THE PERCEIVED EFFECTS OF PL 99-457 ON THE ROLE OF SCHOOL PSYCHOLOGISTS

CARA TEASLEY KING

THE PERCEIVED EFFECTS OF PL 99-457 ON THE ROLE OF SCHOOL PSYCHOLOGISTS

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by

Cara Teasley King

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To the Graduate and Research Council:

I am submitting herewith a Research Paper written by Cara King entitled "The Perceived Effects of PL 99-457 on the Role of School Psychologists". I have examined the final copy of this paper for form and content, and I recommend that it be accepted in partial fulfillment of the requirements for the Master of Arts Degree, with a major in School Psychology.

Susan Kupisch
Major Professor

We have read this research paper and recommend its acceptance:

Patricia F. Chappell
Second Committee Member

John D. Martin
Third Committee Member

Accepted for the Graduate and Research Council:

William H. Ellis
Dean of the Graduate School

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TABLE OF CONTENTS

CHAPTER I

INTRODUCTION

As the twig is bent, so grows the tree. This old saying has taken a new meaning in recent times. We now know that early learning has far-reaching consequences on lifelong patterns of behavior. If children are more receptive to external influence during the years before school, and if the period from infancy through the early childhood years is a time of great malleability, it follows that efforts instituted during this period would offer the greatest probability of enhancing development (Safford, 1978).

It is paradoxical that there has been no official mandate for services for children until they reach age five in most states. The lack of a mandate to serve handicapped preschool children is even more disheartening since it is known that intervention is most likely to help in the early years.

For others, the early years may represent missed opportunities more than anything else. Subtle, hard to identify problems may go unnoticed until school age. Most experts believe that many mildly handicapping conditions are preventable, or at least more easily remedied, if good teaching and other supporting services are provided during the early years when development is most malleable (Cartwright, Cartwright, & Ward, 1981).

Growing evidence supporting the value of the early years embraces the old saying that an ounce of prevention is worth a pound of cure. For young children whose problems are significant, very early and sustained intervention is

necessary to help them achieve some measure of independence.

The passing of PL 99-457 will lead to the establishment of some needed services for the preschool population. PL 99-457 requires that by the 1990-91 school year states receiving PL 94-142 funds must provide a free appropriate public education for handicapped preschoolers, ages three through five. It also provides funds to states wishing to plan and develop programs for handicapped infants and toddlers from birth through age two (Public Law, 1986).

With the passing of PL 99-457, school psychologists will be extending their services to meet the needs of young children. Many school psychologists will be entering an area in which they have had little experience. School psychologists need to become aware of the components of the law so they can better prepare themselves to assess handicapped preschool children.

The purpose of the present study is to explore the perceived effects of PL 99-457 on the role of school psychologists. First, a review of the literature will highlight issues of preschool assessment and aspects of the new law. This background should assist in understanding the role of school psychologists in the assessment of preschoolers. Second, a questionnaire administered to school psychologists in the Middle Tennessee area, examined the perceived effects of PL 99-457 on their roles as school psychologists.

The following hypotheses are proposed:

H_1 School psychologists will perceive their roles as changing.

H_2 School psychologists will judge that they are not adequately trained to assess preschoolers.

H_3 School psychologists will perceive that the process of preschool assessment will be more time consuming than with typical elementary school-age children.

H_4 Differences will be noted between the evaluation of preschoolers and the evaluation of the elementary school-age population.

H_5 Most school psychologists to date have assessed very few preschool children.

CHAPTER II

REVIEW OF RELATED LITERATURE

New Federal Preschool Program - PL 99-457

On October 8, 1986, the President of the United States signed into law the Education of the Handicapped Act Amendments of 1986 (PL 99-457). These amendments to PL 94-142 provide new federal incentives for the education of handicapped infants and young children. This new law is the result of more than a year of deliberation in both Houses of Congress (American Speech and Hearing Association, 1986; Public Law, 1986; Schakel, 1986).

When passed in 1975, the Education for All Handicapped Children's Act (PL 94-142) included a preschool incentive grant program. Although it did not mandate services for handicapped children ages three through five, it did provide federal funds to states as an incentive to provide services to these children. PL 99-457 provides much greater financial assistance to the states with the goal of ensuring that all preschool age handicapped children will be served (ASHA, 1986). Approximately 30 states and territories currently do not require preschool special education services to at least a portion of the age three to five handicapped population. These states have three years to comply with the new legislation (Schakel, 1986).

The bill has two major provisions. Part I requires states to provide special education services from age three for eligible children. Part II establishes a new program of grants to states for development and operation of early

intervention services for handicapped infants, birth through age two (ASHA, 1986; Schakel, 1986).

Part I - Handicapped Children Ages 3-5.

The new law requires that by the 1990-91 school year, states receiving Education of the Handicapped federal dollars must provide a free, appropriate public education for handicapped preschoolers ages three through five (Department of Governmental Relations, 1986; Public Law, 1986). A new preschool incentive grant program is included to assist states in establishing these programs.

The law amends sections of PL 94-142 to include the term "developmentally delayed" for children aged three to five. This term can be used to identify and serve preschool children without labeling by disability. A multidisciplinary team must determine that the child has "a significant delay in one or more areas of development such as speech/language, cognition, motor, or social/emotional development" (Schakel, 1986, p. 5). The states are not required to report the children, ages three through five, by disability category. Thus, the states are not required to categorically label these children.

Accompanying the legislation is a committee report which states that family services play an important role in preschool programs. It states that whenever appropriate, and to the extent desired by the parents, the preschooler's individualized education program (IEP) will include instruction for parents. The preschool program will be administered through the state and local education agencies but they may choose to contract

these services out (Department of Governmental Relations, 1986).

PL 99-457 does not mandate programs and services for handicapped children ages three through five. Those who choose not to provide such services will not receive early childhood education funds. Although programs and services are not mandated, it is expected that most states will be serving all handicapped children ages three through five by the 1990-91 school year (ASHA, 1986).

Part II - Handicapped Infants and Toddlers.

The second part of the Amendments allows states to apply for federal grants to build up or to develop programs for serving handicapped infants and toddlers. The purposes of the program are to: (1) enhance the development of handicapped infants and toddlers and minimize the potential for developmental delay; (2) prevent or reduce the need for later special education and related services and thus reduce the overall education costs; (3) minimize the possibility of institutionalization and maximize potential for independent living in society; and (4) enhance the capacity of families to meet the special needs of their handicapped infants and toddlers (ASHA, 1986).

Handicapped infants are defined as children, birth through age two, who are substantially developmentally delayed or who have congenital or acquired conditions for which they require early intervention. The term may include, at a state's discretion, individuals who are at-risk of

having substantial developmental delays if early intervention services are not provided.

The law requires that each handicapped infant or toddler and their family receive a multidisciplinary assessment of unique needs (Department of Governmental Relations, 1986; Schakel, 1986). Based on these needs, an Individualized Family Service Plan (IFSP) will be developed within a reasonable time following assessment by a multidisciplinary team including the parents, shall be in writing, and contain information similar to that required in the Individualized Education Plan (IEP) required under PL 94-142 (ASHA, 1986). The IFSP must contain: (a) a statement of the child's present levels of development; (b) a statement of the family's strengths and needs relating to enhancing the child's development; (c) a statement of major outcomes expected to be achieved for the child and family; (d) the criteria, prodedures, and timelines for determining progress; (e) the specific early intervention services necessary to meet the unique needs of the child and family including the method, frequency and intensity of service; (f) the projected dates for the initiation of services and expected duration; (g) the name of the case manager; and (h) procedures for transition from early intervention into the preschool program (Department of Governmental Relations, 1986).

As mentioned in Part I, states are not mandated to participate in this program. States which choose not to participate or which fail to comply with federal requirements would simply not receive assistance for early intervention

services. PL 94-142 funding would not be affected (ASHA, 1986). All early intervention services must be provided at no cost to parents except where federal or state law provides for a system of payments by parents (Department of Governmental Relations, 1986).

Prevalence of Handicapped Preschoolers

The number of handicapped preschool children receiving services has increased substantially since the implementation of PL 94-142. The increase from the 1976-77 school year to the 1983-84 school year was over 24 percent. The increase was due to a greater awareness of the value of programs for handicapped young children and an increase in the number of states and communities providing services for young children. Overall, about 2.7 percent of the three to six year old population in the United States received special education services. It is estimated that this is far less than the number of preschool children who are in need of special education services (Lerner, Mardell-Czudnowski, & Goldenberg, 1987). The number of handicapped preschool children receiving services will increase substantially with the implementation of PL 99-457.

Preschool Assessment and School Psychologists

Preschool assessment can be defined as a process of early detection for those preschool children, who for a variety of reasons (social, emotional, intellectual, biological, physical, linguistic, environmental or any combination of such) will be unable to attain optimum growth and/or normal

development (Barnes, 1982). The general objective of assessment in educational settings is to make appropriate decisions about children that will facilitate their educational and psychological development (Paget & Nagle, 1986). The main interest in assessment should not be the estimation of basic intelligence. Rather, it should provide an understanding of the quality and style of intellectual and social functioning for use in planning educational experiences and subsequently measuring educational growth (Lidz, 1977).

Most school psychologists probably admit that they have not received adequate training in preschool assessment. Typically, students in school psychology have been required to take assessment courses dealing mostly with elementary school-aged children. This is a logical approach since most of the referrals are from this population. There is a need for trainers of school psychologists to include more courses related to preschool handicaps in their curricula and for practicing school psychologists to continue education in this area (Harrington, 1984).

Preschool assessment is becoming more important as states extend their services to younger handicapped children. Increasingly, school psychologists will be called upon to screen high-risk preschoolers, to conduct comprehensive developmental assessments, to consult with teachers and parents of very young children, and to evaluate the effectiveness of preschool programs.

The assessment of preschool children represents a special challenge even to the seasoned examiner. Three-year-olds are

not simply short ten-year-olds, but unique creatures with cognitive and personality characteristics which distinguish them qualitatively, as well as quantitatively, from older children. School psychologists and other professionals must enter the assessment process with an understanding that assessments of preschool-age children are done for reasons beyond classification (Paget & Nagle, 1986). Knowledge of how to interact with and assess the capabilities of very young handicapped children, who do not or cannot respond consistently to structured situations, is lacking. Familiarity with the types of developmental behaviors and preacademic functional skills expected of children between birth and five years of age is often sketchy (Bagnato & Neisworth, 1981).

With the inception of PL 94-142, this situation has changed; and with the inception of PL 99-457, this situation will change dramatically. Most services provided to preschool age handicapped children prior to PL 94-142 were medical or therapeutic, rather than educational in nature. Because handicapped children of preschool-age have not previously been considered eligible for educational services and legally were not the responsibility of the public schools, they were rarely included in any public educational programs (Mowder & Widerstrom, 1986). School psychologists are now mandated to function in the role of infant-preschool assessment and individualized curriculum planning (Bagnato & Neisworth, 1981). School psychologists and other specialists must prepare themselves to be able to adapt, generalize, and update

professional skills to meet the new service demands of the preschool population. As school psychologists increase their involvement with the field of early education, it is likely that they will engage in a broader variety of roles (Elardo, 1979).

The Assessment Process

Early identification of young handicapped children is mandatory if one accepts the premise that the earlier the intervention, the better the prognosis. Although parents are usually the first to realize something is wrong with their baby, the time lag between parental suspicion of a problem and medical diagnosis of a dysfunction is much too long. The time lag between suspicion and confirmation is often six months for severely handicapped infants and even longer for the less handicapped young child (Brooks-Gunn & Lewis, 1981). Despite the awareness that early identification promotes early intervention, most handicaps go undetected until children become school age (Kurtz, Neisworth, & Laub, 1977).

In the assessment of preschool handicapped children, there is basically a four-step sequence of procedures. This four-step sequence includes the following stages: (a) case-finding; (b) screening; (c) diagnosis; and (d) educational and program evaluation. Each of these steps has a different function and purpose. Sometimes the first two steps in the assessment process can be collapsed into one.

Case-finding.

Case-finding involves making an initial contact with a

target population and increasing the public's awareness of preschool screening services which are available (Harrington, 1984). In order for preschool screening to be effective, a case-finding or outreach program must be developed, such as the "child-find" provision mandated by PL 94-142. This requires initial contact with parents, professionals, preschool centers, schools, and community agencies to inform them of available services (Paget & Nagle, 1986). Census surveys, parent questionnaires, mass media, agency and physician contacts, and parent-teacher networks have been used as methods for finding appropriate children. The most effective approaches include sending notices home through children already in school and telephone surveys of all homes with preschoolers. Parents, particularly of children with mild handicaps, may be reluctant to refer them in response to an advertisement for handicapped children (Kurtz, Neisworth, & Laub, 1977).

Although case-finding is related to screening in that the more thorough and complete the case-finding procedures in a community, the greater the number of children made available for mass screening. It is not, however, an identical procedure. Case-finding precedes the screening process, unless a community's screening program includes everyone from a given population.

In essence, case-finding is a systematic process for helping to locate in a given community at-risk or potentially at-risk children who would benefit from early intervention programs. The process may involve not only searching for and

locating children for specific screening programs, but also referring children who are at high risk to specific diagnostic services. Furthermore, it may include such activities as defining target populations for further study, encouraging referrals to other agencies, surveying the community for children in need of services, or simply increasing public awareness of currently available community services (Barnes, 1982). Doctors, teachers, other professionals in community service agencies, and parents must work together in the task of identifying young handicapped children so that ameliorative efforts can be provided as early as possible.

Screening.

Screening involves brief forms of assessment to identify children most likely to develop learning or behavior problems and need special services. To obtain maximum attendance at preschool screening, case-finding procedures should emphasize the related needs of all children instead of emphasizing developmental impairments. In this way, parents may be less apt to exclude their child. Parents may be fearful that their children will be found deficient in some way (Harrington, 1984). In their minds, this might imply thay they are bad parents, that they have deprived their children, that they have bad genes, or any number of negative conclusions (Lichtenstein & Ireton, 1984). Parents should not be made unduly alarmed about their child's possible handicaps. Rather, this is a good opportunity for parents to ask questions about the nature and development of the handicapping

conditions to be screened. The school psychologist should describe some of the formal and informal screening procedures to be used. The school psychologist also should be prepared to serve as a referral source for those parents of children who do not meet the target population criteria (Harrington, 1984).

The term screening has been used primarily (1) to refer to those initial testing procedures that will identify children in need of more thorough diagnosis or (2) to identify the level of a child's performance at the beginning of an instructional program. Screening does not involve in-depth testing or remedial planning. Screening can help us determine the need for further diagnosis or for special programming, but it cannot tell us the kind of problem a child has nor the kind of program he or she needs (Boehm & Sandberg, 1982).

Preschool screening procedures should be fast, simple to administer, and capable of pass or fail scoring. It should also be inexpensive, able to identify at-risk children with predictive accuracy, and easily administered by trained nonprofessional personnel. In addition, it should possess high utility value (cost efficient and useful) and noninvasive or not objectionable to the children receiving them.

The generic preschool screening program at a minimum assesses vision, hearing, and educationally relevant developmental functions (Lichtenstein & Ireton, 1984). The preschool screening process is not a witch hunt to single out children and label them as diseased, but rather a system of health surveillance to enable all children to ultimately

develop to their fullest potential (Barnes, 1982).

As a member of the screening team, the school psychologist should be concerned that the results of the screening activities answer the following three questions: (1) Is the child delayed enough in one or more domains to be considered at-risk and in need of further diagnosis?; (2) If a child is found to be in need of further diagnosis, does the preschool screening give some direction regarding what types of diagnostic assessments are needed to confirm or refute the screening impressions?; and (3) Once the child is screened and diagnosed, are there services available to meet his or her educational needs?

Preschool screening should not become completely deficiency oriented. If a child's strengths are not reported along with his/her weaknesses, the parents may feel overwhelmed and defeated. Scores from screening instruments should not be given to parents. The information shared with the parents should be relevant to the need for further diagnostic evaluation.

Each member of a professional screening team typically brings certain skills and expertise to the screening process. Based upon the school psychologist's training and experience, he/she may be able to contribute to the screening process in several ways. The school psychologist may very well represent one of the most highly qualified preschool screening team members in regard to knowledge of psychometrics. Therefore, the school psychologist should probably play a primary role in assisting staff to select appropriate instruments. The

school psychologist may also need to assume the role of training paraprofessional staff who are involved in the screening.

Because of experience in consulting with parents, the school psychologist may fulfill a role as a developmental consultant to parents. Once the screening is finished and the results have been reported to parents, the school psychologist should be in an excellent position to serve as liason between the parents and the preschool team. The psychologist's responsibilities might include networking to ensure that all agencies and professional staff are coordinated. The school psychologist might also represent a resource person for the parents to answer questions they may have or to direct them to other professionals (Harrington, 1984).

Diagnosis.

Diagnostic assessment involves the follow-up evaluation of children who were identified as having a potential problem during the screening process. It is a process that involves in-depth testing and observation of the young child. The psychological assessment of the preschool child begins with an appraisal of the nature and rate of the child's development and seeks to detect possible factors that may be deterring growth (Bagnato & Neisworth, 1981). The main objectives of diagnostic testing are to determine the presence or absence of a problem, ascertain the child's strengths or weaknesses, and to decide what services or interventions are required in

order to meet the individual needs of the child (Paget & Nagle, 1986). Diagnosis, unlike screening, is a continuing and ongoing process whereby the child's response to intervention is assessed and his/her progress continuously charted (Safford, 1978).

Preschool assessment is usually a team process. A team of specialists is often involved in viewing the child from different perspectives. Assessment may include some or all of the following people: preschool teacher; school psychologist; speech clinician; audiologist; occupational therapist; physical therapist; nurse; social worker; pediatrician; and the parents.

Quality assessment procedures cover multiple domains. Physical, social, intellectual, emotional and language skills should be considered (Harrington, 1984). For handicapped young children, the choice of assessment instruments can have a profound effect upon the results obtained for a specific child. Each of the early childhood tests emphasizes some skills and not others. Using tests that emphasize skills that are a child's strength will reflect higher functioning levels than using tests that emphasize a child's weaker skills. The procedures chosen for a psychological evaluation should directly reflect the concerns raised about the child (Rogers, 1986).

While reliability and validity are constant issues of concern in assessment, they take on a special importance in the assessment of young children (Lidz, 1977). Infants and preschoolers are less reliable test takers than school-aged

children. Short attention span, high level of physical energy, impulsive behavior, strong emotional responses, relative lack of motivation to please an unfamiliar adult, negativism, and difficulties accepting limits are major behavioral characteristics that separate younger children from school-aged children (Rogers, 1986). Because of the reliability and validity problems, it is of particular importance not to confine assessment to single observations, either of time or measure. A battery of tests over a period of time is the only way to obtain an adequate basis for evaluation of a young handicapped child (Lidz, 1977).

Assessments of young children are more family-centered than those of older children. The school psychologist needs to spend time talking with the parents before the assessment, finding out the parents' concerns, worries, hopes, goals, and expectations for the child (Rogers, 1986). Because of its intimate contribution to the preschool child's adjustment, consideration of the family constitutes an important component in any preschool assessment. Parents are important because testing taps only a limited sample of the child's behavior. Parents have observed their child's behavior in a wide range of situations over a long period of time. Their descriptions of what the child is doing can provide valuable information about the child's development and personal adjustment. Their interpretations and concerns about how well the child is doing add an important perspective.

Although parents possess a wealth of information about

their children, their reports are not uniformly dependable. Some parents are better observers of their children than others. Also, parents may give biased responses due to their own personal needs (Lichtenstein & Ireton, 1984). Common strategies employed in the assessment of families include interview, observational procedures (both in natural and analogue settings), participant observation, and self-report approaches which include questionnaires and self-monitoring (Wilson, 1986).

The outcome of this assessment process may have profound implications for the future of the child. Diagnostic assessment is usually undertaken to determine classification for the purpose of establishing eligibility for special program placement. Since many preschoolers show rapid changes in development, frequent reevaluation may be commonplace (Paget & Nagle, 1986).

The outcome of the in-depth evaluation must be communicated to the parents in a meaningful manner. It is crucial to keep in mind that with the very young child, the parents may be exposed to the terms and labels for the first time, and therefore, they may be overly anxious and defensive. The rapport established between the parents and the diagnostic team, as well as, the mode of presentation of the testing results may make the difference between parental cooperation or resistance.

The school psychologist must ensure that the information communicated to the parents, whether it be in terms of grade equivalents, stanines, or percentiles, be presented and

defined in a clear and concise manner. If the job of reporting evaluations to parents is delegated to other school personnel, the school psychologist may find it necessary to conduct inservice training sessions on how to report assessment data to parents in understandable terms and the types of questions one should anticipate (Boehm & Sandberg, 1982).

Educational and Program Evaluation.

After diagnosis and placement, educational evaluation consists of monitoring the child's progress toward goals and objectives in specific areas of development. Program evaluation is performed in order to determine the effectiveness of the program and needed alterations so that children meet their educational goals (Harrington, 1984). The evaluation stage is crucial in providing data concerning the success and effectiveness of the program, the curriculum being used, or the mode of instruction. It provides important feedback to the assessment team members as to changes needed to predict academic readiness. It is important to inform parents of their child's progress. This information should be communicated to the parents in a clear and concise manner.

The aim of the assessment process, regardless of the age of the child, is to obtain as accurate and complete a picture of performance as possible. This is especially true for the preschool child where correct program placement and instruction has a major impact upon future development (Boehm & Sandberg, 1982).

Positive Effects of Preschool Assessment

There are several positive effects of preschool testing. The first is that accurate diagnosis of a child's problem leads to appropriate treatment at points early enough in development to capitalize upon the flexibility and adaptability of the young neurological system.

Second, a psychological assessment may help parents and early childhood educators to identify and focus upon a child's strengths rather than weaknesses. This emphasis on strengths and skills may help parents, therapists, and educators see the child more positively and focus upon the child's areas of relative mastery and success. This in turn may enhance the child's self-esteem, the parents' and teachers' positive feelings for the child, and the general psychological climate around the child.

Third, the process of identifying needs and intervention strategies for the child can help parents and educators focus upon remediating particular deficits. This focus can be a catalyst for changes made at home and at school by providing more help and stimulation for the child (Rogers, 1986).

Problems with the Assessment of Preschool Children

Preschool children are likely to be challenging to test. They have little interest in their performance, their social behavior is not advanced, they follow their own impulses, they are difficult to coerce, and they express their feelings easily. Some may be fearful or shy, especially those who are not accustomed to being alone with a stranger (Sattler, 1982).

There are additional problems in the assessment of preschool children. It is often difficult to carry out preschool assessments because of the restricted ability of preschool-age children to comprehend assessment cues. These assessment cues include written instructions and stimuli, verbal instructions and stimuli, and situational cues.

Meaningful interviews of preschool children are difficult to conduct because of their limited vocabulary and conceptual development. An additional consideration when assessing preschool children is the restriction on their verbal and visual-motor responses capabilities. Another issue is that some types of questions the examiner would like to ask require complex information-processing skills that young children find difficult. The preschool child is most likely to use the last important thing that happened, or how he/she is feeling that day, as basis for making the response. Another difficulty in the assessment of preschoolers is their relative inability to understand the demand characteristics of the assessment situation. They have difficulty controlling their behavior to meet these demands (Martin, 1986).

There is also a fear of mislabeling, and thereby stigmatizing, a child. It is cautioned that with different children the same symptoms may have different meanings. The younger the child, the less one is able to arrive at a secure decision (Lidz, 1977). Some handicapping conditions are recognizable at birth, such as Down's syndrome and phenylketonuria (PKU), and increasingly many abnormalities

can be identified prior to birth through amniocentesis. However, positive identification of the vast range of high incidence handicaps, such as learning disabilities, is usually not possible so early, and in many instances, problems are not detected until the child begins school.

The rates at which children progress is another problem. There is a great deal of variation from child to child in the rate of progression through early periods of physical and psychological development. This difference in rate of progression makes it difficult to say what is normal and what is not (Safford, 1978).

Guidelines For Testing the Preschool Child

There are some useful frameworks for testing and working with preschool children. The examiner needs to approach the young child with an air of confidence. If the examiner is tense or apprehensive, the child is likely to sense these these feelings and may become resistant or negative, especially if the examiner tries too hard and too soon to get cooperation. At the opposite extreme, testing can be interfered with by prolonging the preliminary getting acquainted time with over stimulating or entertaining play. In some cases, more than one session may be needed before adequate rapport is established. Every effort should be made to examine children without the mother or father present. If this is not possible, the parent should remain in the background, out of the child's view.

Skills acquired in handling young children can aid in

helping them gain confidence in their abilities. Increased confidence may enhance their cooperativeness abd willingness to respond to the tests.

Some additional tips in testing preschool children are summarized below.

1) Do not remove the child abruptly from an interesting activity in order to test.
2) Take an extra toy with you for the child to use, if necessary, to maintain rapport and protect testing materials.
3) Use an attractive testing room.
4) Arrange materials systematically.
5) Keep testing materials, toys, and other necessary equipment at hand but out of sight.
6) Do not urge the child to respond before he or she is ready.
7) Before beginning the examination, be sure that the child is physically comfortable.
8) Follow test instructions exactly.
9) Adjust the speed of administering the test to the child's temperament.
10) Keep voice low in pitch.
11) Prepare the child for each kind of test.
12) Do not ignore any remarks made by the child.
13) Give adequate praise.
14) Watch for early signs of boredom, fatique, physical discomfort, or emotional distress, and take

appropriate action before such conditions become acute.

15) Be playful and friendly, but always maintain control of the situation.

16) Try to have the child cooperate actively at all times.

17) Use words and tone of voice that will help the child feel confident and reassured.

18) Never attempt to change behavior by acts that may make the child feel less respect for himself/herself.

19) Redirect activities in a way that is consistent with the child's motives or interests.

20) Clearly define and consistently maintain limits on the child's allowable behavior. Be sure that the child understands the limits that are set. However, although consistency is necessary, do not be inflexible. Accept the child's need to test out the limits and try to adapt the limits to the child's needs, giving him/her time to accept them while at the same time respecting his/her feelings (Goodenough, 1949; Sattler, 1982).

In dealing with parents and teachers, the school psychologist should be friendly, courteous, sympathetic, and always ready to treat their opinions with respect. The examiner should be wary of expressing his/her conclusions in a dogmatic manner, and should never lose sight of the fact

that the results of even the best tests are sometimes misleading. Every examiner should have sufficient faith in his/her own competence to be able to say "I don't know" (Goodenough, 1949).

School Psychologist's Roles in Preschool Assessment Prior to PL 99-457

In a study done by J.F. Ysseldyke (1986), it was found that each year personnel in this nation's public schools refer between 3% and 5% of school-age children for psychoeducational evaluation. Ninety-two percent of those referred are tested, and 73% of those tested are declared eligible for special education services. It was also determined that school psychologists have considerable power and authority. Other team members felt that psychologists are the most influential members of the team. Yet, school psychologists said that they have very little power in the team decision-making process.

R.L. Hughes and R.C. Shofer (1977) conducted a study in which they concluded that school psychologists spent 50% of their time with educational or psychological testing. Between 0-1% of their time was spent on pre-kindergarten screening.

Studies examining the role of school psychologists in preschool assessment are limited. With the inception of PL 99-457, research should become more readily available.

CHAPTER III

METHODOLOGY

The purpose of this study was to examine the perceived effects of PL 99-457 on the role of school psychologists.

Subjects

Of the 35 questionnaires mailed, 15 were returned by the deadline, 2 others were unusuable because the respondents were not presently working in the area of school psychology, and 1 was returned after the deadline. Of the subjects who responded, 73.3% were female and 26.7% were male. Fifty percent of the respondents held masters, 28.6% were education specialists, and another 21.4% held a doctorate. The percentage of respondents in the 23-30 age category was 33.3%. Forty percent fell into the 31-40 age category , another 20% fell into the 41-50 age category and 6.7% were 51 years or older.

Those reporting previous teaching experience were 73.3% and 26.7% reported no experience. The mean number of years experience teaching was 5.6 years. The mean number of years as a school psychologist was 5.7 years.

Analysis of the item pertaining to the size of the school district revealed that no one worked in districts with less than 1,000 students, Twenty percent work in districts with 1,000-5,000 students. Another 20% work in districts with 5,000-10,000 students. None of the respondents work in districts of 10,000-15,000 students. The highest percentage (40%) work in districts of 15,000 or more students. Another

20% fell into the category of other with one currently in private practice, one currently doing research, and another working at Vanderbilt CDC.

Instrument

The questionnaire was developed by the author with the help of Dr. Susan Kupisch, Professor of Psychology, Austin Peay State University. The questionnaire included six general information questions, three open-ended questions, and eleven multiple-choice questions.

Procedures

The questionnaire was sent to a total of 35 individuals during September, 1987, at a time when most school systems had begun the new school year. Recipients were encouraged to respond and were given a stamped, self-addressed envelope. A time limit of September 30, 1987 was set as a final date for receiving the responses. Those received later than that date were excluded from analysis.

CHAPTER IV

RESULTS

Forty seven percent of school psychologists perceive their role as changing very little as a result of the passing of PL 99-457. Only 13.3% perceived their role as changing a great deal.

In regard to adequateness of present level of training, 43.8% felt their training to be adequate and 31.3% did not feel so. Twenty five percent were undecided. The majority (53.3%) thought that additional couses would better prepare them for evaluating preschool children. Additional courses were not judged to be necessary by 26.7% and 20% were undecided. Of those which thought they were inadequately trained, 47.6% felt that workshops and/or seminars would help, 33.3% thought inservice training was needed, 9.5% noted additional courses necessary, and another 9.5% felt that other activities were necessary, such as supervised experience and direct experience.

Presently 78.6% have a preschool program in their county, while 21.4% do not. With regard to experience of evaluating preschool children, 6.7% had no experience, 13.3% had tested 1 to 5 preschool children, 20% had tested 6-10, 6.7% had tested 11-15, and 53.3% had tested 16 or more preschool children. The majority (50.7%) of school psychologists feel comfortable in their evaluation of preschool children, with 28.6% feeling very comfortable, and 21.4% feeling only slightly comfortable.

In the area of time, 46.7% felt that the amount of time needed to assess preschool children would be more than needed for typical elementary school-age children. Twenty seven percent felt that it would take less time than typical elementary school-age children. Twenty percent estimated that it would take the same amount of time. The degree of the involvement with the preschool population as a whole (M-Team, assessment, parent consultation, etc.) was estimated with the majority (60%) feeling it would take a moderate amount of time and 26.7% felt it would take a great deal of time.

In the area of M-Teams, 80% perceive it to be a must for the school psychologists to be a part of a preschool child's M-Team. Twenty percent felt that it is important and they would attend if their schedule permitted. The majority (66.7%) estimated that the M-Team process will take the same amount of time as any other child. Another 33.3% felt that it will take more time than usual.

The subjects were asked to identify similarities and/or differences in evaluating the preschool population and the elementary school age population. Very few similarities were identified. Some of the school psychologists felt that both groups required time to establish rapport. It was also concluded that both groups required extra patience due to short attention spans.

Many differences between the preschool population and the elementary school age population were noted. It was felt

that the preschoolers require more creativity and flexibility. There is a need for shorter evaluation sessions due to shorter attention spans among preschoolers. Preschoolers were thought to be more distractable. Due to this, the results may be unreliable, thereby forcing psychologists to qualify their findings with other instruments. Observation was seen as a much greater part of any conclusion. Background information and parent interviews were noted as more central in determining the direction of the assessment. Tests currently available were felt to be inadequate, thereby the subjects do not feel confident about the validity of scores. More involvement with school personnel and parents was noted as necessary. Preschoolers were seen as less "school wise" and as tiring more quickly.

In regard to school psychologist's overall evaluation of PL 99-457, several respondents felt it to be needed and long overdue. It was felt that this will prompt development of assessment measures and procedures. Research with preschoolers will also be given a more prominent role in assessment literature. It was felt that this will help school psychologists to be more responsible professionals and that the community would be better served. Child-find operations were thought to need expansion. It was noted that implementation will greatly depend on the availability of teachers and these teachers would need specialized training.

On the other hand, some respondents felt that PL 99-457 to be cumbersome. Problems seen were that few standardized

are available and that preschoolers are difficult to test. Several respondents were not familiar enough with the law to respond.

The final question dealt with the respondents feelings toward PL 99-457 regarding its impact on school psychologists. Many were concerned with possible work overload and/or the extra paperwork. They were concerned with being given time to adequately assess the preschooler. Another concern was that of having more meetings. It was felt that these factors will reduce the quality of written reports and fewer children will be evaluated per day. The shortage of good evaluation instruments was a concern along with the need for more awareness of testing instruments. Some respondents felt that they will need additional training. There was a concern for procedural safeguards. It was felt this will bring about increased accountability and it will generate jobs.

CHAPTER IV

DISCUSSION and SUMMARY

A major finding of this survey was that PL 99-457 is perceived as having little impact on the role of school psychologists. It was expected that school psychologists would perceive their roles as changing. The survey responses did not support this prediction. Most perceived their role as changing very little.

It was hypothesized that school psychologists would judge that they were not adequately trained to assess preschoolers. The majority of responses did not support this hypothesis. Most felt adequately trained. Others suggested ways in which they felt would better prepare them.

Hypothesis three stated that school psychologists would perceive the process of preschool assessment to be more time consuming than with typical elementary school-age children. This hypothesis was supported by the responses, except that the M-Team process was seen as taking the same amount of time as any other child.

It was hypothesized that differences would be noted between the evaluation of preschoolers and the evaluation of the elementary school-age population. Responses on the survey strongly supported this hypothesis. Very few similarities were given.

It was expected that most school psychologists to date have assessed very few preschool children. This hypothesis was not supported. Most school psychologists surveyed had

evaluated 16 or more preschoolers.

In summary, this survey showed that school psychologists perceive their roles as changing very little as a result of PL 99-457. However, differences were noted in the assessment of preschoolers and elementary school-age children. Concerns regarding many issues of preschool assessment were raised. The future holds the answer to these concerns.

APPENDIX A

COVER LETTER TO SURVEY

To School Psychologists:

I am a graduate student pursuing certification as a school psychologist. I am currently doing a research project dealing with the school psychologist and the handicapped preschool population.

As most of you are already aware, on October 8, 1986, President Reagan signed into law the Education of the Handicapped Act Amendments (PL 99-457). This new law states that by the school year 1990-1991, all states applying for PL 94-142 funds, must provide programs and services for handicapped children ages three through five. It also establishes a new program that provides funds to states who wish to develop programs for handicapped infants and toddlers, birth through age two.

The following questionnaire is to access whether or not school psychologists perceive their job as changing or not, and if so, to what extent. Please answer each question as best you can and feel free to make any comments. Please return the questionnaire by September 30, 1987. Your time and cooperation is very much appreciated.

Sincerely,

Cara King

APPENDIX B

INFORMED CONSENT STATEMENT

The purpose of this investigation is to examine the perceived effect of PL 99-457 on the role of school psychologists. Your responses are confidential. At no time will you be identified nor will anyone other than the investigator have access to your responses. There are no potential hazards because names will not be used. The demographic information collected will be used only for purposes of analysis. Your participation is completely voluntary. The results of the study will be made available to you upon request.

Thank you for your cooperation.

Cara King

I agree to participate in the present study being conducted under the supervision of a faculty member of the Department of Psychology at Austin Peay State University. I have been informed, either orally or in writing or both, about the procedures to be followed and the risks involved. The investigator has agreed to answer any further inquiries about the procedures. I understand that I am free to terminate participation at any time without penalty or prejudice and have all data obtained withdrawn from the study and destroyed. I have also been told of any benefits

which may result from participation.

_____

Name (Please Print)

_____

Signature

_____

Date

APPENDIX C

QUESTIONNAIRE

1. To what degree do you perceive that your role as a psychologist will change with the passing of PL 99-457?

___ A great deal
___ Somewhat of a change
___ Very little
___ None
___ Undecided

2. Do you judge that your training is adequate for you to assess the three-to-five year old population and possibly birth to two year old's?

___ Yes
___ No
___ Undecided

3. Do you think that additional courses would better prepare you for evaluating preschool children?

___ Yes
___ No
___ Undecided

4. If you do not think that you are adequately trained to test preschool children, what do you think is needed to help you?

___ Additional courses
___ Inservice training
___ Workshops and/or seminars
___ Other _____
___ None needed

5. What amount of time do you estimate it will take to assess preschool children?

___ Less time than typical elementary school-age children
___ More time than typical elementary school-age children
___ Same amount of time as typical elementary school-age children
___ Undecided

6. How many preschool children have you evaluated since becoming a school psychologist?

___ 0
___ 1-5
___ 6-10
___ 11-15
___ 16+

7. If you have evaluated preschool children, how comfortable did you feel?

___ Very comfortable
___ Comfortable
___ Slightly comfortable
___ Not comfortable
___ Undecided

8. If you have evaluated preschool children, what differences and/or similarities did you find between the preschool population and the elementary school age population in obtaining a valid measurement of behavior?

9. To what degree do you estimate that involvement with the preschool population will take up your time? (M-Team, assessment, parent consultation,etc.)

___ A great deal of time
___ A moderate amount
___ Very little
___ Undecided

10. Does your county currently have a preschool program for handicapped children?

___ Yes
___ No

11. To what degree do you think that your presence at a preschool child's M-Team will be time consuming?

___ The M-Team process will take more time than usual
___ The M-Team process will take less time than usual
___ The M-Team process will take the same amount of time as any other child
___ Undecided

12. Do you feel it is important for the school psychologist to be part of a preschool child's M-Team?

___ Yes, it is a must
___ Yes, it is important and I would attend if my schedule permitted
___ No, it is not necessary
___ Undecided

13. What is your overall evaluation of PL 99-457 in general?

14. What are your feelings toward PL 99-457 regarding its impact on school psychologists?

GENERAL INFORMATION

1. ___ Male
   ___ Female

2. Age
   ___ 23-30
   ___ 31-40
   ___ 41-50
   ___ 51+

3. Level of Education
   ___ Master's degree
   ___ Education Specialist
   ___ Doctoral degree

4. Do you have any previous teaching experience?
   ___ Yes
   ___ No
   If yes, number of years - ___

5. Years of experiences as a school psychologist - ___

6. Size of school district served
   ___ Less than 1,000
   ___ 1,000 - 5,000
   ___ 5,000 - 10,000
   ___ 10,000 - 15,000
   ___ 15,000+

APPENDIX D

QUESTIONNAIRE

1. To what degree do you perceive that your role as a psychologist will change with the passing of PL 99-457?

13.3 A great deal
33.3 Somewhat of a change
46.7 Very little
0.0 None
6.7 Undecided

2. Do you judge that your training is adequate for you to assess the three-to-five year old population and possibly birth-to-two year old's?

43.8 Yes
31.3 No
25.0 Undecided

3. Do you think that additional courses would better prepare you for evaluating preschool children?

53.3 Yes
26.7 No
20.0 Undecided

4. If you do not think that you are adequately trained to test preschool children, what do you think is needed to help you?

9.5 Additional courses
33.3 Inservice training
47.6 Workshops and/or seminars
9.5 Other _____
0.0 None needed

5. What amount of time do you estimate it will take to assess preschool children?

26.7 Less time than typical elementary school-age children
46.7 More time than typical elementary school-age children
20.0 Same amount of time as typical elementary school-age children
6.7 Undecided

6. How many preschool children have you evaluated since becoming a school psychologist?

6.7 0
13.3 1-5
20.0 6-10
6.7 11-15
53.3 16+

7. If you have evaluated preschool children, how comfortable did you feel?

28.6 Very comfortable
50.0 Comfortable
21.4 Slightly comfortable
0.0 Not comfortable
0.0 Undecided

8. If you have evaluated preschool children, what differences and/or similarities did you find between the preschool population and the elementary school age population in obtaining a valid measurement of behavior?

9. To what degree do you estimate that involvement with the preschool population will take up your time? (M-Team, assessment, parent consultation, etc.)

26.7 A great deal of time
60.0 A moderate amount
6.7 Very little
6.7 Undecided

10. Does your county currently have a preschool program for handicapped children?

78.6 Yes
21.4 No

11. To what degree do you think that your presence at a preschool child's M-Team will be time consuming?

33.5 The M-Team process will take more time than usual
0.0 The M-Team process will take less time than usual
66.7 The M-Team process will take the same amount of time as any other child
0.0 Undecided

12. Do you feel it is important for the school psychologist to be part of a preschool child's M-Team?

80.0 Yes, it is a must
20.0 Yes, it is important and I would attend if my schedule permitted
0.0 No, it is not necessary
0.0 Undecided

13. What is your overall evaluation of PL 99-457 in general?

14. What are your feelings toward PL 99-457 regarding its impact on school psychologists?

GENERAL INFORMATION

1. 26.7 Male
   73.3 Female

2. Age
   33.3 23-30
   40.0 31-40
   20.0 41-50
   6.7 51+

3. Level of Education
   50.0 Master's degree
   28.6 Education Specialist
   21.4 Doctoral degree

4. Do you have any previous teaching experience?
   73.3 Yes
   26.7 No
   If yes, number of years - 5.6 average

5. Years of experince as a school psychologist - 5.7 average

6. Size of school district served
   0.0 Less than 1,000
   20.0 1,000 - 5,000
   20.0 5,000 - 10,000
   0.0 10,000 - 15,000
   40.0 15,000+
   20.0 Other

References

American Speech and Hearing Association (1986). Education of the handicapped amendments of 1986 (PL 99-457). Rockville, MD: Author.

Bagnato, S.J. & Neisworth, J.T. (1981). The gap between child assessment and programming. In S.J. Bagnato & J.T. Neisworth (Eds.), Linking developmental assessment and curricula (pp. 1-31). Rockville, MD: Aspen Systems Corporation.

Barnes, K.E. (1982). An introduction to the field of preschool predictive screening. In K.E. Barnes (Ed.), Preschool screening: the measurement and prediction of children at-risk (pp. 5-35). Springfield, IL: Charles C. Thomas.

Boehm, A.E. & Sandberg, B.R. (1982). Assessment of the preschool child. In C.R. Reynolds & T.B. Gutkin (Eds.), The handbook of school psychology (pp. 82-120). New York: John Wiley & Sons, Inc.

Brooks-Gunn, J. & Lewis, M. (1981). Assessing young handicapped children: issues and solutions. Journal of the Division for Early Childhood, 2, 3-7.

Cartwright, G.P., Cartwright, C.A. & Ward, M.E. (1981). Problems of early childhood, adolescence, and adulthood. In G.P. Cartwright, C.A. Cartwright, & M.E. Ward (Eds.), Educating special learners (p. 308). Belmont, CA: Wadesworth Publishing Company.

Department of Governmental Relations, (1986). New federal

preschool program under PL 99-457. Reston, VA: The Council for Exceptional Children.

Elardo, R. (1979). Preschool psychology: a personal view. School Psychology Digest, 8 (3), 311-318.

Goodenough, F.L. (1949). The conduct of an examination, with particular reference to the testing of young or difficult children. In F.L. Goodenough (Ed.), Mental testing (pp. 297-307). New York: Rinehart & Company, Inc.

Harrington, R.G. (1984). Preschool screening: the school psychologists' perspective. School Psychology Review, 13 (3), 363-374.

Hughes, R.L. & Shofer, R.C. (1977). The role of the school psychologist: revisited. The School Psychology Digest, 6 (4), 22-29.

Kurtz, P.D., Neisworth, J.T., & Laub, K.W. (1977). Issues concerning the early identification of handicapped children. Journal of School Psychology, 15 (2), 136-140.

Lerner, J., Mardell-Czudnowski, C., & Goldenberg, D. (1987). The field of early childhood special education. In J. Lerner, C. Mardell-Czudnowski & D. Goldenberg (Eds.), Special education for the early childhood years (p.18). Englewodd Cliffs, NJ: Prentice-Hall, Inc.

Lidz, C.S. (1977). Issues in the psychological assessment of preschool children. Journal of School Psychology, 15 (2), 129-135.

Martin, R.P. (1986). Assessment of the social and emotional functioning of preschool children. School Psychology

Review, 15 (2), 216-232.

Mowder, B.A. & Widerstrom, A.H. (1986). Philosophical differences between early childhood education and special education: issues for school psychologists. Psychology in the Schools, 23, 171-174.

Paget, K.D. & Nagle, R.J. (1986). A conceptual model of preschool assessment. School Psychology Review, 15 (2), 154-165.

Public Law 99-457. (1986, November). Counterpoint, p. 1.

Rogers, S.J. (1986). Assessment of infants and preschoolers with low-incidence handicaps. In P.J. Lazarus & S.S. Strichart (Eds.), Psychoeducational evaluation of children and adolescents with low-incidence handicaps (pp. 17-39). Orlando: Grune & Stratton, Inc.

Safford, P.L. (1978). Early education and exceptional children. In P.L. Safford (Ed.), Teaching young children with special needs (pp. 3-33). St. Louis: The C.V. Mosby Company.

Sattler, J.M. (1982). The examination process. In J.M. Sattler (Ed.), Assessment of children's intelligence and special abilities (2nd ed.), (pp. 68-95). Boston: Allyn & Bacon, Inc.

Schakel, J. (1986). New law mandates preschool special education nationwide. Preschool Interests, 2 (1), 5.

Wilson, C.C. (1986). Family assessment in preschool evaluation. School Psychology Review, 15 (2), 166-179.

Ysseldyke, J.F. (1986). Current practice in school psychology.

In S.N. Elliott & J.C. Witt (Eds.), The delivery of psychological services in schools (p. 44). Hillsdale, NJ: Lawrence Erlbaum Associates.