the U.S. is lagging behind that of their European American peers. This unfortunate fact is probably due, at least in part, to teachers' lack of appropriate skills required to effectively teach ELLs.

Educational level attained by Latinos and Latino ELLs. The following subsection summarizes educational levels attained by Latinos compared to their European American counterparts. Since these data are not available for ELLs as a separate group, we can only infer that Latino ELLs comprise a significant portion of the Latino group.

According to national education statistics, Latino students generally do not catch up to their European counterparts in terms of their educational level. The National Center for Educational Statistics reported that in 2005, almost 24% of Latinos between ages 16 and 24 had dropped out of school, compared to less than 7% for European Americans (NCES, 2006a). The 2001 NCES survey found that only 56.5% of Latinos 25 years and over completed high school compared to 88.7% for European-American students and 79.5% for African-American students. The fact that more than half of all

Latinos dropped out of high school make this group one of primary concern for educators and educational researchers (NCES, 2002a).

More astoundingly, 9.3% of Latinos over 25 in the US have completed less than 5 years of school, compared to .5% for European-American students and 1.3% for African-American students (NCES, 2002a). In 2001, only 11.2% of Latinos over 25 had completed four years of college or more. The number of Latinos with less than 5 years of formal instruction was very close to the number of European-Americans with 16 years or more of formal education. The glaring inequality between Latinos' educational levels and those of European-Americans becomes more evident when one considers that 28.6% of European-Americans over 25 had completed at least four years of college, compared to 0.5% of them with less than 5 years of formal instruction (NCES, 2002a).

The national college enrollment of Latinos was almost half that of European Americans between the ages of 18 and 24, 24.7% compared to 41.7% in 2004. National statistics for the 1999-2000 school year show that 6.1% of all bachelor's degrees were conferred to Latinos. In the school year 2000-2001, only 4.6% of all master's degrees and 3.4% of all doctor's degrees were granted to Latinos (NCES, 2006a).

In Texas, Latinos accounted for 33% of all high school graduates for the 2001-2002 school year. This figure is cause for concern since Latinos made up 43.8% of all students enrolled in Texas in 2003. The enrollment of Latinos in degree-granting institutions in Texas was 24.8% that year. This percentage is about half that which would be expected (NCES, 2006a).

Inappropriate Placement of Latinos and Latino ELLs in Special Education

One way in which teachers of ELLs who do not show average academic growth address this problem is to seek assistance outside their classroom (Bos & Reyes, 1996). Teachers who do not have the knowledge and/or experience to understand second language acquisition issues can confuse failure to progress in the mainstream classroom with a disability (Baca & Almanza, 1991).

A historical overview of the placement of ELLs and other minorities in special education. Native speakers of other languages were over-referred and over-represented in the general special education population in the 1960, 1970s and early 1980s, as revealed by national surveys conducted by the Office of Civil Rights (OCR) of the U. S. Department of Education. Minorities and males in general had particularly high disproportionate representation in the “educable mentally retarded (EMR)” category. The EMR category no longer exists but was defined similarly to mild mental retardation. A 1978 OCR survey of one-third of all U.S. public schools revealed that the average percentage of minorities in programs for children with mild mental retardation exceeded that of white students in 46 states. The disproportionately high representation of minorities in these special education programs was highest in the South and in school districts with more than 30,000 students (Finn, 1982).

Recognizing the reality of overrepresentation of minorities in special education and the possible discriminatory practices that this reality implied, the Committee on Child Development Research and Public Policy of the National Research Council established the Panel on Selection and Placement of Students in Programs for the

Mentally Retarded in 1979. The committee was commissioned to determine the factors that were causing minorities to be placed at such a high rate in special education programs for children with mild mental retardation, as well as to find alternatives to placement in special education. The panel members represented fields such as law, psychiatry, statistics and clinical psychology. The panel's deliberations and conclusions were based on thorough review of background papers commissioned to inform them.

Current practices in the placement of ELLs in special education. Since the NRC's first report in 1982, second language acquisition and cultural awareness has increased, on the whole, possibly accounting for a drop in referrals of limited English proficient students for special education services. The downfall of this trend is that ELLs are now underrepresented in some urban school districts with a large number of these students. A study sponsored by the Office of Bilingual Education and Minority Languages Affairs (OBEMLA) on mainstreamed ELLs with disabilities in bilingual education programs found that in 13 of 21 districts ELLs were underrepresented in special education (Vasquez Nuttall, Goldman, & Landurand, 1983). Nationally, OCR data show that the Hispanic MR identification rate has declined from 25% higher than that for Whites in 1974 to 25% lower than that for Whites in 1997. The LD identification rate has increased in general from 1% of the student population in 1974 to 6% in 1998. The enrollment of Hispanic students is 11% compared to 12% for Whites (Donovan & Cross, 2002).

Afraid of unjustly referring a student who is merely in the process of normal second language acquisition, many schools will not refer such a student until they have

been receiving formal instruction in English for many years (Olson, 1991). Another common reason for the underrepresentation of ELLs in special education is the scarcity of bilingual special education programs. The OBEMLA study found that when bilingual special education services were not available, ELLs tended to not be identified as having disabilities and stayed in the regular bilingual program (Vasquez Nuttall, Goldman, & Landurand, 1983). Meantime, many students with bona fide disabilities are denied an appropriate education (Olson).

The Committee on Minority Representation in Special Education of the National Research Council was formed in 1999 to conduct a congressionally mandated study of minority children in special education and in programs for gifted and talented students. As a starting point, the committee reviewed the 1982 NRC report and agreed that the fair rules and regulations stipulated by that committee were still salient issues and valid recommendations. However, they believed that they needed to widen the scope of their study to examine school-level capacity, instructional resources available for students from different racial and ethnic groups, and the environmental influences on the development of children in the years before they come to school (Donovan & Cross, 2002).

The committee's 2002 report emphasized the critical role that any student's context (including classroom, school-wide, home and community variables) plays in their cognitive development and academic achievement. For ELLs in particular, special education is often times not an optimal solution since special educators with knowledge of second language acquisition issues and/or the students' native language are scarce

(August & Hakuta, 1997; Ortiz, 2002). Even when accurately identified as having disabilities, ELLs' cultural and linguistic differences are often mistaken as characteristics of their disabilities. ELLs in special education are rarely provided with appropriate bilingual, ESL, and/or multicultural instruction (Baca & Almanza, 1991). A descriptive study on the Individualized Education Plans (IEPs) of 203 ELLs receiving special education services in three large urban school districts in Texas revealed that these students' linguistic needs seldom influence the selection of IEP goals and objectives. Furthermore, special education services are rarely incorporated into ELLs' bilingual or ESL programs (Ortiz & Wilkinson, 1989). Additionally, ELLs, and minorities in general, tend to live in poor, urban areas, where educational opportunities are most limited due to the majority employment of less experienced and/or poorly trained teachers by these districts that tend to pay much lower salaries than suburban districts (U.S. Department of Education, 2003).

1998 OCR data showed that Hispanics were identified as LD at a higher rate than the national average in high-poverty school districts (Donovan & Cross, 2002). To reiterate the 1982 NRC deliberations, the issue is not one of placement in special education. If special education programs were proven to increase academic achievement in ELLs with previous academic failure, such placement would be beneficial and hardly debatable. However, research findings have shown the contrary. In 1986, Wilkinson and Ortiz found that 3 years after initial placement in special education, English language learners' IQ scores were lower and achievement scores virtually the same as at the time of placement. The NRC committee acknowledged that some reform efforts are showing

improved academic outcomes when high-quality instruction was implemented in classrooms with low-income, minority children. However, they asserted that there is currently no assurance that such high-quality instruction will be provided to all or any students before they are referred or placed in special education (Donovan & Cross, 2002).

Potential Factors Contributing to the Inappropriate Placement of ELLs in Special Education

In order to determine the existence of a disability, other factors, such as ineffective instructional practices, must first be ruled out. This section will describe potential factors that contribute to inappropriate referrals and/or placement of ELLs in special education.

Limited availability of alternative instructional programs . Legal and administrative requirements affect which children are referred, how they are evaluated and how they are placed in special education. For example, the disproportionate amount of funds available for bilingual education versus special education programs could be an incentive for school personnel to refer ELLs to special education (Magnetti, 1982).

Bilingual and special education programs are federally funded. In the 1999-2000 school year, 13.5% of federal funds were allocated to special education programs across US public schools. Since 13.33% of all students receive special education services, this allocation seems appropriate. However, only 0.22% of federal funds were allocated to bilingual education programs. In light of the fact that over 9% of all public education students are identified as ELLs, this distribution would seem to contribute to the referral

of ELLs to special education programs due to lack of other remedial programs for these students (Baca & Almanza, 1991; Ortiz, 2001; U.S. Department of Education, 2003).

Assessment bias. Possible biases in the assessment process were also potential factors contributing to the overrepresentation of minorities in special education at the time of the National Research Council report in 1982. A major factor in the decision for identification and placement into special education was found to be the emphasis on IQ and achievement scores (Bickel, 1982). Since the 1980s, assessment practices for minorities have been progressively addressing issues of test bias more directly and competently. In the case of ELL assessment, P.L. 94-142's mandate, that students be assessed in their native language, has been the foundation for state and local regulatory practices that now implement the use of native language IQ and achievement tests, and/or nonverbal IQ tests with the intention of reducing cultural and language bias.

Inappropriate instructional practices. Referring students to special education presupposes that academic difficulties are attributable to student factors. However, academic performance is dependent on various factors, many of which are external to the students. Therefore, it makes sense to analyze educational environments to ensure best instructional practices before assessing students for disabilities. Even if assessment practices for ELLs were found to be virtually free of bias, many other factors, external to the student, could potentially result in the inappropriate placement of ELLs in special education, such as inadequate educational practices in the classroom, home, and/or community (Adelman, 1992; Ortiz, 2002).

Early in its investigation, the National Research Council panel shifted its focus of inquiry from understanding the causes and finding solutions to minority overrepresentation, to that of understanding what constitutes a valid referral to special education. Their rationale was that disproportionate placement of minorities in special education is only a problem if a) the assessment is invalid, for example, due to IQ tests normed only on majority students, and/or if b) low-quality instruction is present prior to the referral or after placement in a special education class. In 1982, National Research Council's report recognized the need to thoroughly assess a student's educational environment, including the classroom, home and community, and developing instructional interventions prior to referral for assessment for special education (Heller, Holtzman & Messick, 1982).

At the time of the National Research Council's investigation, most of the research on effective instruction for children with mild mental retardation focused on differences on outcome measures between students in different programs. The programs themselves or the program features that were responsible for the different outcomes were not generally analyzed. Little information was available about the details of the curricula or the functioning of the children in the classrooms (Heller, Holtzman, & Messick, 1982). The NRC committee reviewed several studies on effective instruction for children with mild mental retardation and concluded that daily assignments determined by the teacher, a mastery learning approach, direct teaching of basic skills, systematic reinforcement, and significant amounts of one-on-one instruction yielded academic gains. However, these

studies were conducted on children with mild mental retardation in general, not ELLs, for which the research literature is lacking.

Prevention of Inappropriate Referral and Placement of ELLs in Special Education

The Committee on Minority Representation in Special Education (Donovan & Cross, 2002) recommended professional capacity building, increasing staff resources, time and coordination to optimize the quality of minority student education in the general education classrooms, hence preventing referrals to special education before individualized interventions have been implemented. The committee also reasserted a recommendation that came from the NRC report 20 years earlier: the responsibility of each teacher to implement and evaluate multiple interventions before referring any student for testing for special education eligibility (Donovan & Cross, 2002; Heller, Holtzman & Messick, 1982). This principle of responsibility instilled on general education teachers is one of the most compelling reasons to study the types of interventions that these teachers implement with ELLs experiencing academic difficulties. The pre-referral team serves to optimize the functioning of such a teacher, thus allowing for analysis of optimal instructional conditions prior to referral to special education (Chalfant & Pysh, 1988; Hayek, 1987; Safran & Safran, 1996). Also, without ensuring that ELLs, as well as all other students, are receiving best practice instruction, special education identification can not be warranted (Apling & Jones, 2005).

Appropriate instructional strategies as a safeguard against inappropriate referral and placement of ELLs in special education. The Panel on Selection and Placement of Students in Programs for the Mentally Retarded Committee established by the Child

Development Research and Public Policy of the National Research Council (Heller, Holtzman & Messick, 1982) culminated with six major recommendations which highlighted the responsibility of all participants in the educational and placement process to demonstrate that each identified child needs special education services. All six major recommendations stipulated that improved educational outcomes be the criteria by which to judge all educational decisions.

All but the first recommendation concern practices related to optimal special education assessment, placement and instruction. The first recommendation dictates that each general education classroom teacher is responsible for engaging in multiple educational interventions and documenting the effects of such interventions on each child experiencing academic failure before referring the child for special education assessment. This first recommendation also stated that it is the responsibility of school boards and administrators to provide needed alternative instructional resources.

Recommendations for research in the appropriate referral and placement of minorities in special education. In order to maximize the extent to which this principle was appropriately implemented, the committee's 1982 report suggested research on alternative strategies within the regular classroom. They recommended the development of a taxonomy of alternate instructional strategies that would draw on existing research on instructional strategies for low-achieving pupils. Research on the length of time needed for a given strategy to produce positive outcomes was also suggested. The committee also recommended research on the evaluation of natural experiments, namely existing districtwide programs that systematically implemented alternative instructional

strategies. The committee also recommended research on the demonstrated effectiveness of curricula for particular student populations elucidated from the assessment of learning environments. This last recommendation stemmed from the implication that children can not be referred for special education placement until it is determined that they are being exposed to effective instruction (Heller, Holtzman, & Messick, 1982).

The first systematic research project on bilingual special education, sponsored by the Office of Special Education and Rehabilitative Services (OSERS) and headed by A. Ortiz at the University of Texas at Austin and R. Rueda at the Southwest Educational Laboratory in Los Angeles, found that: few ELLs received instruction in their primary language, teacher referrals suggested that teachers were confusing second language acquisition stages with disabilities, special education produced little academic achievement for ELLs, pre-referral interventions were rare and did not address ELLs native language, and that special education classes that worked for ELLs used good bilingual education strategies (i.e. whole-language, comprehensive input, cooperative learning, student empowerment), rather than traditional task-analysis, work-sheet focused special education classes (Wilkinson & Ortiz, 1986). A study of 15 special education classrooms in three linguistically diverse high schools in Southern California (Harris, Rueda, & Supancheck, 1990) revealed that English was the prevalent language of instruction. Furthermore, instruction did not allow for peer interactions or student-initiated interactions, rather, a traditional teacher-directed interactional model predominated.

The Committee on Minority Representation in Special Education (Donovan & Cross, 2002) recommended, with regards to research, that a national advisory panel be convened to design the collection of nationally representative longitudinal data that would allow for more informed study of minority representation in special education, as well as in gifted and talented programs through the collection of more specific data including: length of residence in the US, birth country of students, parents and grandparents, language proficiency in both English and the native language, parental educational level, level of acculturation, and experiences with literacy practices (Donovan & Cross, 2002). This recommendation of data collection from more specific subgroups would be most beneficial since currently sparse national survey data exists on ELLs (NCES, 2003a).

The support of minority achievement in the general education classroom is a key factor in addressing the disproportionate representation of minorities in special education. However, effective instruction is not currently guaranteed in the general education classroom and can not be mandated until research on appropriate instructional teaching for teaching English to ELLs is properly validated and disseminated. The committee recommended that educational research and development be systematically expanded to carry valid findings and practices through to classroom applicability. A couple of the research areas that were recommended for further study by the committee were research on early interventions in general education settings, and particularly on educational interventions for ELLs (Donovan & Cross, 2002).

Pre-referral Teams

Pre-referral teams are considered an essential process to focus on, given their unique position as assistants to general classroom teachers that have students experiencing academic failure. As stated earlier in this chapter, teachers of ELLs are particularly susceptible to seek assistance outside their classrooms due to their generally limited knowledge and/or experience with ELLs. Pre-referral teams not only have the opportunity to train these teachers in appropriate instructional strategies for ELLs, but also to avoid inappropriate referrals to special education. For these reasons, the pre-referral team research and practice literature is reviewed in this section.

Rationale for Pre-referral Teams

Before the existence of pre-referral teams, multidisciplinary teams functioning to determine the assessment and placement needs of children referred to special education were functioning virtually in all schools as mandated by IDEA (Hayek, 1987). However, these teams existed solely for the purpose of first, determining referred students' specific assessment needs. Once said assessment was completed by an assessment specialist, the group reconvened, often many months later, and, if the student met eligibility criteria, per the standardized assessment measures, determined what educational placement was most appropriate for the student. This system had at least two downfalls. First, if the student met eligibility criteria, he/she was usually removed from the regular education classroom, for a certain amount of time per day, depending on the severity of the disability. This practice often resulted in such students receiving unrelated instruction in different classrooms. Within the regular education classroom, the student

was still unsuccessful. The second possibility did not address student needs at all. In the case that the student did not qualify for special education services, the case was dismissed and the teacher and student normally did not receive any assistance (Hayek).

Campus-based instructional support teams were created as an alternative for assistance in teaching students who are unsuccessful in the regular education classroom. These teams were designed in hopes of enabling classroom teachers to teach such students, thus lowering referrals to special education (Chalfant, Pysh & Moultrie, 1979; Graden, Casey & Christenson, 1985). Lower referrals to special education imply more resources for all students on campus. The U.S. Department of Education Task Force of 1986 (Will, 1986) recommended that schools establish support systems to assist classroom teachers in finding solutions to these problems. The amendments of 1997 to P.L. 94-142 recommend the implementation of such teams in all schools in response to the frustration of educators with the complexity and time involved in referring such students for assessment for special education. These teams were conceived as a solution to the needs of difficult to teach students who do not meet eligibility requirements for special education services.

Unfortunately, the pre-referral team process is often times believed to ultimately lead to special education placement, as the term “pre-referral” suggests. Many teachers consider pre-referral teams as the gatekeepers to special education and their recommended interventions as a prerequisite for referral to special education. In order for successful outcomes to be possible, educators must change their perceptions of pre-referral interventions as a process that leads to special education, to that of a routine

process that delivers academic interventions to all students with diverse needs (Baca & Almanza, 1991).

Pre-referral Team Models

The following paragraphs review different types of pre-referral teams that are most prevalent in the literature. Many other related models of such teams exist in practice. Before reviewing past studies on the functions and effectiveness of pre-referral teams, it is important to note that optimal solutions are often unknown and specific to the presenting problem. Since clear-cut outcome criteria are often lacking in the social science and human behavior arenas, researchers have frequently settled for other indirect indices of success, such as group processes, consumer satisfaction and rate of implementation (Gutkin & Nemeth, 1997).

Teacher assistance teams. The concept of teacher assistance teams was developed by Chalfant, Pysh and Moultrie in 1979. These teams are comprised mostly of classroom teachers who convene to assist each other with the brainstorming, development, implementation and follow-up evaluation of instructional interventions. As with all pre-referral teams, the TAT's purpose is to provide immediate classroom interventions for students experiencing difficulties in the classroom. The ultimate goal of TATS is to prevent student failure and unnecessary labeling of students (Hayek, 1987).

Generally speaking, TATs are comprised of three classroom teachers, chosen for their expertise and experience with difficult to teach students. The fourth member is the referring teacher. Other members, such as an administrator or other specialists are sometimes present and such membership varies within and between districts (Chalfant &

Pysh, 1989). TATs allow for flexibility in their procedure, with respect to referral forms, and other pre-referral requirements. Once at the meeting, the referring teacher describes the problem and what interventions have already been tried. Then, TAT members ask for clarification, additional information and then brainstorm to develop instructional alternatives for the referring teacher to implement in the classroom (Hayek, 1987). These recommended interventions are implemented for a predetermined period of time, usually 4 to 6 weeks. After this period, the team addresses this case again to evaluate the success of the plan, reformulate alternatives or, after all alternatives have been exhausted, determine the need for referral to special education (Hayek, 1987).

TATs assume that regular education teachers are capable of constructing creative interventions for most students, when provided with appropriate peer support and resources. These teams are meant to empower classroom teachers and facilitate mainstream education of many students that might otherwise be referred and even be unnecessarily labeled and receive pull-out special education instruction (Hayek, 1987).

TATs differ from the multidisciplinary special education referral teams in many ways. For one, these teams are meant to be a general education instructional support system, as opposed to a special education referral system. Also, TATs are teacher-oriented as opposed to the child-oriented multidisciplinary teams. They also differ not only in their purpose but also in that they are not typically multidisciplinary in nature. Proponents of TATS believe that the inclusion of special education teachers and other school specialists (i.e. school psychologists, learning disabilities specialists) on TATs transfer ownership of the problem from the classroom teacher to another professional,

thus propagating the underlying assumption that the classroom teacher is incapable of 1) developing appropriate alternative interventions, 2) implementing alternative instructional methods. Therefore, specialists' participation on such teams is generally limited to consultation as needed as opposed to regular membership (Pugach & Johnson, 1989). Administrators are thought to be a valuable resource for TATs, particularly in the sense that often administrative approval is required for some interventions, such as changes in classrooms. However, the authors, as well as other proponents of TATs, recommend caution regarding the participation of the school principal. Since said administrator has evaluative responsibility with the teachers, his/her teachers might perceive their presence as threatening (Hayek, 1987; Chalfant & Pysh, 1989).

Parent participation is recommended as a best practice for these teams as well as regulated in some states. Parent participation is considered important due to the possibility of implementing the developed plans at home, better understanding their child's needs and assisting in the development of instructional interventions. However, past studies have shown conflicting results regarding parent participation. In a study conducted by Hayek (1986) investigating TATs in a random sample of 100 schools in Georgia, limited parent participation was noted. However, Butler (1984) found that one or both parents participated in 75% of TAT meetings.

The success of TATs in reducing the number of referrals for special education assessment has been documented in several studies (Chalfant, Pysh & Moultrie, 1979). Reduction in the number of referrals for special education assessment implies

considerable financial savings, given the high cost and time required for the multidisciplinary assessments required for special education by P.L. 94-142.

The effectiveness of TATs in helping teachers improve the performance of their students was evaluated by Chalfant and Pysh (1989) in four studies (Chalfant & Pysh, 1981; Gilmer, 1985; Chalfant & Pysh, 1985, 1988). In these studies each school rated the extent to which students achieved the goals written for them by the TATs. Student performance was measured before, during and after TAT intervention. Success was determined by consensual agreement by the teacher and TAT members. The criteria used to determine success were student achievement or near achievement of intervention goals, team agreement of satisfactory teacher coping, and withdrawal of team support for 6 weeks. In a study of 200 students referred to 15 TATs in Arizona, Illinois and Nebraska by Chalfant and Pysh (1981), 103 out of 116 referred students without disabilities were successfully helped. All 30 of the referred mainstreamed students without disabilities were also helped. 54 students were not helped by the TATs but were referred to special education and found to be eligible.

Another study by Chalfant and Pysh (1985, 1988) of 112 students assisted by teams in Maryland and Alaska found 44% to have made considerable progress, 35% made moderate progress and 21% made little or no progress. Using the same criteria for success as Chalfant and Pysh (1981), Gilmer (1985) found a success rate of 72% of 199 students referred to first-year TATs in Illinois, Maine, Maryland and Nebraska.

With respect to the reduction of referral rates to special education, a study of 42 TATs assisting 386 students (Chalfant & Pysh, 1981, 1985; Gilmer, 1985) showed that

21% of these students were referred to special education. Of these referrals, 93% were found to be eligible for services. Talley (1988) studied the referral rates to special education in nine Kentucky schools before and after implementation of TATs. Analysis of the four years prior to implementation of TATs yielded an average of 22 students per school per year that were referred and found to be ineligible for special education services. The year that the TATs were implemented, only eight students out of the nine schools were found to be ineligible. This was a 64% drop in inappropriate referrals to special education.

Team effectiveness was studied in 23 teams by Chalfant and Pysh (1985). 48% of the teams believed their teams to be very effective; 26% believed they were moderately effective and 26% thought they were occasionally effective. These teams attributed team effectiveness to three major factors: administrative support, team attributes and performance, and teacher support. Positive team attributes included: adequate training in team operating procedures, a wide range of expertise, excellent leadership, motivation, good relationships between team members and the rest of staff.

Limitations of the TAT research by Chalfant and colleagues (1989) include the absence of direct measures of learning, reliance on teacher perceptions and team consensus (Safran & Safran, 1996). Without student outcome measures and/or other direct indicators of student progress, assumptions about TAT effectiveness cannot be made.

Pre-referral intervention teams. The term pre-referral intervention was first used by Graden, Casey and Christenson in 1985. Although the term was new, the process it

described, collaborative consultation, was not (Graden, 1989). The first pre-referral intervention programs emanated from the University of Minnesota's Institute of Research on Learning Disabilities. These programs were highly formalized, data-based behavioral consultation programs aimed at reducing the number of inappropriate referrals to special education (Safran & Safran, 1996).

Pre-referral intervention teams share with TATs the ultimate goal of helping students be successful in the regular education classroom. However, they differ in the professionals involved in the problem-solving process. Pre-referral intervention teams are typically comprised of two members only: the referring teacher and a special education professional (i.e. school psychologist, special education teacher). These two professionals engage in collaborative consultation, consisting of together developing alternative instructional interventions for the student (Fuchs & Fuchs, 1989).

A study by Truscott, Cosgrove, Meyers and Eidle-Barkman (2000) on pre-referral intervention teams in four schools focused on the acceptability of organizational consultation and its relation to changes in these teams. Their hypotheses rested on the premise that acceptability of the consultation and subsequent recommendations is directly related to likelihood of effective implementation of said recommendations (Kazdin, 1981). Results showed that the PIT process was highly acceptable to all team members. Furthermore, certain procedures and goals (i.e. preventive functions, inclusion of referring teacher, problem-solving approach) that had not been a part of these teams were incorporated into the meetings once team members deemed said goals and procedures acceptable. Acceptability of new goals and procedures took up to one year.

However, elements that were not ultimately accepted by PIT members (classroom observations) were not implemented at all (Truscott et al., 2000).

Intervention assistance teams. These pre-referral teams are multidisciplinary in nature. The underlying belief of this approach is that intervention teams will be most effective when special educators and general educators work collaboratively to develop interventions (Graden, 1989). In these teams, assistance is provided by school psychologists and/or special education specialists (Graden, Casey & Christenson, 1985). Some proponents of TATs misconceive IATs as implying that an expert role should be taken by a specialist, ultimately transferring ownership of the problem and disempowering the referring teacher (Pugach & Johnson, 1989). The developers and proponents of IATs defend their approach arguing that general educators and special educators can be true collaborators and that excluding other professionals from the intervention development process dismisses valuable contributions unnecessarily (Graden, 1989).

In 1990, Pennsylvania initiated IAT-type collaborative problem-solving teams in elementary schools statewide. They were conceived and codified in the state's regulations for Special Education Services and Programs as a screening process for special education that would allow 50 days for the assessment and intervention of student problems in regular education. These teams were referred to as instructional support teams (IST) and were comprised of the school principal, a support teacher, the referring teacher, and other professionals as needed. The team works together to analyze the problem and develop interventions in the hypothesis-forming stage. Next, the support

teacher assists the referring teacher in implementing the intervention by directly working with the student. Then, during the outcome phase, the IST evaluates student progress and decides whether further evaluations are needed (Kovaleski, Gickling & Morrow, 1999).

The School-Based Intervention Team (SBIT) project developed by McDougal, Clonan and Martens (2000) is another example of such a multidisciplinary pre-referral team. This model uses defined roles for team members, including note taker, case manager and facilitator. The teams are required to complete minute forms that structure the consultative process steps of problem identification, problem analysis, goal setting and intervention design. Although the main focus of this study was to describe the organizational change procedures that were used to promote acceptability of the pre-referral teams across campus, the secondary aspects evaluated by this project, namely, rates of referral to special education will be summarized here.

The SBIT project took place in an urban district in central New York. Schools selected for this project were matched on student enrollment, ethnicity, number of students in special education, and number of students receiving free or reduced lunch. Four schools were selected as pilot sites while four matched comparison schools were selected to compare the effects of the implementation of SBIT on the rate of referral to special education. During the first year of SBIT implementation, referral rates decreased 22% compared to the two previous years at the pilot schools. Referrals at the four control schools increased 18%. The following year, the pilot schools' referral rates decreased another 14%, showing an overall decrease of 36% since implementation of the SBITs.

The matched schools showed a decrease of 4% the second year (McDougal, Clonan & Martens, 2000).

Ohio's Intervention Based Assessment (IBA) began in 1992 and combined a behavioral problem-solving approach with collaborative consultation. The teams are comprised of the school principal, a school psychologist, special education teacher and referring teacher. The problem-solving components include: a behavioral definition of the problem, baseline data, goal setting, a hypothesized reason for the problem, an intervention plan, evidence of fidelity of treatment implementation, data indication student's response to treatment, and comparison of student performance to baseline (Telzrow, McNamara, & Hollinger, 2000).

A statewide evaluation of the IBA program was conducted by Telzrow and colleagues (2000) in 1996-1997. 227 out of the 329 participating schools were studied. The selected schools were instructed to submit their most complete and accurately implemented cases for review. A scoring rubric and Likert scale were used to evaluate implementation fidelity and degree of student progress. The IBAs' program implementation was mostly inconsistent and below acceptable levels of fidelity. The mean rating for intervention implementation was below the level of vague general statements used to document treatment integrity.

Graden, Casey and Bonstrom (1985) in a study on the effectiveness of IATs in six schools found that the referral rates to special education dropped from 74% before IAT implementation to 40% after implementation. Placement in special education programs dropped from 48% to 24%. In a related study in three schools, Graden and colleagues

(1985) found that referral rates dropped from 73% to 17% and placement from 44% to 8%.

In a similar study, Gutkin, Henning-Stout, and Piersal (1988) examined the impact of school psychologists who were university trained in behavioral consultation and found an increase in the number of students served through consultation, achieving their educational goals and being identified for special education, as well as a decrease in the number of students referred for special education.

A study conducted by House, Zimmerman and McInerney (1990) found that teachers at schools with IATs felt that help was more readily available than those teachers at schools without IATs. However, the teachers at schools with IATs did not express more satisfaction with the help that they received than teachers at schools without IATs. The implication of this finding is that teachers are more satisfied with pre-referral teams' assistance when principals are not team leaders.

Studies conducted on ISTs found that they decreased the number of referrals for special education as well as providing support for those students experiencing difficulties but not referred to special education. Reduced referrals and placements in special education resulted in large financial savings for schools implementing the IST process as well (Kovaleski, Gickling & Morrow, 1999). A study by Kovaleski and McCloskey (1998) found that schools implementing ISTs referred only 15% of their students served to special education. In addition, these schools not only reduced number of referrals to special education, they reduced grade-level retentions as well.

A common limitation of the IAT studies reviewed is that they did not evaluate the appropriateness of the interventions, nor the fidelity of implementation of the problem-solving process. According to Sindelar and colleagues (1992), the success of a pre-referral intervention depends largely on the appropriateness of the plan developed and the extent to which the teacher implements the plan. They furthermore recommend the examination of school and classroom climate, the quality of remedial interventions and student achievement and attendance for better understanding the full nature of pre-referral teams.

A follow-up study by Kovalski, Gickling and Morrow (1999) examined time on task, task completion and task comprehension of IST served students before, during and after intervention implementation at schools that had high levels of IST implementation versus schools with low levels of IST implementation and schools with no IST implementation. Levels of implementation were identified by level of implementation of seven elements mandated by state regulations. Namely, these elements were: organization and management, student assessment, design and implementation of classroom interventions, teamwork, screening and referral to multidisciplinary assessment, training, and outcomes. High-implementation teams were the top 30% and low-implementation teams were at the bottom 30%. Results showed that students in schools that implemented the IST process at high levels consistently performed better over time than students in schools that had a low level of IST implementation or no evident implementation. These results seem encouraging, however, they should be

interpreted with caution since implementation validation (which Kovaleski et al. rated at 98% during the second year) is not defined in the Kovaleski et al. (1999) study.

Mainstream assistance teams. The Mainstream Assistance Team project was developed by Fuchs, Fuchs and colleagues (1989). The main difference between these teams and the previous described teams is the inclusion of the referred student on the team, along with the referring teacher and a consultant. Another difference is that while TATs allow for flexibility in their process, MATs follow written scripts based on a behavioral consultation model.

MATs were created in response to teachers complaints that the behavioral consultation process took too long (Fuchs & Fuchs, 1989). They were meant to increase effectiveness of pre-referral intervention teams. They intended to do so by reducing team membership to the consultant and consultee. They also implemented a short list of empirically validated interventions from which the pair could choose from (Fuchs, Fuchs & Bahr, 1990).

A study by Fuchs, Fuchs, Bahr et al. (1990), found that increasingly inclusive versions of behavioral consultation resulted in more favorable student gains. Specifically, the more prescriptive and complete the approach, ultimately including an evaluation session, the more student gains resulted. However, teachers complained that despite positive student gains, improved behavior did not generalize to other classrooms, prescriptions were too complex and time-consuming. A follow-up study by Fuchs, Fuchs and Bahr (1990) aimed to address these teacher concerns. With respect to intervention duration, this study found improvement in target behavior was as least as positive in the

short version MAT groups versus the long version MAT group. These results motivated the researchers to develop a packaged-approach to consultation and intervention, in which the emphasis is effective intervention defined by empirically-validated student gains. The authors of this packaged approach conceptualize it as preassembled consultation model in which each prescribed intervention has been empirically validated and described in enough detail as to allow replication by any educator (Fuchs, Fuchs & Bahr, 1990).

Nelson, Smith, Taylor, Dodd and Reavis (1992) found in a survey of 36 Utah special education administrators that, of the six approaches identified, the Mainstream Assistance Team was most frequently used and perceived to be most effective.

Collaborative consultation. Collaborative consultation, as described by Idol and her colleagues in the early 1980s, is a process through which people with diverse expertise develop unique solutions to mutually defined problems (Idol, Nevin, & Paolucci-Whitcomb, 2000). Some characteristics of collaborative consultation include the belief that all members possess valuable expertise, the distribution of leadership, an agreement to practice consensus building, and to hold each other accountable for agreed upon commitments. This process can be applied to various teams, including multidisciplinary, child study or TAT. Collaborative consultation was originally designed to address the needs of special education students in general education environments. However, over the last decades it has been applied to address students with other special needs, including students from culturally and/or linguistically diverse backgrounds (Idol et al., 2000).

Collaborative consultation is comprised of six stages. The main purpose of the first stage, the entry/goal stage, is to establish the relationships necessary for the collaborative process to occur. During this first stage, the collaborative consultation process is explained, roles and responsibilities are defined, and the problem is initially discussed. The second stage is the problem identification stage during which all members reach consensus on the problem and develop goals and objectives for the desired outcome. During the third stage, the intervention recommendations stage, interventions are explored, their feasibility analyzed and possible alternatives are prioritized. The next stage is the implementation of recommendations stage. At this point in the process, team members devise a plan of implementation, including specific procedures to be used, and the way that implementation will be monitored. Monitoring implementation comprises the evaluation stage. The sixth and last stage is follow-up, during which evaluation data is used to determine the success of the plan or the need to redesign it, reassess the problem or end the collaborative consultation process (Idol et al., 2000).

Pre-referral Strategies for English Language Learners

Baca and Almanza (1991) based their guidelines for administrators in charge of developing and implementing instructional programs for ELLs with disabilities on three principles. First, that prevention is the highest priority. They assert that early intervention, in many cases, allows for the prevention or the reduction of the severity of a disability. Second, that testing for special education should only be initiated only after appropriate pre-referral interventions have been implemented without success. Third,

that special education services for ELLs with disabilities should be framed within an appropriate cultural and linguistic context. They emphasized that administrators can best prevent inappropriate referrals of ELLs to special education through the implementation and support of pre-referral intervention teams.

Pre-referral process models for ELLs experiencing academic failure. In 1988, García and Ortiz presented a pre-referral process model designed to distinguish second language learners with true disabilities from those whose academic failure is a direct result of deficits in their academic environment. The following questions to be raised at each step of the pre-referral process are designed to more accurately identify the cause of academic difficulties of English language learners that do not have true disorders. That is, these questions should help distinguish children with true disabilities from those children whose academic failure is a direct result of their academic environment. In the latter case, it can be said that the difficulties are “pedagogically induced” (Cummins, 1984). When these strategies are appropriately implemented with no positive results, only then should the student be referred to special education.

If the second language learner is experiencing academic difficulties (step 1) the pre-referral team must determine if the classroom curriculum is known to be effective for second language learners (step 2). If not, the team must develop interventions to adapt and supplement the curriculum to ensure its effectiveness for the second language learner.

Step 3 involves confirming the validity of the student’s problem. Making inter-student comparisons is essential to validation. The referred student should be compared

to students with similar cultural, linguistic, socioeconomic, age and educational opportunities. Inter-setting and inter-teacher comparisons involve analyzing the extent to which the difficulties are present across academic settings. Parental perceptions also help validate a problem. Analysis of work samples and behavior help determine the exact nature of the problem.

Step 4 of the pre-referral process involves looking for evidence of systematic efforts to identify the source of the problem and to take corrective action. Various sources can contribute to a second language learner's academic difficulties. These sources include: teacher's experiential background, incorporation of culture, teacher's language proficiency, teaching style vs. student's learning style, teacher perceptions and expectations, student's level of language proficiency, culture, socioeconomic status, exposure to the curriculum, instructional accommodations, mastery of basic skills, context-embedded opportunities to develop higher cognitive skills, and time for practice and mastery.

If after systematic efforts were made to identify the source of the problem and to remediate it, students still experience the difficulties (step 5), then other mainstream programming alternatives, such as tutorial programs, should be explored (Step 6). If mainstream alternatives do not correct the problem, then a referral to special education is appropriate (step 7). It is important for pre-referral team members and all educators to exhaust all other interventions before referring a second language learner to special education to prevent inappropriate referrals.

Baca and Almanza (1991) specified that pre-referral intervention with ELLs involves appropriate assessment of language dominance and proficiency, instructional achievement and cultural influences, so as to enable to development of appropriate interventions. Instruction should consist of strategies that address ELLs' cultural, linguistic differences as well as their academic weaknesses. Furthermore, language and cultural differences must be distinguished from learning disabilities prior to referral to special education.

The Assessment and Intervention Model for the Bilingual Exceptional Student (AIM for the BESt) is a comprehensive service delivery model for all ELLs (Ortiz & Wilkinson, 1991). This model is based on the assumption that improving ELLs' academic achievement requires multifaceted approaches. AIM for the BESt was designed to improve the academic achievement of ELLs, reduce their inappropriate referrals to special education, and assure nonbiased assessments. Step 1 involves use of instructional strategies known to be effective for ELLs. All ELL regular or bilingual education teachers should use these effective strategies, such as shared literature units or grades writing workshop. At Step 2, when a student experiences academic difficulty, the teacher attempts to resolve the difficulty and validates the problem. That is, teachers should use clinical teaching, which involves teaching content, reteaching skills using significantly different strategies to accommodate individual learning styles, and teaching prerequisite skills if necessary. If the problem is not resolved in Step 2, then the teacher should request assistance from a campus-based problem-solving team, such as a TAT. At Step 3, the campus-based problem-solving team makes recommendations to be

implemented by the teacher and/or other team members. Step 4 involves referral to special education, if Step 3 recommendations were unsuccessful. At Step 5, assessment personnel should use curriculum-based and other informal assessments to determine eligibility, due to the scarcity of norm-referenced assessment tools for ELLs. If the ELL is found to have a disability, Step 6 involves the use of instructional strategies known to be effective for ELLs by special educators. IEPs should address proficiency in both languages, specify which goals and objectives will be addressed in the native language, include goals and objectives related to the development of English language proficiency, and include instructional recommendations that reflect understanding of cultural/linguistic differences.

Ortiz' (2002) most recent pre-referral intervention model is based on Adelman's (1992) causal continuum model of learning problems. Ortiz' and Adelman's models are based on the assumption that students fail for a variety of reasons that can be divided into three broad categories. Type I problems are caused by instructional programs are not adequate to meet students' educational needs. For example, ELLs who do not have access to effective bilingual or ESL classes, or that are exposed to a curriculum that does not recognize their cultural experiences. Type II problems are academic difficulties that are not attributable to a learning disability, such as repeated absences. When the school system fails to provide intervention for these students, they fall farther and farther behind. Type III problems are those attributable to those students with true disabilities that require special education to meet their unique instructional needs. Ortiz' three-phase model was designed to facilitate prevention of school failure and early intervention, so as

to ensure that students with Type I and Type II problems are not referred to special education (García & Ortiz, 1988; Ortiz, 2002).

Phase I of Ortiz' (2002) model addresses prevention of school failure through the assurance of two crucial elements: 1) educational environments conducive to academic success; 2) and the use of instructional strategies proven effective with ELLs. The first of these elements includes: a shared knowledge base of ELL education among teachers; respect for cultural and linguistic diversity; collaboration between school, home and community; academically rich programs that teach basic skills in the context of higher order thinking skills; effective remediation for school failure; high expectations; a challenging curriculum; a safe and orderly school environment; systematic evaluation of student progress; and involvement of administrator, teachers and parents in school governance. The second crucial element, providing effective instructional strategies for ELLs, involves: bilingual instruction; use of students' prior knowledge; culturally relevant curriculum; meaningful language across the curriculum; thematic instruction; individual guidance and support; scaffolding; interactive discourse; and collaborative learning.

Phase II of Ortiz' (2002) pre-referral model addresses early intervention for ELLs experiencing academic difficulties. This model describes three methods for early intervention: a) clinical teaching; b) the Teacher Assistance Team (TAT) process; c) alternative programs and services. Clinical teaching involves reteaching skills/content using different strategies, conducting informal assessments to pinpoint difficulties, modifying instruction based on assessed needs, and monitoring student progress.

Alternative programs and services include one-on-one tutoring, cross-age tutoring, remedial programs, student and family support groups and family counseling.

A student's case moves to Phase III if Phase I and Phase II efforts have failed. Ortiz (2002) emphasizes that special education referral committees, which include a variety of specialists, recommend a full individual evaluation only after determining that the student is in a positive school environment, receiving instruction known to be effective for ELLs, and that clinical teaching, TAT interventions and other remediation alternatives have been properly implemented and failed.

Most recently, addressing concerns about the appropriate implementation of response-to-intervention (RTI) models for the identification of learning disabilities with culturally and linguistically diverse (CLD) students, García and Ortiz (2004) highlighted four essential elements of culturally- and linguistically-responsive pre-referral intervention for CLD students. The first element involves prevention of school failure. Prevention includes teachers sharing responsibility for educating all students, using culturally responsive curricula and instructional strategies, the availability of a wide range of general education services, providing professional development on effective practices for CLD students, and creating collaborative relationships with students and their families. The second element discussed by García and Ortiz is early intervention for struggling learners, which implies addressing academic underachievement as soon as it is noted. The third element is diagnostic and prescriptive teaching, which involves carefully-sequenced instruction. Using this type of instruction, teachers teach concepts or skills, reteach using different strategies, use informal assessment to identify strengths,

weaknesses or possible causes of difficulties, and conduct curriculum-based assessments to monitor student progress. The fourth essential element discussed by García and Ortiz is the availability of general education problem-solving support systems in the form of peer consultation or TATs.

Research on the pre-referral team process for ELLs. Pre-referral teams can reduce inappropriate referrals of ELLs to special education by training teachers to distinguish between learning disabilities and the normal process of second language acquisition and introducing instructional strategies that have been empirically validated for ELLs. It goes without saying that pre-referral interventions for ELLs, as well as for all other students, should be based on best practice research (Baca & Almanza, 1991)

Little has been written about TATs and their specific assistance with non-native English speaking students. Typical recommendations for linguistically diverse students are service-based (Collier, 1995). Non-native English speakers are given instructional remediation in bilingual education classrooms, ESL classrooms or through special education. General education interventions for linguistically diverse students are lacking.

Pre-referral teams should include bilingual and ESL personnel in order to appropriately address ELLs instructional needs (Pugach & Johnson, 1989). However, this practice does not seem to be the norm given the findings of the OSERS study in which Ortiz and Rueda found that, in schools in Texas and California, few pre-referral interventions existed for ELLs, and that those that did exist did not include strategies that addressed language acquisition (Gersten & Woodward, 1990). Gersten and Woodward

(1990) expressed concern that those schools included in this study that did serve ELLs demonstrated little awareness of second language acquisition issues or appropriate instructional strategies.

García and Ortiz (1988) stated that errors in determining the needs of ELLs usually occur when school personnel lack knowledge of second language acquisition and cultural differences. In a study on 51 ELL students referred to special education for assessment of a suspected language disorder, Langdon (1989) found that in the majority of these referrals insufficient documentation that language and academic difficulties were not due to environmental, cultural, economic differences and/or lack of familiarity with the English language.

Harris (1995) conducted a qualitative study of 7 bilingual special education teacher assistance teams in a southwestern inner city school district. These bilingual special education teams were created to provide bilingual teachers the opportunity to assist non-bilingual teachers in developing and implementing instructional programs for linguistically diverse students experiencing academic difficulties. Harris found that bilingual teachers that were members of these teams often times became responsible for the direct implementation of the instructional interventions developed by the TATs. This transfer in ownership of the problem resulted from the bilingual teachers' reluctance to assume a consultative role, as well as the referring teachers' preference for direct remediation of the problem by the bilingual teachers. As a result of this practice, bilingual teachers on these teams felt burned-out, lacking time and resources to directly assist all referred students. Principals at said schools attempted resolution of said

problem by clarifying the role of the bilingual teachers as one of consultation, and not of direct remediation; as well as the allowance of more time during the school day for TAT meetings.

In a descriptive, qualitative study of the pre-referral intervention process in a predominantly Hispanic school, Phipps (1998) found that the process was ineffective for a number of reasons. First, the process was not implemented as designed. District goals, of reducing the number of referrals to special education by providing alternative instructional strategies to regular classroom teachers, were incongruent with teacher goals, of referring students for special education testing. This finding was due, at least partially, to the fact that most of the referred students were culturally and/or linguistically diverse (CLD) and their teachers and other team members were not knowledgeable about CLD issues. Since team members did not have competence with CLD issues, they did not address related factors. Hence, the pre-referral recommendations did not specifically address these students' needs. The referring teachers' sole agenda was to refer their student to special education. Referring teachers routinely came to the pre-referral meetings without adequate student background information. So, no new instructional strategies were developed for referred students. Therefore, pre-referral team recommendations were unsuccessful, since they were inappropriately designed for these students. Ultimately, most students reviewed by the pre-referral team were referred for testing by special education.

Phipps' recommendations for administrators and other educators include teacher training in the following areas: a) the process of pre-referral intervention, including

problem identification, analysis, plan development and implementation, and follow-up; b) collecting and analyzing student data; c) collaborative consultation; d) cultural and linguistic diversity; e) changing attitudes towards underachieving students. Regarding CLD students, she specifically recommended that team members not only review the previous modifications that the referring teacher implemented with the referred student, so as to determine appropriateness of instruction, but also that pre-referral teams analyze each referring teacher's experience with multicultural, ESL, or bilingual students, as well as their own. The ultimate recommendation was that pre-referral intervention teams systematically design and implement appropriate interventions.

Directions for Future Research on Pre-referral Teams for ELLs

A specific pre-referral team model will not guarantee successful interventions, but rather the nature and appropriateness of the intervention and the quality of its implementation (Sindelar et al., 1992). A study by Kovaleski, Gickling and Morrow (1999) found that increased time on task, task completion and task comprehension were directly related to level of implementation of instructional support teams in Pennsylvania. That is, the more elements of the process implemented, and the more effectively these elements were implemented, the more successful they were.

Although some research has measured the success of pre-referral teams mostly using the reduction of referral rates and the validity of special education referrals as outcome criteria, the research is lacking with respect to analyzing whether referred students are actually learning more than before the interventions were implemented, and/or if they continue to be successful in the long term (Safran & Safran, 1996).

A review of past research and researchers' recommendations calls for more objective and concrete methods of evaluation of school-based pre-referral teams' interventions (Gutkin & Nemeth, 1997). A starting point could be team members' consensus on outcome criteria. Forcing pre-referral teams to predefine outcome criteria for success would, potentially, in and of itself ensure more effective group decision-making (Gutkin & Nemeth, 1997).

The above recommendations for pre-referral intervention team research are equally salient for ELL populations. Pre-referral team interventions for ELLs should be systematically studied so as to provide evidence on their appropriateness and effectiveness. With the impending response-to-intervention models of special education assessment, empirically-validated effective strategies for ELLs are crucial. Without this evidence, of appropriate interventions, it will not be possible for RTI models to be implemented with this population of students.

Toward the Redefinition of Learning Disabilities

With the upcoming reauthorization of IDEA, recent discussions by professional groups and policy-makers have focused on the redefinition of the identification of students with academic and behavioral problems for special education eligibility. The professional organizations that have recognized the need to reconsider the current definitions of special education eligibility for students with academic difficulties include: the U. S. Department of Special Education's Office of Special Education (Gresham, 2002), the President's Commission on Excellence in Special Education, and the National Research Council's Committee on Minority Representation in Special Education

(Donovan & Cross, 2002), the Division for Learning Disabilities of the Council for Exceptional Children (2002), the National Association of School Psychologists (2002), the National Center for Learning Disabilities (2002). Since this dissertation is limited to the study of students with academic difficulties, this section will focus on the proposed redefinition of learning disabilities (LD) and the studies that support this new approach to identifying students for special education. First, a brief description of current LD definitions and their origins will be presented. Then, an overview of the current models proposed for the determination of eligibility for special education, as well as the related research, will be presented. Lastly, the concerns associated with the implementation of these proposed models will be discussed. A final discussion on the inherent risks associated with the implementation of these models with ELL students will conclude this section.

Current Definitions of LD

Currently, IDEA defines a specific learning disability as a disorder in one or more basic psychological processes involved in understanding or using spoken or written language. This disorder may manifest itself as a deficit in listening comprehension, oral expression, reading, writing, spelling or doing math calculations. The term includes many neurological conditions but does not include children with mental retardation, visual, hearing or motor disabilities. Furthermore, it does not include children whose learning problems are attributable to environmental, cultural or economic disadvantage (ERIC Clearinghouse for Disabilities and Gifted Education, 2003). This definition

presupposes that an adequate instructional program is being provided to each and every potential special education student.

The 1977 regulations that were designed to accompany IDEA stated that students who received appropriate learning experiences for their age and ability and that did not achieve commensurately might be eligible for identification for special education as LD (e.g. Fuchs, Mock, Morgan & Young, 2003). A student's failure to respond to adequate instruction could potentially indicate an intrinsic handicap, which is then confirmed or discounted by standardized testing.

In Texas, the State Board of Education dictates that in order to meet criteria for LD a student must have intellectual functioning above the Mental Retardation level. Additionally, the student's achievement must be more than one standard deviation below the student's IQ in one or more of the following areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, math calculation and/or math reasoning (TEA, 2003b). Most states mandate the use of an IQ-achievement discrepancy model to determine eligibility for special education services under the LD classification. Within this model, a specific LD is determined to exist if the student's achievement score in one or more of the following areas: basic reading, reading comprehension, math calculations, math reasoning, written expression, oral expression, listening comprehension, is one or more standard deviations (depending on the state) lower than his/her IQ score.

The discrepancy model has its roots in Rutter and Yule's (1975) research which suggested that students with this type of profile were a unique group with a worse

prognosis for reading and spelling than those students whose low achievement was commensurate with their equally low IQs. However, more recent studies have shown that students with IQ-achievement discrepancies perform similarly on reading-related cognitive tasks to students with equally low IQ and achievement (Francis, Shaywitz, Stuebing, Shaywitz, & Fletcher, 1996; Stanovich & Siegel, 1994). Furthermore, the lack of consistency in identification methods from state to state deems current LD identification somewhat arbitrary (Fuchs et al., 2003).

Adelman (1992) recognized the polymorphous nature of learning disabilities in the early 1970s. He differentiated students with learning disabilities into three groups in terms of causes of learning problems. In 1992, Adelman revised his model to differentiate types of learning problems along a causal continuum. Type I learning problems are those caused by inadequacies in the learning environment. Type III problems are those caused by factors intrinsic to the student. Type II problems are those that stem from a contribution of both environmental and intrinsic factors. Adelman's model aims to elucidate the causes of student failures and hence, optimize the interventions developed and implemented to address these problems. Thus, preventing inappropriate referrals to special education and/or unwarranted identification of students with learning disabilities.

The Historical Roots of the Response-to-Intervention Model of Identification of Students with Learning Disabilities

The response-to-intervention approach to the identification of LD has its roots in the National Research Council study (Heller, Holtzman, & Messick, 1982) on placement

of students in special education. This study proposed three criteria for judging special education classification to be appropriate. Namely, a) an educational program of sufficient quality to stimulate learning, b) a special education program that would enhance learning and thus justify such a classification, and lastly, c) an accurate and meaningful assessment.

In the 1990s, L. S. Fuchs (1995) operationalized the proposed framework for appropriate special education classification by implementing a classroom-wide assessment system that was closely aligned with the classroom curriculum. In Phase I of this assessment, curriculum-based measurement (CBM) made possible the assessment of the classroom instructional quality (judged by the classroom level and rate of growth of the entire class). If, for example, the mean rate of growth of a particular class is below the rate of growth for other classes within the same school, district, etc., then the instructional quality of the classroom would not be deemed appropriate for stimulating academic progress. Hence, interventions would take place at the classroom level. If, on the other hand, the mean rate of academic growth for the class was adequate, then, at Phase II of this assessment model, the individuals that were at-risk for failure within that class would be identified for classroom interventions. Phase III consists of systematic testing of the effectiveness of classroom adaptations for those students identified as at-risk for failure at Phase II. Those children who fail to make progress, both in terms of rate of growth and level, within a quality instructional program that provides them with additional classroom adaptations that have been found to be effective for many other at-risk children would be considered to have learning disabilities and found eligible for

special education. Thus, permitting meaningful assessment of a student's achievement related to the classroom mean, both in level and growth rate.

Response-to-Intervention Models and Related Research

Currently, response to intervention (RTI) has been developed by two groups: those proponents of a problem-solving model, and those proponents of a standard protocol model. This section describes these two models and present empirical studies conducted to validate them.

The problem-solving model. The problem-solving model stemmed from the behavioral consultation literature (Bergan & Kratochwill, 1990). This model follows a four-step process comprised of problem identification, problem analysis, plan implementation and problem evaluation. This model is characterized by its inductive nature, within which interventions are developed specifically for each student's individual needs. Proponents of this model believe that no prescribed set of interventions will be effective for all students, but rather that effective interventions can only be prescribed after careful analysis of each referred student's individual characteristics (Fuchs et al., 2003).

The Heartland educational agency in Iowa, which serves 350 schools in 56 districts, has been using a four-level problem-solving model since 1985 (Grimes, 2002 cited in Fuchs et al., 2003). At Level I, the teacher collaborates with the parent(s) to try to resolve the academic or behavioral problems. At Level II, the teacher collaborates with the Building Assistance Team (BAT) to analyze the problem, develop an intervention plan and monitor implementation. At Level III, Heartland staff, consisting

of school psychologists and/or special educators, become involved and use behavioral problem-solving to refine the plan and monitor its implementation. At Level IV, which is reached after failure of all previous efforts, a student is considered eligible for special education. Throughout this process, a referred student's performance level and rate of growth would be compared to the expected level of other students in the same class. This model aims to match the presenting problem with interventions and assessment methods (Ikeda & Gustafson, 2002 cited in Fuchs et al., 2003).

Although the Heartland problem-solving model had been implemented since 1985, it was first systematically evaluated in 1999-2000 and in 2000-2001. 15 of 350 schools in 1999-2000 and 29 of 350 schools in 2000-2001 participated, based on undocumented recommendations from Heartland staff. Approximately 20% of the referred cases were reported to have been resolved during these two years. However, the authors did not define what was meant by "resolved". No student outcome or treatment fidelity data were reported (Ikeda & Gustafson, 2002).

The Minneapolis Public Schools' Problem-Solving Model (PSM) is similar to the Heartland model in that it uses a four-level behavioral problem-solving model that potentially culminates in special education identification without IQ-achievement testing. At Level I, teachers identify struggling students based on achievement data that is systematically collected on all students in the schools. At Level II, teachers confer informally with colleagues on how to best address the student's needs. Level III involves the local problem-solving team using a behavioral problem-solving model to define the problem, analyze it, develop a treatment plan, and evaluate implementation of said plan.

At Level IV, if Level III interventions have failed, the same problem-solving team considers special education (Marston, Muyskens, Lau & Canter, 2003).

Only three known evaluation studies have been conducted on PSM. According to a review by Fuchs and colleagues (2003), none of the three studies reported academic outcomes, the nature of the interventions or implementation fidelity. Without this information, assumptions about the Heartland or PSM models' feasibility and/or effectiveness can not be made.

The standard-protocol model. A standard protocol approach uses the same empirically validated treatment for all children presenting with a similar problem. This approach differs from the problem-solving model in that the same treatments are used for all children, hence, it is easier to train all implicated educators on how to implement these treatments than to train them to analyze individual needs and develop appropriate treatments for each individual student's needs.

In a study by Vellutino and colleagues (Vellutino, Scanlon, Sipay, Small, Pratt, Chen, et al., 1996), first-graders scoring in the lowest 15th percentile on a standardized reading test, who did not have physical or language proficiency issues, were assigned to either a tutoring or a control group. The tutored students received one-on-one tutoring 30 minutes a day, five days a week for the entire second semester of the school year. The tutors were certified teachers who had also received 30 hours of training in Vellutino's tutor training program. Two-thirds of the tutored children had caught up to their average classmates after this semester. These students were described as "instructionally disabled" by the authors. The remaining one-third of the tutored students remained in the

lowest 30th percentile on standardized reading tests. These children were described as “difficult-to-remediate” (Vellutino et al., 1996).

Speece, Case, and Molloy (2003) conducted a study to evaluate the treatment-validity model. The researchers set out to determine if students with low performance level and growth rate (dually discrepant) differed from those students with low reading achievement or IQ-reading discrepancies. They also investigated whether dually-discrepant children who responded to specially designed general education instruction were different than those dually-discrepant children who were non-responsive. Lastly, the researchers wanted to know if the implementation of a treatment-validity model resulted in better achievement outcomes for dually-discrepant children compared to those dually-discrepant children who did not participate in the treatment-validity model.

The schools were selected based on comparable size, school leadership, ethnic representation, reading scores on district-wide tests, and mobility rate. The sample included three suburban schools in one school district. Two first-grade classes and one second-grade class participated in the study. The results of the series of three studies showed that the dual-discrepancy assessment, based on CBM oral reading fluency measures identified a younger group of poor readers, free of gender or ethnic bias. The researchers also demonstrated that dually-discrepant children who were non-responsive to specially designed general education interventions had poorer academic and behavioral outcomes than those dually-discrepant children who were responsive to general education interventions. Finally, dually-discrepant children that participated in specially designed general education interventions had better outcome and generally required little service

beyond the general education classroom than those dually-discrepant children who did not participate in the model (Speece et al., 2003).

Potential Benefits of Response-to-Intervention Models

The response-to-intervention model of identification of LD is an attractive alternative for a number of reasons. First, it promotes and, ideally, ensures best instructional practices in the general education classroom. Second, it closes the gap between identification and intervention. Third, by screening all children early, it provides preventive interventions for all at-risk students, rather than waiting for failure to intervene (Donovan & Cross, 2002). Lastly, it reduces teacher bias in identification since all students are screened and interventions are given to students based on low scores (compared to class mean level and rate of growth), not on teacher referral (Vaughn & Fuchs, 2003).

Challenges Associated with the Effective Implementation of an RTI Model

In order to effectively implement a standard protocol response-to-intervention model (i.e. L. S. Fuchs' 1995 treatment-validity model), validated academic interventions must be systematically implemented (Denton, Vaughn & Fletcher, 2003). This means that a weekly assessment of all children in all academic areas addressed by CBM (reading, writing, spelling and math) would have to be conducted. Additionally, instructional plans based on validated instructional protocols would have to be developed and implemented in all general education classrooms. Lastly, fidelity of implementation would have to be feasible across all interventions.

L. S. Fuchs (2003) asserts that a variety of decisions concerning at least three major components of intervention responsiveness assessment (IRA) must be made prior to implementation. First, the timing of measurement must be determined. That is, whether the student's achievement will be assessed at the end of the intervention period, on a weekly basis, or pre- and post- treatment, for example. Second, responsiveness must be operationally defined. This can be established using median split on class slope, median split on class gain, final status using national norms, final status on benchmark tests, benchmark slope, or dual discrepancy. Lastly, the nature of the interventions needs to be considered, for example, intensive tutoring versus general education interventions. L. S. Fuchs et al. (2002, cited in Fuchs, 2003) found that different IRA components resulted in different prevalence rates of LD and different subsets of children identified as LD. Fuchs (2003) concluded that additional research is needed to systematically address the variety of measurement issues associated with alternative methods of conducting IRA.

Challenges Associated with the Effective Implementation of RTI with ELLs

In theory, a response-to-intervention model for the identification of LD eliminates contextual variables as an explanation for academic failure. A well-implemented response-to-intervention model would provide ELLs and all students with research and practice validated instructional interventions. Furthermore, an RTI approach to the determination of eligibility for special education would potentially eliminate the controversial use of standardized, psychometric measures with ELLs and, instead link instruction, intervention and assessment in a meaningful way. As summarized by the

National Research Council Committee on Minority Representation in Special Education, the main issue concerning minorities in special education is not one of overrepresentation or underrepresentation, but rather one of appropriate referral, identification and effective instructional remediation (Donovan & Cross, 2002). Hence, RTI would seem to be the solution to past issues of inappropriate referral, assessment and placement of ELLs and all students from culturally, linguistically diverse backgrounds. However, the use of an RTI model with any student group assumes a positive school climate and the implementation of effective, research-proven instructional strategies.

In practice, the greatest risk that faces all those potentially affected by this new model of identification is the erroneous identification of LD, that is, the determination of individual deficits based on the student's failure to respond to academic interventions, that are presumed to be appropriate, but that are not. For ELLs, it seems that upholding this assumption of appropriate instruction would be even more difficult than assuring the appropriate implementation of effective strategies for mainstream monolingual English-speaking students, given the scarcity of regular education and special education teachers possessing the knowledge and skills to properly address ELL needs. The danger of inaccurate implementation of RTI, resulting in erroneous classification for special education, is especially salient for ELLs, for which this model has not yet been systematically implemented or evaluated.

In a paper presented at the 2001 NASP Annual Meeting, Almandos and Petzold (2001) described the assessment model for special education eligibility in an elementary Spanish immersion magnet school. The initial step in this model is the analysis of the

appropriateness of prior classroom modifications, as well as the analysis of student information such as home language, language proficiency, date of entry into the U.S. Then, pre-referral interventions are designed by a TAT to meet specific student needs, which might be related to second language acquisition, frequent absenteeism, or lack of formal schooling, rather than an intrinsic disability. Teachers are required to implement the interventions for up to six weeks. At a follow-up meeting, the success of the interventions is evaluated to determine whether a referral for special education testing is appropriate.

ELLs' special education eligibility at this school is partially determined using curriculum based measures of achievement, as well as classroom observations, teacher information, work samples and other informal information. ELLs achievement is compared to local district grade norms, which are gathered every five years. The cognitive functioning of ELLs is assessed using nonverbal tasks, observations, interviews and other supplemental information. This assessment model clearly attempts to address ELL issues and incorporate best assessment practices, such as reliance on more than one measure and including informal measures for the determination of disability. It incorporates use of CBM for the determination of academic progress. Although the authors concluded that, with the implementation of this assessment model at their school, fewer students are identified as needing special education services, they did not report any empirical evidence to support that claim (Almandos & Petzold, 2001).

Best Practices for Teaching English Language Learners

Preventing school failure for English language learners, as well as avoiding inappropriate referrals to special education for failing English language learners, comes through optimizing their educational experience. In a booklet on ELLs with disabilities, Baca and Almanza (1991) define three underlying assumptions necessary for any educator to develop a successful program for ELLs, with or without disabilities. First, linguistic and/or cultural differences should be considered a strength which to build upon. Second, limited English proficiency should not be considered a barrier to learning. The barriers to learning that often confront ELLs are educators who do not have the skills and knowledge necessary to teach ESL, bilingual and/or multicultural education. Third, the environmental dangers that often put ELLs at risk for failure are many, including cultural differences, poverty, and instructional services that are not appropriately designed to meet their needs (Baca & Almanza, 1991).

In 2002, based on previous research, Ortiz developed a model depicting the elements necessary for an educational environment conducive to academic success for ELLs. An educational environment conducive to academic success for ELLs involves two main elements: positive school climates, and effective instructional practices. The next section will describe the characteristics of positive school climates for ELLs. The following section will address the linguistic needs of ELLs. However, given the focus of this study on instructional interventions for ELLs, the bulk of this section will focus on presenting effective instructional strategies and related research.

Positive School Climate

An essential component of a positive school climate for ELLs is the common training of all teachers in the following areas: second language acquisition, the relationship of native language proficiency in the acquisition of English proficiency, informal assessment strategies to monitor progress, and strategies for working with culturally and linguistically diverse families. With this shared knowledge base, school personnel gain acceptance of linguistic and cultural diversity. They understand the importance of using the native language to promote English language development and cognitive, academic development in general. Teachers at such a school use ESL strategies, understanding that language development is the responsibility of every educator, not just the bilingual or ESL teachers. These teachers also embed basic skill instruction (i.e. phonics, grammar, spelling) within lessons on higher order thinking skills such as comprehension, reasoning and composition (Ortiz & Wilkinson, 1991). Educators at schools with positive climates for ELLs recognize the importance of involving parents in the education of their children. These teachers respect cultural differences in child-rearing and beliefs about teaching and join with these families to promote the success of ELLs.

Shared knowledge base. Often times, second language learners who experience academic difficulties receive fragmented instruction due to the lack of communication between teachers. That is, for example, the bilingual teacher follows one curriculum while the ESL teacher follows an unrelated one and the tutorial teacher yet another. This practice increases the students' chance for failure (Hudson & Fradd, 1990). Successful

schools are characterized by coordination across programs. These schools recognize the importance of collaboration and provide time for teachers to work together. Not only do these programs maintain students' motivation across programs by providing connectedness, they also facilitate transition from special education or other special programs to mainstream education (Hudson & Fradd, 1990). The cooperative planning strategy encourages shared responsibility for developing, implementing, monitoring and evaluating students' educational programs. Hudson & Fradd's (1990) model of cooperative planning consists of the following steps: a) target the students for whom cooperative planning will be provided; b) specify and summarize student data (i.e. student's background, language proficiency in both languages, academic skills, learning style); c) establish a meeting time and define the purpose; d) establish and maintain rapport; e) share student information; f) elicit expectations of the demands of the setting (this step can be verified by classroom observations to heighten teacher awareness of demands placed on students); g) determine discrepancies between student skills and class requirements; h) plan the instructional intervention and monitoring system (brainstorm, develop and select interventions in order of preference as well as the development of a system of evaluation); i) implement the plan and follow up. Cooperative planning is especially effective not only because it provides continuity for students across programs but also because it ensures the highest quality programs through the shared expertise, skills and resources of all teachers (Baca & Amato, 1989).

Teacher training/knowledge of 2nd language acquisition. Whether public school teachers use the appropriate instructional strategies knowing of their research-based value

with ELLs or not, those strategies will be advantageous for their students. However, it would seem more likely that teachers with specific training in the best instructional practices for ELLs would be most likely to use said techniques. Thirty percent of public school teachers instructing ELL students have received training for teaching ELL students. Yet, fewer than 3 percent of teachers with ELL students have earned a degree in ESL or bilingual education (NCES,2002a). If failing ELLs have been instructed by teachers without understanding of cultural and linguistic diversity, who do not incorporate culturally/linguistically sensitive materials, or use effective instructional practices, then referrals to special education are unwarranted (Ortiz, 2002).

Teacher expectations, cultural awareness/acceptance. Teacher attitudes and philosophies towards ELLs and their cultures can greatly influence ELLs learning. ELLs are especially vulnerable to feeling lonely and frustrated in the mainstream classroom. Many of these students go through a period of silence that lasts until they feel safe in the new environment (Watts-Taffe & Truscott, 2000). When teachers view ELLs as lacking basic skills, due to their limited English proficiency, they seek and prescribe remediation. To the contrary, when teachers view native language competency and cultural diversity as an asset, they welcome diverse cultural perspectives into their classrooms (Fradd, 1987). In this case, not only do all students benefit from a richer curriculum, but the ELLs that bring diversity into the classroom feel that their contributions are important to the classroom community. These students will likely feel validated, appreciated and motivated to learn (Brock, 2001; Kameny, 1996). When teachers share the belief that all educators are responsible for the language development of ELLs, not just the

ESL/bilingual teachers, their students receive relevant instruction and are important contributing members in the mainstream classroom (Ortiz, 2001). These students will tend to feel valued and have a higher sense of self-efficacy. Hence, they will be more likely to succeed than ELLs whose mainstream teachers do not accept the responsibility of teaching them.

Since learning happens in meaningful context, it is crucial for teachers to acknowledge and learn about the cultural backgrounds of their ELL students. Only then, teachers will incorporate opportunities for these children to make connections between their background experiences and the content being taught (Brock, 2001).

School philosophy and administrative policy. The types of instructional programs available for ELLs at any particular school depend on the educational philosophy of the school district and the particular school administration (García & Malkin, 1993). For example, if a school district's main goal is for all students to pass a state-wide test administered in English, that district's goal for its ELLs will probably be to increase their English language proficiency. If the principal at a particular school in this hypothetical district believes that continued Spanish instruction will confuse ELLs, thus hindering their English language proficiency, he/she will probably institute ESL classes on that campus. On the other hand, another principal in the same school district might believe that continued instruction in the native language along with explicit teaching of English would increase proficiency in both languages. This principal would probably offer bilingual programs on his/her campus. Therefore, ELLs' academic performance will

indirectly be affected by their schools' policies and philosophies towards second language acquisition and maintenance of the native language.

Community volunteers. Inviting parents and/or community members into the classroom enriches the multicultural environment. The inclusion of aides that share the native language and/or culture of the ELLs helps bridge the communication gap between these students and their monolingual English-speaking teachers. Based on research data that suggests that academic success of ELLs is predicted by inclusion of their language and culture in the classroom, Cummins (1986) recommends empowerment of ELLs through the inclusion of diverse community members in the classroom.

Using parents and other community members as partners in education not only increases meaning, familiarity and purpose for second language learners, but also conveys the message that their communities are valued. The results are empowered parents that motivate students towards academic success (Cummins & McNeely, 1987; Cummins, 1989). In a study of a first-grade classroom that included a community volunteer and a parent of an ELL, Abbott and Grose (1998) found that newcomer ELLs felt empowered to share their cultural experiences. Hence, the classroom environment was enriched with various cultural perspectives. Rather than detracting from the native English learners' education, the inclusion of other cultures enriched all students' education. Bringing these students' community into the classroom will promote their sense of worth and belonging in the classroom. Feeling empowered through increased meaning and value of classroom lessons, these students' motivation, as well as their ability to learn, will be increased.

Addressing Linguistic Differences

Knowledge of the normal process of second language acquisition is essential for understanding the types of interventions likely to be most effective for non-native English speaking students experiencing academic difficulties. Before presenting the literature on second language acquisition, a brief overview of first language acquisition will be presented as a point of reference.

First language acquisition. Silvaroli, Skinner and Maynes (1977;1985) used seven levels to describe the stages of normal language acquisition. The first recognizable words uttered by a child usually appear around 18 months of age (McCormick, 1990). This first level is characterized by the child's use of one-word responses, usually nouns to label objects. The telegraphic speech or basic structures level is characterized by the use of sentences containing a subject and predicate (Skinner et al., 1977, 1985). This second level of language acquisition appears around two years of age (McCormick, 1990). During the third level, basic sentences are expanded to include descriptions of relationships between objects or actions of objects. In the connected structures stage, stage four, children express cause and effect, make comparisons and inferences (Skinner et al., 1985). This level of language acquisition appears as early as 2 ½ years (McCormick, 1990). Level five is characterized by simple, concrete storytelling. When children can use abstract dialogue and go beyond the situation or picture in telling a story, they are at level six: complex, abstract storytelling. The last level of language acquisition, level seven, is reached when children show the ability to express abstract stories with native proficiency in vocabulary and content (Skinner et al., 1985).

Although the rate of development of language in non-disabled children varies somewhat, by kindergarten, most children should be using most sentence types. The following strategies are recommended for teaching language. In order to facilitate the use of more complex sentence, adults should recast the child's immature sentence in a slightly more complex sentence structure. Use language variations in familiar scripts and routines in order to advance vocabulary construction. Provide recasts, expansions and extensions at different levels of complexity in order to challenge the child's comprehension level. And last but not least important, accommodate to a child's unique learning style to facilitate language development and general learning (McCormick, 1990).

Second language acquisition. The development of a second language is very similar to the development of a first language, both in sequence and rate (Terrell, 1983). During the first stage of second language development, the pre-production or silent period, learners concentrate on understanding the new language. This stage, during which second language production is negligible, can last up to a year. Once the learner has a reasonable amount of receptive vocabulary, speech emerges naturally. During this second stage of early speech production, expressive language is mostly telegraphic while the learner still focuses on listening comprehension. As passive language increases, sentences will become longer, more complex and include a wider range of vocabulary. Errors will also decrease during the speech emergence stage. The last stage of second language acquisition described by Terrell is the stage of intermediate fluency. This stage emerges with the continued exposure to proper language models and opportunities to

interact with these models. During this stage, fewer grammatical errors are present, comprehension is excellent and communication in the new language will be used for various purposes including: to give opinions, analyze, evaluate, and create.

As in first language acquisition, second language acquisition is a process in which second language learners gradually increase their level of proficiency in the new language. It is essential that educators keep in mind that monolingual children do not learn to read and write before they reach the last stages of language development.

Therefore, they should not expect second language learners to read and write before they have intermediate fluency in the second language (Cummins & McNeely, 1987).

Language proficiency refers to the degree of control one has over a language. Language proficiency usually focuses on listening, speaking, reading and writing (Hamayan & Damico, 1991). Cummins (1979) divided second language acquisition into two main levels of proficiency. The first level acquired is referred to as the basic interpersonal communication skills (BICS) level. At this level, the second language learner has acquired enough language skills to be able to function in everyday interpersonal contexts. School-aged children can be said to have a BICS level of proficiency when they use the new language to play with their peers and otherwise interact on a social level. BICS is usually attained after two years of exposure to the new language. Often times, educators believe that at this level of proficiency, the student is capable of successfully completing academic tasks in the new language. When they do not achieve at grade-level in the new language, teachers often time suspect disabilities (Ortiz, 1984).

Children with BICS should not be expected to exhibit academic performance equivalent to that of their monolingual peers because academic tasks designed for monolingual English speakers are usually decontextualized (Cummins & McNeely, 1987). That is, these tasks usually are not directly related to the classroom context. When second language learners interact with peers and/or adults, they use contextual cues to aid their comprehension. When these children are faced with textbook tasks that might include examples of situations completely foreign to them, or no context at all, a much higher level of language proficiency is required for comprehension. Cummins found that it takes 5-7 years for a school-aged child to acquire the level of language proficiency needed to perform academically at the 50th percentile compared to same-age peers. This level of proficiency is known as cognitive academic level of proficiency or CALP (Cummins, 1980).

Language of instruction. It is a common misconception that ELLs, especially those with learning disabilities or speech impairments, will be confused if taught in two languages. Thus, educators often prescribe English as the only language of instruction (García & Malkin, 1993; Ortiz, 1984). However, educators with these erroneous beliefs fail to recognize the importance of understanding the academic content being taught, in order to make cognitive-academic gains. Second language learners should receive academic instruction in their dominant language, generally speaking (Baca & Almanza, 1991; Ortiz, 1984; Ortiz & García, 1990). The dominant language is the one in which the child has a higher level of proficiency (Mattes & Omark, 1984). When language dominance can not be clearly established, the student's language of preference should be

used. As a rule of thumb, in these cases, the student's dominant language can be considered the parents' dominant language (Ortiz & García, 1990). The type of interventions should be dictated by the level of proficiency the student exhibits in the language of instruction. Instructional programs presented in the students' first language should be augmented with ESL programs (Ortiz & García, 1990).

Since cognitive and language development are closely related, students should first obtain an age-appropriate level of proficiency in their first language in order for second language acquisition to progress optimally (Lambert, 1977; Cummins & McNeely, 1987). In this case, the learner adds the second language to his/her first language. Knowledge of the first language serves as a foundation upon which to build the second language (Hamayan & Damico, 1991). This process is referred to as additive bilingualism. Additive bilingualism is based on research that supports the hypothesis that the cognitive skills that a child learns to use in one language can be transferred for use across languages. These cognitive skills are referred to as common underlying language proficiency (Cummins & Swain, 1986).

In contrast, when a child has not had adequate training in his/her native language and is exposed to the second language, subtractive bilingualism can occur. That is, the child loses proficiency in his/her native language. In these cases, not only is proficiency in the native language stunted or reduced, proficiency in the new language is typically stunted as well. Subtractive bilingualism usually occurs in contexts where students' native languages are devalued and not maintained (Fradd, 1994). Younger learners are more vulnerable to this phenomenon since they are most likely to not have attained the

highest level of proficiency in their native language, as opposed to older students, teenagers and adults. Students who fall victims to subtractive bilingualism can produce results similar to students with true learning disabilities on standardized tests. A disadvantage faced by older second language learners in school, namely teenagers, is that the cognitive academic demands placed on them are much greater than those placed on younger students (Cummins, 1984).

All in all, Cummins (1984) found that students who started language instruction between the ages of 8 and 11 reached CALP (2 to 6 years) before students ages 5 to 7 and before students 12 to 15 years of age. The 5 to 7 year old group lagged behind one to three years and the high school group did not gain CALP during high school. These findings support the hypothesis that a certain level of native language proficiency is required in order to facilitate second language acquisition, as well as the hypothesis that older students' second language acquisition is hindered by greater cognitive academic demands.

A variety of educational programs exist for second language learners across school districts and schools. These programs can be grouped into 3 main groups: English-only classrooms, ESL, and bilingual education. The underlying philosophy in the English-only classrooms is that non-native English speakers will more readily acquire English through immersion in an English-only environment due to the need to make sense of the environment. These programs are based on the belief that continuing education in the native language will only serve to confuse the second language learner, as well as decrease their need to learn and use the new language. English as a Second

Language programs (ESL) recognize that new language learners need context cues to facilitate acquisition of the new language. These programs explicitly teach English so as to enable the quickest transition to all mainstream English instruction. Currently, ESL programs are the most common type of program for ELLs in the United States. This model is most costly because it requires ESL resource teachers in addition to regular classroom teachers. ESL programs are also least effective because ELLs miss important subjects while they attend ESL classes (Thomas & Collier, 1999).

Neither English immersion nor ESL programs, when presented alone, recognize the importance of instruction in the student's native language. Bilingual education programs use both the student's native language as well as English as languages of instruction. Transition bilingual programs use native language education in order to facilitate acquisition of the new language. The ultimate goal of these programs is to discontinue education in the native language once an academic level of proficiency is attained in English. Maintenance or developmental bilingual programs use both languages for instruction with the goal of developing competence in both languages (Goodman, Goodman, & Flores, 1979). This last program recognizes the cognitive benefits attributed to bilingualism (Cummins, 1984).

Students who have age-appropriate language skills will require language enrichment programs, in which their linguistic abilities will be expanded. Students who have attained BICS but not CALP will require language development programs. Often times, these students are considered to be English-proficient and placed in regular classroom programs where often times they fail due to their unrecognized limited English

proficiency (Ortiz, 1984). Students who exhibit language disorders in their first language will require language remediation through special education services (Ortiz & García, 1990).

Collier (1994) recommended language activities appropriate for each of the stages of second language acquisition. Ample opportunities for the development of receptive vocabulary and lessons that focus on listening comprehension should be emphasized during the preproduction stage. During the early production stage, lessons need to involve vocabulary which the second language learner is already familiar with, as well as include new vocabulary so as to expand the students' receptive vocabulary. Lessons in this stage should also motivate students to produce the new language. Lessons presented in the speech emergence stage should encourage higher levels of language use for interpersonal communication. Activities that introduce foundations for cognitive academic use of language should also be introduced in this stage as well as in the intermediate fluency stage.

Emphasis on native language literacy. Teaching initial literacy in a language that students understand makes sense since it builds on an oral language base thus enabling understanding of the purpose of reading and writing. Teaching literacy in students' native language will also enable young readers to use the cueing systems of the language to predict meaning in stories (Goodman, Goodman & Flores, 1979). Using native language in literacy programs enables second language learners to express what they truly know and think (Hudelson, 1987). To the contrary, using English only to teach literacy to beginning ESL students limits what they can comprehend in reading and

express in writing, resulting in low self-efficacy and decreased motivation (Hudelson, 1984).

Home language. Research shows that students whose families continue to use the native language at home have higher levels of proficiency and academic performance in the second language than those students whose families spoke only English at home (Dolson, 1985). This finding supports the hypothesis that higher native language proficiency facilitates second language acquisition as well as cognitive development and academic achievement. Parents that are not English proficient and speak only English at home due to fear of confusing their children, are likely to teach incorrect language models that will later have to be corrected (Ortiz, 1997). Furthermore, these parents' use of English only can also stunt the cognitive growth of their children due to the diminished quality of the language stimulation (Cummins, 1984).

Including Cultural Diversity

Research suggests that the extent to which language minority students' language and culture are embedded in the curriculum is a predictor of academic success (Cummins, 1983; Rosier & Holm, 1980). Incorporation of second language learners' culture conveys the message that their identities are valued, as well as facilitating language acquisition through meaningful background knowledge (García & Ortiz, 2004).

Multicultural curricula. Selection of instructional materials that are relevant to students' sociocultural, linguistic and experiential backgrounds will tend to increase students' interest and motivation (García & Malkin, 1993). Moll and colleagues have demonstrated how these students' background knowledge can be investigated and used in

class to empower these students and facilitate the achievement of academic goals (Moll, Amanti, Neff, & Gonzalez, 1992).

A general framework for best instructional practices presented by Gollnick & Chinn (1986) includes the following: culturally-sensitive curricular materials, understanding student and teacher learning styles, oral and nonverbal communications to maximize students' opportunities for success, multicultural education must be integrated throughout the curriculum, community resources should be utilized to enhance multicultural education.

Tapping ELLs' background knowledge. English language learners should not be viewed as lacking knowledge just because they are not familiar with everyday concepts in the mainstream classroom. These students come to the classroom with valuable background knowledge (García & Ortiz, 2004). In a study on providing support for ELLs in the social studies classroom, Egbert and Simich-Dudgeon (2001) show how encouraging students to incorporate their cultural perspectives on topics such as war facilitates the story-writing process. Integrating ELLs' past experiences promote these students self-worth and also enrich the learning environment for all students (Brock, 2001).

Classroom teachers can help increase their language and literacy by accessing ELLs personal experiences. This practice will not only facilitate comprehension, but also increase these students' motivation to learn (Townsend & Fu, 2001). A case study of a Laotian student in an English immersion class depicted the initial motivation to learn this girl felt when invited to share her personal experiences in her high-level writing class,

contrasted later with loneliness and frustration when this class' focus turned towards Western philosophies, traditions and values. Ultimately, this student became demoralized when she transferred to a low-level English class, which taught rote memorization of decontextualized vocabulary (Townsend & Fu, 2001).

Willig and Ortiz (1991) recommend the use of dialogue journals, in which students are encouraged to write regularly about topics of their choice. The teacher should respond to the student in the journal, not with corrections, but rather with insight that models correct usage. Allowing ELLs to write about topics they choose gives them the opportunity to have their voices heard (Gersten, 1996). Encouraging students to speak and write about their personal lives helps maintain their integrity and break down the barriers that often exist between ELLs and middle-class teachers (Gersten, 1996; Kameny, 1996).

Specific techniques that allow students to express their voices include personal journals and dialogue journals (Cook, 1996; Reyes, 1991). Four teachers' experiences in teaching ELLs revealed that personal writing is a low-risk mode of writing for these students (Carroll, Blake, Camalo & Messer, 1996). These teachers experienced success in asking their ELLs to write about their personal experiences because this mode of writing reduced the cognitive load of the task while giving them the freedom to avoid uncomfortable topics.

ELLs background knowledge also includes varying levels of literacy in their native language. Teachers should encourage ELLs to draw on their previous academic skills to assist their acquisition of English language and literacy (Watts-Taffe & Truscott,

2000). Teachers can use ELLs cultural schema and academic skills as instructional scaffolds (Cummins, 1994).

Encouraging students to speak and write about their cultural experiences, which are often incongruent with the mainstream classroom's teachings, empowers these typically silenced students to express their voices. Blake (2001) reminds educators that traditional schooled literacy does not recognize local literacies in practice. Therefore, often times, ELLs do not relate or have interest in school topics, perceiving them as irrelevant to their lives. The term local literacies refers to the fact that literacy practices and behaviors are grounded in everyday experiences of people. He suggests that in order to re-invigorate writing in schools, teachers need to acknowledge and invite these local literacies into the classroom.

Academic Content

Integrated language and content instruction. Context-rich instruction that integrates basic skill instruction with higher order thinking and problem solving opportunities in comprehension, reasoning and composition has been shown to be most effective in promoting academic progress (Ortiz, 2001). Gersten & Baker (2000) found that educators' current attempts at the integration of language and content instruction are not well implemented. They specifically recommend that teachers allow sufficient time for teaching English to ELLs and provide them with ample opportunities to use oral and written language to acquire academic content. Baca and Almanza (1991) emphasized that teaching English to ELLs is important but should not overshadow instruction of

academic content. Instruction should enable ELLs, and all other students, to reach their learning potential.

Meaningful context-rich curriculum. Context-embedded language facilitates the development of a second language (Fradd, 1994). Context-embedded language is that which can be understood from clues conveyed from the environment. For example, when children are playing a game during recess, the second language learner can associate the word “ball” with the object that is being thrown around. However, if the same student first encountered the same word in a high school textbook, he/she would probably not have sufficient clues to deduce the meaning of the word.

Language acquisition and literacy development occurs optimally through the authentic use of language for purposeful tasks in a content-rich classroom (Lim & Watson, 1993). Learning is socially constructed; so it occurs naturally in environments that have relevance for students and invoke curiosity and interest in them (Gutierrez, 2000). In a qualitative study of bilingual teachers’ approaches to teaching math problems, Basurto (1999) found that these teachers used the ELLs background experiences and language to enhance meaning for these students.

In a qualitative study of 26 classrooms grades 3-6 in three southwestern urban school districts, Gersten (1996) and his research team found that most of the teachers were teaching low-level literacy skills. Only 5 of the 26 teachers were using whole language techniques, such as the integration of reading and writing and the use of literature as opposed to basal texts. In these classrooms, students naturally acquired

English through discussions about quality literature. Some of these teachers also included literature from diverse cultures to further increase relevance for their ELLs.

In order for second language learners to be able to use contextual cues in comprehending the new language, they must be able to relate contextual aids to their background and experiences (Ortiz & García, 1990). A study by Pritchard (1990) of sixty proficient 11th grade readers (30 from the U.S. and 30 from Palau) revealed a direct relation between the rate and sequence of connections made between individual propositions and the cultural familiarity with the passage read. In addition, Palauan students showed greater recall and produced more elaborations for those passages for which they had cultural schemata. In a similar study by Clarke (1979), proficient native language readers were found to revert to “poor” reading behaviors when faced with unfamiliar content. That is, these students were not able to use semantic cues as they did in their native language, focusing instead on syntax. Therefore, highly familiar, contextualized learning environments are recommended for most effective second language acquisition.

Specific instructional strategies which promote second language acquisition through context-embedded practices and can be incorporated into the regular classroom include: developing an environment from which students can draw meaning, providing ample opportunities for students that encourage them to use language in a variety of meaningful ways, providing many predictable language cues which second language learners can draw on, as well as opportunities for sharing completed projects, role playing, listening to stories allow language experiences beyond isolated utterances or

grammatical lessons (Allen, 1986). Educators can add context to learning activities by providing visual aids, pictures, real objects, manipulatives and labeling everything in the classroom (Fueyo, 1997).

Lee (1986) conducted a study of background knowledge on the comprehension of reading in the second language and found that context cues in the form of pictures only enhanced comprehension when second language learners were familiar with the pictures. Therefore, cautioning educators that use of pictures with text is only helpful when those contextual cues are meaningful to the students. Lee's study also showed that assessing comprehension in the second language limited second language learners' ability to demonstrate what they understood. When these same students were allowed to use their native language as well as their second language to answer comprehension questions, they showed more full understanding of the text.

Appropriate Pedagogy

Constructivist models. Constructivist educational models stemmed from critical pedagogy which was developed by Freire (1970) as a response to the traditional transmission model that promoted oppression of creative thinking. Transmission models of instruction are most prevalent across classrooms. In these classrooms, emphasis is placed on task analysis, highly structured drills and independent seat work. According to Cummins (1984), this type of instruction is detrimental to the development of a second language because it strips language of meaning and purpose. A main component of critical pedagogy is the opportunity to express divergent thinking from the norm. When faced with stories, students respond by connecting or contrasting their own experiences.

In traditional classrooms, when language and cultural minority children identify issues of class, race, and power differences in these stories they are often silenced. Following critical pedagogy, teachers welcome such expressions, nurture these students' voices and ultimately facilitate the development of critical thinking skills, while encouraging their students to continue learning and develop literacy (Goldstein, 1995). Incorporating storytelling within a cultural context, validates the students' experiences, identities, and background knowledge and motivates them to continue learning.

Goldstein's (2002) case study of two elementary school teachers using critical pedagogy aimed to discover classroom practices common to teachers using critical pedagogy. One teacher taught third grade to ELLs in an English immersion classroom. The other teacher taught K-1 to ELLs in a transition bilingual classroom. Goldstein (2002) found that both teachers used strategies consistent with best practices for ELLs. These strategies included: writers workshops, dialogue journals, literature-based reading activities, mini-lessons tailored to individual needs, language charts, mediated questioning, instructional dialogues. These classroom conversations often led to an emergent curriculum based on students' interests and experiences. Examination of the themes that emerged from this study yielded seven practices: interactive, student-centered practices; student-centered behavior management; mediational questioning for critical awareness; multilevel activities; emergent curriculum; collaboration with parents and community; surviving with hope and integrity.

Constructivist or holistic education programs include many components that are highly effective in regular, as well as special education classrooms, for monolingual

learners as well as second language learners (Poplin, 1988; Ruiz; 1989). These components include: incorporation of students' backgrounds and experiences, involving parents as partners in instruction, meaningful and interesting tasks related to students' experiences, an emphasis on meaning rather than form, and an emphasis on creative and divergent thinking rather than correctness.

Reciprocal models of instruction are characterized by a genuine dialogue between student and teacher, facilitation rather than control of student learning, encouragement of peer collaboration, encouragement of use of meaningful language rather than emphasis on grammatical correctness, and tasks that generate intrinsic motivation (Cummins & McNeely, 1987). In these classrooms, tasks emerge from dialogue (Goldstein, 1995). This type of instruction facilitates the development of higher cognitive skills rather than focusing on isolated basic skills (Cummins, 1984). In these classrooms, language is embedded throughout the school day and not taught as an isolated subject. This model is consistent with Krashen's (1982) theory of second language acquisition that states that language is best acquired when information is comprehensible, relevant, and interesting.

Affirming that teachers in these classrooms do not teach isolated skills without meaningful context does not mean that these teachers do not teach basic skills. Successful teachers using reciprocal models identify and teach specific skills needed for students to complete meaningful tasks. The skills' applicability increases the students' intrinsic motivation to learn and retain these skills (Goldstein, 1995).

Sheltered instruction. Sheltered instruction is a broad strategy that places emphasis on conveying meaning to ELLs through the curriculum. Its aim is to increase

language acquisition and literacy through the focus on comprehensible input, as opposed to emphasis on syntax and grammar (Young, 1996). Effective teachers use natural redundancy, carefully constructed language to match the students' level of proficiency, and augmented communication (use of physical gestures, visual cues, props) to ensure effective communication (Gersten & Woodward, 1994). Other strategies for increasing comprehension for ELLs described by Zehler (1994) include: using structured activities and letting students know what to expect, maximizing language use by asking carefully constructed questions that ELLs can answer, creating opportunities for student dialogues, encouraging active participation in learning by using discovery and cooperative learning, using topics relevant to ELLs experiences, thematic teaching, and activities that promote the use of higher order thinking, using the native language to clarify meaning, peer tutoring.

Additionally, Ortiz (2002) recommends use of vocabulary guides, semantic webs, concept maps, advance organizers, and structured overviews to help students develop vocabulary and background knowledge required to understand academic content. Guided reading strategies and comprehension questions (such as guided questioning and prediction) that are appropriate for ELLs' level of language proficiency will facilitate language and literacy development. Reciprocal teaching techniques will help students acquire new concepts and academic language. Language experience approaches are a type of sheltered instruction that are especially ideal for language development since they rely on students' background knowledge and past experiences (Young, 1996).

Classroom discussions. Classroom conversations are most beneficial to ELLs when they take the form of dinnertime conversations, in the sense of give-and-take turn-taking. When ELLs feel that their contributions to these discussions are respected and valued, their motivation and interest will increase, thus enhancing active learning (Williams, 2001). Classroom discussions are important to implement in addition to personal experience journals because they enable ELLs voices to be heard.

In a qualitative study of eighth-grade and high school journals, Quiroz (2001) found that these journals contained highly personal perspectives of classroom teachers. However, since these journals were virtually never read by any teachers, much less valued, they did little to maintain these ELLs interest in school. These students felt their voices were silenced. That is, they did not perceive themselves as having the power to contribute meaningfully to the educational environment. The journals showed that from a generally optimistic view of school and their future careers in the eighth-grade, by eleventh-grade these students views shifted to generally negative, hopeless views of school and careers. As Quiroz (2001) reminds educators, for a voice to be empowering, it must be heard.

Peer dialogues or cooperative learning. Peer dialogues are beneficial to ELLs because they allow one-on-one and multiple opportunities to respond, relatively immediate feedback, and both teacher and learner roles. ELLs in peer discussion groups with native English-speaking students are provided authentic, developmentally appropriate models for various responses to academic curriculum, as well as for various situations (Watts-Taffe & Truscott, 2000). Student dyads are ideal for ELLs because

they create opportunities to practice oral language in low-risk atmospheres (Young, 1996). A qualitative study of five teachers using Classwide Peer Tutoring (a form of peer tutoring) in an urban elementary school for 21 weeks found ELLs achieved a pattern of mastering English sight words and spelling words (Greenwood, Arreaga, & Utley, 2001).

Read aloud. Reading aloud to the students provides ELLs with models of reading as well as allowing teachers an opportunity to use picture cues, environmental cues and gestures to enhance the comprehensibility of the text being read. The use of patterned, predictable books that are read and reread will also increase understanding (Shore, 2001).

Scaffolding techniques. Scaffolding involves using instructional techniques temporarily to enable students to achieve what they would not be able to do on their own. Scaffolds provide temporary aides that allow students to make cognitive connections (Santamaria, Fletcher, & Bos, 2002). Classroom routines can serve as scaffolds by allowing ELLs to predict what will happen in a classroom environment that they are struggling to understand (Abbott & Grose, 1998). Other scaffolds include pictures, graphic organizers, demonstrations, direct translations, story maps, paragraph frames, sentence starters, dramatization of texts, multilingual print, explaining meanings of key vocabulary words, and using key linguistic structures repeatedly (Meyer, 2000; Santamaria, Fletcher, & Bos, 2002; Williams, 2001). Scaffolds are removed once the student no longer needs them. They move from external tools to internalized strategies that are used independently by students. Scaffolding is especially important for ELLs because it builds on their native language, culture and prior experiences (Santamaria et al., 2002).

Watts-Taffe and Truscott (2000) described three areas in which scaffolds could be used for ELLs. Background knowledge in the form of literacy frameworks and cultural backgrounds, can be used as instructional scaffolds to provide meaningful connections for ELLs. Vocabulary development is crucial for ELLs to find meaning in text. In developing new vocabulary it is essential to provide examples and nonexamples of the new concept, not simply a dictionary definition. Scaffolds in communication include nonverbal cues, classroom routines that are modelled, written and orally articulated, and labeling everything in the classroom clearly.

Whole language texts and activities in general provide multiple cues from which to derive meaning. Thus a whole language approach uses scaffolding activities constantly. Patterned reading and writing are sentence-level scaffolds that repeat themselves and are, therefore, predictable (Boyle & Peregoy, 1990). Discourse scaffolds make use of language beyond the sentence level and focus on discourse patterns or structures such as whole stories or essays. Story mapping is an example of a discourse scaffold.

Englert and Marriage (1996) describe three types of scaffolds. Mediated scaffolds involve teachers or more proficient peers helping make new information accessible to the ELL. Mini-lessons are an example of mediated scaffolds. Task scaffolds help ELLs focus on learning by reducing the amount of information students must generate independently. Cue cards depicting steps to follow to complete an activity are an example of task scaffolds. Materials scaffolds are strategically developed advanced organizers such as story maps, paragraph frames, and sentence starters, which are initially

completed by the teacher but that are eventually completed by the student and result in the student's ability to create a product independently.

Krashen's (1982) comprehensible input strategy is another type of scaffold. This strategy involves using language (native or English) in a way that makes it understandable while the student is developing second language proficiency. A case study of two third-grade classroom teachers using dual language instruction to teach language arts found, through examination of teachers' records and student work, that scaffolding strategies helped ELLs with learning disabilities to first learn language arts in their native language and then transfer this knowledge in order to carry out similar tasks in English (Santamaría, Fletcher, & Bos, 2002).

Summary

This chapter has described ELLs, their prevalence in the US public school system, as well as their generally low achievement. ELL failure can be attributed to factors in one of two broad categories: a) inappropriate educational environment, or b) inherent student disabilities that require special education services to address individual needs. The second explanation for ELL failure can only be correctly identified after the first explanation has been ruled out. However, past studies have shown that appropriate educational environments are often not available for ELLs. Bilingual or ESL programs are scarce due to lack of funding, and a dearth of teachers knowledgeable about issues related to language acquisition and cultural diversity. Additionally, regular education teachers are rarely knowledgeable of the process of second language acquisition,

effective ESL strategies or the importance of incorporating the ELLs' background knowledge into the curriculum.

When faced with a struggling ELL, many teachers do not possess knowledge of effective interventions for these students. These teachers will often refer these failing students to their campus pre-referral team, often times assuming that their failures are due to an inherent disability. Pre-referral team interventions for ELLs need to be systematically analyzed in order to determine their appropriateness. With the advent of the response-to-intervention approach to the determination of eligibility for special education, it has become crucial to determine which interventions are effective for ELLs experiencing academic difficulties, and to describe to what extent and how these interventions are implemented in practice.

CHAPTER III

Method

This study investigated the pre-referral process and its outcomes for English language learners. Because current research on pre-referral interventions for English language learners is scarce, as reflected in the limited number of articles identified in an ERIC search conducted for this study, it is important to add this information about academic interventions for English language learners (ELLs). This study was conducted to investigate and describe the prereferral process for failing ELLs, the instructional interventions typically used, the success of these interventions and student, teacher and pre-referral team characteristics that appeared to be related to student outcomes. This study addressed the following research questions:

1. What are the socio-cultural, linguistic and academic profiles of English language learners referred to pre-referral teams?
2. What are the qualifications of pre-referral team members who develop interventions for English language learners?
3. What are the reasons for referral and the types of academic interventions that are developed for English language learners who are referred to pre-referral teams?
4. How is the pre-referral process implemented for English language learners, and what are the outcomes of this process?

Research Design

This study utilized a descriptive, non-experimental research design. In order to answer the research questions, content analysis was performed on pre-referral team documents maintained as standard procedure by each team for each referred ELL student. In addition, information not recorded during the process, but essential to the research questions, was solicited through data collection forms created by the researcher and through semi-structured interviews conducted with referring teachers.

Setting and Context

A large, urban school district in Texas was considered appropriate for conducting this study due to the high Latino ELL enrollment in such school districts. Over 75% of all ELLs are native Spanish-speakers. ELL students are concentrated in the West, in urban areas, and in large schools with 750 or more students. Schools with 20 percent or more students from diverse cultural/linguistic backgrounds receiving "free or reduced-price lunches" are also more likely to enroll ELL students (U.S. Department of Education, 2003).

The School District

The school district that was chosen as a sampling frame for this study was comprised of 218 schools, of which 157 were elementary schools. Only the elementary schools were included in the sampling frame as the present study's focus was on academic interventions for ELLs in grades K-3. According to Texas data from the National Center for Learning Disabilities (NCLD), over 93% of the district's enrollment consisted of students from diverse cultural/linguistic backgrounds. The overall ELL

enrollment in this school district was 34% (NCLD, 2003). The Texas School Performance Review for 2003 affirmed that, although most of these ELLs spoke Spanish as a first language, more than 58 languages were spoken at the homes of these students. Additionally, more than 76% of this district's students came from economically disadvantaged homes (Strayhorn, 2003 update).

The District's Pre-Referral Team Process

The pre-referral teams in this school district were multi-disciplinary teams who used the collaborative problem-solving model to uncover the underlying reasons for students' academic or behavioral difficulties and to develop practical interventions to address the needs of individual students as well as school-wide issues. The name used for the pre-referral teams in this district is not reported in this study to protect the district's anonymity. Team members included an administrator, counselor, nurse, teachers who represent the school's population (i.e., bilingual education, special education and regular education), the teacher requesting support/assistance, and parents of the referred student when available. The school principal or other administrator appointed all team members for one school year. Most schools had one pre-referral team. A few of the schools with the highest student enrollments had two pre-referral teams: one serving grades K-3, and the other serving grades 4-6.

District policy stipulated that the pre-referral team shall: accept referrals; collect, evaluate and report data on individuals or groups; combine the efforts of teachers and district staff; confer with parents, and; refer to district and other programs, when appropriate. Pre-referral team procedures included maintaining documentation for all

student referrals. Appropriate documentation included: a) classroom screening form, b) referral form, c) action plan, d) disposition form, and e) meeting agenda and minutes. In addition to the above mentioned pre-referral specific forms, each referred student's file should include documentation of early interventions (i.e. health and/or counseling services), grades, work samples, attendance reports, copy of the student's cumulative folder, language proficiency (provided by the LPAC), health information, teacher information and parent information.

Pre-referral teams met on a weekly basis at a regularly scheduled time to ensure provision of services and follow-up. Pre-referral teams were supposed to provide interventions prior to consideration for special education testing. Each team had a chairperson who was responsible for focusing the content of the meeting, serving as a facilitator of the group process, setting the agenda, maintaining records and completing the pre-referral forms as well as keeping meeting notes at each school. A chart of the district's stages of pre-referral process follows (see Figure 1).

The pre-referral process in this district consisted of three stages. Prior to the 2004-2005 school year, the first pre-referral level (Stage I) consisted of anyone referring a student for assistance for a variety of potential concerns including: academic, behavior, health, or family issues. Referrals were made directly to whichever professional was deemed most appropriate (i.e. nurse, social worker, licensed specialist in school psychology or other school personnel). The service provider validated the problem, provided direct service or consultation, and evaluated effectiveness of intervention. If the problem persisted, the service provider tried or recommended additional strategies,

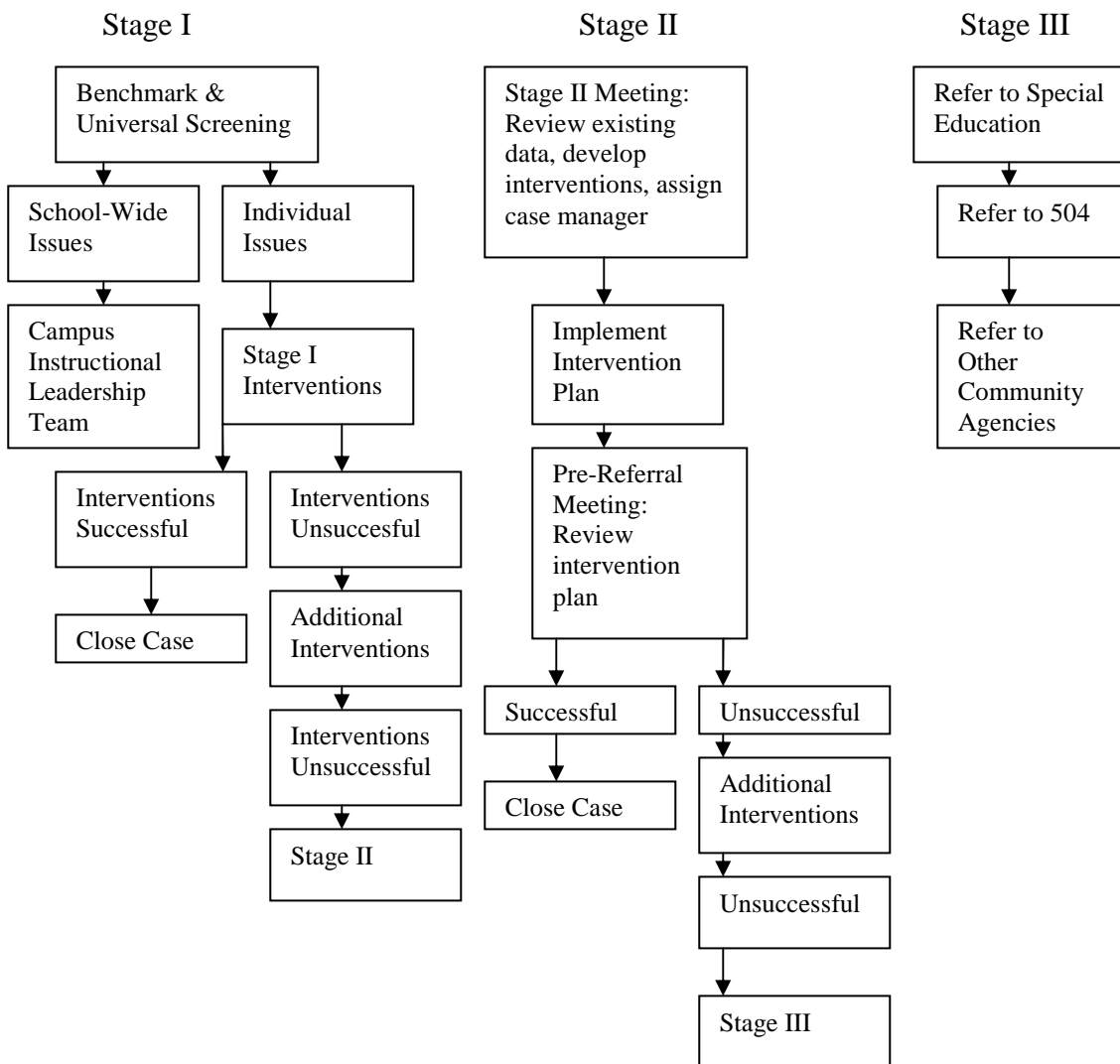


Figure 1. The three stages of the pre-referral process, per district guidelines, in the district that participated in this study.

consulted with or referred the student to another professional, or moved the referral to Stage II. Beginning in the 2004-2005 school year, Stage 1 of the pre-referral process also included universal screening of all elementary grade classrooms following the first benchmark assessment of the school year, to ensure early identification of students

experiencing academic difficulties. The benchmark assessment used was developed by the district and aligned with their curriculum.

A Stage II referral was made when a variety of alternatives and strategies had been tried without success, or if the student's problem needed the type of collaborative services that the multidisciplinary team could provide and manage. If a problem was not resolved at Stage I, the Stage I service provider gave the referral to the pre-referral team chairperson whom placed the referral on the pre-referral team agenda. Parents were invited to attend the pre-referral team Stage II meeting as was the referring individual and a teacher who knew the student well, if the referring individual and the teacher were not the same person. A five-step collaborative problem-solving process was followed at the Stage II meeting. The steps were identify the concern, set meaningful goals, plan the intervention, implement and monitor, and evaluate outcomes. Implementation extended over a period of time and entailed a follow-up at one or more meetings, in which the pre-referral team reviewed the success of the action plan.

At the review meeting, the case was closed if the interventions were successful. The case remained open if interventions needed more time for implementation. If the interventions were not working, other interventions were attempted. If all possible interventions had been implemented without success, then the case moved to Stage III, which constituted a referral for special education testing, dyslexia/504 testing, counseling services or other appropriate referrals. It is important to note that one pre-referral meeting a month was devoted to school-wide issues, such as low district- or statewide

test scores. This section described district pre-referral procedures. The following section describes the selection of the participating schools and participants.

Selection of Schools and Participants

District and Internal Review Board (IRB) approval was requested before contacting any schools for participation in the study. All necessary approval was attained in April 2004. The study began at the start of the 2004-2005 school year. Proportional stratified random sampling was used to select the schools from the chosen district. Six schools were randomly selected from among the elementary schools in the top third of the list of schools with the highest ELL enrollment. The pre-referral teams at each of six sampled schools served as units of analysis.

In August 2004, a complete list of all district elementary schools, ranked in order of their ELL enrollment was obtained. ELLs were not subcategorized by native language spoken because the district records do not specify ELL students' native language. Therefore, ELL enrollment, for the purpose of sampling, included all ELLs, though most ELLs in this district spoke Spanish as a native language. Next, ten schools were randomly selected, using computer generated random numbers, from among the top third of the list of schools with the highest ELL enrollment. Each of these ten schools had only one pre-referral team. The only school that was excluded from the sampling frame was the school where the data collection forms for this study were piloted. The first six schools sampled were contacted for participation. Five of the six schools agreed to participate in the study and one declined. Subsequently, the seventh sampled school was contacted and agreed to participate.

Initial Contact and Informed Consent

Once the six participating schools were identified, the principal from each of the six schools was contacted by phone, at which time the researcher introduced herself as a district licensed specialist in school psychology (LSSP) and a school psychology doctoral student at The University of Texas at Austin. She explained that she was calling in the capacity of doctoral student to request their school's participation in her dissertation research. Then, the study was briefly described and an appointment made to meet with the principal. During the meeting, the researcher described the study in more detail, including research questions, information and participation required from the school, benefits and risks to participants. The researcher also clarified that she normally worked as an LSSP in another area of the district and that her relationship with the school would only be in the capacity of student researcher during the time of data collection. The above disclaimer was given to five of the six principals. The remaining school was in the researcher's assigned area and she had a previously established relationship with the principal and some school staff members. She explained that contact with the school would be in her role as student researcher during the data collection period, unless a work assignment required her to assume the role of LSSP examiner. If the latter case arose, she would make that distinction clear (this case did not arise during the data collection period). All six principals consented to participate and introduced the researcher to their pre-referral team chairperson.

The researcher reiterated all the information stated in the previous paragraph with each chairperson and procured his/her consent as well. Each chairperson was also

presented with a binder that contained additional teacher consent forms, parent consent forms, teacher questionnaires, Follow-Up Action Plan forms (see Appendix A) and eight sections for copies of sampled students' pre-referral packets. A letter (see Appendix B) with step-by-step instructions on expected collaboration from each chairperson was the first page of each binder and was reviewed during this initial meeting. At this time, an appointment was set up to meet with each pre-referral team, to request their consent to participate.

The initial meeting with the pre-referral teams had the following purposes: a) to describe the study and its goals, b) to explain each team member's participation in the study, c) to invite the teams to participate, d) to gain informed consent. The researcher introduced herself, as described above, and distributed consent forms (Appendix C) and the Teaching English Language Learners: Training and Experience Questionnaire (which will be referred to as Teacher Questionnaire, see Appendix D) to all team members present at this meeting. Each team was also told that the study would fulfill a partial requirement for the researcher's doctoral degree in educational psychology. They were informed of the purpose of the study: to elucidate what types of interventions pre-referral teams develop for ELLs, which interventions are implemented with these ELLs, and to determine the appropriateness of each type of intervention. They were also fully informed of data collection and data analysis procedures.

The pre-referral team members were informed that participation in the study did not require them to assume a different role or function than that which they normally fulfilled as a pre-referral team member. However, the importance of describing each

intervention in as much detail as possible was emphasized. The only additional requirements that were requested of them were to a) complete the Teacher Questionnaire, and b) read the information and consent letter to each referred ELLs' parent(s), and procure their consent. Additionally, team members who referred sampled students were asked to complete the Follow-Up Action Plan form, and participate in a telephone interview pertaining to the development and implementation of the pre-referral interventions.

Team members were told that no harmful effects were anticipated from participation in the study since they would be fulfilling the role(s) that they normally performed as a pre-referral team member. To the contrary, team members were told that the expected benefits of participation for the teams involved in this study included optimal functioning of the team process, as well as a more organized, systematic approach to data collection. To address the potential risk of evaluation, each team was assured complete confidentiality. They were told that any identifying information would be removed from any documents before being removed from their school. The researcher did not inform any school of any other school's participation. This dissertation does not identify the district or any school by name.

Each team was told that, upon completion of the study, they would be provided feedback on their team's functioning. At that time, the researcher would also offer specific recommendations for improved team functioning. Each team was told that they would also receive a copy of the finished dissertation. All team members were assured that their participation in the study was voluntary and that they could revoke their consent

at any time during the study simply by stating their wish to do so in writing. The researcher pointed out her phone numbers and email listed on the consent form and encouraged team members to contact her with any questions and/or concerns. Most of the 53 pre-referral team members read and signed the consent form during this initial meeting with the researcher. Many team members completed the Teacher Questionnaire during this meeting as well.

The Pre-Referral Team Members, English Language Learners and Referring Teachers

Table 1 shows the number of pre-referral team members, English language learners and referring teachers whose information was analyzed and reported in this study. Information collected from the participating pre-referral team members and referring teachers included highest degree earned, area of certification, current and past assignments, English and Spanish language proficiency and instructional language.

Table 1
Pre-referral Team Members, Referring Teachers and English Language Learners by Schools

Schools	Pre-referral Team Members	Referring Teachers	English Language Learners
1	13	4	7
2	7	3	4
3	7	4	4
4	7	9	10
5	3	4	8
6	7	2	7
Total	44	26	40

The six participating schools had 44 pre-referral team members who completed the Teaching English Language Learners: Training and Experience Questionnaire. Those

pre-referral team members comprised the “pre-referral team member” group of participants in this study. Seven pre-referral team members did not return the Teacher Questionnaire after several requests, though they gave consent to participate in the study. Those individuals were not considered in determining this study’s results. Two of the 44 permanent pre-referral team members who had completed the Teacher Questionnaire had also referred their own students to their team.

Referring teachers were the 26 teachers who referred one or more of their ELLs to their pre-referral team and who completed the Teacher Questionnaire. Twenty-nine teachers referred one or more of the 40 ELLs whose cases were included in this study. However, three of the referring teachers did not return the questionnaire after several requests, though they gave consent to participate in the study. Those individuals were not considered in determining results for this section.

For the purpose of this study, ELLs were considered those students identified, by their school’s Language Proficiency Assessment Committee (LPAC), as Limited English Proficient (LEP) who spoke Spanish at home, or in whose home Spanish was spoken. This study included all cases of Spanish-speaking ELL students in grades K-3 who were referred to the six sampled pre-referral teams between August 2004 and May 2005, whose difficulties were primarily academic, and who had been at their present school for at least one year. Limiting review to ELL cases that met these criteria was meant to partially control for variables unrelated to the focus of this study, such as emotional/behavioral problems and the normal process of adaptation to a new school. A total of at least 50 and possibly as many as 100 ELLs were expected to be referred to the

selected pre-referral teams during this time frame. This expectation stemmed from personal communication with a pre-referral team chair who affirmed that an average of eight ELLs per month were referred during the last school year (personal communication, 2003). The 40 ELLs whose cases were analyzed for this study comprised 1.6 % of the ELL students enrolled at the six participating schools.

The original plan was to enlist each chairperson's collaboration to obtain informed consent from parents and referring teachers of sampled students at the pre-referral team meetings. However, due to the absence of most of these students' parents at these pre-referral meetings, as well as the limited time available during these meetings, the researcher obtained most parent consent through home visits. Team chairpersons were very cooperative with providing contact information for potential participants. One parent declined participation in this study. All other parents who could be contacted gave consent.

Consent was obtained for a total of 48 students of whom eight did not fit this study's criteria and were not included in the sample. Three of those eight did not get referred to the pre-referral team, though school personnel originally thought that they would. Upon examination of the pre-referral documentation for the other five, the researcher discovered that behavioral issues were noted as the primary reasons for referral for these ELLs. Therefore, since these five cases did not fit the study's criteria for inclusion, they were not included in the sample. A total of 40 students' cases were reviewed for this study. Information collected about the 40 referred students for whom pre-referral information was available included language proficiency in both Spanish and

English, instructional programs and academic failures. The next section describes the instruments used to collect data pertaining to the ELLs, their referring teachers and pre-referral team members.

Data Collection Procedures

Instrumentation

In order to answer the research questions, pre-referral team documentation was coded and analyzed. The data necessary to answer this study's questions were obtained from the following sources: a) district pre-referral forms; b) students' cumulative folders, which included information about each student's educational history, including instructional programs, grades, language proficiency; c) two additional forms developed by the researcher to gather specific information related to each pre-referral team member, as well as each ELL referral sampled, and; d) semistructured interviews with 21 of the referring teachers to clarify and complete any information missing from the forms. The following sections describe these forms in detail, as well as justify their selection for this study.

Teacher Information form. This district pre-referral form is completed by the referring teacher and includes information about the referred student's difficulties, as well as interventions previously implemented by this teacher, length of time of implementation, and results. This form also includes Likert scale ratings on academics, behavior and English language proficiency.

Pre-Level II Referral Problem Identification & Intervention Monitoring Documentation form. Demographic information necessary to determine if cases met

study criteria was gathered from this district pre-referral form (which will be referred to as the Stage I form), since it solicits information about language of dominance and “LEP” status. This form also includes information about referred students’ academic and/or behavioral difficulties, interventions designed in collaboration with other professionals prior to Stage II referral, their implementation and results.

Determination of Language Dominance form. Determination of language dominance is documented on the Determination of Language Dominance (DOLD) district pre-referral form. Language dominance is determined by the Language Proficiency Assessment Committee at each school using scores obtained by each student on the Woodcock Muñoz Language Survey (WMLS). District policy requires that the WMLS be administered to any student who speaks Spanish at home, or in whose home Spanish is spoken. The DOLD includes home language information as well. Additionally, the DOLD form includes instructional program information: whether the student is receiving bilingual, ESL or mainstream instruction.

Action Plan form. This district pre-referral form was used to collect data pertinent to the types of interventions developed by the six pre-referral teams for ELL students. This form solicits information about concerns, goals and brainstormed options. Options selected for implementation and the person responsible for bringing intervention documentation to a follow-up meeting are also identified on this form.

Development of district forms: Content and construct validity. The pre-referral forms used for documentation by the district were chosen as data collection instruments since they were considered to have high construct and content validity given the thorough

revision process they underwent during the previous summer. The revisions were initiated as a response to the extremely high level of special education referrals that did not qualify for services tested during the spring semester of the 2003-2004 school year. These students, a large number of whom were ELLs, were mostly mass referred when they failed a practice test for a district-wide standardized test. This practice resulted in a 34% “does-not-qualify” rate (personal communication, 2003).

The inappropriate use and apparent lack of understanding of the purpose of the pre-referral teams led special education and other district leaders to assemble a multidisciplinary group of professionals from diverse areas within the district. The pre-referral revamping committee also specifically addressed English language learner issues. To do so, a subcommittee was formed, consisting of the head of the multi-language department, a specialist from the special education department and the head of the language proficiency assessment department.

In addition to high content validity, the pre-referral documentation forms are considered to have adequate construct validity since the revised pre-referral process and forms are based on best practices research conducted by the district head of pre-referral teams. The revised process and forms are mainly modeled on Joe Witt’s (2000) Screening to Enhance Equitable Placement (STEEP) model. The STEEP model, also known as Problem Validation Screening (PVS) which consists of classwide CBM screenings, direct observations, comparison to same-class peers, and classroom interventions monitored for treatment integrity, has the main goal of accurately screening students for special education eligibility testing.

STEEP's psychometric properties were recently studied by VanDerHeyden, Witt and Naquin (in press). Then study's main goal was to determine PVS' predictive power compared to that of teacher nomination or use of other screening measures (i.e. CIBS-R). Overall, PVS produced much higher predictive estimates than teacher nomination and DRA, and slightly higher predictive estimates than CIBS-R. PVS correctly identified students in 87% of the cases, compared to 66% for teacher referral and 51% for CIBS-R referral. However, neither STEEP's nor this district's forms' predictive power has been studied for English language learners.

Teaching English Language Learners: Training and Experience Questionnaire. Each permanent team member, as well as the teacher of each sampled ELL, was asked to complete an additional demographic form titled, "Teaching English Language Learners: Training and Experience Questionnaire" (Teacher Questionnaire). This form solicited information pertaining to each teacher's training and experience with ELLs. This information provided contextual information about team members' qualifications and experience related to instruction and interventions for ELLs. This data also enabled analysis of the relationship between types and levels of training and/or experience and the development of appropriate academic interventions for ELLs.

Follow-Up Action Plan form. The district's revised referral forms solicit much more information than previous ones. However, the new forms lack a space in which to report information at follow-up meetings. The "Follow-Up Action Plan" form was developed by the researcher in order to facilitate organization and systematization of information shared at follow-up meetings. In addition to general demographic

information, the form explicitly solicits the following information: date of referral, date of follow-up meeting, name of intervention, description of implementation, and description of results.

This form's face and content validity were piloted by presenting it to a current pre-referral team chairperson and a few current pre-referral team members at a school with a high ELL enrollment. The team members' initial reaction was of interest, acceptance and excitement over the possibility of using such a form for all pre-referral cases. They believed that the form solicited information clearly and concisely. They acknowledged that current district forms do not specifically solicit the information targeted by this form. More specifically, current district forms do not provide a space in which to document Stage II intervention implementation or to evaluate these implementation efforts. The team members interviewed thought that implementation information is essential for systematic follow-up and future recommendations. They believed that this form would be beneficial to the process since it would facilitate the organization and systematization of intervention implementation and follow-up meeting information. In addition, they thought such a form would increase accountability for the entire team by requiring clear documentation of their efforts.

Semi-structured teacher interview. The main purpose of the semi-structured interviews was to elucidate specific details about interventions listed on pre-referral forms and to obtain information missing or unclear on these forms. Teacher interviews were also used to support data collected from district and researcher-developed forms, and thus increase the study's reliability. The interview guide (see Appendix E) was

developed after brainstorming topics that fit under the general research questions, then developing the brainstormed topics into questions. The guide was then reviewed by the researcher's dissertation chairpersons and revised after feedback was given.

When the teacher consent form and questionnaire were distributed for completion, the researcher asked each referring teacher if they would be willing to participate in an interview when the researcher returned to their school to collect the forms. All referring teachers agreed and 21 of the 26 teachers participated in an interview. The remaining five teachers were not interviewed due to time constraints. That is, these interviews took place after school during the 30 minutes after the teachers had finished their end-of-the-day duties and before the end of their contract day. Approximately two interviews were conducted during this half-hour time period. Another time constraint was the end of the school year. Since most of the ELL cases included in this study were referred during the second semester of the school year, referring teachers were not contacted until late February. Twenty-one referring teachers were interviewed regarding 25 of the 40 referred ELLs before the end of the school year.

The following table (Table 2) is a graphic summary of the types of data that was collected and the sources of data collection:

Table 2

Summary of Instrumentation Used to Collect Data

Data Collected	Data Sources
Types of interventions 1. Teacher developed 2. Stage I 3. Stage II	1. Teacher Information 2. Stage I form 3a. Action Plan 3b. Action Plan Follow-Up
Type of academic difficulty	1. Teacher Information 2. Stage I form 3. Action Plan
Student information: demographic information, language dominance, language proficiency, Instructional programs, Educational history.	1. DOLD 2. School records (attendance, grades, home language survey, cumulative folder)
Teacher information: Training/Teaching experience, Experience with ELLs, Instructional programs and grades taught.	1. Teaching ELLs: Training and Experience Questionnaire 2. Semistructured Teacher Interviews
Outcomes of interventions 1. Teacher developed 2. Stage I 3. Stage II 4. Stage III	1. Teacher Information form 2. Stage I form 3. Action Plan 4. Action Plan Follow-Up 5. Semistructured Teacher Interviews

Data Collection

Each of the six selected schools was visited biweekly during the first semester of the data collection period (September through December 2004) and weekly during the second semester (January through May 2005), in order to collect the information needed

to answer the research questions. Each team's chairperson served as campus contact person.

Obtaining data from the pre-referral team members. The pre-referral team members were given the Teacher Questionnaire, along with the consent form, during the initial contact meeting. Reminder notes, along with new copies of the consent form and/or questionnaire, were placed in the school mail boxes of those team members who had not completed the forms within two weeks of the initial meeting. Up to three reminder notes and copies of consent forms and questionnaires, as well as personal reminders in some cases, were issued to enlist all team members' participation. In the case of one school, a following-up reminder meeting was necessary and resulted in obtaining the remainder of the consent forms. Nine questionnaires and four consent forms were not completed after several reminders. The researcher ultimately obtained consent to review the pre-referral files from these four team members, without their further participation (i.e. completion of the questionnaire or other non-district forms). In summary, all pre-referral team members from the six participating schools signed consent. A total of nine team members did not complete the Teacher Questionnaire.

Obtaining data from the referring teachers. Once parent consent for all possible participants was obtained (all ELLs referred between August 2004 and April 2005 who met this study's criteria and were successfully contacted), referring teacher consent, questionnaires and interviews were obtained. Due to the heavy caseload of team chairpersons (all of whom were school counselors as well) and limited pre-referral meeting time, the researcher obtained teacher consent from all but two of the referring

teachers (who had previously given informed consent to their team chairpersons). All referring teachers were contacted during the 45 minutes after school before the end of their contract day. The researcher introduced herself and gave each teacher the consent form, Teacher Questionnaire, and Follow-Up Action Plan form, described the study, provided all required information, and asked for their participation. All referring teachers were also asked to participate in a semi-structured interview pertaining to the pre-referral interventions, their implementation and outcomes. The consent forms, Teacher Questionnaires and Follow-Up Action Plan forms were usually collected during a follow-up visit (1 or 2 weeks later), at which time the interview was also conducted. With the exception of four teachers, all others completed the required information by the second follow-up visit. Four referring teachers did not complete the Teacher Questionnaire or participate in an interview stating a lack of time. All four of these teachers gave consent for the review of their students' pre-referral information completed, in part, by them. Twenty-five teachers who referred one or more of their students to these teams completed the Teacher Questionnaire and a teacher interview.

Final contact. In May 2005, before the end of the school year, the researcher sent a letter to each school principal and team chairperson thanking all team members for their participation and reminding them that a copy of the completed study would be given to them as soon as available. It also assured them that when the dissertation was complete, the researcher would arrange a meeting with each of the six teams who participated in the study. During this meeting, the results of the study would be presented and specific

feedback on the functioning of each team given. All questions would be answered and recommendations for future pre-referral interventions made.

Data Analysis Procedures

The specific information collected includes all pre-referral documentation for each ELL student sampled for this study. All names were removed from copies of these documents. Each referred case's documents were stapled together and each page was coded as follows: for example S1ST1 was the first student (ST1) at the first school (S1). Team member and referring teacher documents were coded in a similar fashion. "TM" stands for team member and "RT" stands for referring teacher, followed by the student code and number where applicable, for example S1RT1/ST1 was the code for the Follow-Up Action Plan completed by referring teacher 1 at school 1 on student 1. It is important to note that the school numbers were randomly assigned, as were the student, team member and referring teacher numbers. They do not necessarily correspond to a chronological, or any other, order.

All data gathered from the referral packets was transferred verbatim onto Microsoft Excel spreadsheets, as it became available, to increase organization and manageability. All pre-referral data considered pertinent to this study were included on these spreadsheets. Namely, reasons for referral, interventions at all three stages of the pre-referral process, length of time of implementation, results of implementation of these interventions, grades, attendance, language proficiency, educational history (i.e. mainstream, ESL, bilingual ed.). All data collected from the researcher-developed forms (i.e. Teacher Questionnaire and Follow-Up Action Plan) were also entered onto

spreadsheets. The last phase of data collection and organization consisted of transcribing the teacher interviews as they were completed.

This study collected and analyzed data corresponding to a nominal level of measurement. The specific types of data analyzed were: a) types of interventions developed by pre-referral teams for ELLs, b) student characteristics of each referred ELL, c) team member qualifications, d) teacher perceptions of the prereferral process for ELLs, and, e) results of implementation of each intervention.

The first step of data analysis in this study involved coding the different types of interventions that the selected pre-referral teams develop for the selected ELLs to enable their categorization and subsequent analysis. Coding categories were determined using qualitative techniques (Maykut & Morehouse, 1994). Each intervention was copied onto a word processing program and printed. The transcribed semi-structured teacher interviews were also printed. Then, all data were separated, coded, and cut into strips of paper. Each strip represented a unit of analysis. Unitizing involved separating the data into the smallest units of meaning possible that were understandable without additional information. Inductive analysis proceeded as follows. Inductive category coding involved two steps: provisional category coding and coding by rules for inclusion. Provisional category coding began after all data were reread and similar recurrent interventions had been identified. Each of these similar types of interventions comprised the provisional categories. Envelopes were labeled with these provisional category names. Then, each intervention was placed on top of the envelope corresponding to the category it seemed to fit. The criteria for including a card under a provisional category

was that of “looks like” or “feels like” the other cards under that category (Lincoln & Guba, 1985). For example, “we would work on reading easier stories”, “curriculum accommodations in math, writing & reading (supplemented 3rd grade work with material at her level)”, and “student’s lessons are modified, made easier for her to perform” were all placed under the modified work provisional category. If a card did not fit under any initial category, a new one was created.

Once 6-8 cards were accumulated under a provisional category, a rule for inclusion was written. This was done by determining the common properties or characteristics of the cards under the provisional category. The rule for inclusion was then written as a propositional statement, which is a general statement of fact grounded in data. In the case of provisional category “modified work”, the category code became “modified instruction/work”. The rule for inclusion for this category was “instruction, material and/or work is modified to student’s current achievement level.” Then, each envelope and each card under a category envelope was marked with the category code.

Once all data were categorized, two peers also categorized 25% of the data to determine the reliability of the categories. One of the coders was an Ed.S.-level school psychologist with 3 years of experience and who was in the third-year of a doctoral school psychology training program. The other coder was a bilingual teacher with 11 years of teaching experience and 1.5 years of graduate-level training. Each coder independently categorized 25% of the cards as described above. The results of the three independent coders were compared. The rate of agreement was 82.26%. The coders reached consensus on the remaining data that were not initially coded the same through

further research and discussion. For example, “Pepe Antenas” was elucidated through discussion with the teacher coder and internet searches. It was found to be a computer software Spanish phonics program and was categorized under computer programs (McGraw-Hill, 2000).

The data were then divided into three subgroups to facilitate the analysis of trends related to the outcomes of the pre-referral process for ELLs. The ELLs were divided into three subgroups groups by outcome since initial analysis of all data collected revealed some trends that seemed to be related to different outcomes of the pre-referral process. These three outcome groups were: ELLs who were referred to special education by the pre-referral team and who qualified for services as students with learning disabilities (LD) (SEQs, n=13), ELLs who were referred by the pre-referral team and did not qualify for services (SEDNQs, n=7), and those ELLs who were not referred to special education by the completion of this study (NSEs, n=20). All 13 of the ELLs who were referred to special education and qualified had “learning disability” as their primary, or only, disability. Three of these 13 ELL special education students had “speech impairment” as a secondary disability. The remaining 10 in this group only had “learning disability” as a special education disability. None of these 13 ELLs were classified under any other special education disability. The next subsections will describe the data analysis that was performed to answer each research question.

What are the student, referring teacher and pre-referral team member characteristics for each of these four groups? This research question was answered by determining, through review of the pertinent documents listed in the “Instrumentation”

section of this chapter, the student profiles, as well as the referring teacher and pre-referral team characteristics, of those ELLs whose cases were included for review in this study. Namely, the specific academic difficulties, language profile, and educational history (i.e. exposure to instructional programs such as bilingual, ESL, mainstream) were analyzed for each ELL. Specific academic concerns were coded using the constant comparative method, as described in the subsection above. Teacher characteristics analyzed were specific education and training; experience teaching ELLs, and; instructional programs (i.e. bilingual, ESL, mainstream) taught. This type of analysis allowed for discussion about possible reasons for the development of appropriate or inappropriate interventions. All analyzed student and teacher characteristics were reported using descriptive statistics. This type of analysis gives group profile and permits discussion about the overall appropriateness of the interventions generally developed for these ELLs.

What were the types of pre-referral interventions that were developed for ELLs experiencing academic difficulties? The academic interventions that were developed for ELLs in elementary school by the selected teams were coded and given a descriptive label using the constant comparative method described above. They were then quantified. The proportion of each type of intervention at each school was determined and described. The appropriateness of these interventions was determined using information obtained through the referring teacher interviews. These teachers were asked what information was considered in the development of pre-referral interventions. Their

responses were analyzed to determine if the students' language proficiency/ELL status was considered, as well as the reasons for referral, in the development of interventions.

How is the pre-referral process implemented for ELLs and what are the outcomes of this process? The data used to answer this question was obtained from three district pre-referral forms: the Teacher Information form, Stage I form, and the Action Plan form. The differences between the interventions documented on each of these three forms were analyzed to determine whether pre-referral interventions were more or less appropriate than those developed and implemented prior to the pre-referral team meeting. Additional information used to answer this question was obtained through referring teacher interviews. Several questions elicited responses that were used to answer this question.

Summary

This descriptive study investigated the profiles of 40 ELLs experiencing academic difficulties that were referred to their campus pre-referral teams. The characteristics of these ELLs' referring teachers and their campus pre-referral team members were also examined. A large, urban school district in Texas with an ELL enrollment of over one-third of their student population was chosen as the sampling frame. Proportional stratified random sampling was used to select the six elementary schools that participated in this study. Pre-referral documents, including student cumulative folders and reasons for referral and interventions developed to address their academic difficulties, were analyzed to illustrate the pre-referral process and its outcomes for ELLs. Two researcher-developed forms and referring teacher interviews were also used to collect data needed to address the research questions. The next chapter presents the results of this study.

CHAPTER IV

Results

This chapter presents an analysis of the data that was collected to answer the following research questions:

1. What are the socio-cultural, linguistic and academic profiles of English language learners referred to pre-referral teams?
2. What are the qualifications of pre-referral team members who develop interventions for English language learners?
3. What are the reasons for referral and the types of academic interventions that are developed for English language learners who are referred to pre-referral teams?
4. How is the pre-referral process implemented for English language learners, and what are the outcomes of this process?

A total of 40 English language learners' (ELLs) cases were reviewed for this study. This group was divided into three subgroups by ELL outcome, as described in Chapter Three, to facilitate the analysis of trends related to the results of the pre-referral process for ELLs. Teacher characteristics were analyzed for two separate groups: pre-referral team members (n=44), and teachers who referred their students to those teams (n=26). Pre-referral interventions were categorized to facilitate their analysis. The pre-referral process was examined at the different stages to facilitate the description of trends.

Profiles of English Language Learners Referred to Pre-referral Teams

The 40 English language learners were all classified as LEP, enrolled in grades K through three, and had been enrolled at their current schools for at least one school year, as these were the required criteria for participation in this study. Students in grades PK through first are identified as LEP, in this district, if their home language survey states that their home language is not English and they receive a score less than 4 on the Woodcock Munoz Language Survey (WMLS). Students in grades two through twelve who receive a WMLS score of 3 or higher, and a score of 40%ile or higher on the Stanford 9 Abbreviated Form are not classified as LEP. The student profile information collected for this study included past and present educational placement, English and Spanish language proficiency, past and present academic achievement, and attendance history.

As presented in Table 3, the 40 ELLs were receiving bilingual education (BE), English as a second language (ESL) or mainstream general education (GE) at the time of the study. All six sampled schools offered all three types (BE, GE and ESL) of instructional programs. Bilingual education classrooms are characterized by the delivery of instruction in both the native language (Spanish) and the second language (English). ESL classrooms tend to use English as the sole language of instruction within an environment that provides nonverbal context within which the new language is framed (i.e. visual cues, common objects, physical actions, charts). Mainstream general education (GE) classrooms, in this district, use English only as the language of instruction and do not offer any native language or second language acquisition support.

Table 3
Profiles of English Language Learners Considered by Pre-referral Team,
by Outcome of Prereferral Intervention

	All ELLs (n=40) n (%)	SEQs (n=13) n (%)	SEDNQs (n=7) n (%)	NSEs (n=20) n (%)
Sex, n=40				
Male	18 (45)	9 (69)	2 (29)	7 (35)
Female	22 (55)	4 (31)	5 (71)	13 (65)
Grade Placement, n=40				
Kindergarten	1 (3)	0 (0)	0 (0)	1 (5)
First grade	8 (20)	2 (15)	1 (14)	5 (25)
Second grade	18 (45)	8 (62)	3 (43)	7 (35)
Third grade	13 (32)	3 (23)	3 (43)	7 (35)
Educational placement, n=38				
Past Placements				
Bilingual Education	26 (69)	7 (64)	5 (72)	14 (70)
ESL Classroom	10 (26)	3 (27)	1 (14)	6 (30)
General Education	2 (5)	1 (9)	1 (14)	0 (0)
Current Placements, n=38				
Bilingual Education	14 (37)	5 (45)	2 (29)	7 (35)
ESL Classroom	21 (55)	5 (45)	5 (71)	11 (55)
General Education	3 (8)	1 (10)	0 (0)	2 (10)
Language Proficiency				
Documentation of current scores				
English, n=37	27 (73)	7 (64)	4 (57)	16 (84)
Spanish, n=27	4 (15)	1 (10)	1 (14)	2 (20)
English proficiency, n=37				
Very limited	18 (49)	6 (55)	2 (29)	10 (52)
Limited	15 (40)	4 (36)	5 (71)	6 (32)
Fluent	4 (11)	1 (9)	0 (0)	3 (16)
Spanish proficiency, n=27				
Very limited	11 (41)	7 (70)	1 (14)	3 (30)
Limited	13 (48)	2 (20)	5 (71)	6 (60)
Fluent	3 (11)	1 (10)	1 (14)	1 (10)
Academic History, n=33				
Persistent failing in >2 subjects	16 (48)	8 (73)	2 (40)	6 (35)
Retention history	9 (27)	5 (45)	1 (20)	9 (18)
Attendance, n=30				
Absent 5 days or less	27 (90)	6 (75)	7 (100)	14 (93)
Absent 6 days or more	3 (10)	2 (25)	0 (0)	1 (7)

Key: SEQ= ELLs referred to special education, who qualified for services; SEDNQ= ELLs referred to special education who did not qualify for services; NSE=ELLs not referred to special education by the completion of this study.

All Spanish-speaking students classified as LEP, in this district, are recommended for placement in a bilingual education classroom or in an ESL classroom if a bilingual education teacher is not available for that grade. Placement in an ESL or bilingual education classroom requires parental approval. Bilingual education was available through the 2nd grade at all six sampled schools. As presented in Table 3, the 40 ELLs were receiving bilingual education (BE), English as a second language (ESL) or mainstream general education (GE) at the time of the study. Three of the 40 participating ELLs were placed in general education, due to parental denial of the bilingual education and ESL programs.

Gender

Gender data was available for all 40 of the ELLs. The overall proportion of boys and girls referred to the six pre-referral teams was similar for these ELLs. However, boys qualified for special education services at more than twice the rate than girls. Furthermore, girls accounted for about two-thirds of these ELLs who were referred to the pre-referral teams but not for special education testing at the time of the study.

Prior and Current Educational Placement

Grade level placement information was available for all 40 of the ELLs. More than three-fourths of the ELLs were in the 2nd or 3rd grade, in equal proportions, at the time of referral to their campus pre-referral teams. Of those ELLs referred for special education testing and who qualified for services, more than 60% were in the 2nd grade. Less than one-fourth of the 3rd grade ELLs referred for special education testing qualified for services.

Educational program data were available for 38 of the 40 ELLs whose cases were included in this study. At the time of the study, more than half of these ELLs, who were referred to their campus pre-referral teams primarily due to academic difficulties, were enrolled in ESL programs. In this district, ESL is an all-day educational placement, not a pull-out service that occurs during part of each day. Table 4 pairs the current and previous year language program placements for the 36 ELLs for whom this information was available.

Table 4
English Language Learners Current and Previous School Year Language Program Placements, by Outcome of Prereferral Intervention

	Past Placement			
	Total <i>n</i> (%)	Bilingual Education <i>n</i> (%)	ESL <i>n</i> (%)	Mainstream English <i>n</i> (%)
Current Placement				
NSE, n=19				
Bilingual Education	7 (37)	7 (37)	0 (0)	0 (0)
ESL	10 (52)	5 (26)	5 (26)	0 (0)
Mainstream English	2 (10)	0 (0)	1 (5)	1 (5)
SEQ, n=11				
Bilingual Education	5 (45)	5 (45)	0 (0)	0 (0)
ESL	5 (45)	1 (9)	4 (36)	0 (0)
Mainstream English	1 (9)	0 (0)	0 (0)	1 (9)
SEDNQ, n=6				
Bilingual Education	2 (34)	1 (17)	1 (17)	0 (0)
ESL	4 (67)	4 (67)	0 (0)	0 (0)
Mainstream English	0 (0)	0 (0)	0 (0)	0 (0)

Key: SEQ= ELLs referred to special education, who qualified for services; SEDNQ= ELLs referred to special education who did not qualify for services; NSE=ELLs not referred to special education by the completion of this study.

Two-thirds of the ELLs who were referred for special education testing and did not qualify for services were enrolled in ESL programs at the time. The highest

proportion of ELLs who were referred to special education and qualified for services and those who were not referred for special education testing were also in ESL programs at the time of the study. However, examination of these ELLs' past instructional programs revealed that more than half of the ELLs in ESL programs, at the time of the study, had been in bilingual education programs in previous years. Specifically, almost two-thirds of all ELLs in ESL at the time of the study had been in BE the previous school year. The group with the highest percentage of these ELLs currently in ESL programs who had been in bilingual education programs the previous year was the group of ELLs who were referred for special education and did not qualify for services. Almost 70% of these ELLs who did not qualify for special education were currently receiving ESL but had received bilingual education the previous year. This finding suggests that the transition from a bilingual education classroom to an ESL classroom resulted in academic failures for many students who did not have a learning disability.

Language Proficiency in English and Spanish

Language proficiency refers to the level of language skills that the students had in their native language, Spanish, and in their second language, English. The specific data used to determine language proficiency for this study were scores obtained by these ELLs on the Woodcock-Munoz Language Survey (WMLS). This standardized language proficiency test yields a score from 1-5 corresponding to five different levels of cognitive academic language proficiency (CALP). A score of one implies negligible CALP. Scores of two and three imply limited to very limited CALP, respectively. A score of four implies cognitive academic language fluency and a score of five corresponds to an

advanced level of cognitive academic language proficiency in the assessed language. This set of tests was developed for use with English language learners (English version). The other language versions, including Spanish, were developed for use with native language speakers who are in the process of learning English. The WMLS measures proficiency in oral language, reading and writing. It provides scores for each of these areas as well as a broad language score (Woodcock & Munoz-Sandoval, 2001). This district's policy required testing all ELLs in Spanish and English with the WMLS at the time of their entry into the district. However, district policy only required yearly testing in English, to determine English language proficiency progress; ELLs were rarely re-evaluated in Spanish.

English language proficiency information was available for 37 of the 40 ELLs. Almost 75% of these ELLs' English language proficiency scores were current within one year. Spanish language proficiency scores were available for about two-thirds of the sample, but only 15 % of these Spanish language proficiency scores were current within a year. Thus the Spanish language proficiency scores reported here are those obtained when the ELLs entered the school district. Language proficiency scores were divided into three categories: very limited (WMLS scores 1-2), limited (WMLS score of 3), and fluent (WMLS scores 4-5). For data analysis purposes, the ELLs' most recent language proficiency scores were used. This means that, in most cases, English language proficiency scores used were current within a year, but Spanish language proficiency scores used were usually more than a year old. Almost half of all ELLs had very limited English language proficiency. Slightly more than 10% were fluent in English. More than

two-thirds of the ELLs who did not qualify for special education had limited English language proficiency. Just over half of the ELLs who qualified for special education or were not referred to special education had very limited English language proficiency. Almost half of these ELLs had limited Spanish proficiency when they entered the school district. Over 40% of them had very limited Spanish proficiency, and only slightly more than 10% were fluent in Spanish. More than two-thirds of the ELLs who were referred to special education and qualified for services had very limited Spanish proficiency, compared to less than one-third in both the other outcome groups. The ELLs in both the other two groups mostly had limited Spanish language proficiency.

The language proficiency data collected suggests that the lower an ELLs' Spanish language proficiency was upon entry into the district, the greater the chance that they might be identified as having a learning disability in the future. Regarding the measurement of native language proficiency at the time of entry into the school district, generally speaking, this time of entry coincides with the ELLs' beginning of formal education. This generalization was true for all but two of the ELLs included in this sample. These two ELLs were born in Mexico and received formal education through the 1st grade there before immigrating to the United States. For this group of ELLs, the lowest level of language proficiency (CALP levels 1 and 2), in both English and Spanish, appeared to be associated with being referred to-, and qualifying for special education services.

History of Academic Failure

The academic histories of students in the sample were also analyzed through examination of their current school year and past years' grades, with a specific focus on academic failure. Academic failures were grouped into two categories: generalized failure, and retention. Generalized failure was defined as a history of failing grades in more than two subjects during a grading period. For an ELL to fit into this category, this failure had to be present and consistent since kindergarten or first grade, if that was the first year of formal schooling. For this sample, the data show that first grade was the first year of formal schooling for two of the ELLs.

The ELLs who had generalized academic failure had reading and/or writing as one of the academic subjects they were failing in 100% of the cases. Retention was defined as repeating one or more grades. Almost three-fourths of the ELLs who qualified for special education had generalized failures in previous years and almost 50% of them had been retained in the past. Twenty percent or less of the ELLs in the other two groups (SEDNQs or NSEs) had a history of generalized failures or grade retention.

Generalized failure and retention data showed that the group with the highest proportion of ELLs who had experienced generalized academic failure in previous years and/or grade retention was ELLs who were referred to special education and qualified for services. Almost twice the proportion of the ELLs who were referred for special education testing and qualified for services had a history of generalized academic failure and more than twice the proportion of these ELLs had been retained in the past, compared to the ELLs that were referred to special education but did not qualify for

services. This finding suggests that generalized academic failure and/or grade retention are factors that might increase an ELLs likelihood of qualifying for special education services.

Eleven of the 40 ELLs were currently in ESL programs but had been in bilingual education programs the previous school year. Of these eleven ELLs, five did not have generalized academic failures the previous year but were currently failing reading and/or writing. Four of those five did not have any academic failures the previous year; one had been failing math for two previous year but was currently failing only reading. Four of the eleven ELLs, who had been in bilingual education the previous year and were now in ESL programs, had generalized academic failures since the beginning of their formal schooling. Previous grades were missing for two of these eleven ELLs but current grades showed that they were failing reading and writing. These findings show that approximately half the ELLs who had recently transitioned from bilingual education to ESL programs were experiencing reading/writing academic failures that they had not experienced previously.

Attendance

Attendance records were available for 30 out of the 40 ELLs. These records included attendance information for the 2004-2005, from the beginning of that school year until the time at which each of these ELLs were referred to their pre-referral teams. This time period varied for the ELLs, from three months to nine months, depending on how far into the school year each ELL was referred to their prereferral team. Ninety percent of these ELLs, across all three outcome groups, had five or fewer absences listed

on their attendance records. Attendance did not appear to be related to any particular outcome group, for ELLs who were referred to their pre-referral teams primarily due to academic difficulties.

Pre-Referral Team Member and Referring Teacher Characteristics

Pre-referral team members were defined as school staff members who were permanent pre-referral team members. Parents and teachers of referred students were not included in this group unless they were also permanent pre-referral team members. Other professionals who did not meet regularly with these teams were not included in this group either, since this data was not available. A total of 53 pre-referral team members served on the six campus pre-referral teams at the time of the study. However, nine of these 53 pre-referral team members did not return the Teacher Questionnaire after several requests, though they gave consent to participate in the study. Therefore, pre-referral team data was based on the information obtained from 44 pre-referral team members.

The referring teachers were those teachers who referred the ELLs to the campus pre-referral teams. These 40 ELLs had 26 referring teachers (some teachers referred more than one and up to six students). Two of these 26 teachers were also permanent members of their campus pre-referral teams, so these two teachers' data was also included in their respective pre-referral team groups (see Table 5).

Teaching Assignments

At the time of the study, fewer than 15% of the pre-referral team members were teaching in either a bilingual education or ESL classroom. The percentage of these team members who had taught bilingual education or ESL in the past was slightly higher,

about 25%. Fewer than 15% of these team members held bilingual education certification and twice that many held ESL certification. Overall, less than one-third of all pre-referral team members who participated in this study had taught or were certified in bilingual education or ESL.

Table 5

Qualifications of Pre-referral Team Members, by Team, and of Referring Teachers of English Language Learners Considered by Pre-referral Team

	Total (n=44) n (%)	Team 1 (n=13) n (%)	Team 2 (n=7) n (%)	Team 3 (n=7) n (%)	Team 4 (n=7) n (%)	Team 5 (n=3) n (%)	Team 6 (n=7) n (%)	Referring Teachers (n=26) n (%)
Teaching Assignments								
BE								
Past, n=41	9 (22)	2 (15)	2 (33)	2 (29)	3 (43)	0 (0)	0 (0)	13 (54)
Current, n=44	6 (14)	2 (15)	1 (14)	1 (14)	2 (29)	0 (0)	0 (0)	14 (54)
ESL								
Past, n=41	11 (27)	1 (8)	2 (33)	4 (57)	1 (14)	1 (33)	2 (40)	12 (50)
Current, n=44	5 (11)	2 (15)	1 (14)	2 (29)	0 (0)	0 (0)	0 (0)	12 (46)
Certification								
BE., n=41	5 (12)	1 (8)	0 (0)	2 (29)	2 (29)	0 (0)	0 (0)	8 (35)
ESL, n=41	12 (29)	4 (31)	2 (33)	2 (29)	2 (29)	0 (0)	1 (14)	14 (61)
Special Ed. Referrals								
SEQ, n=40	13 (32)	3 (43)	3 (75)	2 (50)	1 (10)	2 (25)	2 (29)	11 (42)
SEDNQ, n=40	7 (17)	2 (29)	0 (0)	0 (0)	4 (40)	1 (12)	0 (0)	7 (27)
NSE, n=40	20 (50)	2 (29)	1 (25)	2 (50)	5 (50)	5 (62)	5 (71)	12 (46)

Key: SEQ= ELLs referred to special education, who qualified for services; SEDNQ= ELLs referred to special education who did not qualify for services; NSE=ELLs not referred to special education by the completion of this study.

Collectively, the referring teacher characteristics differed from those of the pre-referral team members. All of the referring teachers taught either bilingual education or ESL classrooms at the time of the study. The split between ESL and bilingual education teachers appeared to be about equal. These rates of referring teachers in bilingual education or ESL classrooms are approximately four times greater than the rates for pre-referral team members. When comparing referring teachers' and pre-referral team

members' past bilingual education or ESL class assignment rates, the difference is about double. With regards to certification, about one-third of the referring teachers held bilingual education certification, and almost twice that many held ESL certification. Compared to the pre-referral team members, almost three times as many referring teachers held bilingual education certification, and about twice as many referring teachers were ESL certified. In summary, as a group, the referring teachers had much more training and experience teaching ESL and/or bilingual education than did the pre-referral team members. This finding is notable as it might partially explain the differences in the amount, appropriateness and results of the work done at each of the stages of the pre-referral process. Namely, at Stage I, when most referring teachers developed interventions through consultation with their grade levels peers who shared their bilingual/ESL experience, versus at Stage II when the pre-referral teams were responsible for the development of the interventions, but had fewer members with this expertise.

Special Education Referrals

Five of the 26(19%) referring teachers referred more than one of the 40 ELLs to their campus pre-referral team. These five teachers referred 17 of the 40 (42.5%) ELLs whose cases were included in this study. Two of these 5 teachers' referred two ELLs each (n=4), neither of whom had been referred to special education by the time of completion of this study. The remaining three teachers who made multiple ELL referrals had ELLs who fell into a combination of two or three of the outcome categories.

Analysis of the six teams' particular characteristics revealed that Team 4 was the only team with a higher rate of ELLs who did *not* qualify for special education than those

ELLs who were referred to, and qualified for special education. Forty percent of the ELLs referred to this pre-referral team were referred to special education and did not qualify for services, compared to 17% for all six teams combined. This outlying team, Team 4, also had the highest percentage of bilingual education teachers serving as permanent pre-referral team members, with almost one-third of their team members teaching bilingual education at the time of the study and almost half of these team members having taught bilingual education in previous years. This rate is almost twice as high as the overall pre-referral team member rate for bilingual education class assignment. The percentage of pre-referral team members serving on Team 4 who were certified in bilingual education was more than twice as high as the same rate for the combined group of all pre-referral team members. Given Team 4's greater combined training and experience in bilingual education than that for the other 5 teams, it appears that, at least in the case of this team, training and experience with bilingual education is not associated with qualifying for special education for referred ELLs. This finding suggests that the team process at Stage I might be more closely related to qualifying for special education, than the number of team members with training and experience teaching ELLs.

Reasons for Referral to the Pre-referral Teams

The reasons for referral to the pre-referral teams were obtained from those listed on the district's pre-referral documentation, as defined by the team at the pre-referral meeting. This information was available for 36 of the 40 ELLs. Table 6 shows the

reasons for referral that were listed on pre-referral forms for the entire ELL group for whom this information was available, and by outcome group.

The reason for referral most commonly listed for the total ELL group was phonemic awareness. Phonemic awareness was listed as a reason for referral for 40% of the ELLs. Almost all these ELLs (95%) had reading difficulties, including phonemic

Table 6

Reasons for Referral of English Language Learners Considered by Pre-referral Team, by Outcome of Pre-referral Intervention

	Total (<i>n</i> =40) <i>n</i> (%)	SEQs (<i>n</i> =13) <i>n</i> (%)	SEDNQs (<i>n</i> =7) <i>n</i> (%)	NSEs (<i>n</i> =20) <i>n</i> (%)
Difficulty retaining info.	4 (10)	2 (15)	1 (14)	1 (5)
Emotional/Motivational	9 (22)	7 (54)	0 (0)	2 (10)
General academic	15 (38)	6 (46)	3 (43)	6 (30)
Inattention	9 (22)	7 (54)	0 (0)	2 (10)
Math skills	11 (28)	4 (31)	1 (14)	6 (30)
Physical issues	3 (8)	0 (0)	0 (0)	3 (15)
Phonemic awareness	16 (40)	5 (38)	0 (0)	11 (55)
Reading difficulties	14 (35)	6 (46)	3 (43)	5 (25)
Reading comprehension	4 (10)	0 (0)	3 (43)	1 (5)
Reading fluency	4 (10)	0 (0)	1 (14)	3 (15)
Speech/oral expression	3 (8)	1 (8)	1 (14)	1 (5)
Vocabulary	1 (25)	0 (0)	0 (0)	1 (5)
Writing	5 (12)	3 (23)	1 (14)	1 (5)

Key: SEQ= ELLs referred to special education, who qualified for services; SEDNQ= ELLs referred to special education who did not qualify for services; NSE=ELLs not referred to special education by the completion of this study.

awareness, fluency and comprehension listed as reasons for referral. The second most common reason for referral was general academic failure. This category included all listed reasons for referral that did not specify any particular academic difficulty or area of difficulty, but just stated that the student was behind grade level, struggling and/or failing, with no further specification.

The most commonly listed reason for referral for the group of ELLs who were referred to special education and qualified for services were inattention and emotional/motivational issues, respectively. More than half of these ELLs had a reason for referral that fell into the emotional/motivational and/or inattention categories. Although these ELLs were referred primarily for academic problems, their pre-referral forms listed reasons for referral such as, “does not try to do work,” “disorganized,” and “off task” more frequently than academic reasons for referral. All of these students qualified for special education services under the learning disability category. None of these students qualified for special education under the emotional disturbance or other health impairment categories. Reading difficulties and general academic failure accounted for 46% of the reasons for referral for this group. This group was the only one of the three for which reading difficulties were not the most commonly listed reasons for referral.

Almost half of the ELLs who were referred to special education and did not qualify for services had reading difficulties and/or general academic failure listed as reasons for referral. The group of ELLs who was not referred to special education by the completion of this study also had reading difficulties as the most frequently listed reason

for referral, but had math difficulties and general academic failure listed as their second most common reasons for referral.

Many ELLs had more than one, and as many as four, reasons for referral listed on their pre-referral documents. Table 7 shows the frequency of reasons for referral listed for all 36 ELLs, as well as for each of the three outcome groups.

The average number of reasons for referral listed on pre-referral documentation for each ELL was different for each of the three outcome groups. The group of ELLs

Table 7

Frequency of Reasons for Referral of English Language Learners Considered by Pre-referral Team, by Outcome of Pre-referral Intervention

	Total (<i>f</i> =106) <i>f</i> (%)	SEQs (<i>f</i> =43) <i>f</i> (%)	SEDNQs (<i>f</i> =14) <i>f</i> (%)	NSEs (<i>f</i> =49) <i>F</i> (%)
Difficulty retaining info.	4 (4)	2 (5)	1 (7)	1 (2)
Emotional/Motivational	9 (9)	7 (16)	0 (0)	2 (4)
General academic	15 (15)	6 (14)	3 (21)	6 (12)
Inattention	10 (10)	8 (19)	0 (0)	2 (4)
Math skills	12 (12)	4 (9)	1 (7)	7 (14)
Physical issues	6 (6)	0 (0)	0 (0)	6 (12)
Phonemic awareness	18 (17)	5 (12)	0 (0)	13 (27)
Reading difficulties	14 (13)	6 (14)	3 (21)	5 (10)
Reading comprehension	4 (4)	0 (0)	3 (21)	1 (2)
Reading fluency	4 (4)	0 (0)	1 (7)	3 (6)
Speech/oral expression	3 (3)	1 (2)	1 (7)	1 (2)
Vocabulary	1 (1)	0 (0)	0 (0)	1 (2)
Writing	6 (6)	4 (9)	1 (7)	1 (2)

Key: SEQ= ELLs referred to special education, who qualified for services; SEDNQ= ELLs referred to special education who did not qualify for services; NSE=ELLs not referred to special education by the completion of this study.

who were referred to special education and qualified for services had an average of 3.3 reasons for referral listed on their pre-referral documents. ELLs who were referred to special education but did not qualify for services had an average of 2 reasons for referral listed on their pre-referral documents. ELLs who were not referred to special education by the completion of this study had an average of 2.3 reasons for referral listed on their pre-referral documents. It seems that the group of ELLs who qualified for special education had a greater number of reasons for referral on average. This finding suggests that the more reasons for referral listed for an ELL, the better the chance that they might qualify for special education services. Perhaps the greater number of reasons for referral implies more specific reasons for referral. The specificity of these reasons for referral and the interventions developed will be described for each of the three outcome groups later in this chapter.

Interventions Developed by Pre-referral Teams for English Language Learners

The six pre-referral teams developed a total of 192 interventions for the 40 English language learners whose cases were reviewed for this study. The researcher, along with two other raters, grouped the interventions into 26 categories (see Table 8), as described in Chapter Three. These 26 categories of interventions were further grouped into eight broader categories. Table 9 displays the number of interventions developed by the six pre-referral teams for each of the three groups of ELLs (SEQs, SEDNQs and NSEs).

Examination of the broad categories of interventions showed that “extra assistance” type interventions were generally the most prescribed. Interventions that

Table 8**Intervention Categories and Rules for Inclusion**

Category	Rule for Inclusion
ARI/AMI	Minutes a day allocated for special tutoring.
Assessment	Formal or informal assessment of any type
Behavioral Interventions	Strategies that aim to improve behaviors rather than to directly improve academic skills.
Computer Programs	Any specific computer program (reading or math)
Counseling	Referrals to school counselor or outside agency for counseling.
Different Teacher	Involve sending a student to another teacher, not identified as a specialist, for part of the day or week.
ESL Strategies	ESL specifically mentioned with no further description
Extra Time	Students are given more time to complete assignments than their peers.
Flashcards	Flashcards used for rote memorization of letters and/or sight words.
Lower Grade Placement	Student's placement changed permanently to a lower grade.
Modeling	Instructor shows student how to do expected work.
Modified Instruction/Work	Instruction, material and/or work is modified to student's current achievement level.
Multisensory	Intervention/program named utilizes one or more sensory modalities to teach student.
Native Language	Using Spanish to increase academic skills
One-on-one	Individual tutoring not otherwise specified.
Parent Involvement	Parent contacted to inform of concerns and/or to assist at home or at school.
Peer Tutoring	Involves higher-level students assisting lower-level peers.
Phonics	Strategies that focus on phonemic awareness/decoding.
Physical	Interventions that address physical issues.
Reading Comprehension	Strategies used to increase reading comprehension.
Read Directions/Text	Directions and/or text are read to student to facilitate comprehension.
Reading Specialist	Student receives remedial instruction from reading specialist part of the day or week.

Table 9

Interventions Developed by Pre-referral Teams for English Language Learners by Outcome of Pre-referral Intervention

	Total (<i>n</i> =40) <i>n</i> (%)	SEQ (<i>n</i> =13) <i>n</i> (%)	SEDNQ (<i>n</i> = 7) <i>n</i> (%)	NSE (<i>n</i> = 20) <i>n</i> (%)
Referral for formal assessment	5 (13)	3 (23)	2 (29)	0 (0)
Referral for informal assessment	9 (23)	3 (23)	1 (14)	5 (25)
Extra assistance	48 (120)	11 (85)	6 (86)	31 (155)
Accelerated Math Instruction/ Accelerated Reading Instruction	3 (8)	1 (8)	0 (0)	2 (10)
One-on-one instruction	14 (35)	3 (23)	3 (43)	7 (35)
Parent involvement	7 (18)	1 (8)	0 (0)	6 (30)
Peer tutoring	8 (20)	2 (15)	1 (14)	5 (25)
Small group	17 (42)	4 (31)	2 (29)	11 (55)
Instructional accommodations	29 (72)	13 (100)	3 (43)	13 (65)
Tutoring	19 (48)	6 (46)	3 (43)	10 (50)
Extra time	4 (10)	3 (23)	0 (0)	1 (5)
Read directions to student	1 (2)	1 (8)	0 (0)	0 (0)
Repeat instruction	3 (8)	2 (15)	0 (0)	1 (5)
Shorten assignments	2 (5)	1 (8)	0 (0)	1 (5)
Curriculum modifications	12 (30)	4 (31)	1 (14)	7 (35)
Modified work	8 (20)	2 (15)	1 (14)	5 (25)
Put back a grade level	1 (2)	0 (0)	0 (0)	1 (5)
Reading specialist	3 (8)	2 (15)	0 (0)	1 (5)
Language-related modifications	4 (10)	2 (15)	0 (0)	2 (10)
ESL techniques	3 (8)	1 (8)	0 (0)	2 (10)
Native language	1 (2)	1 (8)	0 (0)	0 (0)
Academic problem specific	25 (62)	9 (69)	2 (29)	14 (70)
Computer software	14 (35)	6 (46)	1 (14)	7 (35)
Phonics	7 (18)	2 (15)	1 (14)	4 (20)
Reading comprehension	4 (10)	1 (8)	0 (0)	3 (15)
Change modality	27 (68)	8 (62)	6 (86)	13 (65)
Change teacher	2 (5)	1 (8)	0 (0)	1 (5)
Flashcards	3 (8)	0 (0)	0 (0)	3 (15)
Model	4 (10)	1 (8)	3 (43)	0 (0)
Multisensory techniques	18 (45)	6 (46)	3 (43)	9 (45)
Non-academic	9 (22)	6 (46)	0 (0)	3 (15)
Behavioral interventions	4 (10)	4 (31)	0 (0)	0 (0)
Counseling	3 (8)	2 (15)	0 (0)	1 (5)
Health interventions	2 (5)	0 (0)	0 (0)	2 (10)

Key: SEQ= ELLs referred to special education, who qualified for services; SEDNQ= ELLs referred to special education who did not qualify for services; NSE=ELLs not referred to special education by the completion of this study.

specifically mentioned use of native language or ESL techniques were the least often prescribed. The most notable finding, regarding pre-referral interventions at Stage II, was that tutoring by non-teachers, specifically community volunteers or teaching assistants, was the only intervention prescribed at Stage II that had not been prescribed at Stage I for the ELLs that were referred to special education but did not qualify for services. The tutoring was meant to occur outside of the classroom. The referring teachers for whose students tutoring by a non-teacher was recommended were largely dissatisfied. The reasons they stated for their dissatisfaction with this intervention included feeling like they had not been included in the decision to recommend this pre-referral intervention. They also generally expressed not having control over when, where and what was taught during these tutoring sessions. In some cases, the tutoring did not even occur, according to information obtained during interviews with referring teachers.

Table 10 displays the total number of interventions developed by the six pre-referral teams for each of the three groups of ELLs (SEQs, SEDNQs and NSEs). Table 10 also shows the percentage of each specific and broad category of intervention out of the total number of interventions developed for each of these three groups.

Table 10

Frequencies of Interventions Developed by Pre-referral Teams for English Language Learners, by Outcome of Pre-referral Intervention

	Total (<i>f</i> =192) <i>f</i> (%)	SEQ (<i>f</i> =69) <i>f</i> (%)	SEDNQ (<i>f</i> = 24) <i>f</i> (%)	NSE (<i>f</i> = 99) <i>f</i> (%)
Referral for formal assessment	5 (3)	3 (4)	2 (8)	0 (0)
Referral for informal assessment	9 (5)	3 (4)	1 (4)	5 (5)
Extra assistance	53 (28)	12 (18)	7 (29)	34 (34)
Accelerated Math Instruction/ Accelerated Reading Instruction	5 (3)	2 (3)	0 (0)	3 (3)
One-on-one instruction	14 (7)	3 (4)	4 (17)	7 (7)
Parent involvement	7 (4)	1 (1)	0 (0)	6 (6)
Peer tutoring	7 (4)	2 (3)	1 (4)	5 (5)
Small group	20 (10)	5 (7)	2 (8)	13 (13)
Instructional accommodations	31 (16)	14 (20)	4 (17)	13 (13)
Tutoring	20 (10)	6 (9)	4 (17)	10 (10)
Extra time	4 (2)	3 (4)	0 (0)	1 (1)
Read directions to student	2 (1)	2 (3)	0 (0)	0 (0)
Repeat instruction	4 (2)	2 (3)	0 (0)	1 (1)
Shorten assignments	2 (1)	1 (1)	0 (0)	1 (1)
Curriculum modifications	12 (6)	4 (6)	1 (4)	7 (7)
Modified work	8 (4)	2 (3)	1 (4)	5 (5)
Put back a grade level	1 (<1)	0 (0)	0 (0)	1 (1)
Reading specialist	3 (2)	2 (3)	0 (0)	1 (1)
Language-related modifications	3 (2)	1 (2)	0 (0)	2 (2)
ESL techniques	3 (2)	1 (1)	0 (0)	2 (2)
Native language	1 (<1)	1 (1)	0 (0)	0 (0)
Academic problem specific	32 (17)	12 (17)	3 (12)	17 (17)
Computer software	22 (11)	9 (13)	2 (8)	10 (10)
Phonics	7 (4)	2 (3)	1 (4)	4 (4)
Reading comprehension	4 (2)	1 (1)	0 (0)	3 (3)
Change modality	28 (15)	8 (12)	6 (24)	14 (14)
Change teacher	2 (1)	1 (1)	0 (0)	1 (1)
Flashcards	2 (1)	0 (0)	0 (0)	2 (2)
Model	4 (2)	1 (1)	3 (12)	0 (0)
Multisensory techniques	22 (11)	7 (10)	3 (12)	11 (11)
Non-academic	10 (5)	8 (12)	0 (0)	2 (2)
Behavioral interventions	6 (3)	6 (9)	0 (0)	0 (0)
Counseling	2 (1)	2 (3)	0 (0)	0 (0)
Health interventions	2 (1)	0 (0)	0 (0)	2 (2)

Key: SEQ= ELLs referred to special education, who qualified for services; SEDNQ= ELLs referred to special education who did not qualify for services; NSE=ELLs not referred to special education by the completion of this study.

Analysis of the total number of interventions developed for each of the ELL groups revealed that the ELLs who were referred to special education but did not qualify were the group for whom the least number of pre-referral interventions were developed, on average. This group who did not qualify for special education was prescribed an average of three interventions per student, compared to an average of five interventions per student for both the group who qualified for special education and the group who was not referred to special education. This information implies that a greater number of prescribed interventions is associated with a greater chance of qualifying for special education services.

The Pre-referral Process for English Language Learners

The pre-referral process in this district consists of three Stages, as described in the Method chapter. A pre-referral case is considered to be at Stage I when a teacher with a failing student seeks assistance from another professional or professionals. Many of the referring teachers who were interviewed for this study stated that they consulted with their grade level team members and/or a senior teacher to develop Stage I interventions for their failing ELLs. When the pre-referral case is brought before the pre-referral team, it is considered to be at Stage II. Stage III usually constitutes a referral to special education or to an off-campus agency.

The information collected for this study allowed analysis of the differences between various variables at the different stages of this process. Namely, the district forms and referring teacher interviews showed some differences in reasons for referral, recommended interventions and time of implementation of these interventions between

Stage I and Stage II of this process. The specificity of the reasons for referral and interventions was analyzed to determine at which stage these variables were most clearly defined. For example, “can not count to ten” is a more specific reason for referral than “academic difficulties”; “tutoring” is a less specific intervention than “Imagination Station 45 minutes a day)”. Time of implementation at Stage I refers to the amount of time between the beginning of interventions and the referral to special education (for those ELLs referred to special education before the end of this study) or the end of this study (for those ELLs who were not referred to special education by the end of this study). Time of implementation at Stage II refers to the amount of time between the pre-referral team meeting and the referral to special education or the end of the study.

A higher percentage of the reasons for referral and interventions were more specific at Stage I than at Stage II for all ELLs whose cases were included in this study. Especially in the case of the interventions, where two-thirds of the interventions at Stage I were more specific than those listed prior to Stage I, whereas one-third of the interventions at Stage II were more specific than those listed at Stage I. This finding suggests that referring teachers, with the assistance of their grade level team members and/or other expert teachers, may be developing interventions more specifically designed to meet the needs of these ELLs than are pre-referral teams.

For most ELLs, reasons for referral were more specific, in general, at Stage I than before Stage I except for the ELLs who were referred to special education but did not qualify. Only one-third of these ELLs had more specific reasons for referral listed at Stage I than the concerns the referring teacher had identified before Stage I. The

Table 11

Differences Between Stage I and Stage II of the Pre-referral Process for ELLs, by Outcome of Pre-referral Intervention

	All ELLs (n=40) <i>n (%)</i>	SEQs (n=13) <i>n (%)</i>	SENDQs (n=7) <i>n (%)</i>	NSEs (n=20) <i>n (%)</i>
Pre-referral Process				
Stage I				
More specific reasons For referral, n=36	26 (72)	8 (73)	2 (33)	16 (84)
More specific Interventions n=36	24 (67)	8 (67)	3 (50)	13 (72)
Time of implementation				
Less than 6 weeks, N=35	1 (3)	1 (9)	0 (0)	0 (0)
6-12 weeks, n=36	4 (11)	3 (27)	1 (17)	0 (0)
More than 12 weeks N=36	31 (86)	8 (64)	5 (83)	18 (100)
Stage II				
More specific reasons For referral, n=33	19 (57)	6 (50)	6 (100)	8 (50)
More specific Interventions, n=33	11 (33)	4 (33)	1 (17)	11 (69)
Time of implementation n=34				
Less than 6 weeks	8 (23)	6 (55)	2 (28)	0 (0)
6-12 weeks	5 (15)	2 (18)	3 (43)	0 (0)
More than 12 weeks	21 (62)	3 (27)	2 (28)	16 (100)

Key: SEQ= ELLs referred to special education, who qualified for services; SEDNQ= ELLs referred to special education who did not qualify for services; NSE=ELLs not referred to special education by the completion of this study.

opposite finding was true at Stage II. All of the ELLs who were referred to special education but did not qualify had more specific reasons for referral listed on Stage II forms than on Stage I forms, whereas only half the ELLs in the other two groups (those who qualified for special education and those who were not referred to special education) had more specific reasons for referral listed at Stage II than at Stage I.

A higher percentage of reasons for referral and interventions were generally more specific at Stage I than at Stage II for the ELLs who were referred to special education and qualified for services. Furthermore, the time of implementation was also generally greater between Stage I and Stage II, than between Stage II and Stage III. There appears to be a trend between the specificity of reasons for referral at Stage I and ELLs qualifying for special education or not being referred to special education.

The two groups who were referred to special education had more specific interventions at Stage I than at Stage II. The same was not true for the group of ELLs not referred to special education. Almost three-fourths of them had more specific interventions listed at Stage I, than previously, and almost as many had even more specific interventions listed at Stage II. There appears to be a trend between the amount of work done at Stage II and referral to special education. The less specific the interventions, the more likely an ELL might be referred to special education in this district.

The time of implementation between Stage II and Stage III was less than six weeks for more than half of the ELLs who were referred to special education and qualified for services. For the ELLs referred to special education who did not qualify, almost half of the time of implementation was between six and twelve weeks, so the time of implementation did not appear to be directly related to qualifying for special education in these cases. However, specificity of reasons for referral and interventions, as well as longer time of implementation at Stage I, did appear to be associated with qualifying for special education, for those ELLs referred for testing.

Summary

The data analyzed for this study revealed information pertaining to ELL profiles, their teachers and pre-referral team members, their reasons for referral and interventions, and the pre-referral process. Regarding educational placement, most of these ELLs were 2nd graders in bilingual education programs. Most of the ELLs with these profiles qualified for special education when they were referred for testing. Most of the ELLs who were in ESL programs but had been in bilingual education programs the previous school year did not qualify for special education services when they were referred for testing. Many of these same students did not present learning problems in their previous school years. Very limited language proficiency (CALP level 1 or 2) in both Spanish (at the time of entry into the district) and English (currently), as well as generalized academic failure since the beginning of their formal schooling, was another finding amongst the ELLs that were referred for testing and qualified for special education.

Regarding referring teacher and pre-referral team member characteristics, twice as many referring teachers had training and experience teaching ELLs than did the pre-referral team members. Examination of the pre-referral process at each stage revealed that the most specific reasons for referral and interventions were documented at Stage I. Furthermore, when analyzed by outcome, the group of ELLs that was referred for testing and qualified for special education services had more specific reasons for referral listed at Stage I than at Stage II, than did the ELLs that were tested and did not qualify for special education services. This finding, and others, could have various explanations, which will be discussed in the next chapter.

CHAPTER V

Discussion

This study’s findings, pertaining to its four research questions, are integrated and interpreted in this chapter. This chapter concludes with a discussion of implications for future practice, recommendations for district practice and future research, and limitations.

Table 12 summarizes the most notable similarities and differences between the three English language learner (ELL) outcome groups and guides the following discussion.

Table 12
Similarities and Differences amongst ELL Outcome Groups

Factors	SEQs	SEDNQs	NSE
Good attendance	X	X	X
Referring teachers were bilingual education/ESL	X	X	X
67% were in bilingual education; 50% now in ESL	X		X
75% in BE previous year; 75% now in ESL		X	
History of generalized academic failure	X		
Limited English language proficiency now, and Spanish language proficiency at school entry		X	
Very limited English language proficiency now, and limited Spanish language proficiency at school entry			X
Very limited English language proficiency now, and Spanish language proficiency at school entry	X		
Emotional/motivational problems most frequently listed reason for request for prereferral assistance	X		
Reading as the most frequently listed reason for request for prereferral assistance		X	X
Extra assistance most frequently listed intervention		X	X
Accommodations most frequently listed intervention	X		
Teams with BE/ESL representation	X	X	X
More specific problem identification at Stage I	X		X
More specific problem identification at Stage II		X	
More specific interventions and lengthier implementation time at Stage I vs. Stage II	X	X	
Specificity of interventions and duration of implementation similar at Stages I and II			X

Key: SEQ= ELLs referred to special education, who qualified for services; SEDNQ= ELLs referred to special education who did not qualify for services; NSE=ELLs not referred to special education by the completion of this study.

Profiles of English Language Learners Referred to Pre-referral Teams

The trends resulting from the analysis of the profile data collected on the ELLs who were the focus of this study are interpreted in this chapter, as are the findings related to the pre-referral intervention procedures implemented to address their academic difficulties. Educational placement, language proficiency, academic failures and reasons for referral are discussed. Attendance was not addressed in this chapter because almost all students in the sample, for whom attendance data were available, had good attendance. Thus, attendance did not appear to be a contributing factor to these ELLs' academic failures. Discussion of the study's most notable findings follows.

Prior and Current Educational Placement

Students enrolled in the participating district are placed in one of the following three types of general education programs: all-English instruction, bilingual education, or ESL. Unlike many districts, this district does not provide ESL to ELLs as a pull-out service (typically the equivalent of one class period per day), but rather as an all-day, all-year educational placement (district LPAC Manual, 2005). The results of this study revealed that more than 70% of the ELLs who were referred for special education testing and did not qualify for services were enrolled in an ESL program at the time of the study, but had been enrolled in a bilingual education program the previous school year. This finding raises questions about the potential impact of transition into an all-English program, even with ESL support, as a contributing factor to students' academic failure. Following Adelman's (1992) classification model of presumed causes of academic

failures, Type III and Type II difficulties can be ruled out for this group of ELLs, since individual factors were not determined to be causally-related to their academic failures.

Type I difficulties typically reflect deficits in students' learning environment. In the case of these ELLs, their failures might be attributable, at least in part, to ineffective or inadequate instructional practices in the transition between bilingual education and ESL classrooms. Many of these ELLs continued to have very limited English proficiency, as measured by the Woodcock Munoz Language Survey, when they were exited from the bilingual education program. All six schools that participated in this study offered bilingual education only through the 2nd grade. So, all ELLs receiving bilingual education in the 2nd grade were placed in ESL or regular education classrooms in the 3rd grade, regardless of their CALP levels in both English and Spanish. These campus-level practices appear to negatively impact the continued native and second language cognitive and academic development of many of the ELLs whose cases were included in this study.

The implications of this premature exit from bilingual education might include subtractive bilingualism, as described by Cummins (1987). This phenomenon occurs when an English language learner's native language instruction is discontinued before they reach a cognitive-academic level of proficiency in that language. Without strong literacy skills in their native language, English language learners tend to have difficulty increasing their English cognitive academic proficiency since they do not have these literacy skills available in their native language to transfer to their second language.

In the case of these failing ELLs who did not meet special education eligibility criteria for any disabilities, abrupt cessation of the use of their native language could be affecting their academic performance, a possibility that calls for further investigation. In addition to interrupting the continued development of their native language cognitive academic proficiency, this practice is likely to have a detrimental effect on their future academic and cognitive development (Collier, 1991), all of which have implications for their educational attainment. Moreover, such practices also have the potential to send the message that these students' language and culture are not valued. The perceived devaluation of their native language/culture might in turn decrease their motivation to learn (Cummins, 1984; García & Domínguez, 1997).

Another possible factor contributing to these ELLs' academic failures after the transition from bilingual education to ESL could be inadequate English language instruction prior to this transition. That is, because bilingual education programs vary considerably in the time allotted to instruction in the native and second languages, it is possible that the amount of time devoted to developing English proficiency may be insufficient, thus inadequately preparing the ELLs for the transition to academic instruction in the second language. However, conclusions cannot be made about the appropriateness of current or previous instructional programs for these ELLs, since instructional program data was not collected for this study.

Language Proficiency in Spanish and English

Very limited native language proficiency (Spanish CALP levels 1 or 2), as measured by the Woodcock Munoz Language Survey at the time of entry into the school

district, appeared to be related to qualifying for special education services for the sample of ELLs who were referred for special education testing. Regarding English language proficiency, as measured by the WMLS within the same school year of referral to special education, the same trend was found. Namely, the lower an ELL's English language proficiency, the greater the chance that she or he would qualify for special education services. In summary, these language proficiency results suggest that the lower an ELLs' Spanish language proficiency at the beginning of their formal education and the lower their English language proficiency at the time of referral to special education, the greater the probability that they will be identified as having a learning disability. However, further research is needed to determine if such conclusions are warranted, since the difference between a CALP score of 2 and a CALP score of 3 is not always significant. Additionally, special education eligibility criteria for identifying a student with a learning disability, in this district as in many others across the U.S., are usually based on a significant discrepancy between intellectual functioning and academic achievement. This type of criterion does not necessarily indicate intrinsic factors (i.e. neuro/physiological factors) as the primary or sole cause of learning problems. More specifically, the IQ-achievement discrepancy model does not rule out Type I or Type II problems as it does not generate data to verify that instructional practices were matched to students' needs, that such instruction was of high quality, and that appropriate pre-referral interventions were provided prior to special education testing (Adelman, 1992; Ortiz, 2002; Speece, Case, & Molloy, 2003; Vaughn & Fuchs, 2003).

In the case of ELL students, such as those in this district, student-centered learning, that incorporates and builds on socio-cultural and linguistic knowledge and experiences, is a fundamental component of appropriate learning environments (Garcia & Malkin, 1993; Garcia, Wilkinson & Ortiz, 1995; Moll, Amanti, Neff & Gonzalez, 1992). ELL instruction is optimized when it is embedded in familiar cultural and linguistic contexts (Cummins, 1983; Garcia & Ortiz, 2004). This means that the language of instruction, in both the first and the second language, when presented with scaffolding techniques, should be comprehensible to ELLs (Santamaría, Fletcher, & Bos, 2002). Although it was beyond the scope of this study to investigate the quality of prior instruction, this is an important topic for future research.

History of Academic Failure and Retention

A history of generalized academic failure and/or grade retention seems to be directly related to qualifying for special education for the ELLs in this sample who were referred for special education testing. This finding might partially result from this district's current special education qualifying practices, which generally consist of an IQ-achievement discrepancy greater than one standard deviation, using age equivalents, as opposed to grade equivalents, as the normative basis for achievement scores. Particularly in the case of the ELLs who have been retained a grade or more, it can be assumed that most of these retained students would be older than other students in their current grade. Thus, these ELLs' achievement scores on the standardized tests used in special education testing would tend to be lower than most other same grade ELLs' scores with equivalent skills but who had not been retained in the past. Therefore, using age equivalent scores,

these students would be at greater risk of being identified as having a learning disability than would students who have not been retained in the past. In these situations the lower test scores are more reflective of a student who has not been exposed to the curriculum rather than a student's failure to learn. This is problematic when considered in light of legal requirements (IDEA, 2004) to rule out lack of opportunity to learn as a contributing factor to the achievement-IQ discrepancy.

To some extent, it is not surprising that a history of academic failure is associated with qualifying for special education, given current assessment practices and eligibility criteria. However, validating the underlying factors associated with the failure is essential if we are to more accurately identify students with true learning disabilities from those whose difficulties can be explained by other factors. The possibility must be considered that these ELLs' academic failure histories might be related, at least in part, to inappropriate instructional practices, such as inappropriate language instruction and/or language program placement. As was mentioned in the first section of this chapter, discontinuing native language instruction before fluent cognitive academic language proficiency is attained is often detrimental to ELLs' English cognitive academic language proficiency development, which in turn tends to generally affect academic achievement (Cummins, 1987). In the particular case of this sample of ELLs referred to special education, lower language proficiency in both languages appears related to qualifying for special education services. However, as stated earlier, qualifying for special education, in the case of these ELLs, only indicates significant discrepancy between intellectual functioning and academic achievement. Extrinsic factors, such as inappropriate

instruction, are not ruled out as contributing factors to low achievement. In the case of these ELLs, lower language proficiency appears to be related to lower-than-predicted academic achievement. Further research is needed to determine the role of instructional program and quality of instruction in these cases of very low language proficiency in both languages and lower-than-predicted achievement.

Pre-Referral Team Member and Referring Teacher Characteristics

The referring teachers for all three groups of ELLs had a much higher percentage of their members teaching ESL or bilingual education than the pre-referral team members. The referring teachers' greater ESL/bilingual education teaching experience as a group might be a possible contributing factor to another finding: a more effective Stage I than Stage II process. This finding is congruent with Idol, Nevin and Paolucci-Whitcomb's (2000) model of collaborative consultation which stipulates that an underlying knowledge base is one of the three major components involved in the process. The results of this study suggest that teaching experience and training in the instruction of ESL and/or bilingual education are associated with the productivity and effectiveness of the pre-referral process for ELLs. This finding is congruent with research that shows that teachers who do not have the knowledge and/or experience to understand second language acquisition issues might confuse academic failures with a disability (Baca & Almanza, 1991). Furthermore, teachers lacking the necessary knowledge and skills needed to address ELL students' needs will probably not provide an appropriate instructional environment for these students, which in turn will likely result in student failures. These "pedagogically induced" failures (Cummins, 1984) will likely be

erroneously contributed to a disability and result in these ELLs being inappropriately referred to special education.

Many researchers have recommended the use of pre-referral teams to ensure the development and implementation of appropriate instructional interventions with ELLs, and thus reduce the probability of inappropriate referral and placement in special education (García & Ortiz, 2004; Ortiz & Wilkinson, 1991). For example, García and Ortiz' (2004) pre-referral model for second language learners prescribes that TAT-type pre-referral teams determine whether the failing student's classroom curriculum is one known to be effective with English language learners. However, in the particular case of the district studied, the Stage II multidisciplinary team did not resemble a TAT-type team, but rather an IAT-type team. These Stage II teams did not appear to be more effective, than the referring teachers, at ensuring best instructional practices for ELL students. The fact that the Stage II pre-referral teams' problem identification and interventions were less specific than those made by the Stage I grade level teams suggests that the Stage I teams were more effective pre-referral teams for these types of students. The fact that the referring teachers, and their grade level colleagues, had more training and experience with ELLs than did the Stage II pre-referral team members lends further support to the hypothesis that, in this case, Stage I teams were better equipped to analyze ELL student needs and to design the most evidence-informed instructional interventions for them. These findings suggest that TAT-type teams consisting of referring teachers who have training and experience with ELLs, along with their ESL/bilingual education colleagues, might form more effective pre-referral teams, at least for ELLs, than the

current multidisciplinary teams pre-referral teams in this district. Another possible implication of the study's findings is that the greater number of pre-referral team members with training/experience teaching ELLs, the more effective the process.

It is notable that, contrary to past findings (Pugach & Johnson, 1989; Gersten & Woodward, 1990; Phipps, 1998), all the pre-referral teams that participated in this study had team members that were either currently ESL- or bilingual education teachers or that had been in the past. However, the point made here is that all the referring teachers had taught ESL or bilingual education, compared to approximately half the pre-referral team members. The study's findings showed that more analysis and specific development of interventions appeared to have been conducted mostly by the referring teachers and their grade level colleagues at Stage I, rather than by the pre-referral teams at Stage II of the pre-referral process.

*Reasons for Referral and Interventions Developed by Pre-referral Teams for
English Language Learners*

Almost 75% of the ELLs who were referred to special education and qualified for services had more specific reasons for referral listed on their Stage I pre-referral forms, compared to only one-third of the ELLs who did not qualify for special education services. This finding suggests that the earlier and more specifically the problems are identified, the more likely that the interventions developed would be appropriate for the specific problems. Thus, inappropriate referrals to special education appeared to be reduced for those ELLs whose Stage I pre-referral forms listed specific reasons for referral. Therefore, generally speaking, it might be that more of the ELLs with specific

reasons for referral who are referred to special education have Type III learning problems, since more learning environment factors might be addressed/resolved than for those ELLs with less specific reasons for referral listed at Stage I. The finding that the ELLs, who were referred to special education but did not qualify for services, had less specific reasons for referral listed on their Stage I pre-referral forms seems to lend support to this argument. Of course, further research is needed to determine the appropriateness of interventions developed for individual ELLs, as well as to verify the fidelity of implementation of these interventions before any conclusions can be made on this point.

According to Ortiz (2002), effective instructional practice is one of the two main educational components necessary for the academic success of ELLs. In this particular district, the pre-referral interventions most prescribed at Stage I of the pre-referral process were consistent with recommendations from the research and best practices literature. The following sections will discuss the appropriateness of the interventions prescribed at Stage I and Stage II of the pre-referral process in this district.

Stage I Interventions were Mostly Consistent with Best Practices for ELLs

Small-group tutoring, which was prescribed at Stage I for almost two-thirds of all ELLs whose cases were the focus of this study, included several strategies that have proven effective with ELLs, such as scaffolding techniques and classroom discussions (Santamaría, Fletcher, & Bos, 2002; Williams, 2001). More than half of the Stage I forms for the ELLs referred to special education listed small group tutoring as an intervention. Ninety percent of the ELLs who were not referred to special education had

small group tutoring listed on their Stage I forms. Descriptions of the specific small-group tutoring strategies listed on these forms follow.

Most of the Stage I forms listed the Voyager/Passport or Voyager/Pasaporte reading program as the specific program to be used during small group tutoring. Most of the interviewed referring teachers also named Voyager as the specific program used in small group tutoring. The Voyager Passport and Voyager Pasaporte programs (ProQuest Information and Learning, 2005) provide systematic instruction in all the essential reading components (phonemic awareness, phonics, fluency, vocabulary, and comprehension) that have been research-proven to be effective when used with monolingual English-speaking struggling students (Frechtling, Zhang & Silverstein, 2006). Scientific research studies on ELLs using the Voyager Pasaporte program (the Spanish version of Voyager Passport) have not yet been published (ProQuest Information and Learning, 2005).

Many of the interviewed referring teachers reported that their ELLs' reading skills improved after implementation of the program. They praised the program and stated that they felt that the program was beneficial and effective for their struggling ELL students because of its prescriptive nature, as well as the variety of activities that it included. They stated that the students were interested in the program's tasks, which included multisensory techniques such as audio books and various hands-on activities. They also believed that the small group size was conducive to classroom discussions. Two of the interviewed teachers reported that turn taking was facilitated since all members of the

small groups are on the same level, and therefore feel less intimidated or overshadowed by higher achieving and/or more proficient English-speaking students.

One-on-one tutoring was prescribed at Stage I for almost half of all ELLs whose cases were included in this study. However, this study did not include data to define “one-on-one tutoring” in most cases. According to best practices literature, one-on-one encompasses a variety of scaffolding techniques, such as curriculum modifications and/or accommodations (i.e. graphic organizers, pictures, modeling, defining new vocabulary) (Meyer, 2000; Santamaria, Fletcher, & Bos, 2002; Williams, 2001). If used effectively with ELLs, scaffolding builds on their native language, culture and previous experiences (Santamaria et al., 2002). A potential drawback of one-on-one tutoring is that it typically does not allow for cooperative learning and/or classroom discussions. This study cannot draw conclusions about the appropriateness of one-on-one tutoring in this district since information specifying how it was implemented was not available.

Peer tutoring was prescribed at Stage I for most of the ELLs who were referred to special education, and for half of the students who had not been referred to special education at the completion of this study. Potential components of peer tutoring include peer dialogues or cooperative learning in which ELLs have multiple opportunities to hear and practice oral language in low-risk settings (Young, 1996).

Stage II Interventions Were Generally Less Specific and Less Consistent with Best Practices Than Those at Stage I

The pre-referral interventions listed on the Stage I forms were not only more specific than those prescribed at Stage II (especially in the cases of those ELLs that

qualified for special education services and for those not referred to special education), but also generally more consistent with best practices than those prescribed at Stage II. The appropriateness of Stage II interventions developed for the ELLs whose cases were included in this study is discussed after a brief description of the interventions that were prescribed for ELLs by the local pre-referral teams at Stage II of the pre-referral process.

For those students who were referred to special education, 25% of them were referred at the first Stage II pre-referral team meeting. This proportion was approximately the same for both groups, that is, those students that qualified for services and those who did not. This finding implies that the number of Stage II meetings and the implementation of Stage II interventions prior to referral to special education might not be highly associated with the “qualify” rate. Although, the validity of the referrals to special education and the resulting decisions need to be further investigated before any conclusions can be made about the appropriateness of the identification of any students as having a disability.

Regarding non-teacher tutoring as a Stage II intervention, the use of community volunteers can be beneficial for ELLs and other students of diverse linguistic/cultural backgrounds if these community members’ culture, prior experiences and/or native language are valued by the classroom teacher and students (Cummins, 1986). Including community volunteers and their contributions into classrooms tends to increase familiarity, meaning, sense of belonging and motivation for English language learners (Abbott & Grose, 1998; Cummins & McNeely, 1987). However, in the cases studied, the tutoring prescribed was not to take place in the classroom. This potential disconnect

between the classroom curriculum and that which was taught in this type of tutoring would probably result in fragmented instruction, which would increase these students' chances for failure (Hudson & Fradd, 1990).

The Pre-referral Process for English Language Learners

This district's pre-referral team process consists of three stages. According to district guidelines, Stage I of this process occurs when a teacher with a failing student seeks assistance from another professional outside the classroom in developing and/or implementing interventions for the student. As discussed above, results show that the first source of assistance sought outside the classroom was usually the concerned teacher's grade level team, mentor teacher and/or grade team leader. In any case, the first resource sought by the majority of the teachers of these ELLs was fellow general education teachers who had extensive training and experience with ELL students.

Stage II occurred when unsatisfactory or no notable progress was noted following several weeks to months of implementing interventions mostly developed in collaboration with grade level teams or lead teachers. The differences between the pre-referral process at Stage I and Stage II are discussed in the following sections.

Stage I Teams Resembled Teacher Assistance Teams

Stage I of this district's pre-referral process is described in district manuals as occurring when a failing student's teacher seeks assistance from another professional, such as a special education teacher, school psychologist or nurse. In principle, this stage of the district's pre-referral model most closely resembles the Pre-Referral Intervention Teams (PITs) conceived by Graden, Casey and Christenson in 1985. These teams are

typically comprised of two members: the referring teacher and a special education professional (e.g. school psychologist, or special education teacher). These professionals engage in collaborative consultation with the shared goal of developing effective interventions for the student.

Although, procedurally, Stage I of this district's pre-referral process was intended to resemble the pre-referral intervention teams (Graden, Casey & Christenson, 1985), in practice, the results of this study suggest that this model was rarely followed. In the majority of the cases included in this study, referring teachers' first source of assistance outside their classroom was their grade level team and/or a master teacher. This pattern more closely resembled the Teacher Assistance Teams (TATs) developed by Chalfant, Pysh and Moultrie (1979), than the Pre-referral Intervention Teams. TATs are comprised mostly of classroom teachers who meet to assist each other with the brainstorming, development, implementation and follow-up evaluation of failing students' instructional interventions, such as these referring teachers and their teams reportedly do in this district. As with most pre-referral team models, their primary goal is to prevent/remediate student failure and reduce unnecessary referral to special education (Hayek, 1987). The main difference between the TATs and most other pre-referral assistance models is that TATs emphasize the expertise of general education teachers. These teams assume that regular education teachers are capable of developing highly appropriate and effective interventions for their students. In the specific case of failing ELL students, Ortiz and Wilkinson's (1991) AIM for the BEST model and Ortiz' (2001) most recent pre-referral intervention model recommended TATs as a source of assistance

outside of the classroom. The results of this study, which found that grade level teams functioning as TATs appear more productive and effective than multidisciplinary pre-referral teams, validate this recommendation.

Stage II Teams Resemble Intervention Assistance Teams

It is at Stage II of this process that the pre-referral teams meet to discuss students' problems and to develop interventions (the Action Plan) designed to remediate each student's specific problems. These pre-referral teams are composed of a multidisciplinary group of professionals generally including administrators, counselors, school nurses, school psychologists or social workers, special education teachers and general education teachers. These Stage II pre-referral teams closely resemble the intervention assistance teams (IATs) model developed by Graden (1989). The rationale for these multidisciplinary teams is that they collaborate most effectively to analyze, identify problems and develop interventions. In a study on the prereferral process for Hispanic students, Phipps (1998) noted that the participating pre-referral teams in her study were also multidisciplinary in nature, but were ineffective, partially due to the lack of team member knowledge about culturally/linguistically diverse learners.

Stage I Appears To Be More Closely Associated with a Higher Qualify Rate than Stage II

This study's results suggest that the pre-referral process at Stage I was more closely associated with a higher qualify rate than the pre-referral process at Stage II. That is, referring teacher interview data, as well as data from district and researcher-created forms show that a higher qualify rate, for those students referred to special education, was related to the Stage I process and interventions. Additionally, an overall lower referral

rate to special education was also related to Stage I, rather than to Stage II processes and interventions. These findings imply that the Stage I process yielded less inappropriate referrals to special education than did the Stage II process. However, without detailed information about individual student difficulties, interventions, implementation fidelity and evaluation, conclusions can not be made about the appropriateness of the decisions made for ELLs at any stage of the pre-referral process.

Summary

This study revealed important information related to each of the four research questions. Student profile data showed that most ELLs are referred to their campus pre-referral teams in the 2nd grade. Early identification and intervention of school problems should begin as early as possible for those interventions to be most effective (Ortiz, 2002). Many of the ELLs who were referred for special education testing were currently in ESL placements, but had been in bilingual education placements the previous school year. Most of these students did not qualify for special education services and did not have a history of academic failures prior to the year of referral. This finding suggests that the transition from the bilingual education program to the ESL program might have instructional deficits, such as inadequate English language instruction during bilingual education, inadequate Spanish language support and/or use of ESL instructional techniques after the transition to ESL. These inappropriate instructional practices might, in turn, contribute to Type I and/or Type II learning problems (Adelman, 1992; Ortiz, 2002). Very limited language proficiency in both Spanish, at the time of entry into the district, and English at the time of the study (CALP levels 1 or 2), was associated with

higher qualifying rates for special education in this sample of ELLs. However, qualifying for special education only implies lower-than-predicted achievement, since this district was mainly using IQ-achievement discrepancy in the identification of learning disabilities for special education. Special education identification as a student with a learning disability did not necessarily indicate Type III, or intrinsic learning problems, nor did it rule out Type I or Type II problems.

Regarding these ELLs' educational environment, referring teacher characteristics revealed that all these teachers were currently either ESL or bilingual education teachers. Half the pre-referral team members had current or previous experience teaching bilingual education or ESL programs. The referring teachers' training and experience with ELLs does not ensure quality or appropriateness of education for these students, nor fidelity of implementation of the interventions they reported using. However, these referring teachers documented a higher quantity and more specific reasons for referral, as well as interventions, for these ELLs than did the pre-referral team members. At least on paper, and through interview reports, the referring teachers and their grade level team members seem to be doing the bulk of the work and the most effective work in the pre-referral process for ELLs. However, it can not be assumed that greater training and experience with ELLs is correlated, much less causally related, with a more effective pre-referral for ELLs since many other factors might account for the fact that referring teachers and their colleagues seem to be more effective problem-solvers for ELLs. One finding from this study suggests that greater training and experience with ELLs, in and of itself, may not necessarily be correlated with more effective problem-solving for ELLs . That finding

was that the pre-referral team with the most bilingual education/ESL certified members was the only team that had a higher did-not-qualify rate for special education than their qualify rate. Could this finding indicate that the Stage I team outcomes might be related to group process, instead of, or as well as, to their training and experience with ELLs?

Regarding the interventions, though overall, the ELLs had more interventions documented at Stage I of the pre-referral process, the ELLs who were referred for testing and qualified for special education also had the greatest number and most specific reasons for referral documented at Stage I. This finding was not true for the ELLs that were tested and did not qualify for special education. These ELLs had their most specific reasons for referral documented at Stage II. Could this finding imply that the referring teachers and their colleagues, at Stage I, better identified the problems, thus developed more appropriate interventions for these ELLs, than did the pre-referral team members at Stage II? Another possible interpretation of this finding is that the earlier struggling ELLs' problems are specifically identified and appropriate interventions are implemented, the greater the likelihood that the problems (Type I and II) will be resolved and unnecessary referrals to special education will be avoided.

Lastly, regarding the pre-referral process itself: Stage II of the pre-referral process in this district consists of a multidisciplinary group of team members that meet regularly to assist referring teachers in developing appropriate interventions for their failing students. These pre-referral teams resemble the IAT models developed by Graden, Casey and Christenson (1985). In this district, at least for ELL referrals, these teams appear to be less effective problem solvers than Stage I contributors. Namely, referring teachers

and their grade level colleagues document and report developing and implementing more specific reasons for referral as well as more evidence-based interventions for their failing ELLs. In addition to their greater combined training and experience, as well as personal knowledge, with these ELLs, these grade level teams might be more effective problem solvers because of many attributes of TAT-type teams, which these Stage I contributors resemble. Namely, these teachers might emphasize the expertise of these referring teachers in developing and implementing highly appropriate and effective interventions for ELLs (Chalfant, Pysh, & Moultrie, 1979).

Implications for Future Practice

The recent reauthorization of P.L 108-446: Individuals with Disabilities Education Act (2005) stipulates that the process of identifying learning disabilities ensure that appropriate general education instructional practices and empirically-based interventions are adequately implemented with struggling learners before they are referred for special education testing (Apling & Jones, 2005). Ideally, this practice would ensure that identified students would not be falsely identified due to the lack of an appropriate educational opportunity. With the reauthorization of IDEA, moving towards redefining procedures for identifying LD using a response-to-intervention (RTI) model, the documentation of appropriate general education instruction and pre-referral interventions is essential.

The participating school district has taken many steps in the direction of best practice instruction, special education referral and identification. The 2004-2005 recommendations and revisions to the pre-referral process included two campus-level

screening measures intended to determine classroom/campus-level issues, and differentiate them from individual problems (district pre-referral training manual, 2004). This universal screening occurs at Stage I of the pre-referral process. The universal screening measures prescribed were Benchmark tests and a teacher-reported classroom checklist for health, social and emotional issues. The Benchmark tests were systematically administered and scores were reported throughout the district three times during the 2004-2005 school year. The non-academic screening instrument, which was intended to identify factors that might be contributing to student failure, did not seem to be implemented as systematically throughout the district as were the benchmarks. Furthermore, this classroom-level checklist, though it has an “other” column, did not include any items related to cultural/linguistic differences, such as second language acquisition, limited language proficiency, and/or cultural identity differences. Generally-speaking, this district has taken initial steps towards identifying classroom- and/or campus level academic failures. However, tools that examine the cultural relevance, linguistic appropriateness of instruction and the appropriateness of instructional strategies for the individual students, including ELLs, are needed to ensure that the learning environment is appropriate.

The problem identification and development of interventions, implemented by referring teachers and their grade level colleagues also at Stage I of this pre-referral process, was also found to include some steps in the direction of ensuring evidence-informed instruction for ELLs prior to special education referral. Namely, the Voyager Passport and Voyager Pasaporte reading programs, though they have not been research-

validated for ELLs, were designed with ELLs as one of the main target groups (ProQuest Information & Learning, 2005). Furthermore, the referring teachers interviewed for this study that described the program gave positive reviews of it. In this district, the Voyager program appears to be positively associated with lower rates of referral to special education, as well as with the qualify rate for those students referred to special education.

Another often recommended intervention, computer-based reading intervention programs, namely Imagination Station (*The Imagination Station, 2005*), seems to be negatively associated with the qualify rate for special education in this district. While this program's authors include ELLs in the description of their target population, the program itself does not seem to contain essential components proven to be effective with this population. For example, the modality does not lend to dialogue or oral practice of any kind. Given these findings, the next step towards more effective pre-referral practices should include the systematic evaluation of outcome results for the various interventions implemented. This data should be directly connected to the specific population with which each intervention was implemented since different types of students require different instructional practices to ensure success. This district should specifically evaluate the success of the various interventions with ELLs, as well as with proficient English speaking students, since such a large proportion of the student population speaks English as a second language.

The future of special education identification practices seems to be moving towards response-to-intervention models. For the successful identification of students with intrinsic learning problems through the use of RTI, schools must first ensure that

instruction is appropriate (Speece, Case, & Molloy, 2003). That is, instructional practices must not only be research-proven, but they must also be suited to the needs of the students. This study did not yield data that can answer the question about appropriateness of instruction for these ELLs because reasons for referral were not aligned with the interventions specifically designed to address each of these academic problems. Furthermore, pre-referral interventions and their implementation were often not described in enough detail, if at all, to allow for conclusions about their appropriateness. General appropriateness of classroom instruction, as well as the appropriateness of classroom interventions developed for failing ELLs needs to be studied.

Ideally, RTI models might be more reliable in the accurate identification of ELLs with learning disabilities than traditional IQ-achievement discrepancy, if implemented appropriately (Speece, Case, & Molloy, 2003). However, taking all above-mentioned factors into consideration, it appears that more research on interventions used with struggling ELLs is needed in order to properly transition towards using response-to-intervention practices to identify learning disabilities in ELLs. RTI could be a better safeguard against “false positive” identification of ELLs as students with learning disabilities, since, in principle, RTI would allow the examination of several external factors that might be related to low achievement scores, such as language proficiency issues (i.e. subtractive bilingualism), inappropriate instructional practices (i.e. language program, cultural disconnect with the curriculum), grade retention, student absences and/or intrinsic student factors. IQ-achievement discrepancies do not, in and of

themselves, explain nor rule out the above-mentioned factors potentially related to low academic achievement. While skilled evaluators do take precautions to interpret these discrepancies ruling out all “exclusionary clause” (Public Law 108-446) factors, integrating or replacing IQ-discrepancy models with RTI would probably increase the quality of instruction for ELLs as well as the validity of special education referrals and admissions, if appropriately implemented. The first step in the appropriate implementation of RTI with ELLs would include the use of research-based best-practice general education instruction for ELLs, such as culturally and linguistically sensitive curricula, linguistically appropriate instruction, scaffolding techniques, thematic instruction, and classroom discussions. The next step of appropriate implementation of RTI with ELLs would include best practice interventions for struggling ELLs, such as clinical teaching (García & Ortiz, 2004).

In specific terms, the assurance of appropriate general education practices espoused by RTI might provide a first step in the early identification of factors which might contribute to academic difficulties, such as, in these cases, very limited Spanish language proficiency at the time of entry into the district. Identification of this factor could alert educators to the need for continued instruction in Spanish to ensure the continued development of their cognitive academic language proficiency in their native language. Continued development of their Spanish CALP, in turn, would facilitate the development of their cognitive academic English language proficiency. Of course, very limited native language proficiency (in any language), as measured by standardized instruments (e.g. WMLS), does not necessarily imply a disability or student deficit.

Often times, students enter school with non-standard English, which might be characteristic of their cultural/linguistic environment. Upon entering school, these non-standard English-speaking students are generally provided instruction aimed at increasing their cognitive academic level of language proficiency in their native language, which is English in this case. The same practice should occur for native Spanish speakers, or native speakers of any other language. That is, a main component of these non-native English speakers' instructional plan should include increasing their cognitive academic level of native language proficiency, in addition to increasing their second language proficiency.

Implementing RTI with ELLs presupposes best practice instruction in the general education classroom. For ELL students, best practice instruction includes, but is not limited to, some essential components. Teachers with knowledge of cultural and linguistic aspects in the instruction of ELLs are an important component in the appropriate education of ELLs. These teachers would, presumably, provide instruction embedded in their students' prior socio-cultural and linguistic knowledge and experiences (Garcia & Ortiz, 2004). These types of instructional environments, that promote a sense of belonging, might increase ELLs' motivation to participate in classroom dialogues (Williams, 2001). Teachers knowledgeable in best practice instructional techniques for ELLs might use clinical teaching with ELLs who are experiencing academic difficulties within a classroom tailored to the general needs of ELLs (Ortiz, 2002).

Continuing with the example of the implementation of a research-based model of RTI, those ELLs for whom appropriate classroom instructional practices and

interventions are ensured but who continue to fail would be referred to pre-referral teams whose members have the training and experience necessary to address ELL educational issues (Fuchs, Mock, Morgan & Young, 2003). These highly qualified teams would ensure that reasons for referral are clearly and specifically identified so that problem-specific and appropriate interventions could be developed. For some of these failing ELLs, the academic difficulties would be resolved at this step. Those ELLs whose academic difficulties do not respond to individually-tailored interventions would be determined to have a learning disability, which may be substantiated through population appropriate formal/informal individual evaluations.

This study's findings suggest that, at least for ELLs, the problem-solving response-to-intervention model (Fuchs et al., 2003) might be most appropriate since it prescribes analysis of each referred student's individual characteristics in the process of intervention development. The other main type of response-to-intervention model, the standard protocol model (Vellutino et al., 1996), prescribes the same empirically validated interventions for all students with similar problems. In practice, this model could work for ELLs with academic failures if the prescribed interventions were empirically validated for these students. That is, the interventions would have to be suited to their language proficiency in both languages, include opportunities for discussion, scaffolding techniques, etc. (Garcia & Ortiz, 2004). Given the results of this study, which showed that interventions empirically validated outside this district with non-ELL populations, do not appear to be particularly effective in the remediation of

academic failures with ELLs, if a standard protocol model were to be followed, the interventions should first be empirically validated for ELLs in this district.

Recommendations for District Practice

1) The current Pre-Referral Process should be modified to emphasize problem analysis, problem identification, intervention development, implementation and follow-up by grade level teams

The results of this study revealed that the most thorough collaborative consultation appears to occur at Stage I, specifically by grade level teams with a majority of bilingual/ESL teachers. Furthermore, the study showed that the specificity of reasons for referral and of the interventions documented at this level seems to be directly related to the qualify rate for special education services. Additionally, specific reasons for referral and best practice interventions appear to also be related to a lower referral rate to special education. Therefore, it seems that this district's pre-referral process might be more effective if more emphasis was placed on the collaborative consultation process implemented by grade level teams, at least for ELLs.

Grade level teams might be better equipped to solve academic problems for ELLs, and possibly for other students, since they already have established relationships amongst themselves. This rapport and acceptance between team members is essential for any type of problem-solving to function (Idol, 2000). They also have more time to engage in problem solving, since they meet weekly and generally have informal contact more frequently than that. Greater time on task might allow for more thorough problem analysis, identification and, hence, more specific/appropriate interventions, as well as

follow-up and revisions (Idol, 2000). Additionally, the Stage I process might be more effective since it is implemented earlier than Stage II, thus allowing for earlier intervention, which appears to be related to more positive outcomes of intervention (Ortiz, 2002).

Another reason to recommend more emphasis on the grade level problem-solving process is that, in this particular case, the grade level teams had more members that had training and experience in the instruction of ELLs than did the Stage II multidisciplinary teams. Multidisciplinary teams have the advantage of allowing for problem analysis and intervention development from several different perspectives. In the case of failing students, ELL or otherwise, that have social/emotional/physical or other factors potentially contributing to their academic failures, a multidisciplinary team would probably contribute valuable insight that might not be presented in a group of only classroom teachers. However, in the case of ELLs with academic failures for whom social/emotional/physical factors have been ruled out (which was the case for most of the students whose cases were included in this study), the grade level teams might have more resources to contribute for effective problem-solving of these students' academic difficulties.

2) *Pre-referral team members should receive additional training about culturally and linguistically diverse students' characteristics and educational needs.*

Many of the referring teachers interviewed for this study expressed the feeling that they had no input in determining which interventions were recommended for their ELL student. Many more believed that the Stage II recommendations were not different

from the ones that had been development at Stage I, usually in collaboration with their grade level teams, which were largely comprised of bilingual and ESL teachers.

Affirming knowledgeable team members' contributions in Stage II pre-referral team meetings could enhance the effectiveness of the pre-referral process. Providing additional training on ELL-specific educational issues for all pre-referral team members might increase their capacity to correctly identify, develop and recommend appropriate interventions as well; thus decreasing Type I problems. Although the Stage I grade level teams appeared to be properly identifying and addressing failing ELLs' needs, Stage II pre-referral teams could provide assistance not available through the grade level teams. For example, in the case of ELLs experiencing academic difficulties, other professional Stage II pre-referral team members might recommend community-based programs of which the Stage I grade level teachers are not aware, or to which they do not have direct access.

3) Forms which document reasons for referral should be aligned with corresponding interventions.

The forms currently used in the pre-referral process in this district do not directly align the reasons for referral with their respective interventions. Although the referring teacher, Stage I collaborators, and/or Stage II multidisciplinary team might consider the specific reasons for referral in the development of the interventions, the documentation does not align reasons for referral with respective interventions, therefore making evaluation difficult for the collaborators and practically impossible for external evaluators.

The problem identification step (i.e. reasons for referral) is essential in the pre-referral process. Without careful, thorough analysis of the problem, appropriate interventions and effective solutions are unlikely. Moving too quickly through this step could result in premature assessment referrals (Idol, 2000). Aligning the problems with the recommended interventions would help clarify the problem and facilitate the development of appropriate interventions.

4) Revise forms to allow for documentation of the evaluation of results and follow-up.

The district's pre-referral forms include some space for the documentation of the results of the implementation of interventions prior to Stage II. The Stage II Action Plan includes a space for a date, types of evaluation data, and person responsible for this data. However, Stage II district forms do not include a section for the documentation of the evaluation of the implementation of Stage II interventions, nor for follow-up recommendations.

Documented implementation and results data would allow for the evaluation of the plan. If student failures continue and/or little or no progress has been made, analysis of the plan would be possible and most effectively conduce to the development of a more appropriate plan. Possible outcomes of this phase could include more accurate identification of the problem, the development of different interventions, clarification of the responsibility of implementation, training team members in specific techniques and/or including another professional in the problem-solving process (Idol,2000).

5) Consider systematic completion of the Universal Screener

The district currently has two means of measuring classroom instructional quality, identifying class-wide issues and differentiating them from individual problems. The benchmark tests were intended to be used to determine instructional level and identify failing and at-risk students. This curriculum-based measurement corresponds to Phase I of Fuchs' (1995) response-to-intervention model. The benchmark tests are systematically administered to all district students at predetermined intervals and the results reported and documented. This curriculum-based measurement is used to identify class-wide issues, as well as struggling students, though currently, there are no systematic district-wide measures used to examine learning environment factors that might be contributing to these students' academic difficulties.

The other district class-wide measure, the universal screener, is intended to identify physical/social/emotional factors that might be contributing to student failures. Informal interview data suggests that this measure is not regularly completed nor utilized in the pre-referral process. Furthermore, though the screener does include an "other" column, language proficiency is not specifically listed on it. Most referring teachers that participated in this study demonstrated knowledge of best practice instructional techniques for ELLs. However, when asked about what information was considered in the development of pre-referral interventions, most of these teachers did not mention language proficiency. The inclusion of a language proficiency item, such as "English language learner", could serve two purposes. First, for a classroom that has several failing students, this item could reveal if these students are all ELLs. If so, teacher

training in appropriate techniques might resolve many of the class-wide failures. For teachers that have general class-wide success, a failing student for which English language learner status was clearly identified might assist the teacher and/or problem-solving team in more accurately identifying the problem and developing interventions designed to meet his/her specific needs.

6) *Verify that all pertinent information is reviewed during the Pre-Referral Meeting, so as to rule out/remediate extrinsic factors as causes of ELL failures.*

This study found that, although district guidelines prescribe that pre-referral teams routinely exam essential information, many reviewed cases were missing documentation of basic information. For example, attendance records were missing in 25% of the 40 ELLs' pre-referral files. This finding implies that attendance was not considered as a potential contributing factor to the academic failures of these 10 ELLs. Without consideration of attendance and/or other extrinsic factors, Type I and Type II problems can not be ruled out, and special education referrals are not warranted. Without documentation of these records, the validity of the pre-referral process can not be determined by outside examiners, such as special education examiners and researchers.

7) *Examine the language program history of referred ELLs to determine its appropriateness and possible contributions to current academic failures.*

This study revealed that more than half of the ELLs were in ESL programs at the time of the study, but had been in bilingual education programs the previous school year. This trend was especially salient for the group of ELLs who had been referred to special education and did not qualify for services. Seventy-five percent of this group showed

this trend of current ESL and previous year bilingual education placement. Additionally, most of the group for whom this trend was present had been placed in ESL not because of their increased language proficiency but rather due to district/campus practices of discontinuing the availability of bilingual education after the 2nd grade. This practice is not empirically-based. Cummins' (1980) research showed that native-like cognitive academic proficiency takes ELLs, on average, five to seven years to achieve. Further caution against this practice of early exit from bilingual education is advised due to the potential for subtractive bilingualism and stunted English language acquisition (Fradd, 1994). Close examination of referred ELLs' language program history can help elucidate potential Type I and Type II problems. A preponderance of these types of histories related to failing ELLs can alert educators and administrators to possible system-wide practices contributing to Type I problems.

Recommendations for Future Research

Further investigation on the instructional interventions used with struggling ELLs is needed to determine their appropriateness. Future studies should follow a qualitative method to examine the validity of these interventions. Future studies should systematically obtain pre-referral data in the form of clearly defined interventions aligned with their specific reasons for referral verified through teacher interviews. Observations of the implementations of said techniques would be essential to determine the precise nature of the interventions as well as their effectiveness. Curriculum-based measurement could lend further support to observational data.

To successfully implement the RTI model with ELL students, the appropriateness of general instructional practices used with these students must first be verified. Qualitative studies using the methodology described above, as well as teacher interviews and outcome data (e.g. educational records, standardized test scores) are needed to determine the appropriate design and implementation of instructional practices with ELL students. These types of studies also need to be conducted on the interventions developed for failing ELLs. Though this study investigated this area, conclusions could not be made due to lack of clearly defined reasons for referral and interventions, and lack of observations necessary to determine fidelity of implementation. Future studies should also further investigate struggling ELLs' learning environments, including cultural relevance, language of instruction, and instructional techniques to determine if best instructional practices are being implemented with ELLs in the general education classrooms. Student characteristics also need to be further examined, including language proficiency, academic history and reasons for referral to enable the determination of the appropriateness of the interventions developed for them. Future studies should also be conducted with ELLs from language groups other than Spanish, since the cultural and linguistic characteristics particular to Spanish-speakers might not be applicable to ELLs with other first languages.

The specific model of the pre-referral process is another area in which future research would enlighten current pre-referral practices for struggling ELLs. Specifically, this study suggests that collaborative consultation in a form that closely resembles the teacher assistance teams (TAT) developed by Chalfant, Pysh and Moultrie (1979) were

more effective for ELL referrals than were the multidisciplinary teams that most closely resembled the intervention assistance teams (IAT) (Graden, 1989). This finding needs further validation from future studies.

Limitations

This study has several limitations. First, the data analyzed were mostly archival. No pre-referral meetings were observed, therefore, only anecdotal information about their process was gathered through referring teacher interviews. Triangulation of pre-referral meeting observation data with the referring teacher interviews, as well as with the pre-referral documents analyzed, would have increased the reliability of this study's findings.

Verifying fidelity of implementation of the interventions was not possible since classroom observations were not conducted as part of this study. Intervention implementation is an essential area to study since appropriate interventions can only be assured through the verification of fidelity of implementation of the interventions. Otherwise, the first part of identifying learning disabilities through RTI relies solely on teacher report.

Another detractor from the reliability of this study was not having pre-referral team member interviews. Although the referring teacher interviews provided valuable information that allowed some validation of the pre-referral documents and researcher questionnaires, pre-referral team member interviews would have allowed triangulation of the data and increased the study's reliability and internal validity.

The lack of objective outcome data, other than for the cases referred to special education, also limited the reliability of this study. Although the researcher intended to

collect at least teacher report pre-referral intervention outcome of implementation data through forms developed for this purpose, most teachers did not complete that section of the form, if at all. With the exception of the special education students, for whom the district's special education online tracking system provided this data, the only outcome data available for these students was that which those teachers interviewed reported. Grade reports, benchmark scores and/or other objective achievement data would have increased the reliability, as well as the validity of this study.

Determining the pertinence of specific interventions based on the reasons for referral was not possible since the district pre-referral forms do not align reasons for referral with interventions. Such clear alignment would have facilitated judging the appropriateness of the interventions for each particular problem. Without this clear information, appropriateness of interventions was judged solely on the general appropriateness of such interventions for ELLs espoused in the research- and best practices literature. Again, aligned interventions by reasons for referral would have increased the validity of this study's findings.

In terms of external validity, this study is particularly limited since the data were analyzed at a descriptive level. The ELLs on which this study focused were all native Spanish-speakers. Though Spanish-speaking ELLs are currently the largest group of ELLs in this country, ELLs from other language groups have unique characteristics that need to be recognized, and which might limit the transference of this study's findings to their situations. The particular characteristics of this school district also limit the generalizability of the study's findings to districts with very similar characteristics.

Namely, for those ELLs receiving ESL, this district provides all-day classroom placements. In most districts with considerable ELL populations, ESL is offered as a pull-out service, usually one period per day. Therefore, those ELLs' referring teachers would probably not all be bilingual education or ESL teachers. Furthermore, their general education teacher(s) might not be as well as trained, generally speaking, in ELL instructional practices as were the referring teachers that participated in this study.

Conclusions

This study revealed some trends in the profiles of ELLs experiencing academic difficulties and who were referred to pre-referral teams. Limited Spanish language proficiency (CALP levels 1 or 2) at the time of entry into the district appeared to be associated with limited English language proficiency years later, at the time that these cases were reviewed by the pre-referral teams. Furthermore, many of these ELLs with limited Spanish and English language proficiency were currently placed in ESL classrooms, with no native language instruction, though they had been receiving bilingual education the previous school year(s). The effects of premature exit from bilingual education programs need to be further investigated to determine the role that such instructional practices have on the native and second language development and academic achievement of ELLs.

Regarding the pre-referral interventions implemented with ELLs, teacher reports suggest that the small-group modality is generally more effective for ELLs than computer-based remedial programs. This finding might be explained by the ELL best practice components that are usually present in small group instruction, such as context-

embedded instruction, class discussions, and scaffolding techniques. However, since pre-referral data were only available through document analysis and teacher interviews, no conclusions can be made regarding the appropriateness of pre-referral interventions for ELLs. Further research needs to be conducted on the appropriateness of pre-referral interventions implemented for ELLs.

One of the most valuable findings of this study was that pre-referral process in this district seems most productive during the stage prior to the pre-referral team meeting. That is, the referring teachers, along with their grade level teams, documented the most specific reasons for referral and specific interventions. Many of these referring teachers also reported implementing the interventions first documented at Stage I, rather than those prescribed at Stage II during the pre-referral team meeting. This finding suggests that, in this district, the referring teachers and their peers functioned more effectively as pre-referral teams than did the Stage II multidisciplinary teams. These referring teachers might have been more effective than the multidisciplinary teams due to their greater combined level of training and experience in ELL instructional practices, and/or the nature of the relationships that they had with each other versus with the Stage II team members. Future research on pre-referral teams addressing ELL referrals should investigate the different models of teams as well as the characteristics of the individual team members to elucidate the factors that contribute to effective pre-referral teams for ELLs.

APPENDIX A

FOLLOW UP ACTION PLAN
Supplemental Information for LEP Student Referrals

Student: _____ Date of Referral: _____

Date of Follow-Up Meeting: _____

ID: _____ DOB: _____ Grade: _____

School: _____

Referring Teacher: _____

Please describe, in observable terms, how each Action Plan intervention was implemented and what results were achieved:

List Interventions Used (from Action Plan)	Describe Implementation (Please include how often, and for how long each intervention was used)
1.	
2.	
3.	
4.	

FOLLOW UP ACTION PLAN
Supplemental Information for LEP Student Referrals

Describe Results of Implementation (use observable terms, for example change in grades, mastery of specific TEKS, improvement in reading rate, etc.)	Evaluation Source(s): (for example, district/statewide tests, grades, classwork, observations, etc.)
1.	
2.	
3.	
4.	

APPENDIX B

Dear Pre-Referral Team Chairperson:

Thank you for agreeing to help with this study. I am including this outline of the steps involved in order to make your job as effortless as possible.

1. Collect Teaching English Language Learners Questionnaire from all team members and place in this binder.
2. Give and explain teacher consent forms to each teacher referring:
 - A LEP student, whose native language is Spanish.
 - in grades K-3.
 - that enrolled at your school no later than August 2003.
 - referred primarily for academic concerns.
3. Put signed teacher consent forms in the binder.
4. Give and explain consent forms to parents of referred ELLs that meet the above criteria. Make sure to give them the form in their native language or language of preference. This will usually be the Spanish form.
5. If the referring teacher and the parent consent, put all referral information in the binder (including all pre-referral forms, LPAC forms, teacher information, health information, copy of cum.folder, etc.). I will contact you and collect this information biweekly.
6. Give the referring teacher the Follow-Up Action Plan form to complete after implementing the Action Plan interventions.
7. Collect the Follow-Up Action Plan forms and put in the binder.

If you have any questions or concerns at any time, please do not hesitate to call me at:
(xxx) xxx-xxxx office
(xxx) xxx-xxxx voicemail

Without your assistance, it would not be possible to organize, systematically describe, analyze and enhance pre-referral interventions for our English language learners.

Thank you! Thank you! Thank you!

Sincerely,

Cathy Martinez, LSSP

*Informed Consent to Participate in Research***The University of Texas at Austin**

You are being asked to participate in a research study. This form provides you with information about the study. The Principal Investigator (the person in charge of this research) or his/her representative will also describe this study to you and answer all of your questions. Please read the information below and ask questions about anything you don't understand before deciding whether or not to take part. Your participation is entirely voluntary and you can refuse to participate without penalty or loss of benefits to which you are otherwise entitled.

Title of Research Study:**Instructional Interventions Developed by Elementary School Pre-Referral Teams for English****Language Learners****Principal Investigator(s), UT affiliation, and Telephone Number(s):**

Principal Investigator: Cathy Martinez, M. A., L. S. S. P., doctoral candidate in educational psychology at UT-Austin. Telephone numbers: (XXX) XXX-XXXX desk, (XXX) XXX-XXXX voicemail

Faculty Sponsors: Deborah Tharinger, Ph.D., Associate Professor, Dept. of Educational Psychology, UT Austin Telephone number: 512-471-0283

Shernaz Garcia, Ph.D., Associate Professor, Department of Special Education, UT Austin, Telephone number: 512-475-6543

Funding source: None.**What is the purpose of this study?**

The purpose of this study is to investigate the academic interventions developed by elementary school pre-referral teams for English language learners (ELLs). In order to gain better understanding of the interventions developed by these teams, the characteristics of ELL students referred to pre-referral teams, the background and experience of pre-referral team members, and the impact of the interventions will be analyzed.

All pre-referral team members at six selected elementary schools will be invited to participate in this study. The schools that are invited to participate have been randomly selected from amongst the district's elementary schools within the top 30% of highest ELL enrollment. Specific data that will be examined by the researcher are the academic interventions developed by these 6 teams for referred ELLs grades K-3 that have attended the current school since the beginning of the school year 2003-2004 and are referred due to academic difficulties only. The first 8 cases referred at each of these 6 schools between August and December 2004 will be included for analysis in this study, which is expected to conclude by the end of the 2004-2005 school year.

What will be done if you take part in this research study?

Participation in the study does not require you to assume a different role or function than that which you would normally fulfill as a prereferral team member. However, when completing pre-referral forms, you will be asked to describe each intervention in as much detail as possible.

If you are a permanent prereferral team member, the only additional requirements that will be requested of you will be to complete the Teaching English Language Learners: Training and Experience Questionnaire.

If you are a team chairperson, you will also be asked to read the consent letter to each referred ELLs' parent(s) and/or teacher, and procure their consent.

If you are a referring teacher for, you will also be asked to complete the Action Plan- Follow Up form. Half of the referring teachers will also be contacted via phone by the investigator to answer follow-up questions about action plan implementation. If you are contacted for a phone interview, it will be scheduled at a time that is convenient for you.

The investigator will not disclose any information obtained via phone interviews, the Action Plan Follow-Up form, and the Teaching English Language Learners: Training and Experience Questionnaire. This, and all other data collected will only be reported as group data and will not include any identifying information.

What are the possible discomforts and risks?

No harmful effects are anticipated from participation in the study since you will be fulfilling the role that you normally otherwise perform as a prereferral team member, and any additional information provided to the investigator will be kept confidential. If you wish to discuss the information above or any other risks you may experience, you may ask questions now or call the Principal Investigator listed on the front page of this form.

What are the possible benefits to you or to others?

The expected benefits of participation for the teams involved in this study include optimal functioning of the team process, as well as a more organized, systematic approach to data collection. After completion of the study, each team will be provided with feedback on their team's functioning. At that time, the researcher will also offer specific recommendations for improved team functioning. Each team will receive a copy of the finished dissertation. Optimized prereferral team functioning is expected to benefit English language learners referred in the future.

If you choose to take part in this study, will it cost you anything?

No.

Will you receive compensation for your participation in this study?

No.

What if you are injured because of the study?

Participation in this study involves assuming your normal role as permanent pre-referral team member, teacher or parent of referred students plus completion of two additional information forms. Hence, in the unlikely case of injury occurring during a pre-referral team meeting, it would not be due to participation in this study.

If you do not want to take part in this study, what other options are available to you?

Participation in this study is entirely voluntary. You are free to refuse to be in the study, and your refusal will not influence current or future relationships with The University of Texas at Austin and/or XXX ISD.

How can you withdraw from this research study and who should I call if I have questions?

If you wish to stop your participation in this research study for any reason, you should contact: Cathy Martinez at (XXX) XXX-XXX. You are free to withdraw your consent and stop participation in this research study at any time without penalty or loss of benefits for which you may be entitled. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.

In addition, if you have questions about your rights as a research participant, please contact Clarke A. Burnham, Ph.D., Chair, The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects, 512/232-4383.

How will your privacy and the confidentiality of your research records be protected?

All student names will be removed from any documents used for this study before they are copied and removed from the school. As soon as all data has been collected and coded, all names of team members, other teachers, parents and referred students will be replaced with numbers and/or general role descriptor, such as “parent” or “teacher”. The results will be presented collectively. For example, types of interventions developed by all teams will be presented in general. Some results will be described for each team. For example, Team 1’s interventions will be described, as well as Team 2, Team 3, etc. However, no school names will be used and the names of the schools invited to participate will not be disclosed to any XXX ISD personnel outside of the Office of Institutional Research.

Half of the referring teachers will be contacted by the investigator via phone for a follow-up interview about action plan implementation and results. These phone calls will be tape recorded. The cassettes will be coded so that no personally identifying information is visible on them, and kept in a locked cabinet that only the investigator can access. They will be heard only by the investigator and will be erased once they have been coded or transcribed without any identifying information.

Authorized persons from The University of Texas at Austin and the Institutional Review Board have the legal right to review your research records and will protect the confidentiality of those records to the extent permitted by law. If the research project is sponsored then the sponsor also have the legal right to review your research records. Otherwise, your research records will not be released without your consent unless required by law or a court order. If the results of this research are published or presented at scientific meetings, your identity will not be disclosed.

Will the researchers benefit from your participation in this study?

This study serves as a partial fulfillment of a degree requirement for the researcher’s doctoral degree in educational psychology.

Signatures:

As a representative of this study, I have explained the purpose, the procedures, the benefits, and the risks that are involved in this research study:

Signature and printed name of person obtaining consent **Date**

You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this Form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. You voluntarily agree to participate in this study. By signing this form, you are not waiving any of your legal rights.

Printed Name of Subject **Date**

Signature of Subject **Date**

Signature of Principal Investigator **Date**

IRB# 2003-12-0051

Consentimiento Informado para la Participacion en una Investigacion

La Universidad de Texas en Austin (The University of Texas at Austin)

Se esta pidiendo que usted participe en un estudio investigativo. Esta forma le otorga informacion sobre el estudio. La Investigadora Principal (la persona a cargo de esta investigacion) o su representante tambien le describira este estudio y contestara todas sus preguntas. Por favor lea la informacion abajo y pregunte sobre cualquier cosa que no entienda antes de decidir si quiere participar o no. Su participacion es completamente voluntaria y puede rehusar a participar sin ninguna perdida de beneficios que normalmente le corresponden .

Titulo del Estudio Investigativo:

Intervenciones Instruccionales Disenadas por Equipos de Apoyo al Estudiante en las Escuelas

Primarias para Estudiantes Aprendiendo Ingles

Investigadora Principal, afiliacion con UT, y Numeros de Telefono:

Investigadora Principal: Cathy Martinez, M. A., L. S. S. P., candidata al doctorado en psicologia educativa en la Universidad de Texas en Austin.

Numeros de telefono: (xxx) xxx-xxxx oficina, (xxx) xxx-xxxx maquina contestadora

Profesores Patrocinadores : Deborah Tharinger, Ph.D., Profesora Asociada, Depto. de Psicologia, UT Austin
Numero de telefono: 512-471-0283

Shernaz Garcia, Ph.D., Profesora Asociada, Depto. de Educacion Especial, UT
Austin, Numero de telefono: 512-475-6543

Fondo de Recursos:

Ninguno.

Cual es el proposito de este estudio?

El proposito de este estudio es investigar las intervenciones academicas disenadas por equipos de apoyo al estudiante en las escuelas primarias para estudiantes aprendiendo ingles. Para lograr un mejor entendimiento de las intervenciones disenadas por estos equipos, las caracteristicas de los estudiantes aprendiendo ingles referidos a los equipos de apoyo al estudiante, el entrenamiento y experiencia de los miembros de estos equipos, y el impacto de estas intervenciones seran analizadas.

Todos los miembros de los equipos de apoyo al estudiante en seis escuelas primarias seleccionadas serán invitados a participar en este estudio. Las escuelas invitadas a participar serán seleccionadas al azar de entre las escuelas primarias del distrito escolar que cuenten con el 30% más alto de estudiantes aprendiendo inglés. Datos específicos que serán examinados por la investigadora son las intervenciones académicas diseñadas por estos 6 equipos para los estudiantes aprendiendo inglés, en grados K-3, que asisten a la misma escuela desde el principio del año escolar 2003-2004 y que son referidos a los equipos de apoyo al estudiante por dificultades académicas exclusivamente. Los primeros 8 casos referidos en cada una de estas 6 escuelas entre agosto y diciembre del año 2004 serán incluidas para análisis en este estudio. Se espera que el estudio concluya a fines de este año escolar 2004-2005.

Que se hara si participas en este estudio investigativo?

Participación en este estudio no requiere que asumas un rol o función diferente que el que normalmente desempeñas como miembro del equipo de apoyo al estudiante. Pero, se le pide que, cuando completando formas de este equipo, describa cada intervención con el máximo detalle posible.

Si usted es miembro permanente del equipo de apoyo estudiantil, el único requerimiento adicional que se le pedirá será completar el Cuestionario de Entrenamiento y Experiencia: Enseñando a Estudiantes Aprendiendo Inglés.

Si usted es presidente del equipo, se le pedirá que lea la forma de consentimiento al padre o madre de cada estudiante aprendiendo inglés referido al equipo y/o la maestra del estudiante, y procure su consentimiento.

Si usted es la maestra o el maestro refiriendo al estudiante, se le pedirá que complete el Seguimiento del Plan de Acción. La mitad de las maestras (o maestros) que refieren estos estudiantes serán contactados por teléfono por la investigadora para contestar preguntas para aclarar la implementación del plan de acción. Si usted fuera contactado para una entrevista telefónica, será en un horario designado cuando sea conveniente para usted.

La investigadora no divulgará ninguna información obtenida mediante las entrevistas telefónicas, las formas de Seguimiento del Plan de Acción, el Cuestionario de Entrenamiento y Experiencia: Enseñando a Estudiantes Aprendiendo Inglés. Estos, y todos los datos obtenidos, serán reportados solamente como datos agregados y no tendrán ninguna información que pueda identificar a los estudiantes, participantes o escuelas.

Cuales son los posibles riesgos e incomodidades?

No se anticipa que ningún efecto dañino resulte de la participación en este estudio, puesto que estará asumiendo el rol que normalmente desempeña como miembro del equipo de apoyo al estudiante, y cualquier información adicional que provea a la investigadora será confidencial. Si desea conversar sobre esta información o cualquier riesgo que pueda ocurrir, puede preguntar ahora o llamar a la investigadora principal a los teléfonos en la primera página de esta forma.

Cuales son los beneficios a usted o a otros?

Los beneficios esperados de la participación para los equipos que participaran en este estudio incluyen el funcionamiento óptimo del proceso de estos equipos, como también un enfoque más organizado e sistemático a la colección de datos. Luego de la conclusión del estudio, cada equipo obtendrá recomendaciones específicas para el mejor funcionamiento de su equipo. Cada equipo recibirá una copia final del estudio. Se espera que el óptimo funcionamiento del equipo de apoyo estudiantil beneficiará a estudiantes referidos en el futuro.

Si decide participar en este estudio, le costara algo?

No.

Usted recibira compensacion por su participacion en este estudio?

No.

Que pasa si usted es lesionado por causa de este estudio?

La participacion en este estudio implica que asuma el rol que normalmente desempeña como miembro permanente del equipo de apoyo al estudiante mas la completacion de dos formas adicionales. Entonces, en el caso remoto de que dano fisico le ocurriera durante una junto del equipo de apoyo al estudiante, no seria el resultado de la participacion en este estudio.

Si no quiere participar en este estudio, que opciones tiene?

Participacion en este estudio es completamente voluntario. Usted es libre de rehusar su participacion en este estudio, y su decision no influira sus relaciones actuales ni futuras con la Universidad de Texas en Austin o con XXX ISD.

Como puede retirar su participacion de este estudio investigativo y a quien debo llamar si tengo preguntas?

Si usted desea terminar su participacion en este estudio investigativo por cualquier razon, debe contactar a: Cathy Martinez al (XXX) XXX-XXXX. Usted es libre de retirar su consentimiento en este estudio investigativo en cualquier momento sin penalidad ni perdida de beneficios que le correspondan. A lo largo del estudio, la investigadora le notificara de nueva informacion que pueda afectar su decision de continuar en el estudio.

Adicionalmente, si tiene preguntas acerca de sus derechos como participante en una investigacion, por favor contacte a Clarke A. Burnham, Ph.D., Presidente, Comite de Revision para la Proteccion de Sujetos Humanos de la Universidad de Texas en Austin, 512/232-4383.

Como se protegera su privacidad y la confidencialidad de sus archivos de investigacion?

Todos los nombres de estudiantes seran quitados de los documentos usados para este estudio antes de ser copiados y retirados de la escuela. Tan pronto todos los datos sean colectados y codificados, todos los nombres de los miembros de los equipos, maestros y padres de estudiantes referidos seran reemplazados con numeros y/o una descripcion general del rol, como ser "padre" o "maestro". Los resultados seran presentados colectivamente. Por ejemplo, los tipos de intervenciones disenados por todos los equipos seran presentados en general. Algunos resultados describiran cada equipo. Por ejemplo, las intervenciones del Equipo 1 seran descritas, como tambien del Equipo 2, Equipo 3, etc. Ninguna escuela sera nombrada y los nombres de las escuelas invitadas a participar no seran divulgadas a ningun empleado de XXX ISD fuera de la Oficina de Investigacion Institucional.

La mitad de las maestras o maestros que refieren a los estudiantes cuyos casos se incluyan en este estudio seran contactados por la investigadora por telefono para una entrevista con el objetivo de aclarar la implementacion del plan de accion y los resultados de dicho plan. Estas llamadas telefonicas seran grabadas. Los casetes seran codificados para que ninguna identificacion personal sea visible, y guardados en un lugar seguro que solo sea accesible por la investigadora. La investigadora sera la unica persona que escuchara estos casetes y seran borrados una vez que hayan sido codificados o transcritos sin ninguna informacion identificatoria.

Personas autorizados de la Universidad de Texas en Austin y del Comité de Revisión Institucional tienen el derecho legal de revisar sus archivos de investigación y proteger la confidencialidad de estos archivos al extento permitido por la ley. Si el proyecto de investigación tiene patrocinadores, entonces el patrocinador también tiene el derecho legal de revisar sus archivos de investigación. De otra manera, sus archivos de investigación no serán liberados sin su consentimiento a no ser que se los requiera por ley u orden de la corte. Si los resultados de esta investigación son publicados o presentados en juntas científicas, su identidad no será divulgada.

La investigadora obtendrá beneficio de su participación en este estudio?

Este estudio sirve como cumplimiento parcial de un requerimiento de grado para el doctorado en psicología educativa de la investigadora.

Firmas:

Como representante de este estudio, he explicado el propósito, los procedimientos, los beneficios, y los riesgos que implican este estudio investigativo:

Firma y nombre de la persona obteniendo consentimiento **Fecha**

Usted ha sido informado del propósito de este estudio, procedimientos, posibles beneficios y riesgos, y ha recibido una copia de esta Forma. Usted ha tenido la oportunidad de hacer preguntas antes de firmar, y ha sido informado que puede hacer preguntas en cualquier momento. Usted, de su propia voluntad, esta de acuerdo con participar en este estudio. Al firmar esta forma, no esta renunciando a ninguno de sus derechos legales.

Nombre del Participante **Fecha**

Firma del Participante **Fecha**

Firma de la Investigadora Principal **Fecha**

IRB# _____

Informed Consent to Participate in Research

The University of Texas at Austin

You are being asked to participate in a research study. This form provides you with information about the study. The Principal Investigator (the person in charge of this research) or his/her representative will also describe this study to you and answer all of your questions. Please read the information below and ask questions about anything you don't understand before deciding whether or not to take part. Your participation is entirely voluntary and you can refuse to participate without penalty or loss of benefits to which you are otherwise entitled.

Title of Research Study:

Instructional Interventions Developed by Elementary School Pre-Referral Teams for English Language Learners

Principal Investigator(s), UT affiliation, and Telephone Number(s):

Principal Investigator: Cathy Martinez, M. A., L. S. S. P., doctoral candidate in educational psychology at UT-Austin. Telephone numbers: (XXX) XXX-XXXX desk, (XXX) XXX-XXXX voicemail

Faculty Sponsors: Deborah Tharinger, Ph.D., Associate Professor, Dept. of Educational Psychology, UT Austin Telephone number: 512-471-0283

Shernaz Garcia, Ph.D., Associate Professor, Department of Special Education, UT Austin, Telephone number: 512-475-6543

Funding source:

None.

What is the purpose of this study?

The purpose of this study is to investigate the academic interventions developed by elementary school pre-referral teams for English language learners (ELLs). In order to gain better understanding of the interventions developed by these teams, the characteristics of ELL students referred to pre-referral teams, the background and experience of pre-referral team members, and the impact of the interventions will be analyzed

All pre-referral team members at six selected elementary schools will be invited to participate in this study. The schools that are invited to participate have been randomly selected from amongst the district's elementary schools within the top 30% of highest ELL enrollment. Specific data that will be examined by the researcher are the academic interventions developed by these 6 teams for referred ELLs grades K-3 that have attended the current school since the beginning of the school year 2003-2004 and are referred due to

academic difficulties only. The first 8 cases referred at each of these 6 schools between August and December 2004 will be included for analysis in this study, which is expected to conclude by the end of the 2004-2005 school year.

What will be done if you take part in this research study?

Participation in the study does not require you to assume a different role or function than that which you would normally fulfill as the parent of a referred student.

If you are the parent of any of the first 8 ELLs grades K-3 referred between August 2004 and December 2004, your consent will permit the researcher to examine the prereferral documents completed by you and the rest of the team (i.e. Parent Information, Teacher Information, Health History, Determination of Dominant Language, Pre Level II Problem Identification & Intervention Monitoring Documentation, Action Plan, Action Plan Follow Up). Additionally, your consent will allow the researcher to review other documentation normally reviewed by the prereferral team, such as your child's cum.folder, attendance record, work samples, state/districtwide test results.

The researcher will ask for the referring teacher's and the team's consent to examine your child's documents, and to interview the referring teacher(s), only if you consent. Your consent is entirely voluntary.

The investigator will not disclose any information obtained via phone interviews with your child's teacher(s), the Action Plan Follow-Up form, and the Teaching English Language Learners: Training and Experience Questionnaire. This, and all other data collected will only be reported as group data and will not include any identifying information.

What are the possible discomforts and risks?

No harmful effects are anticipated from participation in the study since you will be fulfilling the role that you normally otherwise perform as a parent of a referred student, and any additional information provided to the investigator will be kept confidential. If you wish to discuss the information above or any other risks you may experience, you may ask questions now or call the Principal Investigator listed on the front page of this form.

What are the possible benefits to you or to others?

The expected benefits of participation for the teams involved in this study include optimal functioning of the team process, as well as a more organized, systematic approach to data collection. After completion of the study, each team will be provided with feedback on their team's functioning. At that time, the researcher will also offer specific recommendations for improved team functioning. Each team will receive a copy of the finished dissertation. Optimized prereferral team functioning is expected to benefit English language learners referred in the future.

If you choose to take part in this study, will it cost you anything?

No.

Will you receive compensation for your participation in this study?

No.

What if you are injured because of the study?

Participation in this study involves assuming your normal role as the parent of a referred student. Hence, in the unlikely case of injury occurring during a pre-referral team meeting, it would not be due to participation in this study.

If you do not want to take part in this study, what other options are available to you?

Participation in this study is entirely voluntary. You are free to refuse to be in the study, and your refusal will not influence current or future relationships with The University of Texas at Austin and/or XXX ISD.

How can you withdraw from this research study and who should I call if I have questions?

If you wish to stop your participation in this research study for any reason, you should contact: Cathy Martinez at (214) 932-7346. You are free to withdraw your consent and stop participation in this research study at any time without penalty or loss of benefits for which you may be entitled. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.

In addition, if you have questions about your rights as a research participant, please contact Clarke A. Burnham, Ph.D., Chair, The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects, 512/232-4383.

How will your privacy and the confidentiality of your research records be protected?

All student names will be removed from any documents used for this study before they are copied and removed from the school. As soon as all data has been collected and coded, all names of team members, other teachers, parents and referred students will be replaced with numbers and/or general role descriptor, such as "parent" or "teacher". The results will be presented collectively. For example, types of interventions developed by all teams will be presented in general. Some results will be described for each team. For example, Team 1's interventions will be described, as well as Team 2, Team 3, etc. However, no school names will be used and the names of the schools invited to participate will not be disclosed to any XXX ISD personnel outside of the Office of Institutional Research.

Half of the referring teachers will be contacted by the investigator via phone for a follow-up interview about action plan implementation and results. These phone calls will be tape recorded. The cassettes will be coded so that no personally identifying information is visible on them, and kept in a locked cabinet that only the investigator can access. They will be heard only by the investigator and will be erased once they have been coded or transcribed without any identifying information.

Authorized persons from The University of Texas at Austin and the Institutional Review Board have the legal right to review your research records and will protect the confidentiality of those records to the extent permitted by law. If the research project is sponsored then the sponsor also have the legal right to review your research records. Otherwise, your research records will not be released without your consent unless required by law or a court order. If the results of this research are published or presented at scientific meetings, your identity will not be disclosed.

Will the researchers benefit from your participation in this study?

This study serves as a partial fulfillment of a degree requirement for the researcher's doctoral degree in educational psychology.

Signatures:

As a representative of this study, I have explained the purpose, the procedures, the benefits, and the risks that are involved in this research study:

Signature and printed name of person obtaining consent **Date**

You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this Form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. You voluntarily agree to participate in this study. By signing this form, you are not waiving any of your legal rights.

Printed Name of Subject **Date**

Signature of Subject **Date**

Signature of Principal Investigator **Date**

IRB# 2003-12-0051

Consentimiento Informado para la Participacion en una Investigacion

La Universidad de Texas en Austin (The University of Texas at Austin)

Se esta pidiendo que usted participe en un estudio investigativo. Esta forma le otorga informacion sobre el estudio. La Investigadora Principal (la persona a cargo de esta investigacion) o su representante tambien le describira este estudio y contestara todas sus preguntas. Por favor lea la informacion abajo y pregunte sobre cualquier cosa que no entienda antes de decidir si quiere participar o no. Su participacion es completamente voluntaria y puede rehusar a participar sin ninguna perdida de beneficios que normalmente le corresponden.

Titulo del Estudio Investigativo:

Intervenciones Instruccionales Diseñadas por Equipos de Apoyo al Estudiante en las Escuelas

Primarias para Estudiantes Aprendiendo Ingles

Investigadora Principal, afiliacion con UT, y Numeros de Telefono:

Investigadora Principal: Cathy Martinez, M. A., L. S. S. P., candidata al doctorado en psicologia educativa en la Universidad de Texas en Austin.

Numeros de telefono: (xxx) xxx-xxxx oficina, (xxx) xxx-xxxx maquina contestadora

Profesores Patrocinadores : Deborah Tharinger, Ph.D., Profesora Asociada, Depto. de Psicologia, UT Austin
Numero de telefono: 512-471-0283

Shernaz Garcia, Ph.D., Profesora Asociada, Depto. de Educacion Especial, UT Austin, Numero de telefono: 512
-475-6543

Fondo de Recursos:

Ninguno.

Cual es el proposito de este estudio?

El proposito de este estudio es investigar las intervenciones academicas disenadas por equipos de apoyo al estudiante en las escuelas primarias para estudiantes aprendiendo ingles. Para lograr un mejor entendimiento de las intervenciones disenadas por estos equipos, las caracteristicas de los estudiantes aprendiendo ingles referidos a los equipos de apoyo al estudiante, el entrenamiento y experiencia de los miembros de estos equipos, y el impacto de estas intervenciones seran analizadas.

Todos los miembros de los equipos de apoyo al estudiante en seis escuelas primarias seleccionadas seran invitados a participar en este estudio. Las escuelas invitadas a participar seran seleccionadas al azar de

entre las escuelas primarias del distrito escolar que cuenten con el 30% mas alto de estudiantes aprendiendo ingles. Datos especificos que seran examinados por la investigadora son las intervenciones academicas disenadas por estos 6 equipos para los estudiantes aprendiendo ingles, en grados K-3, que asisten a la misma escuela desde el principio del ano escolar 2003-2004 y que son referidos a los equipos de apoyo al estudiante por dificultades academicas exclusivamente. Los primeros 8 casos referidos en cada una de estas 6 escuelas entre agosto y diciembre 2004 seran incluidas para analisis en este estudio. Se espera que el estudio concluya a fines de este ano escolar 2004-2005.

Que se hara si participas en este estudio investigativo?

Participacion en este estudio no requiere que asumas un rol o funcion diferente que el que normalmente desempeñas como padre(s) del estudiante referido.

Si usted es padre de uno de los primeros 8 estudiantes aprendiendo ingles en grados K-3 referidos entre agosto 2004 y diciembre 2004, su consentimiento permitira que la investigadora examine los documentos completados por usted y todo el equipo (por ejemplo, Informacion de los Padres, Informacion del Maestro, Historia de Salud, Determinacion del Lenguaje Dominante, Documentacion de Monitoreo de la Identificacion del Problema e Intervenciones Pre-Nivel II, Plan de Accion, Seguimiento del Plan de Accion) Ademas, su consentimiento permitira a la investigadora revisar otros documentos normalmente examinados por el equipo de apoyo al estudiante, como ser el folder cumulativo de su hijo(a), asistencia, trabajos escolares, resultados de exámenes estatales y del distrito.

La investigadora pedira el consentimiento del equipo y de la/los maestra/os que refieren a su hijo(a) al equipo para examinar los documentos de su hijo(a), y para entrevistar a los maestros, solamente si usted da su consentimiento. Su consentimiento es completamente voluntario.

La investigadora no divulgara ninguna informacion obtenida mediante las entrevistas telefonicas con la maestra que refirio a su hijo(a), las formas de Seguimiento del Plan de Accion, el Cuestionario de Entrenamiento y Experiencia: Enseñando a Estudiantes Aprendiendo Ingles. Estos, y todos los datos obtenidos, seran reportados solamente como datos agregados y no tendran ninguna informacion que pueda identificar a los estudiantes, participantes o escuelas.

Cuales son los posibles riesgos e incomodidades?

No se anticipa que ningun efecto danino resulte de la participacion en este estudio, puesto que estara asumiendo el rol que normalmente desempeña como padre de un estudiante referido al equipo de apoyo estudiantil, y cualquier informacion adicional que provea a la investigadora sera confidencial. Si desea conversar sobre esta informacion o cualquier riesgo que pueda ocurrir, puede preguntar ahora o llamar a la investigadora principal a los telefonos en la primera pagina de esta forma.

Cuales son los beneficios a usted o a otros?

Los beneficios esperados de la participacion para los equipos que participaran en este estudio incluyen el funcionamiento optimo del proceso de estos equipos, como tambien un enfoque mas organizado e sistematico a la coleccion de datos. Luego de la conclusion del estudio, cada equipo obtendra recomendaciones especificas para el mejor funcionamiento de su equipo. Cada equipo recibira una copia final del estudio. Se espera que el optimo funcionamiento del equipo de apoyo estudiantil sera beneficioso para los futuros estudiantes referidos a este equipo.

Si decide participar en este estudio, le costara algo?

No.

Usted recibira compensacion por su participacion en este estudio?

No.

Que pasa si usted es lesionado por causa de este estudio?

La participacion en este estudio implica que asuma el rol que normalmente desempeña como padre de un estudiante referido. Entonces, en el caso remoto de que dano físico le ocurriera durante una junta del equipo de apoyo al estudiante, no sería el resultado de la participacion en este estudio.

Si no quiere participar en este estudio, que opciones tiene?

Participacion en este estudio es completamente voluntario. Usted es libre de rehusar su participacion en este estudio, y su decision no influirá sus relaciones actuales ni futuras con la Universidad de Texas en Austin o con XXX ISD.

Como puede retirar su participacion de este estudio investigativo y a quien debo llamar si tengo preguntas?

Si usted desea terminar su participacion en este estudio investigativo por cualquier razon, debe contactar a: Cathy Martinez al (xxx) xxx-xxxx . Usted es libre de retirar su consentimiento en este estudio investigativo en cualquier momento sin penalidad ni perdida de beneficios que le correspondan. A lo largo del estudio, la investigadora le notificara de nueva informacion que pueda afectar su decision de continuar en el estudio.

Adicionalmente, si tiene preguntas acerca de sus derechos como participante en una investigacion, por favor contacte a Clarke A. Burnham, Ph.D., Presidente, Comité de Revision para la Proteccion de Sujetos Humanos de la Universidad de Texas en Austin, 512/232-4383.

Como se protegera su privacidad y la confidencialidad de sus archivos de investigacion?

Todos los nombres de estudiantes serán quitados de los documentos usados para este estudio antes de ser copiados y retirados de la escuela. Tan pronto todos los datos sean colectados y codificados, todos los nombres de los miembros de los equipos, maestros y padres de estudiantes referidos serán reemplazados con números y/o una descripción general del rol, como ser “padre” o “maestro”. Los resultados serán presentados colectivamente. Por ejemplo, los tipos de intervenciones diseñados por todos los equipos serán presentados en general. Algunos resultados describirán cada equipo. Por ejemplo, las intervenciones del Equipo 1 serán descritas, como también del Equipo 2, Equipo 3, etc. Ninguna escuela será nombrada y los nombres de las escuelas invitadas a participar no serán divulgadas a ningún empleado de xxx ISD fuera de la Oficina de Investigacion Institucional.

La mitad de las maestras o maestros que refieren a los estudiantes cuyos casos se incluyan en este estudio serán contactados por la investigadora por teléfono para una entrevista con el objetivo de aclarar la implementación del plan de acción y los resultados de dicho plan. Estas llamadas telefónicas serán grabadas. Los casetes serán codificados para que ninguna identificación personal sea visible, y guardados en un lugar seguro que solo sea accesible por la investigadora. La investigadora será la única persona que escuchará estos casetes y serán borrados una vez que hayan sido codificados o transcritos sin ninguna información identificatoria.

Personas autorizadas de la Universidad de Texas en Austin y del Comité de Revision Institucional tienen el derecho legal de revisar sus archivos de investigacion y protegerán la confidencialidad de estos archivos al extento permitido por la ley. Si el proyecto de investigacion tiene patrocinadores, entonces el patrocinador

tambien tiene el derecho legal de revisar sus archivos de investigacion. De otra manera, sus archivos de investigacion no seran liberados sin su consentimiento a no ser que se los requiera por ley u orden de la corte. Si los resultados de esta investigacion son publicados o presentados en juntas cientificas, su identidad no sera divulgada.

La investigadora obtendra beneficio de su participacion en este estudio?

Este estudio sirve como cumplimiento parcial de un requerimiento de grado para el doctorado en psicologia educativa de la investigadora.

Firmas:

Como representante de este estudio, he explicado el propósito, los procedimientos, los beneficios, y los riesgos que implican este estudio investigativo:

Firma y nombre de la persona obteniendo consentimiento **Fecha**

Usted ha sido informado del propósito de este estudio, procedimientos, posibles beneficios y riesgos, y ha recibido una copia de esta Forma. Usted ha tenido la oportunidad de hacer preguntas antes de firmar, y ha sido informado que puede hacer preguntas en cualquier momento. Usted, de su propia voluntad, esta de acuerdo con participar en este estudio. Al firmar esta forma, no esta renunciando a ninguno de sus derechos legales.

Nombre del Participante **Fecha**

Firma del Participante **Fecha**

Firma de la Investigadora Principal **Fecha**

APPENDIX D

Teaching English Language Learners

Training and Experience Questionnaire

Please complete this form if you are a pre-referral team member or the teacher of an English language learner (LEP student) grades K-3 that has been referred for Level II interventions between September and December, 2004.

Your Name: _____

School: _____

Are you a permanent team member? Yes No

Phone number and times you could potentially be available for a phone interview: _____

Name(s) of student(s) you have referred _____

1. What degree(s) do you hold?

Degree or Diploma	Year Awarded	Major (if applicable)

2. What certifications do you hold?

Certificate	Is this an alternative certificate (ACP)?	Is this an emergency certificate?	Grades or Level	Year awarded or to be awarded	State or Country
	Yes No	Yes No			
	Yes No	Yes No			
	Yes No	Yes No			
	Yes No	Yes No			
	Yes No	Yes No			

3. Is English your first language? _____Yes _____No
 If so, please skip to question 8.

4. Where and how did you learn to speak English?

5. Where and how did you learn to read in English?

6. Where and how did you learn to write in English?

7. Please indicate your English proficiency in each area:

Listening: None Limited Good Very Good Excellent
 Speaking: None Limited Good Very Good Excellent
 Reading: None Limited Good Very Good Excellent
 Writing: None Limited Good Very Good Excellent

8. Do you speak Spanish? _____Yes _____No
 If not, please skip to question 15.

9. Where and how did you learn to speak Spanish?

10. Where and how did you learn to read in Spanish?

11. Where and how did you learn to write in Spanish?

12. Please indicate your Spanish proficiency in each area:

Listening: None Limited Good Very Good Excellent
Speaking: None Limited Good Very Good Excellent
Reading: None Limited Good Very Good Excellent
Writing: None Limited Good Very Good Excellent

13. If you are certified as a bilingual teacher, were you required to complete the Texas Test of Oral Proficiency (TOPT) as a part of your bilingual certification requirements?

_____ Yes _____ No

14. If so, did you receive a passing score?

_____ Yes _____ No

15. Please describe your current assignment:

Grade(s) taught	Type of classroom (bilingual education, ESL, special education, general education, BSE, etc.)

16. Please describe your teaching experience previous to this year:

Grade(s)	Number	Type of classroom (bilingual education,	District
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Taught	of years	Special education, general education, BSE, etc.)	

17. Please describe any additional training you have had in the instruction of limited English proficient students:

Title or description of workshop/conference	Number of hours	Date(s) or approximate date(s) attended

18. During the course of a school year, as you provide instruction to your students who have limited English proficiency, what percentage of your teaching do you carry out:

In Spanish _____% In English _____% without language accommodations _____%
 Using ESL techniques _____% Other (please describe below) _____%

Comments:

19. Please describe the instruction you generally provide for LEP students:

APPENDIX E

INSTRUCTIONAL INTERVENTIONS DEVELOPED BY ELEMENTARY SCHOOL PRE-REFERRAL TEAMS FOR ENGLISH LANGUAGE LEARNERS: SEMISTRUCTURED TEACHER INTERVIEW SCHEDULE

1. Please tell me how these interventions (from Action Plan) were developed in the SST meeting. Help me form a mental picture of this process.
2. If you were not at the meeting, please tell me the reasons.
3. What information was considered in the development of these interventions?
4. What information do you consider important? What factors do you believe are influencing the current performance of this student?
5. Who determined which interventions would be implemented?
6. How appropriate do you believe these interventions are for this student, and why?
7. How do you address language differences/needs in your classroom?
8. How was each specific intervention implemented (if vague on Follow Up Action Plan). (e.g. specific program, modality, group size, frequency, how long).
9. Please tell me more about the results (e.g. if the teacher lists “little progress”, ask what that means specifically).

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