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School Psychologists' Reports: Special Educators' Preferences

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SCHOOL PSYCHOLOGISTS' REPORTS:

SPECIAL EDUCATORS' PREFERENCES

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SCHOOL PSYCHOLOGISTS' REPORTS:

SPECIAL EDUCATORS' PREFERENCES

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PREFERENCES FOR BY SPECIAL EDUCATORS

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Directed by: Harry R. Robe, R.G. McKenzie, and D. L. Redfield

Special educators were surveyed in order to determine
which of two distinct styles of school psychologists' reports,
(psychological vs. psychoeducational) was perceived to
be most useful. The sample population consisted of 39
special educators employed by the Bowling Green (Ky.) Indepen-
dent School District and the Warren County (Ky.) Board
of Education. Teachers' rankings of the ten report sections
(five per style of report) were compared by an analysis
of variance. Results of the 2 (report style: psycholo-
gical vs. psychoeducational) by 5 (report sections: referral
vs. background and observations vs. tests/procedures vs. dia-
gnosis or conclusions vs. recommendations) ANOVA revealed
no significant findings for style or section. Neither
was there a significant style by section interaction.
Analysis of the ten report sections' mean rankings and
standard deviations provides support for the contention
that special educators prefer the psychoeducational report
to the psychological report, particularly the specific
nature of its Recommendations section. Section means

and standard deviations reveal that the Recommendations
section of the psychoeducational report was most often
ranked as most valuable and that its ranking by teachers
displayed the least amount of deviation from its mean ranking.
When asked which of the reports was the better of the two,
90% of the special educators responded the psychoeducational
report was.

CHAPTER I

Introduction

The profession of school psychology consists
of many important facets. In the past decade the literature
reveals an emphasis on consultation as a preferred method
of delivering school psychological services (Curtis & Zins,
1981; Meyers, 1973), with a concommitent de-emphasis on
the testing/placement mode. As a result, consultation
has become an increasingly important aspect of training
programs for school psychologists. Recent studies (Lacayo,
Morris & Sherwood; 1981; Eitel, Lamberth & Hyman, 1984)
reveal, however, that in the actual practice of school
psychology, time spent in consultation has not signifi-
cantly increased. And although school psychologists are
beginning to use their time more diversely than in the
past, the fact remains that the written report of student
evaluations is the ultimate product of the school psychologist.

Most of one's training as a school psychologist
reflects this testing-oriented phenomenon as well. A review
of training programs for school psychologists reveals that
the greatest emphasis is placed in the area of psychodiagnostic
assessment, with consultation and behavioral intervention
following in order of training emphasized (Pfeiffer & Marmo,
1981). Formal instruction in test construction, administration,

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and psychometrics abounds in graduate programs of psychology. Much less time is spent in the actual instruction in the art and science of writing concise, informative and appropriate reports. This aspect of training seems to rely on a hit-or-miss philosophy of instruction (Bellack, 1960).

Williams and Coleman (1982) state that "an impressive sum of time and money are invested in psychoeducational evaluation of non-achieving school children to identify learning strengths and deficits and to generate appropriate interventions" (p. 596). Yet, if most of the school psychologist's time is spent administering and writing the results of testing, should not the reports be perceived as more than vehicles for special placement? If confirmation for special placement is all that is desired from the school psychologist's report, then much potentially valuable information is either not included by the psychologist or is overlooked by the report's recipients.

Tallent (1983) states that "the psychological report ... is seen as an active contribution to a broad mission. Whether in a private or institutional context, the purpose of that mission may be summarized by such terms as therapy, growth, remediation, skill acquisition or juris prudence" (p. 2). While it is often true that placing a student in a special class results in remediation and skill acquisition, the school psychologist's report should be a resource for more insightful information. By sharing observations about a student's learning styles along with

information concerning possible instructional strategies and behavior management techniques, the report can greatly enhance the probability that the student's needs will be met. In so doing, the report can be viewed as a powerful tool in affecting positive change for the individual about whom it is written.

Writing an understandable and useful report is one of the most important, but least investigated, aspects in the field of school psychology. Whether the client is viewed as the school, the student, the parent or the teacher, a well-written, easily understood report with practical suggestions should better serve those involved than a brief, poorly planned document muddled by professional jargon.

School psychologists and the reports they write have a potentially great impact on the lives of the students about whom they are written, and on the schools which they attend. The school psychologist has traditionally identified most retarded children (Myers, 1973) and has been the person most influential in special education placement decisions (Keogh, 1972). It is not this writer's intent to minimize either of these important functions, but in order to justify the time spent writing up test results, the school psychologist's report must be perceived as useful beyond placement decisions.

In a school setting, whereby its very definition education is the primary goal, the school psychologist

should supply teachers with information that is relevant to daily educational activities. The American Psychological Association's (APA) statement (Nolen, 1983) on the Education for All Handicapped Children Act of 1975 (P.L. 94-142) makes specific references to educational programming as one of the important functions of a school psychologist. Specific comments describing "appropriate teaching strategies," "educationally relevant details", and "integration of a child's strengths and weaknesses into an educational plan" are recommended. Nolen states that "for an educational report simply to document skill deficits and conclude that a child is a disabled reader with tutorial needs in the present classroom placement does not fulfill APA commitments" (p. 5).

It is clear then that school psychologists are obligated by professional standards to incorporate educationally relevant suggestions into their reports. Research indicates, however, that school psychology training programs are not adequately preparing their graduates to do so. Pfeiffer & Marmo (1981), in a nationwide survey of directors of school psychology training programs, reveal that prescriptive psychoeducational work was selected as an area of program emphasis by only 50% of the respondents. The same survey reveals, however, that not one of these training programs required a course specifically designated as prescriptive psychoeducational planning. That school psychologists are being encouraged to supply educational recommendations

is certain. The availability of training programs that provide training for them to do so is not. It appears that many school psychologists are in the precarious position of being asked to do something for which they are not adequately trained.

It is the intent of this writer to explore the fundamental differences between a psychoeducational report and a psychological report and determine which type better aligns itself with the APA's recommended functions for school psychologists. The purpose of the research is to investigate the usefulness of school psychologists' written reports as perceived by special educators. Since only one limited study was found that investigated special educators' perceptions of school psychologists' reports, and since special educators are most often the recipients of the reports, this area seemed to be in need of further research.

It was hypothesized that special educators would prefer a school psychologist's report that is educationally rather than clinically oriented. Furthermore, it was hypothesized that special educators would prefer the recommendations section which provided them with more specific, rather than general, instructional strategies.

CHAPTER 2

Review of the Literature

The psychological assessement of children is
the most common single function of school psychologists
(Kaplan, Clancy & Chrin, 1977; Landau & Gerken, 1979).
Consequently, the preparation of psychological reports
is still probably the most concrete aspect of school psychology
(Ownby, Wallbrown and Brown, 1982). Yet despite its prevalence
and importance, the psychological report continues to be
one of the most serious and underestimated problem areas
facing school psychologists. Zins and Barnett (1983) report:

> ... many persons both within and outside
> school psychology question the relevancy
> of the reports. Often {it is found}
> that the results are not helpful in
> decision making, teachers and administrators
> do not read them, and special educators
> complain that they cannot translate
> the information directly to IEP's.
> [individual education plans]. (p.
> 219)

In an attempt to address the issues of relevance and usefulness,
much has been written about the purpose, use, and ease
of comprehension of the school psychologist's report.

Psychological Report

In his book Psychological Report Writing, Tallent
(1983) defines the psychological report as "a document
written as a means of understanding certain features about
a person and current life circumstances in order to make

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decisions and intervene positively in a problem situation" (p. 11). Questions pertaining to the content of psychological reports lead to an evaluation of what constitutes the traditional psychological report.

In 1946, Taylor and Teicher noted that "Clinical psychology appears to have given little systematic study to the manner in which test findings are organized and formulated to provide necessary records and to render the data easily and fully understood by other professionals" (p. 323). In order to organize test findings more concisely Taylor and Teicher proposed that the following outline be followed:

1. Reason for referral.

2. General observations.

3. Intelligence data.

4. Analysis of data for clues of psychodynamic forces influencing behavior.

5. Other test analysis under controlled conditions and situations of a different nature.

6. Summary

   a. Answer problem in light of psychological findings.

   b. Incorporate general interpretations in summary fashion by recapitulation.

   c. Suggest need, if indicated, for re-examination or further study. (pp. 327-329)

Their conceptualization of the psychological report is strictly clinical, and its purpose is defined as giving a "sensitive, dynamic understanding of the patient

and his problems" (p. 323). The key concept here is diagnosis of the client. The Academic American Encyclopedia (1984) also stresses a clinical interpretation of test data and states that "psychological assessment is the development and use of procedures to measure differences between individuals. It generally involves a sampling of present responses that is used for predicting or making decisions about future behavior" (p. 592).

Historically speaking, the psychological report is a means of understanding the underlying reasons/causes of a client's dysfunction or maladaptive behavior. More recently, as reflected in Tallent's (1983) definition, the psychological report has acquired the added dimension of intervention. Recent literature (Pope & Haklay, 1974; Tidwell & Wetter, 1978; Brooks, 1979) also reveals the existence of another type of report: the psychoeducational report. Very often these two types of reports are referred to synonomously by researchers, psychologists, school personnel and others involved in their use. Further investigation into the term "psychoeducational report" reveals that it's origin, purpose and goal are quite unique, and relate exclusively to educationally oriented situations. Consequently, equating the psychological and the psychoeducational report may be viewed as a technical error.

Psychoeducational Report

A psychoeducational report, compared to a psychological report, emanates exclusively from a school or learning

situation and is generally the result of a teacher referral.
Hutson (1981) states that "psychological and educational
assessment of a child usually is requested to place a child
in an appropriate educational setting or to plan an intervention
program" (p. 169). Most referrals are from elementary
school teachers and most are concerning boys rather than
girls (Herron et al, 1970). The most frequent reasons
for referral are difficulties interfering with effective
school performance (Shellenberger, 1980). According to
White (1961), referrals tend to fall into three major cate-
gories: (1) behavior problems, (2) learning problems,
and (3) personality maladjustment problems. Of course,
a traditional psychological report can have its roots in
an academic or learning milieu, but the very essence of
the word 'psychoeducational' implies that it's foundation
is anchored in the educational process.

Etiology, however, does not alone differentiate
the psychological from the psychoeducational report. Several
authors have examined the purpose of the psychoeducational
report, and find it's purpose to be the more specific than
the purpose of the psychological report. Nagle (1983)
sees the purpose of psychoeducational assessment as twofold:
(1) an evaluation of the child's development, and (2) an
exposition of suggestions for individualized instruction
or intervention strategies. Reshly (1983) states that,
in contrast to the psychological report, the purpose of
psychoeducational assessment "increasingly is viewed in

terms of interve........ or ...., ra......than merely describing or understanding .... Mowder (1983) sees the empha...s ....ional assessment on "planning, obtaining and eval.... .....valid, reliable information as a basis for edu........al deci.ion making rather than ... providing a label for an individual, behavior, or situation" (p. 145). She further states that anyone or anything may be the object of psychoeducational evaluation - it is not solely a student-related phenomenon. For instance, others in the educational system, administrative policies, and curriculum decisions may also be the focus of psychoeducational assessment. Kratochwill (1982) sees intervention as the main purpose of psychoeducational assessment, which he defines as "the use of psychometric, medical, educational, and various clinical techniques to obtain data used to place a child in a special educational category" (p. 319). Although this purpose seems overly restrictive in that it culminates with special placement, it does stress intervention/treatment.

While the purpose of the psychological and the psychoeducational report is similar in attempting to convey pertinent information concerning a client, the psychoeducational report should be more specific. It must present the test data in terms of it's implications for the client's ability to learn, and generate specific suggestions/strategies to increase the likelihood that learning will occur. When learning does occur, the student experiences success instead

of failure, which nurtures a sense of confidence in one's ability to learn. This confidence leads to an increasingly positive approach to subsequent learning tasks and enhances educational development.

With the purpose of the psychoeducational report being intervention, what then is the goal? By examining the types of students who are referred for assessment one begins to get a clearer picture of the goal. Most children who are referred are experiencing difficulties which interfere with effective school performance. Stated more succinctly, these students are experiencing failure in the classroom. Thus, it becomes evident that the ultimate goal of the psychoeducational report is to pave the way for a student to have successful experiences in the learning environment. By taking into account cognitive, affective, cultural and other relevant factors, the psychoeducational report can provide specific suggestions and strategies to help parents and teachers accomplish this goal.

It is the focus on specific activities and strategies used to reach the goal that differentiates the psychoecducational from the psychological report. And although Tallent's (1983) definition of a psychological report includes the term "intervention," most psychological reports are vague in outlining recommendations, perhaps because their writers, as clinical psychologists, have neither the training nor inclination to do very much more than diagnosis. As Tallent (1976) states, the psychologist in his/her report "generates

conclusions that might be useful in meeting perceived needs of the client in his personal uniqueness and the uniqueness of his situation" (p.10). The emphasis here seems to be on what the client is experiencing and why. The psychoeducational report integrates this information into its content, but further attempts to determine the implications for learning and suggest appropriate strategies to foster success in the classroom.

A psychoeducational report may be defined as a document which integrates psychometric, educational, clinical and medical data in order to gain further understanding of the learner's behaviors and/or performance. It provides educationally relevant information and stategies that will increase the learner's academic and/or interpersonal success while enhancing educational development. To insure understanding of the learner's behaviors and/or performances, however, the school psychologist must consider the reader's comprehension of the language in the report.

Use of Language in Reports

After a student evaluation, the report is generally presented to the team responsible for special education decisions. The "team," or school-based admissions and release committee, is generally composed of various school personnel, including teachers, principal, school psychologist, guidance counselor, etc., and the student's parents. Such a diverse group represents varying backgrounds and training. How then, does the school psychologist communicate the

results of the evaluation in an effective manner?

Sargent (1951), in support of the use of technical terms and concepts, writes that they are "considered to be more economical and cogent carriers of meaning ... than if they were to be translated into everyday language" (p.178). Hammond and Allen (1953) contend that "Technical vocabulary is indispensable for three reasons: first, it is precise; second, it can communicate concepts that are virtually impossible to convey in ordinary language; and third, it is economical" (p. 52). The authors go on to say that use of technical language conveys certain meanings in a way not quite possible by paraphrase, and communication is enhanced by use of technical terms when they are fully understood by the reader.

In the case of a school-based admissions and release committee, however, it is presumptuous to assume that psychologically technical terms will be fully understood by the reader. Indeed, the findings of Grayson and Tolman (1950), Rucker (1967), and Shively and Smith (1969) suggest that comprehension of psychological terms by non-psychologists was such that it would interefere with their ability to grasp the meaning of a psychological report. Palmer (1983), in discussing the communication of test data, states:

> If these findings (test results) are
> to be of any assistance to the referrant,
> and are to carry any weight in the decisions
> that she/he needs to make in helping
> the child, then they need to be communicated
> as clearly and definitively as possible
> (p. 383).

If reports are to be useful, then the school psychologist must be aware of the potential for misinterpretation of jargon and convey test results in a fashion more easily understood by parents and teachers. Test results alone, however, do not give a complete "picture" of the student in question. School psychologists' reports should also refer to clinical observations of the student, i.e., behavorial observations, affect, and attitudes.

Integrating Clinical Data in Psychoeducational Reports

Interpretation of test results involves more than calculating test scores. The examiner must be aware of various clinical subtleties that can enhance the overall perception of the student as a learner.

Brooks (1979) focuses on the affective component of the learning process as it relates to psychoeducational assessment. He states that although a wide variety of reports are labelled "psychoeducational," many may lack any mention of the child's affect in approaching the testing situation. Brooks sees testing as an ideal opportunity to observe how the child handles failure, frustration, and praise and relate these attitudes to classroom learning. By observing the child's level of self-competence, coping styles, level of motivation and perseverence, the psychoeducational report writer can suggest ways to bolster the child's sense of adequacy through appropriate (and successful) classroom experiences. As he sees it, the psychoeducational

report should devote more effort to explaining the "critical tie between affective and cognitive functioning and the role of emotional functioning" (P. 709) by emphasizing process rather than achievement end-products.

Salvia and Ysseldyke (1981) agree that assessment involves much more than the administration of tests. They state:

> When we assess students, we consider
> the way they perform a variety of tasks
> in a variety of settings or contexts,
> the meaning of their performances in
> terms of the total functioning of the
> individual, and likely explanations
> for those performances (pp. 3-4).

In order to interpret an assessment fairly, Salvia and Ysseldyke present three factors which can detract from or enhance a student's performance:

1. Health - sick or malnourished children are apt to be lethargic, inattentive or irritable.

2. Attitudes and Values - willingness to cooperate with a relatively unfamiliar adult, willingness to give sustained effort on tasks, and belief in the worth of the task of schooling have their influence on performance.

3. Acculturation - knowledge and acceptance of societally sanctioned mores and values, use of standard english, and fund of general and specific cultural information all influence performance on school related tasks.

The psychoeducational report, although focusing mainly on learning and educationally relevant data, should include references to these types of clinical observations

and their possible link to classroom performance. The well-trained school psychologist, with a background in individual differences, child psychology, personality and thinking processes, should not find it inordinately difficult to integrate clinical and educational data to provide a more complete picture of the child in question.

Importance and Usefulness of Reports

Since psychoeducational reports are generally written for use by school personnel and parents, it is important to know what they consider important features of the report. Mussman (1964) found that teachers consider recommendations a very important aspect of the report and show a marked concern and interest in them. Cason (1945) stated that a lack of specific recommendations contributes to communication gaps between psychologists and teachers. Brandt and Giebink's (1968) study concurred that concrete recommendations are a very important part of the report, and added that teachers prefer reports based on interpretations congruent to their own views.

Teachers' comprehension of psychological reports is another factor which would influence their usefulness by teachers. Rucker (1967) and Shively and Smith (1969) found that the use of jargon led teachers to misunderstand the report's content. Bagnato (1980) investigated preschool teachers' abilities to translate a psychological report into specific curriculum goals. By using two types of reports, one that included detailed descriptions of assessment-

based developmental targets and one that did not, he found that teachers using the detailed reports were more effective in providing appropriate curriculum objectives.

Bagnato claims there are five attributes which make psychological reports more readily translated into IEPs. He suggests reports combine the following attributes:

1. Be organized by multiple developmental or functional domains rather than only by tests given. This format is relevant to curriculum planning and facilitiates the qualitative synthesis of comprehensive test data.

2. Describe specific areas of strength and skill deficits in clear, behavioral terms. Such an approach enables the teacher to accurately select individual objectives from the curriculum that match the child's current levels of functioning.

3. Emphasize process variables and qualitative features regarding the child's learning strategies, i.e., cognitive styles, selective attention, self-control, persistence, organization, reward preferences and learning rate.

4. Highlight lists of developmental ceilings, functional levels, skill sequences and instructional needs upon which assessment/curriculum linkages can be constructed to formulate the IEP.

5. Detail efficient suggestions regarding behavioral and instructional management strategies.

Weiner (1985) invesitgated the effect of report writing format and style on teacher's comprehension and

evaluation of school psychologists' reports. By comparing teacher ratings of three different report styles, she was able to support Bagnato's (1980) recommendation to include the five previously mentioned attributes. The three report styles used in Weiner's (1985) research include the following:

1. Short Form - a one page, single spaced typed format which draws conclusions without reference to data, uses jargon to make the report succinct, and contains no behavioral descriptions.

2. Psychoeducational Report - a three page, single spaced typed format which integrates the child's ability, learning styles, strengths and weaknesses, behavioral observations and recommendations which are elaborated upon for clarity.

3. Question and Answer Format - a four page, single spaced format in which the Reason for Referral section consists of a list of questions that emerge from parent interviews.

The Question and Answer Format allows parents and teachers to formulate their own referral questions, each of which is answered in a systematic fashion. In so doing, the school psychologist can address the most relevant issues and produce a report that is "tailor made" according to the needs of the referrant. Weiner's results show that teachers comprehend reports better when strengths and weaknesses are described in clear behavioral terms; the child's learning style is fully described; and when

specific and elaborated program recommendations are made. Weiner recommends that more research be done to examine what specific aspects of the psychoeducational report facilitate reader comprehension and whether special educators, parents, and others demonstrate the same patterns of comprehension and preference as did the elementary teachers in her study.

Ownby, Wallbrown and Brown (1982) investigated special education teachers' impressions of school psychologists' reports. The teachers were surveyed as to the presence or absence of specific information contained within typical reports they received and their perceived usefullness of the reports. The teachers rated "most useful" descriptions of the child which were congruent with their own experience with the child. Suggestions to help deal with classroom behavior were rated least useful. No explanation is offered by the author as to why such suggestions are not viewed as useful to the teacher, but it may be due to the school psychologist's failure to maintain communication/feedback about the methodology and implementation of the techniques involved.

Parental evaluations of psychoeducational reports were the focus of a study by Tidwell and Wetter (1978). They found that 69% of the parents questioned believed that the information contained in the psychoeducational reports were more valuable to themselves than to their child's teacher or the child him/herself. The parents were most concerned with getting the information contained

in the report to help them devise and implement strategies for dealing with their children. The parents rated the Recommendations/Suggestions section of the report as most valuable in helping them collaborate with their children.

The greatest bulk of research indicates that the Recommendations section of the school psychologists' report is perceived as most useful for parents and teachers; but are the recommendations actually implemented? Baker (1965) reported that psychoeducational evaluation by school psychologists resulted in observable changes in teaching or counseling strategies only 43% of the time. Pope and Haklay (1974) reported that only 26% of teacher respondents volunteered the information that the recommendations were implemented. Schour and Clemmons (1974) determined that 69% of the recommendations were implemented. Similar data is presented in a study by Williams and Coleman (1982) in which parents were found to implement approximately 68% of the recommendations and teachers approximately 56%. An interview with parents and teachers yielded the following information:

1. School personnel had not read the recommendations.

2. Difficulty in scheduling a meeting including all the child's teachers prohibited discussing the recommendations.

3. There was no effective, ongoing advocate for the student to confer with the teacher regarding the practicality of recommendations and whether they were being

carried out.

4. Some teachers were unwilling or unable to adjust instruction to meet the individual needs of the student.

5. Some parents resisted recommendations that required a sacrifice of their time. (p. 597).

Williams and Coleman conclude that more commitment to follow up be emphasized. By checking in with the teachers and parents regularly, the evaluation team can be kept abreast of whether the report's recommendations are being implemented and the extent of their success or failure.

Summary

Like psychological reports, psychoeducational reports relate information about the nature of the problem(s) being experienced by the examinee and give suggestions for ameliorating the problem(s) in order to produce an appropriately functioning person. The psychoeducational report, however, differs from the psychological report in three specific ways:

1. Etiology - the psychoeducational report emmanates from a learning enviornment.

2. Purpose - the psychoeducational report outlines strengths and weaknesses, and elaborates on specific techniques and strategies which facilitate learning.

3. Goal - the psychoeducational report aims to initiate and nurture appropriately successful experiences in the learning environment which, in turn, will lead to

a positive self-image as a learner and attitude toward learning.

The psychoeducational report, then, by virtue of it's purpose as stated above better aligns itself with the APA's recommended functions for school psychologists than does the clinically oriented psychological report. And although a psychological report can be specific in its recommendations, the psycho-educational report must be.

CHAPTER 3

Method

Subjects

A total of 39 special educators volunteered to participate in the study. Seventeen of those were employed by the Bowling Green Independent School District and twenty-two were employed by the Warren County Board of Education. Included in this group were teachers in the following areas of exceptionality: Learning and Behavior Disorders (LBD), Learning Disabilities (LD), Educable Mentally Handicapped (EMH), Emotionally Disturbed (ED), Trainable Mentally Handicapped (TMH), Hearing Impaired, Profoundly Handicapped, Severely Handicapped.

Instruments

An envelope containing an introductory cover sheet (see Appendix A), a questionnaire (see Appendix B), a psychoeducational report printed on green paper (see Appendix C), and a psychological report printed on blue paper (see Appendix D) was distributed to each special educator. The reports contained the same data about the same fictional student. Rather than labelling the reports as either a "Psychological" or "Psychoeducational" document, color coding was selected to permit a relatively bias-free comparison.

Each report contained five sections:

1) Referral
2) Background and Observations
3) Tests/Procedures
4) Conclusions (green report); Diagnosis (blue report)
5) Recommendations

Although similar in meaning, the two reports differed in style: the psychological report maintained a clinical orientation whereas the psychoeducational report provided the reader with educationally relevant information. The Recommendations sections of the reports reflect the most observable difference between the two. The psychological report, while making specific recommendations, did not provide educational/behavorial suggestions that the special education teacher could implement immediately, while the psychoeducational report did.

Procedure

Teachers were instructed in the questionnaire to read both reports and rank order the ten sections (five per report) from 1 to 10, with 1 representing MOST valuable and 10 representing LEAST valuable. In addition teachers were instructed to compare the two reports, section by section, and determine which report conveyed its information in a clearer, more useful way. Finally, teachers were asked to choose which report they believed to be the better of the two. A Comments section was also included in the questionnaire to solicit voluntary remarks. The materials were hand delivered and were retrieved approximately one week later.

Design

Teacher rankings of the 10 sections were weighted by multiplying the ranking value (1-10) by the number of teachers choosing that ranking value. The data analysis involved three separate calculations. First, a 2 by 5 factorial ANOVA was performed to determine whether report style (psychoeducational vs. psychological) or report section (referral vs. background & observations vs. tests/procedures vs. conclusions or diagnosis vs. recommendations) was statistically significant. Next, the mean ranking for each of the ten sections was calculated and, finally, standard deviations were calculated for each of the sections.

CHAPTER 4

Results

The response rate was 65% (22 of 34) for the county schools and 81% (17 of 21) for the city schools. The combined rate was 71% (30 of 55).

A 2 by 5 factorial ANOVA was performed on the data. Each of the following variables was examined for significance at the .05 level: (1) report style (psychoeducational vs. psychological), (2) report section (referral vs. background & observations vs. tests/procedures vs. conclusions or diagnosis vs. recommendations), and style by section interaction. The results of the analysis are presented in Table 1. The analysis revealed that none of the three variables were significant at the .05 level.

The mean standard deviation of rankings were calculated for each of the 10 report sections (5 psychoeducational, 5 psychological) and examined for average ranking and for dispersion of rankings. The results are presented in Table 2. With 1 representing MOST valuable and 10 representing LEAST valuable, the mean section rankings reveal that the 4 highest ranking sections were contained in the psychoeducational report. These 4 were the Recommendations, Conclusions, Test/Procedures, and Background and Observations sections with mean rankings of 2.718, 2,974, 4.230 and 4.769, respectively.

The standard deviations of the 10 sections reveal that the Conclusions and Recommendations sections of the psychoeducational report displayed the least amount of deviation from the most valuable ranking. These standard deviations indicate that these sections were most frequently ranked as more valuable, rather than less valuable, when compared to any other section in either report. The standard deviations also reveal that the Referral and Background and Observations sections of the psychological report displayed the least amount of deviation from the LEAST valuable ranking. The standard deviations indicate that these sections were most frequently ranked as less valuable, rather than more valuable, when compared to any other section in either report.

TABLE 1

RESULTS OF ANALYSIS OF VARIANCE

SOURCE	SS	df	MS	F
TOTAL	85169.79	99	---	---
Color	2410.81	1	2410.81	2.70
Section	2165.14	4	541.29	.61
Color x Section	357.14	4	89.29	.10
Error	80236.70	90	891.52	---

Note: None of the F-ratios are significant at the .05 level.

TABLE 2

SECTION MEANS AND STANDARD DEVIATIONS

SECTION	MEAN	S.D.
A	6.436	2.772
B	9.026	1.577
C	4.769	2.309
D	6.615	1.982
E	4.230	2.416
F	5.333	2.210
G	2.974	2.019
H	6.179	2.135
I	2.718	2.090
J	6.564	2.817

SECTION KEY:

A - Referral (Psychoeducational)
B - Referral (Psychological)
C - Background and Observations (Psychoeducational)
D - Background and Observations (Psychological)
E - Test/Procedures (Psychoeducational)
F - Tests/Procedures (Psychological)
G - Conclusions (Psychoeducational)
H - Diagnosis (Psychological)
I - Recommendations (Psychoeducational)
J - Recommendations (Psychological)

CHAPTER 5

Discussion

Although the analysis of variance failed to produce
statistically significant results for any of the two variables,
the section means and standard deviations do tend to support
the second hypothesis stated at the outset of this paper:
that the Recommendations section of the green (psychoeduca-
tional) report would be chosen as the most valuable section
by special educators. The Recommendations section of the
green report has the lowest mean ranking of 2.718, indicating
that it was the one section teachers ranked most frequently
toward the MOST valuable end of the rating scale. The
low standard deviation of this section (2.090) (second
only to the Conclusions section of the psychoeducational
report) reveals that teachers felt more positive about
these two sections than any others, indicating consistency
across teachers. In addition, 37 of 39 teachers (95%)
surveyed responded that the Recommendations section of
the psychoeducational report contained more useful information
than did the Recommendations sections of the psychological
report.

Regarding the first hypothesis that teachers
would choose the psychoeducational report as the better
of the two, when asked specifically which report was better,

35 of 39 teachers (90%) responded that the psychoeducational report was better while 4 of 39 (10%) responded that the psychological report was better.

The Comments section provides additional support for both hypotheses. Teachers preferring the psychoeducational report responded that it presented information more clearly and appeared easier to interpret to parents than did the psychological report. Teachers also commented that they liked the specificity of the recommendations stating that they were more likely to be implemented when so presented. The psychoeducational report was, in general, viewed as a more comprehensive document than the psychological report, written in terms that were readily understood by teachers and parents.

Teachers preferring the psychological report commented that it was more concise and time efficient than the psychoeducational report. One teacher stated that the psychoeducational report was "almost an insult to anyone with an advanced education." Another teacher stated that the psychological report offered more opportunity for teacher interpretation. Comments by those preferring the psychological report made no mention of parents' ability to comprehend the report's contents.

The issue of statistical significance remains unsubstantiated, even though other data seem to suggest a clear preference for the psychoeducational report over the psychological. Suggestions for future research on

the topic of teacher preferences for school psychologists' reports include further refinement of what constitutes a psychoeducational report, by piloting various psychoeducational reports for teacher comments, and a review of school psychology training programs to assess whether courses are offered that deal with educational programming.

Limitations of the study include the relatively small sample population (39) and the restricted geographical area from which it was drawn. A more adequate study would need to draw upon a larger sample from various geographic regions. In addition, the distribution of the questionnaire came at the end of the school year, at a time when teachers, especially special educators, are extremely busy finalizing IEPs and other paperwork. More time might have been spent on the survey if it were distributed during a less busy time of the year.

In conclusion, it appears that special educators are concerned with the clarity and specificity of the reports they receive from school psychologists, both from their own perspective and that of the parents. If school psychologists want their reports viewed as more than a vehicle for special placement, they should be aware of what teachers perceive as useful in the reports.

APPENDIX A

Dear Special Educator:

Enclosed you will find two school psychologist's reports, and a questionnaire regarding your opinions about them. Your answers are anonymous and will provide much needed information about special educators' preferences concerning school psychologists reports.

This research is being done in partial fulfillment of a Master's Degree at W.K.U. Your participation is gratefully appreciated and helps to complete a study unique in scope. Your timely completion of the worksheet will greatly speed the data analysis as well.

Please read the two attached reports, answer each question on the questionnaire, and save as I will return in approximately one week to collect it. Any questions you may have can be directed to my home phone number: 842-6767. Any and all comments will be especially appreciated. Thank you in advance for your cooperation.

Very truly yours,

Claudia Downey
W.K.U. Graduate Student
School Psychology

APPENDIX B

QUESTIONNAIRE

I. Please rank order the 1Ø report sections by drawing a line
    from the section (as listed below) to the appropriate number
    on the continuum from 1-1Ø. 1 represents most valuable
    and 1Ø represents the least valuable. Make certain to draw
    ten lines, using each number only once.

SECTION

a. Referral: Green Report   1   MOST valuable

b. Referral: Blue Report   2

c. Background & Observations: 3
        Green Report

                                               4
d. Background & Observations:
        Blue Report
                                               5

e. Tests/Procedures: 6
        Green Report

f. Tests/Procedures: 7
        Blue Report

                                               8
g. Conclusions:
        Green Report

h. Diagnosis: 9
        Blue Report

i. Recommendations: 1Ø   LEAST valuable
        Green Report

j. Recommendations:
        Blue Report

II. Please check either Green Report or Blue Report as appropriate
    for each item.

REFFERAL SECTION

	Green	Blue
Contained more useful information	☐	☐
Stated problem more clearly	☐	☐

*Continued on following page

BACKGROUND AND OBSERVATIONS

	Green	Blue
Contained more useful information	☐	☐
Stated information more clearly	☐	☐

TESTS/PROCEDURES

	Green	Blue
Contained more useful information	☐	☐
Interpreted data more clearly	☐	☐

CONCLUSIONS/DIAGNOSIS

	Green	Blue
Contained more useful information	☐	☐
Stated findings more clearly	☐	☐

RECOMMENDATIONS

	Green	Blue
Contained more useful recommendations	☐	☐
It is likely that the recommendations will be implemented	☐	☐

OVERALL RATING

	Green	Blue
The better report is (Please explain):	☐	☐

Additional Comments:

APPENDIX C

STUDENT EVALUATION REPORT

Dale Co. Board of Education
1234 22nd Street
Suburbia, Ky. 40000

Doe	John	
Last Name	First	Middle
10-1-76	9-0	M
Birthdate	Age	Sex

Dates of Examination: 10/14/85
                      10/15/85

CONFIDENTIAL

Examiner: John Brown, Ed.D.

Assessment Media: _____

Wechsler Intelligence Scale for Children

Revised (WISC-R); Peabody Individual

Achievement Test (PIAT); Peabody Picture

Vocabulary Test-Revised (PPVT-R); Bender

Gestalt

REASON FOR REFERRAL

John was referred because his reading comprehension is
poor even at first grade level. Mrs. Smith also reports that
he seldom completes assignments or homework and that his sight
vocabulary is limited to color words and some Dolch words.
The following questions will be addressed:
1.   What is John's overall ability level?
2.   What is John's achievement level in reading and math?
3.   What instructional techniques can be used to enhance
     John's learning?
4.   What can be done to encourage more classroom participation
     and peer interaction by John?
5.   What is John's learning style?
6.   What is the appropriate placement for John?

BACKGROUND AND OBSERVATIONS

John's mother, Mrs. Doe, reports an unremarkable pregnancy,
labor and delivery. John had no serious health problems as an
infant or toddler, and with the exception of sitting and crawling,
all childhood milestones were attained within normal age ranges.
These two milestones were reached at 7 and 10 months, respectively.
John was retained in kindergarten. His teacher described
him then as lacking such specific readiness skills as left/right
dominance, one-to-one correspondence, letter recognition, and
poor fine motor control, especially while coloring. His first
grade teacher, Miss Morrow, reported that John was somewhat

of a loner in her class, preferring to play by himself. He learned the names of the letters of the alphabet in first grade and acquired a limited sight vocabulary. He was in Miss Morrow's lowest reading group and finished the year at the pre-primer reading level.

Mrs. Smith reports that since entering her class at the beginning of the school year he has made very little progress in reading and has minimal word attack skills. In math he uses his fingers to compute the most simple (2 + 2 = 4) addition and subtraction problems. He is described as "quiet" and "pleasant" but a "loner". Mrs. Smith states that John usually comes to school with little toys in his pockets and plays with them at free time rather than play with classmates.

During the testing situation good rapport was established with John although he never initiated conversation. He appeared concerned with his performance but reluctant to guess, even with encouragement from the examiner. He demonstrated an immature, awkward pencil grip, and associated tongue movements while using his pencil.

TESTS/PROCEDURES

As a measure of current cognitive functioning John was given the WISC-R. He obtained a Verbal IQ in the range of scores between 68-78, a Performance IQ in the range of scores between 82-94, and a Full Scale IQ in the range of scores between 74-84. His overall functioning level lies in the upper end of the Borderline classification. The 15 point discrepancy between the Verbal and Performance IQs tends to render the Full Scale IQ less meaningful.

With the exception of Comprehension subtest whose score lies in the Average range, the verbal scores show uniform distribution in the Borderline range. These subtests include Information, Similarities, Arithmetic and Vocabulary. Low scores on these subtests suggest difficulty with long-term memory, and the ability to generalize, concentrate and verbalize. His average score on the Comprehension subtest indicates age-appropriate knowledge of social situations and good grasp of "common sense". The Performance scores are generally much higher than the Verbal scores. With the exception of Block Design, which falls in the Borderline range, all scores are in the Average range. The low score on Block Design is an indication of inadequate spatial organization and planning, and an inability to see part-whole relationships.

The PIAT, an individual achievement test, yielded the following results:

Subtest	Percentile Range (by age)	Standard Score (Range)
Math	3-17	72-86
Rdg. Recog.	1-15	65-84
Rdg. Comp.	1-15	65-84
Spelling	1-15	65-83
Gen. Info.	38-55	95-102
Total Test	2-14	69-84

With the exception of General Information, all scores suggest impaired academic functioning, especially involving the written word, i.e., reading and spelling.

The PPVT-R was administered as a measure of receptive vocabulary. John's raw score of 88 yielded a standard score in the 80-92 range which lies at about the 18th percentile and has an age equivalent of 7-2 to 8-2. His comprehension of words and concepts is 10-22 months below that of the average 9 year old.

The Bender Gestalt, scored on the Koppitz system, revealed 6 errors and is typical of the performance of a 7 - 7 1/2 year old. His awkward pencil grip appeared to interfere with his ability to see what had already been drawn and adversely affected the quality of his drawings.

CONCLUSIONS

WHAT IS JOHN'S OVERALL ABILITY LEVEL?

John's Full Scale IQ lies in the Borderline classification. However, the 15 point discrepancy between his Verbal and Performance IQ's suggest that the Full Scale IQ may not be an accurate estimate of his ability. The lower Verbal IQ may indicate an expressive language deficit. The low score on the Vocabulary subtest seems to suggest this as well, and the PPVT-R score indicates that his receptive knowledge of the language is much greater than is his ability to express himself. John's Performance IQ is adversely affected by the one low score on Block Design and instead of reflecting his generally average performance, it falls into the Low Average classification.

John's overall intellectual capcity is in the Low Average range. This suggests that subsequent achievement will generally be below average.

WHAT IS JOHN'S ACHIEVEMENT IN MATH AND READING?

John is functioning below grade level in math and reading. His math ability is somewhat better than reading because he is able to rely on his fingers to help him compute. In reading, he is at a disadvantage because he has not come up with a similar strategy to help him decipher words. His phonetic skill is limited to successful enunciation of initial consonants.

WHAT IS JOHN'S LEARNING STYLE?

John works best under structured conditions with concrete materials. Use this approach when introducing new material, especially in math. In reading, a sight word approach would be more meaningful to John than the more abstract phonetic approach.

Due to expressive language difficulty, John is not likely to ask for help when needed and should be approached often to solicit questions.

RECOMMENDATIONS

1. Try placing a triangularly shaped, rubber pencil grip on John's pencil to promote proper grip.

2. A sight word/language experience approach to reading should be tried.

3. Math assignments should focus on rote memory of basic facts. Flashcards and timed practice will promote immediate recall.

4. To encourage completion of assignments, keep their length short and provide tokens, checkmarks, etc. which may be traded each day for something special. As successful completion increases, gradually lengthen assignments.

5. Provide frequent review of previously learned material to insure long term retention. Introduce new math concepts with visual aids to aid comprehension.

6. To increase John's awareness of similarities, i.e., how different things can share similar attributes, start a scrapbook of similarities. For example, place a picture of an apple, red lipstick, and a red shirt on a page and have John give the page a title (Red Things).

WHAT CAN BE DONE TO ENCOURAGE JOHN'S CLASS PARTICIPATION
AND PEER INTERACTION?

1. Give John responsibilities in the classroom that will build self-esteem, like teacher's helper.

2. Record instances of appropriate participation/interaction on a chart. An agreed upon number of checks may be used by John to obtain special privileges/activities.

3. Provide occasions for the class to work in small group projects to involve John with others.

4. Refer for language evaluation. Increased expressive language skills may increase participation.

WHAT IS THE APPROPRIATE PLACEMENT FOR JOHN?
The placement committee should consider the merits of special placement in a resource room so that John can receive intensive individualized instruction in reading and math.

John Brown, Ed.D.
School Psychologist

APPENDIX D

Dale Co. Board of Education
1234 22nd Street
Suburbia, Ky. 40000

Doe	John	
Last Name	First	Middle
10-1-76	9-0	M
Birthdate	Age	Sex

Dates of Examination: 10/14/85
                       10/15/85

CONFIDENTIAL

Examiner: **John Brown, Ed.D.**

Assessment Media: Wechsler Intelligence

Scale for Children-Revised (WISC-R);

Peabody Individual Achievement Test

(PIAT); Peabody Picture Vocabulary Test

Revised (PPVT-R); Bender Gestalt

REASON FOR REFERRAL

John is not making adequate progress in reading or math and is falling farther behind each day.

BACKGROUND AND OBSERVATIONS

Mrs. Doe, John's mother, reports an unremarkable pregnancy, labor and delivery. With the exceptions of sitting and crawling, which were somewhat delayed, John reached early developmental milestones within normal age ranges.

John was retained in kindergarten having been described by his teacher as "too immature" and "not ready" for first grade. Last year, during first grade, John acquired a limited sight word vocabulary and learned to recognize the letters A-Z accurately. By the end of first grade, John had established one-to-one correspondence and was able to add sums through ten using his fingers.

This year his second grade teacher describes him as "quiet and pleasant" but a "loner". He cannot read first grade level readers but knows some words by sight. He does poorly at phonics and has few word attack skills. He still uses his fingers to compute simple addition and subtraction problems.

Good rapport was established during the assessment procedure, but John never initiated any conversation. His answers were brief and unelaborate. He was much more willing to answer questions not related to the assessment procedure. John appeared concerned about his performance but reluctant to guess even with encouragement from the examiner. He demonstrated an

immature pencil grip, e.g., grasping his pencil between the
middle and ring fingers with his thumb clamped tightly around
the top.

TESTS/PROCEDURES

On the WISC-R John achieved a verbal IQ in the range of
scores between 68-78, a Performance IQ in the range of scores
between 82-94, and a Full Scale IQ in the range of scores between
74-84. His overall functioning level is in the high end of the
Borderline range and exceeds that of approximately 9% of the
standardization group which was roughly representative of
the United States population.

John's Full Scale IQ was achieved with a 15 point difference
between his verbal and performance abilities, in favor of the
latter. Consequently, it is likely that his achievement is
more satisfactory in nonverbal situations which require
visual-motor and perceptual capacities, than in situations
requiring verbal skill.

Within the verbal scale, his three lowest scores in
relation to his average verbal score suggest that his arithmetic
skills, range of general knowledge, ability to discern global
likenesses, and vocabulary are less adequately developed than
are his other verbal skills. In comparison with the above
three areas, he is much better developed and in the average
range in his social comprehension, e.g., his ability to
understand social mores and customs. His ability on the
Performance subtests lies within the average range, with the
exception of concept formation involving analysis and synthesis,
which falls in the Borderline range.

On the PIAT John's scores were as follows:

Subtest	Percentile Range (by age)	Range of Standard Scores
Math	3-17	72-86
Rdg. Recog.	1-15	65-84
Rdg. Comp.	1-15	65-84
Spelling	1-13	65-83
Gen. Info.	38-55	95-102
Total Test	2-14	69-84

With the exception of General Information, which lies in
the average range, all scores suggest impaired academic functioning.
And, while General Information is similar in nature to the WISC-R
Information subtest, it differs in specific content which may
account for the apparent discrepancy in scores.

On the PPVT-R John's raw score of 88 was equivalent to a
standard score between 80-92 which falls at about the 18th
percentile and has an age equivalent of between 7-2 to 8-2.

John's drawings on the Bender Gestalt earned him a Koppitz
error score of 6 which is almost 1 standard deviation below the
mean performance of children his age. While this score still
categorizes his visual-motor development within the average
range, it is typical of the performance of a 7 - 7 1/2 year old.

DIAGNOSIS

John's WISC-R classifies his intelligence as Borderline
with a Full Scale IQ in the range of scores between 74-84.
Profile analysis suggests that this may be an underestimate
of his mental ability due to the one very low scaled score
on the Performance Scale. His PPVT-R score, which measures
receptive vocabulary, indicates more skill in this area than
in expressivity, as measured on the WISC-R Verbal Scale. He
also demonstrates specific phonetic skill deficits, immature
finger control, and a significantly discrepent Verbal-Performance
difference on the WISC-R. His overall level of intelligence,
while below average, does not account for the severity of
his reading difficulty. These symptoms are consistent with
the diagnosis of developmental reading disorder. All indications
are that John's subsequent school achievement will be limited
to below grade performance.

RECOMMENDATIONS

John needs remediation with fine-motor coordination.
John must work on acquiring basic facts, both general facts
and number skills. He should be encouraged to verbalize his
wants and needs. Praise should be given genuinely and often.
Sight word instruction should replace phonics in reading. He
should be referred to the speech/language therapist for
language screening. The placement committee should determine
the best placement for John to receive the individual instruction
he needs.

John Brown, Ed.D.
School Psychologist

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REFERENCES

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