

As the nation's schools are moving toward integration of mild-to-moderate handicapped students within general education classrooms, teachers must gain additional skills and expertise in both diagnosis and remediation.

Identification, Intervention and Collaboration: The Keys To Working Successfully With Mildly Handicapped Students In Rural Areas

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Introduction

Providing appropriate services to mildly handicapped students in rural areas has, and will continue to be a serious problem. For a number of years there has been a critical shortage of trained educational evaluators and psychologists to do the testing necessary for the identification of those referred by teachers, administrators and parents. Rural school districts, because of their geographical isolation and widely scattered pockets of population have an extremely difficult time in providing specialized services such

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as psychological services. School psychologists are often both unaffordable and unavailable for rural schools (Helge, 1985). The limited number of special educators available in rural areas have restricted both the quantity and quality of the services that are available to handicapped children and youth. Helge (1984) pointed out that the majority of the unserved and underserved children are located in rural areas in America, and the overall prevalence of at-risk students in rural areas is very high. As a result, *Identification* and *Intervention* are two activities that are particularly difficult to implement.

Although PL 94-142 has done much to assure that services will be guaranteed to the handicapped, such services are provided only to those students who have been appropriately identified and labelled. Students suspected of having learning and behavioral problems often don't receive the proper help that should be given to them if they don't qualify under this law. In some rural areas little effort is even made to identify this population. School administrators are well aware that once the student is "labelled" the district is then legally responsible for services being provided on an on-going basis. What happens as a result of the above circumstances is that there is general overall dissatisfaction by all persons involved in the educational process. Regular classroom teachers are frustrated because they don't have the support services needed. They know that keeping these students in classes without receiving proper help hinders providing the proper education to the non-handicapped students in the class. Parents are concerned that their children may not be receiving the proper education. Administrators worry about the legal and moral ramifications of such a policy. And, those students with the problem and those who are functioning normally are prevented from reaching their full educational potential.

Needs in Rural Areas

School administrators need to adopt a policy that is not going to require a large influx of new personnel in order to provide services to handicapped students. Additional teachers and psychologists are probably just not available. As a result there is a need for regular classroom teachers to develop skills necessary to diagnose and remediate mild-to-moderately handicapped students. Obviously, the easiest approach on the part of administrators is to require regular classroom teachers to return to colleges or universities and take formal course work in these areas. Another more successful approach would be to designate one or two teachers in each school throughout the district or consortium who will receive such training through the colleges or universities. This training will be provided in a convenient location for a number of rural teachers, and a system will be developed and implemented to provide on-going support once the course work is completed. These teachers will become the in-house consultants to other teachers while maintaining the vast majority of students in regular classes. A third approach is for the special educators employed within the system to assist regular educators in gaining additional skills, utilizing a consultation model. Probably a combination of the second and third alternative is the most expedient and palatable to classroom teachers.

What is basically needed in rural and sparsely populated areas is a procedure that makes optimal use of all appropriate personnel within the school system in both assessment and intervention. Special educators need to be able to work more closely with regular educators and vice versa. Both must be able to utilize the information provided by ancillary personnel such as psychologists, speech therapists and guidance counselors. It will require collaboration

on the part of both the regular and special educator. This is, in essence, what the regular/special education initiative as discussed by Will (1986) is really all about. How to implement it is much more difficult than discussing it philosophically.

Assessment in Rural Areas

Hargrove and Poteet (1984) have defined assessment as a process whereby appropriate information is gathered by using appropriate tests, instruments and techniques. According to Witt, Elliott, Gresham, and Kramer (1988) "Assessment should be viewed as an array of materials, techniques, and tests across a variety of time periods and situations" (p. 4). They have further stated that teachers, psychologists, speech clinicians, counselors, parents, and even the children themselves should be involved in the assessment process. Helge (1988) also suggested that the assessment should be interdisciplinary and include not only the teachers but also the school nurse, counselor, administrator and parents when possible.

Luftig (1989) has stated that assessment has two components. These include *measurement* and *evaluation*. Measurement is the gathering of the information through administration and scoring of tests, and evaluation is the interpretation of the test results. Swanson and Watson (1989) have pointed out that assessment, in contrast to testing, is the process whereby individual characteristics are discerned that are the important aspects of developing a specific program meeting the student's unique educational needs.

Assessment serves a variety of purposes. At the basic, or initial level, it is the *screening* of the individual to determine: 1) if there is truly a problem, and 2) if any additional evaluation is necessary. Most often this is conducted by classroom teachers, utilizing information readily available. Normally this includes formal assessment data that is gathered through school or district testing and any informal assessment that has been performed by the teacher, along with any substantiating data available from classroom performance.

One way of eliminating some of the confusion in the screening phase is for it to become a cooperative effort of both the special and regular educator. Together they can determine the depth and severity of the problem and possibly work out some pre-screening remedial programs that may work with the student without having to make a referral for further evaluation. Even if further evaluation is needed, the information gained by intervention at the screening level will be of assistance to those who are charged with the formal evaluation process.

Should there be evidence of a possible problem, the student would normally be referred to the school psychologist or evaluator, to determine if it is severe enough to require labelling and the providing of specialized services. This second level of assessment is often referred to as *determining eligibility*. Most of this evaluation is formal in nature, such as IQ testing, achievement tests, and even possibly projectives. This evaluation is normally performed for the purpose of meeting PL 94-142 criteria so services can be provided through federal funding. Most states have very specific guidelines and regulations regarding the types of tests and the time frame they are to be administered.

The third level of assessment, and by far the most important to classroom teachers, is that of assessment for *program planning*. This is often where the process begins to break down, especially in rural areas with limited resources and ancillary personnel. After the student has been screened, received a formal evaluation, and has been deter-

mined eligible for services, it is then the responsibility of the regular and special education teachers to provide the actual remediation. Rarely do the psychological reports contain specific information regarding remediation. Too often the classroom teacher feels the special educator is responsible for remediation while the special educator perceives the regular educator as responsible for on-going and long-term remediation within the regular classroom. Program planning becomes piece-meal and consists of the IEP which is written by the special educator with little, or no input from the regular classroom teacher. Because the assessment process is incomplete little indepth program planning takes place, thus remediation is on shaky ground from its inception.

Even more critical is the fact that a certain number of students who are referred are found to be ineligible for special education services. When this happens, they are returned to the classroom teacher as her/his total responsibility. Normally, no program planning takes place and therefore the assessment process, while reviewed as complete by the "system," is certainly incomplete in the eyes of the classroom teacher. Little help, if any, is available to the teacher and the student.

All of the above infer there should be a strong involvement by both the regular and special educator if assessment is to be performed properly. If both are not involved it is highly possible that few remedial services can, and will be, provided by either. What results is that the regular educator sees that he/she does not have the time or skills to provide the remediation needed, and the special educator has been given no responsibility for the student, because the student did not meet the identification criteria. In more urban areas, there may be other services available to the regular classroom teacher in the form of remedial reading programs, counseling, or extra tutorial help. In rural areas, these services are rarely available, especially within the school itself. Students must be transported many miles to receive specialized services.

One of the major pitfalls of identification and labelling in rural school districts is too often it divides up responsibilities for the education of the student. The regular classroom teacher and the special educator each take a "piece of the action" rather than providing a cohesive workable remedial program in which both teachers are equally involved. Ideally what is needed is a procedure where both work together to determine the extent and depth of the academic problems of the student, and then continue working collaboratively in programming. This would include the use of a variety of instruments such as informal and formal techniques and criterion referenced and curriculum based assessment. Many of the students would receive proper remediation utilizing such a procedure.

Intervention

While identification is an important aspect of the total remedial process, intervention is the real key to the remediation of handicapped students. Unless identification is translated into effective intervention strategies, little will be gained from an elaborate diagnostic process. In rural areas, this intervention must be both practical and sound. According to McIntosh and Raymond (1989), it must be practical because often the special education teacher is not within the school or within reasonable driving distance and the regular classroom teacher must carry out the intervention. It must be sound, because if the regular educator is to provide all, or even part of the remediation, it needs to have a pedagogical base that will allow implementation to take place and be integrated into the classroom setting.

Many authors in the field are presently writing about intervention that can be carried out to a great extent within the regular classroom setting (Meyen, Vergason, Whelan, 1988; Gearheart, Weishahn, Gearheart, 1988; Stephens, Blackhurst, Magliocca, 1988; and Bauer and Shea, 1989). Most recent textbooks on the topic of instruction of handicapped students include within their titles inferences to the regular classroom, mainstreaming, etc. With the regular/special education initiative discussed previously, emphasis is now being placed on keeping mild-to-moderately handicapped students in the regular classroom as many hours a day as possible. This means that more teachers have responsibility for a larger number of handicapped students each year.

Rural school districts will be part of the national movement toward integration. Integration eliminates the long travel time to a central school that provides special education services and allows the students to remain in their own home schools. It does place a great burden upon the teacher, however, with even more diversity found in the classroom. It also means that there must be a consultative relationship established between regular and special educators whenever possible, so that each can support the other in the maintenance of students in the program.

Berliner (1988) has reported that before teachers can begin providing effective instructional strategies for exceptional learners that decisions regarding *preinstructional factors* such as content time allocation, pacing, grouping, and activity structures must be determined. Each decision affects both teacher and student attitudes and behaviors, and student achievement. He considers *during-instructional factors* to be time students are engaged in activities, time management that is the responsibility of the teacher, monitoring of the success rate, amount of academic learning time that is utilized, monitoring of the learning experience, and structuring and questioning that must be included in the instructional period. All of these must be taken into consideration if a teacher is to be successful with exceptional learners.

Teachers often face serious problems when remediation is attempted with this group of children. Skill deficiencies at lower grade levels are very different from upper grades. However many students, although administratively assigned to the upper grades, will have skills deficits that place them in the lower elementary level. This is why diagnosis is so important, for it helps the teacher pin-point the deficit level in preparation for intervention.

Lower level reading programs emphasize initial phonics, writing letter formations, and literal translations. However, at the middle grades of 4-6, the emphasis is placed on inferential reading, on the subject matter being taught, and written language moves to the expressive mode. Oral aspects become very important and teachers are concerned with not only length but complexity of oral expression. Obviously, reading has become comprehension, and no longer is greatly involved with decoding. With math, no longer are facts as important as the utilizing of these facts in word problems and translation of math to subject matter areas.

A teacher of a fourth grader who has first and second grade skills has no alternative but to teach those basic skills. The teacher finds that the curriculum within the classroom begins to extend far below the fourth grade level. This may begin to appear as an insurmountable problem, because appropriate remediation can only take place with the teacher providing basic skills intervention.

It is at this point that either the special trained regular educator and the special educator becomes an integral part of the remediation process. The remediation, to be effective, must be based upon the curriculum and unique charac-

teristics of the particular school. This requires a great amount of adaptation of existing methods and materials. The special trained teachers in the school will be able to provide the teacher with assistance in this adaptation. While the teacher is learning how to adapt, other students with similar problems will benefit from these newly developed skills. In turn, those teachers in the school with special education training become more proficient at the skill of consultation. In such a model, everyone gains. The regular classroom teacher becomes more adept at curriculum modification and coping with diversity in the classroom. The special teacher gains additional skills in consultation and working with regular educators. Students, both those who are targeted for the remediation and others in the class, benefit from the teachers newly developed skills. In essence, *specific learning strategies for the student's instructional level are the keys to success at the intervention level.*

Summary

Teachers in rural areas are often faced with very difficult academic problems. They have students who are obviously not succeeding, but they often have few resources available to assist them in determining the extent of the problem or to develop proper remediation. As the nation's schools are moving toward integration of mild-to-moderate handicapped students within the regular classrooms, teachers must gain additional skills and expertise in both diagnosis and remediation. This need not be done in a vacuum. The school district needs to adopt a model that allows the utilizing of all teachers and ancillary personnel to work together in these processes. All will benefit, including teachers and students. Each school needs to have a teacher(s) who has gained additional skills in working with handicapped students, but not every teacher in the school must have obtained formal training. If even one teacher in the school has expertise in this area, it can be shared with all others in both diagnosis and remediation. Rural teachers having to depend upon experts coming to their school, or getting information from the central office will never be as effective as those having an expert in their own schools in the form of a consultant-collaborator.

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